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2016 Inland Region
Community Health Needs Assessment
Executive Summary

The Community Health Needs Assessment (CHNA) Report represents the Hospital Association of Southern California, Inland Counties' (HASC) first coordination of the Community Health Needs Assessment for 11 local hospitals. HASC works with hospitals to advance quality healthcare delivery and supports the CHNA process with an Inland Area Community Benefit Stakeholder Committee representing the major hospitals in each county. This HASC Community Benefit Committee worked collectively to design the overall CHNA strategy and the coordination of primary and secondary data collection in collaboration with the Departments of Public Health in both San Bernardino and Riverside Counties. The hospitals that participated in the regional CHNA included:

- Loma Linda University Behavioral Medicine Center
- Loma Linda University Medical Center
- Loma Linda University Medical Center – Murrieta
- Loma Linda University Medical Center Children's Hospital
- Montclair Hospital Medical Center
- Parkview Community Hospital Medical Center
- Redlands Community Hospital
- Ridgecrest Regional Hospital
- San Antonio Regional Hospital
- San Bernardino Mountains Community Hospital
- San Gorgonio Memorial 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 2015-5. Included in the new regulations is a requirement that all nonprofit hospitals must conduct a community health needs assessment and develop an implementation strategy (IS) to address those needs every three years. Each hospital will develop its own IS using the data from this report. There may also be identified areas that the region will work on collectively, including partners outside of the healthcare system.

This report is the first regional CHNA among a large group of geographically diverse hospitals in the Inland Counties Region of Southern California. Given the rapid growth of the Inland Empire, the higher rates of poverty, significant health needs, and inadequate primary care infrastructure, this collaboration not only supports

the completion of the required reporting, but fosters the opportunity for more unified and strategic thinking about addressing population needs in the region. This report is just the beginning of a collaborative effort to support the health of our region collectively.

The Health Needs Reviewed for the Two County Region:

This regional CHNA was built on the community health improvement process initiated by the San Bernardino County Department of Public Health, Community Vital Signs. As health care continues to evolve and systems of care become more complex, the CHNA process is increasingly becoming a key component to the collective efforts of communities in addressing their most pressing health needs. The report views health with a collective lens and includes not only health outcomes and clinical care components but social determinants and health indicators from the built environment.

The process for determining community health needs requires collecting reliable public health data or metrics to measure against a benchmark (i.e. state averages) and engaging the community to solicit their input on the needs they perceive to be the most pressing in their community. The CHNA process also requires that the community participate in prioritizing health needs and that a hospital identify potential resources available to address those needs.   The criteria and process used for prioritizing the health needs is not defined by the IRS, but considerations can include factors such as the severity of the health need, the number of community members impacted, or the presence of health inequities among segments of the community.

This CHNA incorporated three distinct data methodologies that, when interpreted together, provide a deeply rich picture of the health landscape of the communities. The assessment consists of a plethora of health indicators (hospitalizations, social determinants of health, maternal and child health, mortality and morbidity) gathered from multiple primary and secondary sources. This quantitative data illustrates the current snapshot of health statistics in the communities that the member hospitals serve and also how they compare across geographical boundaries. The quantitative data was stratified by common public health groupings and service areas allowing a targeted identification of unique challenges and opportunities surrounding health status, quality of life, and risk factors in the community.

The full assessment provides a detailed review of health in the Inland Empire with clear similarities and variability across the two counties and hospital service areas. Several health indicators stand out as desirable and others indicate an opportunity for additional study and outreach. The top chronic health conditions identified through data compilation include (in alphabetical order):

- Asthma
- Chronic obstructive pulmonary disease
- Diabetes
- Mental illness
- Obesity
- Substance abuse

Voices from the Community

A community health quality of life survey was administered to get community feedback regarding the strengths and areas of opportunity that exist in each community. The survey was available in English and Spanish and was disseminated through a variety of channels across hospital service areas. A total of 541 individuals completed the QOL survey. Of those who completed the survey, 50% were between the ages of 40-65 and

12.6% were seniors who were 65 years or older, 30% had an annual household income of $25,000 or less, and 60% were Hispanic. Qualitative data was also garnered through the use of community member, health expert, and key stakeholder focus groups. These 8 focus groups were conducted in both English and Spanish to reveal thoughts and perceptions, and to augment the quantitative data collected in the assessment process. The focus groups allowed a deep understanding of the issues respondents believe are important. The assessment displays data at the county level and when available several health indicators are provided for each hospital's service area.

The quality of life surveys and focus groups were tailored to assess the direct and indirect needs of the communities throughout the Inland Empire. The information shared gave insight into some of the concerns individuals had for their community. Experiences and community concerns varied greatly across the Inland Empire Area. Community concerns ranged from the quality of the education system, access to mental health services, pollution, economy, homelessness, climate change, and the overabundance of fast food restaurants.

The top health challenges identified for the communities involved in this CHNA are:

Health Outcomes	Social Determinants	Clinical Care	Built Environment

• Diabetes (Higher rates among Hispanics)
 	
 • Behavioral Health
 	
 • Heart disease and stroke
 	
 • Chronic Obstructive Pulmonary Disease
 	
 • Cancer
 	
     o Colorectal
 	
     o 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

Community Profile

A community is seen as having both physical or geographic components as well as socioeconomic and psychosocial factors that define a sense of community. Individuals can thus be part of multiple communities - geographic, virtual, and social. The current focus on community-based participatory research in public health has prompted an evaluation of what constitutes a community. In this report we defined a community as the geographic area served by specific hospital facilities and the populations they serve.

Acknowledgements

This report was made possible through the financial support of 11 hospitals in the Inland Counties and the leadership of the Hospital Association Southern California Community Benefits Stakeholder Committee. This CHNA would not have been possible without the leadership of Jan Remm, Regional Vice President of San Bernardino and Riverside Counties. The demographic and health outcome data used for this report were made available by San Bernardino and Riverside Counties Departments of Public Health.

A special thank you for the input from community members, hospital executives and staff on the front lines of the health care system, and the public health officers who shared their perspectives. Their voices and endorsement of greater coordination are important as the community reflects upon, reforms, and renews the commitment to meeting the region's health care needs.

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 Involved and Qualifications

In January 2016, the Hospital Association of Southern California (HASC) contracted with Scientific Technologies Corporation (STC) to complete the first regional Community Health Needs Assessment (CHNA) for several of its member hospitals representing the greater Inland Empire including San Bernardino and Riverside Counties. STC has worked with public health agencies around the world to provide technology and data to empower consumers, healthcare providers, and public health professionals with appropriate information and decision support to improve the health of the communities they serve.   STC and HASC worked in strong collaboration with both San Bernardino and Riverside Counties Departments of Public Health.