

2011

St. Bernardine Medical Center

Community Health Needs Assessment



Contents

Executive Summary	4
Introduction.....	23
Background and Purpose	23
Service Area.....	23
Methods	24
Secondary Data Collection	24
Prevention Quality Indicators.....	24
Primary Data Collection.....	24
Map.....	25
Community Profile.....	26
Population.....	26
Population by Age	26
Race/Ethnicity	29
Racial/Ethnic Diversity Index.....	30
Unemployment.....	31
Poverty	32
Households and Household Income	34
Housing.....	35
Language.....	37
Education.....	38
Birth Indicators.....	39
Births	39
Teen Births	40
Prenatal Care.....	41
Low Birth Weight	42
Infant Mortality	43
Breastfeeding.....	44
Leading Causes of Death	45
Leading Causes of Death	45
Heart Disease Mortality	46
Cancer Mortality	47

Chronic Lower Respiratory Disease.....	48
Unintentional Injury Mortality	50
Diabetes Mortality.....	51
Access to Care	52
Health Insurance	52
Eligibility of Uninsured	53
Usual Source of Care	53
Use of the Emergency Room	53
Delayed Medical Care	54
Delayed or Did Not Get Needed Medical Care.....	54
Dental Care	54
Access to Primary Care Community Clinics.....	54
Access to Social Services.....	55
Chronic Disease	56
Chronic Diseases	56
Adult Asthma.....	56
Pediatric Asthma	57
Diabetes.....	58
Cancer.....	59
Communicable Disease	60
Tuberculosis.....	60
HIV/AIDS	60
Sexually Transmitted Diseases.....	60
Health Behaviors	61
Childhood Immunizations.....	61
Preventive Practices	61
Overweight and Obesity	62
Physical Activity	62
Smoking.....	63
Social Issues.....	64
Fast Food Consumption.....	64
Soda Consumption.....	64

Fresh Fruits and Vegetables	64
Mental Health	65
Alcohol Use	65
School and Student Characteristics	67
School Enrollment	67
Student Race/Ethnicity	67
Free and Reduced Price Meal Program	67
Student Homelessness	68
English Learners.....	68
Student Proficiency	68
High School Graduation and College Readiness.....	69
Prevention Quality Indicators	70
Background	70
Purpose.....	70
Methods	70
Findings	70
Key Stakeholder Interviews	74
Focus Groups	88
Public Survey	94
Attachment 1. Benchmark Comparisons.....	100
Attachment 2. Prevention Quality Indicators Summary Definitions.....	101
Attachment 3. PQI Ratios for ACS Condition Discharges	104
Attachment 4. Key Stakeholder Interviewees	110
Attachment 5. Map of the Service Area.....	111

Executive Summary

St. Bernardine Medical Center conducted a state-mandated community health needs assessment. Needs assessments are the primary tools used to determine a hospital's "community benefit" plans, that is, how the hospital will give back to the community in the form of health care and other community health services to address unmet community needs. This community health needs assessment was conducted in partnership with Community Hospital of San Bernardino.

In 1994, California passed legislation (SB 697) that required non-profit hospitals to report on the community benefit they provide. This legislation further required hospitals to assess the health needs of the communities they serve and develop plans to address priority needs. In addition to California's requirement for health needs assessments, the recent passage of the Patient Protection and Affordable Care Act, has instituted federal regulations for tax-exempt hospitals to conduct community health needs assessments and develop community benefit plans every three years.

Service Area

St. Bernardine Medical Center is located at 2101 N. Waterman Avenue, San Bernardino, CA 92404. The service area encompasses 17 zip codes representing 9 cities.

Bloomington	92316	Yucaipa	92399
Colton	92324	San Bernardino	92401
Crestline	92325	San Bernardino	92404
Fontana	92335	San Bernardino	92405
Fontana	92336	San Bernardino	92407
Hesperia	92345	San Bernardino	92408
Highland	92346	San Bernardino	92410
Rialto	92376	San Bernardino	92411
Rialto	92377		

Data Collection

This community health needs assessment includes collection and analyses of primary and secondary data.

Service Area Description

This report examines up-to-date data sources for the service area to present a community profile, birth indicators, leading causes of death, access to health care, chronic disease, communicable disease, health behaviors, social issues, and school and student characteristics. When pertinent, these data sets are presented in the context of San Bernardino and/or the state.

Prevention Quality Indicators

Prevention Quality Indicators (PQIs) are a set of measures that examine hospital inpatient discharge data to identify quality of care for "ambulatory care-sensitive conditions." These are conditions for which outpatient care can potentially prevent the

need for hospitalization or for which early intervention can prevent complications or more severe disease. Fourteen PQIs were examined based on Hospital discharge data.

Stakeholder Interviews, Community Focus Groups and Public Survey

Primary data were collected directly from people in the community. Twenty-five people representing community organizations and agencies were interviewed. Additionally, eight focus groups were conducted. Six groups were conducted in English and two in Spanish. For the Spanish speaking focus groups, a bilingual interpreter was present at the focus group. A total of 90 people participated in the focus groups. The final method of primary data collection was the use of a public survey. A survey link was posted on the Hospital website and also made available to area residents by local agencies. One hundred and seven people responded to the public survey.

This report presents a summary that highlights the data findings, presents key needs and opportunities for action. The report includes benchmark comparison data (where available), comparing community data findings with newly released Healthy People 2020 objectives.

Overview of Key Findings and Community Needs

This overview summarizes significant findings drawn from an analysis of the data from each section of the report. Full data descriptions, findings, and data sources follow in the full report.

Community Profile

The population in the SBMC service area increased to 796,534 in 2010. A growth rate of 3.8% is estimated from 2010 to 2015.

Population

	2000 Census	2010	2015	Estimated Change 2010-2015
SBMC Service Area	676,191	796,534	827,178	3.8%
San Bernardino County	1,709,434	2,061,421	2,156,651	4.6%

Source: U.S. Bureau of the Census, 2000 and ESRI Business Analyst 2010 and 2015 Forecasts

Population by Age

Comparing the age of the population from 2000 to 2010 there is a slight increase in the percentage of young children, ages 0-4, and seniors, age 65 and older. Youth and adults show a decrease in the population from 2000 to 2010.

Population by Age, 2000/2010 Comparison

	2000	2010
Age 0-4	9.3%	9.6%
Age 5-19	27.4%	25.7%
Age 20-64	55.4%	56.6%
Age 65+	7.9%	8.1%

Source: U.S. Bureau of the Census, 2000; ESRI Business Analyst 2010 forecast

Population by Race and Ethnicity

Over half the population (57.1%) in the SBMC service area is Hispanic or Latino, and 25.8% of the population are White. African Americans make up 10.7% of the population in the SBMC service area. Asians/Pacific Islanders are 4.2% of the population. In the SBMC service area there is a higher percentage of Hispanics/Latinos and African Americans than found in the county and the state.

Population by Race and Ethnicity

Race/Ethnicity	SBMC Service Area	San Bernardino County	California
Hispanic or Latino	57.1 %	46.6 %	36.1 %
White	25.8 %	36.3 %	42.5 %
African American	10.7 %	8.5 %	6.0 %
Asian or Pacific Islander	4.2 %	5.9 %	12.4 %
American Indian	0.3 %	0.5 %	0.5 %
Other Race/Multiracial	1.9 %	2.2 %	2.5 %

Source: Source: U.S. Bureau of the Census, 2005-2009 American Community Survey

Unemployment

Within the service area unemployment had risen to 16.2% in 2010. Areas with the highest unemployment are: San Bernardino (18.2%) and Bloomington (18.1%). Crestline (12.5%) and Yucaipa (11%) have the lowest unemployment rates.

Unemployment Rate, 2010

	Percent
Bloomington	18.1%
Colton	14.7%
Crestline	12.5%
Fontana	14.2%
Hesperia	17.4%
Highland	17.1%
Rialto	17.4%
San Bernardino	18.2%
Yucaipa	11.0%
SBMC Service Area	16.2%
San Bernardino County	13.7%
California	12.3%

Source: California Employment Development Department, Labor Market Information Division, December 2010 Preliminary Report

Poverty

San Bernardino has the largest percentage of families living in poverty, ranging from 13.6% in 92407 to 36.4% of families in poverty in 92401. Of interest is the dichotomy of poverty in Rialto and Fontana. Both cities have high levels of poverty in one zip code and lower levels of poverty in the cities' second zip codes.

Families Living in Poverty

	Percent
92316 – Bloomington	15.8%
92324 – Colton	16.2%
92325 – Crestline	6.8%
92335 – Fontana	16.9%
92336 – Fontana	7.6%
92345 – Hesperia	10.1%
92346 – Highland	10.8%
92376 – Rialto	15.3%
92377 – Rialto	5.5%
92399 – Yucaipa	7.8%
92401 – San Bernardino	36.4%
92404 – San Bernardino	22.3%
92405 – San Bernardino	23.2%
92407 – San Bernardino	13.6%
92408 – San Bernardino	28.7%
92410 – San Bernardino	30.0%
92411 – San Bernardino	29.6%
San Bernardino County	11.2%

Source: Nielsen Claritas, 2010 www.healthycity.org

Households and Household Income

There are more than 200,000 households in the SBMC service area. From 2000 to 2010 the number of households increased 13%. Average household income for the service area was \$35,626 in 2000, increasing to \$44,721 in 2010 for a 25.5% increase in household income. The service area lags behind the county in median household income.

Households and Median Household Income, Growth Projections

	Households		Median Household Income	
	2000	2010	2000	2010
SBMC Service Area	200,813	226,981	\$35,626	\$44,721
San Bernardino County	528,594	613,560	\$42,301	\$53,794

Source: U.S. Bureau of the Census, 2000; ESRI Business Analyst

Birth Characteristics

In 2009, there were 14,058 births in the area. The rate of births has decreased by approximately 11.9% since 2007. The majority of births (69.3%) were to mothers who are Hispanic or Latino; 16.1% of births were to Whites/Caucasians, and 9.4% of births were to Blacks/African Americans.

Teen Births

Teen birth rates occurred at a three-year average rate of 143.7 per 1,000 births (or 14.4% of total births). This rate is higher than the teen birth rate found in the state.

Births to Teens (Under Age 20), Three-Year Average, 2007-2009

	Births to Teens	Live Births	Rate per 1,000 Live Births
SBMC Service Area	2,158	15,013	143.7
California	51,581	548,159	94.1

Source: California Department of Public Health, 2007-2009

Birth Indicators

The birth indicators within the SBMC service area compare favorably to the Healthy People 2020 objectives:

- ◆ Among pregnant women, 80.5% obtain prenatal care as recommended in the first trimester.
- ◆ Low birth weight babies (less than 2500 g) are 7.4% of live births.
- ◆ In the service area, the infant death rate is 6.4 per 1,000 live births.
- ◆ 86.5% of new mothers giving birth at SBMC breastfeed their infants

Birth Indicators

	SBMC Service Area	Healthy People 2020 Objective
Early entry into prenatal care (1 st trimester)	80.5 %	78.0%
Low birth weight infant (under 2500 grams)	7.4 %	7.8%
Infant mortality rate (per 1,000 live births)	6.4	6.0
Mothers who breastfeed	86.5 %	81.9%

Source: California Department of Public Health, 2007-2009

Leading Causes of Death

The three leading causes of death are heart disease, cancer and lung disease. The heart disease death rate in the SBMC service area exceeds the Healthy People 2020 objective.

Rates of Death per 100,000 Persons, 3-Year Average

	SBMC Service Area	Healthy People 2020 Objective
Heart disease deaths	151.0	100.8
Cancer deaths	124.6	160.6
Chronic lower respiratory disease	39.9	No Objective
Stroke deaths	32.8	33.8
Unintentional injury deaths	27.8	36.0
Diabetes deaths	24.2	65.8
Suicides	8.3	10.2

Source: California Department of Public Health, 2006-2008

Access to Health Care

Health Insurance

Among the adult population, ages 18-64, 71.7% have health insurance and 92.5% of children, ages 0-17, are insured. Among the residents of San Bernardino County, 86.4% indicate they have a usual source of care.

Health Insurance Coverage and Access to Care

	San Bernardino County	Healthy People 2020 Objective
Adult health insurance rate	71.7%	100%
Children health insurance rate	92.5%	100%
Usual source of care	86.4%	89.4%

Source: California Health Interview Survey, 2009

Delayed Medical Care

Overall, 16.4% of the population of San Bernardino County delayed or did not get needed medical care. When examined by age group, adults, ages 18-64, delay care at much higher rates than children or seniors. This may be a result of higher rates of health insurance for children and seniors. Low-income and poverty level residents also have higher rates of delaying access to medical care.

Delayed or Did Not Get Needed Medical Care

	San Bernardino County	California
Delayed medical care	16.4%	12.5%
0-17 years old	5.7%	5.1%
18-64 years old	22.9%	16.7%
65 and older	5.5%	6.2%
<100% of poverty level	17.8%	11.5%
<200% of poverty level	19.6%	12.1%

Source: California Health Interview Survey, 2009

Dental Care

Among adults in San Bernardino County, 32.7% have no dental insurance and 19.9% of children lack dental coverage. 15.1% of children and teens, ages 2-19, had never been to a dentist and 7.4% of children had to forgo needed dental care because of the cost of care.

Access to Dental Care

	San Bernardino County	California
Adults with No Dental Insurance	32.7%	33.7%
Children with No Dental Insurance	19.9%	19.6%
Children, Ages 2-19, Never Been to a Dentist	15.1%	12.9%
Could Not Afford Dentist for Children, Ages 2-19	7.4%	6.3%

Source: California Health Interview Survey, 2007

Chronic Disease

The residents of San Bernardino County have higher rates of diabetes and hypertension than found in the state. Over one-fourth of adults (26.8%) have hypertension, of these, 68.4% take medication for their hypertension.

Chronic Diseases among Adults

	San Bernardino County	California
Adults diagnosed with Asthma	11.6%	13.5%
Adults diagnosed with Diabetes	10.6%	8.5%
Adults diagnosed with Heart Disease	5.9%	5.9%
Adults diagnosed with Hypertension	26.8%	26.6%
Take medication for Hypertension	68.4%	70.2%

Source: California Health Interview Survey, 2009

Among the youth in San Bernardino County, 13.6% have been diagnosed with asthma and 0.8% have diabetes. Both these conditions occur at rates that are comparable to the state.

Chronic Diseases among Youth

	San Bernardino County	California
Youth diagnosed with Asthma	13.6%	13.4%
Youth diagnosed with Diabetes	0.8%	0.9%

Source: California Health Interview Survey, 2007 + 2009

Cancer

The cancer incidence rate in San Bernardino County is 428.1 cases per 100,000 persons; this is lower than the state rate of 434.3 per 100,000 persons. When compared to state cancer incidence rates, San Bernardino County has higher rates of lung and bronchus cancer, colorectal cancer, cervical cancer and esophageal cancer.

Cancer Incidence per 100,000 Persons, 5-Year Average

	San Bernardino County	California
All Cancers	428.1	434.3
Prostate Cancer	144.6	147.0
Breast Cancer	113.2	121.0
Lung and Bronchus Cancer	72.5	63.9
Colorectal Cancer	39.0	38.8
Cervical Cancer	9.1	8.2
Esophageal Cancer	7.9	6.6

Source: National Cancer Institute, 2003-2007

Communicable Disease

Tuberculosis

The rates of TB have risen slightly in San Bernardino County from 2008 to 2009. The rates in the county are lower than the rate of TB in the state.

Tuberculosis, 2008-2009

	2008		2009	
	Cases	Rate per 100,000 Persons	Cases	Rate per 100,000 Persons
San Bernardino County	74	3.5	79	3.7
California	2,695	7.0	2,472	6.4

Source: Source: California Department of Public Health, Tuberculosis Control Branch, 2009

HIV/AIDS

San Bernardino County has 1,543 total cases of HIV, making it the 5th among counties in the State based on number of diagnosed HIV cases. It is 8th in the State among Counties with 4,042 diagnosed AIDS cases.

HIV/AIDS Cases, Cumulative through June 2010

	San Bernardino County	Percent Deceased San Bernardino County	Percent Deceased California
HIV Total Cases	1,543	6%	3%
AIDS Total Cases	4,042	52%	56%

Source: California Department of Public Health, Office of AIDS, HIV/AIDS Surveillance Section, 2010

Sexually Transmitted Diseases

San Bernardino County has lower rates of Chlamydia, Gonorrhea and Syphilis compared to the state. Females have the highest rates of Chlamydia and Gonorrhea. Young adults, ages 20-24, and Blacks/African Americans have the highest rates of sexually transmitted infections.

STD Cases, 2009

	San Bernardino County	California
	Rate per 100,000 Persons	Rate per 100,000 Persons
Chlamydia	374.4	380.6
Gonorrhea	53.2	62.0
Primary & Secondary Syphilis	1.5	5.2
Early Latent Syphilis	1.3	4.4

Source: California Department of Public Health, STD Control Branch, 2009

Health Behaviors

Preventive Practices

In San Bernardino County, 59.2% of seniors have obtained a flu shot; 23.8% of adults, age 50 and over, have been screened for colorectal cancer. Among adult women, 85.1% received a Pap smear in the last three years, and 78.3% of women, 40 years and over, received a mammogram in the last two years. The rate of engaging in these health prevention activities is at a rate below Healthy People 2020 objectives.

Preventive Practices

	San Bernardino County	California	Healthy People 2020
Senior flu shot	59.2%	65.9%	90%
Screening for colorectal cancer	23.8%	22.0%	70.5%
Pap smear in last 3 years	85.1%	84.1%	93%
Mammogram in the last 2 years	78.3%	80.1%	81.1%

Source: California Health Interview Survey, 2007 + 2009; Healthy People 2020 Objectives

Overweight and Obesity

In San Bernardino County, 36.0% of adults are overweight and 32.1% are obese. These percentages equate to over two-thirds of the adult population (68.1%) being overweight or obese. Youth in San Bernardino have high rates of obesity – 21.4%. Over one-third of the youth population (34.3%) is overweight or obese.

Overweight and Obese, Adults and Youth

	Adults	Youth
Overweight	36.0%	12.9%
Obese	32.1%	21.4%

Source: California Health Interview Survey, 2009

Smoking

Smoking continues to be a leading cause of preventable death in the United States. Among adults in San Bernardino County, 14.8% are current smokers and 24.4% are former smokers. The rate of smoking indicates that 42.7% of adults smoke 6-10 cigarettes a day and 31.3% smoke 20 or more a day.

Smoking Prevalence among Adults

	San Bernardino County	California
Current Smokers	14.8%	13.5%
Former Smokers	24.4%	23.1%

Source: California Health Interview Survey, 2009

Social Issues

In San Bernardino County, 42.6% of children consumed fast food twice or more in a week; 45.1% of adults consumed fast food two or more times a week. One-quarter of teens (25%) consume two or more sodas or sweetened drinks a day; 46.2% of children and 17.4% of teens consume five or more fruits and vegetables a day.

Social and Health Behaviors

	San Bernardino County	California
Fast food consumption among children	42.6%	38.0%
Fast food consumption among adults	45.1%	35.9%
Soda consumption among children	8.6%	8.5%
Soda consumption among teens	25.0%	27.5%
Children consume 5 or more fruits and vegetables a day	46.2%	48.4%
Teens consume 5 or more fruits and vegetables a day	17.4%	19.9%

Source: California Health Interview Survey, 2009

Mental Health

Among adults, 8.4% experienced some type of psychological distress in the past year; 15.2% needed help for a mental health problem; 12.8% of adults saw a health care provider for mental health or drug/alcohol related issues, 8.2% have taken medicine for more than two weeks for mental health issues. Over half the adults (53.5%) who needed help for an emotional or mental health problem did not receive treatment.

Mental Health Indicators

	San Bernardino County	California
Adults who had psychological distress during past year	8.4%	6.5%
Needed help for emotional/mental health problems or use of alcohol/drug	15.2%	14.3%
Adults who saw a health care provider for emotional-mental and/or alcohol-drug issues in past year	12.8%	10.9%
Has taken prescription medicine for emotional/mental health issue in past year	8.2%	9.7%
Needed help but did not receive treatment	53.5%	44.5%

Source: California Health Interview Survey, 2009

Alcohol Use

In the county, 35.8% of teens had consumed alcohol; and 30.6% of adults had engaged in binge drinking in the past year. Binge drinking is measured as consuming a certain amount of alcohol in a designated period of time. For males this is five or more drinks per occasion and for females four or more drinks per occasion.

Alcohol Use

	San Bernardino County	California
Teens Who Reported Alcohol Use	35.8%	33.4%
Adults Who Engaged in Binge Drinking in the Past Year	30.6%	31.3%

Source: California Health Interview Survey, 2009

Student and School Characteristics

The number of students eligible for the free and reduced price meal program is one indicator of the socioeconomic status of a school district's student population. The majority of students in SBCU are eligible for the free or reduced price lunch program (87.4%), indicating a high level of low income families. Over one-third of students (35%) in all grades are proficient in language arts and mathematics. The high school graduation rate is 60.5 and 15.9% of graduates are UC/CSU ready.

Student Indicators

	SBCU District	San Bernardino County
Children eligible for free or reduced price lunch program	87.4%	63.4%
English learners	34.9%	22.1%
Language Arts proficient all grades	35%	48%
Math proficient all grades	35%	43%
Graduation Rate	60.5	73.0
UC/CSU Ready	15.9%	23.7%

Source: California Department of Education, 2008-2009, 2009-2010

Prevention Quality Indicators

Prevention Quality Indicators examine hospital discharge data for ambulatory care sensitive (ACS) conditions. Ambulatory care sensitive (ACS) conditions are defined as “those conditions resulting in hospital admissions that with improved high quality outpatient care could otherwise been avoided, resulting in lower cost to the hospital and better quality of life for the patient.” These indicators were designed to assist hospitals in identifying quality of care events that might need further study and to provide insight into community outpatient needs, access and systems (AHRQ, 2004). Fourteen conditions were selected to measure.

For the fiscal year 2010, St. Bernardine Medical Center had 19,106 discharges of which 802 or 4.2% were discharges for ambulatory care sensitive conditions. ACS discharges were concentrated in three conditions: congestive heart failure (CHF), COPD and long-term diabetes. These three conditions account for 64.4% of all the ACS discharges. If diabetes-related conditions (short-term, long-term, uncontrolled and lower extremity amputation) are combined, then CHF, COPD and diabetes account for 75.6% of the discharges. There was only one case of angina and there was no incidence of perforated appendix.

ACS Discharges by Condition

Ambulatory Care Sensitive Conditions	Number	Percent
Congestive Heart Failure (CHF)	214	26.7%
Chronic Obstructive Pulmonary Disease (COPD)	162	20.2%
Diabetes Long-Term	140	17.5%
Adult Asthma	80	10.0%
Diabetes Short-Term	63	7.9%
Dehydration	53	6.6%
Urinary Tract Infection (UTI)	25	3.1%
Lower Extremity Amputation (Diabetes Patients)	22	2.7%
Hypertension	16	2.0%
Bacterial Pneumonia	12	1.5%
Low Birth Weight	9	1.1%
Uncontrolled Diabetes	5	0.6%
Angina	1	0.1%
Perforated Appendix	0	0.0%
Total	802	100%

ACS discharges by age group indicate that 18-39 year olds had the highest percentage of short-term diabetes. Those in the 40-64 age range had the highest percentage of discharges for asthma and urinary tract infections. The highest percentage of uncontrolled diabetes was split between seniors and adults, ages 40-64. Seniors had the highest ACS discharges for the remaining eight conditions.

ACS Conditions by Age Group

Ambulatory Care Sensitive Conditions	18-39	40-64	65+
Congestive Heart Failure (CHF)	2.8%	36.9%	60.3%
Chronic Obstructive Pulmonary Disease (COPD)	0	44.4%	55.6%
Diabetes Long-Term	7.8%	45.7%	46.8%
Adult Asthma	21.3%	60.0%	18.7%
Diabetes Short-Term	57.1%	28.6%	14.3%
Dehydration	5.7%	22.6%	71.7%
Urinary Tract Infection (UTI)	24.0%	48.0%	28.0%
Lower Extremity Amputation (Diabetes Patients)	0	45.5%	54.5%
Hypertension	0	50.0%	50.0%
Bacterial Pneumonia	0	25.0%	75.0%
Uncontrolled Diabetes	20.0%	40.0%	40.0%
Angina	0	0	100%

It was determined that 3.3% of PQI admissions entered through the ER. The PQI conditions with the highest percentage of ER admissions were COPD and Bacterial Pneumonia.

SBMC performed very well on the area analysis of the PQIs. The number of discharges associated with the conditions flagged by the PQI analysis was within the expected range for the referenced population for age ranges and gender. Further stratification of the data was completed to review the discharges by age, gender and race. Again, all of the measures were within the expected range for the referenced population. None of the ratios exceeded 1.0, which indicates SBMC is performing at or better than what would be expected within the referenced population. When aggregating all of the acute and chronic conditions identified as ambulatory care sensitive conditions, St. Bernadine Medical Center was well below the expected ratios for the reference population.

Community Stakeholder Interview Findings

The issues of greatest concern to the interview participants were the economy and unemployment, and the impacts these problems are having in the community. Aspects of these concerns included:

- Access to basic needs, such as housing, food, and clothing
- Access to services, including health care services
- Ability to pay for monthly bills, medicine, childcare, gasoline, education, transportation, or unanticipated expenses
- Increase in crime because of need and boredom
- Uncertainty about the future of jobs and the local economy
- A sense of hopelessness among people in the community and that they are “weighed down by their situation”

Problems in Obtaining Health Care and Other Health/Social Services

Interviewees were asked to identify the kinds of problems or challenges that the people of San Bernardino and those who are served by their agency face in obtaining health care, mental health, behavioral health, and/or social services. The types of services for which there is the greatest need were identified as:

- Dental care
- Vision care
- Mental health care, including counseling, family counseling and medications
- Specialty care
- HIV/AIDS services

About half the interviewees identified lack of health insurance or ability to pay for care and/or medications as primary challenges to obtaining care.

- Many people without insurance or who have high co-pays or deductibles cannot afford to go for services in addition to transportation costs and prescription costs
- People sometimes get hassled for not complying with their medications when they can't actually afford their medications
- Medi-Cal no longer covers dental or vision care. These are two of the most important services. Low-income families on fixed incomes cannot pay for these services

Transportation to services and the large geographic area that comprises the county was also identified as a significant barrier by nearly half the participants.

- Many people don't have transportation so if they can't walk to a clinic then they have no access to health care. People are using ambulances and the Emergency Room to access basic care
- People sometimes have to travel great distances to get to a facility that provides low-cost care. This is especially problematic when there are children or others in the household who cannot be left alone, so the whole family has to travel. This becomes an all-day excursion that is both unrealistic and expensive
- Public transit is not easy. It is not a robust transit system. Even paying bus fare is a burden for many

Another barrier identified was lack of information about services/clinics.

- There is no information out there about the clinics, so people don't know about them
- People don't know where to get services and there is no central location where they can find out what they qualify for or how to qualify, so they end up going agency to agency and are often turned away

A fourth barrier was related to language, immigration, and cultural competency.

- A lot of undocumented people are afraid of deportation, and so do not seek services. Sometimes these people end up in the Emergency Room because they have delayed care until they are very sick
- Undocumented immigrants are effectively excluded from health care coverage at this point

- Language can be a barrier for non-English speaking people (in San Bernardino these are mostly Spanish-speakers). It was noted that there has been an increase in multi-lingual staff at a number of provider sites, but the need is still there, and more real-time translation services are needed
- Language barriers can be particularly difficult with more sensitive services, such as mental health and family planning

Another barrier that was noted by several interviewees was biased services based on ethnicity or income. Several participants discussed this concern with respect to the Latino population, the Black population, and the lower-income population.

- Black people do not receive the same level of care or services offered to them as others. Health care providers have an arrogant attitude toward Blacks that negatively affects their interest in seeking services
- Some people worry if they look right, and if anyone will want to deal with them if they smell bad that day
- People feel they are judged and treated differently based on their ethnicity or income

Other barriers to care included:

- Limited number of providers and clinics serving a large geographic area
- Paperwork and administrative barriers
- Lack of coordination among providers and resources in the system for referral follow-ups and information sharing
- Wait times for appointments
- Transience and homelessness

Community Focus Group Findings

The community issues most frequently identified were:

- Health care and dental care access, including lack of insurance, cost of services and medications, Medi-Cal restrictions, and lack of free or affordable clinics
- Poverty, unemployment and lack of jobs
- Basic needs related to poverty, such as money for rent, bills, food and clothes
- Youth issues, including gangs, teen pregnancy, graffiti, drug and alcohol use, and lack of “things to do but to hang out”
- Lack of places to go in the community, including parks and movie theaters
- Crime, burglary and vandalism
- Transportation
- Lack of information about chronic disease prevention and management
- Diabetes
- Need for childcare
- Lack of services

Suggestions for Improving Access to Care

The main suggestions for improving access to care were:

- More affordable (or free) services, including health care, medications, dental care, vision services, mental health services, physical therapy services, and others
- More affordable services located within walking distance of where people live
- Transportation assistance (e.g., bus tokens) and system improvements
- Better information and linkages to existing services, such as through a telephone line, information at social service agencies, case managers and/or ombudsmen to provide appropriate referrals and linkages
- Childcare that would free up adults to seek services
- More transitional services from sober living arrangements

Support Services Needed in the Community

Across all focus groups, the services identified most frequently as needed in the community included:

- Information on diabetes and obesity prevention and management for children, teens and adults - including diet/nutrition information and cooking tips
- Parenting classes and childcare
- Affordable and geographically accessible health care services - including primary care, dental care, vision care, and mental health services
- Job support – including job training, computer training, and more jobs
- Opportunities for youth – including job training, safe places to go, and after school programs
- Housing assistance and services to address the lack of affordable housing in the area, housing supply shortage, people using 50-70% of their income on rent, and the need among people transitioning from sober living
- Transportation assistance
- Services for children – including medical services, dental services, preschools, speech assistance, vision services, and weight control
- More access to food and meals (including deliveries to people with transportation barriers)
- Re-entry programs and services for people transitioning from addiction issues

Public Survey

As part of the community health needs assessment, St. Bernardine Medical Center solicited responses from the general public on health issues of concern in their communities.

Biggest Health Issues Facing the Community

When asked what the biggest health issues facing their community are, the most frequently mentioned were lack of insurance / underinsurance and issues surrounding access to affordable care. The second most common issue mentioned was that of obesity, including childhood obesity, and surrounding issues such as poor nutrition and a lack of information and knowledge around nutrition and wellness. The third largest group of responses focused on chronic diseases, including diabetes, heart disease, high blood pressure, asthma and AIDS. Mental health issues were also mentioned.

Problems Faced When Care is Needed

When people were asked what kinds of problems they and their families face when they need health care, mental health care, dental care or other services, the most common issues mentioned were the costs of health care and dental care, and long waits to get an appointment and a referral.

- Cost of care (including co-pays and tests)
- Long wait for appointments – “up to 6 months”
- Dental care costs / dental is not covered
- Long waits/delays at the doctor’s office
- Referral delays to see specialists
- Issues around customer service / quality of care
- Getting time off for appointments; hours of operation
- Insurance coverage
- Issues around transportation / distance to providers
- Cost of medications not covered
- Mental health is not covered

What Would Make It Easier to Obtain Care

Respondents were asked what would make it easier for them to obtain care. Answers centered mostly on issues of insurance, cost and access – availability of appointments, shorter waits, and ease of getting referrals.

- Affordable insurance coverage / job with benefits / Universal coverage
- Less wait time to get an appointment; more providers in area
- Lower health care costs
- More staff / shorter waits at the office
- Transportation
- Time off for appointments / extended hours and weekends
- 24-hour low-cost Urgent Care
- Faster referral process for specialists
- Better customer service
- Information on available low-cost resources
- More clinics

Introduction

Background and Purpose

St. Bernardine Medical Center (SBMC) is a 463-bed, not-for-profit hospital that serves San Bernardino County, California. The hospital is guided by the Sisters of Charity of the Incarnate Word, and has a culture based on a strong set of core values, driven by a mission of service, and expressed through compassion and care of body, mind and spirit.

St. Bernardine Medical Center has undertaken a community health needs assessment as required by California law. As well, the recent passage of the Patient Protection and Affordable Care Act requires tax exempt hospitals to conduct community health needs assessments and develop community benefit plans every three years. This community health needs assessment was carried out in partnership with Community Hospital of San Bernardino and conducted by Biel Consulting.

The community health needs assessment is a primary tool used by SBMC to determine its community benefit plan, which outlines how it will give back to the community in the form of health care and other community services to address unmet community health needs. This assessment incorporates components of primary data collection and secondary data analysis that focus on the health and social needs of the service area.

Service Area

St. Bernardine Medical Center is located at 2101 N. Waterman Avenue, San Bernardino, CA 92404. The service area encompasses 17 zip codes representing 9 cities.

Bloomington	92316	Yucaipa	92399
Colton	92324	San Bernardino	92401
Crestline	92325	San Bernardino	92404
Fontana	92335	San Bernardino	92405
Fontana	92336	San Bernardino	92407
Hesperia	92345	San Bernardino	92408
Highland	92346	San Bernardino	92410
Rialto	92376	San Bernardino	92411
Rialto	92377		

Methods

Secondary Data Collection

Secondary data were collected from a variety of local, county, and state sources to present a community profile, birth indicators, leading causes of death, access to care, chronic disease, communicable disease, health behaviors, social issues, and school and student characteristics. When pertinent, these data sets are presented in the context of San Bernardino County and California State, framing the scope of an issue as it relates to the broader community.

Analyses were conducted at the most local level possible for the Hospital primary service area, given the availability of the data. For example, demographic data, birth and death data are based on zip codes. Housing and economic indicators are available by city. Other data are only available by county. The report includes benchmark comparison data, comparing St. Bernardine Medical Center community data findings with the newly released Healthy People 2020 objectives (Attachment 1).

Prevention Quality Indicators

Developed by the Agency for Healthcare Research and Quality (AHRQ), Prevention Quality Indicators (PQIs) are a set of measures that examine hospital inpatient discharge data to identify quality of care for "ambulatory care-sensitive conditions." These are conditions for which outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe disease. Using discharge data provided by SBMC, the assessment examined the Hospital's discharges for 14 ambulatory care-sensitive conditions. This is a key component of community benefit work as it demonstrates the success of programs to address unmet health needs in the community, in an effort to reduce unnecessary hospitalizations. A listing of the ambulatory care-sensitive conditions can be found in Attachment 2 and a table outlining the PQI data findings is presented in Attachment 3.

Primary Data Collection

Targeted interviews were used to gather information and opinions from persons who represent the broad interests of the community served by the Hospital. For the interviews, community stakeholders, identified by SBMC's Community Benefit Initiative Committee, were contacted and asked to participate in the needs assessment. Twenty-five interviews were completed during January - March, 2011. A list of the key stakeholder interview respondents can be found in Attachment 4. Additionally, eight focus groups were conducted with area residents who are clients of community organizations in the SBMC service area. Ninety people participated in the focus groups. Two of the focus groups were conducted in Spanish, utilizing a bilingual interpreter. Focus group participants were provided with gift cards as a thank you for their input.

The final method of primary data collection was the use of a public survey. A survey link was posted on the SBMC website and area residents were notified of the survey availability through a number of community announcements. When area residents did not have easy access to a computer, paper copies of the survey were distributed and collected for analysis. One hundred and seven people responded to the public survey.

This report presents a detailed narrative that examines each of the data sets, presents key needs and opportunities for action.

Map

A map of the SBMC service area is presented in Attachment 5.

Community Profile

Population

At the time of the 2000 Census, the population for the SBMC service area was 676,191. The population in the SBMC service area increased to 796,534 in 2010. A growth in population of 3.8% is estimated from 2010 to 2015. Fontana 92336 has the largest projected percentage growth rate (12.2%) from 2010 to 2015.

Population

	2000 Census	2010	2015	Estimated Change 2010-2015
92316 – Bloomington	26,922	30,247	31,148	3.0%
92324 – Colton	52,058	57,722	58,770	1.8%
92325 – Crestline	8,617	10,729	11,397	6.2%
92335 – Fontana	81,634	91,589	93,082	1.6%
92336 – Fontana	53,849	88,303	99,070	12.2%
92345 – Hesperia	60,829	72,014	75,616	5.0%
92346 – Highland	46,718	53,401	55,114	3.2%
92376 – Rialto	75,848	84,257	85,898	1.9%
92377 – Rialto	18,545	20,947	21,569	3.0%
92399 – Yucaipa	41,636	51,144	53,704	5.0%
92401 – San Bernardino	1,615	1,768	1,810	2.4%
92404 – San Bernardino	54,821	58,710	58,867	0.3%
92405 – San Bernardino	24,881	27,494	27,818	1.2%
92407 – San Bernardino	47,934	57,479	60,184	4.7%
92408 – San Bernardino	13,854	15,940	16,402	2.9%
92410 – San Bernardino	43,277	49,529	51,025	3.0%
92411 – San Bernardino	23,153	25,261	25,704	1.8%
SBMC Service Area	676,191	796,534	827,178	3.8%
San Bernardino County	1,709,434	2,061,421	2,156,651	4.6%

Source: U.S. Bureau of the Census, 2000 and ESRI Business Analyst 2010 and 2015 Forecasts

Population by Age

Children and youth, ages 0-19, make up over one-third (35.3%) of the population; 35.8% are 20-44 years of age; 20.8% are 45-64; and 8.1% of the population are seniors, 65 years of age and older.

Population by Age

	SBMC Service Area		San Bernardino County		California	
	Number	Percent	Number	Percent	Number	Percent
Age 0-4	76,468	9.6%	177,282	8.6%	2,699,985	7.4%
Age 5-19	204,709	25.7%	490,618	23.8%	7,776,781	21.4%
Age 20-24	68,502	8.6%	164,914	8.0%	2,612,544	7.2%
Age 25-44	216,657	27.2%	571,014	27.7%	10,623,644	29.3%
Age 45-64	165,679	20.8%	470,004	22.8%	8,624,378	23.7%
Age 65+	64,519	8.1%	187,589	9.1%	3,971,195	11.0%
Total	796,534	100%	2,061,421	100%	36,308,527	100%

Source: U.S. Bureau of the Census, 2005-2009 American Community Survey; ESRI Business Analyst 2010 forecast

Comparing the age of the population from 2000 to 2010 there is a slight increase in the percentage of young children, ages 0-4, and seniors, age 65 and older. Youth and adults show a decrease in the population from 2000 to 2010.

Population by Age, 2000/2010 Comparison

	2000	2010
Age 0-4	9.3%	9.6%
Age 5-19	27.4%	25.7%
Age 20-64	55.4%	56.6%
Age 65+	7.9%	8.1%

Source: U.S. Bureau of the Census, 2000; ESRI Business Analyst 2010 forecast

The area has higher percentages of children than found in San Bernardino County. In a number of San Bernardino communities the percentage of youth population is over 40%. Crestline and Yucaipa have the lowest percentages of youth.

Youth as a Percent of Population

	Percent of Youth Ages 0-19
92316 – Bloomington	36.2%
92324 – Colton	36.4%
92325 – Crestline	25.5%
92335 – Fontana	39.0%
92336 – Fontana	36.7%
92345 – Hesperia	32.3%
92346 – Highland	31.2%
92376 – Rialto	38.2%
92377 – Rialto	33.3%
92399 – Yucaipa	27.2%
92401 – San Bernardino	42.6%
92404 – San Bernardino	36.0%
92405 – San Bernardino	37.7%
92407 – San Bernardino	31.4%
92408 – San Bernardino	35.1%
92410 – San Bernardino	40.7%
92411 – San Bernardino	40.5%
SBMC Service Area	35.3%
San Bernardino County	32.4%

Source: ESRI Business Analyst 2010 forecast

The percentage of seniors in the service area is less than found in the county. Crestline and Yucaipa have the largest percentage of seniors in the area (12.9% and 14.8% respectively). San Bernardino 92401 (4.4%) and Fontana (4.9%) have the smallest percentage of seniors.

Seniors as a Percent of Population

	Percent of Seniors 65 years and over
92316 – Bloomington	7.2%
92324 – Colton	7.0%
92325 – Crestline	12.9%
92335 – Fontana	5.9%
92336 – Fontana	4.9%
92345 – Hesperia	11.2%
92346 – Highland	9.6%
92376 – Rialto	6.6%
92377 – Rialto	6.8%
92399 – Yucaipa	14.8%
92401 – San Bernardino	4.4%
92404 – San Bernardino	10.2%
92405 – San Bernardino	7.4%
92407 – San Bernardino	7.1%
92408 – San Bernardino	6.7%
92410 – San Bernardino	6.3%
92411 – San Bernardino	9.0%
SBMC Service Area	8.1%
San Bernardino County	9.1%

Source: ESRI Business Analyst 2010 forecast

Race/Ethnicity

Over half the population (57.1%) in the SBMC service area is Hispanic or Latino, and 25.8% of the population is White. African Americans make up 10.7% of the population in the SBMC service area. Asians/Pacific Islanders are 4.2% of the population. In the SBMC service area there is a higher percentage of Hispanics/Latinos and African Americans than found in the county and the state.

Population by Race and Ethnicity

Race/Ethnicity	SBMC Service Area	San Bernardino County	California
Hispanic or Latino	57.1 %	46.6 %	36.1 %
White	25.8 %	36.3 %	42.5 %
African American	10.7 %	8.5 %	6.0 %
Asian or Pacific Islander	4.2 %	5.9 %	12.4 %
American Indian	0.3 %	0.5 %	0.5 %
Other Race/Multiracial	1.9 %	2.2 %	2.5 %

Source: Source: U.S. Bureau of the Census, 2005-2009 American Community Survey

When race and ethnicity are examined by place, areas with high percentages of Hispanics/Latinos are Bloomington, Colton, Rialto and Fontana. Crestline and Yucaipa have the largest percentage of Whites/Caucasians. Rialto and San Bernardino have the highest percentage of Blacks/African Americans, and Highland and Fontana have the highest percentages of Asians/Pacific Islanders.

Racial/Ethnic Distribution by Place

	Hispanic Latino	White	African American	Asian Pacific Islander	American Indian
Bloomington	75.0 %	18.3 %	2.7 %	1.7 %	0.7 %
Colton	66.1 %	14.8 %	11.6 %	5.7 %	0.5 %
Crestline	15.7 %	80.7 %	0.6 %	0.9 %	0.5 %
Fontana	65.6 %	16.3 %	9.4 %	6.5 %	0.1 %
Hesperia	46.4 %	43.5 %	5.0 %	1.9 %	0.6 %
Highland	46.6 %	33.1 %	9.4 %	7.8 %	0.8 %
Rialto	65.9 %	14.3 %	15.8 %	2.0 %	0.2 %
Yucaipa	24.8 %	69.0 %	1.2 %	2.2 %	0.5 %
San Bernardino	57.3 %	21.9 %	15.5 %	3.8 %	0.3 %
SBMC Service Area	57.1 %	25.8 %	10.7 %	5.9 %	0.3 %
San Bernardino County	46.6 %	36.3 %	8.5 %	12.4 %	0.5 %

Source: Source: U.S. Bureau of the Census, 2005-2009 American Community Survey

Racial/Ethnic Diversity Index

The Diversity Index summarizes racial and ethnic diversity. The index ranges from 0 (no diversity) to 100 (complete diversity). For example, the diversity score for the United States is 59, which means there is a 59 percent probability that two people randomly chosen from the U.S. population will belong to different race or ethnic groups. The Diversity Index in the SBMC service area ranges from 53.9 in Crestline (low diversity) to 93.6 in San Bernardino 92401 (high diversity). Overall, the service area has a Diversity Index of 85.9, which is equal to that of the county.

Diversity

	Diversity Index
92316 – Bloomington	87.3
92324 – Colton	90.8
92325 – Crestline	53.9
92335 – Fontana	88.0
92336 – Fontana	90.9
92345 – Hesperia	78.3
92346 – Highland	84.3
92376 – Rialto	92.0
92377 – Rialto	89.8
92399 – Yucaipa	64.9
92401 – San Bernardino	93.6
92404 – San Bernardino	88.5
92405 – San Bernardino	89.7
92407 – San Bernardino	91.5
92408 – San Bernardino	92.5
92410 – San Bernardino	92.4
92411 – San Bernardino	92.5
SBMC Service Area	85.9
San Bernardino County	85.9

Source: Source: ESRI Business Analyst 2010 forecast

Unemployment

Within the service area unemployment had risen to 16.2% in 2010. Areas with the highest unemployment are: San Bernardino (18.2%) and Bloomington (18.1%). Crestline (12.5%) and Yucaipa (11%) have the lowest unemployment rates.

Unemployment Rate, 2010

	Percent
Bloomington	18.1%
Colton	14.7%
Crestline	12.5%
Fontana	14.2%
Hesperia	17.4%
Highland	17.1%
Rialto	17.4%
San Bernardino	18.2%
Yucaipa	11.0%
SBMC Service Area	16.2%
San Bernardino County	13.7%
California	12.3%

Source: California Employment Development Department,
Labor Market Information Division, December 2010 Preliminary Report

Poverty

Poverty thresholds are used for calculating all official poverty population statistics. They are updated each year by the Census Bureau. For 2000, the federal poverty threshold for one person was \$8,794 and for a family of four \$17,603. The poverty rates paint an important picture of the population within the SBMC primary Service Area. From 9.5% to 37.9% of the population live at or below 100% of the Federal Poverty Level. Grimly, over one-third of the population in San Bernardino 92401, 92408, 92410 and 92411 live in poverty, more than double the rate of poverty found in the county overall.

The data indicate that within the SBMC Service Area, poverty increases markedly for the population at or below 200% of the Federal Poverty Level. Many of the neighborhoods served by SBMC have close to half of the residents living at or below 200% of the Federal Poverty Level. In San Bernardino 92410, over two-thirds of the population is at this level of poverty (67.7%), followed closely by San Bernardino 92411 (63.3%) and San Bernardino 92408 (61.1%). In San Bernardino 92401, 83% of individuals live at or below the 200% poverty level.

Ratio of Income to Poverty Level

	Below 100% Poverty		Below 200% Poverty	
	Number	Percent	Number	Percent
92316 – Bloomington	5,569	21.8%	12,733	49.8%
92324 – Colton	9,570	18.4%	22,074	42.5%
92325 – Crestline	995	9.5%	2,678	25.5%
92335 – Fontana	16,767	20.6%	42,153	51.7%
92336 – Fontana	6,444	11.9%	17,623	32.4%
92345 – Hesperia	8,957	13.1%	23,659	34.7%
92346 – Highland	7,220	15.6%	15,857	34.2%
92376 – Rialto	15,080	20.1%	36,591	48.8%
92377 – Rialto	1,320	7.2%	4,237	23.0%
92399 – Yucaipa	4,545	11.1%	12,464	30.5%
92401 – San Bernardino	649	37.9%	1,423	83.0%
92404 – San Bernardino	15,101	28.8%	28,617	54.5%
92405 – San Bernardino	7,194	29.7%	13,582	56.1%
92407 – San Bernardino	9,389	19.9%	20,467	43.3%
92408 – San Bernardino	4,067	34.4%	7,212	61.1%
92410 – San Bernardino	16,079	37.3%	29,160	67.7%
92411 – San Bernardino	8,062	34.9%	14,601	63.3%
SBMC Service Area	137,008	21.9%	305,131	47.2%
San Bernardino County	263,412	15.8%	621,206	37.4%
California	4,706,130	14.2%	10,943,136	33.1%

Source: U.S. Bureau of the Census, 2000

Families in Poverty

San Bernardino has the largest percentage of families living in poverty, ranging from 13.6% in 92407 to 36.4% of families in poverty in 92401. Of interest is the dichotomy of poverty in Rialto and Fontana. Both cities have high levels of poverty in one zip code and lower levels of poverty in the cities' second zip codes.

Families Living in Poverty

	Percent
92316 – Bloomington	15.8%
92324 – Colton	16.2%
92325 – Crestline	6.8%
92335 – Fontana	16.9%
92336 – Fontana	7.6%
92345 – Hesperia	10.1%
92346 – Highland	10.8%
92376 – Rialto	15.3%
92377 – Rialto	5.5%
92399 – Yucaipa	7.8%
92401 – San Bernardino	36.4%
92404 – San Bernardino	22.3%
92405 – San Bernardino	23.2%
92407 – San Bernardino	13.6%
92408 – San Bernardino	28.7%
92410 – San Bernardino	30.0%
92411 – San Bernardino	29.6%
San Bernardino County	11.2%

Source: Nielsen Claritas, 2010 www.healthycity.org

Among families where the female is the head of household (HOH) (a female maintains a household with no husband present), San Bernardino has the largest percentage of families with female head of household (11.8%) and accompanying high rates of children in poverty. This rate is more than double that found in San Bernardino County (5.2%).

Female HOH with Children Living in Poverty

	Females HOH with Children in Poverty
Colton	8.3%
Fontana	4.8%
Hesperia	4.7%
Highland	6.7%
Rialto	5.8%
San Bernardino	11.8%
Yucaipa	4.0%
San Bernardino County	5.2%

Source: Nielsen Claritas, 2010 www.healthycity.org

Households and Household Income

There are more than 200,000 households in the SBMC service area. From 2000 to 2010 the number of households increased 13%. Average household income for the service area was \$35,626 in 2000, increasing to \$44,721 in 2010 for a 25.5% increase in household income. The service area lags behind the county in median household income. San Bernardino has the lowest household income, while Fontana 92336 and Rialto 92377 have the highest household incomes in the service area.

Households and Median Household Income, Growth Projections

	Households		Median Household Income	
	2000	2010	2000	2010
92316 – Bloomington	7,013	7,539	\$37,996	\$48,228
92324 – Colton	15,882	16,708	\$36,513	\$46,634
92325 – Crestline	3,376	4,074	\$42,390	\$54,660
92335 – Fontana	21,136	22,331	\$35,002	\$44,158
92336 – Fontana	13,721	22,317	\$53,969	\$66,879
92345 – Hesperia	19,392	22,224	\$40,030	\$51,027
92346 – Highland	15,036	16,491	\$46,544	\$59,813
92376 – Rialto	20,221	21,402	\$37,296	\$48,480
92377 – Rialto	5,084	5,490	\$57,605	\$64,216
92399 – Yucaipa	15,354	18,224	\$39,192	\$49,838
92401 – San Bernardino	542	577	\$16,127	\$19,923
92404 – San Bernardino	17,683	17,970	\$31,032	\$39,614
92405 – San Bernardino	7,806	8,108	\$29,629	\$37,423
92407 – San Bernardino	16,655	19,898	\$30,607	\$39,874
92408 – San Bernardino	3,935	4,280	\$24,940	\$31,739
92410 – San Bernardino	11,894	12,927	\$23,610	\$28,740
92411 – San Bernardino	6,083	6,421	\$23,167	\$29,008
SBMC Service Area	200,813	226,981	\$35,626	\$44,721
San Bernardino County	528,594	613,560	\$42,301	\$53,794

Source: U.S. Bureau of the Census, 2000; ESRI Business Analyst

Housing

Most of the housing units in the service area are owner-occupied. From 2000 to 2010 owner-occupied housing decreased from 53.4% to 51.1%; renter-occupied housing increased from 35.8% to 36.5%; and housing vacancies increased from 10.9% to 12.4%. San Bernardino, Colton and Fontana 92335 have the highest percentage of renters. All areas have seen an increase in housing vacancies.

Housing Units

	Owner Occupied		Renter Occupied		Vacant	
	2000	2010	2000	2010	2000	2010
92316 – Bloomington	71.7%	68.3%	22.5%	24.8%	5.8%	6.9%
92324 – Colton	49.8%	48.3%	42.9%	42.8%	7.3%	8.9%
92325 – Crestline	42.4%	40.4%	17.1%	18.4%	40.5%	41.2%
92335 – Fontana	52.7%	43.1%	42.0%	43.1%	5.4%	6.7%
92336 – Fontana	77.1%	76.3%	17.0%	16.3%	5.9%	7.5%
92345 – Hesperia	67.4%	64.4%	26.3%	28.1%	6.4%	7.5%
92346 – Highland	65.2%	62.8%	26.1%	27.0%	8.7%	10.2%
92376 – Rialto	59.5%	56.9%	34.8%	36.4%	5.7%	6.7%
92377 – Rialto	87.8%	83.9%	8.7%	12.5%	3.5%	3.6%
92399 – Yucaipa	70.2%	68.4%	24.1%	24.6%	5.8%	7.0%
92401 – San Bernardino	14.8%	13.6%	63.8%	61.3%	21.4%	25.1%
92404 – San Bernardino	46.5%	43.4%	42.2%	42.6%	11.4%	14.0%
92405 – San Bernardino	46.8%	43.9%	41.0%	42.2%	12.2%	13.9%
92407 – San Bernardino	34.6%	32.4%	59.2%	60.2%	6.3%	7.5%
92408 – San Bernardino	33.7%	32.2%	55.1%	54.4%	11.2%	13.4%
92410 – San Bernardino	39.5%	37.6%	45.2%	45.0%	15.2%	17.4%
92411 – San Bernardino	47.7%	45.0%	40.5%	41.3%	11.8%	13.7%
SBMC Service Area	53.4%	51.1%	35.8%	36.5%	10.9%	12.4%
San Bernardino County	56.7%	55.1%	31.2%	31.8%	12.1%	13.1%

Source: U.S. Bureau of the Census, 2000; ESRI Business Analyst

The Housing Authority of San Bernardino County handles subsidized housing stock for the county. There are a number of programs that include:

- Housing Choice Voucher Units: 7,771
These units are privately owned, with rent subsidies paid directly to owners by the Housing Authority.
- Public Housing Units: 1,661
These units are owned and managed by the Housing Authority.
- Authority-Owned Units: 1,136
These units were either acquired or developed through a variety of partnerships with the State of California, San Bernardino County Department of Community Development and Housing, various cities throughout the county, and Housing Partners I, Inc.

Within the service area, there are 4,766 units that use Housing Choice Voucher (Section 8) subsidies, 864 public housing units and 594 Authority-owned units.

Subsidized Housing Stock

	Housing Choice Vouchers	Public Housing	Authority-Owned Units
Bloomington	47	7	0
Colton	301	137	49
Crestline	19	0	0
Fontana	571	46	112
Hesperia	256	20	100
Highland	462	16	0
Rialto	722	2	24
San Bernardino	2,249	622	154
Yucaipa	139	14	155
SBMC Service Area	4,766	864	594

Source: Housing Authority of San Bernardino County, 2009 Annual Report

There are 18,541 people living in subsidized housing in the SBMC service area. The wait to obtain housing ranges from 16 months in Yucaipa to 43 months in Hesperia, and averages 28 months for the service area.

Subsidized Households All Programs

	Number of People	Months on Waiting List*	Percent Minority	Percent Female HOH
Bloomington	191	29	77%	88%
Colton	1,464	28	87%	83%
Crestline	35	15	29%	67%
Fontana	2,013	26	74%	81%
Hesperia	616	43	67%	89%
Highland	1,663	28	85%	82%
Rialto	2,473	36	87%	85%
San Bernardino	9,847	28	83%	79%
Yucaipa	239	16	38%	68%
San Bernardino County	35,268	30	77%	82%

Source: HUD, 2008

* Average months on waiting list among admissions

Language

In the SBMC service area, English and Spanish are the two most frequently spoken languages. Fontana 92335, San Bernardino 92411, and Bloomington have high percentages of Spanish Speakers. In San Bernardino 92408, 13.8% of the population speaks an Asian language in their homes.

Language Spoken at Home for the Population 5 Years and Over

	Speaks English Only	Speaks Spanish	Speaks Asian/PI	Speaks Indo European	Speaks Other Language
92316 – Bloomington	38.4%	59.4%	1.2%	0.7%	0.3%
92324 – Colton	45.3%	48.1%	4.1%	1.3%	1.2%
92325 – Crestline	86.9%	10.0%	0.8%	2.0%	0.3%
92335 – Fontana	32.0%	65.4%	1.6%	0.5%	0.5%
92336 – Fontana	49.9%	41.8%	6.5%	1.1%	0.7%
92345 – Hesperia	73.7%	23.6%	1.1%	1.3%	0.3%
92346 – Highland	69.8%	22.1%	5.5%	1.7%	0.9%
92376 – Rialto	45.6%	50.7%	2.1%	0.9%	0.7%
92377 – Rialto	62.2%	34.0%	1.7%	1.0%	1.1%
92399 – Yucaipa	80.2%	16.9%	1.2%	1.4%	0.3%
92401 – San Bernardino	43.0%	53.7%	0.7%	0.8%	1.8%
92404 – San Bernardino	61.9%	32.3%	3.3%	1.6%	0.9%
92405 – San Bernardino	53.6%	43.0%	2.0%	1.3%	0.1%
92407 – San Bernardino	62.0%	31.9%	3.7%	1.3%	1.1%
92408 – San Bernardino	42.2%	39.6%	13.8%	2.9%	1.5%
92410 – San Bernardino	36.9%	58.3%	3.7%	0.7%	0.4%
92411 – San Bernardino	36.7%	60.5%	1.6%	0.6%	0.6%
San Bernardino County	60.7%	32.6%	4.2%	1.7%	0.8%
California	57.7%	28.2%	8.9%	4.3%	0.9%

Source: Nielsen Claritas, 2010; www.healthycity.org

Education

Of the population age 25 and over, 30.6% have less than a high school diploma; this is lower than county or state completion rates. For 28.9% of area adults, high school graduation was their highest level of educational attainment.

Educational Attainment (Age 25+)

	SBMC Service Area	San Bernardino County	California
Less than 9 th Grade	15.1%	10.3%	10.5%
9 th to 12 th grade, no diploma	15.5%	11.9%	9.8%
High School Graduate	28.9%	28.1%	21.8%
Some College, no degree	19.8%	23.0%	21.4%
Associate's Degree	7.4%	8.5%	7.5%
Bachelor's Degree	8.6%	11.9%	18.6%
Graduate/Profess. Degree	4.6%	6.3%	10.4%

Source: ESRI Business Analyst, 2010 Forecast

Birth Indicators

Births

In 2009, there were 14,058 births in the area. The rate of births has decreased by approximately 11.9% since 2007.

Births by Year

Year	Number of Live Births
2007	15,959
2008	15,021
2009	14,058

Source: California Department of Public Health, 2007-2009

The majority of births (69.3%) were to mothers who are Hispanic or Latino; 16.1% of births were to Whites/Caucasians, and 9.4% of births were to Blacks/African Americans.

Births by Race/Ethnicity

	Percent
Hispanic or Latino	69.3%
White/Caucasian	16.1%
Black/African American	9.4%
Asian/Pacific Islander	2.9%
Other	2.3%

Source: California Department of Public Health, 2009

Teen Births

Teen birth rates occurred at a three-year average rate of 143.7 per 1,000 births (or 14.4% of total births). This rate is higher than the teen birth rate found in the state. Examining the rate of teen births by city provides a more detailed view of teen birth rates: San Bernardino has high rates of teen birth, while Yucaipa, Crestline, and Rialto 92377 have lower rates of teen births.

Births to Teens (Under Age 20), Three-Year Average, 2007-2009

	Births to Teens	Live Births	Rate per 1,000 Live Births
92316 – Bloomington	80	574	139.4
92324 – Colton	148	1,094	135.3
92325 – Crestline	11	132	83.3
92335 – Fontana	304	2,069	146.9
92336 – Fontana	140	1,416	98.9
92345 – Hesperia	204	1,364	149.6
92346 – Highland	107	821	130.3
92376 – Rialto	244	1,597	152.8
92377 – Rialto	25	279	89.6
92399 – Yucaipa	57	688	82.8
92401 – San Bernardino	17	70	242.8
92404 – San Bernardino	194	1,212	160.1
92405 – San Bernardino	98	612	160.1
92407 – San Bernardino	140	1,023	136.8
92408 – San Bernardino	52	286	181.8
92410 – San Bernardino	214	1,162	184.2
92411 – San Bernardino	122	613	199.0
SBMC Service Area	2,158	15,013	143.7
California	51,581	548,159	94.1

Source: California Department of Public Health, 2007-2009

Prenatal Care

When averaged over three years from 2007-2009, pregnant women in the service area entered prenatal care late - after the first trimester - at a rate of 195.2 per 1,000 live births. The rate of late entry into prenatal care in the service area translates to 80.5% of women entering prenatal care within the first trimester. The area rate of early entry into prenatal care exceeds the Healthy People 2020 objective of 78% of women entering prenatal care in the first trimester. However, Hesperia, San Bernardino 92401, and 92411 do not meet the Healthy People 2020 objective for early entry into prenatal care.

Late Entry into Prenatal Care (After First Trimester), Three-Year Average, 2007-2009

	Births with Late Prenatal Care	Live Births	Rate per 1,000 Live Births
92316 – Bloomington	110	574	191.6
92324 – Colton	238	1,094	217.5
92325 – Crestline	27	132	204.5
92335 – Fontana	378	2,069	182.6
92336 – Fontana	215	1,416	151.8
92345 – Hesperia	322	1,364	236.0
92346 – Highland	134	821	163.2
92376 – Rialto	308	1,597	192.9
92377 – Rialto	44	279	157.7
92399 – Yucaipa	116	688	168.6
92401 – San Bernardino	18	70	257.1
92404 – San Bernardino	262	1,212	216.2
92405 – San Bernardino	133	612	217.3
92407 – San Bernardino	176	1,023	172.0
92408 – San Bernardino	63	286	220.3
92410 – San Bernardino	250	1,162	215.1
92411 – San Bernardino	137	613	223.5
SBMC Service Area	2,931	15,013	195.2
California	92,745	548,159	169.2

Source: California Department of Public Health, 2007-2009

Low Birth Weight

Low birth weight is a negative birth indicator. Babies born at a low birth weight are at higher risk for disease, disability and possibly death. For this measurement, a lower rate is a better indicator. The SBMC service area has a higher rate of low birth weight babies (73.5 per 1,000 live births) when compared to the state (68.4 per 1,000 live births). There are a number of areas where there is a high rate of low birth weight infants, including: San Bernardino 92401, 92408, and Rialto 92377.

The Healthy People 2020 objective for low birth weight infants is 7.8% of live births. The percentage of low birth weight infants in the SBMC service area favorably exceeds this benchmark with an equivalent 7.4% of births being low birth weight.

Low Birth Weight (Under 2,500 g), Three-Year Average, 2007-2009

	Low Weight Births	Live Births	Rate per 1,000 Live Births
92316 – Bloomington	37	574	64.5
92324 – Colton	84	1,094	76.8
92325 – Crestline	11	132	83.3
92335 – Fontana	145	2,069	70.0
92336 – Fontana	112	1,416	79.0
92345 – Hesperia	96	1,364	70.4
92346 – Highland	66	821	80.4
92376 – Rialto	111	1,597	69.5
92377 – Rialto	25	279	89.6
92399 – Yucaipa	46	688	66.9
92401 – San Bernardino	7	70	100.0
92404 – San Bernardino	91	1,212	75.1
92405 – San Bernardino	46	612	75.2
92407 – San Bernardino	71	1,023	69.4
92408 – San Bernardino	25	286	87.4
92410 – San Bernardino	80	1,162	68.8
92411 – San Bernardino	49	613	79.9
SBMC Service Area	1,103	15,013	73.5
California	37,474	548,159	68.4

Source: California Department of Public Health, 2007-2009

Infant Mortality

From 2006-2008, the averaged infant mortality rate in the SBMC service area was 6.4 deaths per 1,000 live births. In comparison, the infant death rate in the state was lower at 5.2 deaths per 1,000 live births. (When examining data, it is important to use caution when reporting results derived from small numbers.)

The rate of infant deaths in the service area exceeds the Healthy People 2020 objective of 6.0 infant deaths per 1,000 live births.

Infant Mortality Rate, Three-Year Average, 2006-2008

	Infant Deaths	Live Births	Rate per 1,000 Live Births
92316 – Bloomington	3	583	5.1
92324 – Colton	8	1,183	6.8
92325 – Crestline	1	127	7.9
92335 – Fontana	18	2,160	8.3
92336 – Fontana	8	1,470	5.4
92345 – Hesperia	9	1,396	6.4
92346 – Highland	4	837	4.8
92376 – Rialto	9	1,673	5.4
92377 – Rialto	2	282	7.1
92399 – Yucaipa	2	696	2.9
92401 – San Bernardino	1	112	8.9
92404 – San Bernardino	9	1,299	6.9
92405 – San Bernardino	4	665	6.0
92407 – San Bernardino	8	1,035	7.7
92408 – San Bernardino	2	288	6.9
92410 – San Bernardino	10	1,233	8.1
92411 – San Bernardino	4	634	6.3
SBMC Service Area	101	15,673	6.4
California	2,859	551,889	5.2

Source: California Department of Public Health, 2006-2008

Breastfeeding

Breastfeeding has been proven to have considerable benefits to baby and mother. The California Department of Public Health (CDPH) highly recommends babies be fed only breast milk for the first six months of life. Data on breastfeeding are collected by hospitals on the Newborn Screening Test Form. In 2009, SBMC had 1,491 births. Breastfeeding rates at SBMC show 86.5% of new mothers use some breastfeeding and 61.8% use breastfeeding exclusively. These rates are better than found in San Bernardino County. The rates of breastfeeding at SBMC exceed the Healthy People 2020 objective of 81.9% of mothers who breastfeed.

In-Hospital Breastfeeding, 2009

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
St. Bernardine Medical Center	1,289	86.5%	922	61.8%
San Bernardino County	14,625	85.8%	9,974	58.5%
California	300,463	89.6%	174,193	51.9%

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2009, Newborn Screening Form Version D Revised 12/2008

Leading Causes of Death

Leading Causes of Death

The leading causes of death in the service area are heart disease, cancer and lung disease. Rates of death in the SBMC service area for lung disease, diabetes, and liver disease exceed the state rates for these causes of death. A more complete picture of disease risk and mortality is seen when the service area is examined by disease state.

Leading Causes of Death, Three-Year Average, per 100,000 Persons, 2006-2008

	SBMC Service Area		California
	Number	Rate	Rate
Diseases of the Heart	1,141	151.0	164.0
Cancer	941	124.6	142.9
Chronic Lower Respiratory Disease	301	39.8	33.8
Stroke	248	32.8	37.2
Unintentional Injuries	210	27.8	29.1
Diabetes	183	24.2	19.3
Alzheimer's Disease	130	17.2	22.7
Influenza/Pneumonia	111	14.7	18.6
Liver Disease	90	11.9	10.5
Suicide	63	8.3	9.2

Source: California Department of Public Health, 2006-2008, ESRI Business Analyst

Heart Disease Mortality

The SBMC service area has an average three-year rate of death due to heart disease of 151.0 per 100,000 persons. Yucaipa, San Bernardino 92404 and Hesperia have the highest death rates due to heart disease. Fontana 92336 has the lowest rates of death as a result of heart disease. The service area rate exceeds the Healthy People 2020 objective of 100.8 deaths per 100,000 persons.

Heart Disease Death Rate, Three-Year Average, 2006-2008

	Deaths	Population	Rate per 100,000 Persons
92316 – Bloomington	33	28,846	114.4
92324 – Colton	62	55,906	110.9
92325 – Crestline	19	9,644	197.0
92335 – Fontana	102	89,121	114.5
92336 – Fontana	54	73,988	72.9
92345 – Hesperia	167	70,954	235.4
92346 – Highland	80	50,809	157.5
92376 – Rialto	105	79,692	131.8
92377 – Rialto	24	20,829	115.2
92399 – Yucaipa	120	48,223	248.8
92401 – San Bernardino	4	1,809	221.1
92404 – San Bernardino	137	57,161	239.7
92405 – San Bernardino	44	25,869	170.1
92407 – San Bernardino	61	55,892	109.1
92408 – San Bernardino	21	14,959	140.4
92410 – San Bernardino	69	47,420	145.5
92411 – San Bernardino	39	24,458	159.5
SBMC Service Area	1,141	755,579	151.0
California	62,536	38,134,496	164.0
Healthy People 2020 Objective			100.8

Source: California Department of Public Health, 2006-2008, ESRI Business Analyst

Cancer Mortality

The cancer death rate in the service area is 124.5 per 100,000 persons. This rate is lower than the state rate (142.9 per 100,000) and the Healthy People 2020 objective (160.6 per 100,000). San Bernardino 92401 and Yucaipa have high rates of death as a result of cancer. San Bernardino 92408, 92407 and Fontana 92336 have the lowest death rates from cancer in the area.

Cancer Death Rate, Three-Year Average, 2006-2008

	Deaths	Population	Rate per 100,000 Persons
92316 – Bloomington	31	28,846	107.5
92324 – Colton	56	55,906	100.2
92325 – Crestline	17	9,644	176.3
92335 – Fontana	91	89,121	102.1
92336 – Fontana	64	73,988	86.5
92345 – Hesperia	120	70,954	169.1
92346 – Highland	80	50,809	157.5
92376 – Rialto	84	79,692	105.4
92377 – Rialto	25	20,829	120.2
92399 – Yucaipa	99	48,223	205.3
92401 – San Bernardino	7	1,809	386.9
92404 – San Bernardino	83	57,161	145.2
92405 – San Bernardino	36	25,869	139.2
92407 – San Bernardino	50	55,892	89.5
92408 – San Bernardino	11	14,959	73.5
92410 – San Bernardino	55	47,420	116.0
92411 – San Bernardino	35	24,458	143.1
SBMC Service Area	941	755,579	124.5
California	54,513	38,134,496	142.9
Healthy People 2020 Objective			160.6

Source: California Department of Public Health, 2006-2008, ESRI Business Analyst

Chronic Lower Respiratory Disease

CLRD comprises three major diseases: chronic bronchitis, emphysema, and asthma. Tobacco smoking is the most important risk factor for chronic bronchitis and emphysema, accounting for about 80% of cases.

The rate of death from CLRD in the service area is 39.8 per 100,000 persons, which is higher than the state rate of 33.8. Yucaipa has a death rate of 91.2 per 100,000 for CLRD. There is no Healthy People 2020 objective for this cause of death.

Chronic Lower Respiratory Disease, Three-Year Average, 2006-2008

	Deaths	Population	Rate per 100,000 Persons
92316 – Bloomington	7	28,846	24.3
92324 – Colton	15	55,906	26.8
92325 – Crestline	4	9,644	41.5
92335 – Fontana	28	89,121	31.4
92336 – Fontana	17	73,988	23.0
92345 – Hesperia	38	70,954	53.6
92346 – Highland	29	50,809	57.1
92376 – Rialto	27	79,692	33.9
92377 – Rialto	5	20,829	24.0
92399 – Yucaipa	44	48,223	91.2
92401 – San Bernardino	1	1,809	55.3
92404 – San Bernardino	31	57,161	54.2
92405 – San Bernardino	10	25,869	38.7
92407 – San Bernardino	17	55,892	30.4
92408 – San Bernardino	3	14,959	20.1
92410 – San Bernardino	17	47,420	35.8
92411 – San Bernardino	9	24,458	36.8
SBMC Service Area	301	755,579	39.8
California	12,883	38,134,496	33.8

Source: California Department of Public Health, 2006-2008, ESRI Business Analyst

Stroke Mortality

The SBMC service area has a lower rate of death per 100,000 persons by stroke (32.8) than found in the state (37.2). And the service area death rate is also lower than the Healthy People 2020 objective (33.8). San Bernardino 92401, 92404 and Yucaipa have the highest rates of death due to stroke. San Bernardino 92407 and Crestline have the lowest rates of death due to stroke in the service area.

Stroke Death Rate, Three-Year Average, 2006-2008

	Deaths	Population	Rate per 100,000 Persons
92316 – Bloomington	8	28,846	27.7
92324 – Colton	19	55,906	34.0
92325 – Crestline	2	9,644	20.7
92335 – Fontana	23	89,121	25.8
92336 – Fontana	16	73,988	21.6
92345 – Hesperia	32	70,954	45.1
92346 – Highland	16	50,809	31.5
92376 – Rialto	23	79,692	28.9
92377 – Rialto	5	20,829	24.0
92399 – Yucaipa	26	48,223	53.9
92401 – San Bernardino	1	1,809	55.3
92404 – San Bernardino	30	57,161	52.5
92405 – San Bernardino	9	25,869	34.8
92407 – San Bernardino	10	55,892	17.9
92408 – San Bernardino	4	14,959	26.7
92410 – San Bernardino	15	47,420	31.6
92411 – San Bernardino	11	24,458	45.0
SBMC Service Area	248	755,579	32.8
California	14,176	38,134,496	37.2
Healthy People 2020 Objective			33.8

Source: California Department of Public Health, 2006-2008, ESRI Business Analyst

Unintentional Injury Mortality

The SBMC service area has a rate of death as a result of unintentional injuries (27.8 per 100,000 persons) that is lower than the state (29.1 deaths per 100,000 persons) and the Healthy People 2020 objective (36.0). Crestline has the highest rate of death from unintentional injuries (62.2). San Bernardino 92401 had no deaths attributed to this cause.

Unintentional Injury Death Rate, Three-Year Average, 2006-2008

	Deaths	Population	Rate per 100,000 Persons
92316 – Bloomington	9	28,846	31.2
92324 – Colton	13	55,906	23.3
92325 – Crestline	6	9,644	62.2
92335 – Fontana	19	89,121	21.3
92336 – Fontana	17	73,988	23.0
92345 – Hesperia	22	70,954	31.0
92346 – Highland	15	50,809	29.5
92376 – Rialto	18	79,692	22.6
92377 – Rialto	5	20,829	24.0
92399 – Yucaipa	16	48,223	33.2
92401 – San Bernardino	0	1,809	0
92404 – San Bernardino	19	57,161	33.2
92405 – San Bernardino	9	25,869	34.8
92407 – San Bernardino	15	55,892	26.8
92408 – San Bernardino	4	14,959	26.7
92410 – San Bernardino	13	47,420	27.4
92411 – San Bernardino	8	24,458	32.7
SBMC Service Area	210	755,579	27.8
California	11,110	38,134,496	29.1
Healthy People 2020 Objective			36.0

Source: California Department of Public Health, 2006-2008, ESRI Business Analyst

Diabetes Mortality

The three-year averaged death rate for diabetes is higher in the SBMC service area (24.2 per 100,000 persons). This is higher than the state (19.3), but considerably lower than the Healthy People 2020 objective of 65.8 per 100,000 persons. San Bernardino 92401 and 92411 have the highest rates of death from diabetes. Fontana 92336 has the lowest rate of death from diabetes (12.2) in the area.

Diabetes Death Rate, Three-Year Average, 2006-2008

	Deaths	Population	Rate per 100,000 Persons
92316 – Bloomington	7	28,846	24.3
92324 – Colton	16	55,906	28.6
92325 – Crestline	2	9,644	22.8
92335 – Fontana	19	89,121	21.3
92336 – Fontana	9	73,988	12.2
92345 – Hesperia	24	70,954	33.8
92346 – Highland	11	50,809	21.6
92376 – Rialto	16	79,692	20.1
92377 – Rialto	3	20,829	14.4
92399 – Yucaipa	12	48,223	24.9
92401 – San Bernardino	2	1,809	110.6
92404 – San Bernardino	21	57,161	36.7
92405 – San Bernardino	5	25,869	19.3
92407 – San Bernardino	8	55,892	14.3
92408 – San Bernardino	4	14,959	26.7
92410 – San Bernardino	12	47,420	25.3
92411 – San Bernardino	12	24,458	49.1
SBMC Service Area	183	755,579	24.2
California	7,370	38,134,496	19.3
Healthy People 2020 Objective			65.8

Source: California Department of Public Health, 2006-2008, ESRI Business Analyst

Access to Care

Health Insurance

Health insurance coverage is considered a key component to accessing health care. County level data are examined to gain a picture of the availability of insurance and a source of care for area residents. Among adults 18-64 years old, 28.3% of area residents report being uninsured. Just over half (50.2%) of adults have health insurance through their employers; this is less than the state rate of employment-based health insurance (56.4%).

Insurance Coverage for Adults, Ages 18-64

	San Bernardino County	California
Employment based	50.2%	56.4%
Uninsured	28.3%	20.9%
Medi-Cal	9.9%	10.0%
Private purchase	4.6%	7.3%
Other Public	3.4%	3.1%
Medi-Cal + Medicare	1.8%	1.3%
Medicare	1.3%	0.7%

Source: California Health Interview Survey, 2009

According to data from the 2009 California Health Interview Survey, 92.5% of children in San Bernardino County, ages 0-17, are insured. Medi-Cal covers 29.1% of children and 47.7% have employment-based insurance; 7.5% are uninsured.

Insurance Coverage for Children, Ages 0-17

	San Bernardino County	California
Employment based	47.7%	52.5%
Medi-Cal	29.1%	28.9%
Healthy Families (SCHIP)	10.4%	7.2%
Uninsured	7.5%	4.9%
Private purchase	3.2%	4.3%
Other Public	2.2%	2.3%

Source: California Health Interview Survey, 2009

Medicare with other coverage continues to be the largest source of health care coverage for seniors.

Insurance Coverage for Seniors

	San Bernardino County		California
	2005	2009	
Medicare + other coverage	64.8%	71.2%	71.6%
Medicare + Medi-Cal	23.8%	20.3%	18.6%
Other coverage only	6.5%	6.2%	4.8%
Medicare only	4.9%	1.9%	4.0%

Source: California Health Interview Survey, 2005 + 2009

Eligibility of Uninsured

For the uninsured in San Bernardino County, under age 65, 13.8% are Medi-Cal eligible and 1.9% are eligible for Healthy Families. However, 84.3% of the uninsured are not eligible for coverage.

Eligibility of Uninsured, ages 0-65

	San Bernardino County	California
Medi-Cal eligible	13.8%	9.2%
Healthy Families eligible	1.9%	3.7%
Not eligible	84.3%	87.1%

Source: California Health Interview Survey, 2009

Usual Source of Care

Residents who have a medical home and access to a primary care provider improve the continuity of care and decrease unnecessary ER visits. Among the residents of San Bernardino County, 86.4% indicate they have a usual source of care.

Usual Source of Care

	San Bernardino County	California
Has a usual source of care	86.1%	85.8%
0-17 years old	93.0%	92.2%
18-64 years old	81.4%	81.5%
65 and older	96.3%	95.0%

Source: California Health Interview Survey, 2009

Use of the Emergency Room

Close to one-fifth (19.3%) of the population of San Bernardino County visited the Emergency Room in the last 12 months. This rate is higher among adults, ages 18-64, and low-income and poverty level residents. Seniors in San Bernardino County visit the ER at rates (17.7%) lower than found in the state (19.2%).

Use of Emergency Room

	San Bernardino County	California
Visited ER in last 12 months	19.3%	17.6%
0-17 years old	18.4%	18.0%
18-64 years old	20.0%	17.2%
65 and older	17.7%	19.2%
<100% of poverty level	26.6%	21.7%
<200% of poverty level	22.8%	19.7%

Source: California Health Interview Survey, 2009

Delayed Medical Care

Overall, 16.4% of the population of San Bernardino County delayed or did not get needed medical care; this is a higher rate than found in the state (12.5%). When examined by age group, adults, ages 18-64, delay care at much higher rates than children or seniors. This may be a result of higher rates of health insurance for children and seniors. Low-income and poverty level residents also have higher rates of delaying access to medical care when compared to the overall population of the county.

Delayed or Did Not Get Needed Medical Care

	San Bernardino County	California
Delayed medical care	16.4%	12.5%
0-17 years old	5.7%	5.1%
18-64 years old	22.9%	16.7%
65 and older	5.5%	6.2%
<100% of poverty level	17.8%	11.5%
<200% of poverty level	19.6%	12.1%

Source: California Health Interview Survey, 2009

Dental Care

Children and adults have higher rates of medical insurance coverage than dental insurance. Among adults, 32.7% have no dental insurance and 19.9% of children lack dental coverage. 15.1% of children and teens, ages 2-19, had never been to a dentist and 7.4% of children had to forgo needed dental care because of the cost of care.

Access to Dental Care

	San Bernardino County	California
Adults with No Dental Insurance	32.7%	33.7%
Children with No Dental Insurance	19.9%	19.6%
Children, Ages 2-19, Never Been to a Dentist	15.1%	12.9%
Could Not Afford Dentist for Children, Ages 2-19	7.4%	6.3%

Source: California Health Interview Survey, 2007

Access to Primary Care Community Clinics

Community clinics provide primary care (including medical, dental and mental health services) for uninsured and medically underserved populations. Using ZCTA (ZIP Code Tabulation Area) data for San Bernardino, CA and information from the Uniform Data System (UDS)¹, 56.1% of the population in the community where SBMC is located is categorized as low-income (200% of Federal Poverty Level) and 29.7% are at or below the Federal Poverty Level. Portions of San Bernardino are categorized as a Health Professions Shortage Area (HPSA) and a Medically Underserved Area (MUA).

¹ The UDS is an annual reporting requirement for grantees of HRSA primary care programs:

- Community Health Center, Section 330 (e)
- Migrant Health Center, Section 330 (g)
- Health Care for the Homeless, Section 330 (h)
- Public Housing Primary Care, Section 330 (i)

There are a number of Section 330 funded grantees (Federally Qualified Health Centers – FQHCs) serving the SBMC service area, including: Inland Behavioral & Health Services, Whitney Young Family Health Clinic, Inland Family Community Health Center, and the San Bernardino County Public Health Department.

Even with Section 330 funded Community Health Center providers in the area, there are a significant number of low-income residents who are not served by one of these clinic providers. The FQHCs have a total of 7,934 patients in San Bernardino, which equates to 6.9% penetration among low-income patients and 3.8% penetration among the total population. From 2007-2009 the CHC providers added 1,868 patients for a 30.8% increase in patients served by Community Health Centers in San Bernardino. However, there remain 107,128 low-income residents, approximately 93% of the population at or below 200% FPL that are not served by a Section 330-funded grantee.

Low-Income Patients Served and Not Served by FQHCs

Patients served by Section 330 Grantees In San Bernardino	Penetration among Low-Income Patients	Penetration of Total Population	Low-Income Not Served	
			Number	Percent
7,934	6.9%	3.8%	107,128	93.1%

Source: UDS Mapper, 2009

Access to Social Services

2-1-1 is a toll-free phone number that provides information and referrals for health and social services. A review of 2-1-1 calls identified the top 10 needs in the area by number of calls, by month.

Needs	December 2010	November 2010	October 2010
Utilities	729	815	819
Food/Meals	623	517	569
Information Services	559	587	470
Rent Payment	464	585	586
Community Groups/Services	395	123	40
Shelter	365	380	346
Housing	224	267	247
Clothing/Personal/Household	213	256	217
Outpatient Health Facilities	185	254	271
Legal Services/Assistance	175	157	167

Source: Inland Empire United Way, December 2010

Another function of 2-1-1 is to identify gaps in service. Most of the gaps for San Bernardino County are for basic services like transportation (which has consistently been a poorly met need since the inception of 2-1-1), and requests for utility, rent and mortgage assistance.

Chronic Disease

Chronic Diseases

The residents of San Bernardino County have higher rates of diabetes and hypertension than found in the state. Over one-fourth of adults (26.8%) have hypertension; of these, 68.4% take medication for their hypertension. Over the last five years, rates of asthma have decreased and diabetes has increased.

Chronic Diseases among Adults

	San Bernardino County			California
	2005	2007	2009	
Adults diagnosed with Asthma	14.9%	14.3%	11.6%	13.5%
Adults diagnosed with Diabetes	7.2%	9.2%	10.6%	8.5%
Adults diagnosed with Heart Disease	5.7%	6.5%	5.9%	5.9%
Adults diagnosed with Hypertension	23.4%	27.9%	26.8%	26.6%
Take medication for Hypertension	67.7%	71.4%	68.4%	70.2%

Source: California Health Interview Survey, 2005, 2007, 2009

Among the youth in San Bernardino County, 14.7% have been diagnosed with asthma and 0.8% have diabetes. Both these conditions show a decreasing trend.

Chronic Diseases among Youth

	San Bernardino County			California
	2005	2007	2009	
Youth diagnosed with Asthma	17.1%	16.1%	14.7%	14.2%
Youth diagnosed with Diabetes	1.9%	0.8%	No Data	0.9%

Source: California Health Interview Survey, 2005, 2007, 2009

Adult Asthma

As noted, 11.6% of adults in San Bernardino County have been diagnosed with asthma. Of these, 96.1% had symptoms related to asthma in the past 12 months and 8.2% accessed an ER or Urgent Care because of asthma symptoms. 35.8% take daily medication to control their asthma and 45% have developed an asthma management plan in conjunction with their health care providers. While asthma symptoms have increased over the years, visits to the ER for asthma have decreased.

Adult Asthma

	San Bernardino County			California
	2005	2007	2009	
Had symptoms related to asthma	90.8%	87.9%	96.1%	90.1%
Takes daily medication to control asthma	46.5%	No Data	35.8%	43.7%
Visited the ER/Urgent Care for asthma	11.0%	9.8%	8.2%	8.9%
Has an asthma management plan	34.1%	No Data	45.0%	53.6%

Source: California Health Interview Survey, 2005, 2007, 2009

Pediatric Asthma

Among children, ages 0-17, in San Bernardino County, 14.2% have been diagnosed with asthma. This rate of asthma has declined from 17.2% in 2001.

Youth, Ages 0-17, Diagnosed with Asthma, 2001-2009

	2001	2003	2005	2007	2009	California
Asthma Diagnosis	17.2%	16.9%	17.1%	16.1%	14.7%	14.2%

Source: California Health Interview Survey, 2001, 2003, 2005, 2007, 2009

Female children have higher rates (15.2%) of asthma than males (12.2%) and a higher rate than found in the state (11.8%). The highest rate of asthma can be found in Asian children (22%), followed by African American children (20.3%). Asthma rates have increased among Latino youth.

Youth Diagnosed with Asthma, Gender and Race/Ethnicity

	San Bernardino County		California
	2005	2009	
Female	17.9%	15.2%	11.8%
Male	16.4%	12.2%	15.0%
Asian	35.3%	22.0%	14.9%
African American	24.5%	20.3%	19.7%
Latino	12.2%	13.0%	12.5%
White	19.2%	11.5%	13.2%

Source: California Health Interview Survey, 2005 + 2009

Of the youth diagnosed with asthma, 98.1% had symptoms related to asthma in the past 12 months and 16.8% accessed an ER or Urgent Care because of asthma symptoms. 28.7% take daily medication to control their asthma and 50.1% have developed an asthma management plan in conjunction with their health care providers. Visits to the ER for asthma have decreased over the last five years.

Youth Asthma

	San Bernardino County			California
	2005	2007	2009	
Had symptoms related to asthma	86.0%	94.0%	98.1%	93.3%
Takes daily medication to control asthma	36.3%	No Data	28.7%	38.1%
Visited the ER/Urgent Care for asthma	21.3%	41.0%	16.8%	13.7%
Has an asthma management plan	30.6%	No Data	50.1%	56.0%

Source: California Health Interview Survey, 2005, 2007, 2009

Over three-quarters (77.8%) of children missed no school because of their asthma, which may indicate that for these children their asthma was controlled.

Youth with Asthma, Missed School Days

	San Bernardino County			California
	2005	2007	2009	
0 Days Missed in Last 12 Months	68.2%	75.3%	77.8%	76.9%
1-2 Days Missed	8.5%	7.6%	9.7%	8.2%
3-4 Days Missed	8.0%	5.9%	3.0%	5.1%
5-10 Days Missed	15.3%	11.2%	9.4%	6.3%

Source: California Health Interview Survey, 2005, 2007, 2009

Diabetes

Among adults in San Bernardino County, 10.6% of the population has been diagnosed with diabetes. This is higher than the state rate of 8.5%, and higher than the 2005 rate of 7.2%. Of those with diabetes, 26.8% have Type I diabetes and 71.8% have Type II diabetes.

The highest rate of diabetes can be found in males (12.8%). Among Latinos, 11.3% have been diagnosed with diabetes. Asians have the lowest rate of diabetes at 5.4%. Over the last five years, diabetes has increased in both genders and all races/ethnicities, except for Asians, which shows a decrease.

Adults Diagnosed with Diabetes, Gender and Race/Ethnicity

	San Bernardino County		California
	2005	2009	
Female	6.0%	8.6%	7.5%
Male	8.6%	12.8%	9.4%
Latino	8.7%	11.3%	10.7%
White	6.3%	10.6%	6.3%
African American	7.9%	9.2%	12.6%
Asian	6.5%	5.4%	7.8%

Source: California Health Interview Survey, 2005 + 2009

Most adults with diabetes take an oral anti-hypoglycemic medication to control diabetes (67.8%); one-fifth of the diabetic population uses insulin (20.9%). The use of insulin and anti-hypoglycemic medication is decreasing.

Adults with Diabetes, Treatment

	San Bernardino County			California
	2005	2007	2009	
Take pills for high blood sugar	69.3%	70.9%	67.8%	72.0%
Take insulin for high blood sugar	25.8%	24.1%	20.9%	22.1%

Source: California Health Interview Survey, 2005, 2007, 2009

Standards of care for diabetics recommend annual foot exams, and regular hemoglobin A1C testing. Among the adults diagnosed with diabetes, 5.5% have not had HgA1C testing and 22.3% have not had foot checks. The rate of diabetes screening in San Bernardino County has increased over the last five years and exceeds that among diabetics in the state.

Adults with Diabetes, Screening

	San Bernardino County		California
	2005	2009	
Never had doctor check feet for sores	29.4%	22.3%	27.0%
Never had HgA1C test	10.3%	5.5%	10.6%

Source: California Health Interview Survey, 2005 + 2009

Cancer

The cancer incidence rate in San Bernardino County is 428.1 cases per 100,000 persons; this is lower than the state rate of 434.3 per 100,000 persons. When compared to state cancer incidence rates, San Bernardino County has higher rates of lung and bronchus cancer, colorectal cancer, cervical cancer and esophageal cancer.

Cancer Incidence per 100,000 Persons, 5-Year Average

	San Bernardino County	California
All Cancers	428.1	434.3
Prostate Cancer	144.6	147.0
Breast Cancer	113.2	121.0
Lung and Bronchus Cancer	72.5	63.9
Colorectal Cancer	39.0	38.8
Cervical Cancer	9.1	8.2
Esophageal Cancer	7.9	6.6

Source: National Cancer Institute, 2003-2007

Communicable Disease

Tuberculosis

The rates of TB have risen slightly in San Bernardino County from 2008 to 2009. The rates in the county are lower than the rate of TB in the state.

Tuberculosis, 2008-2009

	2008		2009	
	Cases	Rate per 100,000 Persons	Cases	Rate per 100,000 Persons
San Bernardino County	74	3.5	79	3.7
California	2,695	7.0	2,472	6.4

Source: Source: California Department of Public Health, Tuberculosis Control Branch, 2009

HIV/AIDS

San Bernardino County has 1,543 total cases of HIV, making it the 5th among counties in the state based on number of diagnosed HIV cases. It is 8th in the state among counties with 4,042 diagnosed AIDS cases. Among those having been diagnosed with HIV, 6% are deceased and with AIDS, 52% are deceased.

HIV/AIDS Cases, Cumulative through June 2010

	San Bernardino County	Percent Deceased San Bernardino County	Percent Deceased California
HIV Total Cases	1,543	6%	3%
AIDS Total Cases	4,042	52%	56%

Source: California Department of Public Health, Office of AIDS, HIV/AIDS Surveillance Section, 2010

Sexually Transmitted Diseases

San Bernardino County has lower rates of Chlamydia, Gonorrhea and Syphilis compared to the state. Females have the highest rates of Chlamydia and Gonorrhea. Young adults, ages 20-24, and Blacks/African Americans have the highest rates of sexually transmitted infections.

STD Cases, 2009

	San Bernardino County	California
	Rate per 100,000 Persons	Rate per 100,000 Persons
Chlamydia	374.4	380.6
Gonorrhea	53.2	62.0
Primary & Secondary Syphilis	1.5	5.2
Early Latent Syphilis	1.3	4.4

Source: California Department of Public Health, STD Control Branch, 2009

Health Behaviors

Health screenings and immunizations are widely accepted methods to help identify and prevent disease.

Childhood Immunizations

For the 2010 school year, 93.9% of students in San Bernardino County enrolled in reporting kindergartens received all required immunizations (4+ DTP, 3+ Polio, 2+ MMR, 3+ Hep B, and 1+ Var or physician documented varicella disease). This rate is higher than the state rate of 90.7%.

Kindergarten Immunization Rates, 2010

	San Bernardino County	California
Kindergartners with required immunizations	93.9%	90.7%

Source: California Department of Health Services, Immunization Branch, 2010

Preventive Practices

Seniors are particularly vulnerable to communicable respiratory diseases, and are recommended to obtain yearly flu shots. In San Bernardino County, 59.2% of seniors have obtained a flu shot.

Occult blood tests, sigmoidoscopy and colonoscopy screen for colorectal cancer. In San Bernardino County, 23.8% of adults, age 50 and over, had been screened for colorectal cancer. Pap smears screen for cervical cancer. Among adult women, 85.1% received a Pap smear in the last three years. Mammograms are used for detection of breast cancer and 78.3% of women, 40 years and over, received a mammogram in the last two years. The rate of engaging in these health prevention activities is at a rate below Healthy People 2020 objectives.

Preventive Practices

	San Bernardino County	California	Healthy People 2020
Senior flu shot	59.2%	65.9%	90%
Screening for colorectal cancer	23.8%	22.0%	70.5%
Pap smear in last 3 years	85.1%	84.1%	93%
Mammogram in the last 2 years	78.3%	80.1%	81.1%

Source: California Health Interview Survey, 2007 + 2009; Healthy People 2020 Objectives

Overweight and Obesity

In San Bernardino County, 36.0% of adults are overweight and 32.1% are obese. These percentages equate to over two-thirds of the adult population (68.1%) being overweight or obese. Obesity has increased over the last five years.

Overweight and Obese Adults

	San Bernardino County			California
	2005	2007	2009	
Overweight	37.5%	36.4%	36.0%	35.0%
Obese	27.2%	26.5%	32.1%	24.4%

Source: California Health Interview Survey, 2005, 2007, 2009

Youth in San Bernardino have high rates of obesity – 21.4%. Over one-third of the youth population (34.3%) is overweight or obese. The rate of obesity among youth has increased dramatically over the last five years.

Overweight and Obese Youth, Ages 12-17

	San Bernardino County			California
	2005	2007	2009	
Overweight	15.7%	14.8%	12.9%	16.7%
Obese	11.9%	10.3%	21.4%	12.0%

Source: California Health Interview Survey, 2005, 2007, 2009

Physical Activity

A sedentary lifestyle can lead to overweight and obesity and is a contributing factor to many chronic diseases and disabilities. In San Bernardino County, 21.4% of children, 19% of teens and 16.2% of adults did not engage in at least one hour a day of physical activity.

No Physical Activity

	San Bernardino County	California
Children, Ages 5-11	21.4%	11.3%
Teens	19.0%	16.2%
Adults	16.2%	14.0%

Source: California Health Interview Survey, 2007 + 2009

One source of activity for kids is walking, biking or skating to and from school. In San Bernardino County, 46.5% of teens walked, biked or skated to or from school at least once a week; 32.1% of children engaged in these activities.

Walked, Biked or Skated to School

	San Bernardino County	California
Children	32.1%	39.0%
Teens	46.5%	48.9%

Source: California Health Interview Survey, 2009

Smoking

Smoking continues to be a leading cause of preventable death in the United States. Among adults in San Bernardino County, 14.8% are current smokers and 24.4% are former smokers.

Smoking Prevalence among Adults

	San Bernardino County	California
Current Smokers	14.8%	13.5%
Former Smokers	24.4%	23.1%

Source: California Health Interview Survey, 2009

The rate of smoking indicates that 42.7% of adults smoke 6-10 cigarettes a day and 31.3% smoke 20 or more a day.

Number of Cigarettes Smoked per Day

	San Bernardino County	California
One or less	0.5%	2.4%
2-5 cigarettes	10.6%	20.0%
6-10 cigarettes	42.7%	39.7%
11-19 cigarettes	14.9%	13.9%
20 or more cigarettes	31.3%	24.0%

Source: California Health Interview Survey, 2009

Social Issues

Fast Food Consumption

In San Bernardino County, 42.6% of children consumed fast food twice or more in a week; 45.1% of adults consumed fast food two or more times a week.

Fast Food Consumption, Two or More Times a Week

	San Bernardino County	California
Children (0-17)	42.6%	38.0%
Adults over 18	45.1%	35.9%

Source: California Health Interview Survey, 2009

Soda Consumption

The percent of children that consume two or more sodas or sweetened drinks a day is 8.6%. One-fourth of teens (25%) consume a soda or sweetened drink a day.

Soda or Sweetened Drink Consumption, Two or More a Day

	San Bernardino County	California
Children	8.6%	8.5%
Teens	25.0%	27.5%

Source: California Health Interview Survey, 2009

Fresh Fruits and Vegetables

Children have a much higher rate of fruit and vegetable consumption (46.2%) compare to teens (17.4%). Both children and teens have a lower rate of fruit and vegetable consumption than found in the state.

Consumption of 5 or More Fresh Fruits and Vegetables a Day

	San Bernardino County	California
Children	46.2%	48.4%
Teens	17.4%	19.9%

Source: California Health Interview Survey, 2009

Retail Food Index

In California, there are 4.18 times as many fast-food restaurants and convenience stores as supermarkets and produce vendors. In San Bernardino County, there are 5.72 times as many fast-food restaurants and convenience stores as supermarkets and produce vendors. San Bernardino County has the highest ratio of fast food to supermarkets than any county with more than 250,000 residents in California.

Ratio of Fast Food and Convenience Stores to Supermarkets

	San Bernardino County	California
Retail Food Index	5.72	4.18

Source: California Center for Public Health Advocacy, 2007

Mental Health

Among adults, 8.4% experienced some type of psychological distress in the past year; 15.2% needed help for a mental health problem; 12.8% of adults saw a health care provider for mental health or drug/alcohol related issues, 8.2% have taken medicine for more than two weeks for mental health issues. Over half the adults (53.5%) who needed help for an emotional or mental health problem did not receive treatment.

Mental Health Indicators

	San Bernardino County	California
Adults who had psychological distress during past year	8.4%	6.5%
Needed help for emotional/mental health problems or use of alcohol/drug	15.2%	14.3%
Adults who saw a health care provider for emotional-mental and/or alcohol-drug issues in past year	12.8%	10.9%
Has taken prescription medicine for emotional/mental health issue in past year	8.2%	9.7%
Needed help but did not receive treatment	53.5%	44.5%

Source: California Health Interview Survey, 2009

Alcohol Use

In the county, 35.8% of teens had consumed alcohol; and 30.6% of adults had engaged in binge drinking in the past year. Binge drinking is measured as consuming a certain amount of alcohol in a designated period of time. For males this is five or more drinks per occasion and for females four or more drinks per occasion.

Alcohol Use

	San Bernardino County	California
Teens Who Reported Alcohol Use	35.8%	33.4%
Adults Who Engaged in Binge Drinking in the Past Year	30.6%	31.3%

Source: California Health Interview Survey, 2009

Alcohol Distributors

Alcohol distribution at bars, restaurants, liquor, grocery and convenience stores is tracked by zip code, based on pending and active liquor licenses, and presented as a number per 1,000 persons. San Bernardino 92401 and 92408 have the highest rates of alcohol distribution sites per 1,000 persons within the service area. Fontana 92335 and Hesperia have the largest number of alcohol distributors.

Alcohol Distributors per 1,000 Persons

	Number	Rate
92316 – Bloomington	20	0.73
92324 – Colton	83	1.47
92325 – Crestline	15	1.59
92335 – Fontana	134	1.43
92336 – Fontana	36	0.42
92345 – Hesperia	110	1.28
92346 – Highland	55	1.02
92376 – Rialto	69	0.91
92377 – Rialto	5	0.22
92399 – Yucaipa	67	1.28
92401 – San Bernardino	13	6.79
92404 – San Bernardino	58	1.07
92405 – San Bernardino	30	1.12
92407 – San Bernardino	55	0.90
92408 – San Bernardino	66	4.33
92410 – San Bernardino	72	1.47
92411 – San Bernardino	40	1.61

Source: California Department of Alcoholic Beverage Control, 2009

School and Student Characteristics

The San Bernardino City Unified School District (SBCU) was examined for selected demographic and performance characteristics.

School Enrollment

School enrollment for 2009/2010 school year for San Bernardino City Unified totals 53,837 students.

Student Race/Ethnicity

The student population of all SBCU District schools is overwhelmingly Latino (70.3%). African Americans are the next most prevalent (15.3%). SBCU schools have a higher percentage of Latinos and African Americans and a smaller percentage of Whites than found in the county.

Race and Ethnicity of Students

	San Bernardino City Unified	San Bernardino County
Hispanic or Latino	70.3%	59.8%
Black or African American	15.3%	10.1%
White	9.8%	22.7%
Asian/Pacific Islander	2.2%	3.7%
American Indian/Alaska Native	0.7%	0.5%
Other	1.7%	3.2%

Source: California Department of Education, 2009-2010

Free and Reduced Price Meal Program

The number of students eligible for the free and reduced price meal program is one indicator of the socioeconomic status of a school district's student population. The majority of students in SBCU are eligible for the free or reduced price lunch program (87.4%), indicating a high level of low income families. This rate is higher than the county rate (63.4%).

Free and Reduced Price Meals

	SBCU District	San Bernardino County
Children eligible for free or reduced price lunch program	87.4%	63.4%

Source: California Department of Education, 2009-2010

Student Homelessness

The term homeless children and youth means individuals who lack a fixed, regular, and adequate nighttime residence. This definition also includes:

- Children and youth who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason
- Children who may be living in motels, hotels, trailer parks, shelters, or awaiting foster care placement
- Children and youth who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings
- Children and youth who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings, or
- Migratory children who qualify as homeless because they are children who are living in similar circumstances listed above

For the 2009/2010 school year, San Bernardino County had 22,658 kids who were identified as homeless. This is 4.9% of the total district enrollment. Of these kids:

- 86.2% were “doubled up” meaning more than one family was living in one home
- 6.3% lived in shelters
- 4.8% were unsheltered
- 2.7% lived in hotels/motels

English Learners

The percentage of students who are English learners in the SBCU District is 34.9%, greater than the rate of English Learners in the county (22.1%). When examining district level data it is important to keep in mind that within each district there are a number of schools with higher and lower rates of English Learners.

English Learners

	SBCU District	San Bernardino County
English Learners	34.9%	22.1%

Source: California Department of Education, 2009-2010

Student Proficiency

Testing for student proficiency indicates 35% of students in all grades tested are proficient in language arts and math.

Language Arts and Math Proficiency

	SBCU District	San Bernardino County
Language Arts proficient all grades	35%	48%
Math proficient all grades	35%	43%

Source: California Department of Education, 2009- 2010

High School Graduation and College Readiness

Among the schools in the SBCU District, the rate of graduation is 60.5. This is lower than the county graduation rate (73.0).

High school students wishing to attend University of California or California State University schools must complete a group of courses called the A-G college prep curriculum. Among students in the SBCU District, 15.9% of the graduates are UC/CSU eligible. This is lower than the county rate of 23.7% of students

High School Graduates and UC/CSU Ready Graduates

	SBCU District	San Bernardino County
Graduation Rate	60.5	73.0
UC/CSU Ready	15.9%	23.7%

Source: California Department of Education, 2008-2009

Prevention Quality Indicators

Background

Ambulatory care sensitive conditions have been identified by the Agency for Healthcare Research and Quality (AHRQ), a government organization under the administrative structure of the U.S. Department of Health and Human Services. AHRQ's mission is to "improve the quality, safety, efficiency, and effectiveness of health care for all Americans." Ambulatory care sensitive (ACS) conditions are defined as "those conditions resulting in hospital admissions that with improved high quality outpatient care could otherwise been avoided, resulting in lower cost to the hospital and better quality of life for the patient." These indicators were designed to assist hospitals in identifying quality of care events that might need further study and to provide insight into community outpatient needs, access and systems (AHRQ, 2004). Fourteen conditions were selected to measure. Attachment 2 lists and defines the PQI measures.

Purpose

The purpose of using quality indicators to examine hospital administrative data is to determine the extent that ambulatory care sensitive conditions are relevant in the health care setting. Utilizing AHRQ's framework for identifying the fourteen valid and reliable Prevention Quality Indicators (PQI), hospitals and health systems gain the ability to identify a community's unmet health needs and take steps to improve access to quality outpatient care.

Methods

Hospital data were obtained in Microsoft Excel format for the reporting fiscal year 2010. Data were formatted to run through the AHRQ Quality Indicator (Windows version 4.2, 2010) software tool. Diagnosis Related Group (DRG) version identified by St. Bernardine's Medical Center for use in the analysis was DRG version 26.0.

Findings

For the fiscal year 2010, St. Bernardine Medical Center had 19,106 discharges of which 802 or 4.2% were discharges for ambulatory care sensitive conditions.² ACS discharges were concentrated in three conditions: congestive heart failure (CHF), COPD and long-term diabetes. These three conditions account for 64.4% of all the ACS discharges. If diabetes-related conditions (short-term, long-term, uncontrolled and lower extremity amputation) are combined, then CHF, COPD and diabetes account for 75.6% of the discharges. There was only one case of angina and there was no incidence of perforated appendix.

² Ten percent is about average for hospitals across the country, and an older age distribution is expected for ACS conditions, given that many of the conditions are more common among seniors.

ACS Discharges by Condition

Ambulatory Care Sensitive Conditions	Number	Percent
Congestive Heart Failure (CHF)	214	26.7%
Chronic Obstructive Pulmonary Disease (COPD)	162	20.2%
Diabetes Long-Term	140	17.5%
Adult Asthma	80	10.0%
Diabetes Short-Term	63	7.9%
Dehydration	53	6.6%
Urinary Tract Infection (UTI)	25	3.1%
Lower Extremity Amputation (Diabetes Patients)	22	2.7%
Hypertension	16	2.0%
Bacterial Pneumonia	12	1.5%
Low Birth Weight	9	1.1%
Uncontrolled Diabetes	5	0.6%
Angina	1	0.1%
Perforated Appendix	0	0.0%
Total	802	100%

The PQI conditions that represented the highest percentage of admissions for Medicare patients were COPD, Bacterial Pneumonia and CHF. For Medi-Cal patients Bacterial Pneumonia and Adult Asthma were the conditions with the highest admission rates, and for private pay patients CHF had the highest number of admissions (all other PQIs totaled less than 2% of admissions).

ACS Conditions by Payer Source

Payer Sources	Conditions
Medicare	COPD, Bacterial Pneumonia, CHF
Medi-Cal	Bacterial Pneumonia, Adult Asthma
Private Pay	CHF

It was determined that 3.3% of PQI admissions entered through the ER. The PQI conditions with the highest percentage of ER admissions were COPD and Bacterial Pneumonia.

When all ACS discharges were examined by age group and gender, females accounted for 57% of the discharges, and males 43%. As would be expected, within the gender groups seniors had the highest incidence of ACS conditions.

Rate of ACS Conditions by Age Group and Gender

Age Group	Female	Male
18-39 year olds	5.4%	4.7%
40-64 year olds	23.7%	17.7%
65 years and older	27.9%	20.6%
Total	57.0%	43.0%

ACS discharges by age group indicate that 18-39 year olds had the highest percentage of short-term diabetes. Those in the 40-64 age range had the highest percentage of discharges for asthma and urinary tract infections. The highest percentage of uncontrolled diabetes was split between seniors and adults, ages 40-64. Seniors had the highest ACS discharges for the remaining conditions.

ACS Conditions by Age Group

Ambulatory Care Sensitive Conditions	18-39	40-64	65+
Congestive Heart Failure (CHF)	2.8%	36.9%	60.3%
Chronic Obstructive Pulmonary Disease (COPD)	0	44.4%	55.6%
Diabetes Long-Term	7.8%	45.7%	46.8%
Adult Asthma	21.3%	60.0%	18.7%
Diabetes Short-Term	57.1%	28.6%	14.3%
Dehydration	5.7%	22.6%	71.7%
Urinary Tract Infection (UTI)	24.0%	48.0%	28.0%
Lower Extremity Amputation (Diabetes Patients)	0	45.5%	54.5%
Hypertension	0	50.0%	50.0%
Bacterial Pneumonia	0	25.0%	75.0%
Uncontrolled Diabetes	20.0%	40.0%	40.0%
Angina	0	0	100%

Females had the highest percentage of ACS discharges among seven conditions. One condition (bacterial pneumonia) was equal for females and males. Males had higher rates of discharges for CHF, long-term diabetes, lower extremity amputation, hypertension and uncontrolled diabetes.

ACS Conditions by Gender

Ambulatory Care Sensitive Conditions	Female	Male
Congestive Heart Failure (CHF)	42.9%	57.1%
Chronic Obstructive Pulmonary Disease (COPD)	64.8%	35.2%
Diabetes Long-Term	48.6%	51.4%
Adult Asthma	77.5%	22.5%
Diabetes Short-Term	58.7%	41.3%
Dehydration	65.1%	34.9%
Urinary Tract Infection (UTI)	88.0%	12.0%
Lower Extremity Amputation (Diabetes Patients)	45.5%	54.5%
Hypertension	37.5%	62.5%
Bacterial Pneumonia	50.0%	50.0%
Low Birth Weight	66.7%	33.3%
Uncontrolled Diabetes	40.0%	60.0%
Angina	100%	0

To further clarify the community need, each PQI was calculated to compare the Hospital's rate to the expected rate in the San Bernardino County population. For this analysis the expected rate is the rate the Hospital would have if it performed the same as the reference population, given the provider's actual case-mix (e.g., age, gender, DRG, and co-morbidity categories). If the observed rate is higher than the expected rate (i.e., the ratio of observed/expected is greater than 1.0), then the implication is that the provider did not perform as well as what was expected given the reference population for that particular indicator. If the observed rate is lower than the expected rate (i.e., the ratio of observed/expected is less than 1.0), then the implication is that the provider performed better than expected given the reference population.³

³ Source: AHRQ QI Windows Software documentation v 4.1a, July 2, 2010.

Attachment 3 identifies the cases that matched a PQI, providing detail related to the admission rate, observed to expected ratio both by age and gender, as well as in the areas reporting a ratio greater than 1.0, stratified by race.

SBMC performed very well on the area analysis of the PQIs. The number of discharges associated with the conditions flagged by the PQI analysis was within the expected range for the referenced population for age ranges and gender. Further stratification of the data was completed to review the discharges by age, gender and race. Again, all of the measures were within the expected range for the referenced population. None of the ratios exceeded 1.0, which indicates SBMC is performing at or better than what would be expected within the referenced population. When aggregating all of the acute and chronic conditions identified as ambulatory care sensitive conditions, St. Bernadine Medical Center was well below the expected ratios for the reference population.

Key Stakeholder Interviews

Introduction

Twenty-five interviews were completed during January - March 2011. Participants in the interviews included representatives from nonprofit, public and religious organizations, the public health department, community clinics and the county's clinic association, and community volunteers. A list of the key stakeholder interview respondents can be found in Attachment 4.

Interview participants were asked to share their perspectives on a number of topics, including:

- Biggest issues or concerns facing the San Bernardino community
- Shifts or changes relative to population demographics in the past three years
- Impact of the economic decline on individuals and families
- Impact of budget cuts on the respondent's organization/agency
- Problems people face in obtaining health care, mental and behavioral health, and/or social services and what would make it easier for people to obtain services
- Barriers to care, treatment and management of chronic health conditions
- Measures used to prevent or manage chronic disease
- Maternal-child health services lacking in the community
- Reasons for use of the Emergency Room for non-emergency purposes and suggestions for addressing this problem
- Current activities of local hospitals in addressing community health issues among residents and possible future roles
- Investments to improve the community (including access to care, community infrastructure, economic development, or services)

Biggest Issues or Concerns in the Community

The issues of greatest concern to the interview participants were the economy and unemployment, and the impacts these problems are having in the community. Aspects of these concerns included:

- Access to basic needs, such as housing, food, and clothing
- Access to services, including health care services
- Ability to pay for monthly bills, medicine, childcare, gasoline, education, transportation, or unanticipated expenses
- Increase in crime because of need and boredom
- Uncertainty about the future of jobs and the local economy
- A sense of hopelessness among people in the community and that they are "weighed down by their situation"

Other issues of concern included:

- Services for people (particularly seniors and the disabled) who are in their homes but need assistance with activities of daily living
- Services for low-income people, including assistance with legal issues, mental health counseling, and immigration issues

- The impact of the local environment on the ability to make healthy lifestyle choices, including lack of safe areas for walking, animal control problems, crime, lack of lighting, lack of green spaces and parks, density of fast food outlets and lack of access to fresh foods
- Health disparities among low-income people, including lung disease, asthma and obesity
- Lack of coordination within city and county government and no sense of a concerted effort to achieve common community goals
- Conflict and discomfort between recent Latino immigrants and English-speaking people with respect to differences in language and culture
- The negative image of San Bernardino County held among residents of the county itself and neighboring counties that can become a self-fulfilling prophecy and an obstacle to improvement. Negative image includes challenges such as high poverty, high unemployment, not enough leadership at county level and frequent changes in leadership, and crime

Recent Shifts in Population Demographics, Particularly Among Vulnerable People

The shift in population demographics most frequently identified was the increase in the Hispanic/Latino population. This population shift was also associated with increases in:

- Immigration and language assistance needs
- Free and reduced lunch assistance needs

Other demographic shifts cited by respondents included increases in:

- The number of unemployed and poor people, resulting in an increased need for basic services; i.e., more people are looking for a helping hands. Formerly lower-middle and middle-class families seeking services for the first time
- Homeless individuals and families with children in the schools and seeking services
- Number of people seeking employment
- Childhood obesity

Impact of Economic Decline on Individuals and Families

Interviewees, many whom are service providers, painted a very bleak picture of the current situation among individuals and families in San Bernardino related to the economic decline. Statistics were shared by interviewees including that San Bernardino has a 15% unemployment rate and the 5th highest foreclosure rate in the nation. The impacts of the economic decline among individuals and families that were identified most frequently in direct response to this question included:

- Loss of jobs and homes
- Many families are reaching out to social service agencies for assistance because they are unable to afford basic needs, including food, shelter, clothing, medical care and medications. Many families are requesting assistance for the first time and are not familiar with what services are available or how to access them
- Access to health care, dental care and mental health is negatively impacted by job losses that have resulted in loss of insurance and/or the inability to afford co-pays

- Many families of all ethnic groups and income levels are experiencing stress because of job and housing losses. This stress can translate into depression and feelings of hopelessness, other mental health problems, family conflict and/or divorce, transience and loss of local roots and connections, domestic violence, and drug use
- Children are slipping through the cracks and experiencing more homelessness, foster care, insufficient food, lack of access to mental health services or medical services, and difficulty at school
- Multiple families are overcrowded in homes designed for one family, which increases stress, lack of independence, and the potential for public health problems
- Seniors are unable to pay for basic needs and so are trying to go back to work and are not getting proper care or nutrition

Impact of Budget Cuts on Organizations/Agencies

Most of the agencies interviewed reported cuts in their resources over the past several years due to changes such as:

- Significant reductions in city and county budgets
- Reduced foundation funding and increased competition for that funding
- Reduced government funding of health and social service programs
- The California Endowment (TCE) did not select San Bernardino as one of its communities for place-based funding, so most TCE dollars have left the community
- Fewer dollars contributed at community fundraisers
- Reduced employee contributions to the school district's Child Welfare Fund due to cuts in employee hours, days and pay. The Child Welfare Fund was established to provide assistance to families with prescriptions, glasses, clothing, shoes, etc.
- Decrease in collections at church because "families have to feed themselves before giving to the church"
- Members of umbrella organizations are struggling and less able to pay membership dues

These cuts have impacted many services. While organizations are trying to do "more with less," this is not always feasible. Several interviewees expressed that the "need is greater than the capacity." Examples of cuts to services in San Bernardino include:

- City of San Bernardino has laid-off large numbers of employees, is looking to close parks and libraries, and is cutting police and fire services. "The lack of services is catching up and we are now seeing the impacts of the cuts...potholes are not getting filled and the ability to help isn't there because there just is not enough capacity."
- One community clinic reported that it has not had to cut services, but it has also not been able to expand to meet the increased needs
- Food pantries operated by 62 of the 94 parishes in the Diocese are seeing huge demand and are stressed to meet the need
- One agency reported shifting its strategy for providing educational presentations from a "saturating" approach (i.e., multiple presentations to the same

organization, which is a more effective educational approach) to a “sprinkling” strategy (i.e., reaching as many places as possible on a one-time basis only)

- Cuts in school staffing and school health programs
- A 30% cut in budget of the Child Welfare Fund, with a change in strategy to provide funding on a one-time basis only to families, rather than providing repeated support, year after year
- United Way has limited the number of agencies eligible to apply for their funding
- Difficulty in finding core operating support for direct services led to a change in strategy by one organization to stop providing direct services and to focus instead on education and advocacy
- The San Bernardino County Department of Behavioral Health has had to narrow the eligibility for its services to people who are chronically, persistently mentally ill as these people have been impaired for many years and need medications to function. They also treat severely emotionally disturbed children and seniors with disabilities

Problems in Obtaining Health Care and Other Health/Social Services

Interviewees were asked to identify the kinds of problems or challenges that the people of San Bernardino and/or who are served by their agency face in obtaining health care, mental health, behavioral health, and/or social services. The types of services for which there is the greatest need were identified as:

- Dental care
- Vision care
- Mental health care, including counseling, family counseling and medications
- Specialty care
- HIV/AIDS services

About half the interviewees identified lack of health insurance or ability to pay for care and/or medications as primary challenges to obtaining care. Comments related to these barriers included:

- Many people without insurance or who have high co-pays or deductibles cannot afford to go for services in addition to transportation costs and prescription costs
- People sometimes get hassled for not complying with their medications when they can't actually afford their medications
- Medi-Cal no longer covers dental or vision care. These are two of the most important services. Low-income families on fixed incomes cannot pay for these services

Transportation to services and the large geographic area that comprises the county was also identified as a significant barrier by nearly half the participants. Some concerns about transportation included:

- Many people don't have transportation so if they can't walk to a clinic then they have no access to health care. People are using ambulances and the Emergency Room to access basic care
- People sometimes have to travel great distances to get to a facility that provides low-cost care. This is especially problematic when there are children or others in

the household who cannot be left alone, so the whole family has to travel which becomes an all-day excursion that is both unrealistic and expensive

- Public transit is not easy. It is not a robust transit system. Even paying bus fare is a burden for many

Another barrier identified was lack of information about services/clinics. Related comments included:

- The information piece is big. There is no information out there about the clinics, so people don't know about them
- People don't know where to get services and there is no central location where they can find out what they qualify for or how to qualify, so they end up going agency to agency and are often turned away

A fourth barrier was related to language, immigration, and cultural competency. Key concerns included in this category were:

- A lot of undocumented people are afraid of deportation, and so do not seek services. Sometimes these people end up in the Emergency Room because they have delayed care until they are very sick
- Undocumented immigrants are effectively excluded from health care coverage at this point
- Language can be a barrier for non-English speaking people (in San Bernardino these are mostly Spanish-speakers). It was noted that there has been an increase in multi-lingual staff at a number of provider sites, but the need is still there, and more real-time translation services are needed
- Language barriers can be particularly difficult with more sensitive services, such as mental health and family planning

Another barrier that was noted by several interviewees was biased services based on ethnicity or income. Several participants discussed this concern with respect to the Latino population, the Black population, and the lower-income population. Comments included:

- Black people do not receive the same level of care or services offered to them as others. Health care providers have an arrogant attitude toward Blacks that negatively affects their interest in seeking services
- Some people worry if they look right, and if anyone will want to deal with them if they smell bad that day
- People feel they are judged and treated differently based on their ethnicity or income

Other barriers to care included:

- Limited number of providers and clinics serving a large geographic area
- Paperwork and administrative barriers
- Lack of coordination among providers and resources in the system relative to referral follow-ups and information sharing
- Wait times for appointments
- Transience and homelessness

How to Make Access to Services Easier

Most suggestions for making access to care easier are encompassed in the following recommendations:

- Increase the availability and accessibility of quality, affordable providers/services such as community clinics and urgent care centers with extended hours in neighborhoods where low-income people live. Improve linkages between hospitals and clinics
- Increase coordination among providers and connections among the medical community. More collaboration is needed. A visioning process led by San Bernardino County is creating more dialogue on resources and gaps
- Provide transportation assistance such as taxi vouchers or subsidized transportation
- Educate patients on how to use the medical system appropriately as well as on how to talk to doctors and ask questions about symptoms and medications
- Educate providers to be more open and non-judgmental based on looks, and to build relationships with patients and provide more compassionate care
- Provide better and more culturally competent access to information about services and eligibility for services through strategies such as case management, promotoras, a centralized referral system and/or patient navigators. People need assistance finding the kind of help they need and are eligible for and follow-through on referrals would be helpful
- Provide more community outreach and education about services and health care issues through health fairs and mobile health clinics that are linked with churches and other neighborhood organizations
- Reduce administrative/paperwork barriers as well as automated voicemail systems. Creation of one application for multiple services would reduce duplicated documentation requests, etc.
- Pass immigration reform to facilitate access to care for undocumented persons
- Create a national health care system to address challenges in the current system and create better access for all to services
- Increase language capacity and cultural competency of providers
- Stimulate the economy through providing local jobs at hospitals and other provider locations. Hospitals should make it a principal to employ local vendors
- The San Bernardino County Department of Behavioral Health is implementing a three-pronged strategy to increase access to mental health services, including Crisis Walk-in Clinics at various sites open 24/7 for medication refills and other services; a Community Crisis Response Team (CCRT) to address crises in community or home settings; and a Care Desk to link people to needed services beyond their mental health needs (e.g., food, clothing, housing).

Chronic Health Conditions: Barriers to Care, Treatment and Management

Many of the reported barriers to care, treatment and management of chronic health conditions were the same as those mentioned above under challenges to obtaining other kinds of care. The common barriers included:

- Cost of care and medications, including premiums, deductibles, and co-pays for those with insurance and affordability for those without insurance

- Transportation barriers and the distances to community clinics, which make walking or using the transit system unrealistic
- Access to specialty care, particularly to endocrinologists and to stroke centers
- Language barriers and fears among immigrant populations
- Prioritizing basic needs (e.g., food, shelter, clothing) over health care and medication costs

Other barriers more specific to chronic health conditions were also identified. These included:

- Lack of treatment and follow-up services following screening
- Difficulty in making behavior changes to eat more healthfully, participate in physical activity, and take medications
- Lack of awareness or understanding of chronic disease symptoms and the actions/behaviors needed to prevent and manage those symptoms (e.g., how to cook healthfully)
- Access to unhealthy foods such as fast foods and sodas in vending machines, along with lack of access to fresh and healthier foods; lack of availability of fresh food in neighborhoods and at food banks; distances to markets where fresh food is sold; and the higher cost of healthy food which is unaffordable for many
- Lack of access to physical activity options due to lack of parks and green space; lack of walking paths, unsafe neighborhoods, streets that are just dirt roads with no sidewalks; presence of dogs running loose and poor animal control; and polluted air which is unsafe for people with respiratory illnesses
- Environmental hazards and toxins from the railway station, the Omni bus depot and the Siemens plant, which are all located nearby to schools and Community Hospital; as well as no retaining walls on the freeways that are located in low-income neighborhoods

It was noted that even among those people who see their doctors regularly and take medications, many do not change their lifestyle behaviors for a multitude of reasons, including environmental and policy barriers, lack of access to fresh foods, lack of knowledge about food label reading and preparation, easy access to fast food and unhealthy food, and family stressors that prevent people from having the time they need to engage in physical activity or learn to cook differently.

What People Do to Prevent/Manage Chronic Health Conditions

Participants also reported activities people do to prevent/manage chronic health conditions including:

- Try to avail themselves of available services
- Participate in a community garden
- See their doctor and take medications, particularly those with insurance or with access to affordable care and medications
- Use home remedies or local ethnic pharmacies
- Adopt approaches to care that they were raised with and are part of their culture
- Rely on prayer
- Go to friends and to churches

As one interviewee said, “People do what they can within their ability, but stress and poverty get in the way.”

Maternal-Child Health Services Lacking in the Community

Several interviewees noted that maternal and child health services have been improving in the community. A number of services and coverage options are available to this population, such as the Family and Baby Wellness Center recently opened at St. Bernardine Medical Center, the Baby Friendly Hospital designation at Community Hospital of San Bernardino, WIC services, and some special coverage programs such as emergency Medi-Cal and Healthy Families. Some opportunities to improve in this area include:

- Promote available services more widely and with targeted strategies that are culturally and linguistically appropriate. Use of social networking sites such as Facebook, Twitter and My Space were suggested
- Bring more education and services to neighborhoods through partnerships between neighborhood nonprofits and hospitals. This will help to increase access and reduce transportation barriers. One suggestion was to open satellite centers of St. Bernardine’s Family and Baby Wellness Center at nontraditional community locations, such as churches and schools
- Address child safety concerns through education and other means. Child safety issues identified by several interviewees included:
 - Alcohol, tobacco and drug use among pregnant women and in households with young children (including impaired judgment and behavior, exposure to second-hand smoke, and children’s access to these substances)
 - Risks of violence and sexual assault when leaving children with people whom the parents do not know well
- Provide targeted outreach and services to the Black population, which suffers from extremely high rates of infant mortality. Unfortunately the county’s Black Infant Health program was recently cut along with other reductions to the Maternal Child Health program
- Provide opportunities for coordination across community agencies to replace the gap of the Perinatal Health Committee, which was recently disbanded by the county
- Provide education and support in the following areas:
 - Breast-feeding (beyond education provided in the hospital)
 - How to support a healthy pregnancy and a healthy home for young children (specifically to address alcohol, tobacco and drug issues)
 - Support groups for mothers of young children
 - Training on infant CPR (the American Heart Association has a free video available on this topic)
 - Changing cultural norms to help prevent multiple births among young women/girls
 - Post-partum depression (which is stigmatized)
 - Accurate information about immunizations to address fears and misconceptions

Emergency Room Use for Non-Emergency Purposes

Respondents said they were aware of people using the Emergency Room (ER) to access non-emergency care. The most frequently identified reasons that people use the ER for non-emergency purposes were:

- Lack of money or insurance and knowledge that the ER will treat them, regardless of ability to pay
- Care has been delayed for so long that problems become emergencies. Reasons for delayed care include:
 - Inability to pay for services coupled with lack of availability of affordable services, including clinics and doctors that accept Medi-Cal
 - Lack of knowledge about the community clinics, or that these clinics serve uninsured
 - No regular source of care or relationship with a primary care doctor
 - Illegal immigration status and fear of accessing the system
 - Poor treatment by previous health care providers (particularly among the Black population and other ethnic groups) which discourages desire to seek care in the system
- People want immediate attention and do not want to wait days or weeks for an appointment. “Even if they have to wait all day in the ER, they know they will eventually be seen.”
- The ER has a reputation for providing quality and thorough care, while there is less confidence in care provided at the community clinics
- Clinics are not open in the evenings or with extended hours
- Transportation barriers to clinics not located in neighborhoods

Additional reasons for inappropriate ER use that were identified included:

- A crisis mentality
- Lack of awareness of urgent care options and lack of affordable urgent care services
- Easier than navigating automated voice answering systems
- People motivated to get treatment for their sick children despite lack of financial resources
- Familiarity with ER from past visits

Suggestions for Reducing Inappropriate Emergency Room Use

The most frequently mentioned suggestion for decreasing inappropriate ER use was to increase access to affordable, quality primary care in locations that are easily accessible to under-served populations. It was suggested that this could be achieved by:

- Locating community clinics in low-income neighborhoods
- Extending hours of community clinics into evenings and weekends
- Assuring community clinics are reliable, accountable and provide high-quality care
- Bringing mobile health clinics into neighborhoods

- Promoting community clinics and mobile clinics in diverse ways (e.g., advertise in free newspaper, use social networking sites) and more strategically, including information about:
 - Affordability of services and willingness to serve the uninsured
 - Quality of care
 - Extended hours

Other suggestions included:

- Educate the community about the appropriate use of the health care system and when to access primary, urgent, and emergency care services
- Hospitals can strengthen partnerships with community clinics and support them in serving as “more accessible portals for non-emergency care;” e.g., ERs and hospital social workers to provide referrals and linkages to community clinics
- Hospitals to strengthen partnerships for outreach and education with community-based organizations that have credibility in the neighborhoods, including churches and parish nursing programs
- Establish more coordination and communication among the health care provider community and strengthen the hospitals’ participation in Healthy San Bernardino by assigning a high level staff person to consistently attend meetings
- Availability of affordable urgent care services for uninsured and under-served people

Recommendations to Address Community Health Issues

Interviewees were asked to identify activities the hospitals could or should be doing to address the health needs of the community. The hospitals may already be doing some of these activities, which points to the need for better promotion. Several respondents commended the hospitals for what they do currently in the community and said they just need to keep doing what they are doing. The most frequently identified suggestions for additional hospital activities included:

- Partner with community clinics, churches, schools and other nonprofit social/health organizations to provide accessible prevention screenings/activities and/or promote information, education and the availability of high quality, accessible, low-cost services. Provide health education in community settings
- Support community clinics to provide high-quality, affordable services to the community’s uninsured and underserved populations in the neighborhoods where they live. This will help to provide a stronger continuum of care in the community and decrease inappropriate or unnecessary emergency room visits
- Host and foster collaboratives to increase coordination and communication across clinics, nonprofits and other organizations
- Fund more, different organizations with Community Benefit grant dollars
- Host educational programs for the public on topics such as obesity, smoking, child safety, etc. and publicize through local nonprofits
- Host public forums where public can come ask questions. This is also an opportunity to learn about issues and barriers of concern to the community

- Support promotoras or health navigators to link with Latino and low-income populations and provide education on prevention, chronic disease, health care services, appropriate use of the healthcare system, and how to access services
- Provide physician education on cultural competency and to foster more compassionate care
- Better promote hospital activities and create more visibility in the community
- Recognize that strength is emergency and tertiary care, and support other community-based organizations to provide prevention, education, and primary care services

Other recommendations included:

- Implement a health promotion campaign to disseminate information about health issues and educational classes via brochures distributed in places where people go; e.g., grocery stores, libraries, schools.
- Promote reputable websites for health information (e.g., American Heart Association).
- Make long-term commitment to improving access to healthy foods in the community through strategies such as hosting community gardens and farmer's markets, and promoting the sale of fresh foods at neighborhood stores.
- Partner with other agencies to promote healthy transportation options, such as walking and bicycling
- Educate community on health care reform
- Improve system of care for heart attack and stroke victims
- Assure that the community clinics referred to by the hospitals are reliable, high-quality organizations that provide the services they purport to provide with good customer service and cultural competency

Priorities and Investment Ideas to Improve the Community

A number of thoughtful and creative recommendations were made in response to this question regarding how respondents would invest in improving the community and what would they identify as priorities. There were several themes in their responses:

- Increase access to quality and affordable care through mechanisms such as supporting community clinics in areas where low-income people live; offering free care; supporting mobile clinics out in neighborhood settings; promoting small, primary care medical offices with only one or two doctors each; building partnerships between the hospitals and faith communities; focusing more prevention and early intervention of mental health problems; and subsidizing transportation to care. Some related suggestions were to:
 - Increase the mental health care workforce and access to mental health services for children, adults and families
 - Educate the community about accessing the appropriate level of care
 - Assure quality of care over quantity of care at community clinics
- Stimulate economic development, including new jobs for local residents and businesses. Suggested strategies for accomplishing this included:
 - Support health professions training, particularly among various ethnic groups in the community to a) address shortages in many health professions, b) increase cultural competency and reduce biased care

- provision, and c) diversify where health care can be provided (e.g., in community settings outside the hospital)
 - Build partnerships between schools, students, parents and institutions of higher learning to assure that schools are aware of and preparing students for realistic careers and job opportunities via college or non-college career paths
- Create a healthy community that supports a healthier environment, healthy choices and healthy lifestyle behaviors through strategies such as:
 - Nutrition education and cooking classes for youth and families
 - Reduce fast food consumption
 - Remove sodas from schools
 - Community gardens
 - Safer places to walk and exercise
 - Make community more conducive to active transportation modes such as bicycling and walking (and less car centric)
 - Improve air quality, particularly around the rail yards, to improve respiratory and cardiovascular health
 - More greenery
 - Focusing on prevention and education
 - The San Bernardino Green Alliance, which is seeking to create jobs in the community and create a healthier community via a “green platform” promoting community walk-ability and other healthy behaviors
 - Parent education on substance abuse, early signs of mental illness and reducing stigma of mental health care, and managing finances
 - Community wellness center focused on prevention, social interaction, access to information, nutrition education, access to mental health services, etc.
- Improve services for children, including nutrition education, services for caregivers, resources for victimization, and creating safer environments

Additional recommendations made by participants included:

- Supporting patient navigators and/or lay health promotoras to help people understand and access appropriate health care services
- Comprehensive system of care for people who have heart attacks or strokes, as per recommendations by the STEMI task forces
- Enhance community resources that support the transition to sober living with a “one stop” approach, including transitional housing, vocational rehab and job training, transportation assistance and access to food
- Foster mental health services for people who have applied for SSI and been denied, but who are in need of this support
- Prepare for health care reform by building the primary care infrastructure to handle the increased volume in demand that will come with the increase in insured people

Comments/Other

At the close of the interview, participants were given an opportunity to share any final comments. These are included below, and are loosely grouped along similar lines.

Use of Policy and Collaboration for Change

- Would like to see an Access component added to the hospitals' Community Benefit plans and a Health Element added to the City's General Plan. These additions would create policy support for environmental changes such as access to healthier food choices and more green space.
- City of Fontana would like to partner more with the hospitals in their Healthy Cities projects.
- Hope we have reached a "new day of conversations among healthcare leaders and organizations in the county."

Education and Services in the Community

- Important for the hospitals to stay relevant by partnering with agencies that have trusted relationships with community residents
- Important to get out into the community and provide education in places where people go; e.g., in their neighborhoods, schools, churches, etc.
- Continue to support the community clinics
- Mobile clinics will help get services to people, where they live

Acknowledgement/Recognition of the Hospitals

- Both hospitals are "doing a fantastic job of getting services to people"
- Both hospitals are doing a good job and people are satisfied with the care
- Both hospitals do an "amazing job already, because they are very much into the people and do good follow-up care for individuals who come there"
- Need to work diligently to let communities know that the hospitals are "there for them," and to focus on prevention and inappropriate ER use. Hospitals need to redefine their role and educate staff and community to understand that role

Opportunity to Participate Appreciated

- Appreciate being asked to participate in the interview and to share the organization's priorities
- Appreciate being included because mental health issues are often not included in the conversation about physical health, but it is equally important
- Please let community volunteers know about opportunities to participate in community meetings and share the community's needs

Health Concerns

- Safety is critical to the health of the community
- Obesity is devastating the community. More needs to be done, including prevention, education, treatment and culturally competent messaging
- High incidence of asthma and COPD locally due to smoking and poor air quality

Community Hopelessness

- There's a sense of hopelessness in San Bernardino that would like to see change. There are a lot of good things – good and smart people – and we need to “find the synergy to bring it all together and make things happen. It's doable.”
- Would love to see San Bernardino be a place where people want to go and be

Hospital Support of Local Economy

- Hospitals should hire people from the community to conduct the needs assessment to build on the community's strengths and support the local economy
- All hospitals should share the burden of people with no insurance

Share and Address Assessment Findings

- Whatever comes out of the assessment process should not end up on a shelf, even if the focus is to branch out from a health focus to related issues such as housing or transportation
- Several participants requested a copy of final needs assessment report

Focus Groups

Introduction

Eight focus groups were conducted in February and March 2011 for the community health needs assessment being led jointly by St. Bernardine's Medical Center (SBMC) and Community Hospital of San Bernardino (CHSB). A total of 90 adults over age 18 participated in the eight groups. Six groups were conducted in English and two were conducted in Spanish. Just over one-quarter of the participants (27%) were male while just under three-quarters (73%) were female. While the two groups conducted in Spanish were comprised of Latino, Spanish-speaking participants, the other six groups included a combination of mostly White, Latino and African American participants. Some of the groups included seniors, though no groups were conducted exclusively with the senior population.

Participant groups included:

- Employees of Goodwill Industries (n=14)
- Agency clients from Time for Change (n=13)
- Low-income congregants affiliated with Inland Congregations United for Change (n=10)
- Agency clients from Catholic Charities (n=13)
- Agency clients at Veronica's Home/Mary's Mercy Center (n=8)
- Patients at Al Shifa Clinic – English (n=9)
- Patients at Al Shifa Clinic – Spanish (n=9)
- Agency clients from Home of Neighborly Services – Spanish (n=14)

Focus group participants were asked to share their perspectives on a number of topics, including:

1. Biggest health issues facing the community.
2. Where people go when they need assistance with health or social problems, and to access preventive care.
3. Problems or barriers to accessing health care, mental health and other social services.
4. Suggestions for improving access to care.
5. Support services needed in the community.
6. Prevention strategies used to control chronic health conditions and barriers to accessing prescription medications.
7. Reasons for use of the emergency room (ER) for non-emergency care.
8. Awareness of current hospital activities to address community health issues.
9. Suggestions for additional hospital activities to address community health issues.
10. Additional notes and comments.

A summary of responses and trends in responses is provided below. For the most part, responses from the Spanish-speaking groups were consistent with responses from the other groups. As such, all responses are grouped together unless a difference is noted.

Biggest Issues Facing the Community

The community issues most frequently identified were:

- Health care and dental care access, including lack of insurance, cost of services and medications, Medi-Cal restrictions, and lack of free or affordable clinics
- Poverty, unemployment and lack of jobs
- Basic needs related to poverty, such as money for rent, bills, food and clothes
- Youth issues, including gangs, teen pregnancy, graffiti, drug and alcohol use, and lack of “things to do but to hang out”
- Lack of places to go in the community, including parks and movie theaters
- Crime, burglary and vandalism
- Transportation
- Lack of information about chronic disease prevention and management
- Diabetes
- Need for childcare
- Lack of services

Other issues also identified were:

- Littering
- Empty fields with overgrown weeds, which could be developed as parks
- Drug abuse, mental illness and homelessness
- Need for more transitional housing
- Police harassment, especially of Latinos
- Prostitution
- Child abuse and neglect

Where People Go When They Need Assistance with Health or Social Problems

Participants identified the following locations where they go when they need assistance with health or social problems:

- Clinics - including Al Shifa, H Street Clinic, Clinica Familiar, Arrowhead Regional Medical Center Clinics (McKee, Westside), Highland Clinic, Metropolitan Clinic and Planned Parenthood
- Local hospitals - including St. Bernardine’s Medical Center, Community Hospital of San Bernardino, Kaiser Permanente, and Arrowhead Regional Medical Center
- Churches for services such as self-help groups, food distribution and hot meals
- Family members and friends
- Community agencies - including Goodwill, Salvation Army, Catholic Charities, Inland Valley Recovery Services, Community Action Partnership, and HEAP program
- Government services - including schools, Housing Authority, Department of Children and Family Services, and County Department of Behavioral Health Resource Center
- Internet

Many participants reported that they do not seek preventive care (e.g., screenings, health education), particularly those with no insurance. The Spanish-speaking participants reported either not seeking preventive care at all due to cost, or else using

Al Shifa or H Street Clinic. For those with some type of insurance or who do seek preventive care, they reported using the following resources:

- Clinics for people with no or limited insurance – including Al Shifa, H Street Clinic, and the Arrowhead Regional Medical Center clinics
- Clinics for people with Medi-Cal or other insurance – including Molina Clinic and Lasalle
- Pay out-of-pocket for services
- Pharmacies for blood pressure checks – including Walmart, Walgreen's and CVS
- Health fairs
- Self-check blood pressure
- Health Department clinic in Rialto
- San Bernardino Valley College

Problems or Barriers to Accessing Health Care, Mental Health, and Other Social Services

The problems and barriers to accessing services that were identified across the groups included:

- Cost of all health care services, high co-pays and lack of health care coverage
- Long wait times for appointments
- Long lines at pharmacies
- Lack of available services
- Transportation barriers, including:
 - Bus system is expensive and cost of public transportation keeps going up
 - Routes are not helpful and there are no connections between routes
 - Busses stop at 11:00 p.m. and don't operate on Sundays
 - Difficulty using public transportation with multiple children
 - Gas prices very expensive
- Administrative barriers, such as paperwork and automated phone lines
- Eligibility restrictions based on income and also for specific groups such as ex-felons, students, and undocumented people
- Limited services available through Medi-Cal, including lack of dental services

Suggestions for Improving Access to Care

The main suggestions for improving access to care were:

- More affordable (or free) services, including health care, medications, dental care, vision services, mental health services, physical therapy services, and others
- More affordable services located within walking distance of where people live
- Transportation assistance (e.g., bus tokens) and system improvements
- Better information and linkages to existing services, such as through a telephone line, information at social service agencies, case managers and/or ombudsmen to provide appropriate referrals and linkages
- Childcare that would free up adults to seek services
- More transitional services from sober living arrangements
- Remove restrictions on ex-felons and others who have served their terms

Support Services Needed in the Community

Across all focus groups, the services identified most frequently as needed in the community included:

- Information on diabetes and obesity prevention and management for children, teens and adults - including diet/nutrition information and cooking tips
- Parenting classes and childcare
- Affordable and geographically accessible health care services - including primary care, dental care, vision care, and mental health services
- Job support – including job training, computer training, and more jobs
- Opportunities for youth – including job training, safe places to go, and after school programs
- Housing assistance and services to address the lack of affordable housing in the area, housing supply shortage, people using 50-70% of their income on rent, and the need among people transitioning from sober living
- Transportation assistance
- Services for children – including medical services, dental services, preschools, speech assistance, vision services, and weight control
- More access to food and meals (including deliveries to people with transportation barriers)
- Re-entry programs and services for people transitioning from addiction issues

Prevention Strategies Used to Control Chronic Health Conditions; and Barriers to Accessing Prescription Medications

Prevention Strategies to Control Chronic Disease

Most participants said they either have a chronic disease themselves or have family members who do. The types of chronic diseases most frequently mentioned were high blood pressure, diabetes, and asthma. Also mentioned were arthritis, high cholesterol, and cancer. A number of preventive strategies were identified. Many of the participants, however, felt they needed more information about their chronic diseases and how to control them and/or more support for changes to their diet or physical activity levels (e.g., cooking classes, more nutrition information, weight loss assistance, access to more physical activity options). Another concern expressed is that the diabetic testing strips are prohibitively expensive, as are regular medical care and medications. The types of preventive strategies that were identified included:

- Walking or other exercise
- Take medications
- Modify diet to include more fresh fruits and vegetables, and less salt, fat and pork
- Try to lose weight
- Self-test for blood pressure and with glucometer
- Manage stress
- See doctor regularly
- Home remedies, such as yogurt, tea, and prayer

Barriers to Accessing Prescription Medications

The primary barriers to accessing medications are cost and the fact that some insurance programs either do not cover medications or require high co-pays. As a

result, some people go without needed medications and others share medications within families.

Other barriers that were identified included:

- Prior authorizations needed
- Long lines at certain pharmacies
- Only generics provided
- Samples no longer available

Some participants identified strategies they use to obtain medications. These included:

- Discount programs at pharmacies such as Walgreen's, CVS and Stater Brothers
- Using generics, which are more affordable
- Obtaining medications from clinics
- Going to the Emergency Room for refills

Reasons for Use of the Emergency Room (ER) for Non-Emergency Care

The primary reasons expressed for why people use the ER for non-emergency care included:

- Have no medical insurance or money to pay for care. The ER is required to see all patients, regardless of ability to pay
- Can get medications refilled
- Wait time less than for a primary care appointment. May have to wait a whole day, but that is better than waiting 4-5 days for an appointment
- Don't seek care until problem becomes an emergency
- ERs provide high quality care (perceived as better than in the clinics) and all equipment is there that might be needed for diagnosis or treatment
- Urgent care centers are restricted about who gets seen (often private-insurance based)

Awareness of Current Hospital Activities to Address Community Health Issues

An estimated 80% of the focus group participants were completely unaware of current hospital activities to address community health issues. A few were aware of programs offered by Arrowhead Regional Medical Center, including free mobile clinics and classes in chronic disease prevention and in hepatitis. One person asked, "How are we supposed to know about services?"

A few activities were associated with SBMC and/or CHSB. These included:

- Pamphlets on chronic disease management and how to stay healthy
- Health fairs
- Mobile clinics
- Provide diapers and milk
- Blood/plasma drives
- Speakers and health education on diabetes
- Lunch voucher in ER if have to wait for an extended period of time
- Anti-bacterial hand-washing dispensers
- Referrals to Al Shifa and other clinics

Suggestions for Additional Hospital Activities to Address Community Health Issues

Most of the suggestions for additional hospital activities in the community were focused around the following:

- Provide Free/Affordable Direct Services – Including mobile medical vans at parks, grocery stores, schools, malls, swap meets and in housing projects; 24-hour pharmacies; and free/affordable primary care at clinics; free/affordable dental services; and free/affordable optometry services and eyeglasses.
- Provide Preventive Services and Education – Including:
 - Information and programs on chronic disease
 - Free flu shots
 - Health fairs
 - HIV/AIDS prevention and education
 - Diabetes screening and education (including nutrition education)
 - Education for “tweens” on puberty and sex education
 - Mammograms
 - Dental screenings
 - Distribute condoms
 - Charts for parents to track immunization records
- Provide Outreach and Education about Hospital Offerings in the Community – including newsletters and flyers, health fairs, and advertising via the mail and in free newspapers (e.g., the Penny Saver).

Other suggestions included:

- More bilingual information and more Spanish-speaking staff
- Treat people well and with compassion, even if they do not have money or do not speak English
- Reduce the wait time for emergency room care
- Job fairs and application assistance for people with literacy issues
- Support community groups seeking to make change (such as Inland Congregations United for Change)
- Improve quality of inpatient services
- Provide home visits
- Support clinics with volunteer services from the hospitals

Public Survey

As part of the community health needs assessment, St. Bernardine Medical Center solicited responses from the general public on health issues of concern in their communities through a survey. The survey link was made available on the hospital website from January - March, 2011. Flyers on survey availability were posted at public library computer terminals to encourage participation. In addition, print versions of the questionnaire were made available through Catholic Charities. Thirty-three responses were received via the online format, and 74 in print form, for a total of 107 responses. The survey asked questions that assessed access to health care, barriers to access, community service needs, use of the emergency room, and health care issues. In addition, respondents were asked their age, zip code of residence, and type of health care insurance coverage.

Types of Coverage

Among the survey respondents, 42% indicated they had private insurance coverage, 25% had no health care insurance, 18% were covered by Medicare, and 6% had Medi-Cal. When added together, those receiving government-sponsored or supported health care (Medicare, Medi-Cal, Inland Empire Health Plan, Military, VA and ADAP) totaled 36% of the respondents.

Health Care Coverage

Coverage Sources	Percent
Private Pay	42%
No Health Insurance Coverage	25%
Medicare	18%
Medi-Cal	6%
Other	9%

Ages of Respondents

The largest group of respondents was between the ages of 40 and 59 (45%).

	Percent
Under age 20	3%
20-29	17%
30-39	12%
40-49	20%
50-59	25%
60-69	14%
70 and older	4%

Where Respondents Receive Routine Care

The respondents received their routine health care in a variety of settings and locations. Twenty-three percent of respondents mentioned specific doctors or medical groups, 7% mentioned specific insurance/medical providers (i.e., Kaiser or HealthNet): 15% mentioned Community Hospital of San Bernardino; 9% mentioned Loma Linda and 4% mentioned Arrowhead Medical Center. St. Bernardine Medical Center was mentioned by 9% of respondents and San Bernardino Medical Group by 8%. Another 8%

mentioned clinics, with some specifically mentioning low-cost clinics; Beaver Medical Clinic in Redlands was mentioned by an additional 4%.

The 42% of respondents who carry private insurance most frequently receive care through Kaiser and other HMOs. Among survey respondents, 5% receive no routine care.

Problems Faced When Care is Needed

When people were asked what kinds of problems they and their families face when they need health care, mental health care, dental care or other services, the most common issues mentioned were the costs of health care and dental care, and long waits to get an appointment and a referral.

- Cost of care (including co-pays and tests)
- Long wait for appointments – “up to 6 months”
- Dental care costs / dental is not covered
- Long waits/delays at the doctor’s office
- Referral delays to see specialists
- Issues around customer service / quality of care
- Getting time off for appointments; hours of operation
- Insurance coverage
- Issues around transportation / distance to providers
- Cost of medications not covered
- Mental health is not covered

Comments:

- Long wait for doctor's appointment. Wait for a physical is about 6 months.
- Cost of dental and mental because Medi-Cal and my private do not cover these expenses.
- Dental care is an issue. With no dental insurance, we delay preventive care. Really prohibitive is any kind of dental surgery, since my husband is on blood thinners and has a pacemaker. His medical insurance refuses to cover the costs of even outpatient surgery, since they consider it to be dental surgery.
- It takes a long time to get an appointment, and once you have one, you go at the scheduled time and have to wait hours to get called.
- Simple medical needs like getting medication or diagnosing an ear infection require going to the doctor’s office and having to wait hours in a waiting room.
- My husband has issues waiting for the approval to see a specialist. He has significant heart problems and this can delay his treatment.
- Referrals and authorizations for medical services take months.
- Ever-rising costs and co-pays. My pay raises are offset or exceeded by the rising cost of health and dental care. I have sleep apnea. To see a specialist requires a referral from my doctor to the HMO. The HMO takes its time. I finally get the referral, and make an appointment. Since he's a specialist, this takes time because he's booked far in advance. Finally I see him. He recommends a

treatment and says, come back so I can check. So, this resets the cycle. To come back, I have to have a referral ... I finally had enough and gave up on the process. This might be what the HMO intended, thinking conspiratorially. Or maybe that's just how it works. Also, years ago we had a whole menu of HMOs from which to choose at my job. Now, we have Tweedledum and Tweedledee, both equally bad.

- Identifying provider willing to take the time to listen to you.
- Unless it was an extreme, life-threatening emergency we would not seek medical attention, due to being laid off from full-time work. I am unable to afford my portion of the COBRA medical.
- Counseling for my daughter was a most difficult experience. It took more than eight months of rigorous attempts to locate any sort of service for a suicidal 15-year old.

What Would Make It Easier to Obtain Care

Respondents were asked what would make it easier for them to obtain care. Answers centered mostly on issues of insurance, cost and access – availability of appointments, shorter waits, and ease of getting referrals.

- Affordable insurance coverage / job with benefits / Universal coverage
- Less wait time to get an appointment; more providers in area
- Lower health care costs
- More staff / shorter waits at the office
- Transportation
- Time off for appointments / extended hours and weekends
- 24-hour low-cost Urgent Care
- Faster referral process for specialists
- Better customer service
- Information on available low-cost resources
- More clinics

Comments:

- More affordable insurance rates - I make more than the limit to obtain MIA from the county - but not enough to afford any other coverage.
- A universal medical plan for all citizens of the United States.
- IA doctor who doesn't have his schedule booked for months in advance.
- More available appointments. We have been given an appt. 3 months away. Can't wait that long when you're sick!
- Health care providers that are open on weekends.
- Having some type of care center that cares for people who have other needs that aren't an emergency and that is available for an extended amount of hours.
- Providers that possibly work with you on some type of payment plan.
- [I have] family members on government aid; it is very hard to access care due to cost, and many physicians aren't paid well enough to take government patients anymore (Medi-Cal / Medicaid).

- More information, affordable health care options, and outside resource information (i.e. local counseling centers, affordable medical coverage information, free clinics, etc.)

Reasons for Using the ER for Routine Care

29% percent of respondents have gone to the ER for a routine health issue. Among the individuals who did use the ER for a routine health issue, the following reasons were given:

- It was after clinic hours
- Easier to get in than waiting for an appointment
- Chronic condition (diabetes, heart condition, degenerative disease)
- Non-emergent care (to get meds for a cold, hives, back problems)
- There is no other facility on the mountain
- Can't afford a doctor
- "Convenience and urgency of the situation"
- Usually sickness occurs after hours, and with the children, I won't wait. For my husband and me, we wait for a regular office visit

Biggest Health Issues Facing the Community

When asked what the biggest health issues facing their community are, the most frequently mentioned issues were lack of insurance / underinsurance and issues surrounding access to affordable care. The second-most-common issue mentioned was that of obesity, including childhood obesity, and surrounding issues such as poor nutrition and a lack of information and knowledge around nutrition and wellness. The third-largest group of responses focused on chronic diseases, including diabetes, heart disease, high blood pressure, asthma and AIDS. Mental health issues were also mentioned.

- Too many people uninsured or underinsured
- More clinics / free clinics / doctors / crowded doctor's offices
- Access for the indigent, including issues of how to pay for it
- High cost of health care
- High cost of health insurance
- Obesity in children
- Unhealthy diet, school food / availability/affordability of fresh produce
- Education about diet, nutrition, health, children's health
- Lack of exercise, absence of safe parks to provide fitness programs
- Chronic Diseases (i.e. diabetes, heart disease, high BP, asthma, AIDS)
- Mental health
- Resources for seniors

- Teen pregnancy
- Poverty
- The poor are treated badly by providers
- Homelessness

Comments:

- Lack of health care for people who don't qualify for any medical aid but can't afford medical insurance themselves.
- I think there's a lot of people who don't have health insurance and are in need because they may have serious health issues that are untreated.
- Not being able to afford insurance leads to having high medical bills – people can't afford it. Being of low income and having Medi-Cal or low-income insurance, medical attendants treat you like an eyesore.
- The government is having a hard time helping the poor, and physicians do not want to see these patients because they don't get paid as well as with HMO/PPOs.
- Infections, obesity, more information about diet.
- I would think healthy food. Weight problems.
- Obesity is an increasing problem, but particularly in low-income areas, the "food deserts" where the only available outlet is the convenience store. I have watched people buy their staples in these stores: Ramen noodles, junk lunch meat, 2-liter sodas. Many reasons for this -- cheap food is generally bad food, the "dollar menu" is high fat, tasty junk.
- Growing obesity due to the fact that inexpensive foods are usually the least nutritious; the absence of safe parks to provide physical fitness programs; the lack of free educational programs on nutrition, health and other programs.
- Violence, depression and hopelessness
- Better mandatory immunizations so people don't keep spreading things from one person to another. And better education about the benefits of immunization.
- Parents not knowing how to provide basic home treatment. They immediately want to take their child to the Emergency Room.

Types of Services Needed in the Community

When asked what type of services were needed in the community, or what things they or their families needed help with the most frequently mentioned issue was access to primary care for the indigent and homeless.

- Access to low-cost / free primary care for indigent and homeless
- Community wellness/prevention/nutrition education
- Low-cost dental care
- Transportation
- Insurance / equal health care treatment for all
- Youth recreational programs / centers
- Shorter waits to be seen / more doctors
- More low-cost urgent care

- Expanded urgent-care hours

Comments:

- There's not enough medical assistance for people who don't have insurance.
- Routine medical care available to people without insurance outside of the emergency room. True emergency cases don't always get seen as soon as they should because people are in the E.R. for non-emergency medical problems.
- There are too many people who are uninsured. Medi-Cal pays so little on reimbursement, and there are people that do not qualify. Also there are so few specialists that accept Medi-Cal. That is discrimination based on economic issues. A Medi-Cal patient deserves the same amount of specialized care that a PPO patient gets. Patients get sent to County hospital, and they wait weeks to be seen.
- We have enough services but the homeless and very poor need more access to medical care, perhaps more urgent care hours within the medical home for acute problems.
- Help the ones that cannot help themselves.
- More 'preventative' care, as opposed to 'sick' care.
- This area needs a clinic to 'prevent' illness.
- San Bernardino County Commissioners need to invest 'significant' money in the community for prevention programs and intervention.
- More health and health care providers to work on prevention and lifestyle issues.
- I need an oncologist for my cancer – without insurance, I haven't been checked for three years.
- More bus stops. More ways to obtain bus passes.
- Perhaps more community functions to help keep kids from 'following the crowd' and joining the gangs. Keep them in fun alternative functions (sports, clubs, etc.) instead.
- Community exercising facilities that don't charge for membership.
- We need a rapid medical evaluation clinic to unclog the ER.
- Urgent cares that take people without insurance.

Attachment 1. Benchmark Comparisons

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

Service Area Data	Healthy People 2020 Objectives
Heart disease deaths 151.0 per 100,000	Heart disease deaths 100.8 per 100,000
Diabetes deaths 24.2 per 100,000	Diabetes deaths 65.8 per 100,000
Cancer deaths 124.6 per 100,000	Cancer deaths 160.6 per 100,000
Stroke deaths 32.8 per 100,000	Stroke deaths 33.8 per 100,000
Unintentional injury deaths 27.8 per 100,000	Unintentional injury deaths 36.0 per 100,000
Suicides 8.3 per 100,000	Suicides 10.2 per 100,000
Early prenatal care 80.5% of women	Early prenatal care 78% of women
Low birth weight infants 7.4% of live births	Low birth weight infants 7.8% of live births
Infant death rate 6.4 per 1,000 live births	Infant death rate 6.0 per 1,000 live births
Mothers who breastfeed 86.5%	Mothers who breastfeed 81.9%
Child health insurance rate 92.5%	Child health insurance rate 100%
Adult health insurance rate 71.7%	Adult health insurance rate 100%
Adults with an ongoing source of care 81.4%	Adults with an ongoing source of care 89.4%
Persons unable to obtain medical care 16.4%	Persons unable to obtain medical care 4.2%
Adult obese 32.1%	Adult obese 30.6%
Youth overweight or obese 34.3%	Youth overweight/obese (ages 2-19) 14.6%
Adults engaging in binge drinking 30.6%	Adults engaging in binge drinking 24.3%
Cigarette smoking by adults 14.8%	Cigarette smoking by adults 12%
Annual senior influenza vaccination 59.2%	Annual senior influenza vaccination 90%
Adults 50+ who receive colorectal cancer screening 23.8%	Adults 50+ who receive colorectal cancer screening 70.5%
Adult women who have had a Pap smear in the last three years 85.1%	Adult women who have had a Pap smear based on guidelines 93%
Women over 40 who have had a mammogram in the last two years 78.3%	Women who have had a mammogram based on guidelines 81.1%

Attachment 2. Prevention Quality Indicators Summary Definitions

Prevention Quality Indicator	Definition	Numerator	Denominator	Exclusions
PQI 1	Diabetes Short-term Complications Admission Rate	All non-maternal/non-neonatal discharges of age 18 years and older with ICD-9-CM principal diagnosis code for short-term complications (ketoacidosis, hyperosmolarity, coma)	Population in Metro Area or county, age 18 years and older	Transferring from another institution, pregnancy, childbirth, and puerperium, newborn and other neonates.
PQI 2	Perforated Appendix Admission Rate	Discharges with ICD-9-CM diagnosis code for perforations or abscesses of appendix in any field among cases meeting the inclusion rules for the denominator.	All non-maternal discharges of age 18 years and older in Metro Area or county with diagnosis code for appendicitis in any field	Transferring from another institution, pregnancy, childbirth, and puerperium, newborn and other neonates.
PQI 3	Diabetes Long-term Complications Admission Rate	Discharges age 18 years and older with IDC-9-CM principal diagnosis code for long-term complications (renal, eye, neurological, circulatory, or complications not otherwise specified)	Population in Metro Area or county, age 18 years or older.	Transferring from another institution, pregnancy, childbirth, and puerperium, newborn and other neonates.
PQI 4	Not Defined			
PQI 5	Chronic Obstructive Pulmonary Disease (COPD) Admissions Rate	All non-maternal discharges of age 18 years and older with ICD-9-CM principal diagnosis code for COPD.	Population in Metro Area or county, age 18 years and older	Transferring from another institution, pregnancy, childbirth, and puerperium, newborn and other neonates.
PQI 6	Not Defined			
PQI 7	Hypertension Admission Rate	All non-maternal discharges of age 18 years and older with ICD-9-CM principal diagnosis code for Hypertension.	Population in Metro Area or county, age 18 years and older	Transferring from another institution, pregnancy, childbirth, and puerperium, newborn and other neonates with cardiac procedure codes in any field

Prevention Quality Indicator	Definition	Numerator	Denominator	Exclusions
PQI 8	Congestive Heart Failure (CHF) Admission Rate	All non-maternal discharges of age 18 years and older with ICD-9-CM principal diagnosis code for CHF.	Population in Metro Area or county, age 18 years and older	Transferring from another institution, pregnancy, childbirth, and puerperium, newborn, other neonates with cardiac procedure codes in any field
PQI 9	Low Birth Weight Rate	Number of births with ICD-9-CM diagnosis code for less than 2500 grams in any field among cases meeting the inclusion and exclusion rules for the denominator.	The definition of newborn is any neonate with either 1) an ICD-9-CM diagnosis code for an in-hospital live birth or 2) an admission type of newborn, age of days equal to zero or not an ICD-9-CM diagnosis code for an out-of-hospital birth. A neonate is defined as any discharge with age in days at admission between zero and 28 days inclusive.	Exclude cases transferring from another institution
PQI 10	Dehydration Admission Rate	All non-maternal discharges of age 18 years and older with ICD-9-CM principal diagnosis code for hypovolemia.	Population in Metro Area or county, age 18 years and older	Transferring from another institution, pregnancy, childbirth, and puerperium, newborn and other neonates.
PQI 11	Bacterial Pneumonia Admission Rate	All non-maternal discharges of age 18 years and older with ICD-9-CM principal diagnosis code for bacterial pneumonia.	Population in Metro Area or county, age 18 years and older	Transferring from another institution, pregnancy, childbirth, and puerperium, newborn and other neonates with diagnosis code for sickle cell anemia or HB-S disease.

Prevention Quality Indicator	Definition	Numerator	Denominator	Exclusions
PQI 12	Urinary tract infection admission rate	All non-maternal discharges of age 18 years and older with ICD-9-CM principal diagnosis code of urinary tract infection	Population in Metro Area or county, age 18 years and older	Transferring from another institution, pregnancy, childbirth, and puerperium, newborn and other neonates with diagnosis code of kidney/urinary tract disorder or with diagnosis code of immunocompromised state or with immunocompromised state procedure code.
PQI 13	Angina without Procedure Admission Rate	All non-maternal discharges of age 18 years and older with ICD-9-CM principal diagnosis code for angina	Population in Metro Area or county, age 18 years and older	Transferring from another institution, pregnancy, childbirth, and puerperium, newborn and other neonates with cardiac procedure codes in any field
PQI 14	Uncontrolled Diabetes Admission Rate	All non-maternal discharges of age 18 years and older with ICD-9-CM principal diagnosis code for uncontrolled diabetes, without mention of a short-term or long-term complication	Population in Metro Area or county, age 18 years and older	Transferring from another institution, pregnancy, childbirth, and puerperium, newborn and other neonates
PQI 15	Adult Asthma Admission Rate	All non-maternal discharges of age 18 years and older with ICD-9-CM principal diagnosis code of asthma	Population in Metro Area or county, age 18 years and older	Transfer from another institution, pregnancy, childbirth, and puerperium, newborn and other neonates with any diagnosis code of cystic fibrosis and anomalies of the respiratory system
PQI 16	Rate of lower-extremity amputation among patients with diabetes	All non-maternal discharges of age 18 years and older with ICD-9-CM procedure code for lower-extremity amputation in any field and diagnosis code of diabetes.	Population in Metro Area or county, age 18 years and older	Transferring from another institution, pregnancy, childbirth, and puerperium, newborn and other neonates with trauma diagnosis code in any field.

Attachment 3. PQI Ratios for ACS Condition Discharges

PQI	Number of Cases Observed	Age/Gender Distribution			Admission Rate	Observed to Expected Rate Ratio		
PQI 1 – Diabetes (short-term)	63	18 to 39	Female	18	0.00046885377	18 to 39	Female	0.00377
		18 to 39	Male	18		18 to 39	Male	0.0034
		40 to 64	Female	12		40 to 64	Female	0.00346
		40 to 64	Male	6		40 to 64	Male	0.001434
		65+	Female	7		65+	Female	0.007566
		65+	Male	2		65+	Male	0.002889
		Total				0.003258		
PQI 2 – Perforated Appendix	0	0			0	0		
PQI 3 – Diabetes (long-term)	140	18 to 39	Female	7	0.00101342697	18 to 39	Female	0.003162
		18 to 39	Male	4		18 to 39	Male	0.001831
		40 to 64	Female	24		40 to 64	Female	0.003015
		40 to 64	Male	40		40 to 64	Male	0.003697
		65+	Female	37		65+	Female	0.004578
		65+	Male	28		65+	Male	0.003624
		Total				0.003591		

PQI	Number of Cases Observed	Age/Gender Distribution			Admission Rate	Observed to Expected Rate Ratio		
PQI 5 – COPD	162	18 to 39	Female	0	0.00156559754	18 to 39	Female	0
		18 to 39	Male	0		18 to 39	Male	0
		40 to 64	Female	54		40 to 64	Female	0.004771
		40 to 64	Male	18		40 to 64	Male	0.001983
		65+	Female	51		65+	Female	0.002519
		65+	Male	39		65+	Male	0.002316
						Total		0.002781
PQI 7 – Hypertension	16	18 to 39	Female	0	0.00049384662	18 to 39	Female	0
		18 to 39	Male	0		18 to 39	Male	0
		40 to 64	Female	4		40 to 64	Female	0.000853
		40 to 64	Male	4		40 to 64	Male	0.000931
		65+	Female	2		65+	Female	0.000364
		65+	Male	6		65+	Male	0.00264
						Total		0.000852

PQI	Number of Cases Observed	Age/Gender Distribution			Admission Rate	Observed to Expected Rate Ratio		
PQI 8 – CHF	214	18 to 39	Female	1	0.00317614364	18 to 39	Female	0.000907
		18 to 39	Male	5		18 to 39	Male	0.002674
		40 to 64	Female	31		40 to 64	Female	0.002502
		40 to 64	Male	48		40 to 64	Male	0.002729
		65+	Female	60		65+	Female	0.001306
		65+	Male	69		65+	Male	0.001822
				Total			0.001832	
PQI 9 – Low Birth Rate	9	0 to 17	Female	6	N/A	0 to 17	Female	0.010345
		0 to 17	Male	3		0 to 17	Male	0.005034
				Total			0.007653	
PQI 10 – Dehydration	53	18 to 39	Female	2	0.00086987481	18 to 39	Female	0.001041
		18 to 39	Male	1		18 to 39	Male	0.000816
		40 to 64	Female	9		40 to 64	Female	0.001706
		40 to 64	Male	3		40 to 64	Male	0.000797
		65+	Female	30		65+	Female	0.002401
		65+	Male	8		65+	Male	0.001027
				Total			0.001632	

PQI	Number of Cases Observed	Age/Gender Distribution			Admission Rate	Observed to Expected Rate Ratio			
PQI 11 – Bacterial Pneumonia	12	18 to 39	Female	0	0.00292038888	18 to 39	Female	0	
		18 to 39	Male	0		18 to 39	Male	0	
		40 to 64	Female	0		40 to 64	Female	0	
		40 to 64	Male	3		40 to 64	Male	0.000197	
		65+	Female	6		65+	Female	0.000164	
		65+	Male	3		65+	Male	0.000094	
						Total			0.00011
PQI 12 – Urinary Tract Infection	25	18 to 39	Female	6	0.00150491064	18 to 39	Female	0.000842	
		18 to 39	Male	0		18 to 39	Male	0	
		40 to 64	Female	9		40 to 64	Female	0.001073	
		40 to 64	Male	3		40 to 64	Male	0.000801	
		65+	Female	7		65+	Female	0.000281	
		65+	Male	0		65+	Male	0	
						Total			0.000447

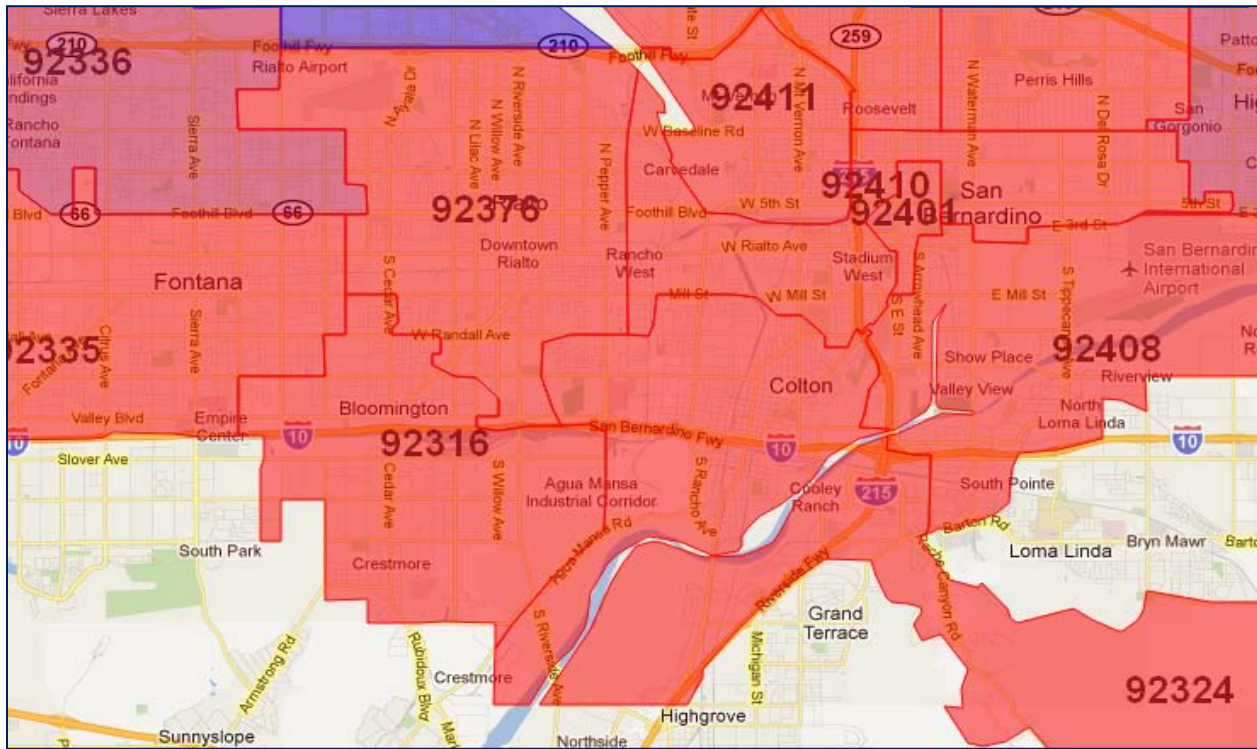
PQI	Number of Cases Observed	Age/Gender Distribution			Admission Rate	Observed to Expected Rate Ratio			
PQI 13 – Angina	1	18 to 39	Female	0	0.00023632951	18 to 39	Female	0	
		18 to 39	Male	0		18 to 39	Male	0	
		40 to 64	Female	0		40 to 64	Female	0	
		40 to 64	Male	0		40 to 64	Male	0	
		65+	Female	1		65+	Female	0.000465	
		65+	Male	0		65+	Male	0	
						Total			0.000111
PQI 14 – Uncontrolled Diabetes	5	18 to 39	Female	0	0.00017472199	18 to 39	Female	0	
		18 to 39	Male	1		18 to 39	Male	0.001332	
		40 to 64	Female	0		40 to 64	Female	0	
		40 to 64	Male	2		40 to 64	Male	0.001086	
		65+	Female	2		65+	Female	0.001808	
		65+	Male	0		65+	Male	0	
						Total			0.000737

PQI	Number of Cases Observed	Age/Gender Distribution			Admission Rate	Observed to Expected Rate Ratio		
PQI 15 – Adult Asthma	80	18 to 39	Female	9	0.00093888243	18 to 39	Female	0.001669
		18 to 39	Male	8		18 to 39	Male	0.003103
		40 to 64	Female	42		40 to 64	Female	0.003153
		40 to 64	Male	6		40 to 64	Male	0.001213
		65+	Female	11		65+	Female	0.00145
		65+	Male	4		65+	Male	0.001376
						Total		0.002178
PQI 16 – Lower-extremity Amputation	22	18 to 39	Female	0	0.00028257571	18 to 39	Female	0
		18 to 39	Male	0		18 to 39	Male	0
		40 to 64	Female	3		40 to 64	Female	0.001796
		40 to 64	Male	7		40 to 64	Male	0.001807
		65+	Female	7		65+	Female	0.003761
		65+	Male	5		65+	Male	0.001726
						Total		0.002038

Attachment 4. Key Stakeholder Interviewees

Organization	Contact	Title
African American Health Institute of San Bernardino County	Dr. Diane Woods	President
Al-Shifa Free Clinic	Saab Muzaffaruddin	Clinic Administrator
American Heart Association	Julie Thomas	Executive Director
American Lung Association in California	Terry Roberts	Area Director
Arrowhead United Way	Rebecca Martin	Vice President of Community Impact
Catholic Charities	Beverly Earl	Director for SB County Family and Community Services Department
City of Fontana, Fontana Community Senior Center	Michael Wright	Community Services Supervisors
City of San Bernardino	Peggy Hazlett	Assistant to the Mayor
Community Clinic Association of San Bernardino County	Wayne Soucy	Executive Director
Community Hospital of San Bernardino	Margaret Hill	President, Board of Directors
Community Volunteer	Dorothy Grant	Volunteer
Diocese of San Bernardino	Jeanette Arnquist	Director, Ministry of Life, Dignity and Justice
H Street Clinic	Josiah Golles	Executive Director
Inland Congregations United for Change (ICUC)	Tom Dolan	Executive Director
Knotts Family Agency	Gwen Knotts, RN	CEO
Latino Health Collaborative	Evette DeLuca	Interim Executive Director
Mary's Mercy Center	Mike Hein	Vice President & Administrator
Northwest Redevelopment Project Area Committee	Sylvia Miller	Board Secretary
San Bernardino County Department of Behavioral Health	Jatin Dalal, MD	Medical Director
	Lynn Neunswander	Program Specialist
San Bernardino County Department of Public Health	Evelyn Trevino	Acting Program Coordinator, Healthy Communities Program
San Bernardino Unified School District	Angela Jones, RN	Coordinator of Health Services
Sexual Assault Services of San Bernardino	Candy Stallings	Executive Director
St. Bernardine Medical Center	Faye Pointer	Board of Directors
St. Catherine of Sienna Catholic Church	Father Steve Porter	Pastor
Time for Change Foundation	Kim Carter	Executive Director

Attachment 5. Map of the Service Area St. Bernardine Medical Center



Lowest Need

Highest Need

■ 1 - 1.7 Lowest
 ■ 1.8 - 2.5 2nd Lowest
 ■ 2.6 - 3.3 Mid
 ■ 3.4 - 4.1 2nd Highest
 ■ 4.2 - 5 Highest

Zip Code	CNI Score	Population	City	County	State
92316	4.4	27362	Bloomington	San Bernardino	California
92324	4.8	56494	Colton	San Bernardino	California
92325	3.4	9430	Crestline	San Bernardino	California
92335	4.8	93800	Fontana	San Bernardino	California
92336	3.4	85677	Fontana	San Bernardino	California
92345	4.2	86065	Hesperia	San Bernardino	California
92346	4	53910	Highland	San Bernardino	California
92376	4.8	75929	Rialto	San Bernardino	California
92377	2.4	22692	Rialto	San Bernardino	California
92399	3.6	52214	Yucaipa	San Bernardino	California
92401	5	1915	San Bernardino	San Bernardino	California
92404	4.8	54177	San Bernardino	San Bernardino	California
92405	5	26741	San Bernardino	San Bernardino	California
92407	4.6	61321	San Bernardino	San Bernardino	California
92408	5	15244	San Bernardino	San Bernardino	California
92410	5	48878	San Bernardino	San Bernardino	California
92411	5	24820	San Bernardino	San Bernardino	California