2021

Community Benefit Plan

(Submitted to OSHPD in February 2021 for calendar year 2020)

Prepared in Compliance with
California's Community Benefit Law SB 697 By
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REDLANDS COMMUNITY HOSPITAL
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I: COMMUNITY BENEFIT PLAN EXECUTIVE SUMMARY

California's Community Benefit Law (Senate Bill 697), sponsored by California Association of Hospitals and Health Systems (CAHHS) and the California Association of Catholic Hospitals (CACH), passed in 1994. It required all private, not-for-profit hospitals in California to conduct a community needs assessment every three years and develop community benefit plans that are reported annually to the California Office of Statewide Health Planning and Development (OSHPD).

Redlands Community Hospital has completed and submitted the following SB697 requirements:

<	July 1995 & 1997	Reaffirm hospital's mission statement
<	December 1995	Community Healthcare Needs Assessment
<	April 1996	Adopted a Community Benefit Plan
<	June 1997	Community Benefit Plan, Self-assessment
<	December 1998	Community Healthcare Needs Assessment
<	February 1999	Community Benefit Plan Update
<	February 2000	Community Benefit Plan Update
<	February 2001	Community Benefit Plan Update
<	February 2002	Community Healthcare Needs Assessment & Benefit Plan Update
<	February 2003	Community Benefit Plan Update
<	February 2004	Community Benefit Plan Update
<	February 2005	Community Healthcare Needs Assessment & Benefit Plan Update
<	February 2006	Community Benefit Plan Update
<	February 2007	Community Benefit Plan Update
<	February 2008	Community Healthcare Needs Assessment & Benefit Plan Update
<	February 2009	Community Benefit Plan Update
<	February 2010	Community Benefit Plan Update
<	February 2011	Community Healthcare Needs Assessment & Benefit Plan Update
<	February 2012	Community Benefit Plan Update
<	February 2013	Community Benefit Plan Update
<	February 2014	Community Healthcare Needs Assessment & Benefit Plan Update
<	February 2015	Community Benefit Plan Update
<	February 2016	Community Benefit Plan Update
<	February 2017	Community Healthcare Needs Assessment & Benefit Plan Update
<	February 2018	Community Benefit Plan Update
<	February 2019	Community Benefit Plan Update
<	February 2020	Community Healthcare Needs Assessment & Benefit Plan Update

The next step required by SB 697 is that Redlands Community Hospital submit this February 2021 Community Benefit Plan and Community Health Needs Assessment (covering assessment year 2019) to the State of California OSHPD.

Mission Statement

The hospital's Mission, Vision and Value statements are integrated into the hospital's policy and planning processes including the Community Health Needs Assessment and Community Benefit Plan. A part of this planning process was to incorporate community benefits in the hospital's strategic plans.

Our mission is to promote an environment where members of our community can receive high quality care and service so they can be restored to good health by working in concert with patients, physicians, RCH staff, associates and the community.

Vision

Our vision is to be recognized for the quality of service we provide and our attention to patient care. We want to remain an independent not-for-profit, full-service community hospital and to continue to be the major health care provider in our primary area of East San Bernardino Valley as well as the hospital of choice for our medical staff. We recognize the importance of remaining a financially strong organization and will take the necessary actions to ensure that we can fulfill this vision.

Values

- We are Committed to Serving Our Community
- Our Community Deserves the Best We Can Offer
- Our Organization Will Be A Good Place to Work
- Our Organization Will Be Financially Strong

Community Needs Assessment 2019

Redlands Community Hospital (RCH) conducted Community Needs Assessments for reporting periods 1995, 1998, 2002, 2005, 2008, 2011, 2013, 2016, and 2019. Communities of vulnerable and at-risk populations were identified and participated in the surveys.

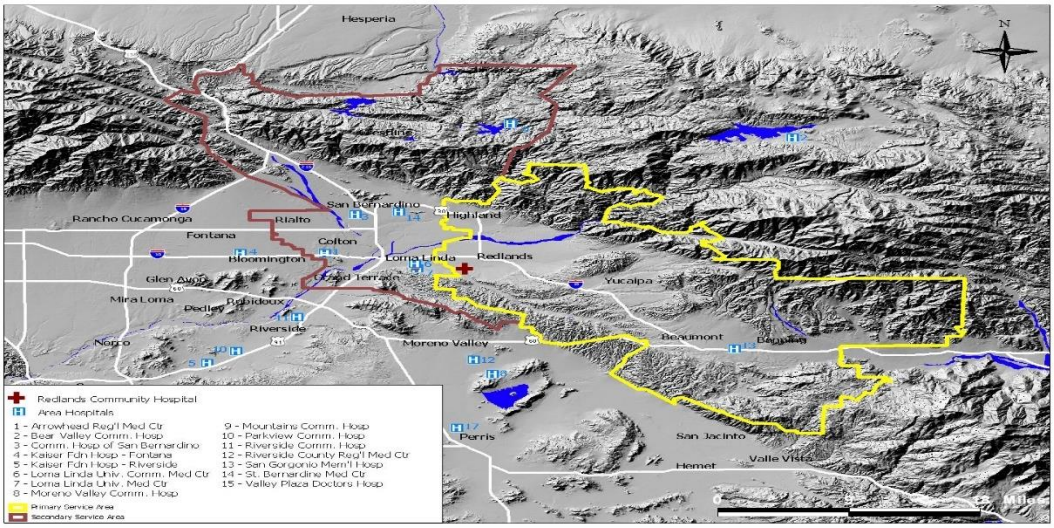
Redlands community hospital, in collaboration with the Hospital Association of Southern California and seven hospital systems, performed a coordinated regional, Riverside and San Bernardino County, Community Health Needs Assessment in 2019. The regional needs assessment concept had been discussed and planned over the past few years. Having a regional assessment and continued collaboration amongst the health systems allowed for a coordinated effort to address the regions health and social determinants of health issues.

The goal of Redlands Community Hospital was to collect information which could enable the hospital to identify:

- Unmet health needs and problems
- Social determinants of health issues
- Vulnerable and at-risk populations
- Resources and services available
- Barriers to service and unmet needs
- Possible solutions to the identified needs and challenges

Geographic Service Area

Analyzing historical patient origin data derived from the hospital's statistical information identified the geographic service area of Redlands Community Hospital. Located in the most densely populated area of San Bernardino County, communities identified as being in the primary service area of the hospital are Banning, Beaumont, Cabazon, Colton, Calimesa, Forest Falls, Highland, Mentone, Redlands and Yucaipa. The secondary service area is comprised of the cities of Bloomington, Bryn Mawr, Crestline, Fontana, Grand Terrace, Hemet, Loma Linda, Patton, Rialto, San Bernardino, and several mountain communities.



COMMUNITY BUIDLING ACTIVITES

Redlands Community Hospital (RCH) is engaged in many community building activities and is committed to remaining a key partner throughout the broader community. Leadership, management and staff alike participate in many community-wide events and activities that aim to improve the health and safety of the communities served by RCH. As a matter of practice, hospital leadership both encourages and supports community outreach activities.

Community Support

Serving the community is one of the core values of RCH and many activities are carried throughout the region. Specifically, to support senior citizen activities, the hospital provides funding for newsletters, sponsors events and informational bulletin boards, provides health promotion education, and provides health screenings.

Coalition Building and Community Health Improvement

Redlands Community Hospital recognizes the importance of collaboration and active participation with other entities and agencies. Involvement with multiple individuals and organizations allows for a stronger voice for advocacy and community wide policy development to address health and safety issues. To enhance community wellness, leadership, management, and staff actively participate in many coalitions and boards.

Workforce Development

Health professions education continues to grow at RCH and is achieved with the collaboration between hospital staff, multiple medical staff groups, universities and colleges, and the multiple students and fellows served by the various programs. The hospital participates in advanced training and education for health care professionals which include physicians, nurse practitioners, physician assistants, physical therapists, and respiratory therapists. Additionally, hospital staff actively participate with local high schools for the provision of future health careers education and training. The training of future health care providers, as well as medical and nursing program specific education and training, is needed so that access to healthcare in the region may be maintained and expanded, and to ensure the highest quality of care is provided at RCH.

COMMUNITY BENEFIT PROGRAMS

The following programs and the problems they address are included in the Community Benefit Plan 2020:

1) Redlands Community Hospital Family Clinics provides health care services for at-risk and underinsured, underserved children and adults;

2) Perinatal Service Program provides early prenatal care for low-income, uninsured women and teens and provides lactation education and mother/infant bonding support, as well as education for pregnant mothers with diabetes;

3) Community Case Management Program addresses the needs for at-risk, underinsured and complex healthcare issues as well as education on disease management and community resources;

4) Pastoral Care Program assists concerned and grieving family members and patients;

5) Behavioral Health Program focuses on treating each patient as a whole person, not just his or her mental illness, with absolute regard for human dignity and respect for all patient rights;

6) The Homeless Patient Discharge Planning Initiative addresses the health needs of homeless patients in compliance with California Senate Bill (SB) 1152;

7) Miscellaneous community benefit activities and programs of the hospital during calendar year 2020; and

8) Community Resources that address the problem of low-income and uninsured individuals' inability to access health resources through a variety of agencies.

Community Benefits and Economic Value

Summary information identified community benefit programs and contributions for fiscal year ending September 2020 at **$50,470,518.**

The total of costs unreimbursed medical care services for Medi-Cal, county indigent and other services for 2020 audited was **$48,123,900.**

Non-quantifiable benefits

The non-quantifiable benefits are the costs of bringing benefits to the at-risk and vulnerable populations in the community that are not listed above and are estimated at **$255,000** annually. This represents expenses incurred by hospital staff providing leadership skills and bringing facilitator, convener and capacity consultation to various community collaboration efforts. These skills are an important component to enable the hospital to meet their mission, vision and value statements and Community Benefit Plan.

COVID-19 Pandemic

On January 21, 2020 the Centers for Disease and Prevention (CDC) announced that the United States had their first case of the Coronavirus (https://www.cdc.gov/media/releases/2020/p0121-novel-coronavirus-travel-case.html, January 6, 2021). The CDC indicated this was a travel-related case as the individual recently returned from Wuhan, China. With this notice and shortly thereafter, safety measures were put in place to protect individuals from the contagion.

Redlands Community Hospital, in following the guidance from local, state, and federal agencies, took the necessary steps to protect patients, the community, and health care workers. To this end, the hospital suspended many programs and services to focus on the care and treatment of patients and to protect the health care workforce. The volunteer services program was scaled back, and visitors to the hospital were limited. Many of the community outreach efforts were decreased, however activities e.g., health fairs, community education, and health screenings, were performed as noted throughout the community benefit plan.

COMMUNITY BENEFIT PLAN

Background and Identifying Information

As outlined in the proceeding Executive Summary, Redlands Community Hospital has completed all of the SB697 requirements dating back to California's Community Benefit Law (Senate Bill 697), sponsored by California Association of Hospitals and Health Systems (CAHHS) and the California Association of Catholic Hospitals (CACH), that was passed in 1994. The next step required by SB 697 is that Redlands Community Hospital submit this February 2021 Community Benefit Plan Update, covering programs and activities during fiscal year 2020, to the State of California OSHPD.

Redlands Community Hospital
350 Terracina Boulevard
Redlands, CA 92373
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Redlands Community Hospital is a not-for-profit, stand-alone community hospital that began serving the Redlands area and neighboring communities in 1903 and built the first official hospital in 1904 on Nordina Street. In 1929, a new hospital building was completed at 350 Terracina Boulevard, where it has remained and expanded numerous times ever since.

Chairman of the Board of Directors
Kate Salvesen, 909-335-5505

President and Chief Executive Officer
James R. Holmes, 909-335-5515

Assistant Vice President of Business Development
Karen Zirkle, 909-335-5593

Mission Statement

Our mission is to promote an environment where members of our community can receive high quality care and services so they can maintain and be restored to good health.

The Mission is accomplished by interacting with patients, physicians, employees, associates, and community. The hospital will be knowledgeable and responsible to the observations, traditions, philosophies, and customs of patients and their families, employees, and medical staff as the hospital delivers patient care, schedules appointments, and displays or promotes healthcare services. The hospital has adopted the philosophy of "*Patients First*" whereby we see serving our patients our primary focus. As a result, RCH has made *"Patients First"* part of its core culture.

These Mission, Vision and Values are integrated into the hospital's policy and planning processes including the community benefits plan. A part of this planning process sets benchmarks to measure performance of the community benefits plan. Setting measurable objectives and time frames for

programs and/or services for the community is the goal.
Employee benefits and the hospital's work environment also encourage employees to care for the members of the community. These statements encourage advocacy and collaboration within the hospital and community, as well as with community-based organizations and other not-for-profit entities.

Organizational Structure

An 18-member Board of Directors made up of volunteers from the community, and the hospital Chief Executive Officer, governs Redlands Community Hospital. The Redlands Community Hospital Foundation has a separate 18-member Board of Directors consisting of volunteers representing the community, the Hospital's Chief Executive Officer, Chief Financial Officer, Foundation President, and Director, Volunteer Services. The Foundation is a fund-raising component of the not-for-profit hospital.

Redlands Community Hospital promotes an environment for a healthy community and community collaborations within the hospital's service area, by interacting with patients, physicians, employees, volunteers, associates, and members of the community. Senior members of the hospital participate with the city of Redlands on the Healthy Redlands initiative and have staff serving on various sub-committees.

Redlands Community Hospital is an active member of the Inland Empire Regional Community Health Needs Assessment Taskforce, a group that includes non-profit hospitals, healthcare providers and agencies that meet regularly to share information about their various community programs that benefit the health and quality of life of all people in this area.

Community Benefit Plan

The Community Benefit Plan submitted February 2021 for Redlands Community Hospital represents outcomes for the 2020 reporting year and includes the programs featured on the following pages. The programs described in this section include the problems to be addressed, community partners, and unreimbursed costs of the programs. The descriptions also include measurable objectives and time frames for each community benefit.

Following is a summary of some of the community service/charity care in which the hospital is involved:

COMMUNITY-BASED PRIMARY CARE

REDLANDS FAMILY CLINIC

Health Care in 2020 was greatly impacted by the COVID-19 pandemic. The Affordable Care Act (ACA) provided health care coverage protection for people whose heath care coverage was lost due to the pandemic. In California alone, it was estimated that the ACA supported almost 1 million people (https://www.chcf.org/publication/how-many-your-area-are-covered-affordable-care-act, September 24, 2020). Although the US Census Bureau (2019) reports that 9.4% of the population nationwide is without health insurance, (https://www.census.gov), those numbers have been noted to be higher. In addition, childhood immunization rates declined in 2020 due to the COVID-19 pandemic. In 2019, cchildren at five months of age had a 67.9% rate and rates have declined to 49.7%. https://www.cdc.gov/mmwr/volumes/69/wr/mm6920e1.htm). Barriers to health care such as culture, language, health disparities and low socioeconomic status continue to be a serious issue. Redlands Community Hospital addresses these issues by providing patient-centered primary health care services for individuals and families.

Purpose

An on-going goal of the Redlands Family Clinic is to provide high-quality, low-cost health care services to people who do not otherwise have access which may be due to financial, cultural, lifestyle, or psychological barriers. An equally important goal is to provide disease specific patient/family education, with emphasis on promoting health and wellness, and the support necessary to promote individualized health care decision making. Our ongoing objectives are to: 1) Provide an opportunity for low-income, the uninsured and underinsured to receive primary and preventive care, early medical problem identification and treatment and access to health care resources; 2) Reduce disparity in health care services within the community; 3) Develop health related programs and enhance the quality of services provided; 4) Provide health care for all ages, children to the elderly; 5) Assist with the application process and obtaining eligibility for public assistance programs; 6) Provide and promote community resources, and 7) Provide and facilitate community health services such as flu shots and other health care screenings.

Unique and Innovative Methods

We view our program to be unique and innovative based on the following characteristics:

1. The services are provided by a not-for-profit community hospital-based clinic utilizing skilled family practice nurse practitioners, along with physicians, and support personnel
2. The services are managed by Redlands Community Hospital's Board of Directors
3. Primarily funded, operated and managed by the hospital
4. Collaborative relationships with community organizations providing a variety of services
5. Serves a largely Hispanic population including recent migrants to the area
6. Bilingual clinical staff
7. Patients are uninsured or underinsured
8. Provides access to other health care services offered by the hospital

Our Partners and Providers

1. Community Health Association Inland Southern Region: A not-for-profit organization supporting community health centers and clinics located in the Inland Empire.
2. Family Services Association of Redlands: A not-for-profit organization serving low-income and homeless families utilizing a management-based case management approach and personal contact. Their mission is to alleviate poverty, encourage self-sufficiency and promote the dignity of all people. Services provided include transitional housing, clothing, and food
3. Inland Empire Health Plan
4. Lab Corp: provides clinical laboratory services
5. Local Pharmacies
6. Quest Medical Laboratories: provides clinical laboratory services
7. Local Schools

Goals and Milestones Accomplished in 2020

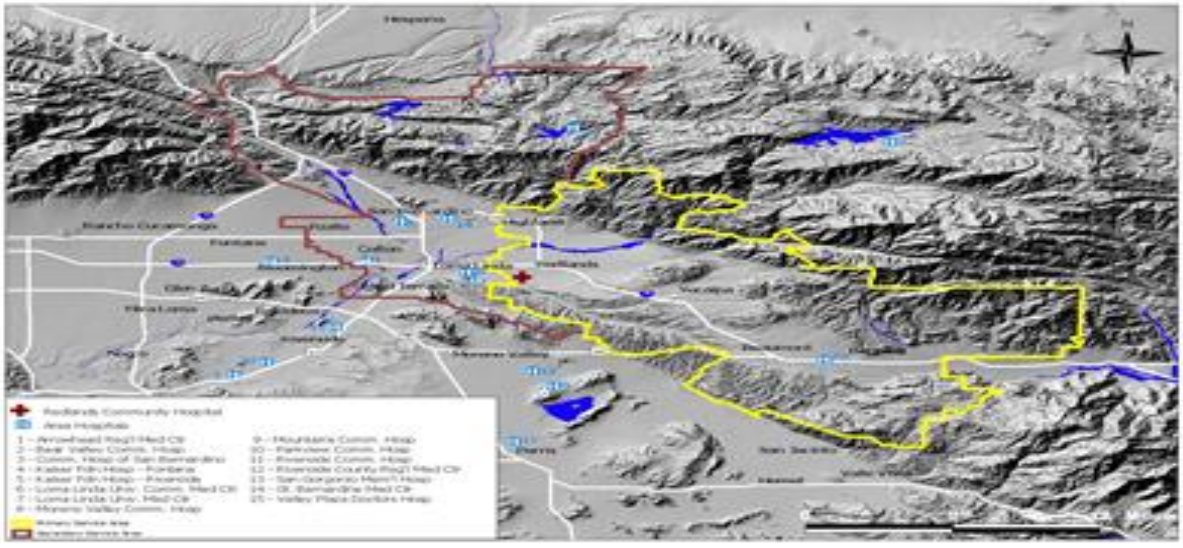
1. Continued to provide primary care services
2. Provided no-cost seasonal flu vaccinations to the community-at -large
3. Expanded awareness of the services provided by the Redlands Family Clinic
4. Supported Redlands Unified School District by providing employee TB screening
5. Worked with Inland Empire Health Plan (IEHP) to promote preventative services through their Pay four Performance (P4P) program
6. Provided in-person and telemedicine services during the COVID -19 pandemic

Top 10 medical diagnoses treated in clinic (highest to lowest)

Hypertension
Type 2 Diabetes
Anxiety
Cough
Hyperlipidemia
Abdominal Pain
Obesity
Headache
Pelvic Pain
Hypothyroidism

Redlands Family Clinic

Serving communities of Redlands, Loma Linda, Colton, San Bernardino, Highland, Yucaipa, and Mentone (refer to figure on next page).



Scope of Services

Hours of Operation	8:00-5:00 p.m. Monday through Friday
Personnel	Physician Nurse Practitioners Licensed Vocational Nurses Medical Assistants Patient Account Representative Director
Primary Services	Pediatrics (CHDP)
	Well Female Exams (FPACT and CDP)
	Young adult – school exams and primary care
	Adult/Middle Age (cancer screening and detection)
	Acute and chronic primary medical care – all ages
	Obstetric
Other Services onsite	Laboratory
	Social Services
	Dietician
Other Services at RCH	Pharmacy
	Radiology
	Cardiopulmonary
	Emergency room
	Inpatient Services
	Special procedures
	Neurology
	Oncology
Referred Services	ARMC: outpatient, acute and specialty care
	Specialty care providers within the community
	Community resource agencies
	Loma Linda University Medical Center

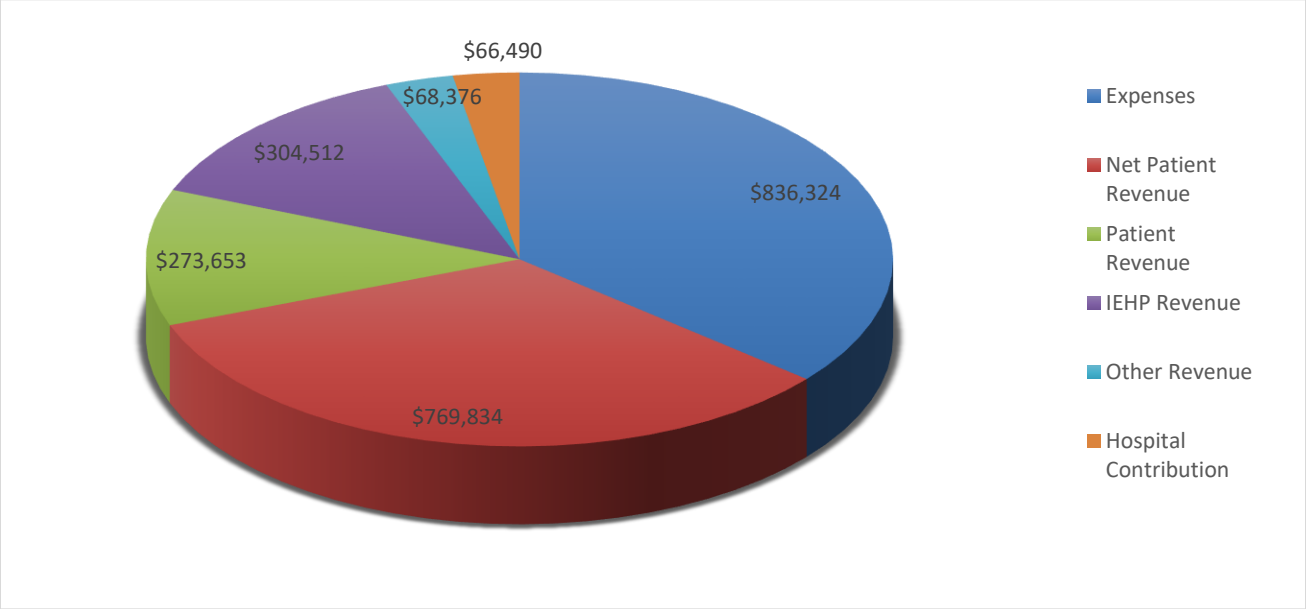
Total Visits: Historical 2017 to 2020

	2017	2018	2019	2020
Redlands Family Clinic	6,580	6,884	6,709	5,815

In 2020, due to the COVID-19 pandemic, patient visits decreased. The total number of new patients seeking services at the Redlands Family Clinic continued to grow. The Redlands Family Clinic provided accessible and low-cost healthcare services.

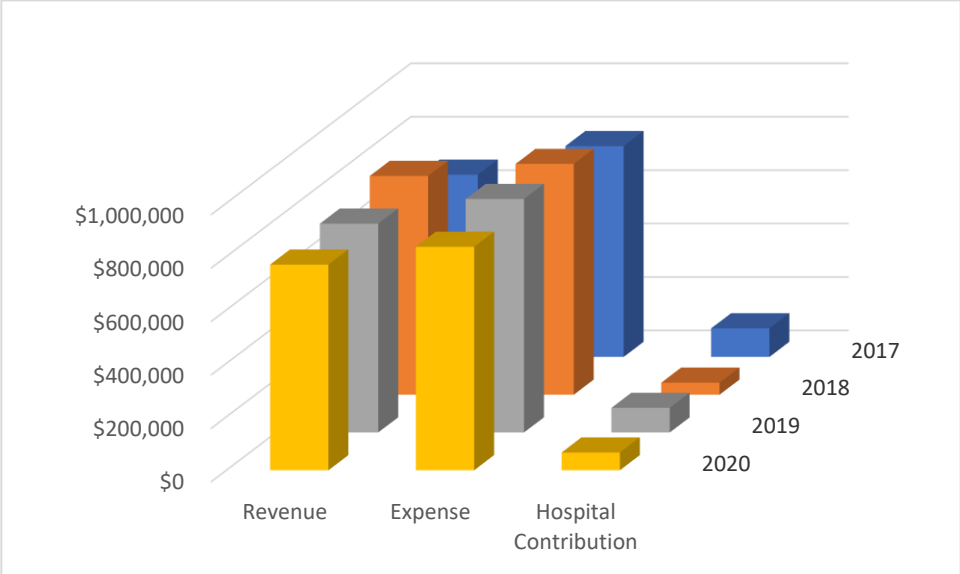
Financial Summary for the Redlands Family Clinic, 2020

The following graph shows the financial distribution and un-reimbursed costs. The Redlands Community Hospital contribution (un-reimbursed cost) for this program in 2020 was $66,490.



Expenses	$836,324
Net Patient Revenue	$769,834
Patient Revenue	$273,653
Other Revenue	$68,376
IEHP Revenue	$304,512
Hospital Contribution	$66,490

Financial Summary Comparison - 2017, 2018, 2019 and 2020



	Revenue	Expenses	Hospital Contribution (un-reimbursed cost)
2017	$682,023	$788,974	$106,951
2018	$818,872	$863,777	$ 44,905
2019	$781,873	$874,013	$ 92,140
2020	$769,834	$836,324	$ 66,490

Goals and Objectives for 2021

1. Continue to provide primary care services for low-income and underserved individuals
2. Continue to support community-based programs and organizations
3. Continue to provide no-cost seasonal flu vaccinations to the community-at-large
4. Expand awareness of the services provided by the Redlands Family Clinic
5. Maintain support for the Redlands Unified School District by providing employee TB screening
6. Continue to work with Inland Empire Health Plan (IEHP) to promote preventative services through their Pay four Performance (P4P) program
7. Expand the obstetrics program
8. Implement Electronic Medical Records

Summary

During a time when healthcare dollars continued to shrink and increased financial risk was going to community hospitals, Redlands Community Hospital continued to demonstrate that healthcare resources can be made available to everyone. Redlands Community Hospital realized the continuation and growth of services for the under-served population. Critical elements needed for

early intervention were addressed by providing primary care services and controlling and reducing co-morbidities. Efforts were made to prevent the use of the Emergency Room as a source for primary health care services. Most importantly, the clinic staff successfully demonstrated how to help patients take control of their health care by providing patient-centered services and assisting with the transition to public assistance programs, when applicable. Regardless, if patients did not qualify for public assistance the needed healthcare services were provided.

Staff were encouraged by the positive recognition received from the patients and families served. During 2020, patients indicated 95% overall patient satisfaction with the care and services provided. Staff will continue to network with the community to share challenges and successes.

The vision for the future is to continue to provide community based high-quality, low-cost health care services to low-income, uninsured and underinsured individuals and families.

YUCAIPA FAMILY CLINIC

The Yucaipa Family Clinic, a sister clinic to the Redlands Family Clinic, continues to address the communities need for access to high-quality primary care services in the east end of San Bernardino county.

Purpose

A goal of the Yucaipa Family Clinic is to provide high-quality, low-cost health care services to people who do not otherwise have access which may be due to financial, cultural, lifestyle, or psychological barriers. An equally important goal is to provide disease specific patient/family education, with emphasis on promoting health and wellness, and the support necessary to promote individualized health care decision making. On-going objectives are to: 1) Provide an opportunity for low-income, the uninsured and underinsured to receive primary and preventive care, early medical problem identification and treatment and access to health care resources; 2) Reduce disparity in health care services within the community; 3) Develop health related programs and enhance the quality of services provided; 4) Provide health care for all ages, children to the elderly; 5) Assist with the application process and obtaining eligibility for public assistance programs; 6) Provide and promote community resources, and 7) Provide and facilitate community health services such as flu shots and other health care screenings

Unique and Innovative Methods

We view our program to be unique and innovative based on the following characteristics:

1. The services are provided by a not-for-profit Community Hospital based clinic utilizing skilled family practice nurse practitioners and support staff
2. The services are managed by Redlands Community Hospital's Board of Directors
3. Primarily funded, operated and managed by the hospital
4. Collaborative relationships with community organizations providing a variety of services
5. Serves a largely Hispanic population including recent migrants to the area
6. Bilingual clinical staff
7. Patients are uninsured or underinsured
8. Provides access to other health care services offered by the hospital

Our Partners and Providers

1. Community Health Association Inland Southern Region: A not-for-profit organization supporting community health centers and clinics located in the Inland Empire.
2. Family Services Association of Redlands: A not-for-profit organization serving low-income and homeless families utilizing a management-based case management approach and personal contact. Their mission is to alleviate poverty, encourage self-sufficiency and promote the dignity of all people. Services provided include transitional housing, clothing, and food.
3. Inland Empire Health Plan
4. Lab Corp: provides clinical laboratory services
5. Local Pharmacies
6. Quest Medical Laboratories: provides clinical laboratory services

Goals and Milestones Accomplished in 2020

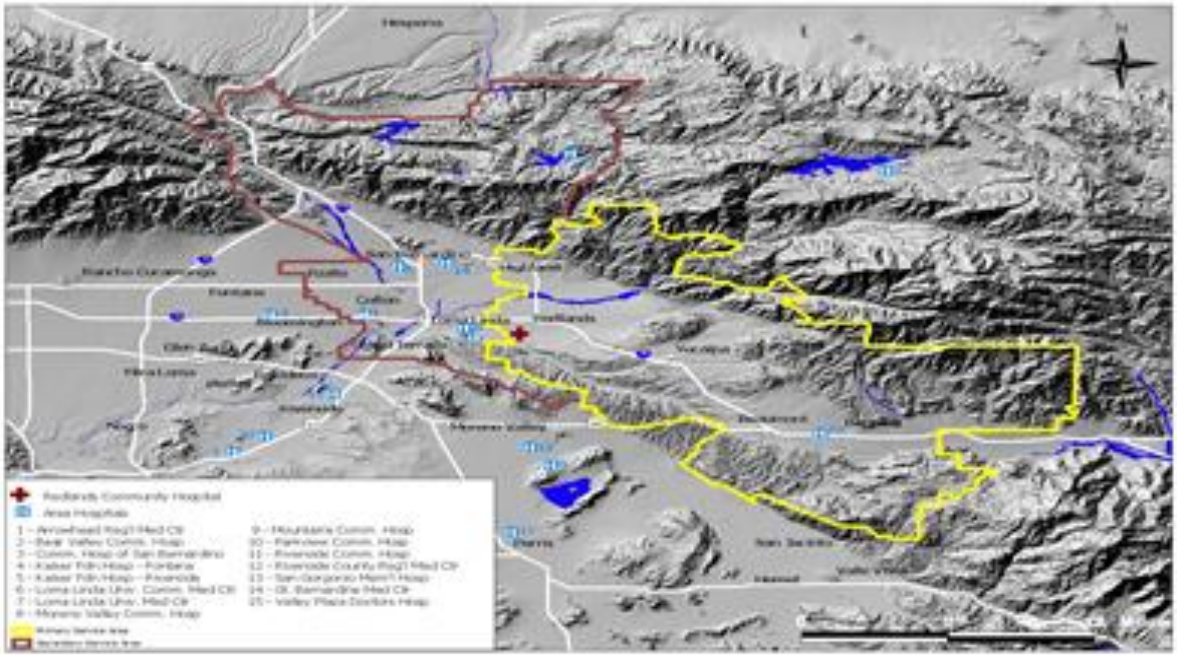
1. Expanded primary care services and access for community members with coverage through the Inland Empire Health Plan (IEHP)
2. Provided no-cost seasonal flu vaccinations to the community-at-large
3. Expanded awareness of the services provided by the Yucaipa Family Clinic
4. Maintained support for the Yucaipa Unified School District by providing employee TB screening
5. Worked with IEHP to promote preventative services for their patients through the Pay four Performance (P4P) program

Top 10 medical diagnoses treated in clinic (highest to lowest)

Hypertension
Type 2 Diabetes
Cough
Anxiety
Hyperlipidemia
Abdominal Pain
Hypothyroidism
Dorsalgia
Low back pain
Headache

Yucaipa Family Clinic

Serving communities of Redlands, Loma Linda, San Bernardino, Highland, Yucaipa, Calimesa, Beaumont, Banning and Mentone.



Scope of Services

Hours of Operation	8:00-5:00 p.m. Monday through Friday
Personnel	Physician Nurse Practitioners Licensed Vocational Nurses Medical Assistants Patient Account Representative Director
Primary Services	Pediatrics (CHDP)
	Well Female Exams (FPACT and CDP)
	Young adult – school exams and primary care
	Adult/Middle Age (cancer screening and detection)
	Acute and chronic primary medical care – all ages
Other Services onsite	Laboratory
	Social Services
	Dietician
Other Services at RCH	Pharmacy
	Radiology
	Cardiopulmonary
	Emergency room
	Inpatient Services
	Special procedures
	Neurology
Referred Services	ARMC outpatient, acute and specialty care
	Specialty care providers within the community
	Community resource agencies

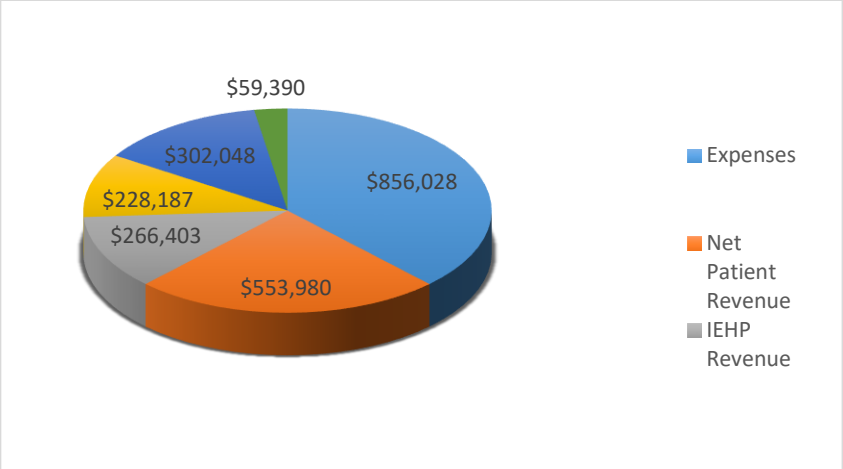
Total Visits: Historical 2017 - 2020

	2017	**2018**	**2019**	**2020**
Yucaipa Family Clinic	3,303	3,975	4,561	4,822

Patient visits increased by 5.7% during 2020. The Yucaipa Family Clinic provided accessible and low-cost healthcare services and continues to grow.

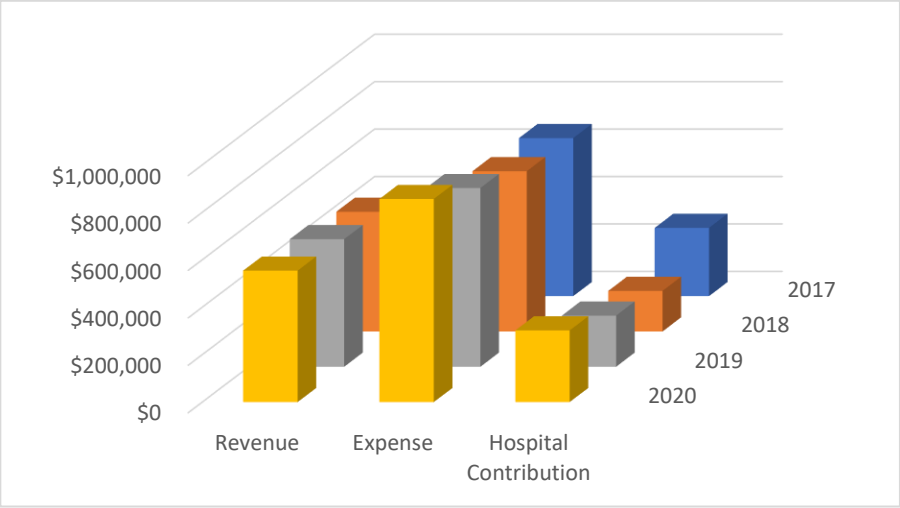
Financial Summary for the Yucaipa Family Clinic, 2020

The following graph shows the financial distribution and un-reimbursed cost. The Redlands Community Hospital contribution (un-reimbursed cost) for this program in 2020 was $302,048.



Expenses	$856,028
Net Patient Revenue	$553,980
Patient Revenue	$228,187
Other Revenue	$ 59,390
IEHP Revenue	$266,403
Hospital Contribution	$302,048

Financial Summary Comparison - 2017, 2018 2019 and 2020



	Revenue	**Expenses**	**Hospital Contribution (un-reimbursed cost)**
2017	$378,606	$666,225	$287,619
2018	$504,540	$675,456	$170,916
2019	$537,750	$753,236	$215,486
2020	$553,980	$856,028	$302,048

Goals and Objectives for 2021

1. Expand primary care services for low-income and underserved individuals
2. Continue to support community-based programs and organizations
3. Continue to provide no-cost seasonal flu vaccinations to the community-at-large
4. Expand awareness of the services provided by the Yucaipa Family Clinic
5. Maintain support for the Yucaipa Unified School District by providing employee TB screening
6. Continue to work with the Inland Empire Health Plan to promote preventative services for their patients through the Pay four Performance (P4P) program
7. Implement Electronic Medical Records

Summary

Redlands Community Hospital is committed to serving the community and providing high-quality and affordable healthcare. For 2020, the Yucaipa Family Clinic's overall patient satisfaction rating was 97%. The vision for the future is to continue to provide community based high-quality, low-cost health care services to low-income, uninsured and underinsured individuals and families.

PERINATAL SERVICES (MATERNAL/INFANT HEALTH)

The community based Perinatal Services Program offers several outpatient specialty education programs, Comprehensive Perinatal Services Program (CPSP), diabetes and pregnancy education, breastfeeding education, and childbirth education.

Problem

Real and perceived barriers (access, financial, transportation, etc.) to pre- and post-natal care for low-income, uninsured, or underinsured women and teens.

Program Description

The Comprehensive Perinatal Services Program (CPSP) provides a variety of services and education to women prior to delivery and up to sixty days after delivery. Goals of the program are to decrease the incidence of low birth weight in infants, to improve the outcome of every pregnancy, to give every baby a healthy start in life and to lower health care cost by preventing catastrophic and chronic illness in infants and children. The Comprehensive Perinatal Services Program is a Medi-Cal sponsored program for women who are pregnant and are enrolled in straight Medi-Cal or Medi-Cal Managed Care Plan.

The Diabetes and Pregnancy Education program provides education, evaluation, and intervention for pregnant women with diabetes or for women with diabetes planning to become pregnant. The goal of the program is to improve pregnancy outcomes for women and to reduce fetal deaths and neonatal and maternal complications. Services include an initial evaluation and follow-up by a registered nurse, certified diabetes educator, and dietician.

A resource for Redlands Community Hospital is the Breastfeeding program which provides breastfeeding education and support for groups, and individual one-on-one education. Services are provided by an International Board-Certified Lactation Consultant. The Childbirth preparation courses prepare pregnant women and family for childbirth. Classes are designed to provide practical and useful tools in preparation of childbirth.

Partnerships

1. California Diabetes and Pregnancy Program Sweet Success
2. County of San Bernardino (Public Health/CPSP)
3. Inland Empire Health Plan
4. Inland Women's Care, Dr. Hage
5. Loma Linda University Medical Center
6. Molina Healthcare, Inc.
7. Participating CPSP medical groups and community physician offices

Goals and Outcomes Accomplished in 2020

1. Provided access to services at the Redlands perinatal services office
2. Expanded awareness of the education services provided by Perinatal Services to the local community and obstetric physicians
3. Achieved 99% patient satisfaction rating

Goals and Outcomes set for 2021

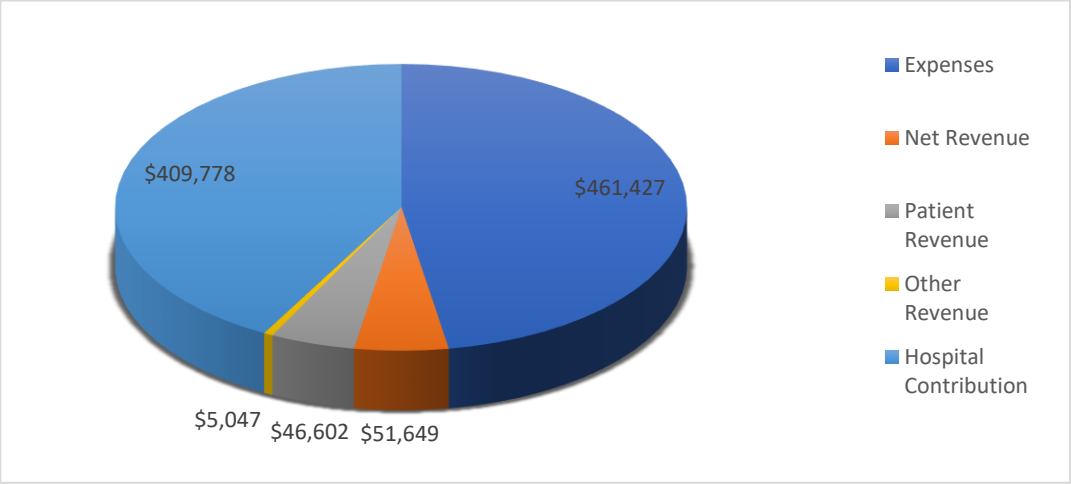
1. Meet or exceed patient expectations
2. Emphasize the benefit of the various education programs to our patients and the community-at-large
3. Promote breastfeeding initiatives
4. Continue to provide patient education through an app called Yo Mingo 24/7
5. Implement Electronic Medical Records

Total Visits: Historical 2017 – 2020

2017	**2018**	**2019**	**2020**
2,116	2,015	2,274	2,750

Financial Summary for Perinatal Services, 2020

The following graph shows the financial distribution and un-reimbursed cost. The Redlands Community Hospital contribution (un-reimbursed cost) for this program in 2020 was $409,778.



Expenses	$461,427
Net Revenue	$ 51,649
Patient Revenue	$ 46,602
Other Revenue	$ 5,047
Hospital Contribution	$409,778

COMMUNITY CASE MANAGEMENT PROGRAM

The Community Case Management Program at Redlands Community Hospital is dedicated to the patients and community. The program exemplifies a unique extension of the mission statement: "Patients First." The focus of the program is on "real life" issues and concerns that patients may unfortunately be confronted with. Through the program, positive interventions are implemented on a patient population that would have otherwise been overlooked. The ultimate goal is to improve the health care of the population served as well as to improve their relationships with their individual health care providers.

Problem

Real and perceived barriers (not limited to financial, medical access, social, or transportation) for the underinsured, those identified as non-compliant and those with complex and/or life-threatening diagnoses.

Program Description

The purpose of the community case management program is to provide high quality service for a population unfamiliar with how to navigate the healthcare system due to financial, cultural, psychological or lifestyle barriers. The process begins with a thorough assessment which includes assessing family dynamics and social resources which may be a lacking and hindering factor in the patient's overall wellness. The goals of the program are to decrease the incidence of emergency room visits and hospital re-admissions, to educate regarding disease specific processes and management, to provide community resources, to facilitate the relationship between the patient and his/her health care providers and to improve patient outcomes. Interventions are unique to individual patient needs with the common goal being that the patient will achieve an optimum level of function and will be able to identify and utilize available resources to promote positive health maintenance.

Participants of the program are identified through multiple points of entry either by the hospitalist and/or case manager on the inpatient side, or by the primary care physician and/or EPIC's ambulatory case management team. Criteria include, but are not limited to multiple hospitalizations, multiple co-morbidities, new life-threatening diagnosis, non-compliant patterns, assistance with coordination of care and limited understanding of medical needs. Services include an in-home assessment of needs, development of a plan of care specifying goals with implementation and collaboration with team members, and education of patient/family to enable successful management of care.

Goals and Outcomes Accomplished in 2020

1. Program productivity increased, as well as referrals (20% increase compared to fiscal year 2019) due to the collaborative efforts between RCH and EPIC management jointly focusing on identifying at risk patients.

2. Met or exceeded patient expectations especially in the areas of facilitating referrals and securing appointments, in addition to assisting the patient/family in navigating through the health care system.
3. Inpatient days decreased by 50% for 21 of the 23 high-risk patients admitted to the hospital.
4. Emergency room visits decreased by 50% for 38 of the 42 high-risk patients who had emergency department visits.
5. Monitored congestive heart failure patients for one-month post discharge via weekly phone calls to provide support and education to ensure patient's understanding of the plan of care with the goal being patient compliance, thereby decreasing the emergency room visits and/or readmissions.
6. Provided disease specific resource lists.

Goals for 2021

1. Continue to increase referrals and program productivity.
2. Continue to meet or exceed patient expectations especially in the areas of facilitating referrals and securing appointments, in addition to assisting and educating the patient/family on the process of navigating through the health care system.
3. Continue to decrease inpatient days and/or emergency room visits.
4. Reinforce the benefits of the program to physicians, patients, and community.
5. Continue to assess and explore the characteristics and needs of the patient population and define patient specific interventions and goals.

Financial Summary for the Community Case Management Program, 2020

The Redlands Community Hospital contribution (un-reimbursed cost) for this program in 2020 including nursing salary, taxes, benefits of 26%, and mileage reimbursement was $178,289.

PASTORAL CARE– VOLUNTEER PASTORAL CARE - LAY MINISTRY

Clinical Chaplain

Pastoral Services at Redlands Community Hospital supports a full-time chaplain and a per diem chaplain. The chaplains were very busy providing care for patients, families, and staff throughout the year due to the COVID-19 pandemic. The clinical chaplain performed multiple services which contributed to the spiritual well-being of individuals within the hospital setting.

In addition to patients and families, hospital staff were affected by the on-going COVID-19 pandemic. The Chaplain was available and addressed the spiritual concerns of the staff who requested pastoral support. During the same time period the hospital experienced two unexpected and tragic employee deaths. This too affected staff. The chaplain aided staff so they could get through their scheduled work shifts and provided spiritual support.

The chaplain serves on the intensive care unit, emergency, and behavioral health departments clinical team, providing professional spiritual assessment and support for patients and families. The chaplain responds to referrals from health care professionals throughout the hospital to assist with addressing life threatening illnesses, religious rituals affecting care and recovery, end of life concerns and issues of spiritual distress. Due to the pandemic, the chaplain did not have the assistance of community or volunteer spiritual care providers in the greater Redlands area to help facilitate spiritual care. With this lack of support, the chaplain continued to do as much as possible to meet the needs of patients and staff. The chaplain is a member of the Redlands Area Interfaith Council. Since the faith communities could not gather for most of this year, the Interfaith Council was not active.

Pastoral Care's No One Dies Alone Program was initiated at the hospital about eight years ago to provide a compassionate companion for patients who had no family or friends to be with them at the very end of their life. At the initial onset of the COVID-19 pandemic, the volunteer services program was suspended. To assist with on-going care, employees were utilized in the role of compassionate companions to sit with patients (four) in the last stages of their life. Due to hospital-wide staffing needs, this model could not be sustained after the first month of deployment.

Volunteer Pastoral Care Services Visiting Clergy/Lay Ministry

The Volunteer Chaplains along with the visiting clergy/lay ministry program was unavailable after the onset of the pandemic in order to preserve protective equipment and minimize potential disease spread.

Community Partners

Inter-faith communities in the Redlands and neighboring areas: Churches, mosques and temples who provide a spiritual support to those residing throughout the community.

Redlands Area Interfaith Council: helping to promote understanding and mutual respect of the diverse faith communities

Goals and Milestones Accomplished in 2020

1. Pre-pandemic, the chaplain spoke at a nursing leadership meeting with renowned nursing theorist Jean Watson.
2. Provided on-going spiritual care that was purposeful and inclusive of all faiths.
3. Facilitated on-going communication with the local faith community through phone calls during the pandemic and due to the no visitor policies.
4. Continued connections with the pastoral volunteer base.
5. Provided ongoing pastoral care support throughout the hospital for patients, families, and staff.
6. Provided spiritual support to each department through virtual meetings, attending staff meetings, frequent rounding in departments and nursing care units.
7. The staff utilized the chapel for spiritual reflection throughout the pandemic.

Goals for 2021

1. Provide on-going spiritual care to Redlands Community Hospital patients, families, and staff.
2. Support the Pastoral Care Visitor and Volunteer Chaplain in their personal ministry.
3. Increase pastoral care patient and staff visitation to promote spiritual wellness.
4. Per request, provide spiritual care to surgical patients.
5. Initiate a quarterly prayer service in the chapel.
6. Work with social services to create a peer support program for staff during the continued days of the pandemic.

Financial Summary

Unreimbursed costs to Redlands Community Hospital for the Pastoral Care Program during 2020 was $52,136.

BEHAVIORAL HEALTH PROGRAM

Mental illnesses are common in the United States. According to information provided by the National Institute of Mental Health (NIMH), in 2019, there were an estimated 51.5 million adults in the United States with a form of mental illness. This number has increased from 19% of all U.S. adults in 2017, to 20.6% in 2019. (Transforming the understanding and treatment of mental illness, 2020). The high stigma and cultural attitudes about behavioral medicine have a significant impact on whether individuals seek help and follow care plans in a population where the symptoms are severe, recurrent, and frequently co-concurrent with the growing epidemic of substance abuse. The shortage of mental health professionals, facilities, and financial resources nationwide make behavioral health patient care a key societal stressor, as it not only affects the individual but also the family unit and the community-at-large. Inadequate resources to care for this patient population negatively affects local services: the police department, fire department, ambulance services, and emergency departments suffer strain and it compromises effective treatment and recovery for patients.

Purpose and Program Description

The purpose of the Redlands Community Hospital Behavioral Health Program is to serve as a multi-disciplinary recovery-oriented program. Staff are trained to be a partner in the patient's crisis while on the Behavioral Health Unit (BHU). There are 10 basic patient-centered principles of the recovery model that benefit both the patient and staff:

1. Hope – Patients are therapeutically influenced to believe recovery can and does happen. They learn from their life success and failures in the form of lessons to evolve. Staff have the belief that recovery is real and focus on the patient's abilities, not their disability.

2. Patient driven – Patients are an active participant in their own recovery as they help to explore new possibilities of recovery. Staff assist the patient with their own goals, needs, and preferences.

3. Many Pathways – Patients learn that growth comes from working through setbacks. They learn and practice new ways of coping. Staff recognize that recovery is an individualized process. They work with the patients from wherever they are in the recovery process.

4. Holistic – Patients learn to attend to their spiritual, physical, and mental health. They are advised to have at least one identified special supportive person in their recovery journey. Staff attend to the patient's basic needs while on the BHU. Various members of the multidisciplinary staff help to connect patients to community resources.

5. Peers and Allies – Patients seek help from providers. Patients share their recovery experiences with other patients in the community. Staff encourage support among the patients. Staff help to develop community partnerships.

6. Relational – Patients involve family and friends in their recovery plan and help to give back to their community. Staff empower the patient and help involve the patient's family members whenever possible.

7. Cultural – Patients look into their own cultural values and beliefs for guidance. Patients are given direction about seeking help from their specific community. Staff honor patient's values, traditions, and beliefs.

8. Addresses Trauma – Patients speak about what works for them and what does not. Patients develop their own community of trust. Staff provide a welcoming and safe environment of care. Staff maintain confidentiality.

9. Strengths and Responsibilities – Patients commit to their own wellness. Patients learn to advocate for themselves. Staff support recovery through unique strengths in each patient. Staff advocate for patients and their own families.

10. Respect – Patients learn how to respect the courage it takes for change to happen. Patients accept and commit to change. Staff offer meaningful choices of care. Staff protect patient's rights and dignity.

Depending on the needs of the patient, there are three levels of care offered by the Behavioral Health Program.

- The inpatient program provides a recovery-oriented therapeutic setting that allows the individual with acute symptoms to be immersed in the treatment environment focused exclusively on recovery. Inpatient treatment typically consists of medication management, a combination of individual and group counseling, support groups, and adjunctive therapies.
- The Partial Hospitalization Day Program (PHP) is a daily structured program of personalized group therapy that can serve as an alternative to inpatient hospitalization or as a transition from the hospital to a community setting while the patient continues to live at home. This treatment option is designed for those without acute symptoms necessitating inpatient admission.
- The Intensive Outpatient ("IOP") program provides a step-down to a part-time intensive schedule that includes individual and group therapy designed to accommodate individuals who may have professional duties outside of the treatment environment, such as school, work, or family life. Groups are small and generally do not exceed 10 people, allowing for supportive treatment in a safe environment.

Unique Program Interventions

Programs are unique for the following reasons:

1. Emphasis on the totality of mind-body-spirit as the philosophical premise for health and well-being.
2. Recovery-oriented classes taught by recovery experts to give the patient hope and guidance.
3. Licensed Clinical Social Workers, Marriage –Family therapists (MFT's) and Recreational therapists (RT's) are on staff daily, providing group therapy focused on individualized needs of patients

4. "Teach Back" method is used for patient education in Community Meetings and Medication Groups to increase self-management of personal diagnosis and medications through self-knowledge and self-awareness.
5. A structured daily schedule is in place to provide quality services in a stable environment.
6. The BH program services target stress management, coping skills, life skills, and community reintegration.
7. Complementary therapies, including horticulture therapy and aromatherapy, have been integrated into the structured schedule to expose patients to a wide variety of stress management and coping skills.

Top Diagnoses treated in Behavioral Health (ranked highest to lowest)

1. Schizoaffective Disorder
2. Schizophrenia
3. Bipolar Disorder
4. Major Depressive Disorder
5. Psychosis, not otherwise specified
6. Substance Abuse Disorder/Overdose

Scope of Services

Hours of Operation	Inpatient: 24 hours, 7 days Outpatient: 8:00 a.m. – 4:30 p.m. Mon-Fri
Personnel	Administrative Staff Licensed Clinical Social Workers Licensed Marriage and Family Therapists Licensed Psychiatric Technicians Licensed Pharmacy Technicians Licensed Vocational Nurses Mental Health Workers Psychiatrists Psychologists Physicians Registered Nurses Recreational Therapists Social Workers
Service Programs	Inpatient Psychiatric Care Partial Hospitalization Day Program Intensive Outpatient Program Care

Goals/Outcomes Accomplished in 2020

- Advanced patient safety measures by installing and implementing a new patient call light system.
- The Inpatient program performed better than the top 10% of national hospitals in Mental Health readmission rates, and length of patient stay.
- Increased weekend therapy sessions with an additional scheduled therapist.
- Wi-Fi remediation in the outpatient program for better access to web based therapies and resources.
- Upgraded the computers and telephone systems in the Outpatient program.

Goals for 2021

- Expand program marketing to include neighboring counties that have limited inpatient and outpatient mental health resources, increasing the aggregated cliental of the Behavioral Medicine Department
- Train staff to be more recovery-oriented whereby they are a partner in the patient's crisis.
- Improved relations with community volunteers to contribute to the inpatient to outpatient transition of our patients so that they may have improved community support
- Motivate and support licensed staff members to increase the number of Board-certified behavioral health nurses by 20%
- Motivate and support licensed staff to pursue additional education in regard to their nursing license and psychiatric classes
- Optimize patient comfort, stress relief efforts, and recovery by enhancing the aesthetic appeal of the inpatient Behavioral Medicine Unit

Financial Summary for the Behavioral Health program

The un-reimbursed cost of the Behavioral Health program is accounted for in the medical care services costs, Community Benefits and Economic Value

HOMELESS PATIENT DISCHARGE PLANNING INITIATIVE

Redlands Community Hospital provides discharge planning services for homeless patients seeking medical and psychiatric treatment. Services provided included medical examinations and screenings, meals, transportation, clothing, and prescriptions free of cost. The goal of this initiative is to improve health care for the homeless population by providing direct care and linkage to follow-up services within the community.

Problem

California's homeless population showed a 16% percent increase in homeless population over the previous year. The 2020-Point-In-Time Count shows the homeless population in San Bernardino County has increased by 19.9% with 3,125 homeless persons. The City of Redlands now has the 2nd highest number of homeless in San Bernardino County with 186 persons counted.

Patients experiencing homelessness often have complex medical, psychological and social needs with limited resources such as shelter and housing. Senate Bill (SB) 1152 requires all acute and psychiatric care hospitals to comply with specific provisions for homeless patient discharge planning which include weather appropriate clothing, transportation within 30 miles/minutes of the hospital, and offer of a meal. While the hospital provides care for the immediate basic needs for this population, there are minimal resources throughout the City, County and State for the wrap-around services needed.

Program Description

During 2020, Redlands Community Hospital identified and offered services to over 808 homeless individuals who presented to the hospital for services. The hospital utilized a multidisciplinary approach to meet the needs of the patients which included Physicians, Registered Nurses, Case managers, Social Workers, Dietary Services, and Patient Registration Staff. There was also a lot of collaboration with community agencies and the City of Redlands Police and Fire Departments. The hospital worked closely with the Redlands Community Hospital foundation to assist with funding weather-appropriate clothing, shelter, as well as transportation assistance. These services were not reimbursable from payors.

Goals and Outcomes Accomplished in 2020

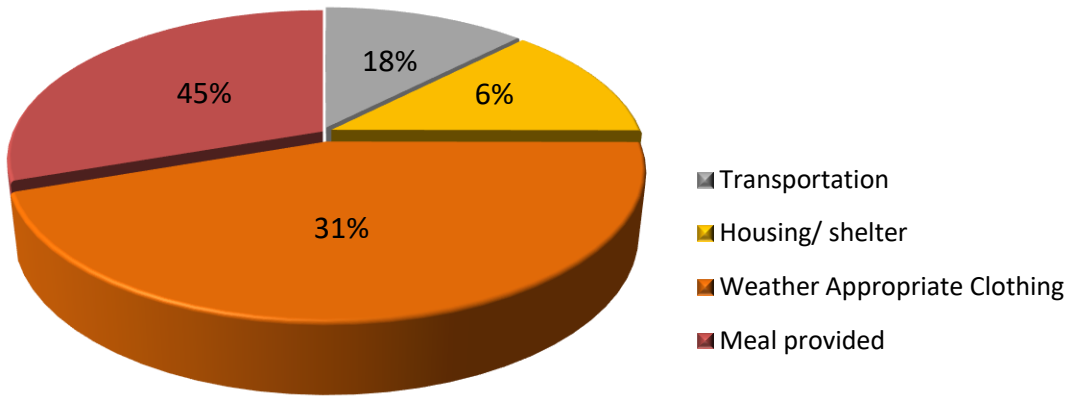
1. Met all requirements of California's SB 1152
2. Maintained a partnership with Redlands Community Hospital Foundation to assist with meeting non-reimbursable services such as weather-appropriate clothing, shelter and transportation
3. Provided education to continue awareness of homeless discharge planning to the medical staff and physician groups (EPIC, PMG, Vituity, and Team Health)
4. Participated in the local Hospital Association of Southern California's taskforce, public health, California Hospital Association, and multiple virtual meetings on the topic of homelessness and the impact of the COVID-19 pandemic on services.

Goals and Outcomes established for 2020

1. Provide education to staff and physicians regarding the housing needs of the homeless population to promote better health and outcomes.
2. Collaborate with County and other hospitals/providers to promote whole person care to meet both physical and mental health conditions of the homeless or at risk of becoming homeless population.
3. Continue providing required services for homeless patient discharges.

Financial Summary for the Homeless Initiative, 2020

The following graph shows the breakdown of the un-reimbursable cost of $2,368 for providing discharge services for the homeless. Redlands Community Hospital received grant funding in the amount of $328 for housing and clothing requirements.



ADDITIONAL COMMUNITY BENEFIT ACTIVITIES, 2020

Redlands Community Hospital is continually involved in a variety of activities and programs that benefit the community.

Health Fairs and Health Screenings

Redlands Community Hospital participated in a wide variety of community events and provided health related services for the community at Senior Centers, churches, large employers, children events, emergency preparedness fairs, community events, high schools and the YMCA. An array of health education and health services were offered to the public.

Community Health Fairs

During 2020, the Hospital participated in 16 community health fairs providing education on the hospital's programs and services:

- Highland Senior Center
- Calimesa Street Fair
- Jocelyn Senior Center
- Redlands Senior Community Center
- Sun Lakes Senior Living Community
- City of Beaumont State of the City
- Yucaipa Health Fair
- Mission Commons Health Fair (Redlands Senior Housing Facility)
- Yucaipa Senior Center Health Fair
- City of Yucaipa Health Fair
- Noon Kiwanis Run Through Redlands
- Blossom Grove Senior Health Fair
- Redlands Believe Walk
- The Lakes Assisted Living and Memory Care Health Fair

Free Immunization Programs

The Hospital provided free immunizations at various times during the year with the assistance from Marketing and Public Relations staff, and the Family Clinic's medical and nursing staff.

Flu shots were administered in 2020 as follows:

- To Redlands Community Hospital employees, patients, and community leaders.
- Flu shots and other immunizations were offered to underprivileged individuals at homeless shelters, the Salvation Army, and churches.
- Free seasonal/H1N1 flu educational flyers, posters and brochures were distributed to the public; educational information and public screening locations were advertised in local newspapers and the hospital website.

Senior Citizen Activities

- In conjunction with the Jocelyn Senior Center, the hospital funded several senior citizen newsletters that were mailed to seniors throughout various communities
- The hospital sponsored health information bulletin boards located at three senior centers in the area
- Marketing/Public Relations and other hospital departments presented health programs to senior groups. Education topics included heart disease, high blood pressure (hypertension), and diabetes prevention and treatment.
- The hospital sponsored special programs, offering lunch or dinner, and a presentation by hospital staff on varying health topics, for seniors at various senior centers e.g., Redlands Community Senior Center
- The hospital offered a variety of health screenings such as eye vision testing and blood pressure screenings.

Charity Care and Emergency Department Services

No individual with urgent health care needs is turned away from the hospital's emergency department due to an inability to pay. Admitting clerks seek to obtain health insurance information or Medi-Cal coverage. After all avenues of financial payment are exhausted, charity care is provided.

Community Outreach/Co-sponsored or Supported Events:

- Blood Drives- Sponsored a monthly blood drive event in collaboration with LifeStream Blood Bank
- Run through Redlands event– provided first aid treatment and water stations to participants of the event.
- YMCA Children's Health Education- including participation in their annual Kids Care Fair
- Stroke Support Group- provided a meeting place monthly for stroke survivors
- The Believe Walk event- including participation in their annual Kids Care Fair
- Emergency Medical Services Appreciation Day - Emergency Response personnel, including personnel from the Redlands Police Department, Redlands Fire Department, and American Medical Response
- Community Outreach (Family Service Association)- Throughout the year, Redlands Community Hospital continued to serve the needy within the community by:
    - Hospital-wide Food and Toy Drives
    - Thanksgiving Basket Food Drive

Community Health Education Lectures

Throughout the year, the hospital organized and supported community health education awareness programs, including:

- Grief Recovery Classes
- Adult CPR classes in San Bernardino and Riverside County

- Infant CPR for new parents
- Stroke Support Group
- Various health-related topics such as:
  - Handling The Holidays - Grief seminar
  - The Spine and Joint Disease educational seminars
  - Heart Health education
  - Alternative Pain method seminars
  - Diabetes Education community lecture
  - Breast Cancer Awareness- women's health lecture
  - Infection prevention community lecture
  - Signs and Symptoms for Stoke heath lectures
  - Advanced treatment for gynecological diseases community lecture

Community Sponsorships

Donated funds, gift baskets, purchased tickets and attended nearly 50 various community non-profit events and fundraising efforts for agencies that help the community, including:

- Alzheimer's Association
- Boys and Girls Club of Redlands
- The American Heart Association
- The Amputee Connection
- Rotary Scholarship
- Yucaipa Senior Center
- The Children's Fund of San Bernardino County
- Bonnes Meres Auxiliary of Redlands
- YMCA of Redlands
- National Health Foundation
- The Redlands Bicycle Classic
- Kiwanis "Run Through Redlands" Half Marathon/ 10K/5K
- Redlands Northside Impact
- Joslyn Senior Center / Highland Community Center
- Highland Senior Center
- Zonta Club
- Redlands Symphony
- St. Bernardines Medical Center
- Building A Generation Golf Fundraiser
- Redlands Community Foundation
- Redlands Benchwarmers
- Redlands East Valley High School
- Family Service Association Hunger Walk
- Redlands Symphony Annual Gala
- Redlands Bowl Children's Summer Festival
- Redlands Police Officer' Association
- San Bernardino County Medical Society

- Redlands Unified School District
- Alpha Kappa Delta- University of Redlands
- Loma Linda University Medical Center
- American Heart Association
- Lifestream (formally the Blood Bank of San Bernardino County) blood drives
- Beaumont Chamber of Commerce
- Calimesa Chamber of Commerce
- Highland Chamber of Commerce
- Redlands Chamber of Commerce
- Yucaipa Chamber of Commerce
- Loma Linda Chamber of Commerce
- Sun Lakes Resident Golf Tournament
- Sun Lakes Resident Health Fair
- Yucaipa Women's Club
- Inland Association Continuity of Care
- Yucaipa Rotary (Braswell's) Golf Tournament

Hospital staff spoke at various community meetings on topics ranging from healthcare, to expanding hospital facilities to meet the growing demand for health-related services.

VOLUNTEER SERVICES

The volunteer program adds another dimension of care within the hospital setting and ultimately the community. The program has far-reaching affects both within and outside the hospital's walls. Internally, the volunteers touch the lives of the patients and their families providing comfort and support; they relieve staff of volunteer appropriate duties and provide themselves a mechanism to feel useful and give to their community. As one example of their community service, volunteers assisted patients in voting in national and regional elections. This involved identifying patients hospitalized on Election Day who have not yet voted, coordinating a ballot prepared through the registrar of voters, and the delivery of completed ballots to an approved drop-off site. This valuable service ensured patients had the opportunity to participate in this very important process.

Externally, volunteers were active community members who represented the hospital by supporting community functions and developing program partnerships. Early in 2020, challenges were created due to the COVID-19 pandemic and included the suspension of the volunteer program within the hospital. As a result, volunteers supported hospital related projects and services in new and creative ways, including:

- Sewing more than 5,000 personal use facemasks for staff and family members
- Cutting over 10,000 pieces of material for use with cleaning agents
- Sewing 100 surgical bonnets for personal use
- Sewing and assembly of over 6,000 N-95 comfort liners for staff to use
- Providing personal notes and greetings cards for hospital patients and isolated community members
- Performed outreach to isolated individuals
- Provided food and grocery delivery to isolated individuals
- Sewing of quilts for NICU isolettes and hospice patients
- Donation of needed medical supplies

Emergency Planning

Redlands Community Hospital collaborates with area agencies to conduct County and City Emergency Drills. Hospital administrators, directors, safety, security and Emergency Department staff participated in numerous drills conducted throughout the year by the county, city and hospital. Different scenarios were staged to test cooperative functions between regional emergency agencies.

2020 - Year in Review

1,117	Free Flu Shots were given to the public by the hospital
750	People came to our booths at community health fairs (estimated)
1,902	Babies were born at the hospital
11,394	Patients stayed in the hospital
6,412	Patients received surgery at the hospital
49,953	Patients came through our 24-hour Emergency Department
116,221	Patients came in for outpatient visits, excluding emergency department visits
$617,659	In work hours were donated to the Hospital by over 240 active volunteers.

COMMUNITY COLLABORATION

The hospital's community needs assessment (2019) demonstrated individuals are unaware of available health and human resources. Additionally, there may be a fear of the system and a lack of understanding on how to access services they may need. Community organizations are not aware of all the programs and services provided by other agencies and there are known gaps in the health care delivery system in the region. To address this challenge, the hospital participates in a lot of community building activities.

Problem

There are known and unknown gaps in the health care system in the region.

Program description

The hospital utilizes the community health needs assessment process to identify access to care issues and to develop strategies to address the gaps. The hospital is unique in that it provides access to primary care at two safety net primary care clinics as well as the acute care hospital. These clinics serve vulnerable community members and are a vital part of the hospital's mission. Additionally, the hospital is a member of the Community Health Association Inland Southern Region which allows an opportunity to network with regional health center and clinic executives with the aim to address gaps in services at the community level. To meet the broader challenge of sustainable healthcare in the region, hospital staff collaborate with numerous community agencies (refer to the partner list below).

Partners

Community Hospital of San Bernardino
Kaiser Permanente, Fontana
Pomona Valley Hospital, Pomona
Medi-Cal health educators
Community Health Association Inland Southern Region
Riverside Community Hospital, Riverside
San Antonio Community Hospital, Upland
St. Bernardine's Medical Center, San Bernardino
Arrowhead Regional Medical Center
California State University, San Bernardino
Interfaith Community Collaborative
Family Services Association of Redlands
Parkview Community Hospital, Riverside
Riverside County Public Health Officer
HASC – Inland Empire CHNA Taskforce
Hospital Association of Southern California
Loma Linda University Health
San Bernardino County Public Health Officer
Corona Regional Medical Center, Corona
Loma Linda University Medical Center Murrieta
Loma Linda University Medical Center
Community Health Coalition of San Bernardino County

Goal for 2021

Continue the collaboration to identify gaps in the health care system and develop strategies to fill the voids.

COMMUNITY BENEFITS AND ECONOMIC VALUE

Summary information below identifies community benefit programs and contributions for fiscal year ending September 2020 for Redlands Community Hospital.

A. Medical Care Services	Audited 2020	
Medicare	$ 21,126,191	
Medi-Cal, Co.-indigent & Other	$ 26,997,709	
Unreimbursed care		$ 48,123,900
B. Community Outreach unreimbursed care		$ 778,315
Redlands Family Clinic	$ 66,490	
Yucaipa Family Clinic	$ 302,048	
Perinatal Services	$ 409,778	
C. Community Case Management		$ 179,289
D. Pastoral Services		$ 52,136
E. Homeless Patient Discharge Planning		$ 2,368
E. Community Benefits		$ 360,833
Sponsorship of specific community benefit programs		
In-kind sponsorship to general community benefit		
In-kind staff hours for community benefit		
F. Volunteer Services value of 19,602 hours donated*		$ 617,659
G. Hospital Board value of volunteer hours*		$ 48,784
H. Medical Staff value of volunteer hours*		$ 56,371
I. Funds donated to hospital by employees		$ 185,863
J. Funds donated to hospital by Volunteer Services		$ 65,000
TOTAL		**$ 50,470,518**

* This value is based on the "independentsector.org" national estimated hourly value for hospital volunteer service: $31.51 per hour (California, December 9, 2020).

Non-quantifiable Benefits

The non-quantifiable benefits are the costs of bringing benefits to the at-risk and vulnerable populations in the community that are not listed above and are estimated at $255,000 annually. Hospital staff who are providing leadership skills and bringing facilitator, convener and capacity consultation to the community collaboration efforts, incurs these expenses. These skills are an important component to enable the hospital to meet their mission, vision and value statements and community benefit plan. Leadership, advocacy and participation in community health planning costs are $255,000.

II. COMMUNITY NEEDS ASSESSMENT 2019

California's Community Benefit Law (Senate Bill 697), sponsored by California Association of Hospitals and Health Systems (CAHHS) and the California Association of Catholic Hospitals (CACH), passed in 1994. It required all private, not-for-profit hospitals in California to conduct a community needs assessment every three years and develop community benefit plans that are reported annually to the California Office of Statewide Health Planning and Development (OSHPD).

Redlands Community Hospital (RCH) conducted Community Needs Assessments for reporting periods 1995, 1998, 2002, 2005, 2008, 2011, 2013, 2016 and 2019. Communities of vulnerable and at- risk populations were identified and participated in the surveys.

Redlands Community Hospital, in collaboration with the Hospital Association of Southern California and seven hospital systems, performed a coordinated regional, Riverside and San Bernardino County, Community Health Needs Assessment in 2019. The regional needs assessment concept has been performed every three years since 2016. Having a regional assessment and continued collaboration amongst the health systems allows for a coordinated effort to address the regions health and social determinants of health issues.

The goal for Redlands Community Hospital was to collect information which could enable the hospital to identify:

- Unmet health needs and problems
- Social determinants of health issues
- Vulnerable and at-risk populations
- Resources and services available
- Barriers to service and unmet needs
- Possible solutions to the identified needs and challenges

Mission Statement

The hospital's Mission, Vision and Values statements are integrated into the hospital's policy and planning processes including the Community Health Needs Assessment and Community Benefit Plan. A part of this planning process was to incorporate community benefits in the hospital's strategic plans.

Our mission is to promote an environment where members of our community can receive high quality care and service so they can be restored to good health by working in concert with patients, physicians, RCH staff, associates and the community.

Vision

Our vision is to be recognized for the quality of service we provide and our attention to patient care. We want to remain an independent not-for-profit, full-service community hospital and to continue to be the major health care provider in our primary area of East San Bernardino Valley as well as the hospital of choice for our medical staff. We recognize the importance of remaining a financially strong organization and will take the necessary actions to ensure that we can fulfill this vision.

Values

- We are Committed to Serving Our Community
- Our Community Deserves the Best We Can Offer
- Our Organization Will Be A Good Place to Work
- Our Organization Will Be Financially Strong

II. BACKGROUND

Redlands is located in Southern California in the east valley of the San Bernardino Mountains. This century-old city is known for its Victorian homes and historic public buildings, a thriving downtown, tree-lined streets, orange groves, mountain views, and cultural richness. It is home to the University of Redlands, a top-ranked private university, which offers the community a full array of social and cultural events.

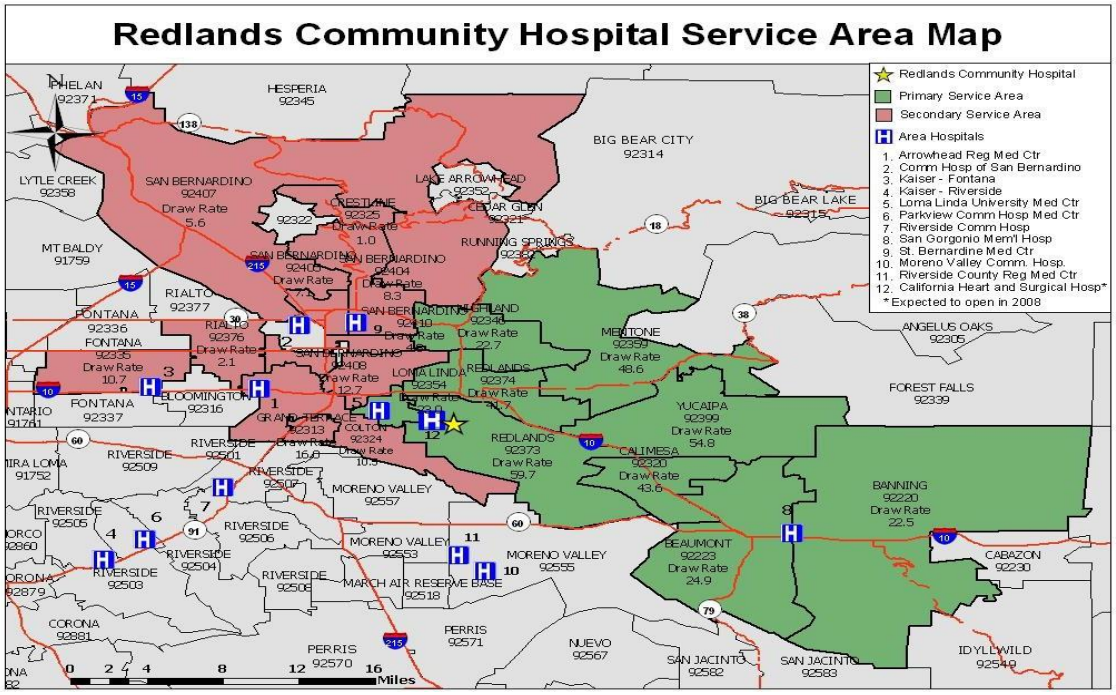
Yet, just like many other communities, there are groups of people, neighborhoods, or individuals who are struggling financially and lack adequate healthcare. As our service to the community, we strive to reach out to those in need of healthcare through a variety of community service programs.

Founded in 1904, Redlands Community Hospital is a non-profit, 229 bed healthcare facility located in the east San Bernardino Valley of Southern California. The hospital offers acute healthcare, diagnostic testing, outpatient and home healthcare services. The hospital operates two community-based Family Clinics for low-income and underinsured community members. The Redlands Family clinic originated in an elementary school, however it out grew the location and now resides at a free-standing location in a high-risk area of Redlands. To further meet the needs of the community, a second family clinic, the Yucaipa Family Clinic, was opened in 2013. As a community hospital, we take pride in our ability to provide personal care, comprehensive care, and, high quality services. Our public relations department, Emergency Department, Redlands Family Clinic, Yucaipa Family Clinic, Perinatal Services Program, and several other departments throughout the hospital are involved in offering and providing a variety of community services and charity care. Individuals throughout our large service area depend on us for 24-hour emergency care, the professional delivery of healthcare and community outreach programs.

COMMUNITIES SERVED

Analyzing historical patient origin data derived from the hospital's statistical information identified the geographic service area of Redlands Community Hospital. Located in the most densely populated area of San Bernardino County, communities identified as being in the primary service area of the hospital are Banning, Beaumont, Calimesa, Highland, Loma Linda, Mentone, Redlands and Yucaipa. The secondary service area is comprised of the cities of Colton, Crestline, Fontana, Grand Terrace, Rialto, San Bernardino, and several mountain communities.

Figure 1.
Redlands Community Hospital Service Area Map



DEMOGRAPHIC CHARACTISTICS PRIMARY AND SECONDARY SERVICE AREA

Figure 2.
Redlands Community Hospital Patient Origin

Redlands Community Hospital
Patient Origin
Calendar Years 2016 - 2018

		Calendar Year 2016			Calendar Year 2017			Calendar Year 2018		
ZIP Code	Community	Discharges	Percent of Total	Cumulative Percent	Discharges	Percent of Total	Cumulative Percent	Discharges	Percent of Total	Cumulative Percent
Primary Service Area										
92399	Yucaipa	2,123	16.4%	16.4%	2,089	15.8%	15.8%	2,281	16.8%	16.8%
92374	Redlands	1,426	11.0%	27.5%	1,346	10.1%	25.9%	1,458	10.8%	27.6%
92373	Redlands	1,375	10.6%	38.1%	1,480	11.2%	37.1%	1,423	10.5%	38.1%
92346	Highland	1,010	7.8%	45.9%	900	6.8%	43.8%	941	6.9%	45.0%
92223	Beaumont	693	5.4%	51.3%	871	6.6%	50.4%	877	6.5%	51.5%
92220	Banning	463	3.6%	54.9%	668	5.0%	55.4%	623	4.6%	56.1%
92320	Calimesa	320	2.5%	57.3%	341	2.6%	58.0%	339	2.5%	58.6%
92359	Mentone	310	2.4%	59.7%	298	2.2%	60.3%	325	2.4%	61.0%
92354	Loma Linda	298	2.3%	62.0%	251	1.9%	62.2%	279	2.1%	63.1%
92357	Loma Linda	2	0.0%	62.1%	0	0.0%	62.2%	0	0.0%	63.1%
92350	Loma Linda	1	0.0%	62.1%	0	0.0%	62.2%	0	0.0%	63.1%
Subtotal		8,021	62.1%		8,244	62.2%		8,546	63.1%	
Secondary Service Area										
92324	Colton	497	3.8%	65.9%	440	3.3%	65.5%	454	3.4%	66.4%
92404	San Bernadino	444	3.4%	69.3%	440	3.3%	68.8%	397	2.9%	69.4%
92407	San Bernadino	360	2.8%	72.1%	344	2.6%	71.4%	319	2.4%	71.7%
92376	Rialto	176	1.4%	73.5%	177	1.3%	72.7%	215	1.6%	73.3%
92410	San Bernadino	211	1.6%	75.1%	195	1.5%	74.2%	166	1.2%	74.5%
92313	Grand Terrace	158	1.2%	76.4%	175	1.3%	75.5%	163	1.2%	75.7%
92405	San Bernadino	170	1.3%	77.7%	144	1.1%	76.6%	154	1.1%	76.9%
92408	San Bernadino	136	1.1%	78.7%	133	1.0%	77.6%	103	0.8%	77.6%
92411	San Bernadino	106	0.8%	79.5%	87	0.7%	78.3%	95	0.7%	78.3%
92335	Fontana	88	0.7%	80.2%	84	0.6%	78.9%	79	0.6%	78.9%
92325	Crestline	65	0.5%	80.7%	94	0.7%	79.6%	78	0.6%	79.5%
92401	San Bernadino	7	0.1%	80.8%	13	0.1%	79.7%	18	0.1%	79.6%
Subtotal		2,418	18.7%		2,326	17.5%		2,241	16.5%	
All Other		2,484	19.2%	100.0%	2,693	20.3%	100.0%	2,761	20.4%	100.0%
Total		**12,923**	**100.0%**		**13,263**	**100.0%**		**13,548**	**100.0%**	

Source: Redlands Community Hospital, OSHPD, and Premier, Inc.
Note: Analysis includes all types of care. Data excludes Normal Newborns (MS-DRG 795)

Figure 3.
Primary Service Area – Ethnic Profile

Redlands Community Hospital
Primary Service Area vs. State of California - Ethnic
Profile Calendar Years 2017 to 2022

Ethnicity	CAGR[1]	Estimated 2017 Number	Estimated 2017 Percent of Total	Projected 2022 Number	Projected 2022 Percent of Total
Primary Service Area					
Hispanics	2.5%	115,851	36.9%	130,891	39.8%
Non-Hispanics					
White	-0.9%	140,083	44.6%	133,831	40.7%
Black	1.4%	19,074	6.1%	20,419	6.2%
American Indian/Alaskan/Aleutian	-0.4%	2,040	0.6%	2,003	0.6%
Asian/Hawaiian/Pacific Islander	2.5%	27,470	8.8%	31,152	9.5%
Other	2.7%	9,397	3.0%	10,743	3.3%
Subtotal	0.0%	198,064	63.1%	198,148	60.2%
Total	0.9%	**313,915**	**100.0%**	**329,039**	**100.0%**
State of California					
Hispanics	1.6%	15,591,299	39.3%	16,851,834	40.5%
Non-Hispanics					
White	-0.3%	14,732,040	37.1%	14,498,807	34.9%
Black	0.3%	2,209,998	5.6%	2,239,480	5.4%
American Indian/Alaskan/Aleutian	0.1%	163,451	0.4%	164,399	0.4%
Asian/Hawaiian/Pacific Islander	2.3%	5,758,801	14.5%	6,439,061	15.5%
Other	2.2%	1,235,605	3.1%	1,380,690	3.3%
Subtotal	0.5%	24,099,895	60.7%	24,722,437	59.5%
Total	0.9%	**39,691,194**	**100.0%**	**41,574,271**	**100.0%**

landsc ommunit yhospit al/Migrated Doc ument s/2015_S trategic _Plan/Analysis/[Redlands_P SA_Demos.xlsx] Ethnic ity Table

Source: The Nielsen Company, 2017
(1) CAGR is the compound annual growth rate, or the percent change in each year

Figure 4.
Secondary Service Area – Ethnic Profile

Redlands Community Hospital
Secondary Service Area vs. State of California -
Ethnic Profile Calendar Years 2017 to 2022

Ethnicity	CAGR[1]	Estimated 2017 Number	Estimated 2017 Percent of Total	Projected 2022 Number	Projected 2022 Percent of Total
Secondary Service Area					
Hispanics	1.6%	342,882	71.1%	371,081	74.6%
Non-Hispanics					
White	-3.3%	69,294	14.4%	58,447	11.7%
Black	-1.2%	44,345	9.2%	41,780	8.4%
American Indian/Alaskan/Aleutian	-0.9%	1,459	0.3%	1,395	0.3%
Asian/Hawaiian/Pacific Islander	0.6%	15,466	3.2%	15,944	3.2%
Other	0.7%	8,701	1.8%	9,013	1.8%
Subtotal	-1.9%	139,265	28.9%	126,579	25.4%
Total	0.6%	**482,147**	**100.0%**	**497,660**	**100.0%**
State of California					
Hispanics	1.6%	15,591,299	39.3%	16,851,834	40.5%
Non-Hispanics					
White	-0.3%	14,732,040	37.1%	14,498,807	34.9%
Black	0.3%	2,209,998	5.6%	2,239,480	5.4%
American Indian/Alaskan/Aleutian	0.1%	163,451	0.4%	164,399	0.4%
Asian/Hawaiian/Pacific Islander	2.3%	5,758,801	14.5%	6,439,061	15.5%
Other	2.2%	1,235,605	3.1%	1,380,690	3.3%
Subtotal	0.5%	24,099,895	60.7%	24,722,437	59.5%
Total	0.9%	**39,691,194**	**100.0%**	**41,574,271**	**100.0%**

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Source: The Nielsen Company, 2017
(1) CAGR is the compound annual growth rate, or the percent change in each year

Figure 5.
Primary Service Area – Population by Age Cohort

Redlands Community Hospital
Primary Service Area vs. State of California - Population by Age Cohort
Calendar Years 2017 to 2022

Age Cohort (Years)	CAGR[1]	Estimated 2017 Number	Estimated 2017 Percent of Total	Projected 2022 Number	Projected 2022 Percent of Total	Percent Change 2017 - 2022
Primary Service Area						
0 - 14	0.3%	60,618	19.3%	61,509	18.7%	1.5%
15 - 44	0.8%	124,103	39.5%	129,370	39.3%	4.2%
45 - 64	0.0%	76,298	24.3%	76,487	23.2%	0.2%
65 +	3.1%	52,896	16.9%	61,673	18.7%	16.6%
Total	0.9%	**313,915**	**100.0%**	**329,039**	**100.0%**	4.8%
Women 15 - 44	0.7%	62,348	19.9%	64,584	19.6%	3.6%
Median Age	0.4%		37.7		38.5	2.1%
State of California						
0 - 14	0.3%	7,661,323	19.3%	7,791,726	18.7%	1.7%
15 - 44	0.4%	16,574,099	41.8%	16,925,251	40.7%	2.1%
45 - 64	0.8%	10,021,597	25.2%	10,407,103	25.0%	3.8%
65 +	3.5%	5,434,175	13.7%	6,450,191	15.5%	18.7%
Total	0.9%	**39,691,194**	**100.0%**	**41,574,271**	**100.0%**	4.7%
Women 15 - 44	0.4%	8,114,859	20.4%	8,260,212	19.9%	1.8%
Median Age	0.7%		36.7		38.0	3.5%

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Source: The Nielsen Company, 2017
(1) CAGR is the compound annual growth rate, or the percent change in each year

Figure 6.
Primary Service Area – Socioeconomic Profile

Redlands Community Hospital
Primary Service Area vs. State of California - Socioeconomic Profile
Calendar Years 2017 to 2022

Socioeconomic Indicator	CAGR[1]		Estimated 2017	Projected 2022	Percent Change 2017 - 2022
Primary Service Area					
Population	0.9%		313,915	329,039	4.8%
Households	0.9%		108,015	112,855	4.5%
Median Household Income	1.2%		$60,907	$64,542	6.0%
Average Household Income	1.3%		$82,270	$87,836	6.8%
Income Distribution					
Under $25,000	-0.6%	22,103	20.5%	19.0%	-7.1%
$25,000 - $49,999	0.2%	23,686	21.9%	21.2%	-3.5%
$50,000 - $99,999	0.6%	32,083	29.7%	29.3%	-1.3%
$100,000 +	2.7%	30,143	27.9%	30.5%	9.3%
State of California					
Population	0.9%		39,691,194	41,574,271	4.7%
Households	0.9%		13,384,483	14,026,477	4.8%
Median Household Income	1.5%		$66,091	$71,203	7.7%
Average Household Income	1.8%		$95,671	$104,510	9.2%
Income Distribution					
Under $25,000	-0.8%	2,584,626	19.3%	17.7%	-4.1%
$25,000 - $49,999	-0.2%	2,722,933	20.3%	19.2%	-0.9%
$50,000 - $99,999	0.4%	3,751,726	28.0%	27.2%	1.8%
$100,000 +	3.1%	4,325,198	32.3%	35.8%	16.3%

Documents/2015_Strategic_Plan/Analysis/[Redlands_PSA_Demos.xlsx] Household Table

Source: The Nielsen Company, 2017
(1) CAGR is the compound annual growth rate, or the percent change in each year

LEADING CAUSES OF DEATH
UNITED STATES, CALIFORNIA, AND SAN BERNARDINO COUNTY

TEN LEADING CAUSES OF DEATH UNITED STATES, 2014
(https://www.cdc.gov/nchs/data/nvsr/nvsr68/nvsr68_06-508.pdf, National Vital Statistics Report, Vol. 68, Number 6, June 24, 2019)

Diseases of heart
Malignant neoplasm (Cancer)
Accidents (Unintentional Injuries)
Chronic lower respiratory Diseases Cerebrovascular diseases (Stroke) Alzheimer's disease
Diabetes mellitus
Influenza and pneumonia
Nephritis, nephrotic syndrome and nephrosis (Kidney disease)
Intentional self-harm (Suicide)

TEN LEADING CAUSES OF DEATH HISPANIC/LATINO POPULATION, UNITED STATES, 2017 (https://www.cdc.gov/nchs/data/nvsr/nvsr68/nvsr68_06-508.pdf, National Vital Statistics Report, Vol. 68, Number 6, June 24, 2019)

Malignant neoplasm (Cancer) Diseases of Heart
Unintentional Injuries (Accidental)
Cerebrovascular diseases (Stroke)
Diabetes Mellitus
Alzheimer's
Chronic liver disease and cirrhosis
Chronic lower respiratory disease
Intentional self-harm (suicide)
Nephritis, nephrotic syndrome and nephrosis (Kidney disease)

TEN LEADING CAUSES OF DEATH CALIFORNIA, 2013
(http://www.cdph.ca.gov, http://informaticsportal.cdph.ca.gov/chsi/vsqs, January 5, 2020, latest data available)

Diseases of heart Malignant neoplasms Cerebrovascular diseases
Chronic lower respiratory
Diseases Alzheimer's disease
Accidents (unintentional)
Diabetes mellitus
Influenza and pneumonia
Chronic liver disease and cirrhosis
Essential hypertension and hypertensive renal disease

TEN LEADING CAUSES OF DEATH SAN BERNARDINO COUNTY RESIDENTS, 2017
https://www.cdph.ca.gov/Programs/CHSI/CDPH%20Document%20Library/ICS_SAN%20BERNARDINO2019.pdf, January 5, 2020)

Coronary Heart Disease
Chronic lower respiratory diseases
Cerebrovascular disease (stroke)
Alzheimer's disease
Diabetes
Accidents (Unintentional injuries)
Lung cancer
Chronic liver disease and cirrhosis
Colorectal Cancer
Motor vehicle traffic crashes

HISPANIC HEALTH STATUS INDICATORS

- The Hispanic population in the primary service area is expected to grow 13% (comparing 2017 to 2022), which is above the growth rate for the state at 8.1% (Figure 3, page 5).

- For the State of California, the Hispanic population accounted for 35% of all reported cases of Tuberculosis during 2018, in comparison to White 6% and Black 4%. https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/TBCB_Report_2018.pdf, January 5, 2020).

- In San Bernardino County Latinos were the second more likely (10.1%) to be uninsured compared to other racial/ethnic groups. (Community Indicators Report, San Bernardino County, 2018).

- According to the CDC, 2012-2016 the United States incidence of cervical cancer for Hispanic women was 9.6/100,000 cases which represents the highest incidence amongst all ethnicities. In California for the San Bernardino County geographical region, the incidence of new cervical cancer for Hispanic women ranked highest at 9.8/100,000 cases. (https://gis.cdc.gov/Cancer/USCS/DataViz.html), January 5, 2020).

- In San Bernardino County, 2016, Hispanic women (83.4%) were less likely than White (83.9%) to receive prenatal care during their first three months of pregnancy. Access to and receiving prenatal care can improve birth outcomes and decrease negative outcomes of pregnancy. During this same time period San Bernardino County achieved an 82.3% early prenatal care rate which exceeds the Healthy People 2020 goal of 77.9%. (Community Indicators Report, San Bernardino County, 2018).

- The Hispanic birth rate of 57% in San Bernardino County during 2016 is the largest amongst all ethnic groups (Community Indicators Report, San Bernardino County, 2018).

DEMOGRAPHIC ANALYSIS

With the variety of ethnic groups representing all age ranges, healthcare shall be provided in concert with cultural values, in various languages, and accessible to all. The following analysis is drawn from a review of the data:

- The Hispanic population continues to be the fastest growing population in our primary service area. The Hispanic population in our Primary Service Area was estimated as 36.9% in 2017 and is projected to increase to 39.8% in 2022 (Figure 3, page 5).

- The percentage of the total population over the age of 45 in the primary service area is estimated to remain stable, with the largest growth estimated at 1.8% over the five year period for individuals 65 years of age and older (Figure 5, page 6). This growth will require sustained healthcare services and availability. As shown in Figure 5, the 15-44 age group remains stable with an estimated 39.3% of the total population in 2022; and the 45-64 age group is estimated to slightly decrease.

- The population growth in our primary service area is expected to increase by 4.8% (comparing 2017 to 2022, Figure 5, page 6). For the State as a whole, households and population growth is estimated at 4.8% and 4.7% respectively. The primary service area median and average household incomes will be well below those of the State in 2022 (Figure 6, page 6).

- Women's health programs are imperative to prevent morbidity and mortality related to negative outcomes of pregnancy and breast and cervical cancer. Prenatal screening and education is a valuable resource and should be available to the community-at-large. Breast and cervical cancer screening is essential for early detection and treatment.

III. COMMUNITY HEALTHCARE NEEDS ASSESSMENT PROCESS

METHODOLOGY

The following highlights the methodology for the 2019 needs assessment process, the participants, and the outcomes.

Executive Summary

During 2016 the Community Health Needs Assessment Report (CHNA) represented the Hospital Association of Southern California, Inland Counties' (HASC) first coordination of the CHNA for 11 local hospitals. HASC works with hospitals to advance quality healthcare delivery and supported the CHNA process with an Inland Area Community Benefit Stakeholder Committee representing the major hospitals in each county. For the 2019 Community Health Needs Assessment Redlands Community Hospital (RCH) participated in the second regional process hosted by HASC. In collaboration with seven hospital systems, RCH worked collectively to design the overall 2019 CHNA strategy and the coordination of primary and secondary data collection. The complete CHNA may be found in Appendix B (page 104). The hospitals that participated in the 2019 regional CHNA included:

- Desert Regional Medical Center
- Hi-Desert Medical Center
- Inland Valley Medical Center
- JFK Memorial Hospital
- Rancho Springs Medical Center
- Redlands Community Hospital
- San Antonio Regional Hospital
- Mountains Community Hospital

Purpose of Community Health Needs Assessment (CHNA) Report

The Patient Protection and Affordable Care Act (ACA) of March 23, 2010 included new requirements for nonprofit hospitals in order to maintain their tax-exempt status. The final regulations and guidance on these requirements, which are contained in section 501(r) of the Internal Revenue Code, were published on February 2, 2015 in Internal Revenue Bulletin 2015. Included in the new regulations is a requirement that all nonprofit hospitals must conduct a community health needs assessment (CHNA) and develop an implementation strategy (IS) to address those needs every three years. Each hospital will develop its own IS using the data from the 2019 report. There may also be identified areas that the region will work on collectively, including partners outside of the healthcare system.

Sources of Data

Primary and secondary data sources in the report include publicly available state and nationally recognized data sources available at the zip code, county and state level. Health indicators for social and economic factors, health system, public health and prevention, and physical environment are incorporated. The top leading causes of death as well as conditions of morbidity that illustrate the communicable and chronic disease burden across San Bernardino and Riverside counties are included. A significant portion of the data for this assessment was collected through a custom report generated through Community Common's Engagement Network CHNA (https://engagementnetwork.org/assessment/). Other sources include California Department of Public Health, County Health Rankings & Roadmaps, and California Environmental Protection Agency's Office of Environmental Health Hazard Assessment. When feasible, health metrics have been further compared to estimates for the state or national benchmarks, such as the Healthy People 2020 objectives.

Inpatient hospitalization discharge data for 2017 was derived from the California Office of Statewide Health Planning and Development (OSHPD) utilizing the SpeedTrack analytics platform. Hospitalization discharge data is stratified by gender, race/ethnicity and age, and data containing an n-value of 10 or less were not included and are identified with an * in the table and graphs were not generated.

Voices from the Community

The hospitals participating in the two-county assessment worked to identify relevant key informants and topical focus groups to gather more insightful data and aid in describing the community. Key informants and focus groups were purposefully chosen to represent medically under-served, low-income, or minority populations in our community, to better direct our investments and form partnerships. Redlands Community Hospital hosted a focus group on December 12, 2018. There were 15 Hospital Board, Volunteers, and Foundation Board members in attendance.

An online survey in English and Spanish was created and distributed for greater community input. It should be noted that the survey results are not based on a stratified random sample of residents throughout Riverside and San Bernardino counties. The perspectives captured in this data simply represent the community members who agreed to participate and have an interest in health care. In addition, this assessment relies on several national and state entities with publicly available data. All limitations inherent in these sources remain present for this assessment.

The most frequently mentioned health issues among the focus groups, key informants interviews, and surveys included mental health and alcohol/drug substance abuse, transportation especially for the senior population, poverty and food insecurity, affordable housing and homelessness, education and awareness, chronic diseases, access to healthcare, and preventative health care.

Prioritization Process and Identified Health Needs

During April 2019 a strategy meeting was held with the members of the Inland Empire Regional CHNA Taskforce to review the results of the CHNA and determine the top three priority needs

that the hospitals will address over the next three years. To aid in determining the priority health needs, the Taskforce members agreed on selection criteria.

The top health needs across the region identified for 2019-2021 include Mental Health and Alcohol/Drug Substance Abuse; Chronic Diseases including asthma, cancer, diabetes, heart disease, obesity, and access to health care including provider shortage and insurance.

Redlands Community Hospital's Prioritized Health Needs

Analyzing historical patient origin data derived from the hospital's statistical information identified the geographic service area of Redlands Community Hospital. Located in the most densely populated area of San Bernardino County, communities identified as being in the primary service area of the hospital are Banning, Beaumont, Cabazon, Colton, Calimesa, Forest Falls, Highland, Mentone, Redlands and Yucaipa. The secondary service area is comprised of the cities of Bloomington, Bryn Mawr, Crestline, Fontana, Grand Terrace, Hemet, Loma Linda, Patton, Rialto, San Bernardino, and several mountain communities.

Table 2 shows the priority areas Redlands Community Hospital addressed in 2019 and will continue to address during 2020. Access to behavioral health was selected as one of the focus areas. Behavioral health care is a critical issue that remains a priority for the hospital, and mental health and alcohol/drug substance abuse was a key finding with the 2019 regional needs assessment. To address the behavioral health needs of the community, the hospital provides inpatient acute psychiatric services as well as an outpatient program. Two Access to Care clinical care areas were also identified as priority focus areas: access to primary care and access to prenatal care.

Table 2.
Redlands Community Hospital's Prioritized Needs for 2020

Health Outcomes	**Clinical Care**
Access to Behavioral Health	Access to primary care Access to prenatal care

The hospital continues to own and operate two primary care medical clinics and a community-based perinatal outreach program. Both programs offer access to care for vulnerable populations and the facilities are located in high-risk areas of the community. The hospital continues to explore opportunities for partnerships and opening additional medical clinics to increase access.

The hospital continues to support individuals suffering from behavioral health issues within the community through the provision of behavioral medicine programs and services. The hospital has an inpatient acute psychiatric unit and an outpatient partial program. The outpatient program offers transportation to and from the facility.

In the area of community outreach and education the hospital continues to reach out using multiple methods. The staff provides community education, facilitate education, and distribute a quarterly community-wide newsletter. Multiple events were held and participated in throughout the Inland Empire. We recognize that there are many other community health needs outlined in the complete CHNA. These needs or challenges will be reviewed for future consideration.

Acknowledgements

The complete 2019 CHNA report was made possible through the contributions of the Hospital Association of Southern California Inland Empire Regional CHNA Taskforce, Communities Lifting Communities and HC2 Strategies, Inc. under the leadership of Mr. Keven Porter, MS, BSN, RN, Regional Vice President, HASC Inland Empire. The taskforce collaborated with Ms. Laura Acosta, MPH of HC2 Strategies, Inc.; Susan Harrington, MS, RD, and Karen Ochoa, MA, of Communities Lifting Communities. HC2 Strategies, Inc. conducted key informant interviews, focus groups, and facilitated establishing priority health needs for the 2019-2021 community health needs cycle.

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Hospital Association of Southern California

The Hospital Association of Southern California (HASC), working in partnership with the California Hospital Association (CHA), provides leadership at the local, state, and federal levels on legislation, budget concerns, and regulatory issues. Their mission is to lead, represent, and serve hospitals, and to work collaboratively with other stakeholders to enhance community health.

Consultants

HC2 Strategies, Inc. is a strategy consulting company that works with health systems and hospitals, physician groups, communities and other non-profit organizations across the country to connect and transform the health and well-being of their communities. They work to integrate the clinical and social aspects of community health to improve equity and reduce health disparities. Appendix A includes the qualifications of the consultants.

IV. ANALYSIS OF MSDRG DATA - 2019

The following MSDRG tables are based on the Medicare-severity Diagnosis Related Groups (MSDRG). There are some diagnoses with multiple MSDRG codes which were combined into a single diagnosis category. The rationale was to have one total for all the MSDRGs for a particular diagnosis without regard to the distinction of complicating or comorbid condition, major complicating or comorbid condition, etc. The top 25 discharges by MSDRG are reported by hospital service area. Therefore, these tables do not represent specific discharges for Redlands Community Hospital, but that of the population within its service area. The tables do not include maternity services. The data source used for the hospital service area MSDRG tables was the 2018 Patient Discharge Data from the Office of Statewide Planning and Development (OSHPD) Statewide Model Data Set for Hospitals.

Key Findings

- Psychoses and Septicemia were the most common MSDRGs among all races
- Psychoses was the most common MSDRG among those under the age of 64 years of age
- Bronchitis and asthma is the second most common MSDRG for those under 18 but is of the least common MSDRGs in other age groups
- Appendectomy is one of the least common MSDRGs among most races

Table 3.
Redlands Hospital Service Area Top 25 Discharges by MSDRG, 2018

MSDRG	MSDRG Description	Discharges
885	Psychoses	5777
870/871/872	Septicemia	5217
291/292/293	Heart failure and shock	2003
391/392	Esophagitis, gastroenteritis, misc. digestive disorders	1297
193/194/195	Simple pneumonia and pleurisy	1212
469/470	Major joint replacement/reattachment lower extremity	1205
637/638/639	Diabetes	1140
189	Pulmonary edema and respiratory failure	1003
064/065/066	Intercranial hemorrhage or cerebral infarction	988
682/683/684	Renal Failure	959
640/641	Misc. disorders of nutrition, metabolism, fluids/electrolytes	933
417/418/419	Laparoscopic cholecystectomy	896
602/603	Cellulitis	872
689/690	Urinary tract infections	847
308/309/310	Cardiac arrhythmia and conduction disorders	841
377/378/379	G.I. Hemorrhage	832
894-897	Alcohol/drug abuse or dependence	826
313	Chest pain	767

190/191/192	Chronic obstructive pulmonary disease	736
246-251	Precutaneous cardiovascular procedures	719
202/203	Bronchitis and asthma	665
811/812	Red blood cell disorder	629
736-743	Uterine & adnexa procedures	601
338-343	Appendectomy	573
945/946	Rehabilitation	134

Table 4.
Top MSDRG Among Service Area Non-Hispanic White Residents, 2018

MSDRG	MSDRG Description	Discharges
885	Psychoses	2276
870/871/872	Septicemia	2157
291/292/293	Heart failure and shock	781
469/470	Major joint replacement/reattachment lower extremity	758
193/194/195	Simple pneumonia and pleurisy	557
391/392	Esophagitis, gastroenteritis, misc. digestive disorders	459
308/309/310	Cardiac arrhythmia and conduction disorders	453
190/191/192	Chronic obstructive pulmonary disease	433
894-897	Alcohol/drug abuse or dependence	427
189	Pulmonary edema and respiratory failure	416
064/065/066	Intercranial hemorrhage or cerebral infarction	407
602/603	Cellulitis	377
377/378/379	G.I. Hemorrhage	363
682/683/684	Renal Failure	362
637/638/639	Diabetes	357
246-251	Precutaneous Cardiovascular procedures	320
640/641	Misc. disorders of nutrition, metabolism, fluids/electrolytes	316
689/690	Urinary tract infections	316
417/418/419	Laparoscopic cholecystectomy	238
313	Chest pain	213
736-743	Uterine & adnexa procedures	150
811/812	Red blood cell disorder	127
202/203	Bronchitis and asthma	120
338-343	Appendectomy	104
945/946	Rehabilitation	57

Table 5.

Top MSDRG Among Service Area Non-Hispanic Black Residents,2018

MSDRG	MSDRG Description	Discharges
885	Psychoses	1016
870/871/872	Septicemia	551
291/292/293	Heart failure and shock	368
811/812	Red blood cell disorder	267
637/638/639	Diabetes	180
682/683/684	Renal Failure	163
391/392	Esophagitis, gastroenteritis, misc. digestive disorders	154
193/194/195	Simple pneumonia and pleurisy	150
313	Chest pain	142
064/065/066	Intercranial hemorrhage or cerebral infarction	132
189	Pulmonary edema and respiratory failure	131
202/203	Bronchitis and asthma	123
640/641	Misc. disorders of nutrition, metabolism, fluids/electrolytes	121
190/191/192	Chronic obstructive pulmonary disease	115
377/378/379	G.I. Hemorrhage	102
689/690	Urinary tract infections	92
308/309/310	Cardiac arrhythmia and conduction disorders	91
736-743	Uterine & adnexa procedures	76
469/470	Major joint replacement/reattachment lower extremity	75
246-251	Precutaneous Cardiovascular procedures	75
602/603	Cellulitis	74
894-897	Alcohol/drug abuse or dependence	52
417/418/419	Laparoscopic cholecystectomy	48
338-343	Appendectomy	22
945/946	Rehabilitation	15

Table 6.

Top MSDRG Among Service Area Hispanic Residents, 2018

MSDRG	MSDRG Description	Discharges
885	Psychoses	2175
870/871/872	Septicemia	2166
291/292/293	Heart failure and shock	753
391/392	Esophagitis, gastroenteritis, misc. digestive disorders	610
417/418/419	Laparoscopic cholecystectomy	568
637/638/639	Diabetes	554
193/194/195	Simple pneumonia and pleurisy	426

640/641	Misc. disorders of nutrition, metabolism, fluids/electrolytes	425
338-343	Appendectomy	422
689/690	Urinary tract infections	399
189	Pulmonary edema and respiratory failure	395
602/603	Cellulitis	384
202/203	Bronchitis and asthma	379
682/683/684	Renal Failure	372
313	Chest pain	363
064/065/066	Intercranial hemorrhage or cerebral infarction	356
736-743	Uterine & adnexa procedures	330
377/378/379	G.I. Hemorrhage	310
894-897	Alcohol/drug abuse or dependence	309
469/470	Major joint replacement/reattachment lower extremity	305
246-251	Precutaneous Cardiovascular procedures	251
308/309/310	Cardiac arrhythmia and conduction disorders	234
811/812	Red blood cell disorder	206
190/191/192	Chronic obstructive pulmonary disease	150
945/946	Rehabilitation	46

Table 7.
Top MSDRG Among Service Area Non-Hispanic Asian Residents, 2018

MSDRG	MSDRG Description	Discharges
870/871/872	Septicemia	226
885	Psychoses	116
291/292/293	Heart failure and shock	68
064/065/066	Intercranial hemorrhage or cerebral infarction	67
640/641	Misc. disorders of nutrition, metabolism, fluids/electrolytes	53
193/194/195	Simple pneumonia and pleurisy	46
308/309/310	Cardiac arrhythmia and conduction disorders	45
682/683/684	Renal Failure	40
377/378/379	G.I. Hemorrhage	39
246-251	Precutaneous Cardiovascular procedures	37
189	Pulmonary edema and respiratory failure	36
391/392	Esophagitis, gastroenteritis, misc. digestive disorders	34
313	Chest pain	31
736-743	Uterine & adnexa procedures	29
637/638/639	Diabetes	28
202/203	Bronchitis and asthma	26

469/470	Major joint replacement/reattachment lower extremity	23
811/812	Red blood cell disorder	23
689/690	Urinary tract infections	21
417/418/419	Laparoscopic cholecystectomy	20
190/191/192	Chronic obstructive pulmonary disease	18
945/946	Rehabilitation	12
602/603	Cellulitis	11
338-343	Appendectomy	10
894-897	Alcohol/drug abuse or dependence	9

Table 8.

Top MSDRG Among Service Area Non-Hispanic Native American Residents, 2018

MSDRG	MSDRG Description	Discharges
885	Psychoses	12
870/871/872	Septicemia	11
291/292/293	Heart failure and shock	7
894-897	Alcohol/drug abuse or dependence	7
190/191/192	Chronic obstructive pulmonary disease	5
637/638/639	Diabetes	4
682/683/684	Renal Failure	3
308/309/310	Cardiac arrhythmia and conduction disorders	3
202/203	Bronchitis and asthma	3
417/418/419	Laparoscopic cholecystectomy	3
736-743	Uterine & adnexa procedures	3
189	Pulmonary edema and respiratory failure	3
469/470	Major joint replacement/reattachment lower extremity	2
193/194/195	Simple pneumonia and pleurisy	2
064/065/066	Intercranial hemorrhage or cerebral infarction	2
313	Chest pain	2
246-251	Precutaneous Cardiovascular procedures	2
391/392	Esophagitis, gastroenteritis, misc. digestive disorders	1
640/641	Misc. disorders of nutrition, metabolism, fluids/electrolytes	1
689/690	Urinary tract infections	1
377/378/379	G.I. Hemorrhage	1
945/946	Rehabilitation	0
602/603	Cellulitis	0
338-343	Appendectomy	0
811/812	Red blood cell disorder	0

Table 9.

Top MSDRG Among Service Area Non-Hispanic Other/Unknown Races Residents, 2018

MSDRG	MSDRG Description	Discharges
885	Psychoses	130
870/871/872	Septicemia	80
469/470	Major joint replacement/reattachment lower extremity	37
391/392	Esophagitis, gastroenteritis, misc. digestive disorders	35
193/194/195	Simple pneumonia and pleurisy	24
602/603	Cellulitis	23
246-251	Precutaneous Cardiovascular procedures	21
291/292/293	Heart failure and shock	20
064/065/066	Intercranial hemorrhage or cerebral infarction	20
682/683/684	Renal Failure	17
417/418/419	Laparoscopic cholecystectomy	17
689/690	Urinary tract infections	16
640/641	Misc. disorders of nutrition, metabolism, fluids/electrolytes	15
377/378/379	G.I. Hemorrhage	15
189	Pulmonary edema and respiratory failure	15
313	Chest pain	14
190/191/192	Chronic obstructive pulmonary disease	14
308/309/310	Cardiac arrhythmia and conduction disorders	12
637/638/639	Diabetes	12
894-897	Alcohol/drug abuse or dependence	12
736-743	Uterine & adnexa procedures	11
202/203	Bronchitis and asthma	10
338-343	Appendectomy	10
811/812	Red blood cell disorder	5
945/946	Rehabilitation	2

Table 10.

Top MSDRG Among Service Area Residents Under 18 Years, 2018

MSDRG	MSDRG Description	Discharges
885	Psychoses	829
202/203	Bronchitis and asthma	437
189	Pulmonary edema and respiratory failure	228
338-343	Appendectomy	215
193/194/195	Simple pneumonia and pleurisy	207
391/392	Esophagitis, gastroenteritis, misc. digestive disorders	176
640/641	Misc. disorders of nutrition, metabolism, fluids/electrolytes	164
637/638/639	Diabetes	110

602/603	Cellulitis	91
689/690	Urinary tract infections	85
870/871/872	Septicemia	82
811/812	Red blood cell disorder	67
377/378/379	G.I. Hemorrhage	19
308/309/310	Cardiac arrhythmia and conduction disorders	16
736-743	Uterine & adnexa procedures	14
682/683/684	Renal Failure	13
417/418/419	Laparoscopic cholecystectomy	11
894-897	Alcohol/drug abuse or dependence	8
064/065/066	Intercranial hemorrhage or cerebral infarction	4
313	Chest pain	4
945/946	Rehabilitation	2
190/191/192	Chronic obstructive pulmonary disease	2
291/292/293	Heart failure and shock	1
469/470	Major joint replacement/reattachment lower extremity	0
246-251	Precutaneous Cardiovascular procedures	0

Table 11.
Top MSDRG Among Service Area Residents 18-64 Years, 2018

MSDRG	MSDRG Description	Discharges
885	Psychoses	4589
870/871/872	Septicemia	2641
291/292/293	Heart failure and shock	932
637/638/639	Diabetes	823
391/392	Esophagitis, gastroenteritis, misc. digestive disorders	784
894-897	Alcohol/drug abuse or dependence	753
417/418/419	Laparoscopic cholecystectomy	736
602/603	Cellulitis	552
736-743	Uterine & adnexa procedures	531
313	Chest pain	529
682/683/684	Renal Failure	474
469/470	Major joint replacement/reattachment lower extremity	468
064/065/066	Intercranial hemorrhage or cerebral infarction	439
640/641	Misc. disorders of nutrition, metabolism, fluids/electrolytes	436
811/812	Red blood cell disorder	403
193/194/195	Simple pneumonia and pleurisy	388
689/690	Urinary tract infections	378
189	Pulmonary edema and respiratory failure	378

377/378/379	G.I. Hemorrhage	356
246-251	Precutaneous Cardiovascular procedures	352
308/309/310	Cardiac arrhythmia and conduction disorders	346
338-343	Appendectomy	333
190/191/192	Chronic obstructive pulmonary disease	285
202/203	Bronchitis and asthma	168
945/946	Rehabilitation	82

Table 12.

Top MSDRG Among Service Area Residents 65 Plus Years, 2018

MSDRG	**MSDRG Description**	**Discharges**
870/871/872	Septicemia	2494
291/292/293	Heart failure and shock	1070
469/470	Major joint replacement/reattachment lower extremity	737
193/194/195	Simple pneumonia and pleurisy	617
064/065/066	Intercranial hemorrhage or cerebral infarction	545
308/309/310	Cardiac arrhythmia and conduction disorders	479
682/683/684	Renal Failure	472
377/378/379	G.I. Hemorrhage	457
190/191/192	Chronic obstructive pulmonary disease	449
189	Pulmonary edema and respiratory failure	397
689/690	Urinary tract infections	384
246-251	Precutaneous Cardiovascular procedures	367
885	Psychoses	359
391/392	Esophagitis, gastroenteritis, misc. digestive disorders	337
640/641	Misc. disorders of nutrition, metabolism, fluids/electrolytes	333
313	Chest pain	234
602/603	Cellulitis	229
637/638/639	Diabetes	207
811/812	Red blood cell disorder	159
417/418/419	Laparoscopic cholecystectomy	149
894-897	Alcohol/drug abuse or dependence	65
202/203	Bronchitis and asthma	60
736-743	Uterine & adnexa procedures	56
945/946	Rehabilitation	50
338-343	Appendectomy	25

COMMUNITY COLLABORATION

The hospital's community needs assessment demonstrated individuals are unaware of available health and human resources. Additionally, there may be a fear of the system and a lack of understanding on how to access services they may need. Community organizations are not aware of all the programs and services provided by other agencies and there are known gaps in the health care delivery system in the region. To address this challenge, the hospital participates in a lot of community building activities.

Problem

There are known and unknown gaps in the health care system in the region.

Program description

The hospital utilizes the community health needs assessment process to identify access to care issues and to develop strategies to address the gaps. The hospital is unique in that it provides access to primary care at two safety net primary care clinics as well as the acute care hospital. These clinics serve vulnerable community members and are a vital part of the hospital's mission. Additionally, the hospital is a member of the Community Health Association Inland Southern Region which allows an opportunity to network with regional health center and clinic executives with the aim to address gaps in services at the community level. To meet the broader challenge of sustainable healthcare in the region, hospital staff collaborate with numerous community agencies (refer to the partner list below).

Partners

Community Hospital of San Bernardino
Kaiser Permanente, Fontana
Pomona Valley Hospital, Pomona
Medi-Cal health educators
Redlands Community Hospital Foundation
Riverside Community Hospital, Riverside
San Antonio Community Hospital, Upland
St. Bernardine's Medical Center, San Bernardino
Arrowhead Regional Medical Center
California State University, San Bernardino
Interfaith Community Collaborative
Community Health Association Inland Southern Region
Family Services Association of Redlands
Parkview Community Hospital, Riverside
Riverside County Public Health Officer
HASC – Inland Empire CHNA Task Force
Healthcare Association of Southern California
San Bernardino County Public Health Officer
Corona Regional Medical Center, Corona
Loma Linda University Medical Center - Murrietta
Loma Linda University Health-Loma Linda University Medical Center
Community Health Coalition of San Bernardino County

Goal for 2020

Continue the collaboration to identify gaps in the health care system and develop strategies to fill the voids.

V. Financial Commitment to Community Benefits

COMMUNITY BENEFITS AND ECONOMIC VALUE

Summary information below identifies community benefit programs and contributions for fiscal year ending September 2019 for Redlands Community Hospital.

A. Medical Care Services	Audited 2019	
Medicare	$ 19,586,287	
Medi-Cal, Co.-indigent & Other	$ 25,157,373	
Unreimbursed care		$ 44,743,660
B. Community Outreach unreimbursed care		$ 746,248
Redlands Family Clinic	$ 92,140	
Yucaipa Family Clinic	$ 215,486	
Perinatal Services	$ 438,622	
C. Community Case Management		$ 178,354
D. Pastoral Services		$ 13,106
E. Community Benefits		$ 360,893
Sponsorship of specific community benefit programs		
In-kind sponsorship to general community benefit		
In-kind staff hours for community benefit		
F. Volunteer Services value of 37,836 hours donated*		$ 1,133,188
G. Hospital Board value of volunteer hours*		$ 51,933
H. Medical Staff value of volunteer hours*		$ 19,168
I. Funds donated to hospital by employees		$ 214,036
J. Funds donated to hospital by Volunteer Services		$ 60,000
TOTAL		**$ 47,520,586**

* This value is based on the "independentsector.org" national estimated hourly value for hospital volunteer service: $29.95 per hour (California, January 8, 2020).

Non-quantifiable Benefits

The non-quantifiable benefits are the costs of bringing benefits to the at-risk and vulnerable populations in the community that are not listed above and are estimated at $255,000 annually. Hospital staff who are providing leadership skills and bringing facilitator, convener and capacity consultation to the community collaboration efforts, incurs these expenses. These skills are an important component to enable the hospital to meet their mission, vision and value statements and community benefit plan. Leadership, advocacy and participation in community health planning costs are $255,000.

VI. REDLANDS COMMUNITY HOSPITAL CHARITY CARE POLICY

RCH is committed to caring for patients in need of urgent or emergent service regardless of their ability to pay. This commitment reflects RCH's value of providing services to residents of our community. RCH will balance its obligation to provide charity with its need to remain financially strong.

The Redlands Community Hospital's Administrative Policy No. A.F2, Financial (Patient) Policy, is provided in Appendix A.

Appendix A

REDLANDS COMMUNITY HOSPITAL
ADMINISTRATIVE POLICY

SUBJECT: FINANCIAL (PATIENT) POLICIES

REFERENCE: California Administrative Code, Title 22, Section 707179(a)

ATTACHMENTS:
A. Self-Pay and Charity Care Discounts
B. Endowment Funds for Charity Care
C. OB Cost Saver Package Plan
D. Service / Location Specific Policies

PURPOSE

To define Redlands Community Hospital's ("*RCH's*") philosophy and rules governing charitable care, special payment arrangements and general hospital business practices regarding patient financial responsibilities.

POLICY

1. RCH recognizes to the extent that it is financially able, a responsibility to provide quality health care services to persons regardless of their source of payment.

2. It is RCH's philosophy that the need for charitable care or for special payment arrangements should be determined prior to the delivery of that care whenever possible. Early and deliberate efforts of RCH staff to contact the patient, resolve problems, discuss, counsel and make arrangements for payment are encouraged. The intent of this policy to comply with applicable California state laws as well as Section 501(r) of the Internal Revenue Code (the "Code"). Accordingly, this Policy should be read and interpreted in a manner consistent with such laws.

3. The cost of accounts not paid must be borne by the paying patient. Proper business practices blended with the compassion in a charitable institution into patient financial policies will enable RCH to fulfill its responsibilities to those patients and third parties who pay in full for services rendered.

4. RCH has a written Emergency Medical Care Policy (T-140) that provides that all patients will receive care for emergency medical conditions without discrimination or whether or not eligible for financial assistance.

5. Hospital business practices regarding patient financial responsibilities shall be defined as follows:

I. General Guidelines for All Patients

The billing of private insurance is considered a courtesy to the patient; however, the patient/guarantor remains responsible for the balance.

A. RCH will bill secondary and supplemental carriers as a courtesy; however, the patient/guarantor remains responsible for the balance.

B. New patients are to be pre-registered and receive financial counseling regarding insurance verification and co-payments, coinsurance, and/or deductibles due prior to services being rendered. Description of services and estimated costs of services are to be available to all outpatients from the departments.

C. Extended Terms - Patients with an outstanding balance post discharge will be referred to the Business Office for counseling.

1. Payment arrangements without interest can be extended to all Self-Pay patients by the department staff not to exceed 6 months from the date of service. Upon a supervisor's review and approval, these payment arrangements without interest can be extended to 12 months. RCH reserves the right to extend payment arrangements beyond these thresholds based on patient circumstances.

2. In the event that RCH staff and the patient fail to agree on the terms of a payment plan, the Reasonable Payment Formula as cited in SB 1276 will be implemented. Monthly payments under this formula will not exceed 10% of the patient's family income for a month, excluding deductions for Essential Living Expenses. Patients will be required to produce written documentation in support of their Essential Living Expenses.

3. RCH will not revoke a patient's eligibility for extended payment terms unless the patient has failed to make all consecutive payments due in a 90-day period. Before revoking eligibility for extended payment terms, RCH, or any collection agency or other assignee of the patient's account, will make a reasonable attempt to contact the patient by phone and give notice by writing that the extended payment plan may be revoked and the patient has the opportunity to renegotiate the extended payment plan. RCH, the collection agency or other assignee will attempt to renegotiate the extended payment plan if requested by the patient. Adverse

information shall not be reported to a consumer credit reporting agency and civil action shall not be commenced against the patient or other responsible party prior to the time the extended payment plan is revoked.

4. In the event that the patient has a pending appeal for coverage of services, so long as the patient makes a reasonable effort to communicate with the hospital about the progress of the pending appeal, the 90-day nonpayment period described above shall be extended until a final determination of the appeal is made. "Pending appeal" includes the following:

1) A grievance against a contracting health care service plan, as described in Chapter 2.2 of Division 2 of the Insurance Code, or against an insurer, as described in Chapter 1 of Part 2 of Division 2 of the Insurance Code;

2) An independent medical review, as described in Section 10145.3 or 10169 of the Insurance Code;

3) A fair hearing for review of a Medi-Cal claim pursuant to Section 10950 of the Welfare and Institutions Code;

4) An appeal regarding Medicare coverage consistent with federal law and regulations.

II. Insurance Coverage

RCH will accept insurance benefits as follows:

A. Medicare - with proper eligibility.

B. Medi-Cal - with proper eligibility.

C. Commercial Insurance - with verified coverage and assignable benefits.

D. Private Insurance - with verified coverage and assignable benefits.

E. Workers' Compensation - with verified coverage.

F. HMO/PPO/Capitation - with verified coverage.

G. Other State- or County-funded health coverage – with verified coverage.

IV. Bad Debt/Collection Policy

When required insurance coverage documentation and/or patient balance payments per agreement are not provided, RCH will transfer the account to a Bad Debt file and the reserve for Bad Debt will be charged. Solely in a manner consistent with Section 501(r) of the Code and applicable state laws, Bad Debt accounts may be referred to a collection agency at the discretion of the Collection Supervisor and Director of Patient Financial Services.

A. RCH will recognize any account as a Bad Debt when the account is older than 120 days except as follows:

1. The account is pending insurance payment for a known reason.

2. Extended payment terms have been authorized. Payment arrangements can be extended to all Self-Pay patients by department staff not to exceed 6 months from the date of service. Upon a supervisors review approval these payment arrangements without interest can be extended to 12 months. RCH reserves the right to extend payment arrangements beyond these thresholds based on patient circumstances.

3. The Director of Patient Financial Services or Collection Supervisor has documented a good reason for maintaining the account.

4. The account has been recognized and documented as "high risk" and a prior determination made by the Director of Patient Financial Services or Collection Supervisor that the account should be aggressively followed by an outside agency.

5. The patient applies for financial assistance under the FAP within the Application Period as defined in Attachment A to this Policy.

B. RCH and its assignees of any patient Bad Debt, including collection agencies, will not report adverse information to any consumer credit reporting agency until RCH has made reasonable efforts, which efforts shall be documented, to notify the patient as to the availability of financial assistance and the actions that may be taken in the event of nonpayment. Notwithstanding the forgoing, the earliest under any circumstance that such actions may be taken is the date that is 150 days from initial billing.

C. RCH will require all assignees of any patient Bad Debt, including collection agencies, to agree to comply with the AB 774, SB 350 and SB 1276 requirements regarding all collection activity. A written agreement requiring compliance with AB 774, SB 350, SB 1276, IRS 501r and RCH's standards and scope of practice will be required on all collection agency agreements.

D. RCH and its assignees of any patient Bad Debt, including collection agencies, will not use wage garnishments or liens on primary residences as a means of collecting unpaid hospital bills for patients whose income is below 350% of the Federal Poverty Level.

E. A collection agency, or other assignee that is not an affiliate or subsidiary of RCH, shall not use sale of the patient's primary residences as a means of collecting unpaid hospital bills of patients whose income is below 350% of the Federal Poverty Level unless both the patient and his or her spouse have died, no child of the patient is a minor and no adult child of the patient who is unable to take care of himself or herself is residing in the house as his or her primary residence.

F. Bad Debt approval thresholds:

Account Balances between 0.01 – 999.99	Patient Account Rep.
Account Balances between 1,000.00 – 9,999.99	Supervisor
Account Balances between 10,000.00 – 19,999.99	Manager
Account Balances between 20,000.00 – 49,999.99	Director of P.A.
Account Balances over $50,000.00 per account:	Vice President/Chief Financial Officer or President/CEO

G. Prior to commencing collection activities against a patient, RCH and its assignees of any patient Bad Debt, including collection agencies, shall provide the patient with a clear and conspicuous notice containing both of the following:

1) A plain language summary of the patient's rights pursuant to AB 774 and SB 350, the Rosenthal Fair Debt Collection Practices Act, and the federal Fair Debt Collection Practices Act of Chapter 41 of Title 15 of the United States Code, and a statement that the Federal Trade Commission enforces the federal act.

2) A statement that nonprofit credit counseling may be available.

V. Endowment

Application of Endowment Funds for Charity Care, see **Attachment B**.

VI. Charity Care, AB 774, SB 350, SB 1276 and Prop 99

Application for Self-Pay/Charity Care/Prop 99 Funds, see **Attachment A**.

VII. Employment and Medical Staff Courtesy Allowances

No courtesy allowances for RCH employees, medical staff or their dependents are allowed except as otherwise provided in this policy and Attachments.

IX. Other Courtesy / Administrative Allowances

A. From time to time it is necessary to adjust patient accounts on case by case based on a patient's financial ability, physical ability, mental capability or other related circumstances to make payment, as a courtesy. Approvals are as follows:

Allowance amount	0.01 – 499.99	Patient Accounting Rep.
Allowance amount	500.00 – 1,499.99	Supervisor
Allowance amount	1,500.00 – 4,999.99	Business Office Manager
Allowance amount	5,000 – 9,999.99	Director of P.A.
Allowance amount	=> 10,000.00	Vice President/ Chief Financial Officer or President/CEO

B. Small balance allowances of $14.99 and under that have been billed at least once may be written off by the Business Office.

C. OB Cost-Saver Package Plan, see **Attachment C**.

D. Self-Pay and Charity Care Discounts see **Attachment A**.

E. Perinatal Services, Center for Surgical and Specialty Care, Redlands Family Clinic and Yucaipa Family Clinic, see **Attachment D.**

X. Overpayment on Patient Accounts

A. Insurance Overpayments

RCH will refund insurance overpayments in a reasonable manner, after review and a determination that refund is appropriate. Interest will be applied at the rate set forth in Section 685.010 of the Code of Civil Procedure, beginning on the date of the verified credit balance.

B. Patient Overpayment

RCH will refund overpayments of $5.00 or more to the responsible party after determining that no accounts for which the party is responsible have an outstanding balance. Interest will be applied at the rate set forth in Section 685.010 of the Code of Civil Procedure, beginning on the date of the patient's payment that created a credit balance. For patients retroactively presenting valid Medi-Cal cards, patient payments may be refunded after all retroactive documentation has been approved by the Department of Health Services. RCH reserves the right not to accept retroactive Medi-Cal.

C. Deviations from Policy

The President/CEO, Vice President/CFO or designee may authorize a deviation from any of the above policies.

Responsibility for review and maintenance of this policy is assigned to: Vice President/Chief Financial Officer.

APPROVED: _____

James R. Holmes, President/CEO

EFFECTIVE:	09/01/80
REVIEWED:	09/23/82, 01/30/86, 05/01/88, 01/21/92, 10/15/93
REVISED:	02/24/95, 11/21/97, 12/20/00, 02/13/04, 02/20/07, 02/15/08
REVISED:	04/10/09, 12/18/09, 09/01/10, 12/12/11, 01/07/13, 7/22/13, 2/13/14
REVISED:	03/10/14, 01/01/15, 10/01/15, 10/01/2016

ATTACHMENT A

SELF-PAY AND CHARITY CARE DISCOUNTS

The Self-Pay and Charity Care Discount policies provided herein is intended to comply with California Assembly Bill 774 (Health and Safety Code § 127400 *et seq*.) and California Senate Bill 350 (Chapter 347, Statutes of 2007) effective January 1, 2008 and SB 1276 (Chapter 758) effective January 1, 2015, and Section 501(r) of the Code.

A. DEFINED TERMS

1. "*Amounts Generally Billed"* ("AGB"). Charges for emergency and medically necessary services shall be limited to no more than amounts generally billed ("AGB") to individuals who have insurance covering such care. In calculating AGB, RCH has selected the "prospective" method, which is one of the two permissible methods identified by the IRS, whereby the AGB is determined based on a percentage of the applicable Medicare reimbursement for the services provided. Following a determination of approval for financial assistance, a FAP-eligible individual may not be charged more than the amounts generally billed for emergency or medically-necessary care. In addition, RCH will not charge FAP eligible individuals gross charges (or higher) for any medical care (that is not emergency or medically necessary care).

2. "*Application Period*" means the time period in which patients may submit an application for financial assistance under this Policy by completing a FAP Application. The Application Period begins on the date on which care was rendered to the patient and continues until the 240th day after the patient receives his or her first post-discharge billing state for the care provided at RCH.

3. "*Bad Debt*" means an account of a patient who demonstrates an ability to pay but who has not done so after repeated requests for payment.

4. "*Charity Care*" means any emergency or medically necessary inpatient or outpatient hospital service provided to a patient whose responsible party has an income does not exceed 350% of the "*Federal Poverty Level*" or "*FPL*" (as defined below).

5. "*Federal Poverty Level*" or "*FPL*" means the poverty guidelines updated periodically in the Federal Register by the United States Department of Health and Human Services.

6. "*Financially Qualified Patient*" means a patient who is: (1) a "*Self-Pay Patient*" (as defined below) or a "*Patient with High Medical Costs*" (as defined below), and (2) a patient who has a family income that does not exceed 350% FPL.

7. "*High Medical Costs*" means: (1) annual out of pocket costs incurred by the individual at RCH exceed 10% of the patient's family income for the prior 12 months; (2) annual out of pocket expenses that exceed 10% of the patient's family

by the patient or the patient's family in the prior 12 months; or (3) a lower level determined by RCH in accordance with this policy.

8. "*Patient's Family*" for the purpose of determining family income and size, means, for persons 18 years of age or older: spouse, domestic partner and dependent children under 21 years of age; and for persons under the age of 18: parent or caretaker and other children under 21 years of age.

9. "*Patient with High Medical Costs*" means a patient with High Medical Costs whose family income does not exceed 350% FPL.

10. "*RCH*" means Redlands Community Hospital.

11. "*Self-Pay Patient*" means a patient who does not have third-party health coverage.

12. "*Self-Pay Discount*" means a discount applied by RCH for any medically necessary inpatient or outpatient hospital service provided to a patient with High Medical Costs who is uninsured or whose documented income exceeds 350% FPL.

13. "*Reasonable Payment Formula*" means monthly payments that are not more than 10% of a patient's family income for a month, excluding deductions for essential living expenses.

14. "*Essential Living Expenses*" means expenses for any of the following: rent or house payment and maintenance, food and household supplies, utilities and telephone, clothing, medical and dental payments, insurance, school or child care, child or spousal support, transportation and auto expenses, including insurance, gas and repairs, installment payments, laundry and cleaning and other extraordinary expenses.

B. SELF-PAY POLICY

All Self-Pay Patients who have ability to pay and whose income exceeds 350% FPL will receive the standard Self-Pay Discount. All Self-Pay Patients whose documented income falls below the 350% FPL threshold will be considered for Charity Care. All Self-Pay Patients will be screened for linkage to and provided with an application (or instructions on how to obtain an application) for any appropriate form of assistance, including but not limited to California Health Benefit Exchange, Medi-Cal, Healthy Families, San Bernardino Medically Indigent Adult program, Section 1011 or, any 3rd party liability insurance (Automobile Insurance, Workers' Compensation, Home Owners Insurance, etc.). Any such linkage that is not pursued by the patient or if the patient is denied eligibility for failure to comply may result in the patient not being eligible for RCH's Charity Care / Self-Pay Discount programs. RCH reserves the right to review these instances on a case by case basis. A pending application for another health coverage program shall not preclude eligibility for RHC's Charity Care or Self-Pay Discount programs.

C. STANDARD SELF-PAY DISCOUNT

For qualifying Self-Pay Patients who receive medical procedures (excluding implants and high cost drugs, which are billed at cost plus 5%) a 76% discount will be applied to charges at the time of final billing. Additional Self-Pay Discounts offered by RCH may be provided based on financial ability, mental capability, physical ability, or other related reasons. An additional prompt-pay discount of 10% may also be provided if full payment is made promptly. Any Self- Pay Discounts that exceed the standard Self-Pay Discount and prompt-pay discount must be approved by the Business Services management team.

D. CHARITY CARE / PROP 99

RCH is committed to providing appropriate medical care to patients in its service area to ensure that a patient in need of non-elective care will not be refused treatment because of his or her inability to pay. Therefore, it is the policy of RCH to provide charity care for those who demonstrate an inability to pay.

E. CHARITY CARE

1. Services Eligible under this Policy

The following healthcare services are eligible for Charity Care:

1. Emergency medical services provided in an emergency room setting;
2. Services for a condition which, if not promptly treated, would lead to an adverse change in the health status of an individual;
3. Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting; and
4. Other medically necessary services, evaluated on a case-by-case basis at RCH.

2. Eligibility Criteria for Charity Care

a. Self-Pay Patients and Patients with High Medical Costs will be considered for Charity Care.

b. The granting of Charity Care shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, social or immigrant status, sexual orientation or religious affiliation.

c. In determining eligibility for Charity Care, RCH may consider income and monetary assets of the patient and/or family. The assets include bank accounts and assets readily convertible to cash including stocks. Monetary assets shall not include retirement or deferred compensation plans. The first $10,000 for patient monetary assets shall not

be counted in determining eligibility, nor shall 50% of the patient's monetary assets exceeding the first $10,000. Waivers or releases from the patient and/or the patient's family authorizing RCH to obtain account information from financial institutions or other entities that hold monetary assets may be required. Information obtained shall not be used in collection activities.

3. Method by Which Patients May Apply for Charity

a. Financial need will be determined in accordance with procedures that involve an individual assessment of financial need. Such procedures will include:

a. An application process, in which the patient or the patient's guarantor are required to cooperate and supply personal, financial and other information and documentation relevant to making a determination of financial need. Required documents include: Proof of identity, (Driver's License, ID card, US Citizenship, Passport, or Social Security Card), Proof of Income (Pay stubs, Social security, unemployment, disability, child support, alimony or other payments) Tax Return, W2 form, Bank statements**.** Financial assistance may not be denied based on failure to provide information or documentation not specified in this policy or on the FAP Application**;**

b. Reasonable efforts by RCH to verify information submitted and explore appropriate alternative sources of payment and coverage from public and private payment programs, and to assist patients to apply for such programs. Whether such reasonable efforts have been made shall be determined by the Patient Financial Service Department;

c. The use of external publicly available data sources that provide information on a patient's or a patient's guarantor's ability to pay (such as credit scoring) to verify financial information provided;

d. A review of the patient's and/or family's available assets, and all other financial resources available to the patient; and

e. A review of the patient's outstanding accounts receivable for prior services rendered and the patient's payment history. If approved upon a manual submitted application, all prior accounts will be evaluated for possible charity reclassification.

b. The need for financial assistance shall be re-evaluated at each subsequent time of services if the last financial evaluation was completed more than 6 months prior, or at any time additional information relevant to the eligibility of the patient for Charity Care becomes known.

c. RCH may deny Charity Care on the grounds of failure to provide required requested

information. In the event the patient or the representatives provide the requested information at a later date, RCH may choose to reopen their applications. Patient who have had their Charity Care application denied have the right to appeal the denial and can do so by submitting their appeal in writing to the attention of the Director of Patient Accounting or the Business Office Manager at RCH at any time. If denied,the patient will be informed as to the basis for the denial of Charity Care.

d. RCH values of human dignity and stewardship shall be reflected in the application process, financial need determination and granting of charity. Requests for charity shall be processed promptly and RCH shall notify the patient or applicant in writing once the application has been approved or denied.

e. The emergency physician who provides emergency medical care at RHC is also required by California law to provide discounts to Self-Pay Patients and Patients with High Medical Costs. The processing, determination and application of discounts for emergency physician services is the sole responsibility of the providing emergency physician and shall not be construed to impose any additional responsibilities upon the hospital. RCH shall provide contact information for the treating emergency room physician to each Self-Pay Patient and Patient with High Medical Costs.

4. Presumptive Financial Assistance Eligibility

There are instances when a patient may appear eligible for Charity Care, but there is no financial assistance form on file due to a lack of supporting documentation. Often there is adequate information provided by the patient or through other sources, which could provide sufficient evidence to provide the patient with Charity Care. In the event there is no evidence to support a patient's eligibility for Charity Care, RCH reserves the right to use outside agencies in determining estimated income amounts as the basis of determining charity care eligibility and potential discount amounts. Any patient approved for Charity Care on a presumptive basis shall receive free care (100% discount).

5. Examples of Intended Beneficiaries

1. The following are examples of patients intended to benefit from RCH's Charity Care policy:

i. Uninsured patients who do not have ability to pay and have income at 350% or lower of the FPL based on means-testing according to RCH's Charity Care policy.

ii. Patients with High Medical Costs

iii. Patients who qualify for the Medically Indigent Adult program through the State of California or the County of San Bernardino.

iv. Patients who have applied to the Medi-Cal program and have been denied for reasons other than failure to comply or non compliance with requested information.

v. Patients who have been referred to outside collection agencies and who are later determined to be unable to pay according to RCH's Charity Care eligibility guidelines.

vi. Patients who are undocumented aliens from other countries who have demonstrated no ability to pay or who did not or were not able to provide RCH adequate demographic information.

vii. Patients who have a green card or other Immigration Department issued Identification ("ID") Card allowing them to be in this country legally but who have demonstrated no ability to pay or who did not or were not able to provide RCH adequate demographic information, provided that the patient complies with all Section 1011 requirements and applications.

viii. Patients who are homeless.

ix. Patients who, due to their condition, are unable or unwilling to provide adequate demographic information for billing.

x. Patients who are able to pay a portion but not all of their outstanding balance due to financial constraints.

2. Proposition 99 (Prop 99) Charity

i. Prop 99 Charity includes individuals listed in subsection E.4.a (above) with the exception of patients whose accounts have been partially paid by other insurance or partially paid by the patient. The State of California requires the following information for filing Prop 99 funds:

(1) Name, Address, Social Security Number, Sex, Age, Race, and diagnosis for both inpatients and outpatients.

ii. A log will be kept on all Prop 99 and non-Prop 99 charity write-offs by the Business Office.

iii. Prop 99 accounts will be reviewed for approval by either the Director of Business Office or the Vice President of Finance.

F. IRS Section 501(r) Compliance

In order to meet the Section 501(r) of the Code and the regulations thereunder, RCH has implemented the following practices:

i. A plain language summary of our Financial Assistance Program (FAP) will be issued to all patients post discharge that have a verified patient responsibility due. The summary document will include information on how to apply, eligibility requirements and whom to contact for assistance.

ii. A conspicuous statement identifying the fact that RCH has a FAP will be included on all billings and statements. The statement will identify that financial assistance is available to our patients and whom to contact for assistance.RCH will widely disseminate its FAP, FAP Application and plain language summary through a variety of means including, but not limited to: posting the FAP, FAP Application and a plain language summary of the FAP on an RHC's website dedicated to financial assistance (all downloadable in pdf or equivalent format). The website will also provide a link to download a PDF application along with information on whom to contact for assistance

iii. RCH will ensure that all vendors and collections agencies are in full compliance with the Section 501(r) of the Code and the regulations thereunder.

iv. At least thirty (30) days prior to initiating Extraordinary Collections Actions (ECA's) RCH's Patient Financial Services staff will ensure that reasonable efforts were made to notify the patient/guarantor of our FAP and how to apply. These efforts will include letters, statements and phone attempts.

v. RCH's FAP only pertains to the services provided by RCH employed staff. All Physicians and other non RCH Medical Professionals are not employed by RCH and have not adopted RHC's FAP. Accordingly, patients who receive financial assistance under this policy may still have financial obligations to RCH Medical Professionals and physicians for the care provided. A list of providers (listed by individual or by group name) who are covered under this policy and those that are not covered under this policy is contained at **www.redlandshospital.org.**

G. ADMINISTRATIVE MATTERS

1. Questions about this Financial Assistance Policy may be directed to Patient Financial Services, (909) 335-5534.

2. Administrative or courtesy write-offs are the sole discretion of RCH and are not included in this policy.

3. Accounts which develop a credit balance due to a Charity Care or a Self-Pay Discount write-off and a subsequent payment from any source must have the Charity Care or Self-Pay Discount write-off reversed before any refunds are disbursed.

4. RCH will make available a plain language summary of our Charity Care policy that is clear, concise and easy to understand at the time of all registrations or admissions. This information will also be made available on the hospitals web site. The summary will

include basic eligibility guidelines, instructions on how to obtain an application for financial assistance and who to contact for assistance as well instruction on how to access it on the website.

5. When RCH bills a patient that has not provided proof of coverage by a third-party at the time care is provided or upon discharge, as a part of that billing, RCH will provide the patient with a written notice, which shall include the following:

    A. A statement of charges for services rendered by RCH.A request that the patient inform RCH if the patient has third party health coverage.

    B. A statement that if the patient does not have health insurance coverage the patient may be eligible for California Health Benefit Exchange, Medicare, Healthy Families, Medi-Cal, other State- or County-Funded Health Coverage Programs, Charity Care or Self-Pay discount.

    C. A statement indicating how a patient may obtain an application for the California Health Benefit Exchange, Medicare, Healthy Families, Medi-Cal, or other State- or County-Funded Health Coverage Programs and that RCH will provide such applications;

    D. A referral to a local consumer assistance center housed at legal services offices; and

    E. Eligibility information for RCH's Self-Pay Discount and Charity Care programs and who to contact for assistance is given to patients at time of service and at time of first billing to uncompensated patients.

6. If a patient does not provide information indicating coverage by a third-party payor or request a discounted price or charity care, prior to discharge (if the patient has been admitted) or when receiving emergency or outpatient care, RCH shall provide the patient with an application for the Medi-Cal program, the Healthy Families Program, or other State- or County-Funded Health Coverage Programs.

7. RCH will provide posted written notice of its Charity Care / Self-Pay Discount policy in all areas that are visible to the public including:

    A. The ER department.

    B. The Admissions department.

    C. The Cashier and Business Office.

    D. Other outpatient settings.

8. RCH will provide all required written notices and correspondence, including the FAP, FAP Application and plain language summary of the FAP, to patients related to the Self- Pay Discount and Charity Care programs in English and in any language that exceeds 5% of our patient population. Required written correspondence includes: requests for information

to determine eligibility for the Self-Pay Discount, Charity Care, or insurance programs; information concerning potential eligibility for the Self-Pay Discount, Charity Care, and public insurance programs and how to apply for such programs; statements of estimated or actual charges; notice of expiration of an extended payment plan; notice of intent to commence collection activities; and notice of collection policies.

H. CHARITY CARE / SELF PAY DISCOUNT METHODOLOGY

1. Documented income for all Charity Care must be at or below 350% of the FPL.

2. Discounted amounts will be based on the government fee schedule for Medicare fee for service. At no time will a patient with documented income at or below 350% of the FPL be charged for any amounts in excess of the Medicare fee schedule.

3. If there is no established government fee schedule amount for a service provided to a patient eligible for Charity Care, RCH shall establish an appropriate discount on a case-by-case basis.

4. Reimbursement to be applied is as follows:

FEDERAL POVERTY LEVELS

Family Size	100%		200%		300%		350%	
1	**A**		**A**		**B**		**C**	
2	**A**		**A**		**B**		**C**	
3	**A**		**A**		**B**		**C**	
4	**A**		**A**		**B**		**C**	
5	**A**		**A**		**B**		**C**	
6	**A**		**A**		**B**		**C**	
7	**A**		**A**		**B**		**C**	
8	**A**		**A**		**B**		**C**	

Federal Poverty Levels are available at:
https://www.healthcare.gov/glossary/federal-poverty-level-FPL/

Income must be equal to or below the amount in each column.

Family Size is defined as:

For persons 18 years of age and older, the patient's spouse, domestic partner and dependent children under 21 years of age, whether living at home or not.

For persons under 18 years old, a parent, caretaker relatives and other children under the age of 21 that belong to the parent or caretaker.

REIMBURSEMENT MATRIX

INCOME INDICATOR	REIMBURSEMENT
A	Free Care - Charity Care
B	50% of Medicare Fee Schedules
C	100% of Medicare Fee Schedules

ATTACHMENT B

APPLICATION OF ENDOWMENT FUNDS FOR CHARITY CARE

POLICY

Redlands Community Hospital ("*RCH*") has funds available, through bequests as well as from Board Designated Assets, to be used to pay for the care of the deserving patients. This policy is to outline the procedure for applying these funds to a patient's account.

PROCEDURE

I. RCH Endowment Funds

These are monies that are held by RCH. The use of these funds is restricted as follows:

A. AID Fund - Established in 1951, the Board of Directors of RCH set aside these funds. The interest of the AID Fund is to be used for patients unable to pay their bills.

B. Edith Bates Fund - In 1961, the estate of Edith Bates established this fund to pay the hospital expenses of worthy persons who do not have and cannot obtain money to pay for their care.

C. Anna Throop Memorial Fund - Funds were given to RCH to be used solely for the use and care of "crippled children" in the Pediatrics Department of the hospital.

II. Procedure for Applying Endowment Funds

A. At the end of the fiscal year, an amount not to exceed the Endowment Fund prior years earnings will be established for the provision of care to needy patients. This amount shall be established by President/CEO or Vice President/CFO of RCH.

B. Prospective patients will be screened by personnel from the Admitting or Business Office Departments. Financial screening will be based upon the financial criteria that are discussed in RCH's Charity Care policy.

C. After the appropriate signatures of approval have been obtained, the Business Office will prepare a check request for each patient account utilizing the patient account number and the fund accounting number.

D. The Accounting Department will process a check for the individual patient account and deliver to the Cashier Department for posting of the payment to the patient account.

ATTACHMENT C
REDLANDS COMMUNITY HOSPITAL
350 TERRACINA BOULEVARD
REDLANDS, CALIFORNIA 92373

OB COST-SAVER PACKAGE PLAN

REQUIREMENTS FOR ELIGIBILITY:

The entire cost must be paid on or before discharge. Please be advised that prices will apply to the date of admission, not the date of payment. The Cost-Saver Package Plan applies to patients having normal vaginal deliveries or Cesarean section patients, with no complications. Should either the mother or baby become ill, regardless of whether payment has been made or not, the discount will be nullified and the patient's financial class reverts to self-pay. Patients covered under insurance plans with **NORMAL MATERNITY COVERAGE** are **not eligible** for the OB Cost-Saver Package Plan**. No itemized billing will be provided.**

- Charges incurred for conditions unrelated to the maternity visit are not included in the original OB Cost-Saver Package Plan, *i.e.,* Tubal Ligations and OBSERVATION visit.

- The hospital does not bill for, or include in its charges, fees for professional services rendered by independent contractors and more specifically those physicians and surgeons furnishing professional services to the patient, including the radiologist, pathologist, emergency room physicians, anesthesiologist, dentist, hearing screenings, podiatrist, and the like. **The undersigned understands that all such professional services will be billed separately.**

SUMMARY OF ELIGIBILITY REQUIREMENTS:

A. Payment in full on or before discharge. (Cash, Check, Cashier's Check, Money Order, Visa, MasterCard or American Express).
B. Normal delivery and a well-baby, or Cesarean section and a well-baby.
C. No insurance involved.

CASH PAYMENT SCHEDULES (Mother and baby charges combined):

		Mom & Baby
1 Day	Normal Delivery	$3,500
2 Days	Normal Delivery	$4,500
3 Days	Normal Delivery	$5,500
2 Days	Cesarean Section	$6,000 + $1,200 for each additional day. For each additional baby per day $600
3 Days	Cesarean Section	$7,000 + $1,200 for each additional day. For each additional baby per day $600

NOTE: Patients who elect to have tubal ligation must pay for this service on or before discharge along with the OB Cost-Saver Package Plan discount.

Any payment made by check written to Redlands Community Hospital and returned unpaid by the bank will void the OB Cost-Saver Package Plan discount. Prices are subject to change without notice.
If you have any questions, please call (909) 335-6414

ATTACHMENT D

REDLANDS COMMUNITY HOSPITAL
350 TERRACINA BOULEVARD
REDLANDS, CALIFORNIA 92373

PERINATAL SERVICES:

1. Administrative Policy A.F2 (Financial (Patient) Policies) does not apply to the Perinatal Services program because the Perinatal Services program provides professional services only.
2. Lactation services are provided and billed using a fee-for service flat rate fee schedule. No self- pay discount is available for the professional fees for lactation services. Diabetes education and comprehensive perinatal education is provided using a hospital approved fee schedule. Self-Pay Patients with incomes at or below 350% FPL receiving diabetes education may receive a 50% self-pay discount. Comprehensive perinatal services are provided for Medi-Cal patients only and therefore do not qualify for a self-pay discount. When supplies are purchased as a self-pay/cash-pay, a 50% self-pay discount may apply.
3. Patients indicating they qualify for and request a self-pay discount shall provide documentation of income as requested prior to service being rendered. Pay stubs and income tax returns, or other forms of income verification shall be provided to RCH as requested. In the event that the required documentation is not provided by the patient or patient representative, the discount may be denied on the grounds of failure to provide the requested information.

CENTER FOR SURGICAL AND SPECIALTY CARE

1. Administrative Policy A.F2 (Financial (Patient) Policies) applies to the Center for Surgical and Specialty Care, except as described below.
2. Self-Pay patients with incomes at or below 350% FPL may receive a 50% discount off of hospital charges related to services furnished at the Center for Surgical and Specialty Care. RCH does not establish the professional fees or discount policies related such professional fees.
3. At no time will a Financially Qualified Patient be charged for any amounts in excess of the Medicare fee schedule. If there is no established government fee schedule amount for a service provided to a Financially Qualified Patient, RCH will establish an appropriate discount on a case-by-case basis.
4. Patients indicating they qualify for and request a self-pay discount shall provide documentation of income as requested prior to service being rendered. Pay stubs and income tax returns, or other forms of income verification shall be provided to RCH as requested. In the event that the required documentation is not provided by the patient or patient representative, the discount may be denied on the grounds of failure to provide the requested information.

REDLANDS FAMILY CLINIC & YUCAIPA FAMILY CLINIC

1. Administrative Policy A.F2 (Financial (Patient) Policies) applies to the Redlands Family Clinic and Yucaipa Family Clinic, except as described below.
2. Financially Qualified Patients are eligible for sliding-scale discounts based on the matrix below.

3. Some professional services and/or supplies may not be discounted and include, for example: a) the cost for external laboratory testing services, b) vaccines, c) immunizations, and d) tuberculosis screening and testing.

4. Documented income must be at or below 350% of the most current Federal Poverty Guideline (maintained at the clinic and available at: https://www.healthcare.gov/glossary/federal-poverty-level-FPL/.) to qualify for a discount. A patient with reported and/or verified income higher than 350% of the guideline would not qualify for a discount.

5. At no time will a Financially Qualified Patient be charged for any amounts in excess of the Medicare fee schedule. If there is no established government fee schedule amount for a service provided to a Financially Qualified Patient, RCH shall establish an appropriate discount on a case-by-case basis.

SLIDING-SCALE DISCOUNT MATRIX

% of Poverty	**100%**		**200%**		**300%**		**350%**	
Family Size								
1	**1**		**1**		**1**		**2**	
2	**1**		**1**		**2**		**2**	
3	**1**		**1**		**2**		**2**	
4	**1**		**2**		**2**		**3**	
5	**1**		**2**		**3**		**3**	
6	**1**		**2**		**3**		**3**	
7	**1**		**3**		**3**		**3**	
8	**1**		**3**		**3**		**3**	

Income must be equal to or below the amount in each column.

Family Size is defined as:
For persons 18 years of age and older, the patient's spouse, domestic partner and dependent children under 21 years of age, whether living at home or not.

For persons under 18 years old, a parent, caretaker relatives and other children under the age of 21 that belong to the parent or caretaker.

Family Income is defined as:
Income for all family members included in the family size (per above definitions).

DISCOUNT MATRIX – PERCENTAGE DISCOUNT LEVELS

Apply the appropriate discount percentage based on the patient's income and family size using the sliding-scale discount matrix above.	
Discount Level	
1	Eighty Percent (80%) Discount Applied
2	Seventy Percent (70%) Discount Applied
3	Sixty Percent (60%) Discount Applied

VIII. 2019 Hospital Association of Southern California (HASC) Regional Community Health Needs Assessment – Inland Empire

The 2019 HASC Regional Community Health Needs Assessment - Inland Empire is provided in Appendix B

Appendix B

HOSPITAL ASSOCIATION OF SOUTHERN CALIFORNIA

2019

Regional Community Health Needs Assessment

Inland Empire

2019
Regional Community Health Needs Assessment

Keven Porter, MS, BSN, RN
Regional Vice President HASC Inland Empire
2280 Market Street, Suite 250
Riverside, CA 92501

With technical assistance from:

Laura Acosta, MPH
HC2 Strategies, Inc.

Susan Harrington, MS, RD, and
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Val Malika Reagon, DrPH, MPH, MLA
Smith Hill Global Consulting, LLC

TABLE OF CONTENTS

EXECUTIVE SUMMARY

The Hospital Association of Southern California (HASC) Inland Region office represents hospitals in Riverside and San Bernardino counties. Member hospitals are representative of many types of facilities, from rural to large teaching facilities, investor-owned to not-for-profit, VA to behavioral health, and community to public and district operated.

The Hospital Association's mission is to lead, represent and serve hospitals and their related organizations, working collaboratively with our members and other stakeholders to improve health and health care in the communities we serve.

In 2016, The Hospital Association of Southern California worked with eleven hospitals on the inaugural regional community health needs assessment. This 2019 Inland Empire Regional Community Health Needs Assessment (CHNA) report represents a commitment to continue this crosscutting work, share resources, and collaborate for collective impact. The 2019 CHNA report builds on a collaborative effort through expanded data collection from important voices in our community. This assessment also reaffirms a commitment to serving the needs of the most vulnerable members of our communities.

Participating hospitals in the 2019 Inland Empire Regional Community Health Needs Assessment include:

- Desert Regional Medical Center
- Hi-Desert Medical Center
- Inland Valley Medical Center
- JFK Memorial Hospital
- Rancho Springs Medical Center
- Redlands Community Hospital
- San Antonio Regional Hospital
- Mountains Community Hospital

Sources of Data

Primary and secondary data sources are included in this report. Secondary sources include publicly available state and nationally recognized data sources available at the zip code, county and state level. Health indicators for social and economic factors, health system, public health and prevention, and physical environment are incorporated. The top leading causes of death as well as conditions of morbidity that illustrate the communicable and chronic disease burden across San Bernardino and Riverside counties are included. A significant portion of the data for this assessment was collected through a custom report generated through Community Common's Engagement Network CHNA (https://engagementnetwork.org/assessment/). Other sources include California Department of Public Health, County Health Rankings & Roadmaps, and California Environmental Protection Agency's Office of Environmental Health Hazard Assessment. When feasible, health metrics have been further compared to estimates for the state or national benchmarks, such as the Healthy People 2020 objectives.

Inpatient hospitalization discharge data for 2017 was derived from the California Office of Statewide Health Planning and Development (OSHPD) utilizing the SpeedTrack analytics platform. Hospitalization discharge data is stratified by gender, race/ethnicity and age, and data containing an n-value of 10 or less were not included and are identified with an * in the table and graphs were not generated.

The hospitals participating in the two-county assessment worked to identify relevant key informants and topical focus groups to gather more insightful data and aid in describing the community. Key informants and focus groups were purposefully chosen to represent medically under-served, low-income, or minority populations in our community, to better direct our investments and form partnerships. Results of the qualitative analysis, as well as a description of participants, can be found later in this document.

An online survey in English and Spanish was created and distributed for greater community input. It should be noted that the survey results are not based on a stratified random sample of residents throughout Riverside and San Bernardino counties. The perspectives captured in this data simply represent the community members who agreed to participate and have an interest in health care. In addition, this assessment relies on several national and state entities with publicly available data. All limitations inherent in these sources remain present for this assessment.

The most frequently mentioned health issues among the focus groups, key informants interviews, and surveys included mental health and alcohol/drug substance abuse, transportation especially for the senior population, poverty and food insecurity, affordable housing and homelessness, education and awareness, chronic diseases, access to healthcare, and preventative health care.

Prioritization Process and Identified Health Needs

On April 19, 2019, HC2 Strategies, Inc. facilitated a strategy meeting with the members of the Inland Empire Regional CHNA Taskforce to review the results of the CHNA and determine the top three priority needs that the hospitals will address over the next three years. To aid in determining the priority health needs, the Taskforce members agreed on the criteria below to consider when making a decision.

- Addresses disparities of subgroups
- Availability of evidence or practice-based approaches
- Existing resources and programs to address problems
- Feasibility of intervention
- Identified community need
- Importance to community
- Magnitude
- Mission alignment and resources of hospitals
- Opportunity for partnership
- Opportunity to intervene at population level
- Severity
- Solution could impact multiple problems

The voting members in attendance were:

- Linda Evans, Desert Regional Medical Center, Hi-Desert Medical Center and JFK Memorial Hospital (via phone call)
- Brian Connors, Inland Valley Medical Center and Rancho Springs Medical Center
- Keven Porter, Hospital Association of Southern California
- Deanna Stover, Principal, representing Redlands Community Hospital
- Cathy Rebman, San Antonio Regional Hospital

The top health needs across the region identified for 2019-2021 include Mental Health and Alcohol/Drug Substance Abuse; Chronic Diseases including asthma, cancer, diabetes, health disease, and obesity; and access to health care including provider shortage and insurance.

The table below shows the health needs identified in the 2019 CHNA compared to the 2016 CHNA:

Year	Health Outcomes	Social Determinants	Clinical Care	Built Environment
2019	Mental Health and Alcohol/Drug Substance Abuse Chronic Diseases • Asthma • Cancer • Diabetes • Heart Disease • Obesity		Access to Health Care • Provider shortage • Insurance	

2016	• Diabetes (higher rates among Hispanics)
	• Behavioral Health
	• Heart disease and stroke
	• Chronic Obstructive Pulmonary Disease
	• Cancer
	  • Colorectal
	  • Lung
	• Obesity
		• High rates of poverty; lower median incomes
		• Lower educational attainment
			• Poor access to primary care and behavioral health providers
			• Lack of preventive screenings for cancer
			• Inadequate prenatal care
				• Housing shortages
				• Lack of access to healthy foods

ACKNOWLEDGMENTS

This report was made possible through the contributions of the Hospital Association of Southern California Inland Empire Regional CHNA Taskforce, Communities Lifting Communities and HC2 Strategies, Inc. under the leadership of Mr. Keven Porter, MS, BSN, RN, Regional Vice President, HASC Inland Empire. The taskforce collaborated with Ms. Laura Acosta, MPH of HC2 Strategies, Inc.; Susan Harrington, MS, RD, and Karen Ochoa, MA, of Communities Lifting Communities. HC2 Strategies, Inc. conducted key informant interviews, focus groups, and facilitated establishing priority health needs for the 2019-2021 community health needs cycle.

Additionally, the taskforce worked with Dr. James Martinez and Ms. Val Malika Reagon to gather health indicator data, analyze quantitative and qualitative data, and publish the final report. Many of the critical health indicators presented in this report were collected from the Engagement Network CHNA report provided by Community Commons, which is managed by the Institute for People, Place, and Possibility, the Center for Applied Research and Environmental Systems (CARES), and the Community Initiatives Network. The data gathered from Community Commons ensured an efficient and accurate method of collecting data from numerous sources.

Finally, we would like to thank all those who gave input for this report through key informant interviews and focus groups. Their perspectives ensure that we are taking into consideration the most vulnerable in our communities to better create initiatives, more meaningful partnerships, and strategic investments for our communities.

Consultant

HC2 Strategies, Inc. is a strategy consulting company that works with health systems and hospitals, physician groups, communities and other non-profit organizations across the country to connect and transform the health and well-being of their communities. They work to integrate the clinical and social aspects of community health to improve equity and reduce health disparities. Appendix A includes the qualifications of the consultants.

Members of the Inland Empire Regional CHNA Taskforce

- Linda Evans, Chief Strategy Officer - Community Advocacy, Desert Regional Medical Center, Hi-Desert Medical Center and JFK Memorial Hospital
- Brian Connors, Director of Marketing, Inland Valley Medical Center and Rancho Springs Medical Center
- Deanna Stover, Ph.D., R.N., FNP, CNS, COHN-S, Principal, Synergy Solutions Consulting, LLC, representing Redlands Community Hospital
- Cathy Rebman, Vice President, Business Development & Community Outreach, San Antonio Regional Hospital
- Charles Harrison, MBA, CPA, Chief Executive Officer, Mountains Community Hospital

INTRODUCTION

The Hospital Association of Southern California (HASC) Inland Region office represents hospitals in Riverside and San Bernardino counties. Member hospitals are representative of many types of facilities, from rural to large teaching facilities, investor-owned to not-for-profit, VA to behavioral health, and community to public and district operated.

The Hospital Association's mission is to lead, represent and serve hospitals and their related organizations, working collaboratively with our members and other stakeholders to improve health and health care in the communities we serve.

In 2016, The Hospital Association of Southern California worked together on the inaugural regional community health needs assessment. This report represents a commitment to continue this crosscutting work, share resources, and collaborate for collective impact.

The 2019 report builds on a collaborative effort through expanded data collection from important voices in our community. This assessment also reaffirms a commitment to serving the needs of the most vulnerable members of our communities.

Participating hospitals in the 2019 Regional Community Health Needs Assessment include:

- Desert Regional Medical Center
- Hi-Desert Medical Center
- Inland Valley Medical Center
- JFK Memorial Hospital
- Mountains Community Hospital
- Rancho Springs Medical Center
- Redlands Community Hospital
- San Antonio Regional Hospital

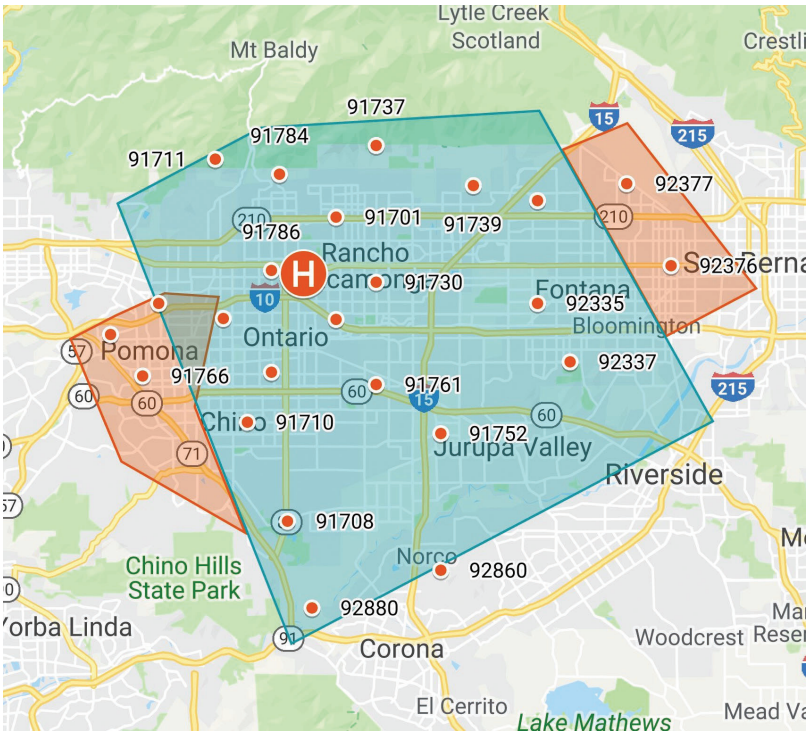
Hospital Service Areas

A hospital service area is “defined” as the geographic area where a hospital receives the majority of hospital admissions. Service areas are divided into two subsets, “primary” and “secondary.”

San Antonio Regional Hospital

San Antonio Regional Hospital is located in Upland, CA and is a 373-bed regional facility residing in the “West End” of San Bernardino County. Their primary service areas include the cities of Claremont, Chino, Eastvale, Fontana, Montclair, Ontario, Rancho Cucamonga, and Upland. Their secondary service areas extend to Pomona, Chino Hills, Corona, Norco and Rialto.

Primary Service Area	
Zip Code	**City**
91701	Rancho Cucamonga
91708	Chino
91710	Chino
91711	Claremont
91730	Rancho Cucamonga
91737	Rancho Cucamonga
91739	Rancho Cucamonga
91752	Eastvale
91761	Ontario
91762	Ontario
91763	Montclair
91764	Ontario
91784	Upland
91786	Upland
92335	Fontana
92336	Fontana
92337	Fontana
92880	Eastvale
Secondary Service Area	
91709	Chino Hills
92860	Norco
92376	Rialto
92377	Rialto
91766	Pomona
91767	Pomona
91768	Pomona

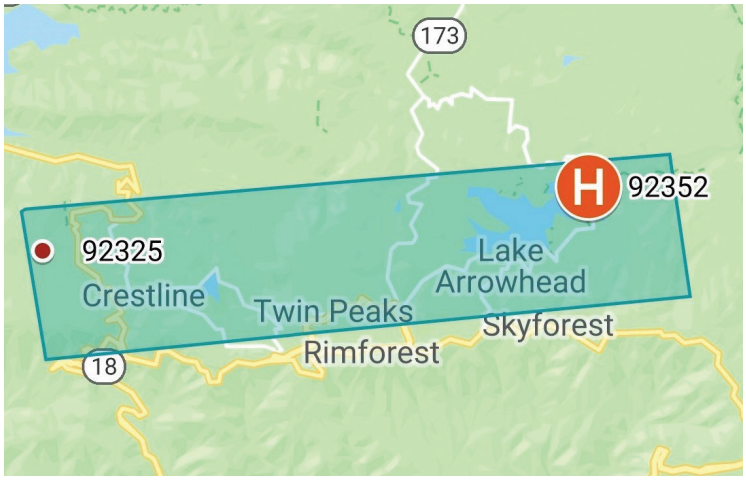


Source: Map data 2019 Google

Mountains Community Hospital

Mountains Community Hospital (MCH) is a located in Lake Arrowhead and is a 20-bed long-term care unit and 17-bed medical/surgical unit. This critical access, district hospital serves a population of 26,000 residents and visitors in the San Bernardino Mountains region.

Primary Service Area	
Zip Code	**City**
92325	Crestline
92352	Lake Arrowhead

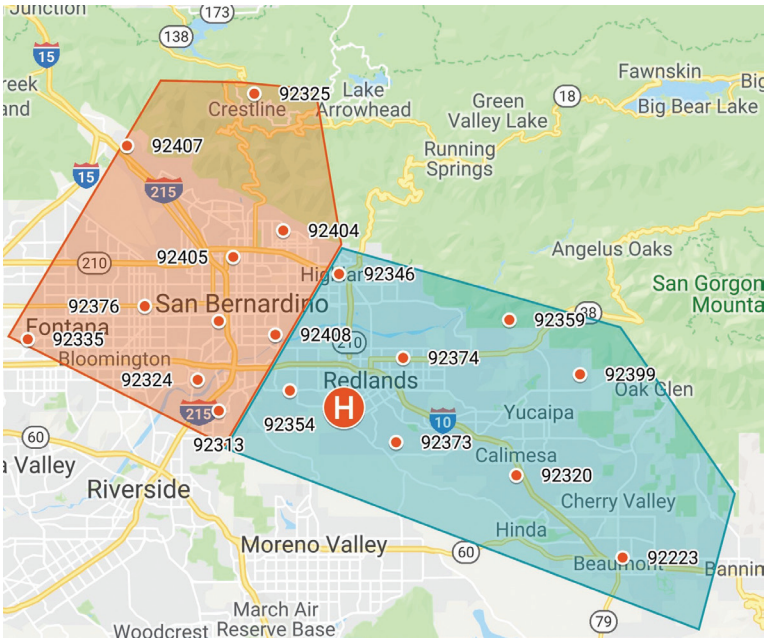


Source: Map data 2019 Google

Redlands Community Hospital

Analyzing historical patient origin data derived from the hospital's statistical information identified the geographic service area of Redlands Community Hospital. Located in the most densely populated area of San Bernardino County, communities identified as being in the primary service area of the hospital are Banning, Beaumont, Cabazon, Colton, Calimesa, Forest Falls, Highland, Mentone, Redlands and Yucaipa. The secondary service area is comprised of the cities of Bloomington, Bryn Mawr, Crestline, Fontana, Grand Terrace, Hemet, Loma Linda, Patton, Rialto, San Bernardino, and several mountain communities.

Primary Service Area	
Zip Code	**City**
92223	Beaumont
92320	Calimesa
92346	Highland
92354	Loma Linda
92359	Mentone
92373	Redlands
92374	Redlands
92399	Yucaipa
Secondary Service Area	
92313	Grand Terrace
92324	Colton
92325	Crestline
92335	Fontana
92376	Rialto
92404	San Bernardino
92405	San Bernardino
92407	San Bernardino
92408	San Bernardino
92410	San Bernardino

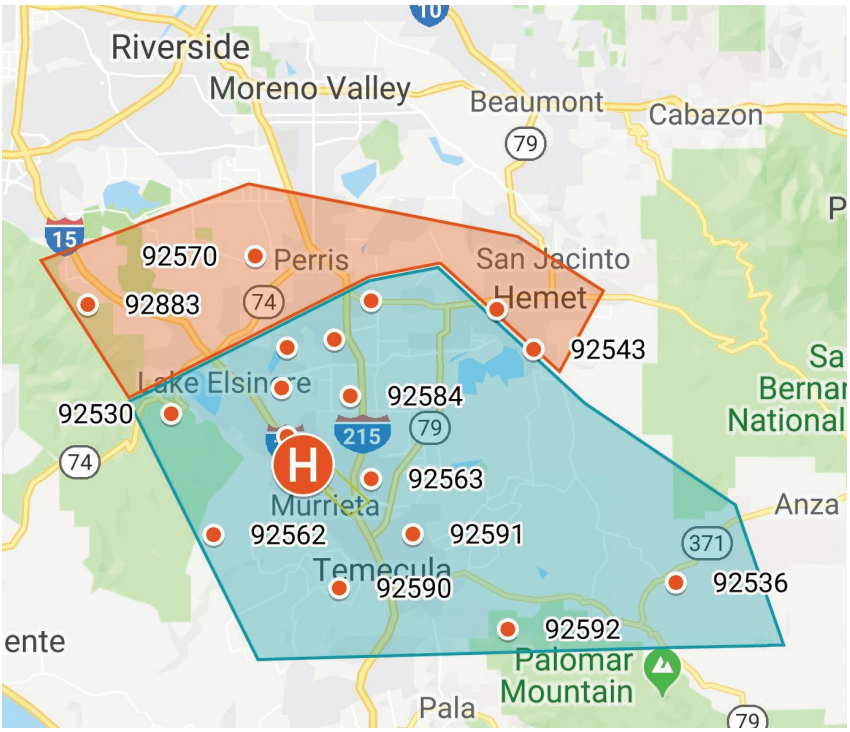


Source: Map data 2019 Google

Southwest Healthcare System-Murrieta

Rancho Springs Medical Center is located in Murrieta, California and is a 120-bed acute-care hospital. Inland Valley Medical Center is a 120-bed facility located in Wildomar, California. Both hospitals share the same primary service areas of Lake Elsinore, Aguanga, Murrieta, Menifee, Sun City, Temecula, and Wildomar. Secondary service areas are Corona, Hemet, and Perris.

Primary Service Area	
Zip Code	**City**
92530	Lake Elsinore
92532	Lake Elsinore
92536	Aguanga
92562	Murrieta
92563	Murrieta
92584	Menifee
92585	Sun City
92586	Sun City
92587	Sun City
92590	Temecula
92591	Temecula
92592	Temecula
92595	Wildomar
Secondary Service Area	
92543	Hemet
92545	Hemet
92570	Perris
92883	Corona



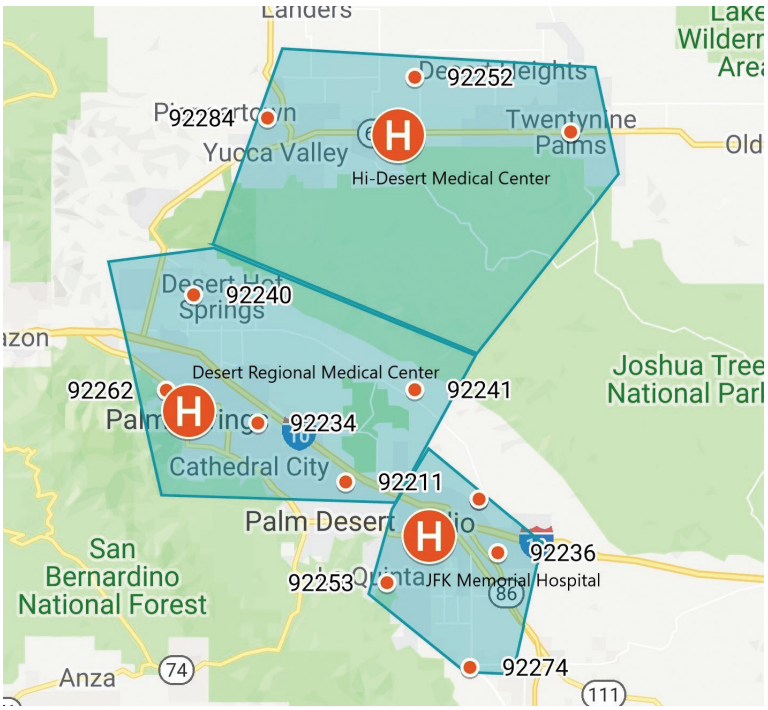
Source: Map data 2019 Google

Desert Care Network

Desert Care Network brings together an entire system of healthcare serving desert communities from the eastern Coachella Valley to the Morongo Basin. This unified network includes:

1. Desert Regional Medical Center
2. Hi-Desert Medical Center
3. Hi-Desert Continuing Care Center (SNF/Sub-Acute)
4. JFK Memorial Hospital
5. MedPost UC-La Quinta
6. El Mirador Imaging Center
7. La Quinta Imaging Center
8. El Mirador Surgery Center
9. Sedona Surgery Center
10. Airway SurgiCenter Imaging Center
11. Comprehensive Cancer Center at Desert Regional Medical Center
12. Comprehensive Cancer Center La Quinta
13. Hi-Desert Behavioral Health Services
14. Hi-Desert Home Health
15. Hi-Desert Hospice
16. Hi-Desert Rehabilitation Services

Primary Service Area	
Desert Regional Medical Center	
Zip Code	**City**
92201	Indio
92203	Indio
92211	Palm Desert
92234	Cathedral City
92240	Desert Hot Springs
92241	Desert Hot Springs
92252	Joshua Tree
92262	Palm Springs
92277	Twentynine Palms
JFK Memorial Hospital	
Zip Code	**City**
92201	Indio
92203	Indio
92236	Coachella
92253	La Quinta
92274	Thermal
Hi-Desert Medical Center	
Zip Code	**City**
92252	Joshua Tree
92277	Twentynine Palms
92284	Yucca Valley



Source: Map data 2019 Google

HISTORY OF COMMUNITY HEALTH NEEDS ASSESSMENT

The passage of the Affordable Care Act of 2010 required hospitals with a 501c3 designation to complete a community health needs assessment (CHNA) every three years. Outlined in section 501(r)(3)(A) of the Federal IRS Code, a hospital organization must conduct a CHNA and adopt an implementation strategy to meet the community health needs identified through the CHNA.

To conduct a CHNA, a hospital facility must complete the following steps:

1. Define the community it serves.
2. Assess the health needs of that community.
3. In assessing the community's health needs, solicit and take into account input received from persons who represent the broad interests of that community, including those with special knowledge of or expertise in public health.
4. Document the CHNA in a written report (CHNA report) that is adopted for the hospital facility by an authorized body of the hospital facility.
5. Prioritize Significant Health Needs in the community.
6. Make the CHNA report widely available to the public.

A hospital facility is considered to have conducted a CHNA on the date it has completed all of these steps, including making the CHNA report widely available to the public.

CHNA reporting requirements in California were established in 1994 with passage of Senate Bill 697. This bill noted that non-profit hospitals assume a social obligation in exchange for favorable tax treatment. This legislation required hospitals with a 501c3 designation to report on the community benefits they provide, assess the health needs of their respective communities, and develop plans for addressing these needs. The notable difference in new federal statutes is the emphasis being placed on adopting a clear strategy for addressing the needs identified in the assessment process and the application of this requirement.

The CHNA represents our commitment to improving health outcomes in our community through rigorous assessment of health status in our region, incorporation of stakeholders' perspectives, and adoption of related implementation strategies to address priority health needs. The CHNA is conducted not only to satisfy legal requirements, but also elevate the health status of our community by using our collective resources for greater impact.

The goals of this assessment are to:

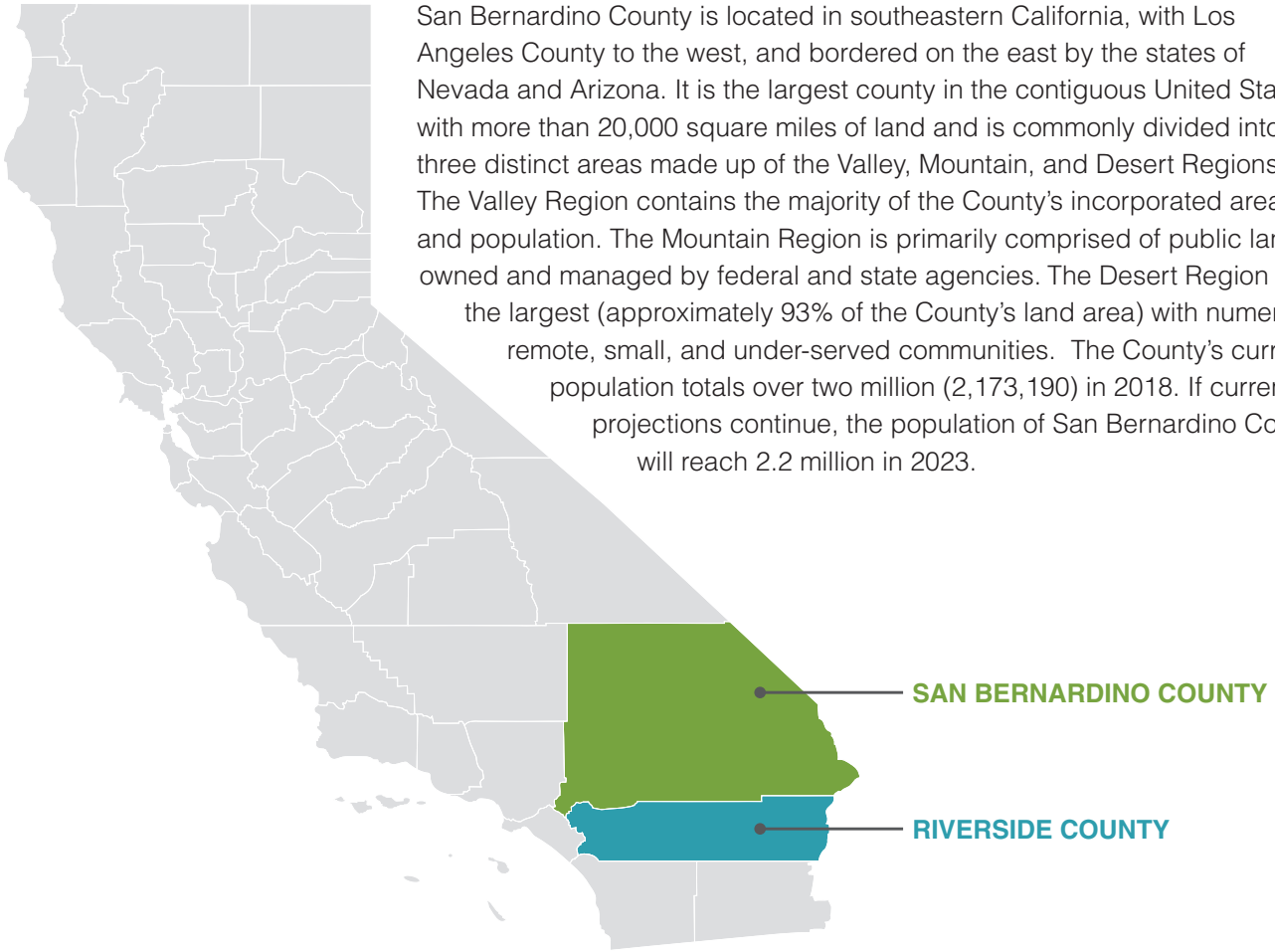
- Engage public health and community stakeholders including low-income, minority, and other under-served populations
- Assess and understand the community's health issues and needs
- Understand the health behaviors, risk factors, and social determinants that impact health
- Identify community resources and collaborate with community partners
- Use findings to develop and implement an implementation strategy based on the collective prioritized issues

INLAND REGION COMMUNITY PROFILE

Riverside and San Bernardino Counties

The Inland Region is comprised of the entirety of Riverside and San Bernardino counties.

Riverside County is located in southeastern California sharing borders with Imperial, Orange, San Diego, and San Bernardino counties, extending from within 14 miles of the Pacific Ocean to the Colorado River. It is the fourth largest county in the state by population, stretching nearly 200 miles across and comprising over 7,200 square miles. It is now the 10th largest county in the nation in terms of population at over two million (2,424,790) in 2018. Only Los Angeles (10.1 million), San Diego (3.3 million) and Orange counties (3.1 million) have greater populations among California counties. If current projections continue, the population of Riverside County will reach 2.5 million in 2023.



San Bernardino County is located in southeastern California, with Los Angeles County to the west, and bordered on the east by the states of Nevada and Arizona. It is the largest county in the contiguous United States with more than 20,000 square miles of land and is commonly divided into three distinct areas made up of the Valley, Mountain, and Desert Regions. The Valley Region contains the majority of the County's incorporated areas and population. The Mountain Region is primarily comprised of public lands owned and managed by federal and state agencies. The Desert Region is the largest (approximately 93% of the County's land area) with numerous remote, small, and under-served communities. The County's current population totals over two million (2,173,190) in 2018. If current projections continue, the population of San Bernardino County will reach 2.2 million in 2023.

Community Quick Facts — 2018 Riverside County

Key Facts

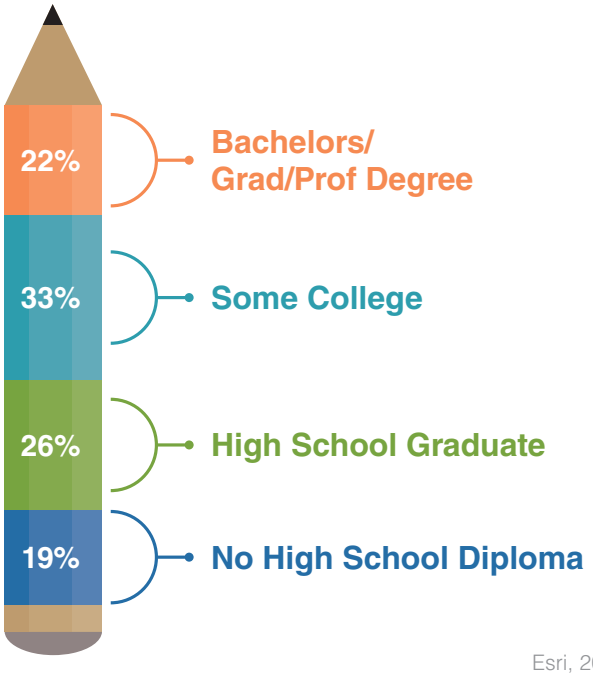
2,424,790
Population

3.2
Average Household Size

34.7
Median Age

$63,482
Median Household Income

Education



Esri, 2018

Business

59,906
Total Business

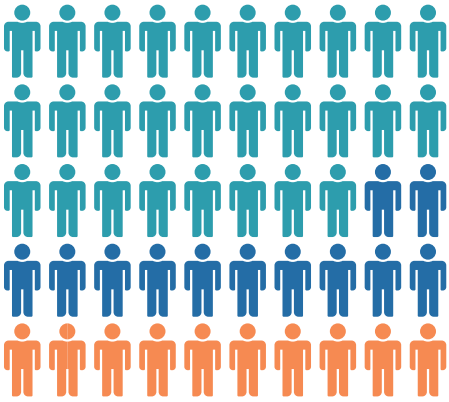
655,845
Total Employees

Income

$27,703
Per Capita Income

$120,283
Median Net Worth

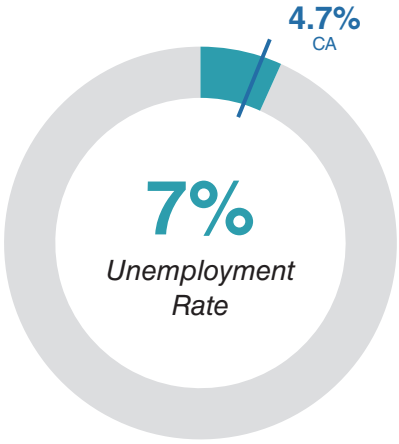
Employment



56% White Collar

24% Blue Collar

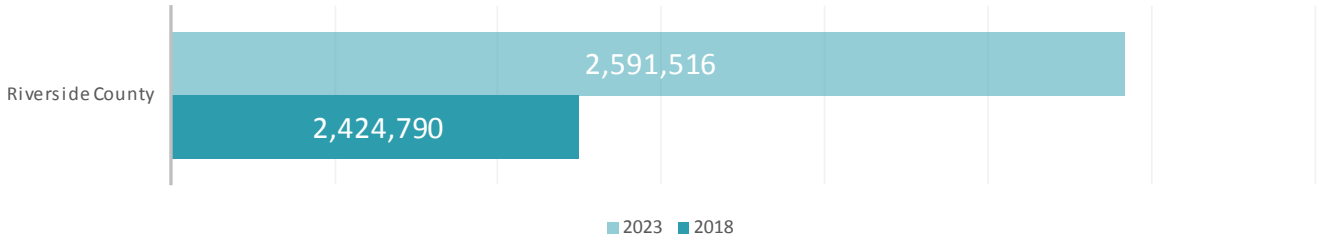
20% Services



Data Source: Esri (2019). American Community Survey (ACS), Esri 2012-2016, 2018. Retrieved January 2019.

Community Quick Facts — 2018 Riverside County (Continued)

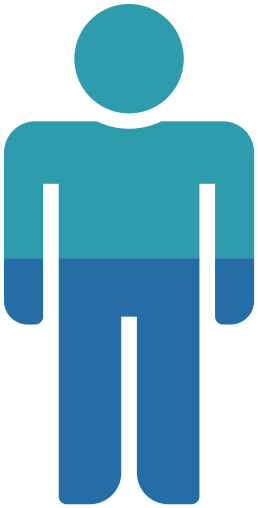
2023 County Population Projection



Households by Income

Indicator	Value
<$15,000	9.2%
$15,000 – $24,999	9.1%
$25,000 – $34,999	8.7%
$35,000 – $49,999	12.2%
$50,000 – $74,999	**17.2%**
$75,000 – $99,999	12.9%
$100,000 – $149,999	16.3%
$150,000 – $199,999	7.4%
$200,000+	**7.1%**

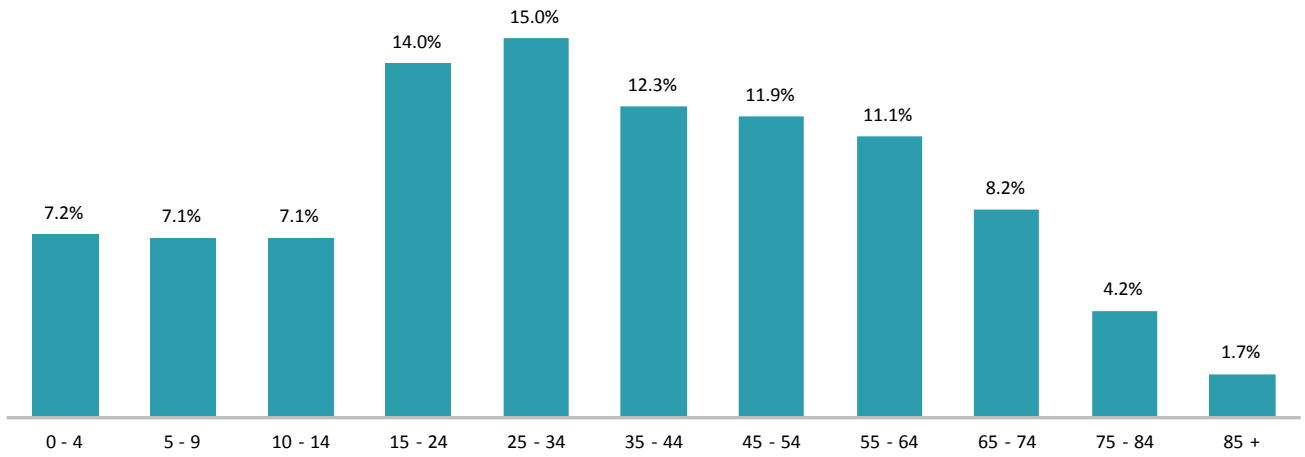
Ethnicity — Hispanic or Latino



50.5%
Non-Hispanic

49.5%
Hispanic or Latino

Population by Age — Riverside County



Data Source: U.S. Census Bureau, Census 2010 Summary File 1. Esri forecasts for 2018 and 2023 Esri converted Census 2000 data into 2010 geography. Retrieved January 2019.

Community Quick Facts — 2018 San Bernardino County

Key Facts

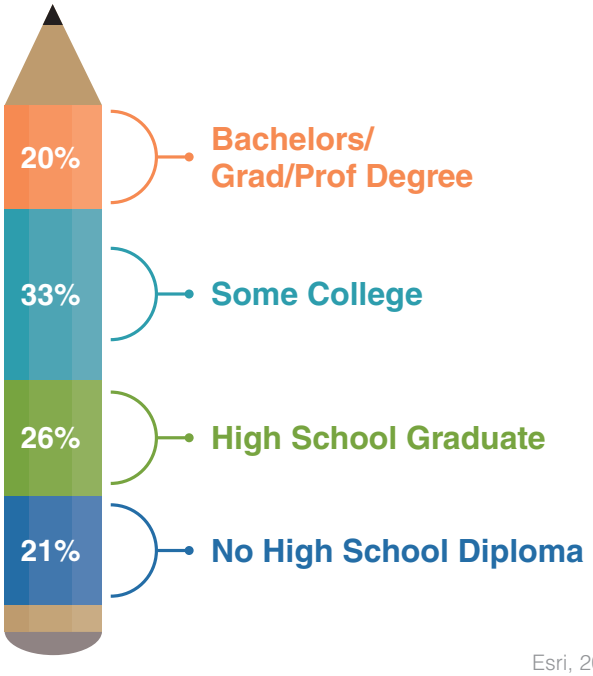
2,173,190
Population

3.3
Average Household Size

32.9
Median Age

$59,893
Median Household Income

Education



Esri, 2018

Business

55,068
Total Business

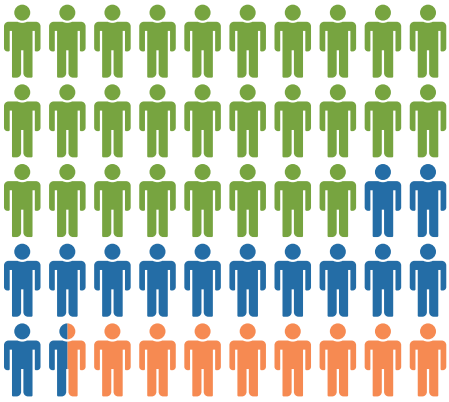
666,275
Total Employees

Income

$24,813
Per Capita Income

$86,385
Median Net Worth

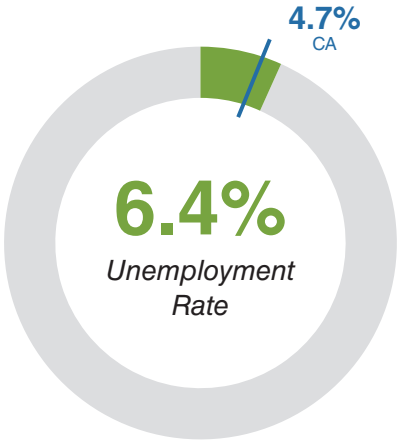
Employment



56% White Collar

27% Blue Collar

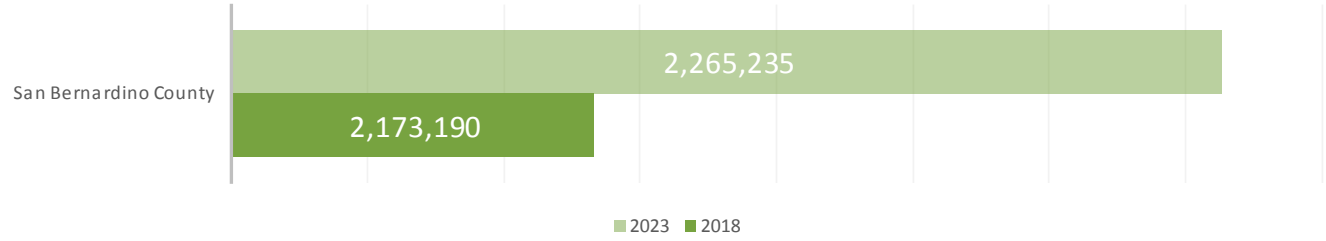
17% Services



Esri (2019). American Community Survey (ACS), Esri 2012-2016, 2018. Retrieved January 2019.

Community Quick Facts — 2018 San Bernardino County (Continued)

2023 County Population Projection



Households by Income

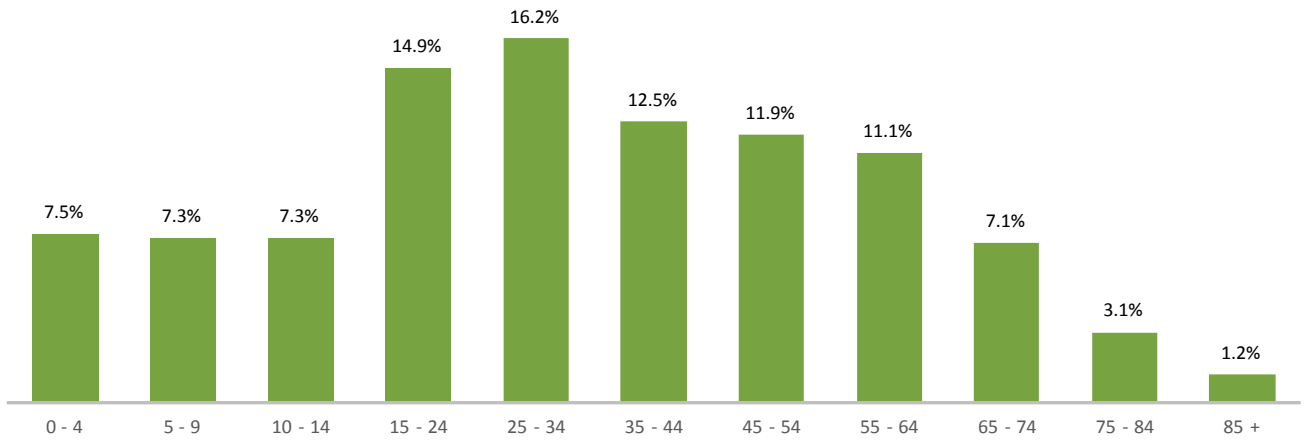
Indicator	Value
<$15,000	10.1%
$15,000 – $24,999	9.2%
$25,000 – $34,999	8.8%
$35,000 – $49,999	13.0%
$50,000 – $74,999	**18.2%**
$75,000 – $99,999	13.1%
$100,000 – $149,999	15.4%
$150,000 – $199,999	6.6%
$200,000+	**5.7%**

Ethnicity — Hispanic or Latino

45.9%
Non-Hispanic

54.1%
Hispanic or Latino

Population by Age — San Bernardino County



Data Source: U.S. Census Bureau, Census 2010 Summary File 1. Esri forecasts for 2018 and 2023 Esri converted Census 2000 data into 2010 geography. Retrieved January 2019.

CHNA OVERVIEW

Developing metrics for population health interventions are imperative for continued success in elevating the health status of our communities. Including metrics from multiple sectors ensures a holistic assessment that views the health of a community through multiple sectors, helping to identify everyone's role in making improvements. The community health needs assessment (CHNA) ensures we can target our community investments into interventions that best address the needs of our community. The domains used in this regional CHNA encompass national and state community health indicators. While we recognize that health status is a product of multiple factors each domain influences the next and through systematic and collective action improved health can be achieved. The domains explored in the CHNA are:

- **Social and Economic Environment:** Indicators that provide information on social structures and economic systems. Examples include: poverty, educational attainment, and workforce development.
- **Health Systems:** Indicators that provide information on health system structure, function, and access. Examples include: health professional shortage areas, health coverage, and vital statistics.
- **Public Health and Prevention:** Indicators that provide information on health behaviors and outcomes, injury, and chronic disease. Examples include: cigarette smoking, diabetes rates, substance abuse, physical activity, and motor vehicle crashes.

- **Physical Environment:** Indicators that provide information on natural resources, climate change, and the built environment.

Secondary Data Sources

Secondary data sources include publicly available state and nationally recognized data sources. A significant portion of the data for this assessment was collected through a custom report generated through Community Common's Engagement Network CHNA (https://engagementnetwork.org/assessment/). Other sources include California Department of Public Health, County Health Rankings & Roadmaps, and California Environmental Protection Agency's Office of Environmental Health Hazard Assessment. When feasible, health metrics have been further compared to estimates for the state or national benchmarks, such as Healthy People 2020 objectives. Please see Appendix C for a complete listing of data sources. Please see Appendix D for the Health Indicator Data Tables.

Primary Data Sources

The hospitals participating in this two-county assessment worked to identify relevant key informants and topical focus groups to gather more insightful data and aid in describing the community. Key informants and focus groups were purposefully chosen to represent medically under-served, low-income, or minority populations in our community, to better direct our investments and form partnerships. Results of the qualitative analysis, as well as a description of participants can be found later in this document.

Data Limitations and Gaps

It should be noted that the survey results are not based on a stratified random sample of residents throughout Riverside and San Bernardino counties. The perspectives captured in this data simply represent the community members who agreed to participate and have an interest in health care. In addition, this assessment relies on several national and state entities with publicly available data. All limitations inherent in these sources remain present for this assessment.

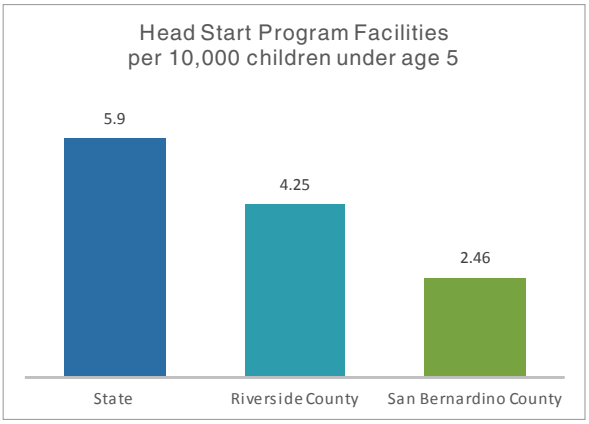
SOCIAL & ECONOMIC FACTORS

Health starts in our homes, schools, workplaces, neighborhoods, and communities. We know that taking care of ourselves by eating well and staying active, establishing a medical home, not smoking, getting the recommended immunizations and screening tests, and seeing a medical provider when sick all influence health. Our health is also determined in part by access to social and economic opportunities; the resources and support available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships. The conditions in which we live explain in part why some Americans are healthier than others and why Americans generally are not as healthy as they could be.

Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Conditions (e.g., social, economic, and physical) in these various environments and settings (e.g., school, church, workplace, and neighborhood) have been referred to as "place." In addition to the more material attributes of "place," the patterns of social engagement and sense of security and well-being are also affected by where people live. Resources that enhance quality of life can have a significant influence on population health outcomes. Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins. This section will detail indicators related to social and economic factors in our community that play a role in maintaining good health.

Education

Education is an important factor in health status. Independent of its relation to behavior, education influences a person's ability to access and understand health information. Education or lack thereof is also correlated with a host of preventable poor health outcomes including increased rates of childhood illness, respiratory illness, renal and liver disease, and diabetes, to name a few. Higher educational levels are associated with lower morbidity and mortality.



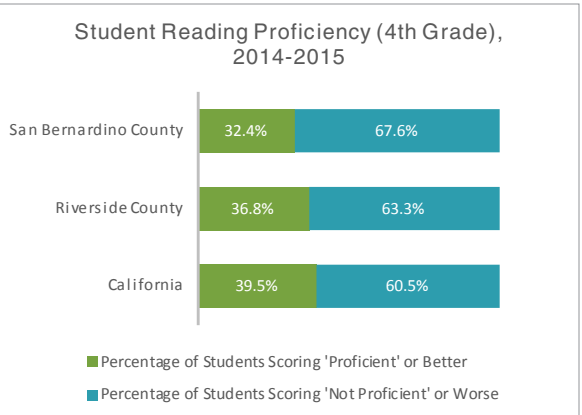
Data Source: Community Commons (2018). US Department of Health & Human Services, Administration for Children and Families. 2018. Retrieved December 2018 from https://engagementnetwork.org/assessment/

Early education is particularly important, because the early years provide a window of opportunity to shape a child's brain during the most rapid period of development. Study after study proves that smart investments made in the early years can lead to profoundly better outcomes for our children, families, and economy. Attendance at a Head Start program can be an important part of this development. Head Start programs promote school readiness of children ages birth to five from low-income families by supporting their development in a comprehensive way through early learning, health and wellness screening, and programs that support family well-being.

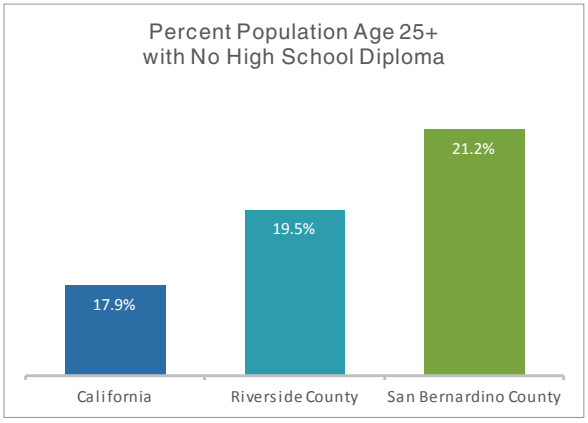
In 2018, Riverside County had a higher number of Head Start facilities per 10,000 children, 4.25, compared to San Bernardino County at 2.46, both are below the state estimate of 5.9.

Student Reading Proficiency

A report published by the Anne E. Casey Foundation, found that children who do not read proficiently by the end of third grade are four times more likely to leave school without a diploma than a proficient reader. At the end of the 2015 school year, testing for fourth graders found that across the two-county region, far more students scored Not Proficient or Worse on standardized reading tests, than Proficient or Better. This discrepancy was most apparent in San Bernardino County where nearly a 68% of students scored Not Proficient or Worse. Comparatively, the state estimate showed 39.5% of fourth graders demonstrated Proficient or Better, while 60.5% demonstrated Not Proficient or Worse.



Data Source: Community Commons (2018). US Department of Education, EDFacts. Accessed via DATA.GOV. 2014-15. Retrieved December 2018 from https://engagementnet-work.org/assessment/

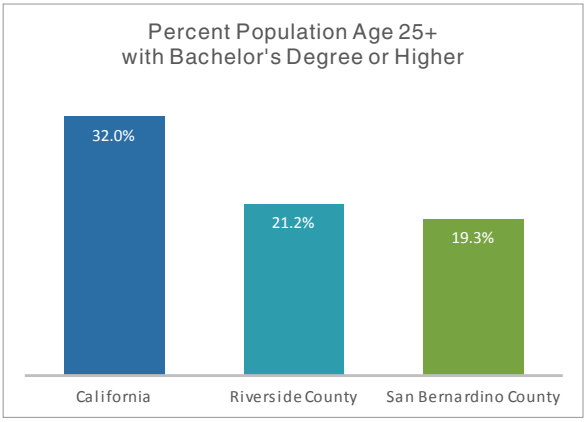


Data Source: Community Commons (2018). US Census Bureau, American Community Survey. 2012-16. Retrieved December 2018 from https://engagementnet-work.org/assessment/

Graduation from high school is also associated with better health outcomes and lifetime earning potential as well as attainment of post-secondary education, such as earning an associate's or bachelor's degree. Estimates for the two-county region surpassed the state estimate, with San Bernardino County having the greatest percent of population with no high school diploma.

Bachelor's Degree or Higher

When examining attainment of a bachelor's degree or higher, one finds that the proportion across the two-county region is below the state estimate with San Bernardino County having the least amount of persons earning a bachelor's or higher.

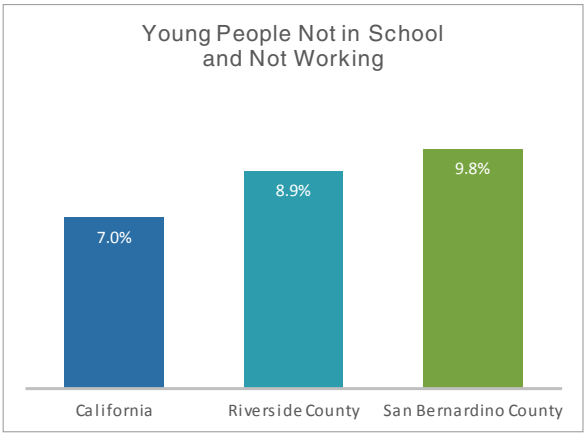


Data Source: Community Commons (2018). US Census Bureau, American Community Survey. 2012-16. Retrieved December 2018 from https://engagementnetwork.org/assessment/

Employment

Addressing unemployment levels is important to community development, because unemployment can lead to financial instability and serves as a barrier to healthcare access and utilization. Many people secure health insurance through an employer; however, even with Medicaid expansion, without gainful employment some may not be able to afford co-pays for office visits or medications.

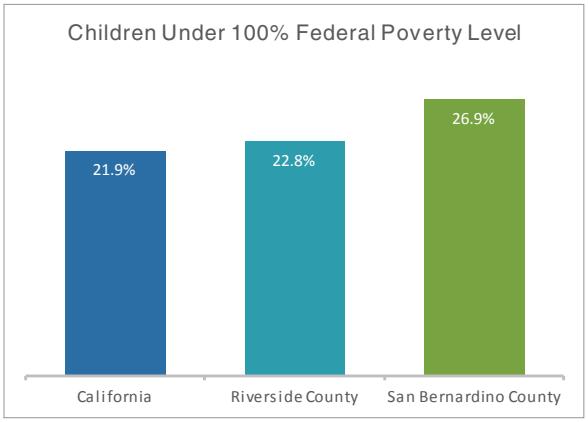
When looking at unemployment figures, Riverside County has the largest percent of unemployed adults in the region (7%) compared to San Bernardino County at 6.4% and State of CA 4.7%. San Bernardino County has the highest percent of Young People Not in School and Not Working, youth age 16-19 years old (9.8%) compared to 8.9% in Riverside County and 7.0% for the state.



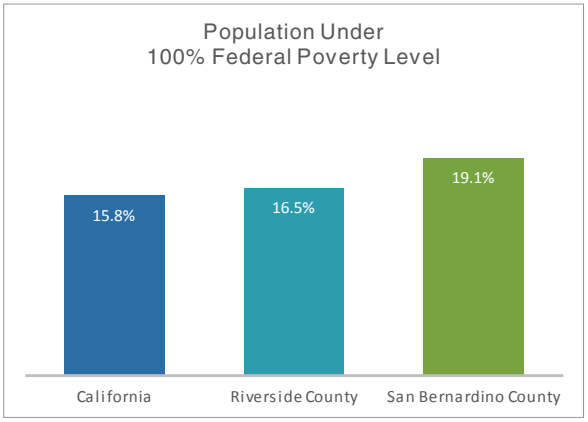
Data Sources: CARES Engagement Network (2019). US Census Bureau, American Community Survey. 2013-17. Retrieved Janurary 2019 from https://engagementnetwork.org/assessment/

Measures of Poverty

Poverty is a particularly strong risk factor for disease and death, especially among children. According to the National Center for Children in Poverty, the single biggest threat to children's well-being is poverty. Poverty limits a child's ability to learn and contributes to poor health and mental health issues including social, emotional, and behavioral problems. When looking at rates of poverty, one finds that San Bernardino County has the highest percentage of total population and children under age 18 living under the 100% of the federal poverty level. This exceeds the state estimates.



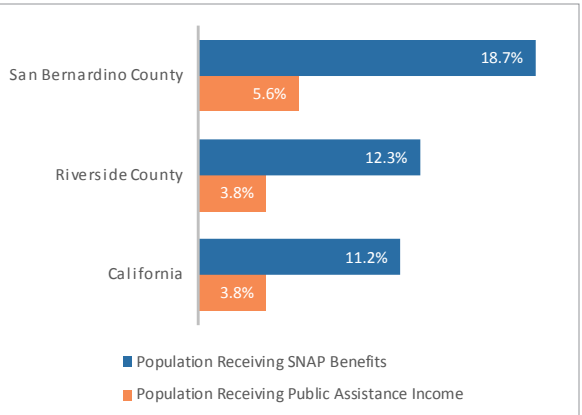
Data Source: Community Commons (2018). US Census Bureau, American Community Survey. 2012-16. Retrieved December 2018 from https://engagementnetwork.org/assessment/



Data Source: Community Commons (2018). US Census Bureau, American Community Survey. 2012-16. Retrieved December 2018 from https://engagementnetwork.org/assessment/

The chart to the right displays two other measures of poverty; the percentage of population receiving supplemental nutritional assistance program (SNAP) benefits, and percentage of population receiving public assistance income.

Public assistance income includes general assistance and Temporary Assistance to Needy Families (TANF). Separate payments received for hospital or other medical care (vendor payments) are excluded. This does not include Supplemental Security Income (SSI) or non-cash benefits such as Food Stamps (SNAP).



Data Sources: Community Commons (2018). US Census Bureau, American Community Survey. 2012-16.US Census Bureau, Small Area Income & Poverty Estimates. 2015. Retrieved December 2018 from https://engagementnetwork.org/assessment/

These indicators are relevant because they assess vulnerable populations which are more likely to have multiple health access, health status, and social support needs. When combined with poverty data, providers can use these measures to identify gaps in eligibility and enrollment.

Across the two-county region, San Bernardino County has the largest populations that receive both SNAP benefits and public assistance income.

Housing and Homelessness

Lack of housing stability often results in homelessness and may occur due to poverty, low education levels, which limit job and income opportunities, lack of access to health care and services, and other health conditions such as mental health, substance abuse or disability. An adequate supply of affordable housing promotes homeownership, which increases stability for families and communities, and can provide long-term financial benefits that renting cannot. Homelessness results in high levels of stress, which put individuals and families at greater risk of violence and injury, food insecurity, unhealthy food options, infectious disease and frequent moves, which have been linked with negative childhood events such as abuse, neglect, household dysfunction and increased likelihood of smoking and suicide in children.

Homeownership is valued as a means to develop personal wealth, increase social opportunities, prevent financial insecurity, and maximize emotional and physical well-being. Homeowners have an increased emotional well-being, greater attachment to their communities and higher levels of civic participation.

Housing

Quality of housing has a major impact on overall health. High housing costs may force trade-offs between affordable housing and other needs. In San Bernardino County 43.2% of households' housing exceed 30% of total household income. Comparatively, Riverside County is slightly lower at 43% but both counties are higher than the state estimate of 42.8%.

Substandard housing conditions include the number and percentage of owner- and renter-occupied housing units having at least one of the following conditions: 1) lacking complete plumbing facilities, 2) lacking complete kitchen facilities, 3) with 1.01 or more occupants per room, 4) selected monthly owner costs as a percentage of household income greater than 30%, and 5) gross rent as a percentage of household income greater than 30%.

Selected conditions provide information in assessing the quality of the housing inventory and its occupants. This data is used to easily identify homes where the quality of living and housing can be considered substandard.

It is important to note that homeownership rate in Riverside (64%) and San Bernardino (58%) counties exceeds the state estimate of 54%. The counties remain the most affordable in Southern California. An adequate supply of affordable housing promotes homeownership, which increases stability for families and communities, and can provide long-term financial benefits that renting cannot.

	California	Riverside County	San Bernardino County
Housing Cost Burden 30% of Income	42.8%	43.0%	**43.2%**
Substandard Housing	45.6%	45.5%	**46.3%**
Homeownership rate	54%	**64%**	58%

Data Sources: Community Commons (2018). National Broadband Map. 2016. US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2016. US Census Bureau, American Community Survey. 2012-16. Retrieved December 2018 from https://engagementnetwork.org/assessment/; Community Vital Signs report, 2017.

As of 2019, Fair Market Rate for a Riverside County and San Bernardino County one-bedroom apartment is $986, a two-bedroom is $1,232 and a three-bedroom apartment is $1,717. Although rents are lower than Los Angeles County or San Diego, the median household income does not make the rent affordable. Lack of affordable housing can lead to stress and overcrowding, thus impacting physical and mental health and the threat of homelessness.

2019 Fair Market Rents (FMRs) by Unit Bedrooms			
Location	**One-Bedroom**	**Two-Bedroom**	**Three-Bedroom**
Riverside-San Bernardino	$986	$1,232	$1,717
Los Angeles County	$1,384	$1,791	$2,401
San Diego Metro	$1,490	$1,938	$2,776

Data Source: Analysis of Housing and Urban Development 2019 Fair Markets Rents. Retrieved January 2019 from https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2019_code/2019summary.odn

Homelessness

Homelessness and health concerns often go hand-in-hand. An acute behavioral health issue, such as an episode of psychosis, may lead to homelessness, and homelessness itself can exacerbate chronic medical conditions or lead to debilitating substance abuse problems. According to the National Health Care for the Homeless Council, individuals who experience homelessness suffer conditions such as high blood pressure, diabetes, asthma. In addition, behavioral issues such as depression or alcoholism worsen, especially if there is no solution in sight.

A way to measure homelessness in Riverside and San Bernardino counties is by conducting a Point in Time (PIT) homeless count. This PIT count is conducted in the month of January every year and focuses on counting homeless persons who are unsheltered with a primary nighttime residence in a public place not designated for

human habitation; and sheltered in an emergency shelter, transitional housing, and Safe Havens on a single night. In 2018, San Bernardino County had a count of 2,118 compared to Riverside County's count of 2,310. Between 2017 and 2018 in San Bernardino County, there was a homeless population increase of 13.5% among the newly homeless, unaccompanied women, families and veterans. Riverside County on the contrary had a 4% decrease during the same time period. This information is useful as it helps develop strategies to decrease homelessness and its associated health conditions.

2018 Point-in-Time Homeless Total Count			
	2018	**2017**	**2016**
Riverside County	2,310	2,406	2165
San Bernardino County	2,118	1,866	1,887

Data Source: Riverside County Department of Public Social Services, 2018 and Homelessness in San Bernardino County: Point in Time Count 2018

Violence and Injury Prevention

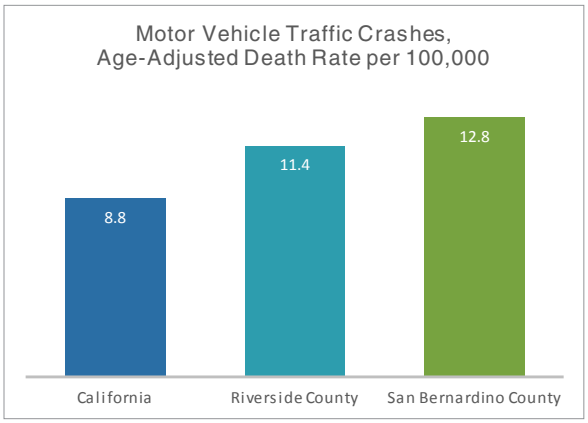
According to the Centers for Disease Control and Prevention (CDC), in the United States, injury is the leading cause of death for children and adults between the ages of 1 and 45. Injury not only includes those caused by violence, but also unintentional injuries, such as those caused by motor vehicle crashes.

When looking at violent crimes, over the three-year period, Riverside and San Bernardino counties combined had an increase rate of 19.3 from 2012-2016 and a decrease rate of 14 from 2016-2017. High rates of violent crimes in a community not only compromises individuals' real and perceived safety but can be detrimental to overall mental health. High rates of violent crimes can also deter residents from pursuing healthy behaviors, such as walking for leisure or to and from work or school. When examining rates of substantiated child abuse cases, Riverside County had the highest average number of cases from 2012 to 2015, at 11.1 per 1,000, while San Bernardino County had the lowest average across that same time period at 8 per 1,000. During the same time period, California had a high of 9.3 per 1,000 in 2012 while a low of 8.4 in 2015.

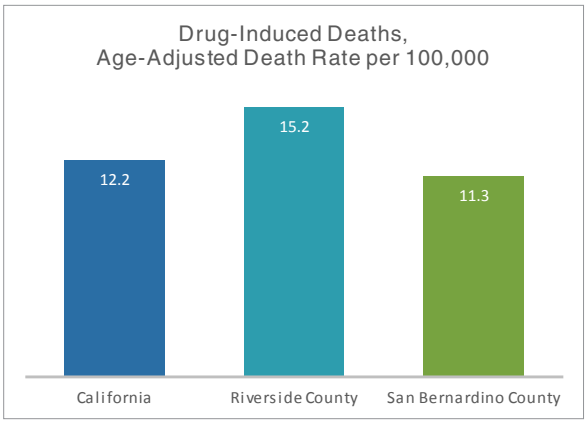
For unintentional injuries, Riverside County had the highest rate of drug-induced deaths (age-adjusted) per 100,000, in comparison to San Bernardino County. San Bernardino County had a higher rate of motor vehicle crashes (age-adjusted) per 100,000, in comparison to Riverside County and in both instances, the rates were higher than the state average.

Rate of Substantiated Child Abuse (per 1,000)				
	2012	**2013**	**2014**	**2015**
California	9.3	9.2	9	8.4
Riverside County	10.2	10.6	11.1	9.6
San Bernardino County	8	8.6	9	9.4

Data Source: Annie E. Casey Foundation (2018). Kids Count Data Center. Retrieved January 2019 from https://datacenter. kidscount.org/



Data Source: California Department of Public Health, County Health Status Profiles 2018, Individual County Data Sheets. 2011-2016 Death Files. Retrieved December 2018 from https://www.cdph.ca.gov/Programs/CHSI/Pages/Individual-County-Data-Sheets.aspx



Data Source: California Department of Public Health, County Health Status Profiles 2018, Individual County Data Sheets. 2011-2016 Death Files. Retrieved December 2018 from https://www.cdph.ca.gov/Programs/CHSI/Pages/Individual-County-Data-Sheets.aspx

Violent Crime Rate (per 100,000)			
	2015	**2016**	**2017**
Riverside – San Bernardino County	378.0	397.3	383.3

Data Source: Federal Bureau of Investigation. Retrieved January 2019 from https://ucr.fbi.gov

How is the Region Doing?

- Riverside County has a higher number of Head Start Program Facilities (4.25) than San Bernardino County (2.46), 36.8% of students who scored Proficient or Better on the Student Reading Proficiency (4th grade) than San Bernardino County at 32.4%, and 21.2% of population age 25+ with Bachelor's Degree or higher in Riverside County as compared to San Bernardino County at 19.3%. Both counties are below the state estimate of 5.9 per 10,000 for Head Start Program facilities.
- Both Riverside (19.5%) and San Bernardino counties (21.2%) exceed the state average of 17.9% for percent of population with no high school diploma.
- San Bernardino County has the lowest percent of unemployed adults in the region (6.4%), compared to Riverside County (7%). However, this rate is still slightly higher than the state average (4.7%).
- Both Riverside (64%) and San Bernardino (58%) counties have the highest rate of home ownership and remain the most affordable in California (54%).
- In the two-county region, San Bernardino County had the lowest homeless Point-in Time Count in 2018.
- For unintentional injuries, Riverside County had the highest rate of drug-induced deaths (age-adjusted) per 100,000, in comparison to San Bernardino County. San Bernardino County had a higher rate of motor vehicle crashes (age-adjusted) per 100,000, in comparison to Riverside County and in both instances, the rates were higher than the state average.

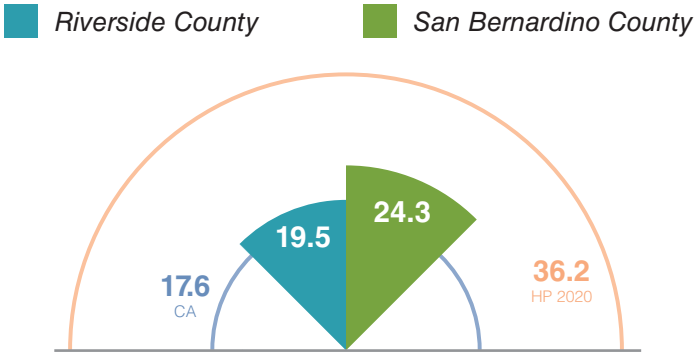
What Can Be Done?

Hospitals and health systems are stepping outside of the traditional roles of hospitals and beginning to collaboratively address the social, economic, and environmental conditions that contribute to poor health in the communities they serve. Strategic multi-sectoral interventions can help address the issues that have the greatest impact on people's health to move the dial on education, and unemployment thus having an impact on homelessness and unintentional injuries for the betterment of the community.

HEALTH SYSTEM

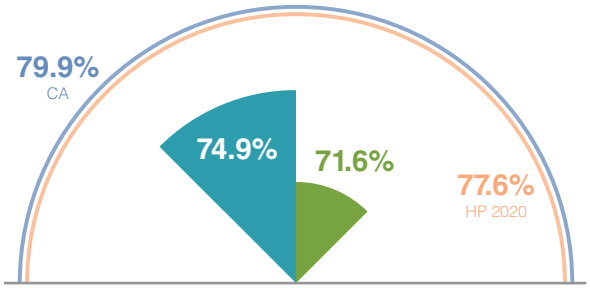
A strong health system is one in which patients receive efficient coordinated care for a variety of illnesses and appropriate follow-up care to prevent unnecessary hospitalizations. In order to strengthen linkages to care, we must first understand the current state of our health system. This begins by understanding the outcomes associated with receiving or not receiving good maternal health care, as well as how one accesses the health care system.

Prenatal Care and Outcomes After Birth

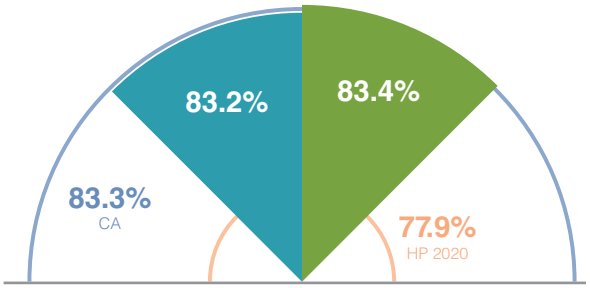


Teen Births
(per 1,000 female population aged 15 to 19 years old)

Live births are an indication of population growth and demand on a community's existing resources, infrastructure, schools, and the health care system/services. It is important to understand the infrastructure as it is the foundation. An adequate health care system is capable of providing preventive, diagnostic, and treatment care according to the requirements of the people being served. San Bernardino County has the highest teen birth rates (24.3) in comparison to Riverside (19.5) and to the state (17.6) estimate.



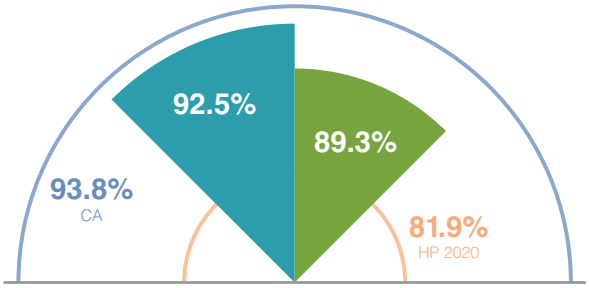
Percent of Women who Received Adequate or Adequate-Plus Prenatal Care



Percent of Women who Received Prenatal Care in the First Trimester

"Early prenatal care," is care started in the 1st trimester (1-3 months). Adequacy of prenatal care calculations are based on the Adequacy of Prenatal Care Utilization Index (APNCU), which measures the utilization of prenatal care based on the timing of initiation of such care using the month prenatal care began as reported on the birth certificate and the ratio of the actual number of visits reported on the birth certificate to the expected number of visits. Adequate-Plus care is defined as prenatal care begun by the 4th month of pregnancy and 110% or more of recommended visits received. Adequate care is defined as prenatal care begun by the 4th month of pregnancy and 80-109% of recommended visits received. These indicators are relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. These indicators can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social

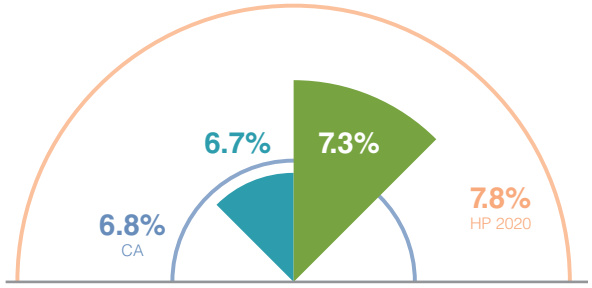
barriers preventing utilization of health care services. For indicators of prenatal care denoted in the graphs (early first trimester prenatal care and adequate care), San Bernardino had the highest early care rate at 83.4% slightly exceeding the state average of 83.3%, while Riverside County demonstrated higher proportion of women receiving adequate care at 74.9%. Of note, neither county surpasses the Healthy People 2020 performance target of 77.9% for pregnant woman receiving early prenatal care and 77.6% receiving adequate prenatal care.



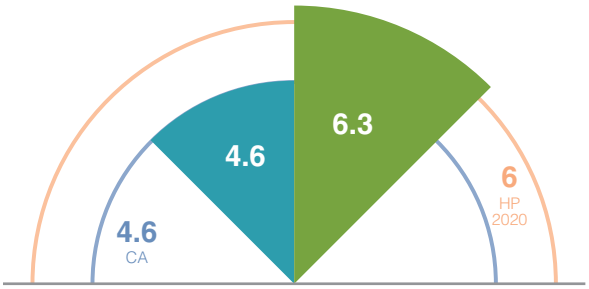
Percent of Women who Initiated Breastfeeding

Breastfeeding has many health benefits for both the mother and infant. Breastfeeding protects against diarrhea and common childhood illnesses such as pneumonia, and may also have longer-term health benefits, such as reducing the risk of overweight and obesity in childhood and adolescence. Riverside County demonstrated the highest proportion of women across the region initiating breastfeeding at 92.5%. Of note, both counties exceeded the Healthy People 2020 performance target for 81.9% of infants to have "ever been breastfed" and all counties came within at least five percentage points of the state estimate, which demonstrates a strong alignment of goals to support and promote breastfeeding.

Low birth weight is indicative of the general health of newborns and often a key determinant of survival, health, and development. Infants born at low birth weights are at a heightened risk of complications, including infections, neurological disorders, Sudden Infant Death Syndrome, and even chronic diseases. The Healthy People 2020 goal is 7.8% or less for infants to be born with weights below 2,500 grams. Of note, both counties demonstrated an estimate below the Healthy People 2020 performance target, with Riverside County having the lowest proportion of low birth weight births.



Percent of Low Weight Births
(Under 2500g)



Infant Mortality Rate
(Per 1,000 live births)

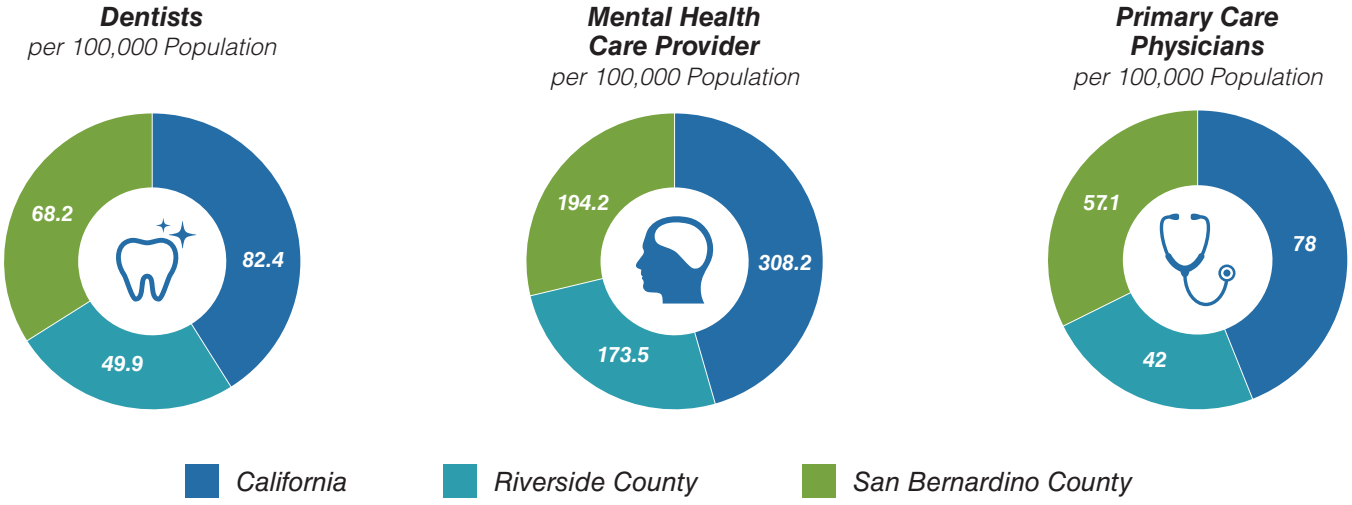
Finally, the infant mortality rate (IMR) is critical as it is indicative of the existence of broader issues pertaining to access to care and maternal child health. Such rates can further provide us metrics of community health outcomes and areas of needed services and interventions. Riverside County (4.6) fell under the Healthy People 2020 target of an IMR of 6.0 per 1,000 live births, conversely San Bernardino exceeded the goal. Healthy birth outcomes and early identification can help predict future public health challenges for families, communities, and the health care system.

Data Source: California Department of Public Health, County Health Status Profiles 2018, Individual County Data Sheets. 2011-2016 Birth Records. 2011-2016 Death Files. 2010-2015 Birth Cohort-Perinatal Outcome Files. Retrieved January 2019 from https://www.cdph.ca.gov/Programs/CHSI/Pages/Individual-County-Data-Sheets.aspx

Access to Health Care

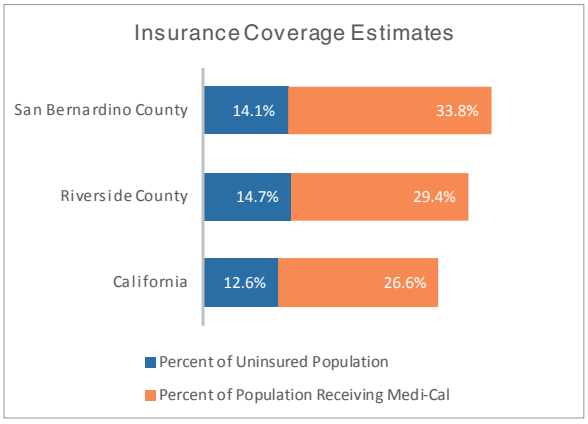
Access to health care is a component of measuring community health. Access can be measured at both the individual level (i.e., health insurance coverage, Medicaid coverage) and at the system level (i.e., primary care provider rate, health professional shortage areas). When an individual has the means to secure treatment and quality comprehensive treatment is readily available, then access to health care is highest. Understanding provider rates per 100,000 population can be useful for determining areas most in need of providers and the potential stress on existing providers.

Across each provider indicator (dentists, mental health, and primary care), San Bernardino County demonstrated higher proportions of providers to population in comparison to Riverside County.



Note: Mental health providers are defined as Psychiatrist, psychologist, licensed social worker, counselors, marriage and family therapist, mental health providers that treat alcohol and other drug abuse as well as advanced practice nurses specializing in mental health care.

Data Source: Robert Wood Johnson Foundation (2018). County Health Rankings and Roadmaps. Retrieved January 2019 from http://www.countyhealthrankings.org



Data Source: Community Commons (2018). US Census Bureau, American Community Survey. 2012-16. Retrieved December 2018 from https:// engagementnetwork.org/assessment/

Health insurance coverage is also an important indicator to consider when determining the health of a community. Lack of insurance is a primary barrier to health care access, regular primary care, specialty care, and other health services and contributes to poor health status. Additionally, understanding the proportion of the population receiving Medi-Cal is important because this allows for an assessment of vulnerable populations which are more likely to have multiple health access, health status, and social support needs. When combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment. When looking at coverage estimates, one finds that Riverside County has the largest proportion of persons who are uninsured at 14.7%. Conversely, San Bernardino County has the lowest estimate at 14.1%. When looking at the proportion of population covered by Medi-Cal, San Bernardino County has the highest percentage of persons covered through the Medi-Cal/Medicaid program (33.8%).

Community Health Centers

Community Health Centers (CHCs) are community assets that provide health care to vulnerable populations in areas designated as medically underserved. Per the California Primary Care Association, the term Community Health Center (CHC) includes Federally Qualified Health Centers (FQHCs), FQHC Look-Alikes, Migrant Health Centers, Rural and Frontier Health Centers, and Free Clinics. CHCs are an essential segment of the safety-net. In many California counties, these clinics provide a significant proportion of comprehensive primary care services to patients who receive partial subsidies or are uninsured.

In the two-county region Riverside County has the highest rate of FQHCs to population with 1.96 FQHCs for every 100,000 people. Conversely, San Bernardino County has the lowest ratio at 1.18 per 100,000. Both Riverside and San Bernardino counties are lower than the state rate of 2.74.

Looking at the numbers of CHCs, Riverside County has the largest numbers (76) compared to San Bernardino County (40).

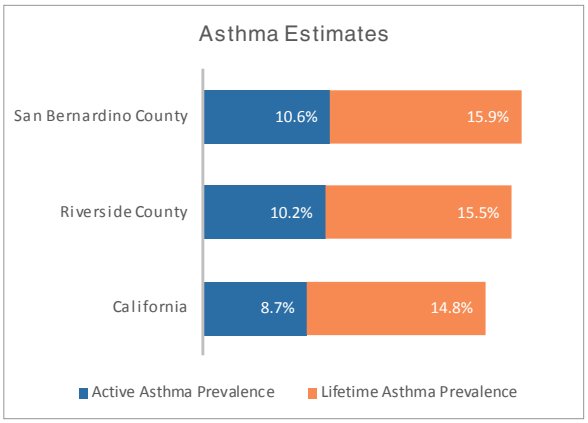
Health Center Site Population Type Description	Riverside County	San Bernardino County
Rural	7	6
Urban	30	21
Unknown	39	13
Total Number of Community Health Centers	76	40

Note: Unknown means that the type of population served is unknown. Data Source: Health Resources and Services Administration (2019). Health Center Service Delivery and Look– Alike Sites Data Download. Retrieved March 2019 from https://data.hrsa.gov/data/download.

Asthma

Respiratory health is related to general health and can be indicative of poor air quality. Key respiratory illnesses include chronic obstructive pulmonary disease (COPD) and asthma. This indicator is relevant because asthma is a prevalent problem in the U.S. that is often exacerbated by poor environmental conditions.

Of particular importance is the Inland region estimates related to those living with or who have ever had asthma. San Bernardino County has the highest rates for emergency department visits and hospitalizations related to asthma and the lowest percentage of persons diagnosed with asthma, suggesting under-diagnosis. In addition, San Bernardino County has the highest percentage of people diagnosed with asthma (15.9% lifetime and 10.6% active). Riverside County has the lowest asthma hospitalization rate per 100,000. Riverside County also has the lowest asthma ED visits per 100,000. Undoubtedly, asthma is a public health concern in the Inland region and interventions aimed at reducing asthma morbidity are of imperative need.



Data Source: California Department of Public Health, California Breathing. County Asthma Data Tool, 2015-2016. Retreived December 2018 from https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/EHIB/CPE/Pages/CaliforniaBreathingCountyAsthmaProfiles.aspx

	California	Riverside County	San Bernardino County
Asthma ED Visits, Rate per 100,000	45.8	41.5	51.9
Asthma Hospitalizations, Rate per 100,000	4.8	4.2	5.6

Data Source: California Department of Public Health, California Breathing. County Asthma Data Tool, 2015-2016. Retreived December 2018 from https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/EHIB/CPE/Pages/CaliforniaBreathingCountyAsthmaProfiles.aspx

2017 Hospitalizations

Hospitalization discharge data for the year 2017 was derived from the OSHPD data set using the SpeedTrack analytics platform and compares overall California total, San Bernardino and Riverside counties and various hospitals in the Inland Empire participating in the CHNA. Hospitalization data containing an n-value of 10 or less were not included and are identified with an * in the table and graphs were not generated. Patient Race/ Ethnicity data representing less than one percent of the population were not graphed. Data on the following hospitalization types include:

- Overall Hospitalizations, by race/ethnicity, gender and age group
- Alcohol/Drug Abuse or Dependency, by race/ethnicity, gender and age group
- All Cancers, by race/ethnicity, gender and age group
- Asthma, by race/ethnicity, gender and age group
- Breast Cancer, by race/ethnicity, gender and age group
- Chronic Obstructive Pulmonary Disease (COPD), by race/ethnicity, gender and age group
- Diabetes, by race/ethnicity, gender and age group
- Heart Failure, by race/ethnicity, gender and age group
- Hypertension, by race/ethnicity, gender and age group
- Lung Cancer, by race/ethnicity, gender and age group
- Mental Diseases and Disorders, by race/ethnicity, gender and age group

Overall Hospitalizations

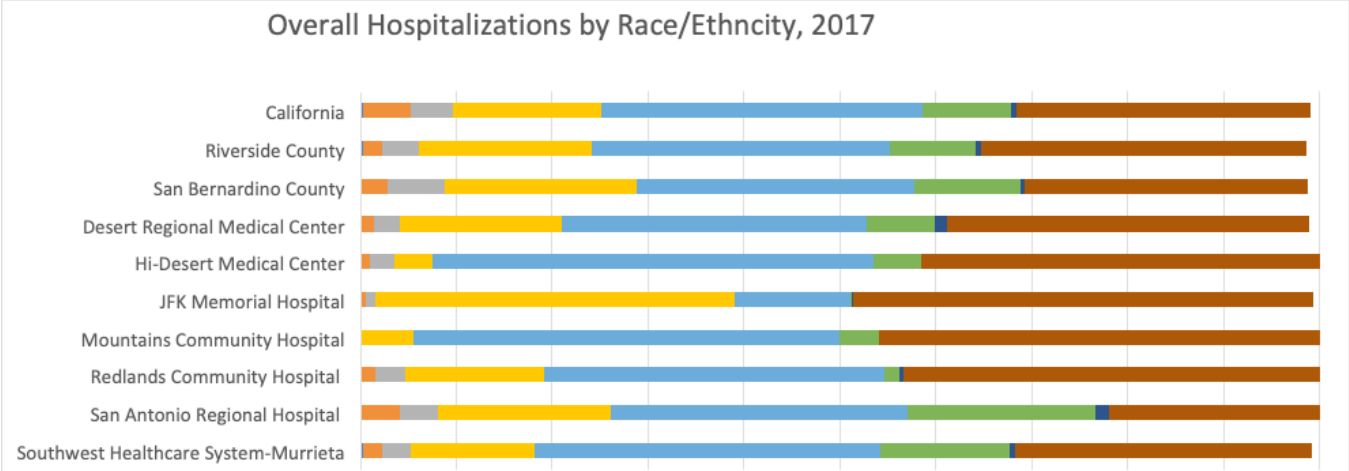
This section includes 2017 data for the overall hospitalizations in California, San Bernardino County, Riverside County, Desert Regional Medical Center, Hi-Desert Medical Center, JFK Memorial Hospital, Redlands Community Hospital, San Antonio Regional Hospital, Mountains Community Hospital and Southwest Healthcare System.

Table 1 N-Value for Total Overall Hospitalizations per Service Area 2017

2017 Overall Hospitalizations	
California	3,856,191
Riverside County	229,373
San Bernardino County	220,085
Desert Regional Medical Center	22,079
Hi-Desert Medical Center	1,754
JFK Memorial Hospital	8,560
Redlands Community Hospital	13,896
San Antonio Regional Hospital	19,179
Mountains Community Hospital	273
Southwest Healthcare System-Murrieta	19,831

Data source: 2017 Hospitalizations derived from the OSHPD file using the SpeedTrack analytics platform.

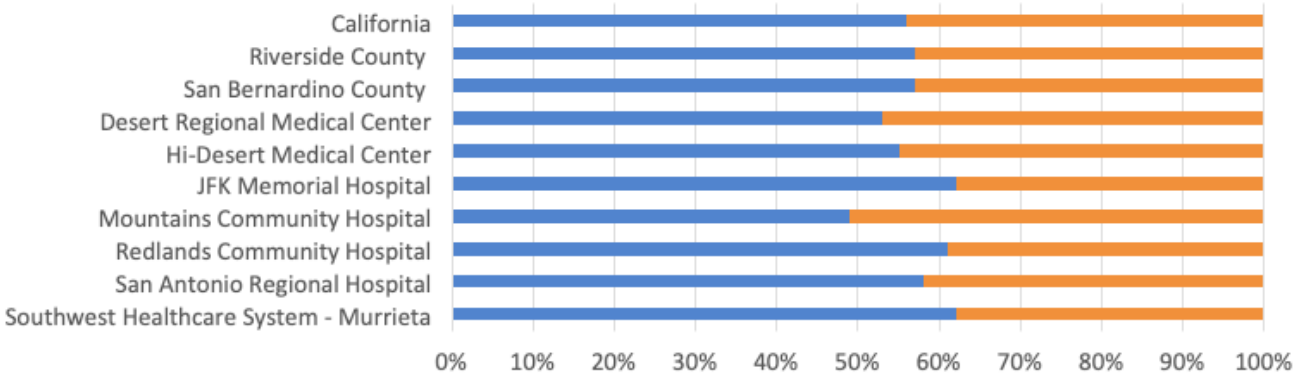
Figure #1 Overall Hospitalizations by Race/Ethnicity, 2017



	Southwest Healthcare System-Murrieta	San Antonio Regional Hospital	Redlands Community Hospital	Mountains Community Hospital	JFK Memorial Hospital	Hi-Desert Medical Center	Desert Regional Medical Center	San Bernardino County	Riverside County	California
American Indian/Alaskan Native/Eskimo/Aleut	0.460%	0.15%	0.23%	0	0.04%	0	0.35%	0.36%	0.48%	0.434%
Asian / Pacific Islander	4%	8%	3%	0	1%	2%	2%	5%	4%	10%
Black / African American	6%	8%	6%	0	2%	5%	5%	12%	8%	9%
Hispanic or Latino	26%	36%	29%	11%	75%	8%	34%	40%	36%	31%
Non-Hispanic or Non-Latino	72%	62%	71%	89%	24%	92%	63%	58%	62%	67%
Other Race	27%	39%	3%	8%	0.39%	10%	14%	22%	18%	18%
Unknown	1%	3%	1%	0	0.29%	0	2%	1%	1%	1%
White	62%	44%	88%	92%	96%	84%	76%	59%	68%	61%

Data source: 2017 Hospitalizations derived from the OSHPD file using the SpeedTrack analytics platform.

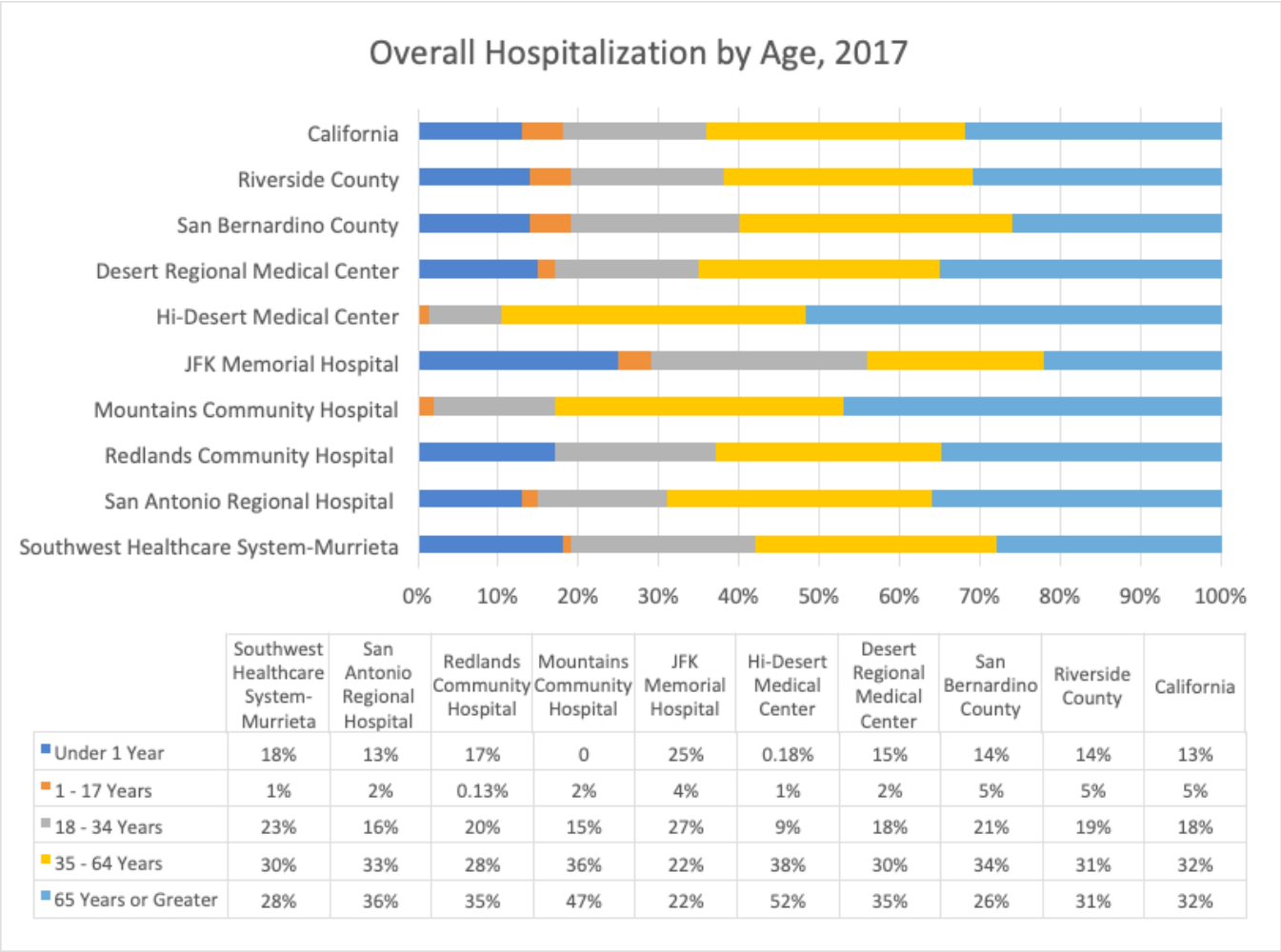
Figure #2 Overall Hospitalizations by Gender, 2017



	Southwest Healthcare System - Murrieta	San Antonio Regional Hospital	Redlands Community Hospital	Mountains Community Hospital	JFK Memorial Hospital	Hi-Desert Medical Center	Desert Regional Medical Center	San Bernardino County	Riverside County	California
Female	62%	58%	61%	49%	62%	55%	53%	57%	57%	56%
Male	38%	42%	39%	51%	38%	45%	47%	43%	43%	44%

Data source: 2017 Hospitalizations derived from the OSHPD file using the SpeedTrack analytics platform.

Figure #3 Overall Hospitalizations by Age, 2017



	Southwest Healthcare System-Murrieta	San Antonio Regional Hospital	Redlands Community Hospital	Mountains Community Hospital	JFK Memorial Hospital	Hi-Desert Medical Center	Desert Regional Medical Center	San Bernardino County	Riverside County	California
Under 1 Year	18%	13%	17%	0	25%	0.18%	15%	14%	14%	13%
1 - 17 Years	1%	2%	0.13%	2%	4%	1%	2%	5%	5%	5%
18 - 34 Years	23%	16%	20%	15%	27%	9%	18%	21%	19%	18%
35 - 64 Years	30%	33%	28%	36%	22%	38%	30%	34%	31%	32%
65 Years or Greater	28%	36%	35%	47%	22%	52%	35%	26%	31%	32%

Data source: 2017 Hospitalizations derived from the OSHPD file using the SpeedTrack analytics platform.

Key Findings

- Overall, females have a higher proportion of hospitalizations than males at JFK Memorial Hospital, Southwest Healthcare System-Murrieta, Redlands Community Hospital and San Antonio Regional Hospital.
- Approximately one-in-three hospitalizations are Hispanics at San Antonio Regional Hospital and Desert Regional Medical Center; whereas 75% of hospitalizations are Hispanic at JFK Memorial Hospital.
- Fifty-two percent of the Hi-Desert Medical Center and 47% of the Mountains Community Hospital hospitalizations are among seniors 65 years and older.

Alcohol/Drug Abuse or Dependency Hospitalizations

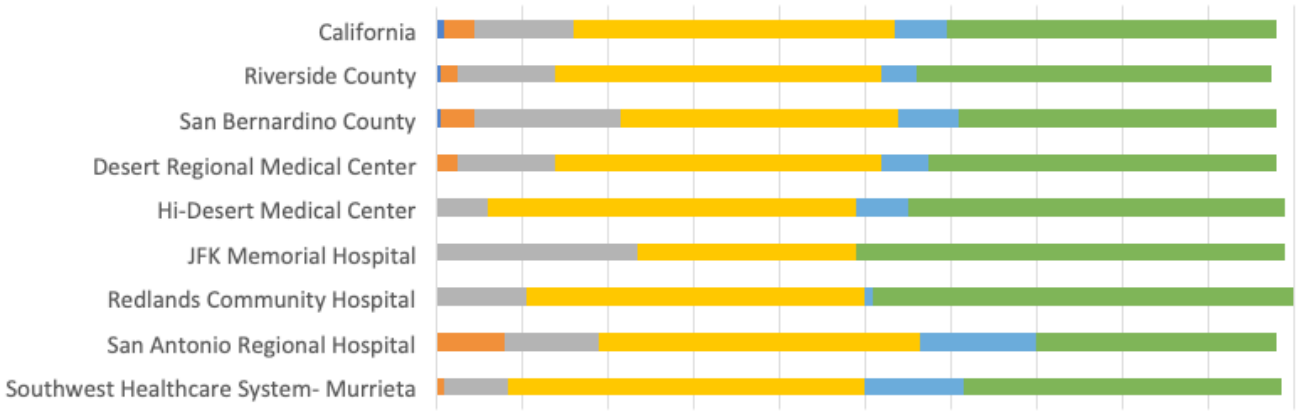
This section includes 2017 data for Alcohol/Drug Abuse or Dependency inpatient hospitalizations in California, San Bernardino County, Riverside County, Desert Regional Medical Center, Hi-Desert Medical Center, JFK Memorial Hospital, Redlands Community Hospital, San Antonio Regional Hospital, and Southwest Healthcare System-Murrieta. Mountains Community Hospital was not included due to insufficient data. Medicare Severity-Diagnosis Related Group (MS-DRG) codes include 894/895/896/897.

Table 1 N-Value for Total Alcohol/Drug Abuse or Dependency Hospitalizations per Service Area 2017

2017 Alcohol/Drug Abuse or Dependency Hospitalizations	
California	46,920
Riverside County	2,491
San Bernardino County	2,059
Desert Regional Medical Center	136
Hi-Desert Medical Center	16
JFK Memorial Hospital	45
Mountains Community Hospital	*
Redlands Community Hospital	58
San Antonio Regional Hospital	106
Southwest Healthcare System-Murrieta	150

Data source: 2017 Hospitalizations derived from the OSHPD file using the SpeedTrack analytics platform.

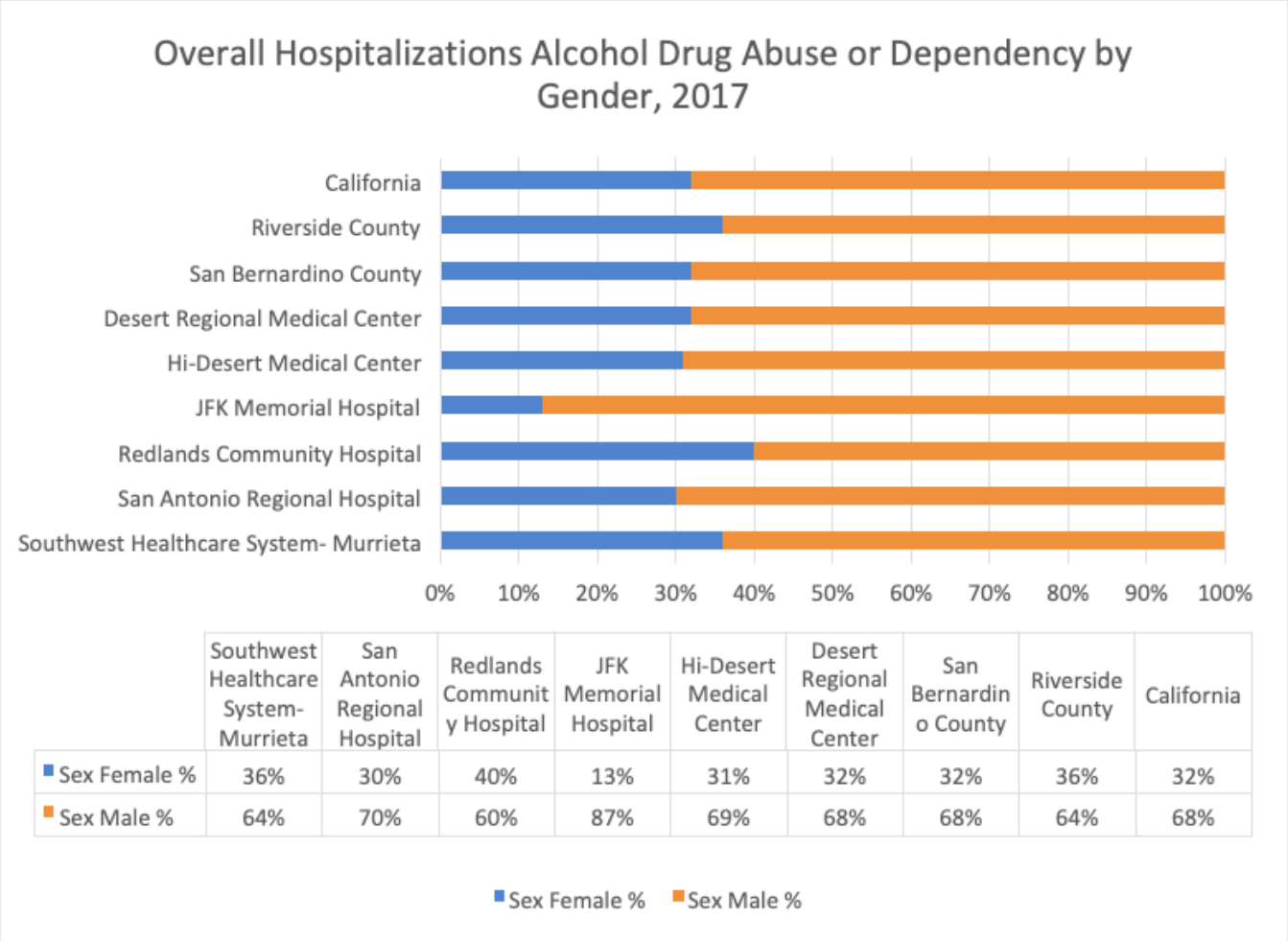
Figure #1 Overall Hospitalizations Alcohol/Drug Abuse or Dependency by Race/Ethnicity, 2017



	Southwest Healthcare System-Murrieta	San Antonio Regional Hospital	Redlands Community Hospital	JFK Memorial Hospital	Hi-Desert Medical Center	Desert Regional Medical Center	San Bernardino County	Riverside County	California
Asian/Pacific Islander	0	0	0	0	0	0	1%	1%	2%
Black/African American	2%	16%	0	0	0	5%	8%	4%	7%
Hispanic or Latino	15%	22%	21%	47%	12%	23%	34%	23%	23%
Non-Hispanic	83%	75%	79%	51%	86%	76%	65%	76%	75%
Other Race	23%	27%	2%	0	12%	11%	14%	8%	12%
White	74%	56%	98%	100%	88%	81%	74%	83%	77%

Data source: 2017 Hospitalizations derived from the OSHPD file using the SpeedTrack analytics platform.

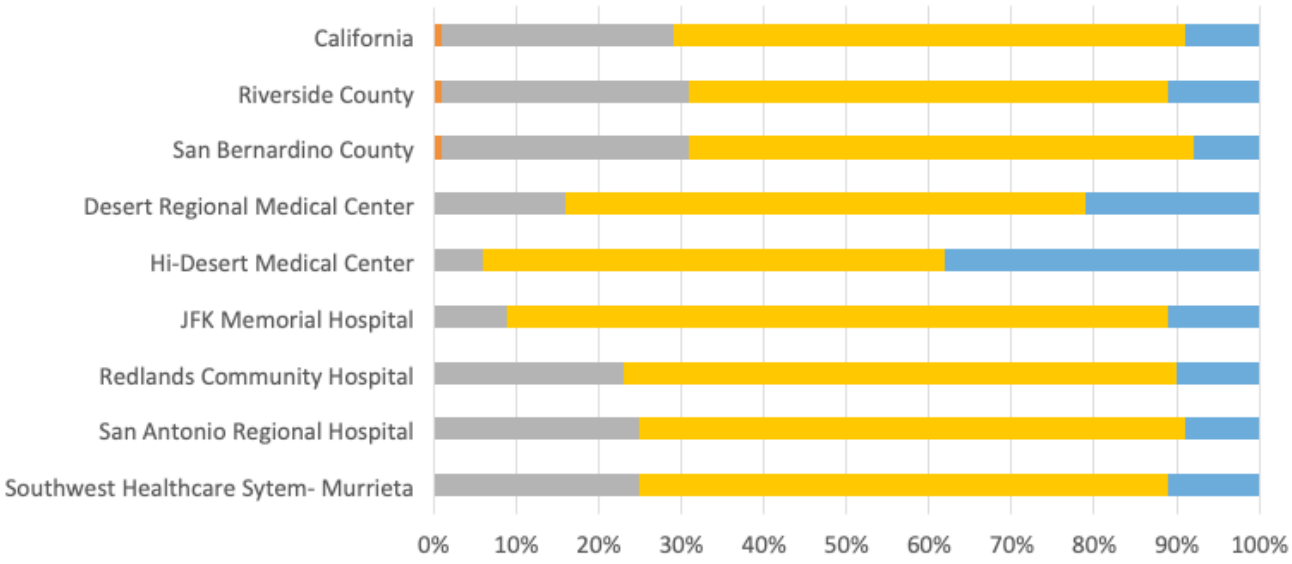
Figure #2 Overall Hospitalizations Alcohol/Drug Abuse or Dependency by Gender, 2017



	Southwest Healthcare System-Murrieta	San Antonio Regional Hospital	Redlands Community Hospital	JFK Memorial Hospital	Hi-Desert Medical Center	Desert Regional Medical Center	San Bernardino County	Riverside County	California
Sex Female %	36%	30%	40%	13%	31%	32%	32%	36%	32%
Sex Male %	64%	70%	60%	87%	69%	68%	68%	64%	68%

Data source: 2017 Hospitalizations derived from the OSHPD file using the SpeedTrack analytics platform.

Figure #3 Overall Hospitalizations Alcohol/Drug Abuse or Dependency by Age, 2017



	Southwest Healthcare Sytem-Murrieta	San Antonio Regional Hospital	Redlands Community Hospital	JFK Memorial Hospital	Hi-Desert Medical Center	Desert Regional Medical Center	San Bernardino County	Riverside County	California
Age Under 1 Year %	0	0	0	0	0	0	0	0	0
Age 1-17 Years %	0	0	0	0	0	0	1%	1%	1%
Age 18-34 Years %	25%	25%	23%	9%	6%	16%	30%	30%	28%
Age 35-64 Years %	64%	66%	67%	80%	56%	63%	61%	58%	62%
Age 65 Years or Greater %	11%	9%	10%	11%	38%	21%	8%	11%	9%

Data source: 2017 Hospitalizations derived from the OSHPD file using the SpeedTrack analytics platform.

Key Findings

- Approximately 16% of hospitalizations for Alcohol/Drug Abuse or Dependency are Black/African Americans at San Antonio Regional Hospital, and approximately 47% are Hispanic at JFK Memorial Hospital.
- Men have a significantly higher proportion of hospitalizations for Alcohol/Drug Abuse or Dependency than women at all hospitals.
- Approximately 80% of hospitalizations for Alcohol/Drug Abuse or Dependency are among adults age 35-64 years at JFK Memorial Hospital.
- Approximately 38% of hospitalization for Alcohol/Drug Abuse or Dependency are among seniors age 65 years and older at Hi-Desert Medical Center.

All Cancer Hospitalizations

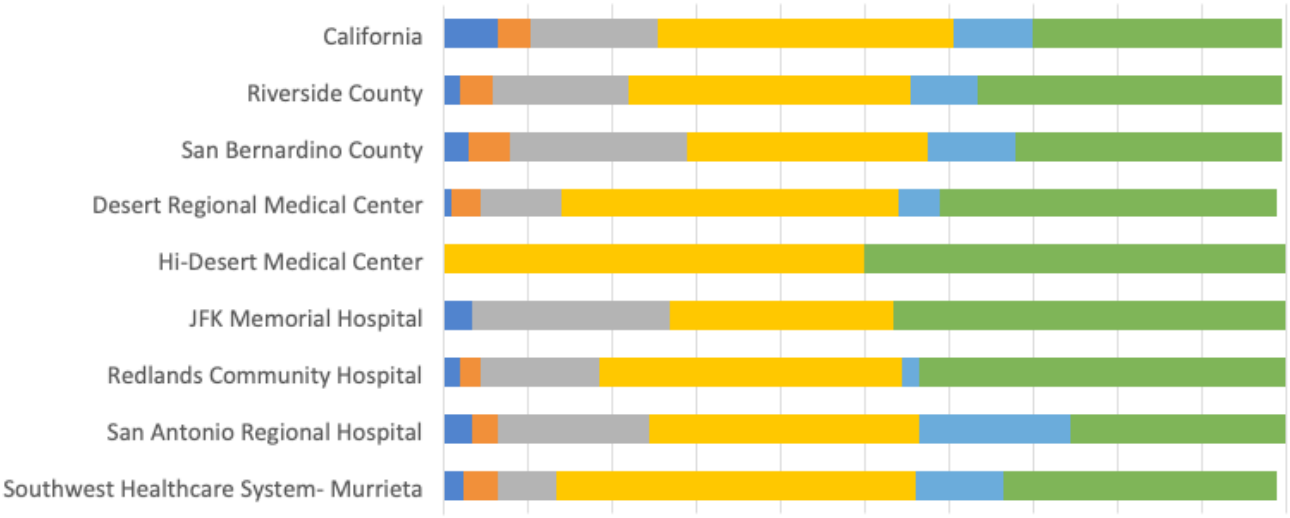
This section includes 2017 data for All Cancer inpatient hospitalizations in California, San Bernardino County, Riverside County, Desert Regional Medical Center, Hi-Desert Medical Center, JFK Memorial Hospital, Redlands Community Hospital, San Antonio Regional Hospital, and Southwest Healthcare System-Murrieta. Mountains Community Hospital was not included due to insufficient data. All Cancers include MS-DRG codes from the oncology inpatient service line.

Table 1 N-Value for Total All Cancer Hospitalizations per Service Area 2017

2017 All Cancer Hospitalizations	
California	63,339
Riverside County	3,253
San Bernardino County	3,389
Desert Regional Medical Center	241
Hi-Desert Medical Center	12
JFK Memorial Hospital	30
Mountains Community Hospital	*
Redlands Community Hospital	109
San Antonio Regional Hospital	359
Southwest Healthcare System-Murrieta	129

Data source: 2017 Hospitalizations derived from the OSHPD file using the SpeedTrack analytics platform.

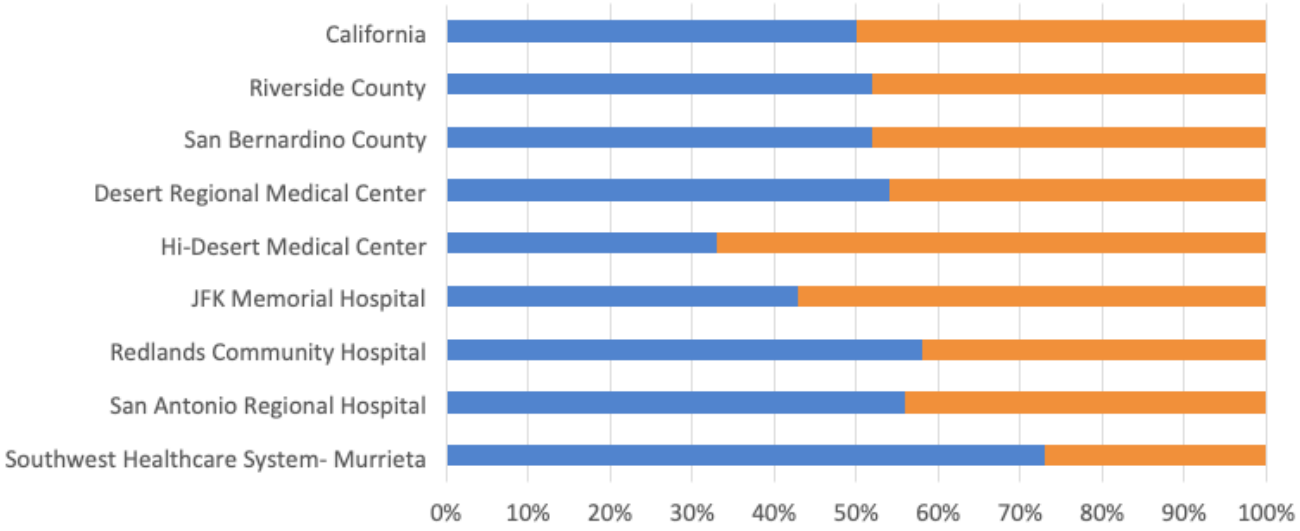
Figure #1 Overall Hospitalizations All Cancer by Race/Ethnicity, 2017



	Southwest Healthcare System-Murrieta	San Antonio Regional Hospital	Redlands Community Hospital	JFK Memorial Hospital	Hi-Desert Medical Center	Desert Regional Medical Center	San Bernardino County	Riverside County	California
Asian/Pacific Islander	5%	7%	4%	7%	0	2%	6%	4%	13%
Black/African American	8%	6%	5%	0	0	7%	10%	8%	8%
Hispanic or Latino	14%	36%	28%	47%	0	19%	42%	32%	30%
Non-Hispanic	85%	64%	72%	53%	100%	80%	57%	67%	70%
Other Race	21%	36%	4%	0	0	10%	21%	16%	19%
White	65%	51%	87%	93%	100%	80%	63%	72%	59%

Data source: 2017 Hospitalizations derived from the OSHPD file using the SpeedTrack analytics platform.

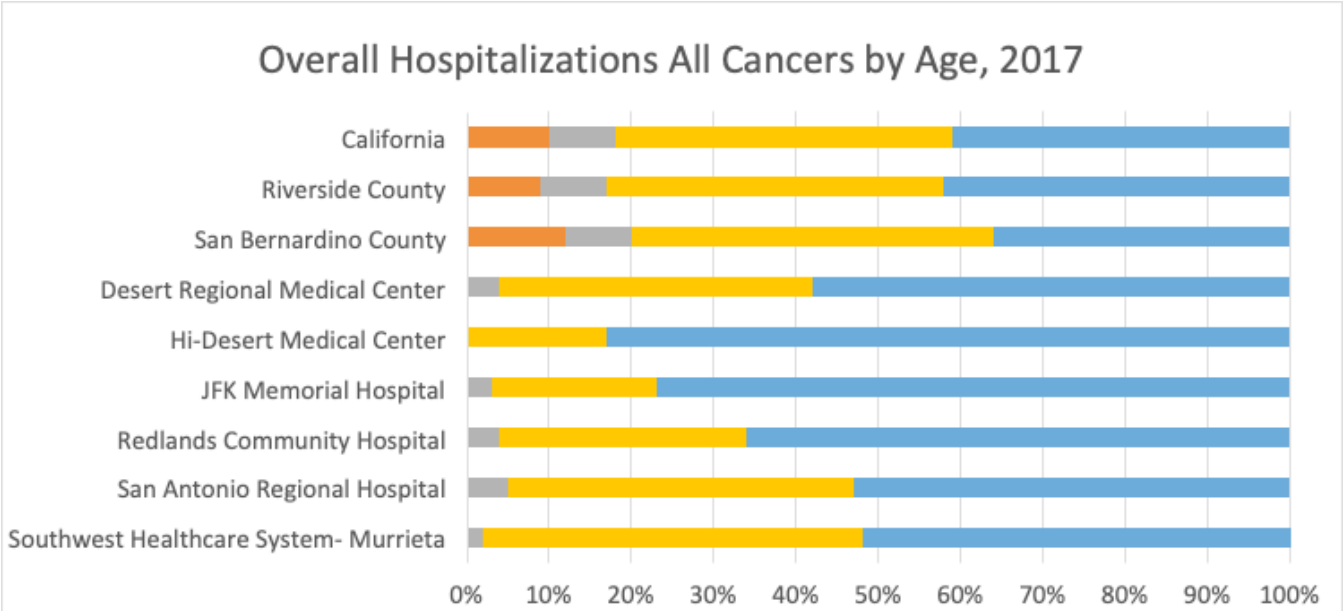
Figure #2 Overall Hospitalizations All Cancer by Gender, 2017



	Southwest Healthcare System-Murrieta	San Antonio Regional Hospital	Redlands Community Hospital	JFK Memorial Hospital	Hi-Desert Medical Center	Desert Regional Medical Center	San Bernardino County	Riverside County	California
Sex Female %	73%	56%	58%	43%	33%	54%	52%	52%	50%
Sex Male %	27%	44%	42%	57%	67%	46%	48%	48%	50%

Data source: 2017 Hospitalizations derived from the OSHPD file using the SpeedTrack analytics platform.

Figure #3 Overall Hospitalizations All Cancer by Age, 2017



	Southwest Healthcare System-Murrieta	San Antonio Regional Hospital	Redlands Community Hospital	JFK Memorial Hospital	Hi-Desert Medical Center	Desert Regional Medical Center	San Bernardino County	Riverside County	California
Age Under 1 Year %	0	0	0	0	0	0	0	0	0
Age 1-17 Years %	0	0	0	0	0	0	12%	9%	10%
Age 18-34 Years %	2%	5%	4%	3%	0	4%	8%	8%	8%
Age 35-64 Years %	46%	42%	30%	20%	17%	38%	44%	41%	41%
Age 65 Years or Greater %	53%	53%	66%	77%	83%	58%	36%	42%	41%

Data source: 2017 Hospitalizations derived from the OSHPD file using the SpeedTrack analytics platform.

Key Findings

- Women (73%) have a significantly higher proportion of hospitalizations due to cancer compared to men (27%) at Southwest Healthcare System-Murrieta.
- Men have a higher proportion of hospitalizations due to cancer compared to women at Hi-Desert Medical Center and JFK Memorial Hospital.
- Seniors age 65 years and older have a higher proportion of hospitalizations due to cancer compared to any other age group at all hospitals.

Asthma Hospitalizations

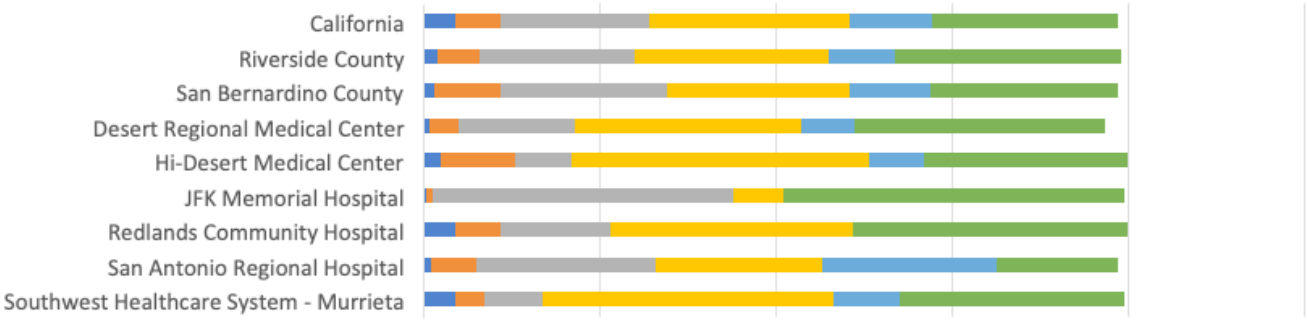
This section includes 2017 data for Asthma inpatient hospitalizations in California, San Bernardino County, Riverside County, Desert Regional Medical Center, Hi-Desert Medical Center, JFK Memorial Hospital, Redlands Community Hospital, San Antonio Regional Hospital and Southwest Healthcare System-Murrieta. Mountains Community Hospital was not included due to insufficient data. MS-DRG codes include 202/203.

Table 1 N-Value for Total Asthma Hospitalizations per Service Area 2017

2017 Asthma Hospitalizations	
California	32,704
Riverside County	1,546
San Bernardino County	1,736
Desert Regional Medical Center	165
Hi-Desert Medical Center	19
JFK Memorial Hospital	101
Redlands Community Hospital	32
San Antonio Regional Hospital	174
Mountains Community Hospital	*
Southwest Healthcare System-Murrieta	97

Data source: 2017 Hospitalizations derived from the OSHPD file using the SpeedTrack analytics platform.

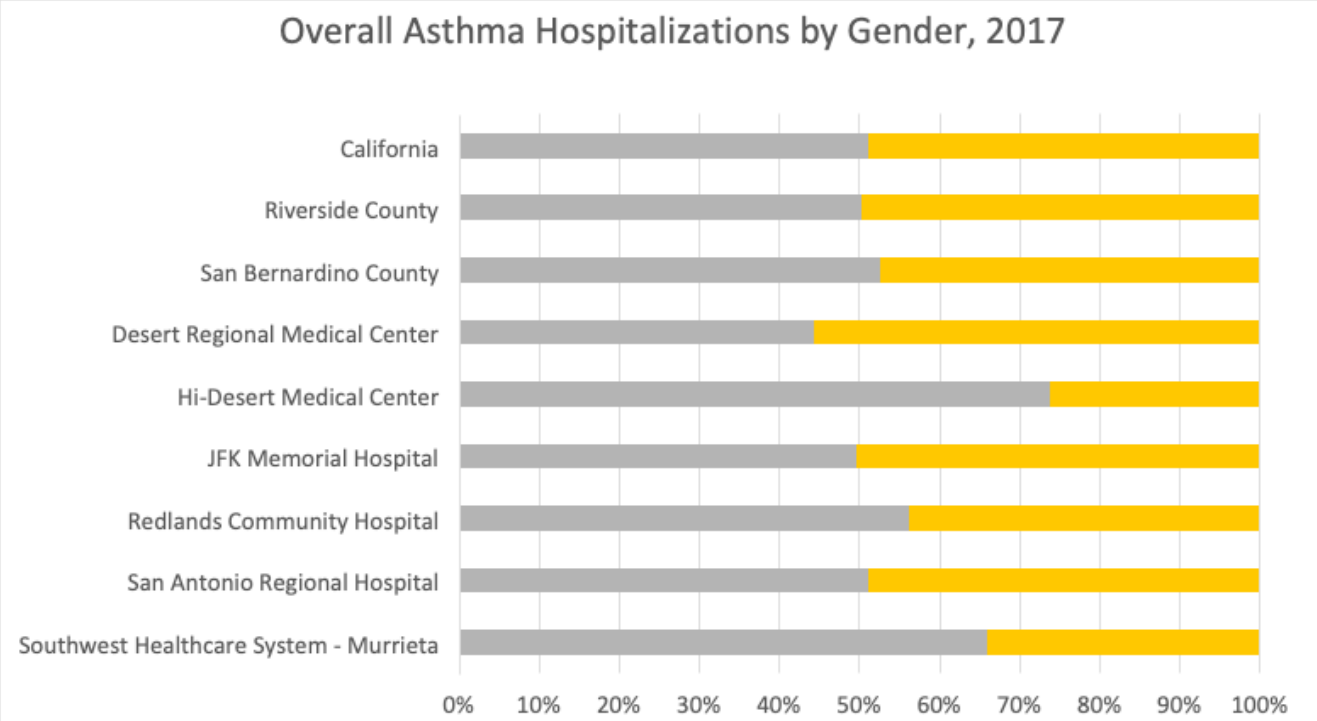
Figure #1 Overall Asthma Hospitalizations by Race/Ethnicity, 2017



	Southwest Healthcare System - Murrieta	San Antonio Regional Hospital	Redlands Community Hospital	JFK Memorial Hospital	Hi-Desert Medical Center	Desert Regional Medical Center	San Bernardino County	Riverside County	California
Asian/Pacific Islander	9%	2%	9%	1%	5%	2%	3%	4%	9%
Black/African American	8%	13%	13%	2%	21%	8%	19%	12%	13%
Hispanic or Latino	16%	51%	31%	85%	16%	33%	47%	44%	42%
Non-Hispanic	82%	47%	69%	14%	84%	64%	52%	55%	57%
Other Race	19%	49%	0	0	16%	15%	23%	19%	23%
White	64%	34%	78%	97%	58%	71%	53%	64%	53%

Data source: 2017 Hospitalizations derived from the OSHPD file using the SpeedTrack analytics platform.

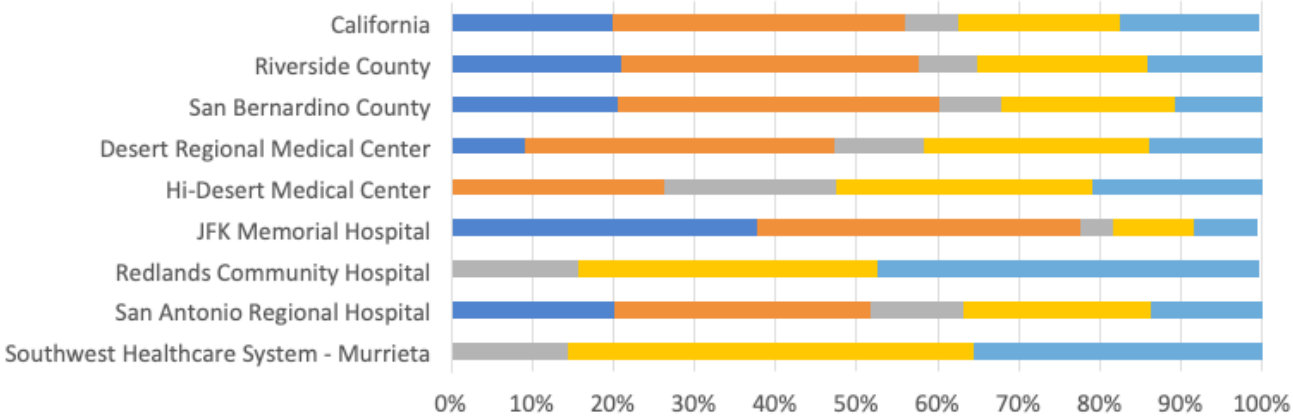
Figure #2 Overall Asthma Hospitalizations by Gender, 2017



	Southwest Healthcare System - Murrieta	San Antonio Regional Hospital	Redlands Community Hospital	JFK Memorial Hospital	Hi-Desert Medical Center	Desert Regional Medical Center	San Bernardino County	Riverside County	California
Sex Female %	66%	51%	56%	50%	74%	44%	52%	50%	51%
Sex Male %	34%	49%	44%	50%	26%	56%	48%	50%	49%

Data source: 2017 Hospitalizations derived from the OSHPD file using the SpeedTrack analytics platform.

Figure #3 Overall Asthma Hospitalizations by Age, 2017



	Southwest Healthcare System - Murrieta	San Antonio Regional Hospital	Redlands Community Hospital	JFK Memorial Hospital	Hi-Desert Medical Center	Desert Regional Medical Center	San Bernardino County	Riverside County	California
Age Under 1 Year %	0	20%	0	38%	0	9%	21%	21%	20%
Age 1 - 17 Years %	0	32%	0	40%	26%	38%	39%	37%	36%
Age 18 - 34 Years %	14%	11%	16%	4%	21%	11%	8%	7%	7%
Age 35 - 64 Years %	50%	23%	37%	10%	32%	28%	21%	21%	20%
Age 65 Years or Greater %	36%	14%	47%	8%	21%	14%	11%	14%	17%

Data source: 2017 Hospitalizations derived from the OSHPD file using the SpeedTrack analytics platform.

Key Findings

- Hispanics have a significantly higher proportion of hospitalizations due to asthma compared to any other racial/ethnic group at San Antonio Regional Hospital (51%) and JFK Memorial Hospital (85%).
- Women have a significantly higher proportion of hospitalizations due to asthma at Hi-Desert Medical Center and Southwest Healthcare System-Murrieta.
- Approximately 50% of asthma hospitalizations at Southwest Healthcare System-Murrieta are among adults age 35-64 years.
- Approximately 50% of asthma hospitalizations at Redlands Community Hospital are among seniors age 65 years and older.

Breast Cancer Hospitalizations

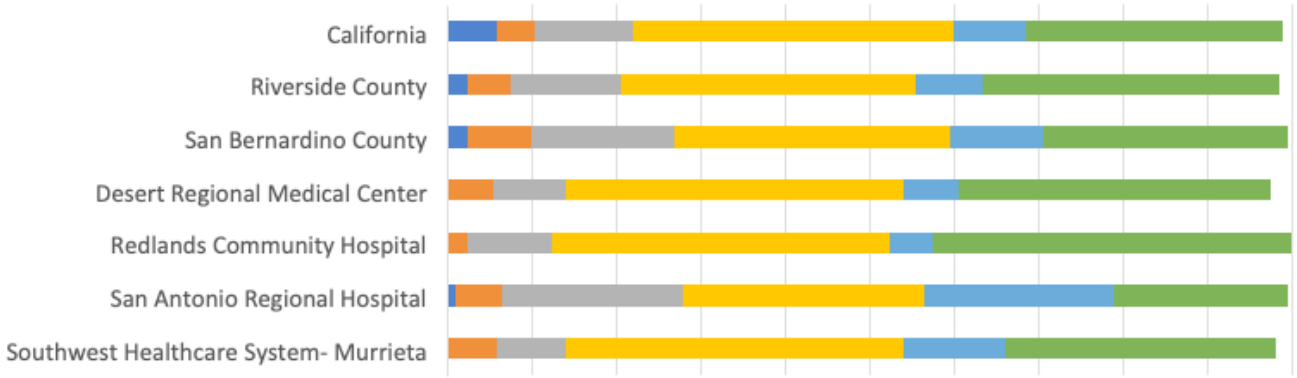
This section includes 2017 data for Breast Cancer inpatient hospitalizations in California, San Bernardino County, Riverside County, Desert Regional Medical Center, Redlands Community Hospital, San Antonio Regional Hospital and Southwest Healthcare System-Murrieta. Hi-Desert Medical Center, JFK Memorial Hospital, and Mountains Community Hospital were not included due to insufficient data. MS-DRG codes include 597/598/599.

Table 1 N-Value for Total Breast Cancer Hospitalizations per Service Area 2017

2017 Breast Cancer Hospitalizations	
California	5,953
Riverside County	359
San Bernardino County	341
Desert Regional Medical Center	46
Redlands Community Hospital	20
San Antonio Regional Hospital	44
Southwest Healthcare System-Murrieta	25

Data source: 2017 Hospitalizations derived from the OSHPD file using the SpeedTrack analytics platform.

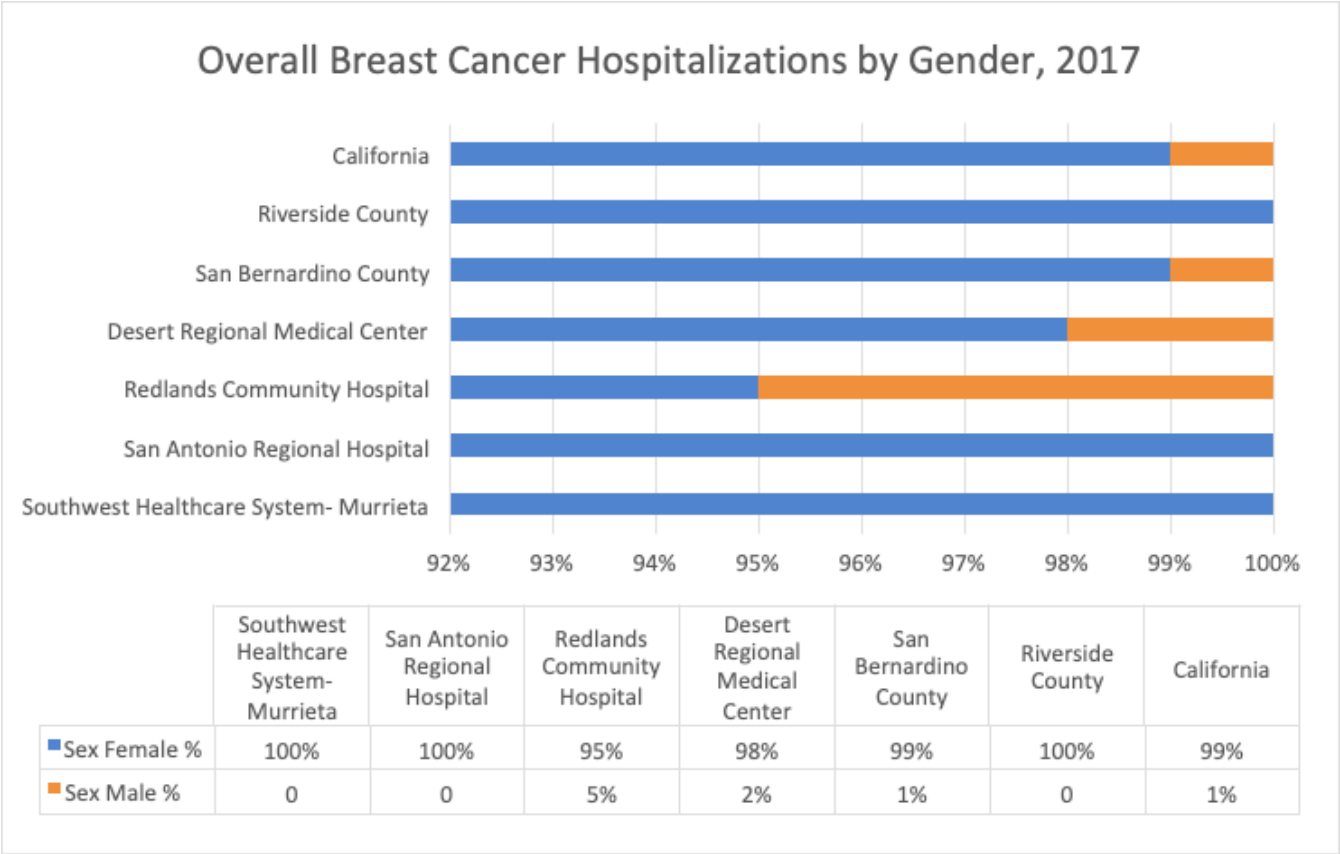
Figure #1 Overall Hospitalizations Breast Cancer by Race/Ethnicity, 2017



	Southwest Healthcare System-Murrieta	San Antonio Regional Hospital	Redlands Community Hospital	Desert Regional Medical Center	San Bernardino County	Riverside County	California
Asian/Pacific Islander	0	2%	0	0	5%	5%	12%
Black/African American	12%	11%	5%	11%	15%	10%	9%
Hispanic or Latino	16%	43%	20%	17%	34%	26%	23%
Non-Hispanic	80%	57%	80%	80%	65%	70%	76%
Other Race	24%	45%	10%	13%	22%	16%	17%
White	64%	41%	85%	74%	58%	70%	61%

Data source: 2017 Hospitalizations derived from the OSHPD file using the SpeedTrack analytics platform.

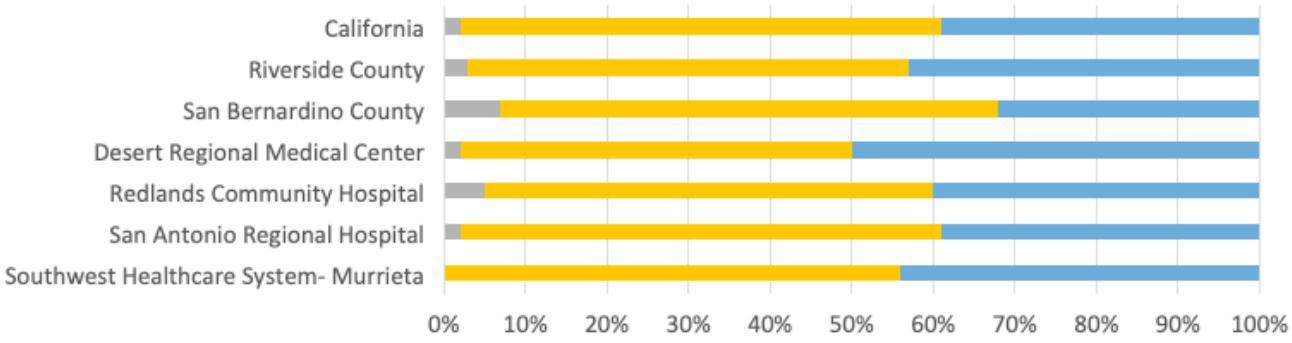
Figure #2 Overall Hospitalizations Breast Cancer by Gender, 2017



	Southwest Healthcare System-Murrieta	San Antonio Regional Hospital	Redlands Community Hospital	Desert Regional Medical Center	San Bernardino County	Riverside County	California
Sex Female %	100%	100%	95%	98%	99%	100%	99%
Sex Male %	0	0	5%	2%	1%	0	1%

Data source: 2017 Hospitalizations derived from the OSHPD file using the SpeedTrack analytics platform.

Figure #3 Overall Hospitalizations Breast Cancer by Age, 2017



	Southwest Healthcare System-Murrieta	San Antonio Regional Hospital	Redlands Community Hospital	Desert Regional Medical Center	San Bernardino County	Riverside County	California
Age Under 1 Year %	0	0	0	0	0	0	0
Age 1-17 Years %	0	0	0	0	0	0	0
Age 18-34 Years %	0	2%	5%	2%	7%	3%	2%
Age 35-64 Years %	56%	59%	55%	48%	61%	54%	59%
Age 65 Years or Greater %	44%	39%	40%	50%	32%	43%	39%

Data source: 2017 Hospitalizations derived from the OSHPD file using the SpeedTrack analytics platform.

Key Findings

- Approximately 43% of hospitalizations due to breast cancer are among Hispanics at San Antonio Regional Hospital.
- Approximately 73% of hospitalizations due to breast cancer are among adults 35-64 years of age at Redlands Community Hospital.
- Approximately 40% of hospitalizations due to breast cancer are among seniors age 65 years and older at Desert Regional Medical Center.

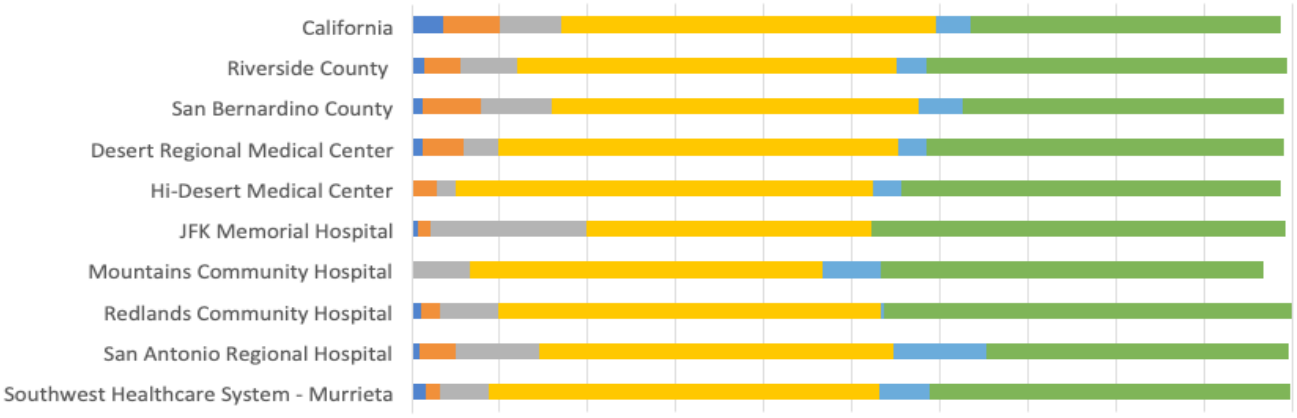
Chronic Obstructive Pulmonary Disease Hospitalizations

This section includes 2017 data for the overall Chronic Obstructive Pulmonary Disease hospitalizations in California, San Bernardino County, Riverside County, Desert Regional Medical Center, Hi-Desert Medical Center, JFK Memorial Hospital, Mountains Community Hospital, Redlands Community Hospital, San Antonio Regional Hospital, and Southwest Healthcare System-Murrieta. MS-DRG codes include 190/191/192.

Table 1 N-Value for Total Chronic Obstructive Pulmonary Disease Hospitalizations per Service Area 2017

2017 Chronic Obstructive Pulmonary Disease Hospitalizations	
California	49,151
Riverside County	2,785
San Bernardino County	2,757
Desert Regional Medical Center	369
Hi-Desert Medical Center	207
JFK Memorial Hospital	68
Mountains Community Hospital	15
Redlands Community Hospital	138
San Antonio Regional Hospital	292
Southwest Healthcare System-Murrieta	349

Figure #1 Overall Chronic Obstructive Pulmonary Disease Hospitalizations by Race/Ethnicity, 2017

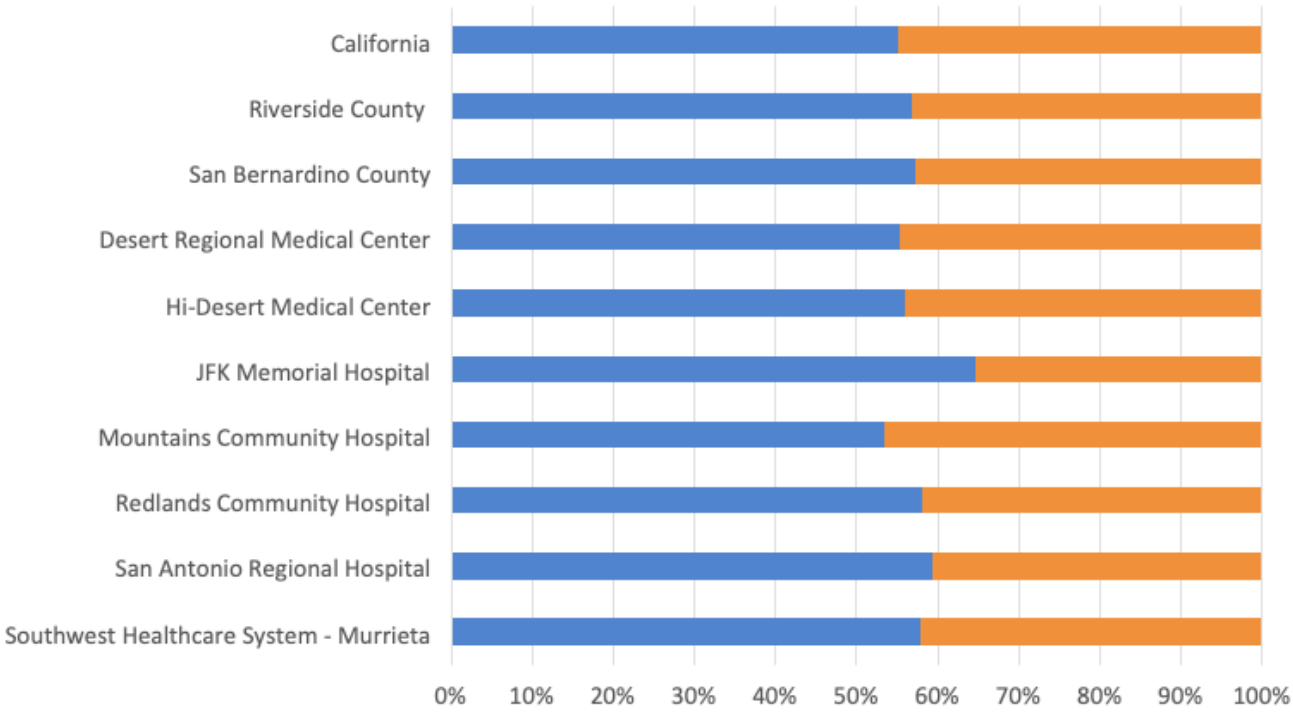


	Southwest Healthcare System - Murrieta	San Antonio Regional Hospital	Redlands Community Hospital	Mountains Community Hospital	JFK Memorial Hospital	Hi-Desert Medical Center	Desert Regional Medical Center	San Bernardino County	Riverside County	California
Asian/Pacific Islander%	3%	2%	2%	0	1%	0	2%	3%	3%	7%
Black/African American%	3%	8%	4%	0	3%	6%	9%	13%	8%	13%
Hispanic or Latino	11%	19%	13%	13%	35%	4%	8%	16%	13%	14%
Non-Hispanic	89%	80%	87%	80%	65%	95%	91%	83%	86%	85%
Other Race	11%	21%	1%	13%	0	6%	6%	10%	7%	8%
White	82%	69%	93%	87%	94%	86%	81%	73%	82%	71%

Asian/Pacific Islander% Black/African American% Hispanic or Latino Non-Hispanic Other Race White

* Data source: 2017 Hospitalizations derived from the OSHPD file using the SpeedTrack analytics platform. (Applies two both charts above)

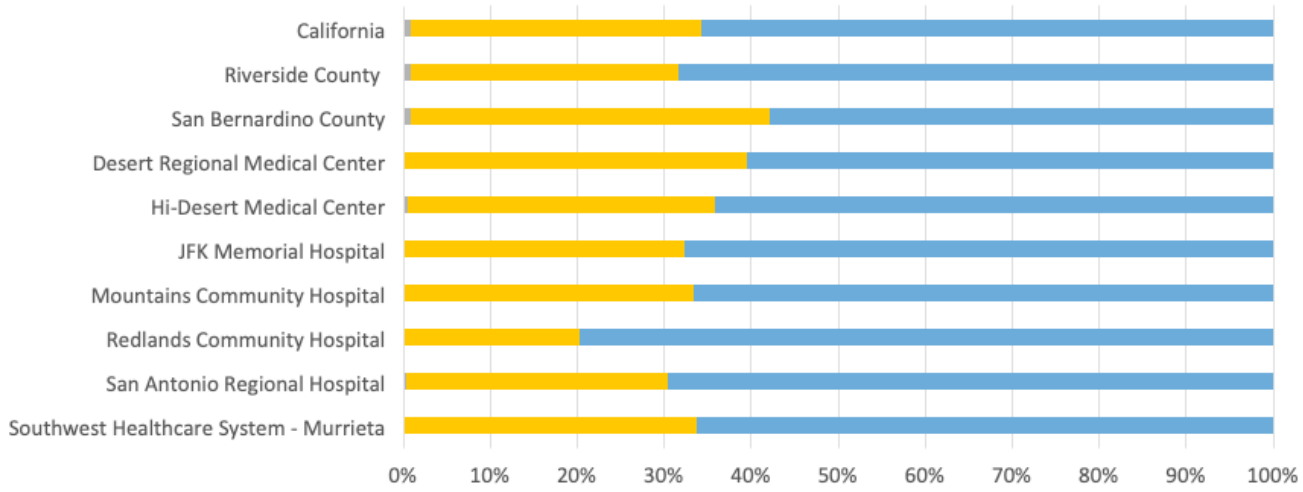
Figure #2 Overall Chronic Obstructive Pulmonary Disease Hospitalizations by Gender, 2017



	Southwest Healthcare System - Murrieta	San Antonio Regional Hospital	Redlands Community Hospital	Mountains Community Hospital	JFK Memorial Hospital	Hi-Desert Medical Center	Desert Regional Medical Center	San Bernardino County	Riverside County	California
Sex Female %	58%	59%	58%	53%	65%	56%	55%	57%	57%	55%
Sex Male %	42%	41%	42%	47%	35%	44%	45%	43%	43%	45%

Data source: 2017 Hospitalizations derived from the OSHPD file using the SpeedTrack analytics platform.

Figure #3 Overall Chronic Obstructive Pulmonary Disease Hospitalizations by Age, 2017



	Southwest Healthcare System - Murrieta	San Antonio Regional Hospital	Redlands Community Hospital	Mountains Community Hospital	JFK Memorial Hospital	Hi-Desert Medical Center	Desert Regional Medical Center	San Bernardino County	Riverside County	California
Age Under 1 Year %	0	0	0	0	0	0	0	0	0	0
Age 1 - 17 Years %	0	0	0	0	0	0	0	0	0	0
Age 18 - 34 Years %	0	0	0	0	0	0	0	1%	1%	1%
Age 35 - 64 Years %	34%	30%	20%	33%	32%	35%	40%	41%	31%	33%
Age 65 Years or Greater %	66%	70%	80%	67%	68%	64%	60%	58%	68%	66%

Data source: 2017 Hospitalizations derived from the OSHPD file using the SpeedTrack analytics platform.

Key Findings

- Women have a higher proportion of hospitalizations due to COPD compared to men at all hospitals.

Diabetes Overall Hospitalizations

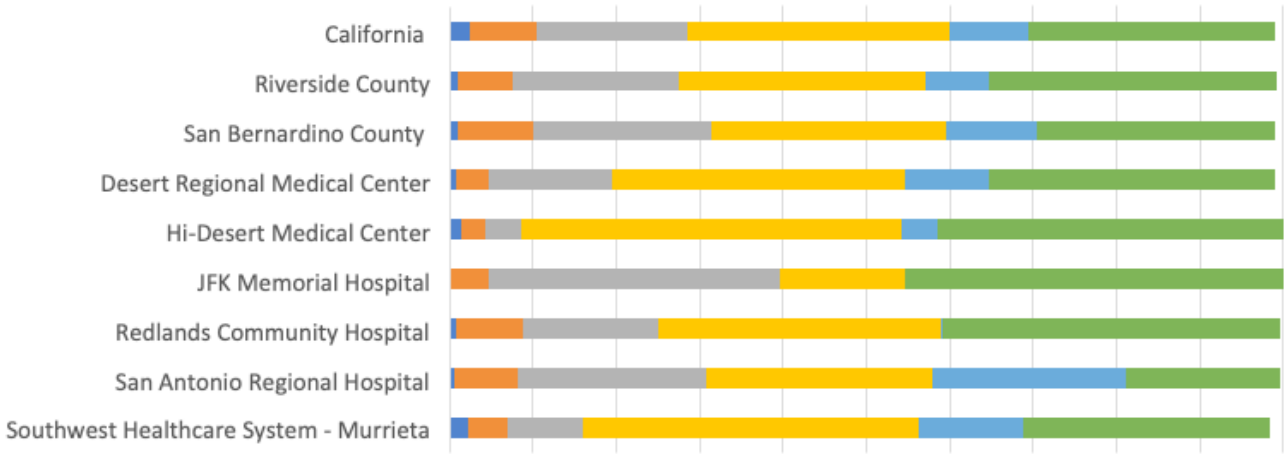
This section includes 2017 data for the overall diabetes hospitalizations in California, San Bernardino County, Riverside County, Desert Regional Medical Center, Hi-Desert Medical Center, JFK Memorial Hospital, Redlands Community Hospital, San Antonio Regional Hospital, and Southwest Healthcare System. Mountains Community Hospital was not included due to insufficient data. MS-DRG codes include 637/638/639.

Table 1 N-Value for Total Diabetes Hospitalizations per Service Area 2017

2017 Diabetes Hospitalizations	
California	39,553
Riverside County	2,441
San Bernardino County	2,940
Desert Regional Medical Center	197
Hi-Desert Medical Center	70
JFK Memorial Hospital	106
Mountains Community Hospital	*
Redlands Community Hospital	163
San Antonio Regional Hospital	269
Southwest Healthcare System-Murrieta	184

Data source: 2017 Hospitalizations derived from the OSHPD file using the SpeedTrack analytics platform.

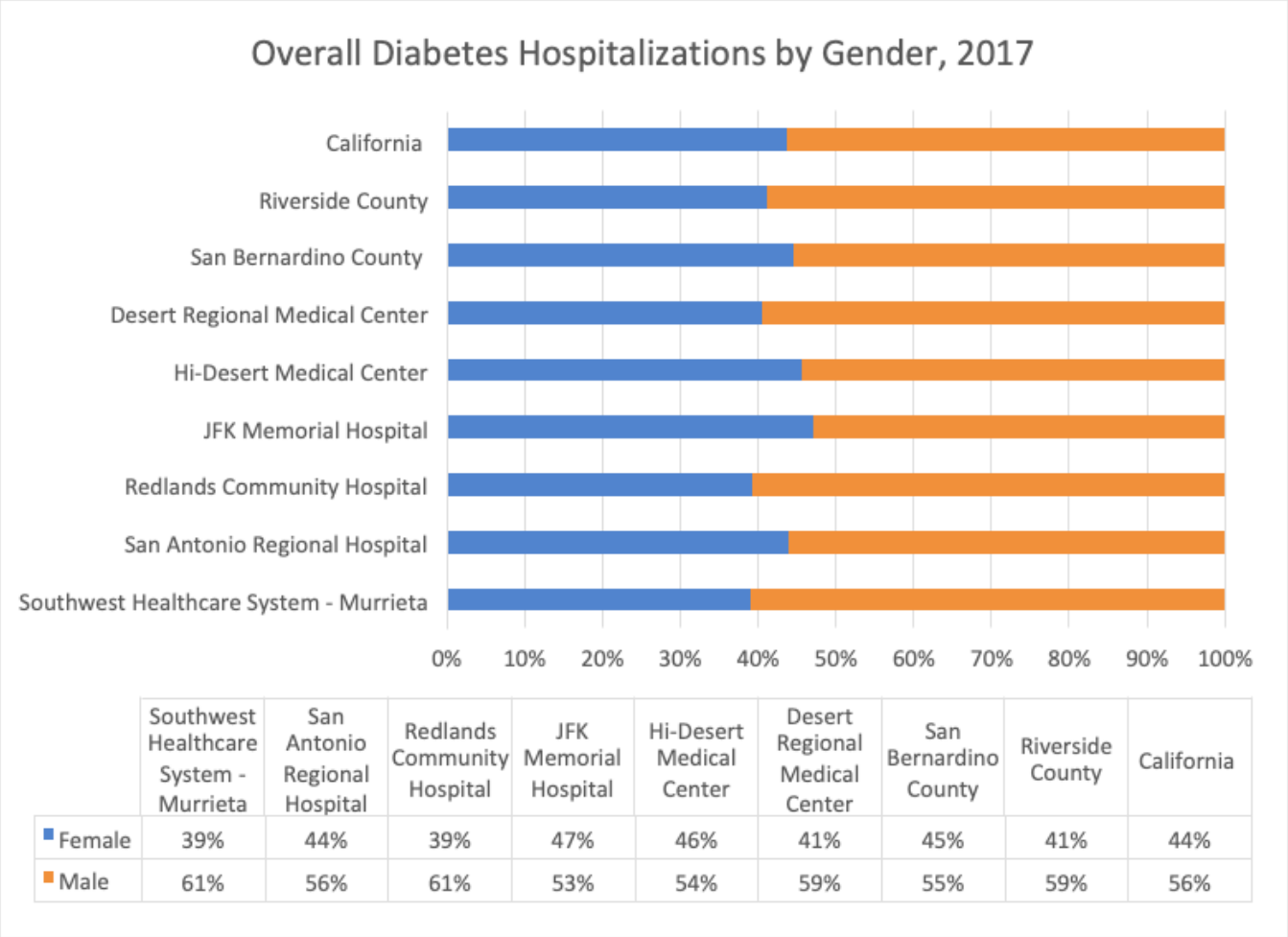
Figure #1 Overall Diabetes Hospitalizations by Race/Ethnicity, 2017



	Southwest Healthcare System - Murrieta	San Antonio Regional Hospital	Redlands Community Hospital	JFK Memorial Hospital	Hi-Desert Medical Center	Desert Regional Medical Center	San Bernardino County	Riverside County	California
Asian/Pacific Islander	4%	1%	2%	0	3%	2%	2%	2%	5%
Black/African American	10%	15%	16%	9%	6%	8%	18%	13%	16%
Hispanic or Latino	18%	45%	33%	70%	9%	29%	43%	40%	36%
Non-Hispanic or Non-Latino	80%	54%	67%	30%	91%	70%	56%	59%	63%
Other Race	25%	46%	1%	0%	9%	20%	22%	15%	19%
White	59%	37%	81%	91%	83%	69%	57%	69%	59%

Data source: 2017 Hospitalizations derived from the OSHPD file using the SpeedTrack analytics platform.

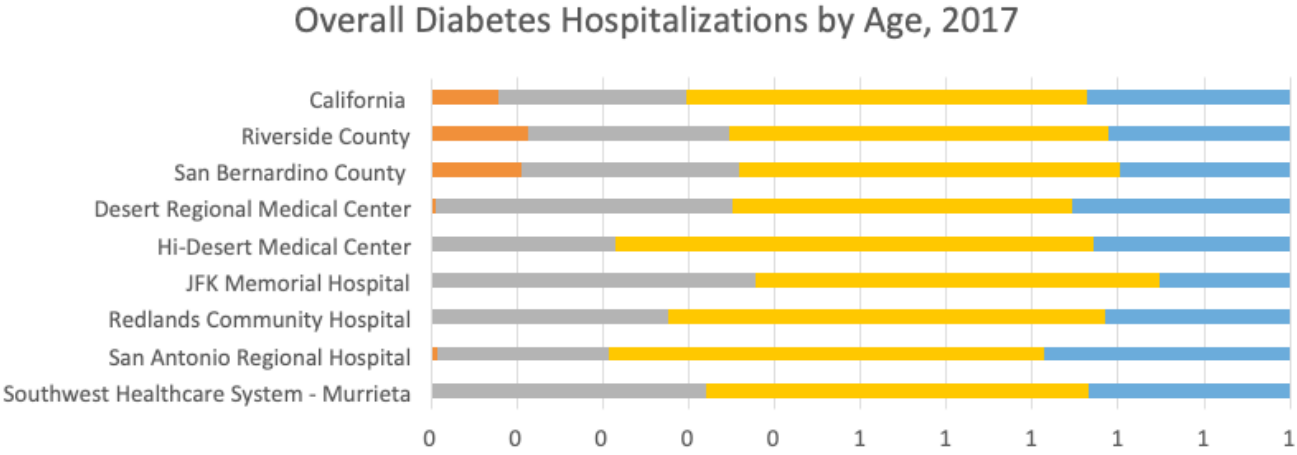
Figure #2 Overall Diabetes Hospitalizations by Gender, 2017



	Southwest Healthcare System - Murrieta	San Antonio Regional Hospital	Redlands Community Hospital	JFK Memorial Hospital	Hi-Desert Medical Center	Desert Regional Medical Center	San Bernardino County	Riverside County	California
Female	39%	44%	39%	47%	46%	41%	45%	41%	44%
Male	61%	56%	61%	53%	54%	59%	55%	59%	56%

Data source: 2017 Hospitalizations derived from the OSHPD file using the SpeedTrack analytics platform.

Figure #3 Overall Diabetes Hospitalizations by Age, 2017



	Southwest Healthcare System - Murrieta	San Antonio Regional Hospital	Redlands Community Hospital	JFK Memorial Hospital	Hi-Desert Medical Center	Desert Regional Medical Center	San Bernardino County	Riverside County	California
Age Under 1 Year %	0	0	0	0	0	0	0	0	0
Age 1 - 17 Years %	0	1%	0	0	0	1%	11%	11%	8%
Age 18 - 34 Years %	32%	20%	28%	38%	21%	35%	25%	24%	22%
Age 35 - 64 Years %	45%	51%	51%	47%	56%	40%	44%	44%	47%
Age 65 Years or Greater %	23%	29%	21%	15%	23%	25%	20%	21%	24%

Data source: 2017 Hospitalizations derived from the OSHPD file using the SpeedTrack analytics platform.

Key Findings

- Whites have a higher proportion of hospitalizations due to diabetes compared to any other racial/ethnic group at Desert Regional Medical Center, Hi-Desert Medical Center, Redlands Community Hospital, San Antonio Regional Hospital and Southwest Healthcare System-Murrieta.
- Hispanics have a higher proportion of hospitalizations due to diabetes compared to any other racial/ethnic group at San Antonio Regional Hospital.
- Men have a higher proportion of hospitalizations due to diabetes compared to women at all hospitals.

Heart Failure Hospitalizations

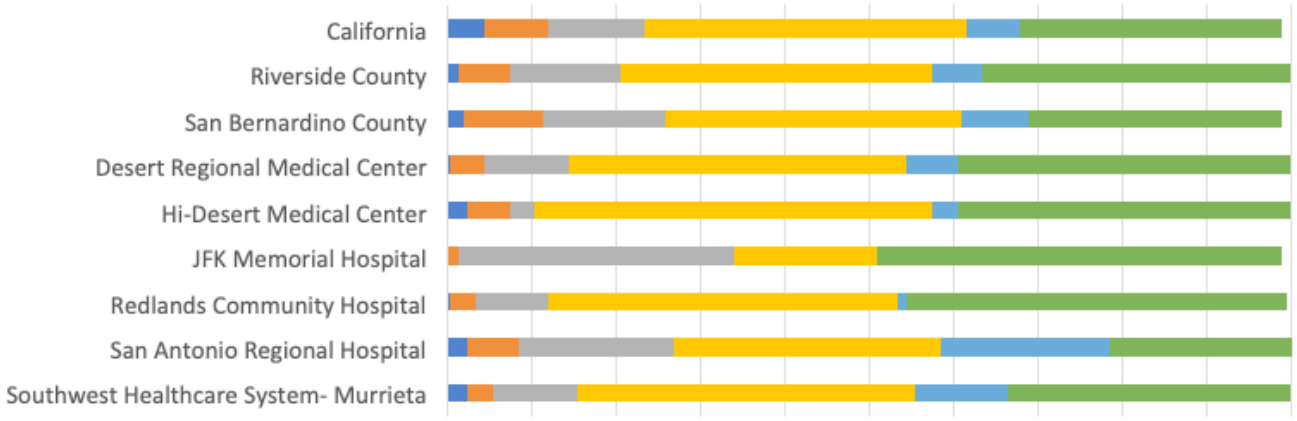
This section includes 2017 data for Heart Failure inpatient hospitalizations in California, San Bernardino County, Riverside County, Desert Regional Medical Center, Hi-Desert Medical Center, JFK Memorial Hospital, Redlands Community Hospital, San Antonio Regional Hospital and Southwest Healthcare System-Murrieta. Mountains Community Hospital was not included due to insufficient data. MS-DRG codes include 291/292/293.

Table 1 N-Value for Total Heart Failure Hospitalizations per Service Area 2017

2017 Heart Failure Hospitalizations	
California	96,725
Riverside County	5,120
San Bernardino County	5,284
Desert Regional Medical Center	410
Hi-Desert Medical Center	126
JFK Memorial Hospital	114
Mountains Community Hospital	*
Redlands Community Hospital	270
San Antonio Regional Hospital	519
Southwest Healthcare System-Murrieta	425

Data source: 2017 Hospitalizations derived from the OSHPD file using the SpeedTrack analytics platform.

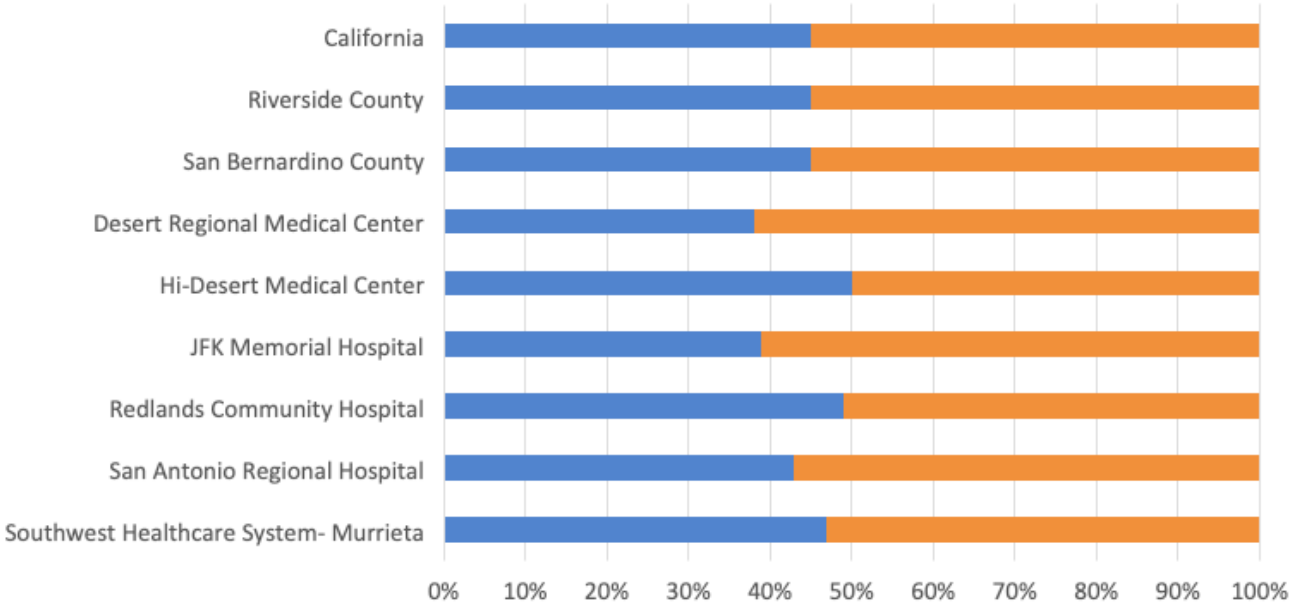
Figure #1 Overall Heart Failure Hospitalizations by Race/Ethnicity, 2017



	Southwest Healthcare System-Murrieta	San Antonio Regional Hospital	Redlands Community Hospital	JFK Memorial Hospital	Hi-Desert Medical Center	Desert Regional Medical Center	San Bernardino County	Riverside County	California
Asian/Pacific Islander	5%	5%	1%	0	5%	1%	4%	3%	9%
Black/African American	6%	12%	6%	3%	10%	8%	19%	12%	15%
Hispanic or Latino	20%	37%	17%	65%	6%	20%	29%	26%	23%
Non-Hispanic	80%	63%	83%	34%	94%	80%	70%	74%	76%
Other Race	22%	40%	2%	0%	6%	12%	16%	12%	13%
White	67%	44%	90%	96%	79%	79%	60%	73%	62%

Data source: 2017 Hospitalizations derived from the OSHPD file using the SpeedTrack analytics platform.

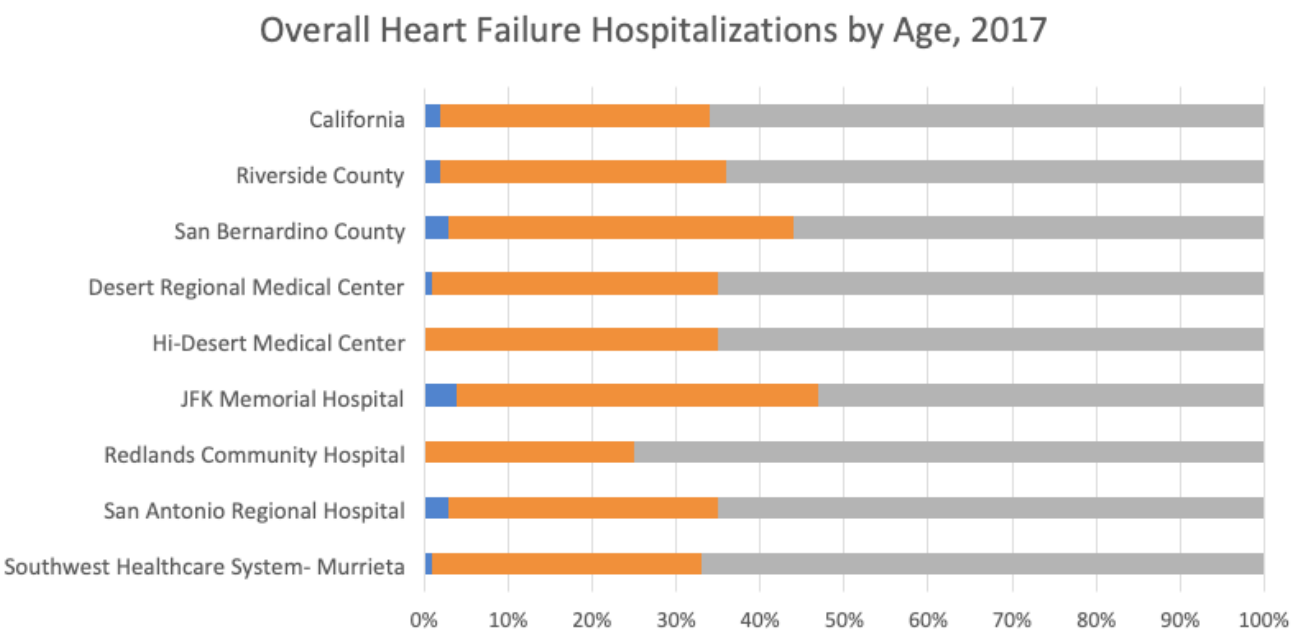
Figure #2 Overall Heart Failure Hospitalizations by Gender, 2017



	Southwest Healthcare System-Murrieta	San Antonio Regional Hospital	Redlands Community Hospital	JFK Memorial Hospital	Hi-Desert Medical Center	Desert Regional Medical Center	San Bernardino County	Riverside County	California
Sex Female %	47%	43%	49%	39%	50%	38%	45%	45%	45%
Sex Male %	53%	57%	51%	61%	50%	62%	55%	55%	55%

Data source: 2017 Hospitalizations derived from the OSHPD file using the SpeedTrack analytics platform.

Figure #3 Overall Heart Failure Hospitalizations by Age, 2017



	Southwest Healthcare System-Murrieta	San Antonio Regional Hospital	Redlands Community Hospital	JFK Memorial Hospital	Hi-Desert Medical Center	Desert Regional Medical Center	San Bernardino County	Riverside County	California
Age 18-34 Years %	1%	3%	0	4%	0	1%	3%	2%	2%
Age 35-64 Years %	32%	32%	25%	43%	35%	34%	41%	34%	32%
Age 65 Years or Greater %	67%	65%	75%	53%	65%	65%	56%	64%	66%

Data source: 2017 Hospitalizations derived from the OSHPD file using the SpeedTrack analytics platform.

Key Findings

- Men have a slightly higher proportion of hospitalizations due to heart failure compared to women at Desert Regional Medical Center, JFK Memorial Hospital, San Antonio Regional Hospital and Southwest Healthcare System-Murrieta.
- Approximately 65% of hospitalizations due to heart failure are among Hispanics at JFK Memorial Hospital.
- Approximately two-in-three hospitalizations for heart failure are among seniors age 65 years and older at Desert Regional Medical Center, Hi-Desert Medical Center, Redlands Community Hospital, San Antonio Regional Hospital and Southwest Healthcare System-Murrieta.

Hypertension Hospitalizations

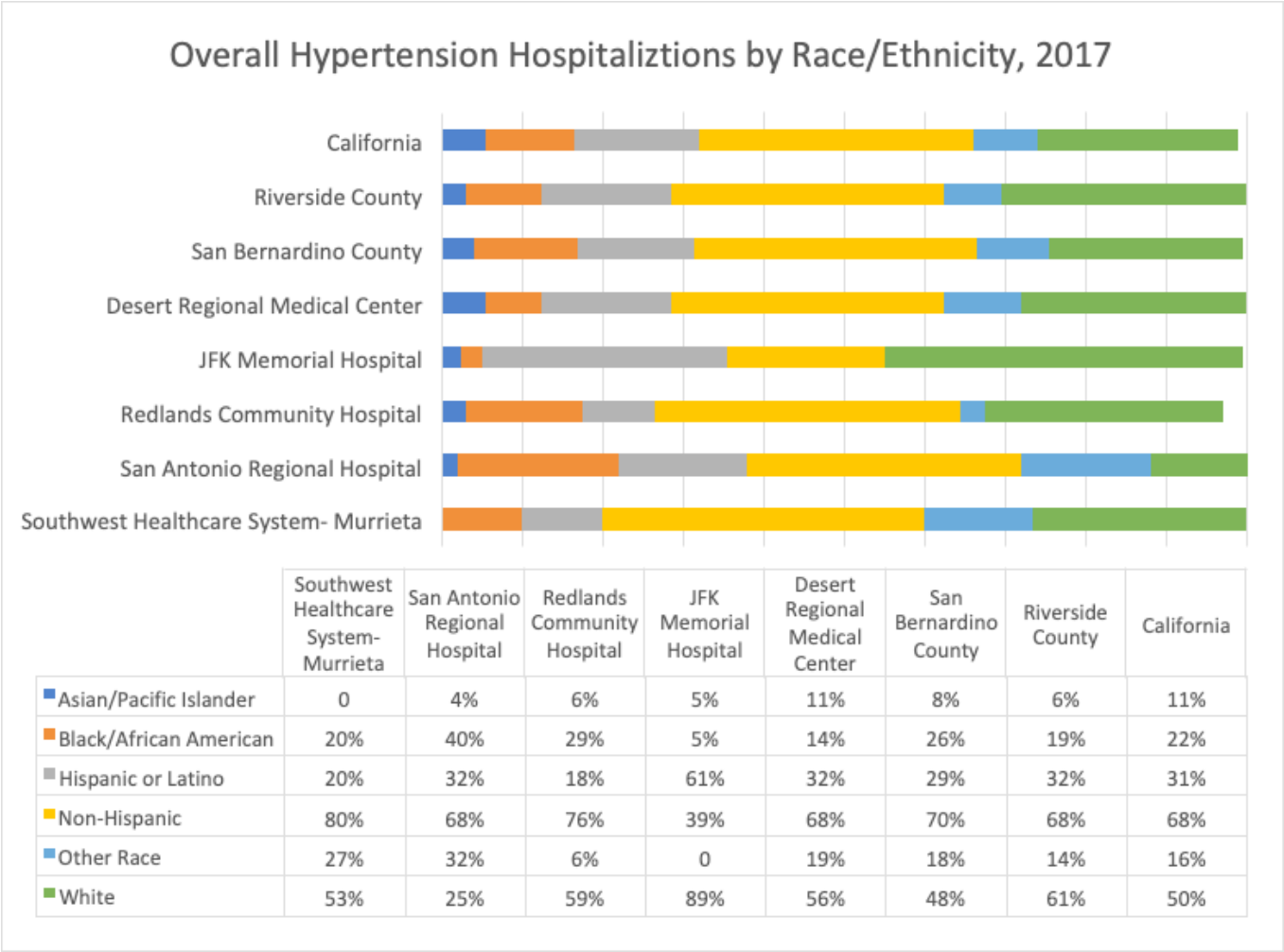
This section includes 2017 data for Hypertension inpatient hospitalizations in California, San Bernardino County, Riverside County, Desert Regional Medical Center, JFK Memorial Hospital, Redlands Community Hospital, San Antonio Regional Hospital and Southwest Healthcare System-Murrieta. Hi-Desert Medical Center and Mountains Community Hospital were not included due to insufficient data. MS-DRG codes include 304/305.

Table 1 N-Value for Total Hypertension Hospitalizations per Service Area 2017

2017 Hypertension Hospitalizations	
California	10,848
Riverside County	667
San Bernardino County	640
Desert Regional Medical Center	37
Hi-Desert Medical Center	*
JFK Memorial Hospital	18
Mountains Community Hospital	*
Redlands Community Hospital	17
San Antonio Regional Hospital	57
Southwest Healthcare System-Murrieta	49

Data source: 2017 Hospitalizations derived from the OSHPD file using the SpeedTrack analytics platform.

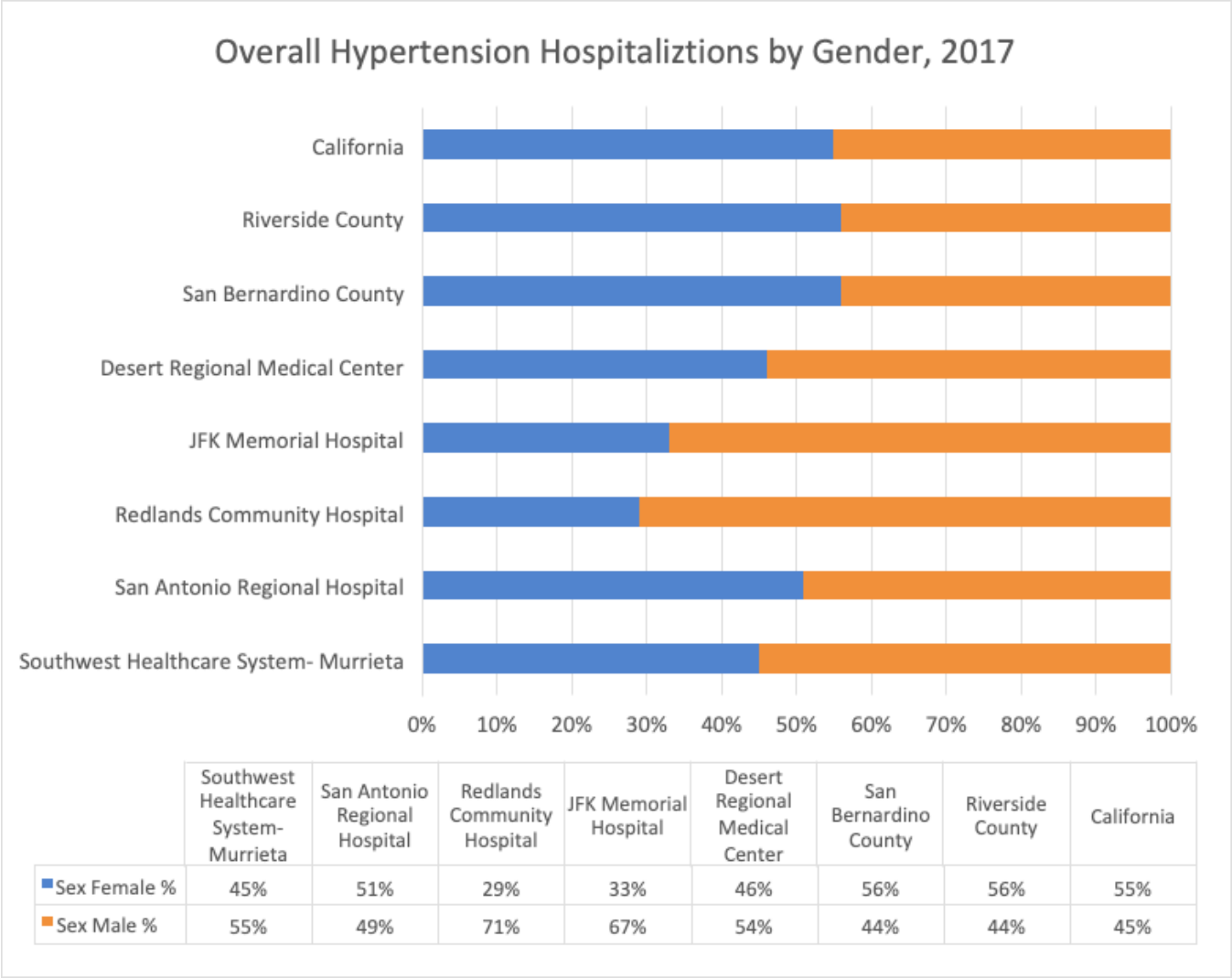
Figure #1 Overall Hypertension Hospitalizations by Race/Ethnicity, 2017



	Southwest Healthcare System-Murrieta	San Antonio Regional Hospital	Redlands Community Hospital	JFK Memorial Hospital	Desert Regional Medical Center	San Bernardino County	Riverside County	California
Asian/Pacific Islander	0	4%	6%	5%	11%	8%	6%	11%
Black/African American	20%	40%	29%	5%	14%	26%	19%	22%
Hispanic or Latino	20%	32%	18%	61%	32%	29%	32%	31%
Non-Hispanic	80%	68%	76%	39%	68%	70%	68%	68%
Other Race	27%	32%	6%	0	19%	18%	14%	16%
White	53%	25%	59%	89%	56%	48%	61%	50%

Data source: 2017 Hospitalizations derived from the OSHPD file using the SpeedTrack analytics platform.

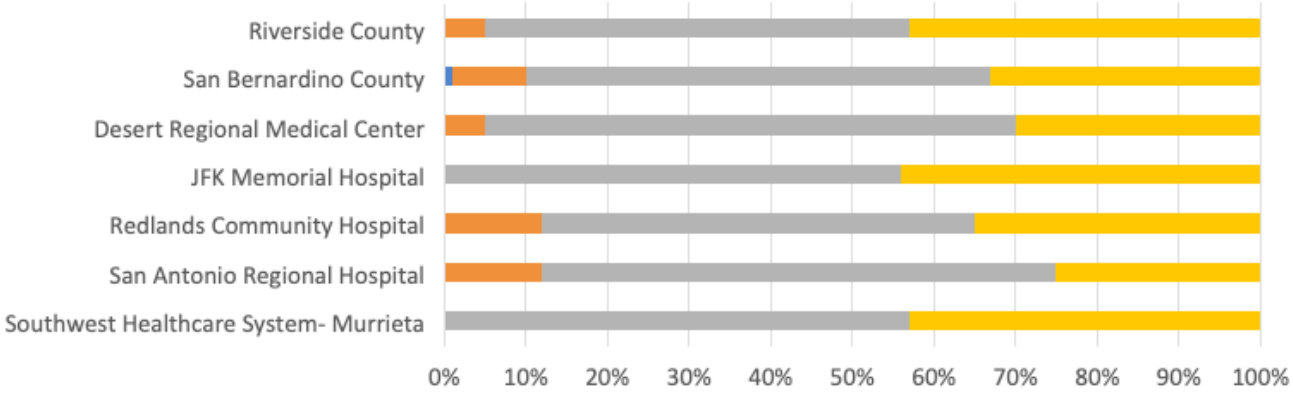
Figure #2 Overall Hypertension Hospitalizations by Gender, 2017



	Southwest Healthcare System-Murrieta	San Antonio Regional Hospital	Redlands Community Hospital	JFK Memorial Hospital	Desert Regional Medical Center	San Bernardino County	Riverside County	California
Sex Female %	45%	51%	29%	33%	46%	56%	56%	55%
Sex Male %	55%	49%	71%	67%	54%	44%	44%	45%

Data source: 2017 Hospitalizations derived from the OSHPD file using the SpeedTrack analytics platform.

Figure #3 Overall Hypertension Hospitalizations by Age, 2017



	Southwest Healthcare System-Murrieta	San Antonio Regional Hospital	Redlands Community Hospital	JFK Memorial Hospital	Desert Regional Medical Center	San Bernardino County	Riverside County
Age 1-17 Years %	0	0	0	0	0	1%	0
Age 18-34 Years %	0	12%	12%	0	5%	9%	5%
Age 35-64 Years %	57%	63%	53%	56%	65%	57%	52%
Age 65 Years or Greater %	43%	25%	35%	44%	30%	33%	43%

Data source: 2017 Hospitalizations derived from the OSHPD file using the SpeedTrack analytics platform.

Key Findings

- Women have a higher proportion of hospitalizations due to hypertension compared to men at Hi-Desert Medical Center and San Antonio Regional Hospital.
- Hispanics have a higher proportion of hospitalizations due to hypertension at JFK Memorial Hospital compared to any other racial/ethnic group.
- Black/African Americans have a higher proportion of hospitalizations due to hypertension at San Antonio Regional Hospital compared to any other racial/ethnic group.
- Sixty-five percent of the hospitalizations due to hypertension are among adults age 35-64 at Desert Regional Medical Center.
- Twelve percent of the hospitalizations due to hypertension are among adults age 18-34 years at Redlands Community Hospital and San Antonio Regional Hospital.

Lung Cancer Hospitalizations

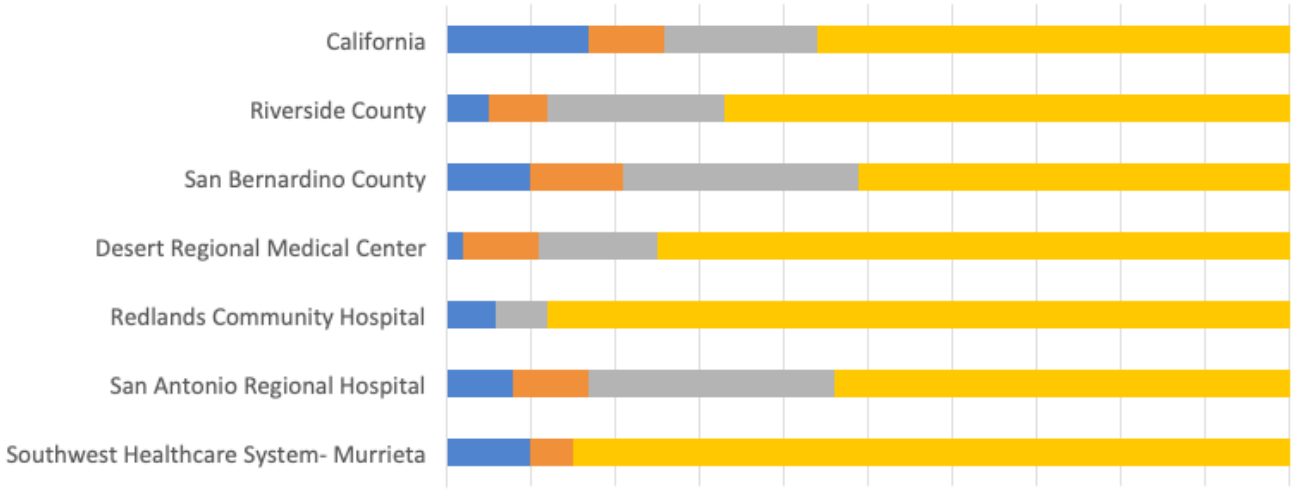
This section includes 2017 data for Lung Cancer inpatient hospitalizations in California, San Bernardino County, Riverside County, Desert Regional Medical Center, Redlands Community Hospital, San Antonio Regional Hospital and Southwest Healthcare System-Murrieta. Hi-Desert Medical Center, JFK Memorial Hospital and Mountains Community Hospital were not included due to insufficient data. MS-DRG codes include 180/181/182.

Table 1 N-Value for Total Lung Cancer Hospitalizations per Service Area 2017

2017 Lung Cancer Hospitalizations	
California	6,605
Riverside County	376
San Bernardino County	350
Desert RegionaMedical Center	44
Hi-Desert Medical Center	*
JFK Memorial Hospital	*
Mountains Community Hospital	*
Redlands Community Hospital	17
San Antonio Regional Hospital	78
Southwest Healthcare System-Murrieta	20

Data source: 2017 Hospitalizations derived from the OSHPD file using the SpeedTrack analytics platform.

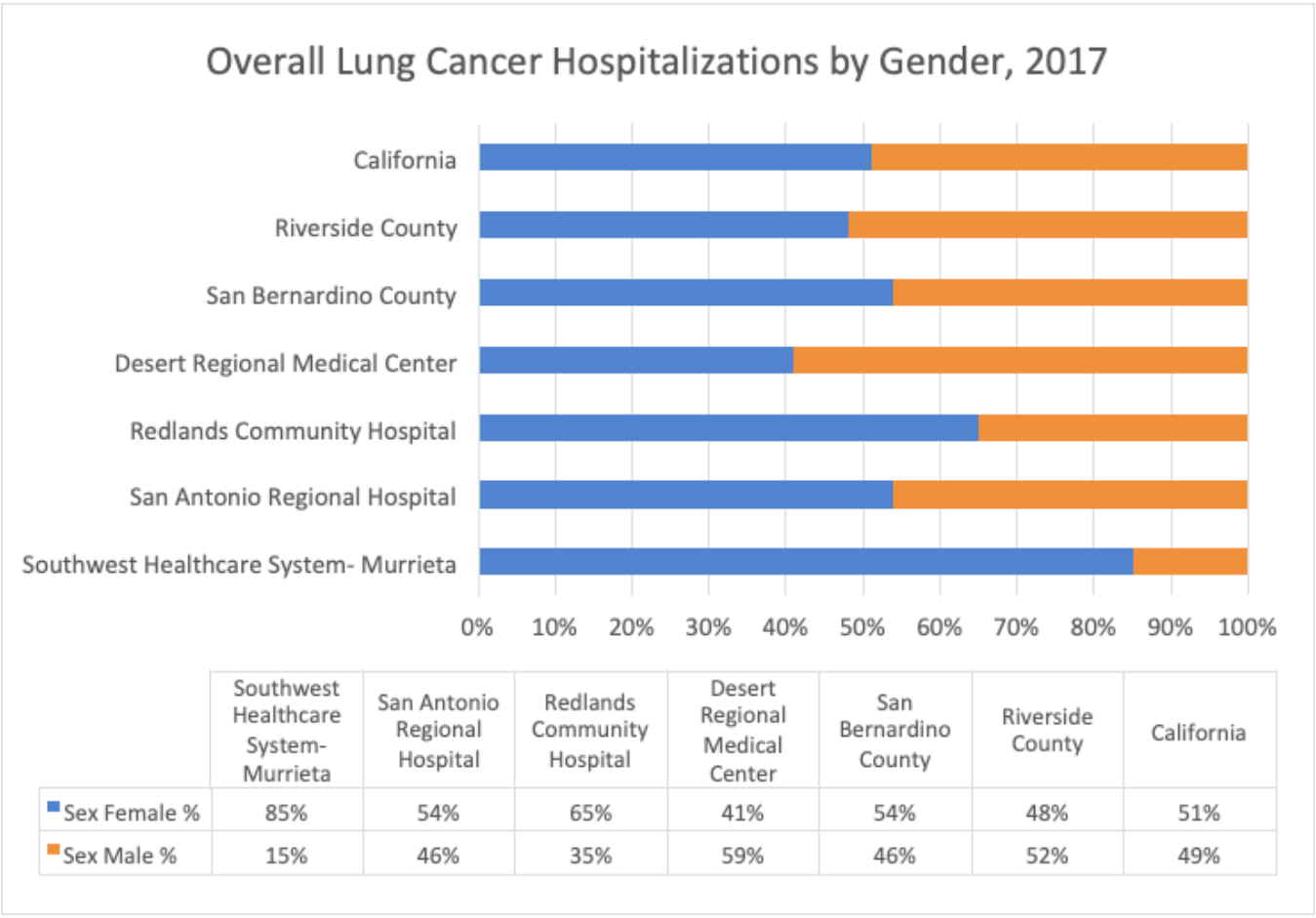
Figure #1 Overall Lung Cancer Hospitalizations by Race/Ethnicity, 2017



	Southwest Healthcare System-Murrieta	San Antonio Regional Hospital	Redlands Community Hospital	Desert Regional Medical Center	San Bernardino County	Riverside County	California
Asian/Pacific Islander	10%	8%	6%	2%	10%	5%	17%
Black/African American	5%	9%	0%	9%	11%	7%	9%
Hispanic or Latino	0	29%	6%	14%	28%	21%	18%
Non-Hispanic	100%	71%	94%	86%	71%	79%	82%
Other Race	10%	24%	0	9%	18%	11%	12%
White	75%	59%	94%	80%	60%	77%	61%

Data source: 2017 Hospitalizations derived from the OSHPD file using the SpeedTrack analytics platform.

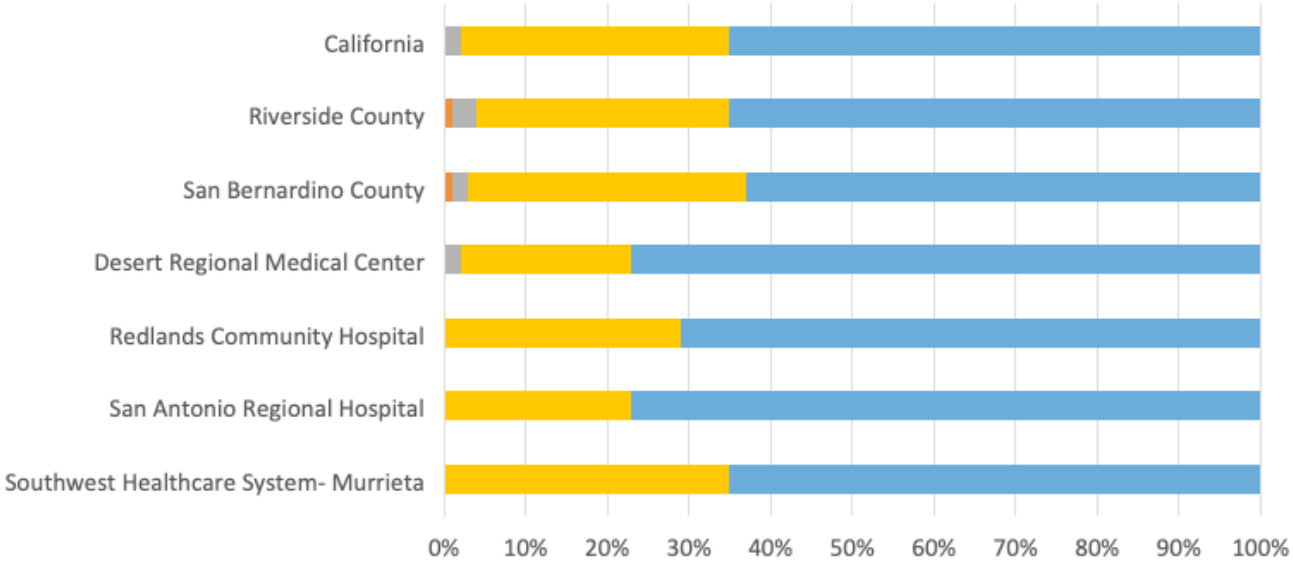
Figure #2 Overall Lung Cancer Hospitalizations by Gender, 2017



	Southwest Healthcare System-Murrieta	San Antonio Regional Hospital	Redlands Community Hospital	Desert Regional Medical Center	San Bernardino County	Riverside County	California
Sex Female %	85%	54%	65%	41%	54%	48%	51%
Sex Male %	15%	46%	35%	59%	46%	52%	49%

Data source: 2017 Hospitalizations derived from the OSHPD file using the SpeedTrack analytics platform.

Figure #3 Overall Lung Cancer Hospitalizations by Age, 2017



	Southwest Healthcare System-Murrieta	San Antonio Regional Hospital	Redlands Community Hospital	Desert Regional Medical Center	San Bernardino County	Riverside County	California
Age Under 1 Year %	0	0	0	0	0	0	0
Age 1-17 Years %	0	0	0	0	1%	1%	0
Age 18-34 Years %	0	0	0	2%	2%	3%	2%
Age 35-64 Years %	35%	23%	29%	21%	34%	31%	33%
Age 65 Years or Greater %	65%	77%	71%	77%	63%	65%	65%

Data source: 2017 Hospitalizations derived from the OSHPD file using the SpeedTrack analytics platform.

Key Findings

- Women have a significantly higher proportion of lung cancer hospitalizations compared to men at Redlands Community Hospital and Southwest Healthcare System-Murrieta.

Mental Diseases and Disorders

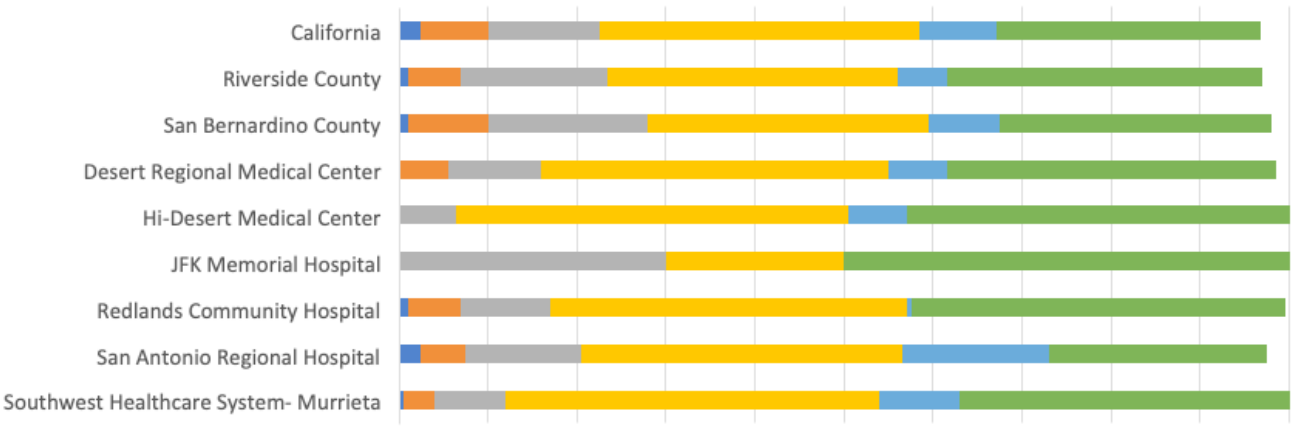
This section includes 2017 data for Mental Diseases and Disorders inpatient hospitalizations in California, San Bernardino County, Riverside County, Desert Regional Medical Center, Redlands Community Hospital, San Antonio Regional Hospital and Southwest Healthcare System-Murrieta. Mountains Community Hospital not included due to insufficient data. MS-DRG codes include 880/881/882/883/884/885/886/887.

Table 1 N-Value for Total Mental Disease and Disorders Hospitalizations per Service Area 2017

2017 Mental Diseases and Disorders Hospitalizations	
California	223,182
Riverside County	12,051
San Bernardino County	13,661
Desert Regional Medical Center	99
Hi-Desert Medical Center	16
JFK Memorial Hospital	11
Redlands Community Hospital	697
San Antonio Regional Hospital	39
Southwest Healthcare System-Murrieta	68

Data source: 2017 Hospitalizations derived from the OSHPD file using the SpeedTrack analytics platform.

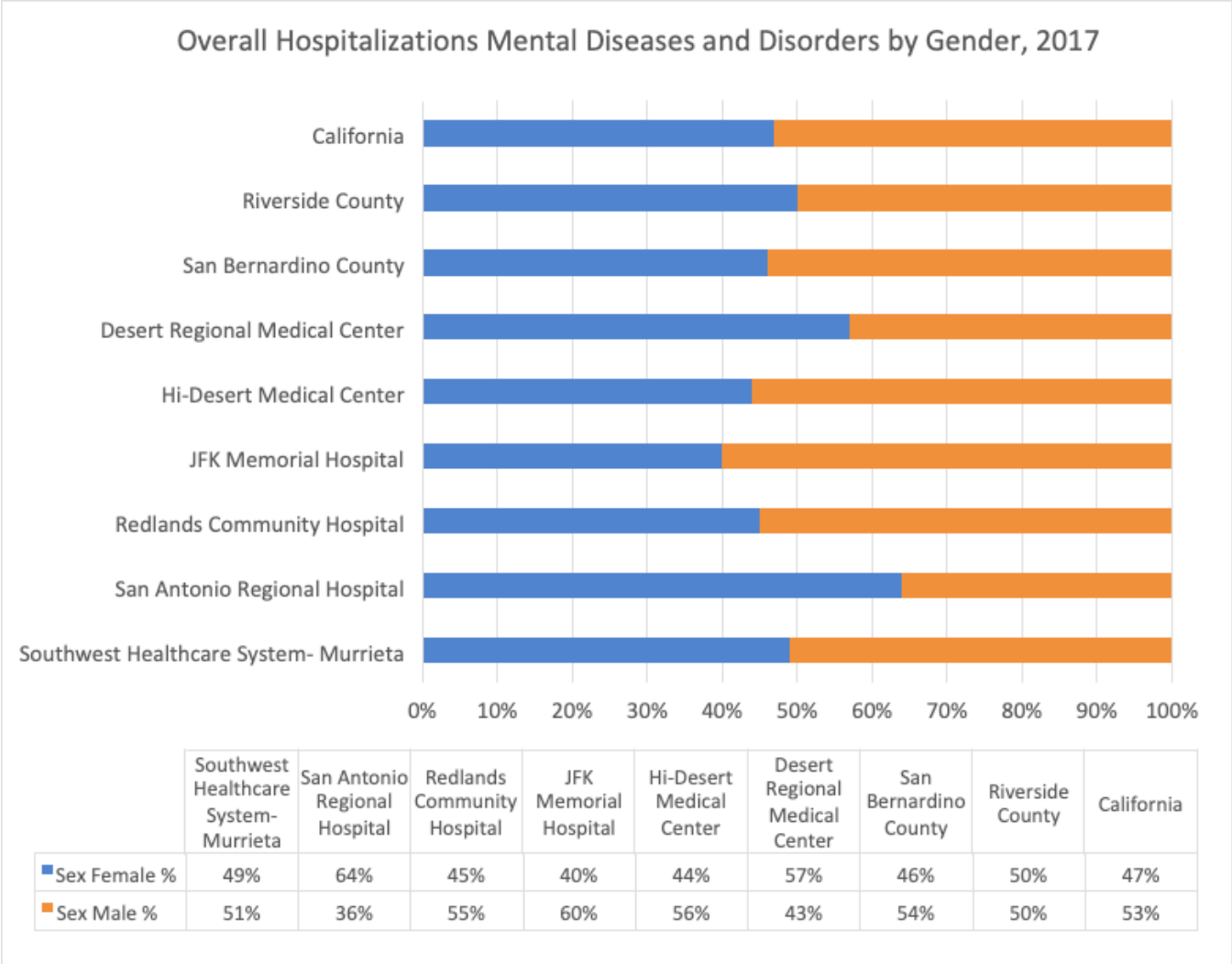
Figure #1 Overall Mental Diseases and Disorders Hospitalizations by Race/Ethnicity, 2017



	Southwest Healthcare System-Murrieta	San Antonio Regional Hospital	Redlands Community Hospital	JFK Memorial Hospital	Hi-Desert Medical Center	Desert Regional Medical Center	San Bernardino County	Riverside County	California
Asian/Pacific Islander	1%	5%	2%	0	0	0%	2%	2%	5%
Black/African American	7%	10%	12%	0	0	11%	18%	12%	15%
Hispanic or Latino	16%	26%	20%	60%	13%	21%	36%	33%	25%
Non-Hispanic	84%	72%	80%	40%	88%	78%	63%	65%	72%
Other Race	18%	33%	1%	0%	13%	13%	16%	11%	17%
White	74%	49%	84%	100%	88%	74%	61%	71%	59%

Data source: 2017 Hospitalizations derived from the OSHPD file using the SpeedTrack analytics platform.

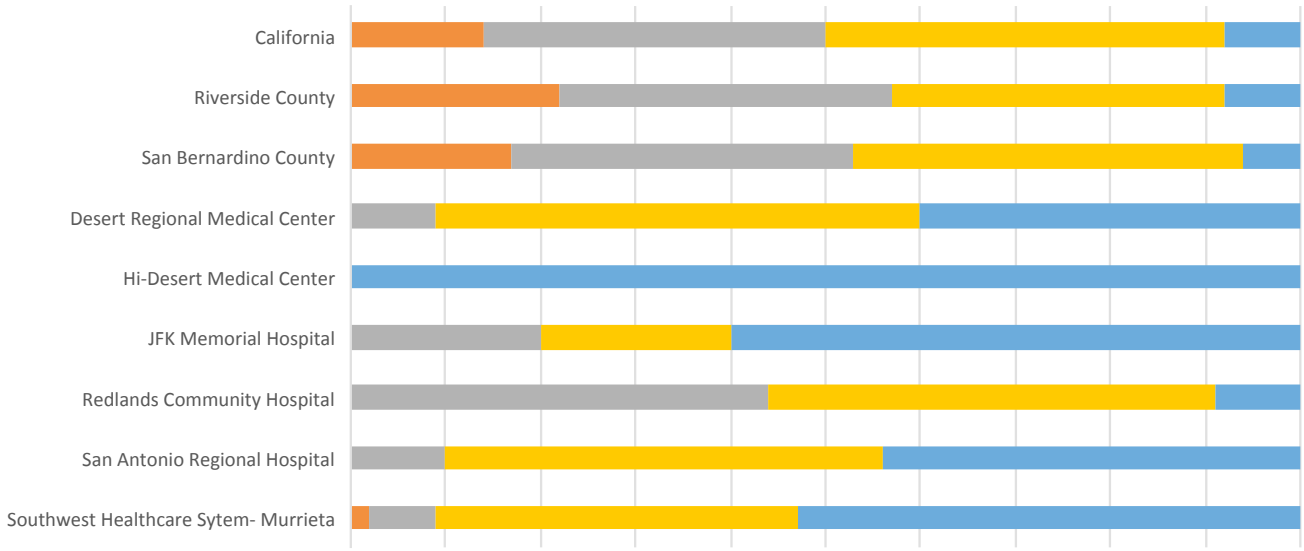
Figure #2 Overall Mental Diseases and Disorders Hospitalizations by Gender, 2017



	Southwest Healthcare System-Murrieta	San Antonio Regional Hospital	Redlands Community Hospital	JFK Memorial Hospital	Hi-Desert Medical Center	Desert Regional Medical Center	San Bernardino County	Riverside County	California
Sex Female %	49%	64%	45%	40%	44%	57%	46%	50%	47%
Sex Male %	51%	36%	55%	60%	56%	43%	54%	50%	53%

Data source: 2017 Hospitalizations derived from the OSHPD file using the SpeedTrack analytics platform.

Figure #3 Overall Mental Diseases and Disorders Hospitalizations by Age, 2017



	Southwest Healthcare Sytem-Murrieta	San Antonio Regional Hospital	Redlands Community Hospital	JFK Memorial Hospital	Hi-Desert Medical Center	Desert Regional Medical Center	San Bernardino County	Riverside County	California
Age Under 1 Year %	0%	0%	0%	0%	0%	0%	0%	0%	0%
Age 1-17 Years %	2%	0%	0%	0%	0%	0%	17%	22%	14%
Age 18-34 Years %	7%	10%	44%	20%	0%	9%	36%	35%	36%
Age 35-64 Years %	38%	46%	47%	20%	0%	51%	41%	35%	42%
Age 65 Years or Greater %	53%	44%	9%	60%	100%	40%	6%	8%	8%

Data source: 2017 Hospitalizations derived from the OSHPD file using the SpeedTrack analytics platform.

Key Findings

- Women have a higher proportion of hospitalizations for Mental Diseases and Disorders compared to men at San Antonio Regional Hospital.

Mortality

Health status and health care utilization measures are central indicators of the performance of the health care system. Health status measures the level of wellness and illness, while health care utilization is the use of services by people for the purpose of preventing and curing health problems. The leading causes of death in the United States are overwhelmingly the result of chronic and preventable disease. Nearly 75% of all deaths in the United States are attributed to just ten causes, with the top three of these accounting for over 50 percent of all deaths. According to the Centers for Disease Control and Prevention, in 2016 the top three leading causes of death in the United States were from heart disease, cancer, and unintentional injuries.

Rank	Riverside	San Bernardino
1	Malignant Neoplasms (Cancer) 146.2	Malignant Neoplasms (Cancer) 157.6
2	Diseases of Heart 104.6	Diseases of Heart 106.5
3	Chronic Lower Respiratory Diseases 41.1	Chronic Lower Respiratory Diseases 52.1
4	Alzheimer's Disease 36.2	Cerebrovascular Diseases (Stroke) 40.5
5	Accidents (Unintentional Injuries) 35.7	Alzheimer's Disease 40.0
6	Cerebrovascular Diseases (Stroke) 34.2	Diabetes Mellitus 33.2
7	Diabetes Mellitus 19.3	Lung Cancer 32.3
8	Drug-Induced Deaths 15.2	Accidents (Unintentional Injuries) 27.5
9	Colorectal Cancer 14.1	Chronic Liver Disease and Cirrhosis 15.5
10	Chronic Liver Disease and Cirrhosis 13.0	Influenza and Pneumonia 13.2

Data Source: California Department of Public Health, County Health Status Profiles 2018, Individual County Data Sheets. 2011-2016 Death Files. Retrieved January 2019 from https://www.cdph.ca.gov/Programs/CHSI/Pages/Individual-County-Data-Sheets.aspx

Within the two-county region, the first three leading causes of death are in the same order — cancer, heart disease and chronic lower respiratory illness. San Bernardino County has the highest rate for mortality from all cancers at 157.6 per 100,000 (age-adjusted). Comparatively, during the same time span the mortality rate for all cancers for the State of California was 140.2 per 100,000.

The fourth through tenth leading causes of death varied by county in terms of order and the cause of death that appears. For example, for San Bernardino County, lung cancer appears as the seventh leading cause of death, and influenza and pneumonia are listed at number ten, but neither are on the list for Riverside County.

Hospitalization Trends Using Prevention Quality Indicators

In the continuum of the disease process, hospitalization is the last step for patient care resulting in separation from community resources and family support. Patients who frequently over-utilize healthcare services typically suffer from multiple chronic conditions, requiring frequent care provided by a number of different providers. Many also have complicated social situations that directly impact their ability to get and stay well. Too often,

high-utilizer patients experience inefficient, poorly coordinated care that results in multiple trips to emergency rooms and costly hospital admissions.

The Agency for Healthcare Research and Quality (AHRQ) developed the Prevention Quality Indicators (PQI) as measures to help assess quality and access to health care in specific communities. The PQIs are population- based and reported at the state, county and zip code levels and adjusted for age and sex. PQIs are a set of measures that can identify quality of care for "ambulatory care sensitive conditions" when used with hospital inpatient discharge data, and can identify areas needing further investigation to potentially prevent the need for hospitalizations and check for primary care access or outpatient services in a community.

Five PQIs are described in this assessment from the 2016 PQI analysis derived from the Office of Statewide Health Planning and Development (OSHPD) PQI Record Level File using the SpeedTrack analytics platform. The PQIs for PQI 01 Diabetes Short-term Complications, PQI 03 Diabetes Long-term Complications, PQI 07 Hypertension, PQI 14 Uncontrolled Diabetes and PQI 15 Asthma in Younger Adults (Ages 18-39) are described below:

PQI 01 Diabetes Short-Term Complications Admission Rate Description:

Admissions for a principal diagnosis of diabetes with short-term complications (ketoacidosis, hyperosmolarity, or coma) per 100,000 population ages 18 years and older. Excludes obstetric admissions and transfers from other institutions.

PQI 03 Diabetes Long-Term Complications Admission Rate Description:

Admissions for a principal diagnosis of diabetes with long-term complications (renal, eye, neurological, circulatory, or complications not otherwise specified) per 100,000 population ages 18 years and older. Excludes obstetric admissions and transfers from other institutions.

PQI 07 Hypertension Admission Rate Description:

Admissions with a principal diagnosis of hypertension per 100,000 population, ages 18 years and older. Excludes kidney disease combined with dialysis access procedure admissions, cardiac procedure admissions, obstetric admissions, and transfers from other institutions.

PQI 14 Uncontrolled Diabetes Admission Rate Description:

Admissions for a principal diagnosis of diabetes without mention of short-term (ketoacidosis, hyperosmolarity, or coma) or long-term (renal, eye, neurological, circulatory, or other unspecified) complications per 100,000 population, ages 18 years and older. Excludes obstetric admissions and transfers from other institutions.

PQI 15 Asthma in Younger Adults (Ages 18-39) Admission Rate Description:

Admissions for a principal diagnosis of asthma per 100,000 population, ages 18 to 39 years. Excludes admissions with an indication of cystic fibrosis or anomalies of the respiratory system, obstetric admissions, and transfers from other institutions.

Analysis of the five 2016 PQIs for Riverside and San Bernardino counties reveals that San Bernardino County has the highest admission rates for diabetes short-term complications, diabetes long-term complications, hypertension, uncontrolled diabetes and asthma in younger adults (ages 18-39).

2016 County Comparison					
County	**PQI 01** Diabetes Short-term Complications	**PQI 03** Diabetes Long-term Complications	**PQI 07** Hypertension	**PQI 14** Uncontrolled Diabetes	**PQI 15** Asthma in Younger Adults (Ages 18-39)
Riverside	60.15	91.14	24.77	36.81	20.13
San Bernardino	71.69	105.69	33.36	44.57	29.51

The zip code table below highlights the zip code where the admissions rate for each of the PQIs is the highest. Please refer to Appendix E: 2016 Prevention Quality Indicators By Zip Code for the Riverside County and San Bernardino County Zip Code tables.

	PQI 01 Diabetes Short-term Complications	**PQI 03** Diabetes Long-term Complications	**PQI 07** Hypertension	**PQI 14** Uncontrolled Diabetes	**PQI 15** Asthma in Younger Adults (Ages 18-39)
Zip Code	92240	92543	92536	92404	92590
Admissions Rate	182.42	196.84	65.92	93.16	112.49

How is the Region Doing?

- San Bernardino County had the highest percentage of women who received prenatal care during the first trimester (83.4%) and was higher than the state estimate of (83.3%) and Healthy People 2020 (77.9%) goal.
- Percent of Women who Initiated Breastfeeding is higher in Riverside County (92.5%) and exceeds the Healthy People 2020 goal of 81.9%.
- The infant mortality rate in San Bernardino County (6.3) is slightly higher than the state (4.6) and Healthy People 2020 goal (6).
- Across each provider indicator (dentist, mental health, and primary care), San Bernardino County demonstrated higher proportions of providers to population in comparison to Riverside County. However, the estimates are still lower than the state estimates.
- Riverside and San Bernardino counties' first three leading causes of death are cancer, diseases of the heart and chronic lower respiratory diseases.
- Analysis of the five Prevention Quality Indicators (PQIs) reveals that San Bernardino County has the highest admission for diabetes short-term complications (71.69), diabetes long-term complications (105.69), hypertension (33.36), uncontrolled diabetes (44.57), and asthma in younger adults ages 18-39 (29.51).
- Women have a significantly higher proportion of hospitalizations due to asthma compared to men at Mountains Community Hospital, Hi-Desert Medical Center and Southwest Healthcare System-Murrieta.

- Whites, Non-Hispanics or Non-Latinos have a higher proportion of hospitalizations due to diabetes compared to any other racial/ethnic group at Desert Regional Medical Center, High-Desert Medical Center, Redlands Community Hospital, San Antonio Regional Hospital and Southwest Healthcare System-Murrieta.

- Men have a higher proportion of hospitalizations due to diabetes compared to women at all hospitals.

- Women have a higher proportion of hospitalizations due to Chronic Obstructive Pulmonary Disease (COPD) compared to men at all hospitals.

What Can Be Done?

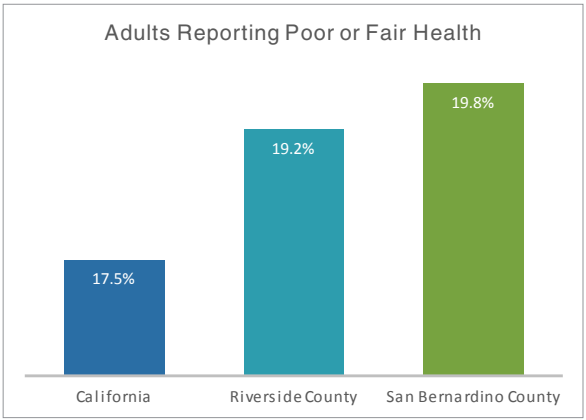
A strong health system is one in which patients receive efficient coordinated care for a variety of illnesses and appropriate follow-up care to prevent unnecessary hospitalizations. In order to strengthen linkages to care, we must first understand the current state of our health system to strategically and intentionally address the needs of the communities. Multi-sector health initiatives should identify high-need and vulnerable communities when they begin conversations to guide the assessment of community needs, alignment of partnerships and target measurable outcomes.

PUBLIC HEALTH AND PREVENTION

Public health is the science of protecting and improving the health of people and their communities. This work is achieved by promoting healthy lifestyles, researching disease and injury prevention, and detecting, preventing and responding to infectious diseases. When these factors are addressed a community will enjoy an overall higher level of physical and emotional well-being.

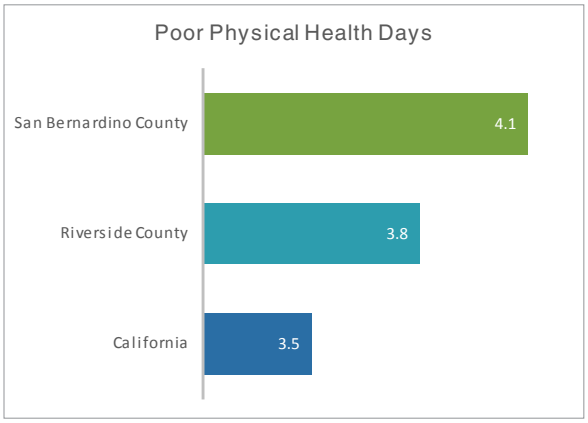
Health Status

Health status is determined by more than the presence or absence of any disease. It is comprised of a number of factors including measures of healthy life expectancy, years of potential life lost, self-assessed health status, chronic disease prevalence, physical illness, and mental well-being. These measures go hand-in-hand with measures related to health behaviors, such as physical activity, nutritional choices, and alcohol consumption. Measuring health behaviors provides a deeper understanding of health status.

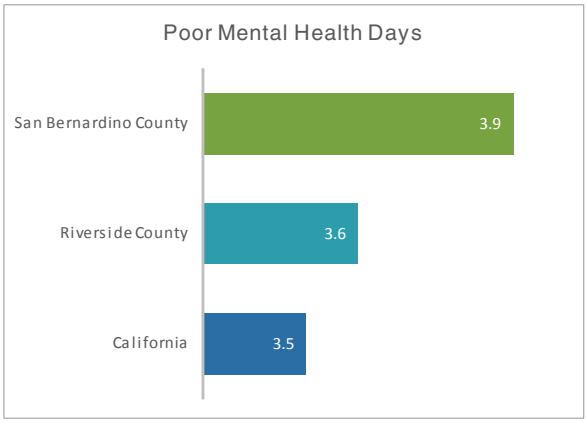


Data Source: Robert Wood Johnson Foundation, County Health Rankings and Roadmaps, 2019. Retrieved January 2019 from http://www.countyhealthrankings.org

When looking at overall health status, San Bernardino County had the largest proportion of adults who would rate their health as "poor" or "fair" (19.8%), while Riverside County had a rate of 19.2%. However, both exceed the state estimate (17.5%). Of the two counties, San Bernardino County also had the highest number of poor physical health days (4.1) as well as poor mental health days (3.9) reported in a 30-day period.



Data Source: Robert Wood Johnson Foundation, County Health Rankings and Roadmaps, 2019. Retrieved January 2019 from http://www.countyhealthrankings.org



Data Source: Robert Wood Johnson Foundation, County Health Rankings and Roadmaps, 2019. Retrieved January 2019 from http://www.countyhealthrankings.org

Physical Activity

In terms of physical inactivity, proportions across the region were slightly higher than the state estimate (17.9%) in response to the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?"

Specifically, positive response percentages were as follows: 21.2% in Riverside County and 21.3% in San Bernardino County.

When considering populations who have adequate access to locations for physical activity, figures vary greatly across the region. According to the 2018 County Health Rankings, access to exercise opportunities is defined as the percentage of individuals in a county who live reasonably close to a location for physical activity. Locations for physical activity are defined as parks or recreational facilities. Riverside County had the highest percentage of individuals with adequate access to exercise opportunities at 88%. San Bernardino County had the lowest percentage at 84.3%.

Chronic Disease

Chronic diseases and conditions—such as heart disease, stroke, cancer, type 2 diabetes, obesity, and arthritis—are among the most common, costly, and preventable of all health problems. The Centers for Disease Control and Prevention estimates that as of 2012, about half of all adults—117 million people—had one or more chronic health condition and one of four adults had two or more chronic health conditions.

Chronic Disease Indicators	California	Riverside County	San Bernardino County
Adults with a Body Mass Index Greater than 30	22.5%	25.6%	**26%**
Medicare Population with Depression	14.3%	13.6%	13.6%
Medicare Population with Heart Disease	23.6%	**25.3%**	24.2%
Medicare Population with High Blood Pressure	49.6%	**48.1%**	47.3%
Medicare Population with Diabetes	25.3%	23.9%	**27.2%**

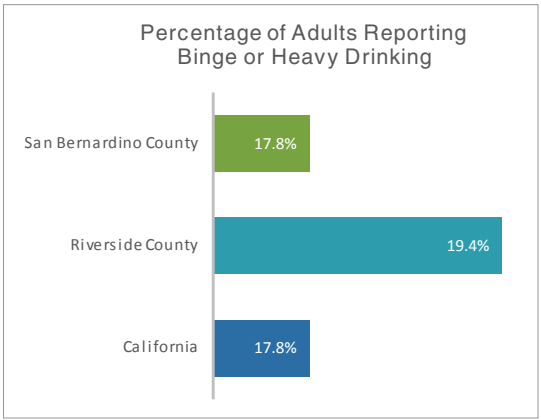
Data Sources: Community Commons (2018). Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2015. Centers for Medicare and Medicaid Services. 2015. Retrieved December 2018 from https:// engagementnetwork.org/assessment/

Of note from the table above, San Bernardino County had the lowest percentages, in comparison to Riverside County, for Medicare populations with heart disease and high blood pressure. Riverside County had the lowest percentage for diabetes. While both counties share the same percentage with Medicare populations with depression.

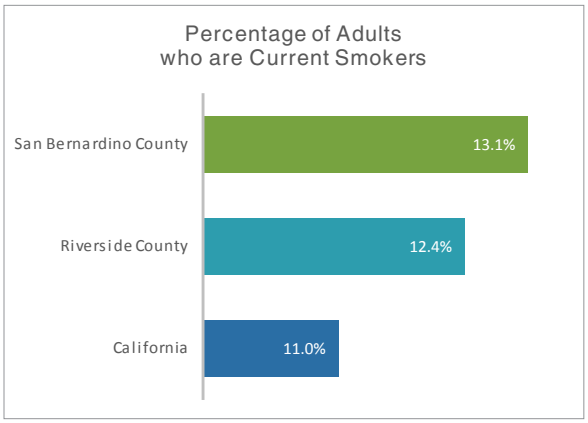
Alcohol and Tobacco Use

Alcohol and/or tobacco use has a major adverse impact on individuals, families and communities. The effects of abuse are cumulative, contributing to costly social, physical, mental, and public health problems.

According to recent estimates, Riverside County has the highest percentage (19.4%) of adults who engaged in binge or heavy drinking within the last 30 days, higher than the state estimate of 17.8%. Conversely, San Bernardino County has the lowest percentage of adults who engaged in binge or heavy drinking.



Data Source: Robert Wood Johnson Foundation, County Health Rankings and Roadmaps, Retrieved January 2019, http://www.countyhealthrankings.org



Data Source: Robert Wood Johnson Foundation, County Health Rankings and Roadmaps, Retrieved January 2019, http://www.countyhealthrankings.org

Those same estimates also noted that San Bernardino County has the highest percentage of adults who are current smokers (13.1%), while Riverside County has the lowest (12.4%). Comparatively, the statewide estimate is 11.0%.

Mental Health

Optimal mental health is a state of successful performance of cognitive and mental function. This results in productive activities, fulfilling relationships with other people, and the ability to change and to cope with challenges. Without meaningfully addressing mental illness a person may develop other physical symptoms or comorbidities due to self-medication and under treatment.

Good mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to one's community or society, as a whole. Maintaining mental health means not only seeking treatment for mental illnesses, but also having access to systems of social support through meaningful relationships. Suicide rates in Riverside County (10.9) were higher than San Bernardino County (10.5).

	California	Riverside County	San Bernardino County
Suicide Age-Adjusted Death Rate (Per 100,000 Pop.)	10.3	**10.9**	10.5

Data Sources: CARES Engagement Network (2019). Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16. Retrieved February 2019 from https://engagementnetwork.org/assessment/

Sexually Transmitted Disease

Sexually transmitted infections (STIs) are passed from one person to another through intimate physical contact and from sexual activity including vaginal, oral, and anal sex. STIs are very common. In fact, CDC estimates 20 million new infections occur every year in the United States. Understanding the rate of STIs is important because they are measures of poor health status, indicate a lack of sexual health education, and indicate the prevalence of unsafe sex practices. San Bernardino County had the highest rates per 100,000 population for chlamydia (540.1) and gonorrhea (158.7) incidence. Riverside County had the highest rates for HIV prevalence (247.9).

Rate per 100,000 Population	California	Riverside County	San Bernardino County
Chlamydia Incidence	506.2	363.7	**540.1**
Gonorrhea Incidence	164.9	109.3	**158.7**
HIV Prevalence	376.4	**247.9**	168.5

Data Sources: Community Commons (2018). US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2016. Retrieved December 2018 from https://engagementnetwork.org/assessment/

How is the Region Doing?

- Adults in San Bernardino County reported more Poor or Fair Health Days (19.8%), Poor Physical Health Days (4.1), and Poor Mental Health Days (3.9) than Riverside County (19.2%, 3.8, 3.6) as well as the state estimate (17.5%, 3.5 and 3.5) respectively.
- San Bernardino County reported slightly higher Physical Activity rates (21.3%) than Riverside County (21.2%). Both counties, exceed the state estimate (17.9%).
- San Bernardino County had lower rates than the state estimates in Medicare Populations with Depression, Heart Disease and High Blood Pressure. However, the rates were higher for Adults with BMI Greater than 30 and Medicare populations with diabetes.
- San Bernardino County has the same rate as state for Percent of Adults Reporting Binge or Heavy Drinking at 17.8%, whereas Riverside County had the highest rate of 19.4%.
- Riverside County (10.9) had a higher rate than San Bernardino County (10.5) for suicide rates. Both exceed the state estimate of 10.3 per 100,000.
- San Bernardino County had the highest rates per 100,000 population for chlamydia (540.1) and gonorrhea (158.7). Riverside County had the highest rates of HIV prevalence (247.9).

What Can Be Done?

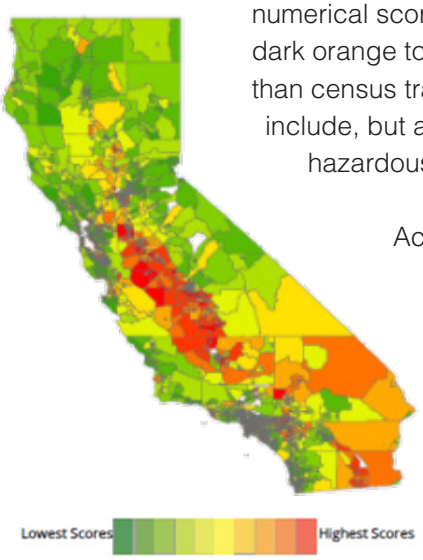
Protecting the public's health means ensuring that a community has access to health services and the information necessary to make healthy decisions. In order to form more meaningful partnerships, we must understand the health status of our community. Primary and secondary data reveal that mental health including substance abuse services are the top needs to be addressed. To begin to heal our community, we must comprehensively address mental health and substance abuse by providing integrated and specialty services to those in need.

PHYSICAL ENVIRONMENT

Our physical environment can affect our health behaviors, quality of life and years of healthy life lived. The World Health Organization (WHO) defines environment, as it relates to health, as "all the physical, chemical, and biological factors external to a person and all the related behaviors." This can include air quality and exposure to toxic substances, as well as factors such as the built environment and housing. The lack of safe green places to play can affect the health of a community through reduced opportunities to engage in physical activity.

CalEnviroScreen 3.0, June 2018

CalEnviroScreen is a science-based mapping tool that was developed by the California Environmental Protection Agency's Office of Environmental Health Hazard Assessment. This tool helps identify California communities that are most affected by many sources of pollution and that are often especially vulnerable to pollution's effects. CalEnviroScreen uses environmental, health, and socioeconomic information to produce a numerical score for each census tract in the state. A census tract with a high score (colored dark orange to dark red) is one that experiences higher pollution burden and vulnerability than census tracts with low scores (colored shades of green). Indicators that are considered include, but are not limited to, ozone, PM 2.5, drinking water quality, pesticides, and hazardous waste.



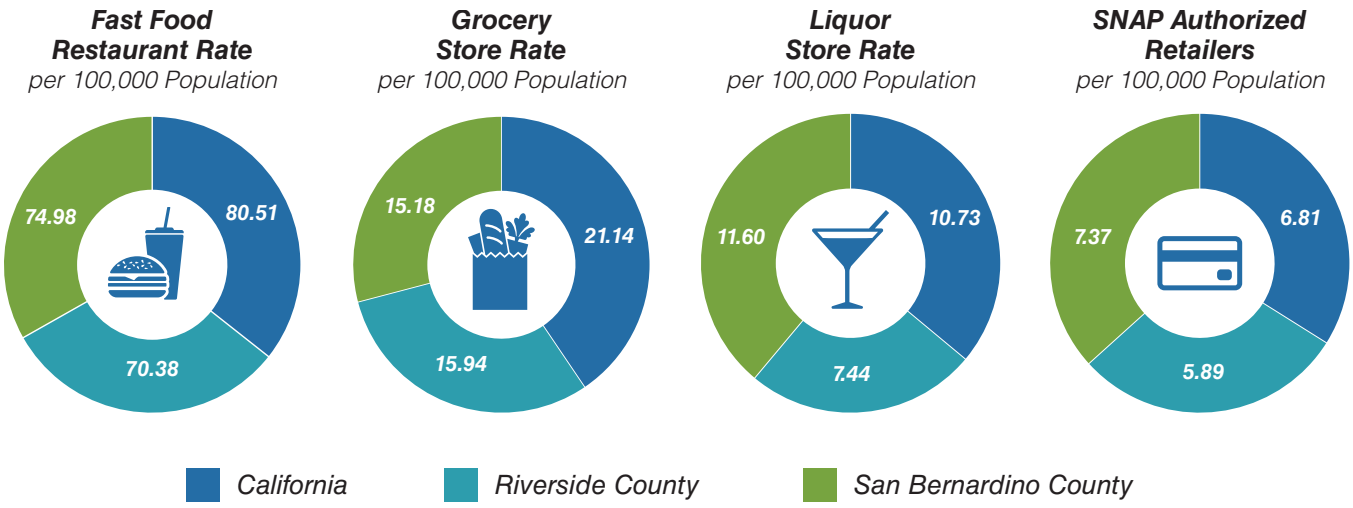
According to the most recent CalEnviroScreen 3.0 results, Riverside County falls in the 60-65% CalEnviroScreen 3.0 Percentile. San Bernardino County falls in the 75-80%. This means that these areas have a high pollution burden (includes exposure and environmental effects variables), populations especially sensitive to these factors, and socioeconomic factors that increase vulnerability to pollution.

Data Source: Office of Environmental Health Hazard Assessment. CalEnviroScreen 3.0 Overall Results and Individual Indicator Maps, January 2019. Retrieved from https://oehha.ca.gov/calenviroscreen/maps-data

Retail Food Environment

Understanding the retail food environment is important to determine access to healthy foods for populations and overall environmental influences on dietary behaviors.

Four indicators are important to consider: the fast food restaurant rate, the grocery store rate, liquor store rate and the number of retailers authorized to accept Supplemental Nutrition Assistance Program (SNAP) benefits (all calculated as establishments per 100,000 population). Areas with a high fast food rate, low grocery store rate, high liquor store rate and low SNAP authorized retailers will inevitably have populations with higher rates of food insecurity, due to lack of access to healthy and affordable foods. Across the two-county region, San Bernardino County had the highest fast food restaurant (74.98), lowest grocery store (15.18) and highest liquor store rates (11.60). Riverside County had the fewest SNAP authorized retailers (5.89). The state estimates are 80.51 fast food restaurant, 21.14 grocery store, 10.73 liquor store, and 6.81 SNAP authorized retailers respectively.



Data Source: Community Commons (2018). US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2016. Retrieved December 2018 from https://engagementnetwork.org/assessment/

Food Insecurity

Food insecurity refers to the US Department of Agriculture's measure of lack of access, at times, to enough food for an active, healthy life for all household members and limited or uncertain availability of nutritionally adequate foods. Food insecurity may reflect a household's need to make trade-offs between important basic needs such as housing or medical bills and purchasing nutritionally adequate foods.

	California	Riverside County	San Bernardino County
Overall Food Insecurity, Percentages	11.7%	9.8%	10.4%
Children Food Insecurity, Percentages	19.0%	19.0%	19.9%

Data Source: Feeding America (2016). Map the Meal Gap, Online Tool. Retrieved January 2019 from http://map.feedingamerica.org/.

When looking at overall food insecurity rates across the two counties, one finds the proportions lower than the estimates for the State of California. San Bernardino County has the highest proportion of children experiencing food insecurity at 19.9%. This rate is higher than the estimate for the State of California (19.0%).

Built Environment

The term built environment refers to the human-made surroundings that provide the setting for human activity, ranging in scale from buildings to parks. It has been defined as "the human-made space in which people live, work, and recreate on a day-to-day basis." The built environment influences a person's level of physical activity. For example, inaccessible or nonexistent sidewalks and bicycle or walking paths contribute to sedentary habits. These habits lead to poor health outcomes such as obesity, cardiovascular disease, diabetes, and some types of cancer. Other factors to consider include access to recreational facilities and fitness centers, housing indicators, and access to broadband internet access. Access to the internet is important because access to technology opens up opportunities for employment and education. Access to recreational facilities is relevant because access encourages physical activity and other healthy behaviors. Riverside County has the lowest

percentage of the population that commutes to work by either walking or riding a bicycle at 1.9%, almost two percentage points lower than the state estimate of 3.8%.

	California	Riverside County	San Bernardino County
Broadband Access	95.4%	96.2%	**94.1%**
Recreational Facilities Establishments, per 100,000 Population	10.75	8.22	**6.14**
Walking or Biking to Work	3.8%	**1.9%**	2.1%

Data Sources: Community Commons (2018). National Broadband Map. 2016. US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2016. US Census Bureau, American Community Survey. 2012-16. Retrieved December 2018 from https://engagementnetwork.org/assessment/

How is the Region Doing?

- Riverside County had a lower Pollution Burden (60-65%) than San Bernardino County (75%-80%) in the CalEnviorScreen.
- Across the two-county region, San Bernardino County had the highest fast food restaurant (74.98), lowest grocery store (15.18) and highest liquor store rates (11.60). Riverside County had the fewest SNAP authorized retailers (5.89). The state estimates are 80.51, 21.14, 10.73, and 6.81 respectively.
- Riverside County (9.8%) and San Bernardino County (10.4%) have lower proportions of Overall Food Insecurity than the estimates for the state, 11.7%.
- San Bernardino County has the highest proportion of children experiencing food insecurity at 19.9%. This is higher than the state estimate of 19.0%.

What Can Be Done?

The physical environment is where we live, work, and play. Access to green spaces, as well as healthy foods play a part in our overall health and how well we interact with others, and often determine our long-term health. To effectively implement interventions, we must understand the built environment in which we live and invite partners to develop collective action plans to achieve health equity and overall health improvements for the entire population. Nontraditional partners such as transportation, planning and parks and recreation agencies can help address the physical environment issues systematically.

VOICES FROM THE COMMUNITY

A CHNA would not be complete without hearing from the local community. Those chosen to provide input, represent the diversity of our community and those who are medically under-served, low-income and minority populations.

Overview

From November 12, 2018 to January 18, 2019, multiple focus groups, key informant interviews and surveys were administered. A total of 228 people were surveyed to obtain input from the community in the form of 11 focus groups (with a total of 97 focus group participants), 32 key informant interviews and 99 people responded to the online survey (including a Spanish option). A full description of key informants and focus group participants can be found in the Appendix F of this document.

Focus Groups

Participants in the focus groups were end-users of programs and services as well as volunteers and/or auxiliary board members provided by the hospitals participating in this CHNA. Populations represented by focus group members included low-income populations, homeless, seniors, women's cancer, single mothers/maternal health, and Spanish-speaking Promotoras. Most of the participants were from Ontario, Temecula, and Redlands. Additional cities represented by the participants were Crestline, Running Springs, Murrieta, Wildomar, Yucaipa, Menifee, Winchester, Lake Arrowhead, Hemet, and Fallbrook.

Key Informant Interviews

Key informant interviews consisted of key leaders in our community from an array of agencies, including those that serve children, homeless populations, veterans, seniors, and Spanish-speaking populations. Other organizations represented included public health agencies, law enforcement, health care organizations, funders, and school districts. The majority of the people interviewed serve residents in San Bernardino County, Riverside, Inland Empire, Murrieta, and Crestline. Pomona, Rancho Cucamonga, Redlands, Lake Arrowhead, Highland, Green Valley Lake, and Cedar Pines Park were among those areas mentioned more than once. Most of the key informants had titles as Director or Executive Director, President or Vice President, or were a part of the medical staff of their organizations. Seven respondents mentioned working for non-profit organizations. Community hospitals, public and/or population health, workforce development, affordable housing, and fire protection services were most frequently stated as services provided.

Survey

The surveys portrayed some similarities to the focus groups and key informant interviews. Ninety-three percent of the survey respondents lived in San Bernardino County, while 6 percent in Riverside. A majority live in the 91786, 91701, and 91730 zip codes. The services provided were for older residents, homeless, families, and youth. Of those representing organizations, the services provided are health education, acute care, physical therapy, transportation, caregiver support, companions, village model, volunteer opportunities, case management, Friday night dinners at various churches, and once a week free clothes washing.

Methodology

To determine focus groups and key informants, members of the Inland Empire Regional CHNA Taskforce individually created lists of people they thought should be interviewed. They were provided with a list of sample sectors for consideration that included: community-based organizations, local business, foundation/funders, school board/district, city council, public health department, law enforcement, legal, faith-based organizations, and hospital leaders. Additionally, work group members were asked to consider the following criteria:

- Does this person represent a vulnerable population?
- Does this person represent the uninsured/ underinsured population?
- Does this person's role transcend over more than one county?
- Do we have representation from all sectors?
- Does it meet the requirement of community health needs assessments?
- Does this person's role cross sectors?

Additionally, workgroup taskforce members were asked to consider the following populations for inclusion in focus groups: those dealing with mental health issues or substance abuse, minority, low income, uninsured/ underinsured, and youth. While members considered potential groups and venues, they were asked to keep the following criteria in mind:

- Does this group represent a vulnerable population(s)?
- Does this group represent the uninsured/ underinsured population?
- Do we have a strong relationship with this group?
- Do we wish to strengthen this relationship?

Finally, the taskforce was encouraged to send survey links to any partner organizations that did not make the key informant list.

Objectives

By engaging the community our main objective was to discover strategies in which our hospitals could collaborate to better serve communities and elevate the health status of our region. To better understand the needs, the focus groups and key informant interviews concentrated on these themes:

- Visions of a Healthy Community
- Health Needs
- Existing Resources
- Barriers to Accessing Resources and Addressing Needs
- Methods of Hospital Improvement
- Additional Feedback

Additionally, key informants were asked about the greatest health and social needs of children. Respondents to the survey were asked about the health problems and health needs of the community, including what is healthy in the community, what is not healthy in the community, and what the community needs to be healthy. They were also asked about the greatest health and social needs of children, services that could improve health in the community, barriers for clients from an organizational perspective, and for any additional feedback. Finally, the codebooks and survey results were instrumental in discovering commonalities in themes, to inform this report. This can be found in Appendix G-I.

The codebooks for the focus groups, key informant interviews, and surveys serve as guides to combine themes for comparison and analysis. The three sources were synchronized to provide a richer analysis when applicable. In addition, the quantitative data from the surveys were used to support the qualitative data for more comprehensive analysis where applicable.

Findings — Significant Health and Social Needs

The focus groups, key informants, and surveys contained questions about the most significant health need in the community. Based on those responses, prioritization was given to issues most frequently mentioned in all three data sources. The top five mentioned below are a combination of all three data sources based on frequency of response. The overarching themes based on the amount of times the issue was mentioned across all three data sources are ranked below:

1. Mental health including substance use and abuse
2. Social issues – i.e. education, transport, housing, nutrition, poverty
3. Chronic diseases - i.e. diabetes, obesity, cancer
4. Access to health care
5. Preventative care

The priority needs were identified by first creating codebooks based on the focus group, key informant interviews, and open text responses from the online survey. The codebooks assisted in combining the separate themes for comparison and analysis. The three sources were coordinated to supply richer interpretation when applicable. Using secondary sources, county information was gathered and compared with the themes found in the focus groups, key informant interviews, and surveys. Table 1 displays the separate ranking of most frequently mentioned health issues by focus group, key informant interview, and online surveys and corresponding data from the secondary sources. Although focus groups indicated mental health as the number one issue in the community, high rates of chronic disease was indicated most frequently in the surveys.

Table 1. Ranked order of most frequently mentioned by data source type

	Focus Groups	Key Informants	Surveys (health and social factors)
1	Mental health (including substance use and abuse)	Social determinants/issues (i.e. education, housing, nutrition, jobs)	High rates of chronic diseases (i.e. diabetes, obesity, asthma, cancer)
2	Social issues (i.e. education, transportation, housing, nutrition, poverty)	Mental health (including substance abuse and use)	Lack of affordable housing options
3	Chronic disease (i.e. diabetes, obesity, cancer)	Access to health care (i.e. insurance, provider shortage)	Lack of access to pediatric care
4	Access to health care (i.e. provider shortage, overcrowding)	Chronic disease (i.e. diabetes, obesity, cancer)	Lack of access to mental health services (including substance abuse services)
5	Lack of preventative care; Health issues of the older population	Preventative health care	High need for help navigating assistance programs

Focus groups indicated mental health as a high priority in several questions. These issues included substance use and abuse, access to help and resources, depression, anxiety, and suicide. Transportation, poverty, homelessness, nutrition, and government were among the social issues affecting the health of communities. Also frequently mentioned were chronic diseases such as diabetes, obesity, and cancer. Access to health care, lack of awareness, lack of insurance, over-crowding, and lack of providers were mentioned in focus groups as health issues.

Focus Group Supporting Quotes

"[Mental health provider] on staff, but they work Monday through Friday, 9:00 am to 4:00 pm. So, you have to have a breakdown during those hours to send somebody out."

"It's what actually put me in the street. I have major health issues, but at the same time, the way social security and disability things like that, system seems to work they just don't care. If they owe quite a bit of money, it's just hard to get anything really accomplished and anybody to hear or look into."

"Right now, what I see the most is cancer. I don't know if it's because of what we eat here. The food has added hormones. Not sure why that happens. You see a lot of the food is refrigerated and the canned food lasts a very long time. They have to put other ingredients to make food last for a long time."

"I'm sorry but they've opened the floodgates up to too many people that can't pay. And then it's taking away from us that can and so it's crowding the system. So that's why I believe there's not enough doctors and quality doctors and beds."

Key informant interviews provided information about the significant health needs, and social determinants of health were among the highest issue mentioned. These included education, homelessness, insurance, housing, economic stability, nutrition, jobs, and transportation. The greatest needs were seen in mental health, which encompasses depression, substance abuse, behavioral health access and treatment, community trauma, and stress. Multiple respondents mentioned gaps in the health care system, lack of access to primary care and specialists, and access to health information as issues with access to health care. Similarly, to the focus groups, the key informants indicated chronic diseases such as diabetes, obesity, cardiovascular, respiratory, and having more than one health problem are significant health issues in the community. The need for preventative health care services such as screenings, checkups, and wellness awareness were high concerns for the community.

Key Informant Supporting Quotes

"Education includes health literacy and healthcare education as well as academic achievement and purchasing power. Under purchasing power that includes employment and it includes understanding how to use money, and understanding insurance, the cost of insurance, and use of insurance, and also how to use personal finances to invest in health."

"Mental health concerns, seeing and hearing more. In some ways we are under resourced counselors and other mental health supports to encourage. This kind of change in how we connect, focus on technology is impacting people's mental health as well. I think it's going to be a need for us."

"It's wellness care, wellness awareness. People use the community hospital when they are in need which means they had an accident or are sick. We need to use those opportunities to educate people for wellness in their personal life or people they come in contact."

Key informants were also questioned about specific populations disproportionately affected by the health issues, effect of health needs on the community, and other priorities in the community that may have not been discussed. Specific populations disproportionately affected were identified as minority groups, including immigrants, people of color, LGBTQ, and seniors, homeless, mothers and children, drug users and abusers, private payers, low education, mentally ill, re-entry population, and veterans.

Key informants described the health needs of the community as a negative "snowball" effect in community health and 'insurmountable' barriers. Further descriptors were increased chronic disease, next generation repeating the cycle, lower quality of life, more homelessness, premature death, delays in care, exhausted resources, and increased suicide. Homelessness, income, mental health, and the combination of multiple needs were repeated when asked about other priorities.

Findings by Themes

Visions of a Healthy Community

The main themes surrounding the vision of a healthy community intersected on promotion of healthy living, education, access to health care, and safety. Both the focus groups and key informant interviews had these themes as the most frequently mentioned. For focus groups, examples of a healthy community include access to recreational activities including park accessibility, exercise, and community events, especially for youth. Having sidewalks, murals, and community gardens were also visions of healthy communities. Education included community awareness, health literacy, higher education opportunities, and promoting technical skills. Quality health care, adequate amount of providers, insurance, and equitable care were areas regarding access to health care. Safety concerns included safe schools, protected communities, low crime, and adequate places for the homeless.

Focus Group Supporting Quotes

"Definitely somewhere there has a lot of parks to be active. A lot of kids now are stuck on video games or on their phones. It's important to have a very nearby park…Where they can be active and safe. Also, it builds family bonding as well which is much needed and bond with other kids too."

"Those who are educated were initially exposed and this is wonderful, but if that education doesn't continue through those elementary years and forward, then the lifestyle doesn't revert back to what they see in their environment. So, we've got to be able to continue that education along the way to that they develop healthy lifestyles going forward, so it is no longer repeated."

"Having equitable access for our residents to not only services and resources, but equitable access to feel that they can make a change. So, getting involved in sharing their voices, authentic voices at a table."

"A place that is safe and one where we don't have to hide from anyone. That's important."

Congruent with the focus groups, the key informants provided health promotion and prevention, education, access to health care and safety as the main themes. Focusing on wellness care and prevention, addressing social issues, educating youth about healthy lifestyles, and promotion through community events. A healthy community of key informants also highlighted education in regards to having equal access to the best education and using that education to better the workforce and community. Access to health care spanned from language barriers to affordability; having the equal ability to access quality care. A vision of living, working, and playing without the worry of violence resonated among the key informants.

Key Informant Supporting Quotes

"I think it's one in particular where children and their families can thrive and reach their full potential and all that comes with that. Everything from safety, strong community infrastructure—transportation and schools and education that leads to better health outcomes, one where we have the workforce, population that is prepared for the workforce where they can have good jobs."

"Safe and healthy place to live, work, and play with opportunities to grow. A community that has equal opportunities to thrive, regardless of race, gender, income, educational level, etc."

Social Factors

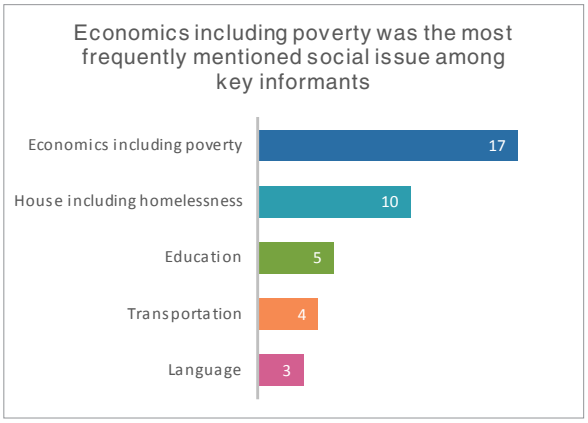
Economics including poverty, housing, and education were the social factors mentioned by key informants. Additionally, homelessness, language barriers, transportation, culture, lack of family support, food deserts, safety, drug use, gangs, misaligned services, physical activity, sex trafficking, and shortage of resources are factors impacting the health of the community.

Supporting Quotes

"People who are perhaps of a lower socioeconomic class feel like they are ignored, do not have the ability to speak up when they have issues or may not even know who to speak to when they're trying to resolve issues. The other component…is undocumented residents and given the political climate, it further pushes those individuals into the shadows. The outcome of that is if we don't provide health care to everyone particularly where we have disease outbreaks even if something as simple as the flu. People have no access to health care, don't get the proper immunizations to get the proper care they might need and then further spread whatever pathogen we may be looking at."

"There is a lack of housing; sleeping in a car, sleeping outside, but there's that stress level and then the stress adds to the looming health problems."

Health Needs of Children



Among the key informants, the social and health issues with the greatest impact on children were identified most frequently as mental and behavioral health, nutrition, access to education, safety, and social-economic factors. Literacy, obesity, education of parents, physical activity, prevention, need for leisure activities, dental care, and elimination of vaping were also mentioned as concerns for children. Specifically, for mental and behavioral health, themes of bullying at schools and community spaces, family and generational trauma, depression, lack of resources for special needs, and chemical dependencies were brought up. Social needs included food insecurity, food programs, learning about healthy options were nutrition issues related to children. Although children attend school at a certain age, having quality education and support, and early childhood education, with access for preschoolers.

Key Informant Supporting Quotes

"To have access to food and nutrition. There are a lot of children often in their region go to school hungry and they only get the meals, or whatever is provided at school, so having healthy food options."

"Statistics are showing greater discomfort and people in stress and more and more children, we have youth, homeless youth in growing numbers. Even though practitioners are recognizing the importance of early childhood adverse happenings, it's not reached mainstream. The general public does not really understand the effects of early childhood adverse experiences and abuse and its long-term effects. Obviously, we have a high rate of incarceration."

"One of the biggest areas we need to start focusing on for children is the idea of early education. Enough studies have shown and even just from a practice standpoint, the idea behind early education, is going to be a huge issue for children moving forward. Focus on the lifelong benefits as a result of early education of kids. Traditionally from an education standpoint, even from a health standpoint, from every standpoint, we've always been incredibly reactive rather than starting at the beginning. I think there's a lot of potential around prevention when you're talking about children: Children's education falls into that category."

Survey findings related to the health and social needs of children as listed below:

1. Opportunities to engage in physical activity, such as after-school sports programs and recreational centers;
2. Access to educational and mentorship enrichment opportunities;
3. Safe and affordable housing;
4. Access to mental health including substance abuse services; and
5. Access to healthy foods.

Many of these findings overlap with those of the key informant interviews. Additional comments from the survey include parents that establish good habits for their children, additional mental health providers, and education on interacting positively with other children with empathy and compassion.

Barriers to Access

The highest responses to barriers to access include transportation, costs, affordability of services, poverty and lack of resources. Transportation woes include limited public transportation, costs and trust of ride sharing applications, and lack of towing assistance.

Supporting Quotes

"The economics, there's a lot of poverty and lack of jobs that impacts people getting care on some level. They don't have the gas to go down the hill to get the services that aren't here."

Perception of Hospital Services

Focus group participants and key informants were asked their perception of the hospital and were asked to offer any suggestions for new activities or strategies. Perception of the hospitals by the focus group findings provided positive highlights and constructive ways to improve. The positive perception themes include people and the physical building, doctors, nurses, family members, professionals, nice staff, hospital patrolling, and outreach activities. The clean facility and convenient location were also positives. As far as negative perceptions, most of this was based on the negative views of others. There were some personal experiences such as wait time, dissatisfaction with care, poor ratings, horrible experiences, lack of time, and lack of equipment. Additionally, the improvements the hospital has made are not publicized.

Focus Group Supporting Quotes

"I totally had a good experience with our hospital when it was little through the pregnancy center. It was something that I couldn't get done down the hill because I had constraints with driving and I went and I had a lovely experience with there."

"And the reality is even if they're improving their services, they're doing nothing to communicate to the community what they're trying to improve their care. I never hear them engaging with the population. So even if they do improve things if you're not telling them, they won't know. You have to control the image."

Quick service, supporting community, behavioral health, compassion, attentive NICU, funding, lab services, meeting needs, pharmacy, radiology, and residency programs were all mentioned as things that should continue and increase. In supporting the community, partnerships, awareness, investing in communities, programs in schools, innovation, low-income population focus, mobile clinics, developing a newsletter, and working with Women Enlightened. Areas mentioned in the focus group for improvement focused on extending ER and hospital services including time open, build more community programs, market and reach out for greater community awareness, increase staff, have preventative services, activities for families, having discharge plans for homeless, donating to physical health programs, mobile clinics, and addressing prescription care.

Focus Group Supporting Quotes

"What I am proud of at the hospital is that we've been doing a lot of innovation. Some of it has been forced on us because of lower costs and low reimbursement but we are looking at integrating behavior health into our inpatient and outpatient practices. I'm proud of the efforts early efforts to use community health workers to try to understand the value in helping patients address social barriers."

"Holding a type of event, a series that will help bring up the image and ways they're improving. They need to let the community know they are improving their services."

Key Informants findings mostly described the status of services and relationships rather than the health and quality of life aspects of improving hospital and community relations. Leading plans and initiatives, working with organizations already addressing health issues, and offering education on wellness were among the most mentioned examples of services and relationships to be improved. Health and quality of life included being advocates of social issues and community and focusing on cultural specifics of the demographic served.

Key Informant Supporting Quotes

"Hospitals as a whole may not have taken time to understand their communities. Truly being a part of the community and not just utilize their health needs assessment as a folder that sits on their desk that's just done every three years. Truly taking that plan out and connecting their activities, their resources, their human capital to make a significant impact on those issues that are identified."

"It would be great if hospitals had a more holistic view of what are the critical needs of the community and they became advocates for the kinds of developments necessary for the population health indicators to be moving in a positive direction. If the hospitals were advocating for parks and walkable communities and eliminating food deserts and addressing a lot of these issues, the health care community would be listened to in that regard and have a very positive impact. Most hospitals are so inwardly focused. They should pay attention to what is going on in that community around them."

Suggestions for improving relationships between the hospital and community involved partnerships, reaching out to the community, advocating for the community, economically supporting the community, transportation, sharing data and information, supporting diversity, focusing on prevention, and developing the workforce in the community.

"Working deliberately together and collaborating and understanding the needs of our specific community and then coming together to decide how we tackle them. It shouldn't be working in a silo with one hospital versus another hospital and fire department or even private ambulance company. We should all be sitting at the table saying these are the needs of our community, how can we solve them instead of it being so proprietary and siloed."

PRIORITIZATION OF HEALTH NEEDS

Process and Criteria

On April 19, 2019, HC2 Strategies, Inc. facilitated a strategy meeting with the members of the Inland Empire Regional CHNA Taskforce to review the results of the CHNA and determine the priority need(s) that the hospitals will address over the next three years. To aid in determining the priority health need(s), the Taskforce was given several critical pieces of information and criteria to consider when making a decision. The priority needs were identified by first creating codebooks based on the focus group, key informant interviews, and open text responses from the online survey. The codebooks assisted in combining the separate themes for comparison and analysis. The three sources were coordinated to supply richer interpretation when applicable. Using secondary data sources, county information was gathered and compared with the themes found in the focus groups, key informant interviews, and surveys. The table represents the most frequently mentioned health issues, in ranked order, among the focus groups, key informant interviews, and online survey, with corresponding data from the secondary sources.

Ranked order of identified community health needs:

Priority Health Issue	Rationale/Contributing Factors
Mental Health and Alcohol/Drug Substance Abuse	Mental health was one of the most frequently mentioned health needs in nearly every question by the focus groups, key informants, and survey respondents, including children and the aging population. Issues mentioned on shortage of staff, addiction, lack of available services, trauma, isolation, and social factors such as transportation, lead to continued unmet mental health needs. Reported poor mental health days is slightly higher in Riverside County at 3.6 days and San Bernardino County at 3.9 days than the state average of 3.5 days. 2017 Hospitalizations for Alcohol/Drug Abuse or Dependency for men are significantly higher than women at all hospitals. Riverside and San Bernardino counties report 13.6% of the Medicare population with depression compared to 14.3% for California. San Bernardino County has the same rate as state for Percent of Adults Reporting Binge or Heavy Drinking at 17.8%, whereas Riverside County had the highest rate of 19.4%.

Priority Health Issue	Rationale/Contributing Factors
Transportation – Especially for Senior Population	Although most community members use more than one means of transportation to work, all three sources mentioned transportation as a major issue for access to health care. With age 65 and older population of approximately 14 percent in Riverside County and 11 percent in San Bernardino County, there is a concern for the aging population for lack of mobility, increased medical need, and greater levels of social isolation. Surveys mentioned having a bus system for seniors, key informants mentioned the dependency of transportation to access health services, and focus groups mentioned the lack of mobility affects access to quality food, mental health, and increased substance abuse.
Poverty and Food Insecurity	Poverty puts people, especially children, at a higher risk of premature death, mental health issues, malnutrition, and overall poor health. The percent of the population living under 100% FPL is 19.1% in San Bernardino County and 16.5% in Riverside County compared to 15.8% in the state. The percent of children under the age of 18 living under 100% FPL is 26.9% in San Bernardino County, 22.8% in Riverside County compared to 21.9% in the state. Access to affordable, quality food in communities and schools, such as walking distance to farmer's markets and fresh fruit and vegetables, were indicated as issues among focus groups, key informants, and surveys. San Bernardino County has the largest population receiving SNAP benefits (18.7%) compared to Riverside County (12.3%) and the state (11.2%).
Affordable Housing and Homelessness	The lack of affordable housing leads to stress, overcrowding, homelessness, and living in substandard conditions. Nearly half of the populations in Riverside (45.5%) and San Bernardino (46.3%) counties are living in substandard housing conditions. The percentage of households spending more than 30% of their gross income on housing in San Bernardino County is 43.2%, Riverside County 43%, and state is 42.8%. The key informants indicated physical and mental illness leads to eviction ending in homelessness. The priority of maintaining housing lessens the priority of health; and the lack of sufficient wages to afford quality housing. Survey respondents indicated the need for safe housing among seniors.

Priority Health Issue	Rationale/Contributing Factors
Education and Awareness	Higher levels of education correlate with preventable poor health outcomes. Approximately a fifth of the population do not hold a high school diploma; Riverside County – 19.5% and San Bernardino – 21.2%. Focus groups mentioned links between poverty and education blocking people's ability to be in optimum health. Key informants indicated links between education and purchasing power and the importance of starting education early among children to encourage good health. Communicating with the community about resources and having health navigators and advocates was mentioned as awareness to facilitate health.
Chronic Diseases • **Asthma** • **Diabetes** • **Heart Disease** • **Obesity** • **Cancer**	The top three leading causes of death in San Bernardino and Riverside counties are cancer, heart diseases and chronic lower respiratory disease. Chronic conditions are more prevalent in San Bernardino County than Riverside County. The rate of ED visits for Asthma are highest for San Bernardino County (51.9), followed by the state (45.8) and Riverside County (41.5). Analysis of the Prevention Quality Indicators (PQI) reveal that San Bernardino County has the highest admissions for diabetes short-term complications, diabetes long-term complications, hypertension, uncontrolled diabetes and asthma in younger adults. • Percent of Medicare population with diabetes is 27.2% in San Bernardino County, 23.9% in Riverside County and 25.3% in California • Percent of Adults with a BMI greater than 30 is 26% in San Bernardino County, 25.6% in Riverside County and 22.5% in California • Seniors age 65 years and older have a higher proportion of hospitalizations in 2017 due to cancer than any other age group at all hospitals participating in the CHNA • Percent of Medicare population with heart disease is 24.2% in San Bernardino County, 25.3% in Riverside County and 23.6% in California • Percent of Medicare population with high blood pressure is 47.3% in San Bernardino County, 48.1% in Riverside County and 49.6% in California The lack of cancer services, high rates of diabetes and obesity due to poor food choices and low income, and difficulty to find places to walk were among the issues mentioned by the focus groups. A key informant indicated the issue is that people never have one issue, but multiple. The need to connect the dots with services before they visit will assist in facilitating healthy people.

Priority Health Issue	Rationale/Contributing Factors
Access to Health Care • **Provider shortage** • **Insurance**	Significantly lower provider rates were found for dentists, mental health providers, and primary care physicians in Riverside (49.9, 173.5, 42, respectively) and San Bernardino counties (68.2, 194.2, 57.1, respectively) compared to the state with 82.4 per 100,000 population dentists, 308.2 mental health care providers, and 78 primary care physicians. Percent of uninsured was higher in Riverside County (14.7%) and San Bernardino County (14.1%) than the state (12.6%). One focus group indicated although there was a mental health staff member, if a mental health breakdown did not happen between the hours of 9:00 am to 4:00 pm, there was no help. Survey respondents also mentioned the need for longer hours in urgent care facilities. Key informants discussed access to health care as closing the gaps in health care system through connecting the dots for people with multiple issues, having more primary care providers and specialists available, and access to information for better treatment of the population.
Preventative Health Care	Preventative health care is comprised of promoting healthy lifestyles, preventing infectious disease, and helping patients achieve overall wellbeing. Riverside County had 19.2% adults who reported poor or fair health days, while San Bernardino had 19.8% compared to the state rate of 17.5%. While the state reported poor physical health for 3.5 days, Riverside County was 3.8 days and San Bernardino County was 4.1 days. Focus groups themes included the need for education and awareness on how to live healthy lives to combat preventable health conditions. Key informants indicated actions are needed from both the community and providers for wellness awareness and proactive preventative care.

Taskforce members were also urged to consider the criteria outlined in the list below when making a decision. This method recognizes the need for a combination of information types (e.g., health indicators and primary data) as well as consideration of issues such as practicality, feasibility, mission alignment and hospital resources. Of note, the criteria selected for determining significant health needs were based on the IRS 501(r) regulations for conducting community health needs assessments and developing implementation plans and finalized in consultation with the Inland Empire Regional CHNA Taskforce.

IDENTIFIED HEALTH NEEDS

On April 19, 2019, HC2 Strategies, Inc. facilitated a strategy meeting with the members of the Inland Empire Regional CHNA Taskforce to review the results of the CHNA and determine the top three priority needs that the hospitals will address over the next three years. To aid in determining the priority health needs, the Taskforce members agreed on the criteria below to consider when making a decision.

- Addresses disparities of subgroups
- Availability of evidence or practice-based approaches
- Existing resources and programs to address problems
- Feasibility of intervention
- Identified community need
- Importance to community
- Magnitude
- Mission alignment and resources of hospitals
- Opportunity for partnership
- Opportunity to intervene at population level
- Severity
- Solution could impact multiple problems

The voting members in attendance were:

- Linda Evans, Desert Regional Medical Center, Hi-Desert Medical Center and JFK Memorial Hospital (via phone call)
- Brian Connors, Inland Valley Medical Center and Rancho Springs Medical Center
- Keven Porter, Hospital Association of Southern California
- Deanna Stover, Ph.D., R.N., FNP, CNS, COHN-S, Principal, Synergy Solutions Consulting, LLC, representing Redlands Community Hospital
- Cathy Rebman, Vice President, Business Development & Community Outreach, San Antonio Regional Hospital

The top health needs across the region identified for 2019-2021 include Mental Health and Alcohol/Drug Substance Abuse; Chronic Diseases including asthma, cancer, diabetes, health disease, and obesity; and access to health care including provider shortage and insurance.

The table below shows the health needs identified in the 2019 CHNA compared to the 2016 CHNA:

Year	Health Outcomes	Social Determinants	Clinical Care	Built Environment
2019	Mental Health and Alcohol/Drug Substance Abuse Chronic Diseases • Asthma • Cancer • Diabetes • Heart Disease • Obesity		Access to Health Care • Provider shortage • Insurance	

2016	• Diabetes (higher rates among Hispanics)
	• Behavioral Health
	• Heart disease and stroke
	• Chronic Obstructive Pulmonary Disease
	• Cancer
	  • Colorectal
	  • Lung
	• Obesity
		• High rates of poverty; lower median incomes
		• Lower educational attainment
			• Poor access to primary care and behavioral health providers
			• Lack of preventive screenings for cancer
			• Inadequate prenatal care
				• Housing shortages
				• Lack of access to healthy foods

REGIONAL EVALUATION

The Hospital Association of Southern California (HASC) Inland Region office represents hospitals in Riverside and San Bernardino counties. Member hospitals are representative of many types of facilities, from rural to large teaching facilities, investor-owned to not-for-profit, VA to behavioral health, and community to public and district operated. HASC Inland Region office convenes and collaborates with member hospitals, local public health departments and community stakeholders to share current health issues and concerns in the region.

HASC Inland Region committees include:

- California Department of Public Health/Hospital Roundtable
- Homeless Patient Discharge Planning
- Workplace Violence Prevention Committee
- Behavioral Health Services Committee
- Emergency Health Services Committee
- Continuum of Care Committee
- HASC Accountable Communities for Health Initiative
- Workforce Development

In 2016 HASC Inland Region office coordinated the region's first Regional Community Health Needs Assessment (CHNA) in collaboration with 11 local hospitals. The assessment provided a detailed review of health in the Inland Empire with clear similarities and variability across the two counties and hospital service areas. The top chronic health conditions expressed through data compilation included (in alphabetical order):

- Asthma & Bronchitis
- Chronic Obstructive Pulmonary Disease
- Diabetes
- Mental Illness
- Obesity
- Substance Abuse

During the regional prioritization process, the Inland Empire Regional CHNA Taskforce decided that as a region they will focus on Diabetes, Obesity and Workforce Development as their health priorities.

Diabetes/Obesity

In response to the 2016 Regional Community Health Needs Assessment, the Inland Empire Bridging for Health Collaborative was created in September 2016 to focus on Diabetes and Obesity as the regional community health issue that was of critical concern for residents of the Inland Empire.

The multi-sector collaborative embarked on a two-year process to utilize grant funding from the Robert Wood Johnson Foundation and was comprised of Riverside and San Bernardino County Departments of Public Health, hospitals, school districts, regional health plans, and philanthropy leaders.

The goals of the collaborative were to:

- Identify intervention strategies to address the issue of diabetes/obesity.
- Determine innovative financing vehicles to fund the highest-impact interventions sustainably.
- Devise policy solutions that align intervention implementation and savings to public systems with private and public financing.
- Build on the infrastructure of regional efforts in Riverside and San Bernardino counties, Vital Signs, Riverside Community Health Improvement Plan, and the HASC Regional CHNA.

In August 2018, the Inland Empire Health Plan changed their direction and the group was reformed. The new focus is directed toward early childhood respiratory illness (asthma) and is a work in progress.

Workforce Development

The HASC Inland Region office has been working with REACHOUT, Loma Linda University Health (LLUH) and University of California Riverside (UCR) to develop a pipeline for community health workers (CHW) in the High Desert area (Victorville, Apple Valley, and Barstow).

This effort was in response to a need identified in the 2016 Regional CHNA for culturally appropriate navigation services that would support improving access to health care. The concept provided an educational pipeline that utilized community residents to support the interface and navigational needs to make health care access appropriate and easy.

The CHW workgroup has developed a presentation and is in the process of refining and exploring funding opportunities to support prospective candidates and employers.

The Inland Empire Economic Partnership (IEEP) Healthcare Council has met with academic leaders from UCR, LLUH, Western University and Health System representatives to discuss health care workforce challenges and the need for collaborative work. The discussion focused on developing five key strategy areas: 1) policy and advocacy; 2) decrease costs; 3) policy reform; 4) promote wellness; and 5) advise workforce development programs. The next steps are to develop a database of all programs being offered in the Inland Empire and where they are accessing clinical rotations for RN, LVN, MD, LAB and Respiratory Therapy.

APPENDIX A: QUALIFICATIONS OF CONSULTANTS

Laura Acosta, MPH, HC2 Strategies, Inc.

HC2 Strategies, Inc. is a strategy consulting company that works with health systems and hospitals, physician groups, communities and other non-profit organizations across the country to connect and transform the health and well-being of their communities. They work to integrate the clinical and social aspects of community health to improve equity and reduce health disparities.

Laura Acosta has experience in healthcare administration, community-based activities, faith communities, and healthy communities initiatives. She provides leadership to various community-based activities focused on improving the quality of life for Inland Empire, California residents. She has extensive knowledge and experience with community benefits, community health needs assessments, and community health plans. Ms. Acosta earned her bachelor degree in Business Administration, and a Master in Public Health from Loma Linda University with a focus in policy and leadership. She has been involved in leadership programs with the Inland Empire Economic Partnership and Healthcare Executives of Southern California, and has been actively involved in experience design.

Jaynie Boren, HC2 Strategies, Inc.

Jaynie is a strategy and business development executive with more than 25 years of progressive leadership responsibility in planning, growing market share, creating new revenue opportunities, and facilitating relationships and joint ventures for independent hospitals, major integrated healthcare delivery systems and tertiary medical centers.

She has the ability to bring individuals with diverse interests together to achieve corporate and business objectives. Jaynie is an executive that can bring together her outstanding market research, planning, marketing, strategy, project development, implementation, and relationship building skills. She has documented success in building strategic plans and working with teams to assure implementation of goals.

Susan Harrington, MS, RD, Communities Lifting Communities, Hospital Association of Southern California

Susan is a Registered Dietitian Nutritionist and has worked in public health for over 32 years. She is a former director of the Riverside County Department of Public Health and is a public and community health consultant. In July 2018, Susan joined the Hospital Association of Southern California (HASC) as Executive Director for Communities Lifting Communities (CLC). CLC is working with founding partners including HASC, HC2 Strategies and the Public Health Alliance of Southern California to advance significant systems change through a collective impact model aligning HASC member hospitals and health systems, public health departments, health plans, and community stakeholders to improve community health and reduce health disparities. Susan holds a master's degree in Nutrition from the University of Nebraska, Lincoln and a bachelor's degree in Dietetics from the University of California, Davis.

James A. Martinez, Ed.D., MPH

James earned a master's degree in epidemiology and a doctoral degree in health education from Columbia University, NY. He is a population health data expert using data to tell the community story. He teaches courses in database design, cartography and GIS applications in public health practice at Loma Linda University Health. He is also a program manager of Research and Evaluation at San Bernardino County Superintendent of Schools, where he assists with leadership and integrating interactive data systems.

He also works on a community-lead partnership with local government on developing a countywide health improvement framework, and asset mapping applications to promote networks of healthy communities and real-time community health management platforms for hospital emergency department visits and solutions for preventing readmissions.

Karen Ochoa, MA, Project Manager, Communities Lifting Communities, Hospital Association of Southern California

Karen manages projects and daily operations of the organization. Before joining CLC, Karen served as the Education Manager for the Hospital Association of Southern California. In her role as Education Manager, she supported the development of the various educational programs that focused on leadership development for hospital clinical and healthcare executives. Karen holds a master's degree in Urban Sustainability and a Bachelor of Arts degree in Urban Community & Environment from Antioch University Los Angeles.

APPENDIX B: GLOSSARY OF TERMS

Benchmark

A benchmark is a measurement that serves as a standard by which other measurements and/or statistics may be measured or judged. A "benchmark" indicates a standard by which a community can determine whether the community is performing well in comparison to the standard for specific health outcomes.

Community Resources

Community resources include organizations, people, partnerships, facilities, funding, policies, regulations, and a community's collective experience. Any positive aspect of the community is an asset that can be leveraged to develop effective solutions.

Federal Poverty Level (FPL)

The set minimum amount of gross income that a family needs for food, clothing, transportation, shelter and other necessities. In the United States, this level is determined by the Department of Health and Human Services and used to determine financial eligibility for certain federal programs. One can calculate various percentage multiples of the guidelines by taking the current guidelines and multiplying each number by 1.25 for 125 percent, 1.50 for 150 percent, etc. 150%, 200%, and 400% are included in the tables below.

2018 Poverty Guidelines for the 48 Continental United States, Annual Salary				
Persons in Family/ Household Size	**Poverty Guideline (Level)**	**138% of the FPL**	**300% of the FPL**	**400% of the FPL**
1	$12,140	$18,210	$36,420	$48,560
2	$16,460	$24,690	$49,380	$65,840
3	$20,780	$31,170	$62,340	$83,120
4	$25,100	$37,650	$75,300	$100,400
5	$29,420	$44,130	$88,260	$117,680
6	$33,740	$50,610	$101,220	$134,960
7	$38,060	$57,090	$114,180	$152,240
8	$42,380	$63,570	$127,140	$169,520
For families/households with more than 8 persons, add $4,320 for each additional person.				

Data Source: https://aspe.hhs.gov/2018-poverty-guidelines

2018 Poverty Guidelines for the 48 Continental United States, Monthly Salary				
Persons in Family/ Household Size	**Poverty Guideline (Level)**	**150% of the FPL**	**300% of the FPL**	**400% of the FPL**
1	$1,012	$1,518	$3,035	$4,047
2	$1,372	$2,058	$4,115	$5,487
3	$1,732	$2,598	$5,195	$6,927
4	$2,092	$3,138	$6,275	$8,367
5	$2,452	$3,678	$7,355	$9,807
6	$2,812	$4,218	$8,435	$11,247
7	$3,172	$4,758	$9,515	$12,687
8	$3,532	$5,298	$10,595	$14,127

Data Source: https://aspe.hhs.gov/2018-poverty-guidelines

Federally Qualified Health Center

Federally Qualified Health Centers are community-based health care providers that receive funds from the Health Resources & Services Administration Health Center Program to provide primary care services in under-served areas. They must meet a stringent set of requirements, including providing care on a sliding fee scale based on ability to pay and operating under a governing board that includes patients. Federally Qualified Health Centers may be Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Health Centers for Residents of Public Housing.

Focus Group

A group of people questioned together about their opinions on an issue. For this CHNA, focus groups answered questions related to components of a healthy community and issues in their community.

Food Insecurity

A lack of consistent access to food resulting in reduced quality, variety, or desirability of diet, or multiple indications of disrupted eating patterns and reduced food intake.

Health Indicator

A single measure that is reported on regularly and that provides relevant and actionable information about population health and/or health system performance and characteristics. An indicator can provide comparable information, as well as track progress and performance over time.

Healthy People 2020

Healthy People 2020 provides science-based, 10-year national objectives for improving the health of all Americans. For three decades, Healthy People has established benchmarks and monitored progress over time to encourage collaborations across communities and sectors, empower individuals toward making informed health decisions, and measure the impact of prevention activities.

Housing Cost Burden

Measures the percentage of household income spent on mortgage costs or gross rent. The US Department of Housing and Urban Development currently defines housing as affordable if housing for that income group costs no more than 30 percent of the household's income. Families who pay more than 30 percent of their income for housing are considered cost burdened; families who pay more than 50 percent of their income for housing are severely cost burdened.

Housing Units with Substandard Conditions

Housing that poses a risk to the health, safety or physical well-being of occupants, neighbors, or visitors. Substandard housing increases risk of disease, crime, social isolation and poor mental health. Substandard housing is associated with one or more of the following conditions:

1. Is dilapidated;
2. Does not have operable indoor plumbing;
3. Does not have a usable flush toilet inside the unit for the exclusive use of a family;
4. Does not have a usable bathtub or shower inside the unit for the exclusive use of a family;
5. Does not have electricity, or has inadequate or unsafe electrical service;
6. Does not have a safe or adequate source of heat;
7. Should, but does not, have a kitchen; or
8. Has been declared unfit for habitation by an agency or unit of government.

Infant Mortality Rate

Expressed as a rate per 1,000 births, this is defined as the death of a child prior to its first birthday (should be read, for example, as 7.8 infant deaths for every 1,000 births).

Low Birth Weight

Expressed as a rate per 1,000 births, this refers to infants born with a weight between 1,500 and 2,500 grams or between 3.3 and 5.5 pounds. Very low birth weight infants are born with a weight less than 1,500 grams.

Prenatal Care

Adequacy of prenatal care calculations are based on the Adequacy of Prenatal Care Utilization Index (APNCU), which measures the utilization of prenatal care on two dimensions. The first dimension, adequacy of initiation of prenatal care, measures the timing of initiation using the month prenatal care began reported on the birth certificate. The second dimension, adequacy of received services, is measured by taking the ratio of the actual number of visits reported on the birth certificate to the expected number of visits. The expected number of visits is based on the American College of Obstetrics and Gynecology prenatal care visitations standards for uncomplicated pregnancies (1), and is adjusted for the gestational age at initiation of care and for the gestational age at delivery. The two dimensions are combined into a single summary index, and grouped into four categories: Adequate-Plus, Adequate, Intermediate, and Inadequate.

- Adequate-Plus: Prenatal care begun by the 4th month of pregnancy and 110% or more of recommended visits received.
- Adequate: Prenatal care begun by the 4th month of pregnancy and 80-109% of recommended visits received.
- Intermediate: Prenatal care begun by the 4th month of pregnancy and 50-79% of recommended visits received.
- Inadequate: Prenatal care begun after the 4th month of pregnancy or less than 50% of recommended visits received.

Prevention Quality Indicators (PQIs)

Prevention Quality Indicators (PQIs) are a set of measures that are derived from inpatient discharge data to identify the quality of care for ambulatory care sensitive conditions (ACSC). These are conditions for which good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe disease.

Primary Data

Primary data are new data collected or observed directly from first-hand experience. They are typically qualitative (not numerical) in nature. For this CHNA, primary data were collected through focus groups and key informant interviews and surveys.

Secondary Data

Data that has already been collected and published by another party. Typically, secondary data collected for CHNAs is quantitative (numerical) in nature (for example, data collected by a local or state department of health, the Centers for Disease Control and Prevention, or a state department of education).

Teen Birth Rate

Expressed as a rate per 1,000 births, this refers to the quantity of live births by teenagers who are between the ages of 15 and 19.

APPENDIX C: DATA SOURCES CITED

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APPENDIX D: HEALTH INDICATOR TABLES

All data sources can be found throughout the document in the respective graph.

Social and Economic Factors Indicators	State Estimate	Riverside County	San Bernardino County
Children Below 100% Federal Poverty Level, Percent	21.9%	22.8%	26.9%
Cost-Burdened Households, Percent	42.8%	43.0%	43.2%
Head Start Programs, Rate (per 10,000 Children)	5.9	4.25	2.46
Housing Units with One or More Substandard Conditions, Percent	45.6%	45.5%	46.3%
Mortality — Drug-Induced Death, Rate per 100,000	12.2	15.2	11.3
Mortality — Motor Vehicle Traffic Crash Death Rate per 100,000 Population	8.8	11.4	12.8
Percentage of Homeownership, Percent	54%	64%	58%
Population Age 16-19 Not in School and Not Employed, Percent	7.0%	8.9%	9.8%
Population Age 25+ with Bachelor's Degree or Higher, Percent	32.0%	21.2%	19.3%
Population Age 25+ with No High School Diploma, Percent	17.9%	19.5%	21.2%
Population Below 100% Federal Poverty Level, Percent	15.8%	16.5%	19.1%
Population Receiving Public Assistance Income, Percent	3.8%	3.8%	5.6%
Population Receiving SNAP Benefits, Percent	11.2%	12.3%	18.7%
Students Scoring 'Not Proficient' or Worse on 4th Grade Reading Test, Percent	60.5%	63.3%	67.6%
Students Scoring 'Proficient' or Better on 4th Grade Reading Test, Percent	39.5%	36.8%	32.4%
Total Homelessness, 2018	NA	2,310	2,118
Substantiated Child Abuse Cases per 1,000	8.4	9.6	9.4
Unemployment Rate, Percent	4.3%	4.7%	4.2%

Public Health and Prevention Indicators	State Estimate	Riverside County	San Bernardino County
Access to Exercise Opportunities, Percent	89.6%	88%	84.3%
Adults who are Current Smokers, Percent	11.0%	12.4%	13.1%
Depression (Medicare Population), Percent.	14.3%	13.6%	13.6%

Public Health and Prevention Indicators	State Estimate	Riverside County	San Bernardino County
Diabetes (Medicare Population), Percent	25.3%	23.9%	27.2%
Excessive Drinking, Percent	17.8%	19.4%	17.8%
Heart Disease (Medicare Population) Percent	23.6%	25.3%	24.2%
High Blood Pressure (Medicare Population), Percent	49.6%	48.1%	47.3%
Poor or Fair Health (Age-Adjusted), Percent	17.5%	19.2%	19.8%
Poor Physical Health Days, 30-Day Period	3.5	3.8	4.1
Poor Mental Health Days, 30-Day Period	3.5	3.6	3.9
Population with No Leisure Time Physical Activity, Percent	17.9%	21.2%	21.3%
Obesity (Body Mass Greater than 30), Percent	22.5%	25.6%	26.0%
Suicide, per 100,000 Population	10.3	10.9	10.5
STI — Chlamydia Incidence, per 100,000 Population	506.2	363.7	540.1
STI — Gonorrhea Incidence, per 100,000 Population	164.9	109.3	158.7
STI —- HIV Prevalence, per 100,000 Population	376.4	247.9	168.5

Health Systems Indicators	State Estimate	Riverside County	San Bernardino County
Active Asthma Prevalence, Percent	8.7%	10.2%	10.6%
Asthma ED Visits, Rate per 100,000	45.8	41.5	51.9
Asthma Hospitalizations, Rate per 100,000	4.8	4.2	5.6
Breastfeeding Initiation, Percent	93.8%	92.5%	89.3%
Dentists, Rate per 100,000 Population	82.4	49.9	68.2
Infant Mortality Rate (per 1,000 Live Births)	4.6	4.6	6.3
Lifetime Asthma Prevalence, Percent	14.8%	15.5%	15.9%
Low-Weight Births (Under 2500g), Percent	6.8%	6.7%	7.3%
Mental Health Care Provider, Rate per 100,000 Population	308.2	173.5	194.2
Mortality — All Cancers, Age-Adjusted Death Rate per 100,000 Population	140.2	146.2	157.6
Mortality — Diabetes, Age-Adjusted Death Rate per 100,000 Population	20.7	19.3	33.2
Mortality — Alzheimer's Disease, Age-Adjusted Death Rate per 100,000 Population	34.2	36.2	40.0

Health Systems Indicators	State Estimate	Riverside County	San Bernardino County
Mortality — Coronary Heart Disease, Age-Adjusted Death Rate per 100,000 Population	89.1	104.6	106.5
Mortality — Stroke, Age-Adjusted Death Rate per 100,000 Population	35.3	34.2	40.5
Mortality — Influenza/Pneumonia, Age-Adjusted Death Rate per 100,000 Population	14.3	10.6	13.2
Mortality — Chronic Lower Respiratory Disease, Age-Adjusted Death Rate per 100,000 Population	32.1	41.1	52.1
Mortality — Chronic Liver Disease and Cirrhosis, Age-Adjusted Death Rate per 100,000 Population	12.2	13.0	15.5
Mortality — Accidents (Unintentional Injuries), Age-Adjusted Death Rate per 100,000 Population	30.3	35.7	27.5
Mortality — Motor Vehicle Traffic Crashes, Age-Adjusted Death Rate per 100,000 Population	8.8	11.4	12.8
Mortality — Drug-Induced Deaths, Age-Adjusted Death Rate per 100,000 Population	12.2	15.2	11.3
Primary Care Physicians, Rate per 100,000 Population	78.0	42.0	57.1
Population Receiving Medicaid, Percent	26.6%	29.4%	33.8%
Rate of Federally Qualified Health Centers per 100,000 Population	2.74	1.96	1.18
Teen Births (per 1,000 female population aged 15 to 19 years old)	17.6	19.5	24.3
Uninsured Population, Percent	12.6%	14.7%	14.1%
Women who Received Adequate or Adequate-Plus Prenatal Care, Percent	77.9%	74.9%	71.6%
Women who Received Prenatal Care in the First Trimester, Percent	83.3%	83.2%	83.4%

Physical Environment Indicators	State Estimate	Riverside County	San Bernardino County
Broadband Access, Percent	95.4%	96.2%	94.1%
Fast Food Restaurant Rate, per 100,000 Population	80.51	70.38	74.98
Estimate Excessive Drinking, Percent	17.8%	19.4%	17.8%
Food Insecurity — Children, Percent	19.0%	19.0%	19.9%
Population Food Insecurity— Overall, Percent	11.7%	9.8%	10.4%
Grocery Store Rate, per 100,000 Population	21.14	15.94	15.18
Recreation and Fitness Facility Access, per 100,000 Population	10.75	8.22	6.14
SNAP-Authorized Retailers, Rate per 100,000 Population	6.81	5.89	7.37

APPENDIX E: 2016 PREVENTION QUALITY INDICATORS BY ZIP CODE

RIVERSIDE COUNTY						
Zip Code	**City**	**PQI 01** Diabetes Short-term Complications	**PQI 03** Diabetes Long-term Complications	**PQI 07** Hypertension	**PQI 14** Uncontrolled Diabetes	**PQI 15** Asthma in Younger Adults (Ages 18-39)
92536	Aguanga	-	98.88	65.92	-	-
92539	Anza	96.83	121.04	48.41	96.83	-
92220	Banning	200.06	105.49	32.74	94.57	11.6
92223	Beaumont	60.89	55.09	20.3	52.2	29.02
92225	Blythe	23.35	70.06	-	23.35	11.52
92230	Cabazon	-	101.68	101.68	50.84	120.63
92320	Calimesa	58.17	130.89	-	72.72	-
92234	Cathedral City	43.13	112.61	33.54	38.33	44.66
92236	Coachella	91.03	94.41	26.97	40.46	24.72
92879	Corona	49	54.44	8.17	27.22	5.86
92880	Corona	53.05	69.19	16.15	36.9	9.66
92881	Corona	26.01	56.36	13.01	21.68	11.32
92882	Corona	36.48	59.52	11.52	21.12	12.96
92883	Corona	26.93	22.44	17.95	13.47	23.53
92239	Desert Center	-	-	432.9	432.9	-
92240	Desert Hot Springs	182.42	193.59	33.51	74.46	43.88
92241	Desert Hot Springs	75.47	113.21	12.58	25.16	-
92543	Hemet	153.1	196.84	47.39	91.13	20.55
92544	Hemet	137.15	142.86	22.86	54.29	24.07
92545	Hemet	54.51	127.18	42.39	66.62	20.26
92548	Homeland	18.15	127.04	-	18.15	-
92549	Idyllwild	-	119.37	-	-	-

RIVERSIDE COUNTY						
Zip Code	**City**	**PQI 01** Diabetes Short-term Complications	**PQI 03** Diabetes Long-term Complications	**PQI 07** Hypertension	**PQI 14** Uncontrolled Diabetes	**PQI 15** Asthma in Younger Adults (Ages 18-39)
92210	Indian Wells	21.58	43.17	-	-	-
92201	Indio	103.96	165.11	30.58	30.58	18.81
92203	Indio	28.56	42.84	38.08	14.28	-
92253	La Quinta	43.87	56.41	28.2	15.67	24.42
92530	Lake Elsinore	79.55	114.03	29.17	50.38	34.06
92532	Lake Elsinore	73.21	65.89	36.61	65.89	15.11
92518	March Air Reserve Base	95.88	95.88	-	-	-
92254	Mecca	53.84	118.46	21.54	43.08	-
92584	Menifee	39.89	76.72	18.41	27.62	21.02
91752	Mira Loma	29.14	133.23	33.31	29.14	-
92551	Moreno Valley	55.72	64.29	25.72	25.72	8.67
92553	Moreno Valley	74.52	116.32	27.26	23.63	24.89
92555	Moreno Valley	49.66	79.46	16.55	39.73	14.27
92557	Moreno Valley	45.1	77.67	30.07	20.05	22.35
92256	Morongo Valley	65.88	98.81	32.94	32.94	119.33
92561	Mountain Center	132.28	198.41	-	66.14	-
92562	Murrieta	30.1	53.74	21.5	34.4	40.4
92563	Murrieta	55.22	72.79	25.1	32.63	28.04
92258	North Palm Springs	-	141.84	-	-	-
92860	Norco	25.97	60.6	12.99	12.99	22.48
92567	Nuevo	13.72	82.3	27.43	13.72	-
92260	Palm Desert	37.38	64.56	57.77	44.18	28.44
92262	Palm Springs	126.61	84.41	29.54	71.75	98.93
92264	Palm Springs	72.67	98.62	20.76	20.76	30.52
92211	Palm Desert	16.43	28.75	41.08	16.43	28.8

RIVERSIDE COUNTY						
Zip Code	**City**	**PQI 01** Diabetes Short-term Complications	**PQI 03** Diabetes Long-term Complications	**PQI 07** Hypertension	**PQI 14** Uncontrolled Diabetes	**PQI 15** Asthma in Younger Adults (Ages 18-39)
92570	Perris	45.94	89.46	19.34	45.94	5.42
92571	Perris	108.25	105.61	26.4	39.61	20.08
92270	Rancho Mirage	29.07	63.95	29.07	29.07	-
92503	Riverside	48.34	123.87	15.11	46.83	20.02
92501	Riverside	51.9	132.63	40.37	69.2	58.23
92504	Riverside	42.62	91.98	35.89	33.65	-
92505	Riverside	65.52	125.8	10.48	34.07	16.18
92506	Riverside	43.62	109.06	16.36	27.27	24.16
92507	Riverside	33.88	73.73	9.96	19.93	9.38
92508	Riverside	11.66	69.99	11.66	3.89	18.42
92509	Riverside	76.58	95.3	20.42	37.44	15.03
92582	San Jacinto	61.58	79.18	17.59	43.99	36.36
92583	San Jacinto	42.78	141.18	51.34	59.89	10.51
92585	Sun City	118.46	74.04	14.81	37.02	-
92586	Sun City	41.06	148.83	35.93	82.11	61.43
92587	Sun City	23.59	39.32	39.32	23.59	66.11
92590	Temecula	162.13	32.43	64.85	64.85	112.49
92591	Temecula	45.07	31.21	17.34	27.74	16.43
92592	Temecula	56.92	41.74	26.56	28.46	9.75
92274	Thermal	27.31	61.45	27.31	13.66	-
92276	Thousand Palms	119.28	44.73	-	14.91	-
92282	White Water	100.3	-	-	-	-
92595	Wildomar	17	97.76	51.01	21.25	53.94
92596	Winchester	30.88	86.47	6.18	37.06	12.98

SAN BERNARDINO COUNTY						
Zip Code	**City**	**PQI 01** Diabetes Short-term Complications	**PQI 03** Diabetes Long-term Complications	**PQI 07** Hypertension	**PQI 14** Uncontrolled Diabetes	**PQI 15** Asthma in Younger Adults (Ages 18-39)
92308	Apple Valley	97.06	110	71.17	67.94	98.21
92309	Baker	-	232.02	-	232.02	-
92311	Barstow	168.05	155.76	16.4	94.27	49.99
92314	Big Bear City	111.46	12.38	-	12.38	42.81
92315	Big Bear Lake	46.4	69.61	-	23.2	-
92316	Bloomington	83.34	127.21	21.93	61.41	9.25
92322	Cedarpines Park	-	-	97.37	-	-
91708	Chino	32.05	96.15	-	-	-
91710	Chino	40.51	76.34	24.93	46.74	10.27
91709	Chino Hills	14.1	33.48	15.86	17.62	23.8
92324	Colton	84.98	132.19	37.77	40.13	4.83
92325	Crestline	79.91	119.87	26.64	13.32	-
92327	Daggett	215.52	-	-	215.52	-
92242	Earp	-	68.73	-	-	-
92335	Fontana	53.77	134.43	22.64	26.89	19.62
92336	Fontana	54.26	79.07	20.16	26.36	6.48
92337	Fontana	28.39	39.04	3.55	17.75	-
92339	Forest Falls	131.41	-	-	-	-
92310	Fort Irwin	16.36	-	-	-	18.04
92313	Grand Terrace	48.99	48.99	9.8	9.8	24.61
92342	Helendale	75.47	75.47	-	18.87	-
92344	Hesperia	41.4	82.8	48.3	48.3	15.82
92345	Hesperia	103.72	143.48	77.79	107.18	45.05
92346	Highland	80.63	106.72	30.83	35.57	18.03
92347	Hinkley	-	-	-	-	-

SAN BERNARDINO COUNTY						
Zip Code	**City**	**PQI 01** Diabetes Short-term Complications	**PQI 03** Diabetes Long-term Complications	**PQI 07** Hypertension	**PQI 14** Uncontrolled Diabetes	**PQI 15** Asthma in Younger Adults (Ages 18-39)
92252	Joshua Tree	100.34	62.71	-	62.71	70.7
92352	Lake Arrowhead	-	31.64	15.82	-	-
92285	Landers	265.6	132.8	-	44.27	-
92354	Loma Linda	43.72	54.65	10.93	27.33	12.44
92356	Lucerne Valley	38.57	96.41	57.85	38.57	-
92358	Lytle Creek	-	162.6	-	162.6	-
92359	Mentone	47.66	47.66	15.89	31.78	38.54
91763	Montclair	55.98	108.45	48.98	34.98	7.56
92365	Newberry Springs	-	44.98	-	-	-
92363	Needles	311.15	359.02	-	359.02	75.36
91761	Ontario	43.15	129.44	27.25	36.33	19.47
91762	Ontario	64.47	66.77	6.91	66.77	39.07
91764	Ontario	94.43	101.69	48.42	53.27	69.52
92368	Oro Grande	-	110.38	-	-	-
92371	Phelan	54.66	93.7	62.47	54.66	159.71
92372	Piñon Hills	61.55	41.03	-	61.55	-
92268	Pioneertown	182.48	-	182.48	182.48	-
91701	Rancho Cucamonga	28.97	41.85	16.09	9.66	9.38
91730	Rancho Cucamonga	37.4	65.45	20.57	20.57	30
91737	Rancho Cucamonga	20.61	66.99	10.31	10.31	43.55
91739	Rancho Cucamonga	82.8	82.8	11.83	27.6	-
92373	Redlands	50.55	43.32	14.44	14.44	9.85
92374	Redlands	72.54	94.62	6.31	37.85	-
92376	Rialto	70.9	146.74	32.98	34.62	27.35

SAN BERNARDINO COUNTY						
Zip Code	**City**	**PQI 01** Diabetes Short-term Complications	**PQI 03** Diabetes Long-term Complications	**PQI 07** Hypertension	**PQI 14** Uncontrolled Diabetes	**PQI 15** Asthma in Younger Adults (Ages 18-39)
92377	Rialto	129.3	51.72	45.25	38.79	-
92382	Running Springs	71.33	47.55	-	-	-
92401	San Bernardino	133.33	466.67	66.67	66.67	-
92404	San Bernardino	151.39	183.99	48.91	93.16	30.65
92405	San Bernardino	88.63	163.27	37.32	46.65	59.04
92407	San Bernardino	70.12	116.87	30.39	30.39	31.03
92408	San Bernardino	56.02	128.04	24.01	16.01	32.02
92410	San Bernardino	106.59	207.41	46.09	83.54	34.06
92411	San Bernardino	77.1	241.57	66.82	71.96	33.49
92386	Sugarloaf	285.88	-	-	-	-
92277	Twentynine Palms	133.7	100.28	11.14	27.86	19.17
91784	Upland	18.67	32.67	18.67	18.67	-
91786	Upland	83.3	90.66	22.05	44.1	10.89
92392	Victorville	101.9	150.3	99.35	84.06	49.57
92394	Victorville	65.19	142.6	73.34	40.74	45.67
92395	Victorville	118.3	171.23	71.6	96.51	112.76
92397	Wrightwood	25.82	-	51.64	25.82	187.62
92399	Yucaipa	76.08	56.44	2.45	19.63	13.86
92284	Yucca Valley	69.28	98.97	29.69	54.43	-

APPENDIX F: DESCRIPTION OF KEY INFORMANTS AND FOCUS GROUPS

This assessment would not have been possible without input from our community. This section outlines the community leaders that served as key informants for this assessment, as well as a description of the focus groups convened.

- 228 total participants
- 11 focus groups, 2 conducted in Spanish (with a total of 97 focus group participants)
- 32 key informants
- 99 people responded to the online survey (including a Spanish option)

Description of Focus Groups

Riverside County Focus Groups				
Organization	**Location**	**Population Served**	**Language**	**# of Participants**
Michelle's Place	27645 Jefferson Ave, Suite 117, Temecula, CA	Women's Cancer Support Group	English	9
National Alliance on Mental Illness (NAMI)	30520 Rancho CA Road, Suite 107, Temecula, CA	Mental Illness	English	6
Project T.O.U.C.H.	Extended Stay of America 27622 Jefferson Ave., Room 301 Temecula, CA 92590	Homeless Men	English	5
Rancho Damacitas	38950 Mesa Road, Temecula, CA	Single Moms and Family Services	English	7

San Bernardino County Focus Groups				
Organization	**Location**	**Population Served**	**Language**	**# of Participants**
El Sol - Clinical Community Health Workers (CCHW's)	718 E. Maitland St. Ontario, CA 91861	Promotoras – Serving All Community Members	Spanish	15
Family Service Association of Redlands	612 Lawton St Redlands, CA. 92374	Low Income Community	Spanish	6
Foothill Family Shelter	324 N. San Antonio Ave., Apt #3 Upland, CA 91786	Low Income Cmmunity	Spanish	6

San Bernardino County Focus Groups				
Organization	**Location**	**Population Served**	**Language**	**# of Participants**
Healthy Cities Coordinators	Zoom Conference Call	Healthy Community Coordinators, Public Health, Hospital Representatives, and Community Based Organizations	English	13
Mountain Pregnancy Center	461 S Dart Canyon Crestline, CA 92325	Young Mothers/ Maternal Health	English	6
Redlands Community Hospital Boards Board of Directors, Volunteers and Foundation	501 Terracina Blvd Redlands, CA 92373 Rooms C and D Weisser Education Pavilion	Community	English	16
Rim Family Services	28545 State Hwy 18 Skyforest, CA 92385	Counseling/ Parent Education/Anger Management	English	6

Description of Key Informants

Riverside County Key Informant Contact List				
Name	**Title**	**Organization**	**Sector**	**Population Served**
Bridgette Moore	Council Member, District 4	Wildomar City Council	City Council	Wildomar
California State Assemblywoman Melissa Melendez	Assemblywoman of CA 67th District	State Assembly	Government – State Assemblywoman	CA Inland Empire
Council Member Jonathon Ingram	Council Member	Murrieta City Council	City Council	Murrieta, CA
Jennifer Antonucci, MHA, BsN, RN	EMS Coordinator	Murrieta Fire Department	Public Safety	All - Fire/Safety
Kim Saruwatari	Director	Riverside University Health System Public Health	Public Health	Riverside County Residents
Kristi Piatkowski	Director of Development	Rancho Damacitas Children & Family Services	Health Care	Single Mothers

Riverside County Key Informant Contact List				
Name	**Title**	**Organization**	**Sector**	**Population Served**
Michael Osur	Deputy Director	Riverside University Health System Public Health	Public Health	Riverside County Residents
Patrick Ellis	Chamber President/ CEO	Murrieta Chamber of Commerce	Business	Murrieta, CA
Sean Hadden	Murrieta Police Chief	Murrieta Police	Law Enforcement	Murrieta Residents
Wendy Hetherington	Chief of Epidemiology and Program Evaluation	Riverside University Health System Public Health	Public Health	Riverside County Residents

San Bernardino Key Informant Contact List				
Name	**Title**	**Organization**	**Sector**	**Population Served**
Aaron Scullin	Executive Director	Rim Family Services	Non-profit/Family Services	Families: Counseling, Parent Ed
Angelica Baltazar	Executive Director	Lewis-San Antonio Healthy Communities Institute	Workforce Development; Vulnerable Communities	Workforce Development; Vulnerable Communities
Anita Adorador	Director	Redlands Community Hospital	Vulnerable Communities	Vulnerable Communities
Cherie Towers	Volunteer Services Director	Redlands Community Hospital	Health Care	San Bernardino County Residents
Cliff "Doc" Bennet	USMC	Rim Vet Veterans Out-reach	Military	Veterans
Dori Baeza	Public Health Program Coordinator	San Bernardino County Department of Public Health	Public Health Department	San Bernardino County Residents
Dr. Nancy Kelly	Superintendent	Upland Unified School District	Education	K-12 School Education
Evette De Luca	President	The Social Impact Artists	Community	Low income Communities, Local Government, CBO's
Gary Madden	Executive Director	211-United Way	Vulnerable Communities	San Bernardino County Residents
Kathi Spetnagel	VP Business Development	Redlands Community Hospital	Health Care	San Bernardino County Residents
Ludwig Cibelli, MD	ER Physician	San Bernardino Comm. Hospital	Health	ER Patients/ Community
Pam Allen	Executive Director	Redlands Community Hospital	Health Care	San Bernardino County Residents

San Bernardino Key Informant Contact List				
Name	**Title**	**Organization**	**Sector**	**Population Served**
Randy Buecheler	Pastor	Mt. Calvary Lutheran Church and Schools	Faith Based	Faith Community
Rob Davis	EMS Nurse Educator	San Bernardino County Fire Department	Fire/Safety	San Bernardino County Residents
Trudy Raymundo	Director	San Bernardino County Department of Public Health	Public Health	San Bernardino County Residents
Dr. Felita Jones	President/CEO	Inland Empire United Way	Community Based Organization	Low Income Communities
Gregory Bradbard	President, Hope Through Housing Foundation Sr. Vice President, National CORE	Hope Through Housing Foundation and National CORE	Housing	Low Income Families and Seniors
Jason Cordova	Director of Education & Workforce Development	Inland Empire Economic Partnership	Education, Communities, Workforce	Youth, Workforce, Minority Communities
Marcie Coffey	Director of Community Outreach	Inland Empire Health Plan	Health Care	Riverside and San Bernardino County Residents
Michelle Decker	CEO	The Community Foundation	Foundation	Riverside and San Bernardino CBOs
Steve PonTell	President	National Community Renaissance	Low Income Housing	Low Income
Tom Lynch	EMS Administrator	Inland Counties Emergency Medical Agency (ICEMA)	Health	Inyo, Mono and San Bernardino Counties

APPENDIX G: KEY INFORMANT CODEBOOKS AND FREQUENCIES

Key Informant Interview Codebook				
Question Number	**Interview Questions**	**Main Codes**	**Sub-Codes**	**Frequencies**
1	Please share your role within your organization and a brief description of your organization.	Role		32
		Description		
2	What geographic area do you primarily serve?	Service Area		32
3	What is your vision of a healthy community?	Vision		32
4	In your opinion, what are the most significant health needs that have the greatest impact on overall health in the community?	Significant Health Needs		36
4a	In your opinion, are there any specific populations that are disproportionately affected by the health problems just mentioned?		Populations	
4b	How would you describe these health needs effect on the health of your community?		Effect of Health Needs	
4c	Are there other priorities in the community you serve that have not been discussed?		Other Priorities	
5	Are you aware of social factors that influence the issues we've discussed for your community? If so, what social issues have the biggest influence on these issues? Prompt: Economic Factors	Social Factors		32
6	What are the greatest needs of children in your community, including social and health issues?	Children's Needs		26
7	What factors or conditions cause or contribute to these health needs?	Contributing Factors		24
8	What existing community assets and resources could be used to address these health issues and inequities we've been discussing?	Community Resources		34
8a	Do you see opportunities for systems-level collaborations or local policies that could help address the health challenges discussed?	Opportunities		32
9	What can hospitals in your community do to improve the health and quality of life in the community?	Hospital Improvement	Health and Quality of Life	30
9a	How can hospitals in your community better improve services and relationships in the community?		Services and Relationships	
9b	Suggestions for new activities or strategies?	Suggestions		32
10	Anything you would like to add that we haven't discussed?	Additional Comments		26

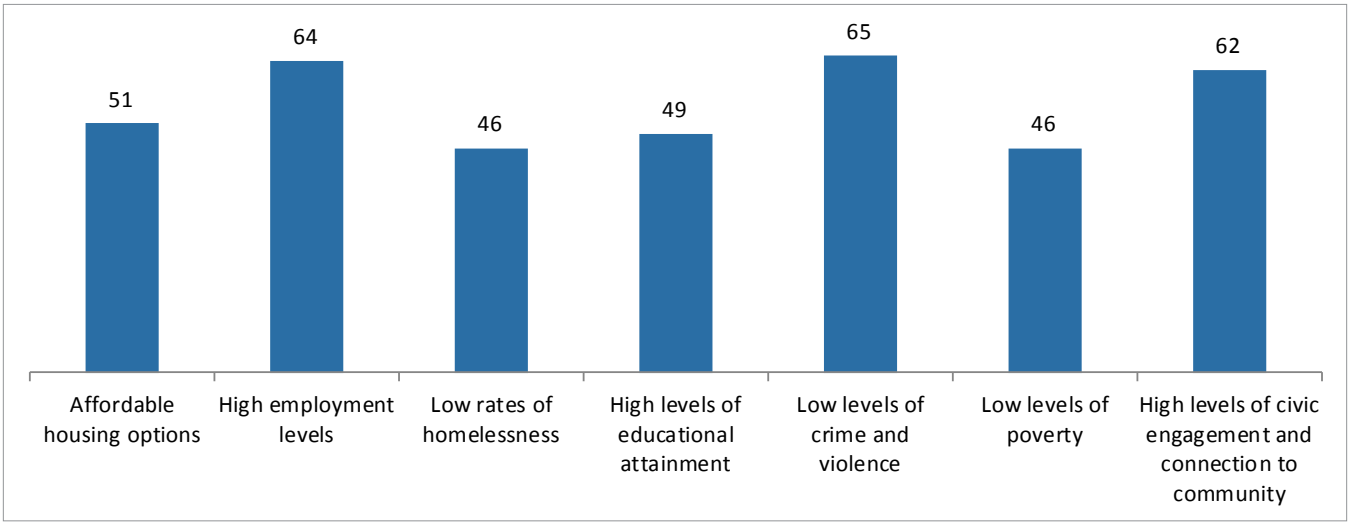
APPENDIX H: FOCUS GROUP CODEBOOKS AND FREQUENCIES

Focus Group Codebook			
Question Number	**Interview Questions**	**Main Codes**	**Frequency**
1	Let's start by introducing ourselves. Please tell us very briefly your first name, the town/city you live in, and one thing that you are proud of about your community.	Introduction Residence Community Pride	11
2	What is your vision of a healthy community?	Vision	10
3	From your perspective, what are the biggest health issues in your community? Why?	Health Issues	11
4	In your opinion, what health services are lacking for you and the people you know? (Probes: prenatal care, reproductive services, dental care, vision care, mental health services, community clinics, etc.)	Lacking Health Services	12
5	Outside of healthcare, what resources exist in your community to help you and the people you know to live healthier lives?	Community Resources	13
6	What are the barriers to accessing these resources?	Barriers to Accessing Resources	11
6a	What resources are missing?	Resources Lacking	4
7	What is your perception of hospital's name and current programs/services?	Perception of Hospital and Services	11
7a	What are we currently doing good that we can do more of?	Should Increase	9
7b	What needs improvement?	Needs Improvement	9
8	Is there anything else you would like to share with our team about the health of your community that hasn't already been addressed?	Additional Comments	9

APPENDIX I: SURVEY RESULTS

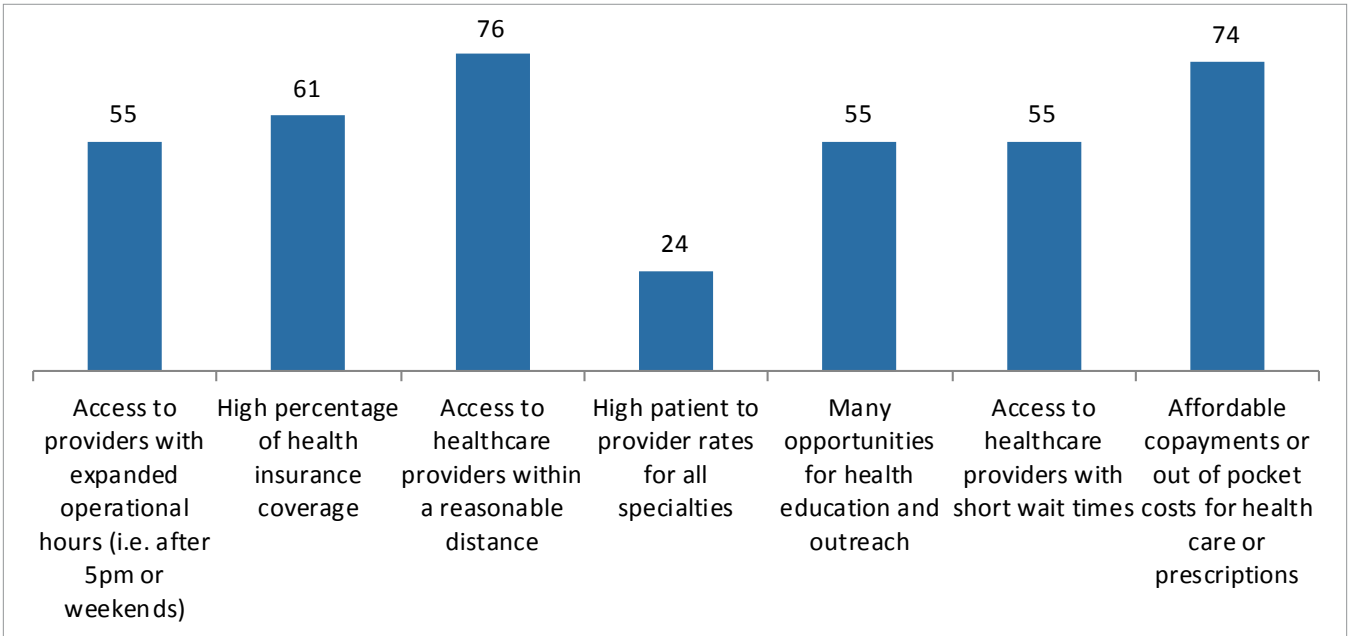
Question 1

From a social and economic lens (how well people live in their community), what aspects of your community contribute to people's health in a positive way? (Please select all that apply.)



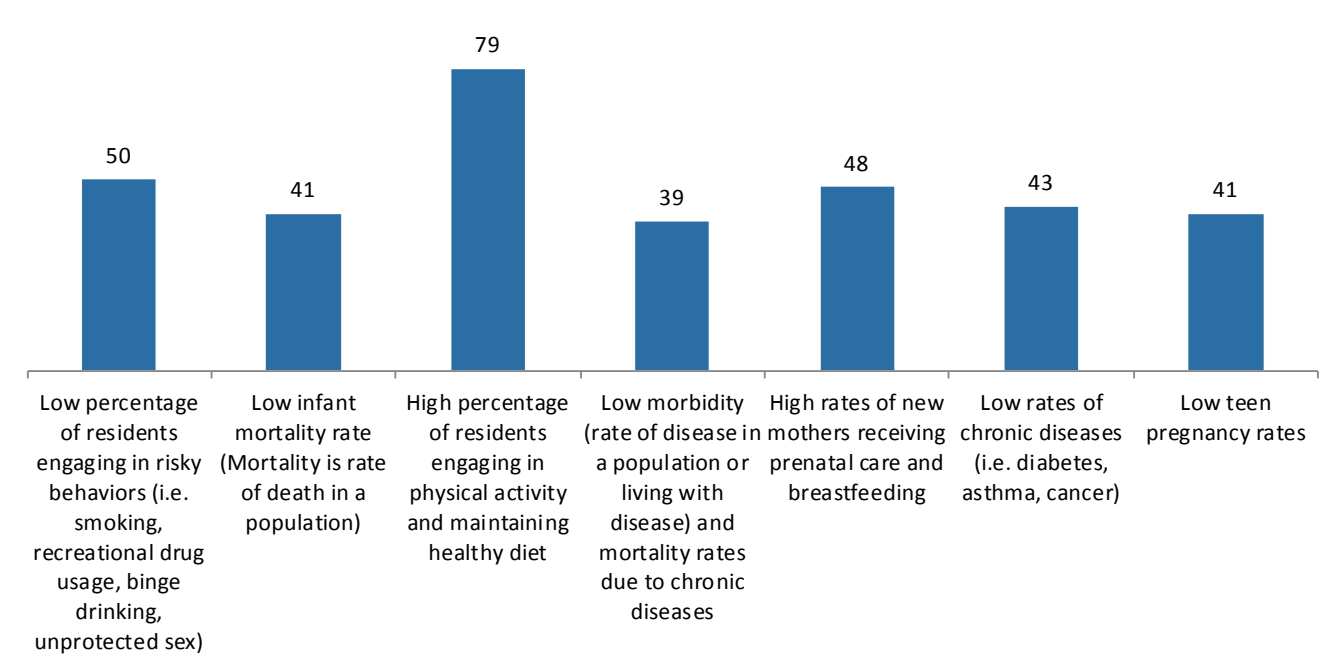
Question 2

From a health system lens (one in which patients receive efficient coordinated care for a variety of illnesses), what aspects of your community contribute to people's health in a positive way?



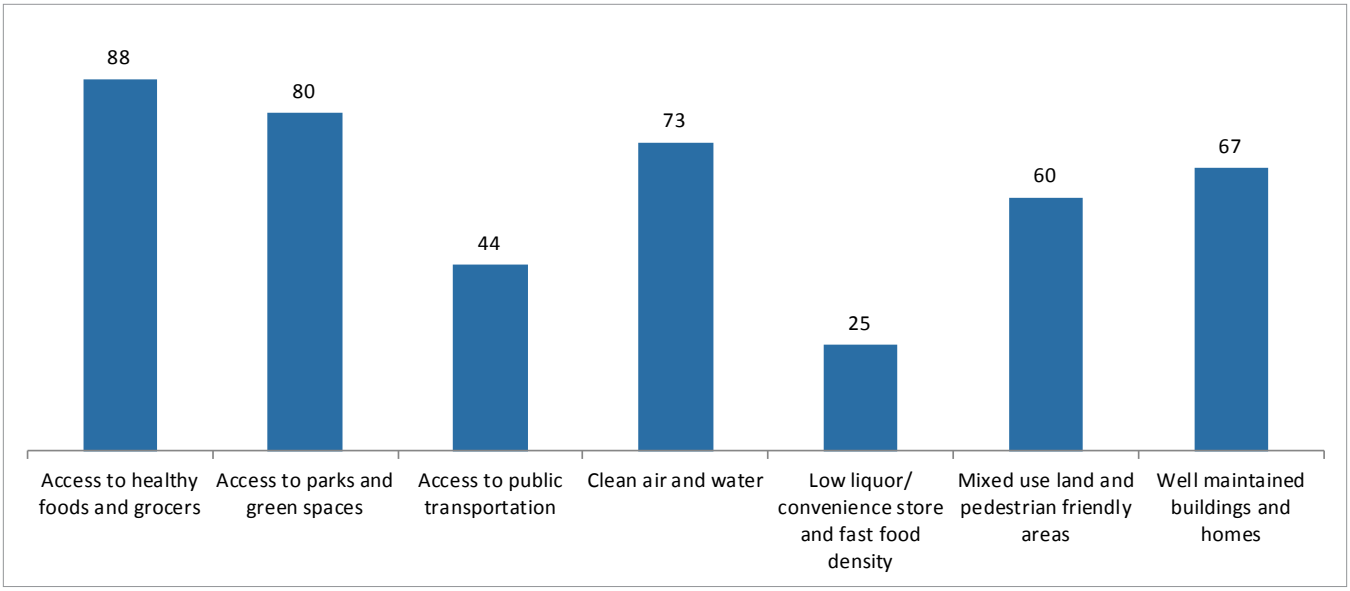
Question 3

From a public health and prevention lens (ensuring that a community has access to preventative services and the information necessary to make healthy decisions), what aspects of your community contribute to people's health in a positive way?



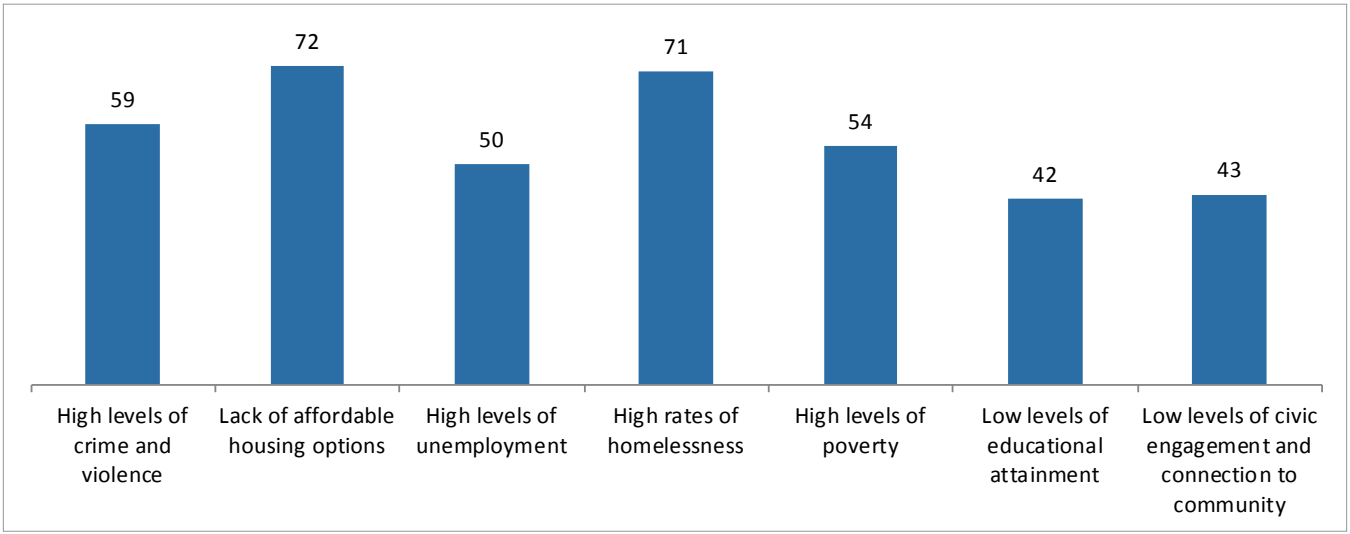
Question 4

From a physical environment lens (where we live, work, and play), what aspects of your community contribute to people's health in a positive way?



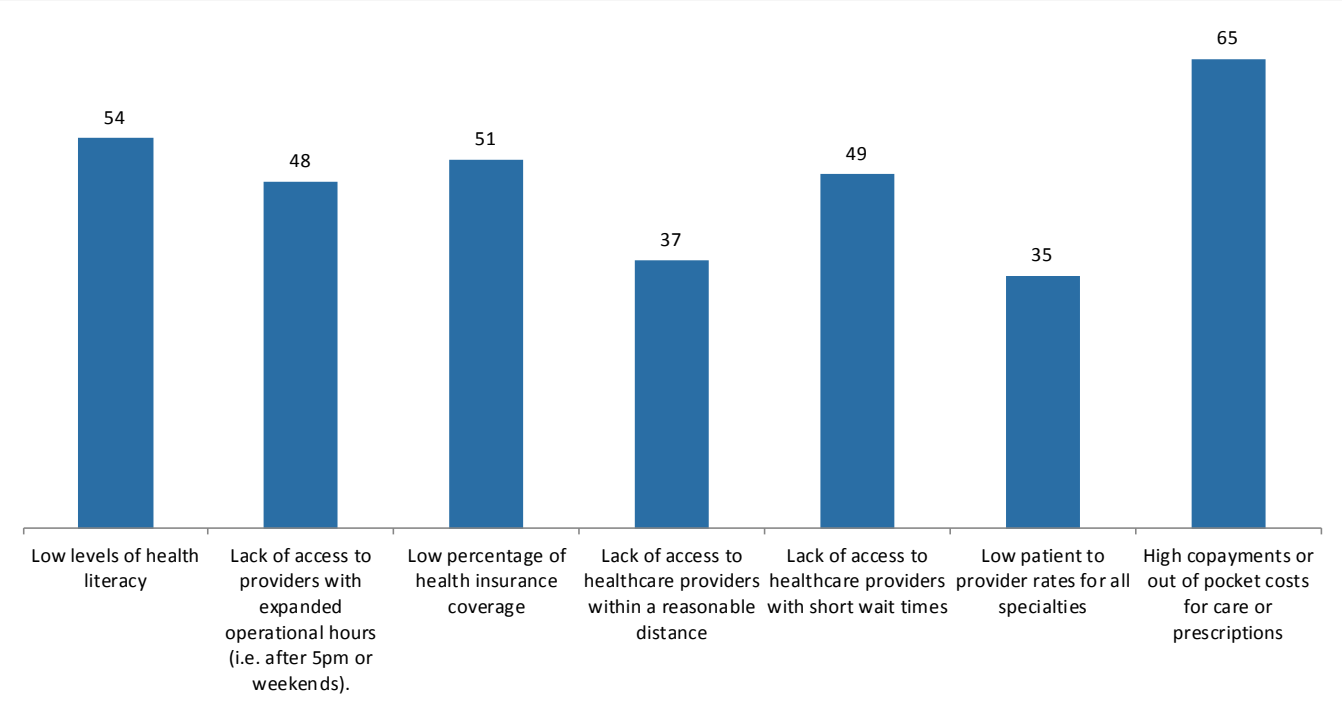
Question 5

From a social and economic lens (how well people live in their community), what aspects of your community contribute to people's health in a negative way? (Please select all that apply.)



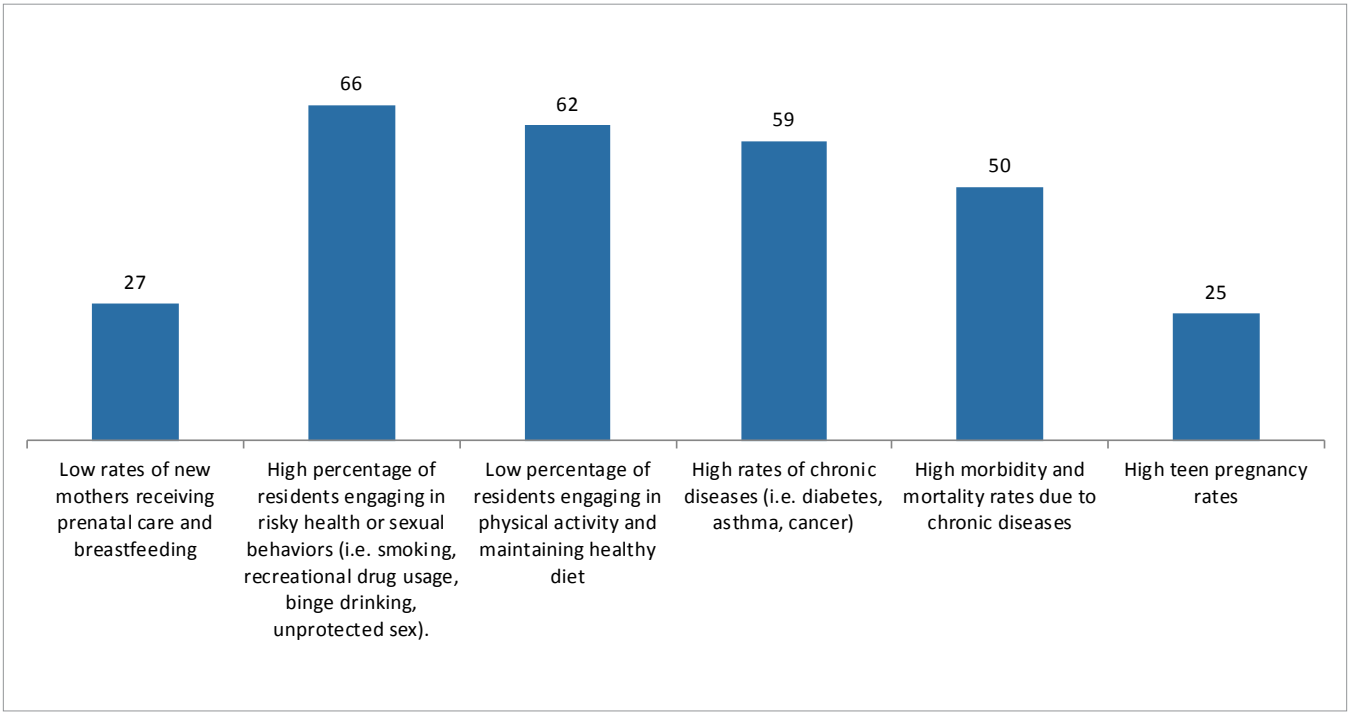
Question 6

From a health system lens (one in which patients receive efficient coordinated care for a variety of illnesses), what aspects of your community contribute to people's health in a negative way? (Please check all that apply.)



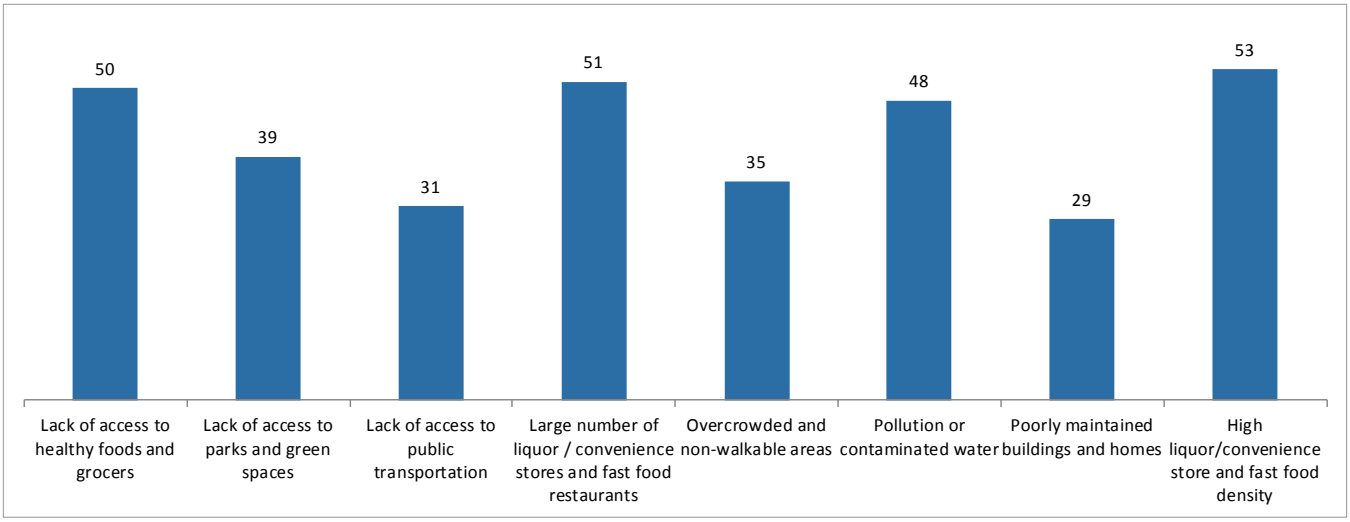
Question 7

From a physical environment lens (where we live, work, and play), what aspects of your community contribute to people's health in a negative way? (Please check all that apply.)



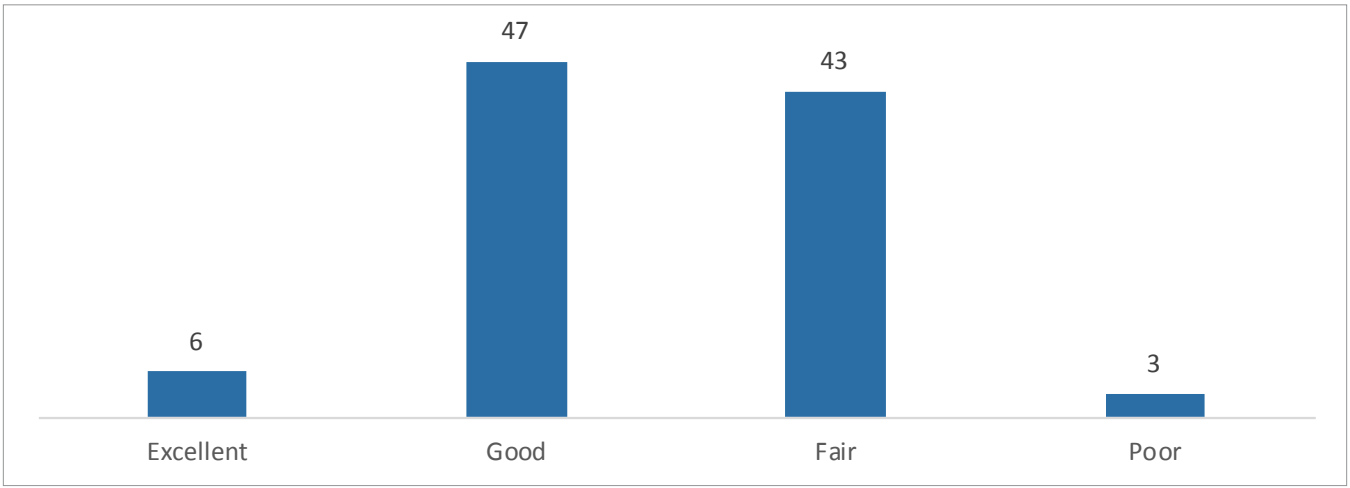
Question 8

From a public health and prevention lens (ensuring that a community has access to preventative services and the information necessary to make healthy decisions), what aspects of your community contribute to people's health in a negative way? (Please select all that apply.)



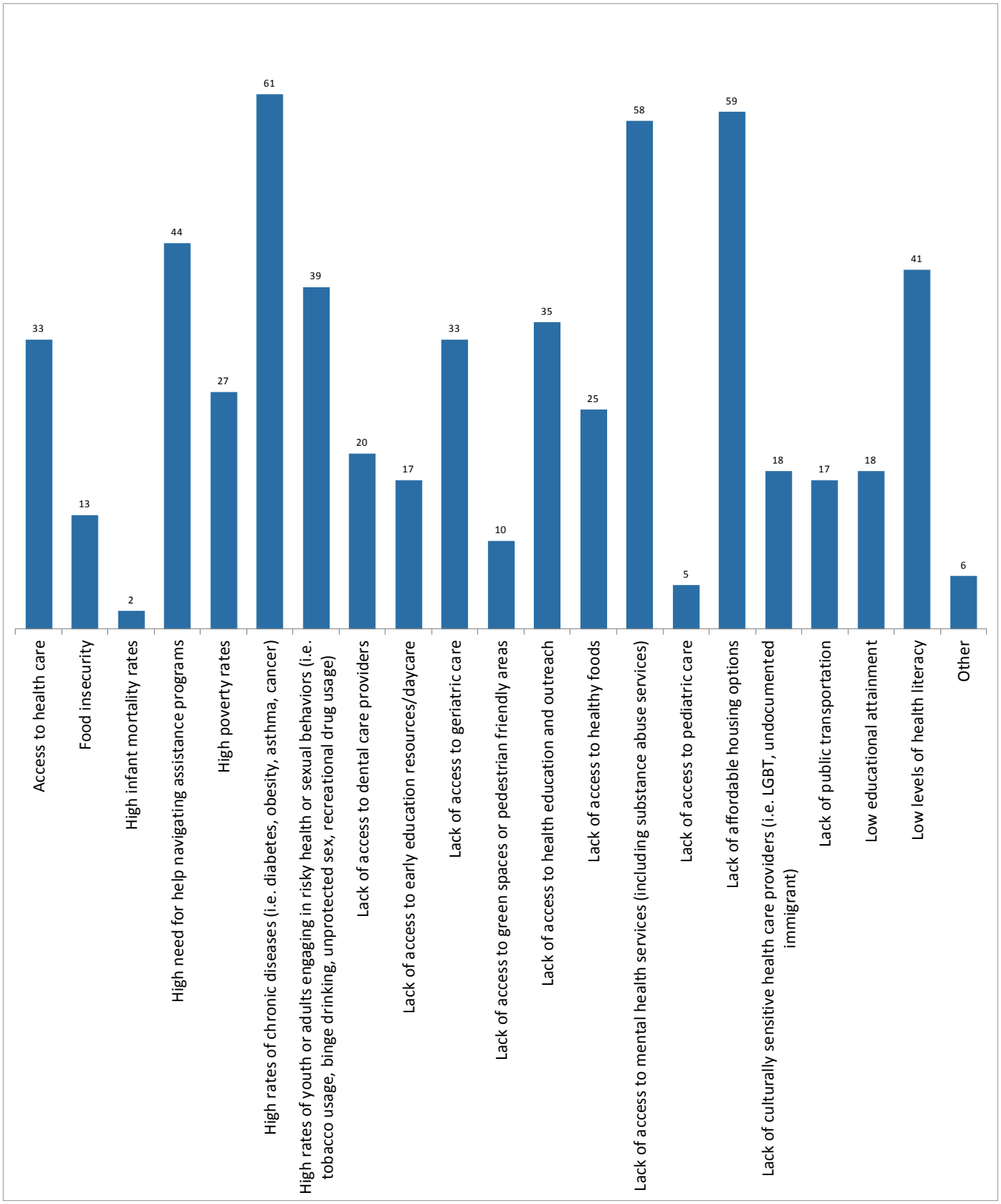
Question 9

How would you rate the health of your community?



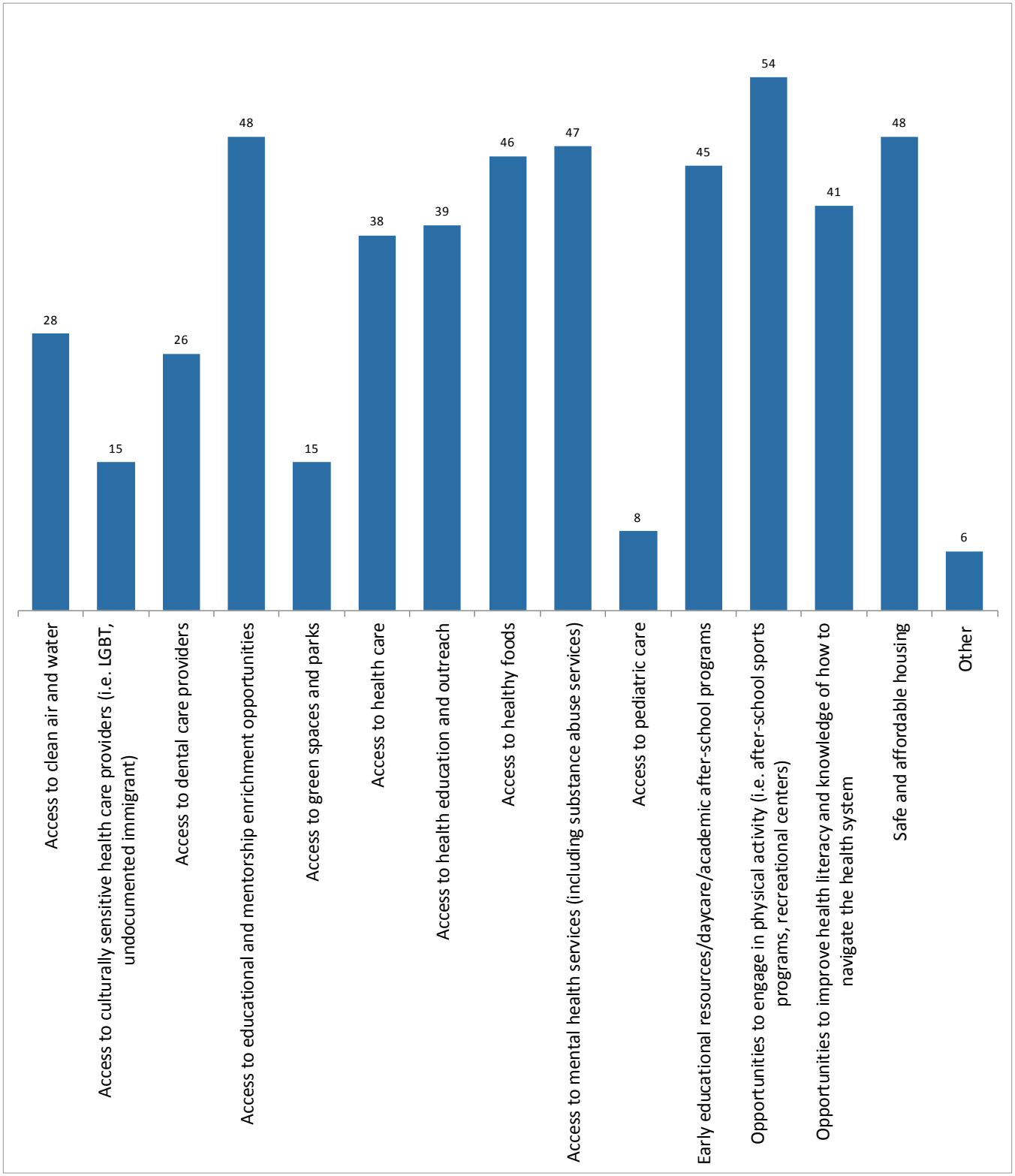
Question 10

What do you believe are the top 5 health or social issues in your community?



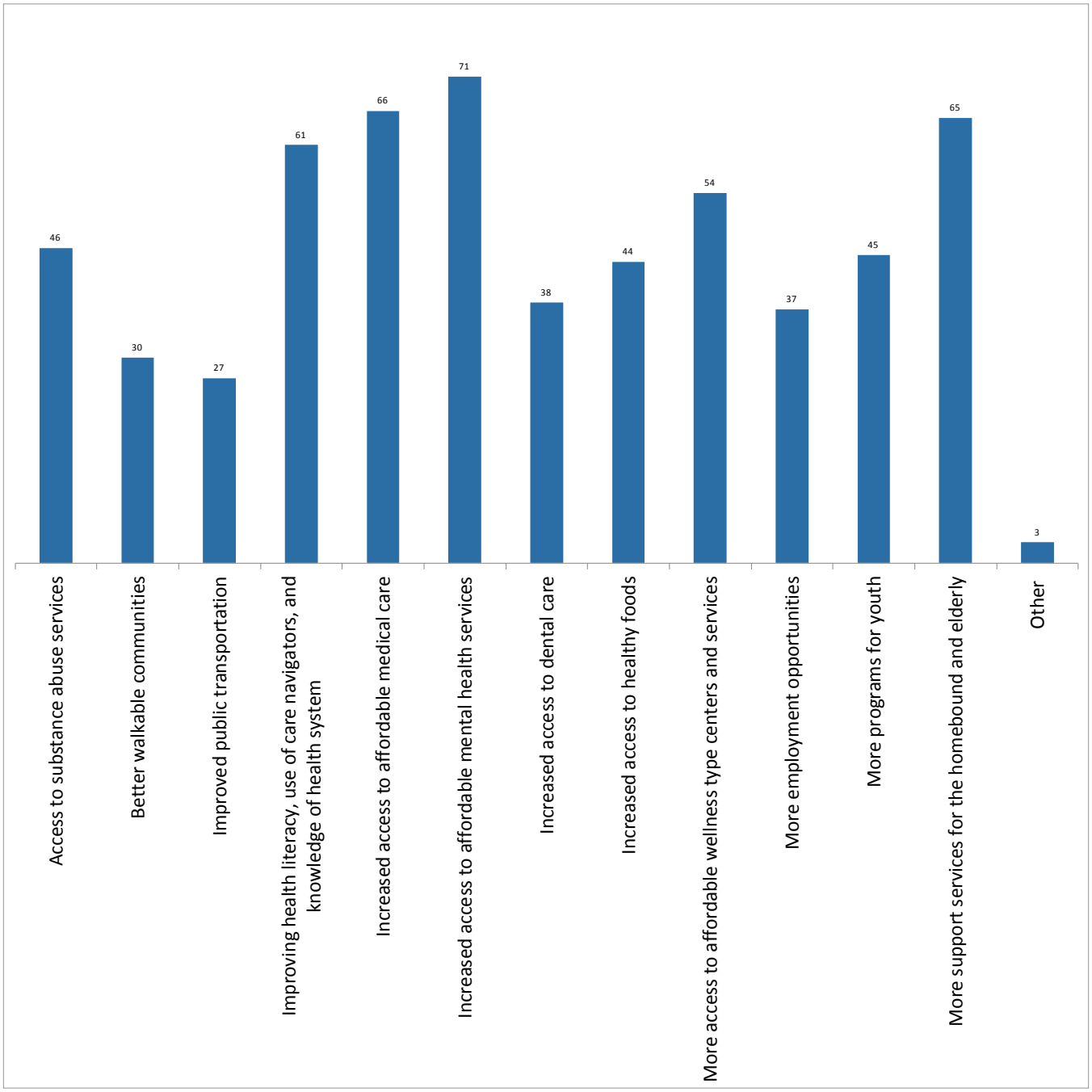
Question 11

What are the greatest needs of children in your community, including social and health issues? (Please select the top 5.)



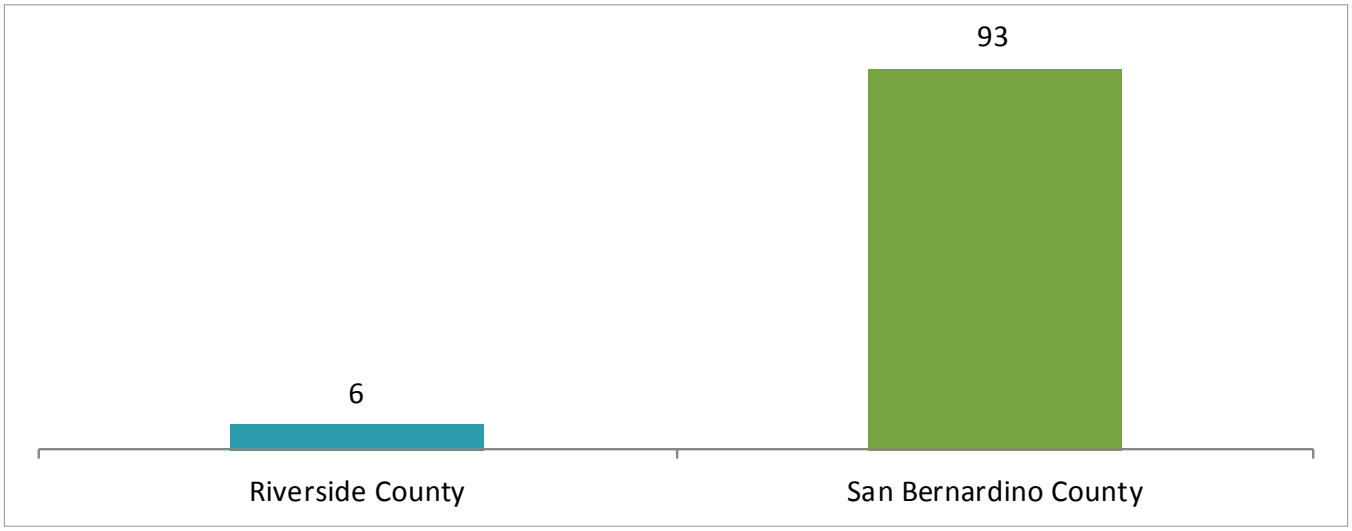
Question 12

What do you believe are ways to improve people's health in your community? (Please select all that apply.)



Question 13

What county do you live in? (Please select one.)



APPENDIX J: COMMUNITY RESOURCES

In an effort to better understand our community assets, hospitals were tasked with exploring current and desired partnerships and compiling a list of community resources dedicated to the health and well-being of the community. The following list is not intended to be exhaustive, but rather representative of organizations that offer services in Riverside and/or San Bernardino counties. Identified resources are as follows:

211 Community Connect, Riverside County

American Cancer Society

Arrowhead Regional Medical Center

Assistance League of Temecula Valley

Boys & Girls Clubs of Southwest County

Building A Generation

City of Redlands, Police and Recreation Departments

Dignity Health — St. Bernardine Medical Center

Inland Empire Community Benefit Collaborative, Healthy Cities

Jacob's House

Kiwanis Club of Redlands

LifeStream Blood Bank

Loma Linda University Health System

Mercy Air Helicopter Service

Michelle's Place cancer Resource Center

Mountain Pregnancy Center

National Alliance for the Mentally Ill – Temecula Valley

Oak Grove Center for Education

Project T.O.U.C.H.

Rancho Damacitas – Children & Family Services

REACH Air Medical Services

Family Service Association of Redlands

Redlands Unified School District

Rim Family Services

Riverside Community Hospital

Rotary Club of Redlands

SAFE (Safe Alternatives for Everyone)

San Bernardino Children's Fund

San Bernardino County, 211 United Way

San Bernardino County Fire Department

San Bernardino County Paramedics

Trauma Intervention Program

University of Redlands Community Service Learning

YMCA Cardiac Monitoring Program

HOSPITAL ASSOCIATION OF SOUTHERN CALIFORNIA

2280 Market Street, Suite 250

Riverside, CA 92501

Phone: (951) 316-9395