



# Community Health Needs Assessment

*Casa Colina Hospital and Centers for Healthcare*

2021



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## Letter from the President and CEO

For nearly three decades, Casa Colina Hospital and Centers for Healthcare has completed a tri-annual Community Health Needs Assessment pursuant to California legislation (SB697, Torres, 1994), more recently required by the Affordable Care Act.

In order to qualify for tax-exempt status as a freestanding nonprofit organization, Casa Colina must complete comprehensive data collection and analysis to identify and address key community health priorities. With the help of these assessments, we can better identify, plan for, and respond to evolving community healthcare needs and act as a more responsible and productive member of our local healthcare network.

Historically, Casa Colina has defined our community as “persons with or at risk of disability.” These individuals benefit from medical and rehabilitation interventions to prevent, remediate, or delay progression of disabling conditions and their resulting impact on function, independence, and quality of life. Our 85-year legacy has helped tens of thousands of individuals with disabilities to maximize their health and independence and return to the highest possible level of function.

We understand that the health needs of our community extend far beyond specialized medical and rehabilitative interventions. As such, we are dedicated to identifying and working to decrease the prevalence of disease processes that increase the likelihood for adverse health outcomes in our underserved community, such as individuals with diabetes and cardiovascular disease. Over the past several decades, Casa Colina has continually expanded its services to develop a continuum of care that better addresses the healthcare issues facing our diverse community, including barriers to care for multiple medical conditions including obesity, senior health, amputation, and more.

The Community Health Needs Assessment offers a timely, critical bird’s-eye view that not only helps us identify those at risk for a medical disability—it allows us to better understand how broadly unmet healthcare needs impact overall health outcomes. It is an essential exercise toward the development and implementation of services that meet the needs of our growing, dynamic community.

Felice L. Loverso, PhD  
President and CEO  
Casa Colina Hospital

## Authors and Acknowledgements

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### Consultant

ICF<sup>1</sup>, a global consulting services company, was contracted by Casa Colina to conduct the Community Health Needs Assessment. ICF has strong expertise in evaluation, health equity, health services and community programs, low-income communities, and people with disabilities. ICF also brings extensive experience researching health-related indicators and using primary and secondary data to understand community needs and resources. ICF collaborated extensively with Casa Colina to design the assessment, data collection protocols, and to gather relevant data to inform the Community Health Needs Assessment.

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<sup>1</sup> For more information on ICF, please visit [icf.com](http://icf.com)

## Executive Summary

Casa Colina Hospital provides services to patients through its acute rehabilitation and medical-surgical wings (including intensive care), residential rehabilitation, outpatient center, physician specialty clinics, imaging center, children's services center, and short- and long-term residential care facilities. Casa Colina Hospital's main campus is located at 255 E. Bonita Ave., Pomona, CA 91767, within Los Angeles County's Service Planning Area (SPA) 3. The hospital's service area is composed of 31 zip codes in 15 cities.

As a nonprofit hospital, Casa Colina Hospital and Centers for Healthcare is required by state and federal law to conduct a Community Health Needs Assessment (CHNA) and to develop a corresponding Implementation Strategy based on that CHNA. The purpose of Casa Colina's CHNA is threefold: to 1) assess their defined community's health needs; 2) gather input from community members; and 3) capture the priority health needs in a written report that can be shared with the public for comment. In response to each CHNA, Casa Colina is also required to develop an Implementation Strategy, which specifies the health needs the hospital plans to address, and a Community Benefits Report, which details what actions the hospital took to address these health needs.<sup>2</sup>

## Methodology

Multiple secondary data sources were used to identify significant health needs in the Casa Colina service area. To contextualize the secondary data, a mixed method primary data collection approach was also used to gather the community's perceptions of the significance of those health needs and the impact they are having on the community.

## Secondary Data Collection

To gauge the community's makeup and health, secondary data around demographics, social and economic components, and various health factors were collected from local, county, state, and other outside sources. To best understand the hospital's service area, secondary data for the CHNA were collected at the most local level available. When possible, data were collected and analyzed at the zip code level or city level. If unavailable at the zip code or city level, data at the next smallest level, such as the service planning area (SPA) or county, were collected. As the hospital's service area is based at the zip code level, data presented at levels other than the zip code may not exactly match the hospital's service area. However, to the extent possible, data that represented the service area most closely were utilized for the assessment. When available, Healthy People 2020 objectives<sup>3</sup>, targets which guide national health promotion and

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<sup>2</sup> The most recent Community Benefits Report and Implementation Strategy are available here: <https://www.casacolina.org/Community-Benefits-Report.aspx>

<sup>3</sup> More information on Healthy People 2020 can be found here: <https://www.healthypeople.gov/2020/>.



disease prevention efforts, have also been presented to contextualize service area performance.

### Identification of Significant Health Needs

Based on the performance of service area secondary data against county, state, and Healthy People 2020 benchmarks, the following were identified as the most significant health needs for the Casa Colina service area. These needs were further validated and contextualized through surveys and interviews.

- **Access to healthcare** including community health insurance coverage rates, sources of medical care (e.g., doctor's office, community clinic, urgent care), availability of health providers, rehospitalization rates, and delays in care.
- **Health status and chronic disease** including overall health status; senior health indicators; and rates of chronic conditions such as diabetes, heart disease, high blood pressure, cancer, and chronic obstructive pulmonary disease (COPD).
- **Overweight and obesity** including community overweight and obesity rates, fast food consumption, soda and other sugary beverage consumption, access to and affordability of fresh produce, and physical activity.
- **Prevention practices** including children's immunization rates, flu and pneumonia vaccination rates, and primary care accessibility.

### Primary Data Collection

Based on the findings from the secondary data review, surveys were developed around the health needs for Casa Colina's service area. Between November 2020 and January 2021, an online survey was administered to community residents; hospital personnel; representatives from organizations that serve the medically underserved, low-income, and minority populations in the service area; community business leaders; and past Casa Colina patients. Survey respondents were asked about their general health and perceptions of community needs. To help prioritize the health needs, respondents were asked to specify if they thought each of the above health needs were not important, somewhat important, important, or very important to address in the community. A total of 456 survey responses were collected, of which 418 were included in the analysis. Thirty-eight responses were flagged as bot responses<sup>4</sup> and were excluded from the survey data analysis. Descriptive analyses were conducted and summarized for each identified health need.

Between December 2020 and January 2021, ICF also conducted 30-minute, semi-structured interviews with 10 individuals who are familiar with the community and the Casa Colina service area. Interviewees represented the broad interests of the community the hospital serves, including individuals from organizations which represent the interests of members of medically

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<sup>4</sup> Bot responses were flagged by Google's invisible reCaptcha technology, which has an accuracy of around 98 percent.

underserved, low-income, and minority populations; agencies which had information relevant to the health needs of the community served by the hospital facility; and a local governmental public health department. Interviewees were asked about their top health concerns in the Casa Colina community and how various health needs were an issue in the service area. To help prioritize the health needs, interviewees were asked if they were not concerned, concerned, or very concerned about each of the health needs in the Casa Colina community. ICF conducted an inductive qualitative analysis of the interview data to identify emergent themes that further contextualized the descriptive findings.

## Overview of Key Findings

The population of Casa Colina Hospital's service area is 1,268,987. Nearly half of residents are between the ages of 20-44 (48.8%), over half of the population is white (55.1%), and about half of residents are Hispanic or Latino (51.5%). While the median household income for the service area is \$80,803, over one-quarter of households are food insecure (27.4%), and about one in five residents fall below 150 percent of the federal poverty level (19.9%).

### Access to Healthcare

Overall, the majority (90.5%) of Casa Colina service area residents have health insurance. While most residents have a place to go when they are sick or need health and mental health advice (87.6%), 8.2 percent of residents delayed or did not get medical care in the last year. Community input from surveys and interviews highlighted that a lack of available care centers and providers kept Casa Colina service area residents from accessing care; community members also felt that free and affordable health screenings were not available, and care was not accessible for some residents due to cost. During the last year COVID-19 has also been a factor in residents accessing routine and other critical healthcare services.

### Disabilities, Conditions, Health Status, and Chronic Disease

Within the Casa Colina service area, 18.7 percent of residents report "fair" health, and 3.0 percent of residents report "poor" health. About one in five adults in the Hospital's service area have a disability (21.0%), over one in ten adults have been diagnosed with diabetes (11.1%), and over one quarter of adults have been diagnosed with hypertension (27.0%). Among seniors in the service area, 22.4 percent reported falling one or more times within the past year.

### Mental Health and Substance Abuse

In Casa Colina Hospital's service area, 10.8 percent of adults reported serious psychological distress, and 10.2 percent of teens reported needing help for mental health problems in the past year. Over one-quarter of adults in the service area reported binge drinking in the past year (27.0%), and one in five teenagers (ages 12-17) reported ever consuming alcohol (20.9%).

Among adults who sought help for emotional, mental health, alcohol, or drug issues, 31.0 percent did not receive treatment.

### Overweight and Obesity

In the service area, 35.5 percent of adults are reportedly overweight (Body Mass Index, or BMI, of 25.0-29.99) and 23.4 percent are obese (BMI of 30.0 or higher). Almost one in ten children (9.0%) and one in three adults (32.7%) ate fast food three or more times in the week prior to being surveyed. Less than half of service area adults say they “always” have affordable fruit and vegetables available in their neighborhood (46.9%). Surveys and interviews also identified inadequate access to healthy food and open space for exercise, with respondents highlighting the need for greater access to healthier food options, recreational facilities, and safe places to walk and play. Additionally, community input emphasized the need for exercise and nutrition education and programs for weight loss support.

### Prevention Practices

On average, the majority of children entering kindergarten were up to date on their immunizations in Los Angeles County (93.8%) and in San Bernardino County (94.9%). Approximately three out of five seniors in the Casa Colina service area received the pneumonia vaccine (59.5%), and less than half of all service area residents received a flu vaccine within the 12 months prior to being surveyed (44.4%).

A complete breakdown of service area demographics, social and economic factors, and health indicators data, as well as community input on health issues, are available within the Community Health Profile and Description and the Key Findings sections of this report.

### Review of Progress

Casa Colina Hospital conducted a CHNA in 2018.<sup>5</sup> The CHNA identified significant health needs based on primary and secondary data. Casa Colina Hospital developed an Implementation Strategy<sup>6</sup> based on the significant health needs identified in the 2018 CHNA.

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<sup>5</sup> The 2018 CHNA is available here: [https://www.casacolina.org/documents/Comm-Ben-Report-2015/FINAL\\_CHNA-Report-2018.pdf](https://www.casacolina.org/documents/Comm-Ben-Report-2015/FINAL_CHNA-Report-2018.pdf)

<sup>6</sup> The 2018 Implementation Strategy is available here: [https://www.casacolina.org/documents/Comm-Ben-Report-2015/FINAL\\_Implementation-Strategy-FY-2019-2021.pdf](https://www.casacolina.org/documents/Comm-Ben-Report-2015/FINAL_Implementation-Strategy-FY-2019-2021.pdf)

# **Casa Colina Hospital and Centers for Healthcare Community Health Needs Assessment**

## **Introduction**

Casa Colina Hospital and Centers for Healthcare (Casa Colina Hospital or Casa Colina) is a nonprofit 501(c)3 hospital and medical rehabilitation provider based in Pomona, California. Since its founding in 1936, Casa Colina has provided medical and rehabilitative care to patients who have sustained illness, disease, or catastrophic injuries. Casa Colina Hospital and Centers for Healthcare provides an array of services throughout the community, such as rehabilitation, medical and surgical services, transitional living, long-term care, outpatient services, imaging, and children's care. Casa Colina continues to provide a continuum of care to patients as an independent, nonprofit hospital.

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

The Community Health Needs Assessment, Implementation Strategy, and related Community Benefits Report detail health issues in the community, directing how and what Casa Colina does to address significant health needs. These documents are public facing so all members of the Casa Colina Hospital community, including residents, health providers, and community-based organizations, among others, can be aware of services offered by the hospital and broader health needs and barriers within their community.

## **Description of the Service Area**

Casa Colina Hospital is located at 255 E. Bonita Ave., Pomona, CA 91767, within Los Angeles County's Service Planning Area (SPA) 3. The hospital's service area covers 31 zip codes within Los Angeles and San Bernardino counties (see Figure 1). The service area was established based on the zip codes that have historically reflected the majority of patient admissions within Casa Colina's regional area.

**Figure 1.** Casa Colina Hospital Service Area

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

## Data Collection Methodology

Secondary and primary data were collected to capture trends, barriers, and resources to address health needs.

### Secondary Data Collection

Secondary data were compiled for the assessment from a variety of local, county, state, and national sources. Data were collected in the areas of demographics, social and economic factors, access to healthcare, birth indicators, mortality, disabilities, health status and chronic disease, mental health, substance abuse, overweight and obesity rates, and prevention practices. Secondary data were analyzed for the hospital's service area at the most granular level possible, given data availability. When possible, data were analyzed at the zip code level. If zip code level data were not available, data at the city level, Los Angeles County Service Planning Area (SPA) level, school district, and/or county level were matched as closely as possible to Casa Colina Hospital's service area. When local or county level data were not

available, state or federal level data were referenced. If relevant, county and/or state data was included for context if data at the county and/or state level was available from the same source as used for the service area. As the Casa Colina Hospital service area was determined at the zip code level, data collected at a level other than the zip code level may not exactly match the hospital's service area.

Secondary data were collected from various sources including the United States Census, American Community Survey; California Department of Public Health; Los Angeles Department of Public Health; California Health Interview Survey; California Department of Education, and others (see Figure 2). When useful to provide context around local level secondary data, county and state data are presented along with local data. When available, Healthy People 2020 objectives were included to provide further context of local performance.

**Figure 2. Secondary data categories and sources used**<sup>7,8,9,10,11,12,13,14,15</sup>

Indicator Category	U.S. Census	California Employment Development Department	California Department of Education	California Department of Public Health	Los Angeles County Department of Health	Los Angeles Homeless Services Authority	San Bernardino County Homeless Partnership	California Health Interview Survey (CHIS)	Outside Sources
Demographics	x								
Social and Economic Factors	x	x	x		x	x	x	x	
Access to Healthcare	x							x	x
Birth Indicators				x					
Mortality/Leading Causes of Death				x	x				x
Disabilities and Conditions				x	x			x	x
Health Status and Chronic Disease				x	x			x	x
Mental Health				x	x			x	
Substance Abuse				x				x	
Overweight and Obesity Rates			x					x	
Prevention Practices					x			x	x

<sup>7</sup> United States Census Bureau. <https://data.census.gov/cedsci/>

<sup>8</sup> California Employment Development Department. <https://www.labormarketinfo.edd.ca.gov/data/labor-market-data-library.html>

<sup>9</sup> California Department of Education. <https://dq.cde.ca.gov/dataquest/>

<sup>10</sup> California Department of Public Health. <https://data.chhs.ca.gov/organization/california-department-of-public-health>

<sup>11</sup> Los Angeles County Department of Health. <http://publichealth.lacounty.gov/statrpt.htm>

<sup>12</sup> Los Angeles Homeless Services Authority. <https://www.lahsa.org/data>

<sup>13</sup> San Bernardino County Homeless Partnership. <https://wp.sbcounty.gov/dbh/sbchp/community-projects/point-in-time-count/>

<sup>14</sup> California Health Interview Survey (CHIS). <https://ask.chis.ucla.edu>

<sup>15</sup> Outside sources included County Health Rankings & Roadmaps (<https://www.countyhealthrankings.org/>), the California Health Care Foundation (<https://www.chcf.org/publications/>), and the Centers for Disease Control and Prevention (<https://www.cdc.gov/datastatistics/index.html>), among others. Throughout the report, data sources are listed for all indicators.

## Primary Data Collection

Primary data was collected through surveys of community members and interviews with community stakeholders (see Figure 3). Individuals included in survey and interview samples were intended to represent a broad range of interests and perspectives within the community.

### Online Survey

A survey was also conducted to gather data from community members and individuals who represent the broad interests of Casa Colina Hospital's service area, including community residents; representatives from organizations that serve the medically underserved, uninsured, low-income, and minority populations; community business leaders; past Casa Colina patients; members of Casa Colina's Patient Family Advisory Council; and hospital staff. The survey was available online through a Qualtrics link which Casa Colina distributed via email to community members. Between November 18, 2020 and January 4, 2021, 456 survey responses were collected. Of the 456 survey responses, 38 responses were flagged as bot responses and were excluded in the survey data analysis. Bot responses were flagged by Google's invisible reCaptcha technology, which has an accuracy of around 98 percent. All survey questions other than a question asking for respondents' age ranges were voluntary. As a result, questions vary in response rate. A summary of survey findings is available in Appendix A.

The survey included questions about demographics, general health information, healthcare coverage, sources of care, sources of health information, healthcare services received, barriers to health in the community, health services and education needed in the community, and the level of importance the hospital should place on addressing various health issues.

**Figure 3.** Data collection

Secondary Data	Surveys	Interviews
<ul style="list-style-type: none"><li>• Data collected for 102 indicators under 10 categories</li><li>• Informed designation of significant health needs categories</li></ul>	<ul style="list-style-type: none"><li>• 418 responses received (excluding bot responses)</li><li>• Topics included personal health, community health issues, and barriers to improved health</li><li>• Informed prioritization of significant health needs</li></ul>	<ul style="list-style-type: none"><li>• A total of 10 interviews conducted</li><li>• Topics included most concerning health issues in the community and level of concern for the significant health needs</li><li>• Informed prioritization of significant health needs</li></ul>

### Interviews

A total of 10, 30-minute, semi-structured interviews were conducted between December 2020 and January 2021. Community stakeholders were identified by Casa Colina and asked to



participate in the needs assessment process. Interviewed individuals represented the broad interests of the community the hospital serves, including individuals from organizations which represent the interests of members of the medically underserved, low-income, and minority populations; agencies which had information relevant to the health needs of the community served by the hospital facility; and a local governmental public health department. A list of the respondents' organizations is available in Appendix B.

Identified stakeholders were invited via email to participate in a 30-minute phone interview. Interviews were scheduled at dates and times which were convenient for the interviewees. Before going through interview questions, the interviewer read a consent form which explained the purpose of the interview, assured interviewees that their responses would be kept confidential, and received interviewees consents to participate.

Interviewees were asked about health issues, challenges to improved health, and their level of concern around four significant health needs (access to healthcare, health status and chronic disease, overweight and obesity rates, and prevention practices) which were determined through secondary data collection for the hospital's service area. More information on the four significant health needs is available in the "Identification of Significant Health Needs" section of this report.

## Public Comment

Casa Colina Hospital's Community Health Needs Assessment (CHNA) and Implementation Strategy<sup>16</sup> were made widely available to the public and public comment was solicited in compliance with IRS regulations 501(r) for charitable hospitals. No comments have been received on either report.

## Identification of Significant Health Needs

### Review of Primary and Secondary Data

Significant health needs were determined through the collection and analysis of local secondary data. Local secondary data were then compared with county or state level benchmarks. Local level data, or metrics, which performed five percent worse or higher than the comparison benchmarks were flagged. Metrics which performed better than or similar to (less than a five percent difference) the comparison benchmarks were recorded as meeting standards. Indicators, which were usually composed of more than one metric about a specific health topic, were categorized as either meeting or exceeding all metric benchmarks (100%), meeting most (>50%) metric benchmarks, or not meeting most (meeting <50%) metric benchmarks. As data

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<sup>16</sup> The 2018 Implementation Strategy and CHNA are available here: <https://www.casacolina.org/Community-Benefits-Report.aspx>

availability varied, comparing metric data to higher level benchmarks was not always possible. When available, Healthy People 2020 objectives<sup>17</sup>, targets which guide the nation's health promotion and disease prevention efforts, were compared to secondary data and considered in the selection of significant health needs. Appendix C compares secondary data for Casa Colina's service area with Healthy People 2020 objectives. The four groups of indicators, or health needs categories, which performed the most poorly compared to benchmarks were classified as significant health needs.

The list of significant health needs, based on secondary data, informed questions asked in the online survey and interview. Responses to the surveys and interviews were intended to validate findings from secondary data; provide greater insight on community needs; detail barriers in the community; and learn what additional resources, services, and education may be useful to the community.

## Significant Health Needs

The following were determined to be significant health needs in Casa Colina Hospital's service area:

- **Access to healthcare** including community health insurance coverage rates, sources of medical care (e.g., doctor's office, community clinic, urgent care), availability of health providers, rehospitalization rates, and delays in care.
- **Health status and chronic disease** including overall health status; senior health indicators; and rates of chronic conditions such as diabetes, heart disease, high blood pressure, cancer, and COPD.
- **Overweight and obesity** including community overweight and obesity rates, fast food consumption, soda and other sugary beverage consumption, access to and affordability of fresh produce, and physical activity.
- **Prevention practices** including children's immunization rates, flu and pneumonia vaccination rates, and primary care accessibility.

## Resources to Address Significant Needs

A list of resources to address significant health needs is available in Appendix D. The list was developed based on previous reports around significant health needs and additional resources based on Casa Colina Hospital's involvement with community partners which address the determined significant health needs.

## Priority Health Needs

Significant health needs were prioritized based on community input through surveys and interviews. Survey respondents were asked to rate the level of importance the hospital should

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<sup>17</sup> More information on Healthy People 2020 can be found here: <https://www.healthypeople.gov/2020/>

place on addressing various health needs, including significant health needs. A summary of survey findings is available in Appendix A. Interviewees were asked to grade the significant health needs as either not concerning, concerning, or very concerning within Casa Colina Hospital’s service area.

The largest percentage of survey respondents stated that access to healthcare was very important to address in the community (79.8%), followed by health status and chronic disease (72.4%), prevention practices (67.0%), and overweight and obesity (61.9%).

When asked to list their top five health<sup>18</sup> concerns in the Casa Colina service area, access to care (e.g., affordability, cost, access to quality providers, transportation, and culturally competent care) was mentioned most frequently (see figure 4). Chronic disease was also mentioned frequently (e.g., diabetes, obesity, cancer, dementia), followed by preventative care (e.g., weight management, pain management, vaccinations) mental health, insurance coverage (e.g., gaps in coverage, financial assistance for the uninsured) and the newest concern, COVID-19. Other issues raised by interviewees as concerns in Casa Colina’s service area included substance abuse, healthcare costs, senior health, and homelessness.

**Figure 4.** Significant health issues noted by interviewees<sup>19</sup>

Significant Health Issue	Number of Times Issue is Raised
Access to care	12
Chronic disease	10
Prevention	6
Mental health	4
Insurance coverage	3
COVID-19	3
Substance abuse	2
Healthcare costs	2
Coordination/continuum of care	2
Homelessness	2
Affordable housing	1

Community perspectives on health needs are included throughout the Key Findings section of this report.

<sup>18</sup> Three of the 10 interviewees only included 4 rather than 5 top health concerns.

<sup>19</sup> Some interviewees mentioned multiple problems that fell under a single significant health issue category, so the number of times an issue was raised may exceed the number of interviewees who raised the significant health issue.

## Review of Progress

Casa Colina Hospital conducted a Community Health Needs Assessment (CHNA) in 2018.<sup>20</sup> The CHNA identified significant health needs based on primary and secondary data. Casa Colina Hospital developed an Implementation Strategy<sup>21</sup> based on the significant health needs identified in the 2018 CHNA. The hospital chose to address the following health needs through community benefit programs and charitable resources:

- Access to healthcare
- Chronic diseases
- Persons with disabilities
- Overweight and obesity rates
- Preventive healthcare
- Senior health

An overview of what Casa Colina Hospital did to address these health needs is included in Appendix E.

## Community Health Profile and Description

Population and demographic data for the Casa Colina service area are presented below. When possible, data for the service area (based on zip code level data) is presented. If unavailable at the service area level, service planning area (SPA), county, or other data levels were used. Since Casa Colina's service area is in both Los Angeles and San Bernardino Counties, data for the two counties may be included for context. County and/or state data was included for context if data at the county and/or state level was available from the same source as used for the service area.

### Population

Casa Colina Hospital's service area is composed of 31 zip codes. The total population of the service area is 1,268,987.

#### Population by zip code<sup>22,23</sup>

Location	Population
91010 - Rancho Cucamonga	26,601
91701 - Rancho Cucamonga	40,034

<sup>20</sup> The 2018 CHNA is available here: [https://www.casacolina.org/documents/Comm-Ben-Report-2015/FINAL\\_CHNA-Report-2018.pdf](https://www.casacolina.org/documents/Comm-Ben-Report-2015/FINAL_CHNA-Report-2018.pdf)

<sup>21</sup> The 2018 Implementation Strategy is available here: [https://www.casacolina.org/documents/Comm-Ben-Report-2015/FINAL\\_Implementation-Strategy-FY-2019-2021.pdf](https://www.casacolina.org/documents/Comm-Ben-Report-2015/FINAL_Implementation-Strategy-FY-2019-2021.pdf)

<sup>22</sup> U.S. Census Bureau, 2014-2018 American Community Survey 5-Year Estimates, DP05. <https://data.census.gov/cedsci/>

<sup>23</sup> The U.S. Census Bureau does not have data available for zip code 91758.

Location	Population
91708 - Chino	3,892
91709 - Chino Hills	79,298
91710 - Chino	90,582
91711 - Claremont	36,854
91722 - Covina	35,708
91723 - Covina	18,875
91724 - Covina	26,091
91730 - Rancho Cucamonga	71,422
91737 - Rancho Cucamonga	25,339
91739 - Rancho Cucamonga	39,803
91740 - Glendora	26,115
91741 - Glendora	26,565
91750 - La Verne	33,836
91761 - Ontario	61,124
91762 - Ontario	60,699
91763 - Montclair	38,406
91764 - Ontario	54,825
91765 - Diamond Bar	47,139
91766 - Pomona	72,332
91767 - Pomona	50,264
91768 - Pomona	35,389
91773 - San Dimas	34,496
91784 - Upland	25,567
91786 - Upland	53,849
91789 - Walnut	44,474
91790 - West Covina	45,206
91791 - West Covina	34,363
91792 - West Covina	29,839
Casa Colina Hospital Service Area	1,268,987
Los Angeles County	10,105,518
San Bernardino County	2,171,603
California	39,557,045

**Gender**

The population of Casa Colina Hospital’s service area is 49.5 percent male and 50.5 percent female.

### Population by gender<sup>24</sup>

	Casa Colina Service Area	Los Angeles County	San Bernardino County	California
<b>Male</b>	49.5%	49.3%	49.8%	49.7%
<b>Female</b>	50.5%	50.7%	50.2%	50.3%

### Population by Age

The most prevalent age range within Casa Colina’s service area population is 20-44 years old (35.3%) followed by 0-19 years old (26.1%), 45-64 years old (25.9%), and 65+ years old (12.7%).

### Population by age<sup>25</sup>

Age Range	Casa Colina Service Area		Los Angeles County		San Bernardino County		California	
	Number	%	Number	%	Number	%	Number	%
<b>0-4</b>	78,736	6.2%	602,507	6.0%	154,707	7.1%	2,428,493	6.1%
<b>5-9</b>	78,330	6.2%	575,136	5.7%	156,947	7.2%	2,398,894	6.1%
<b>10-14</b>	84,933	6.7%	640,817	6.3%	163,507	7.5%	2,646,096	6.7%
<b>15-19</b>	89,417	7.0%	628,872	6.2%	157,861	7.3%	2,557,470	6.5%
<b>20-24</b>	96,547	7.6%	701,010	6.9%	164,029	7.6%	2,710,448	6.9%
<b>25-34</b>	183,264	14.4%	1,640,038	16.2%	331,736	15.3%	6,034,398	15.3%
<b>35-44</b>	167,726	13.2%	1,381,122	13.7%	281,377	13.0%	5,264,457	13.3%
<b>45-54</b>	172,832	13.6%	1,348,569	13.3%	264,742	12.2%	5,068,026	12.8%
<b>55-59</b>	83,912	6.6%	637,656	6.3%	130,702	6.0%	2,485,050	6.3%
<b>60-64</b>	72,371	5.7%	573,832	5.7%	114,827	5.3%	2,296,376	5.8%
<b>65-74</b>	96,612	7.6%	785,211	7.8%	153,354	7.1%	3,286,461	8.3%
<b>75-84</b>	44,927	3.5%	398,000	3.9%	72,061	3.3%	1,651,296	4.2%
<b>85+</b>	19,380	1.5%	192,748	1.9%	25,753	1.2%	729,580	1.8%

### Race and Ethnicity

The population of Casa Colina’s service area is majority white (55.1%). The next largest racial group in the service area is self-reported “other” race (21.9%) followed by Asian (19.2%) and Black/African American (6.5%). Over half the population in the service area is of Hispanic/Latino ethnicity (51.1%).

<sup>24</sup> U.S. Census Bureau, 2014-2018 American Community Survey 5-Year Estimates, DP05. <https://data.census.gov/cedsci/>

<sup>25</sup> U.S. Census Bureau, 2014-2018 American Community Survey 5-Year Estimates, DP05. <https://data.census.gov/cedsci/>

**Population by race and ethnicity<sup>26,27</sup>**

Race or Ethnicity	Casa Colina Service Area		Los Angeles County		San Bernardino County		California	
	Number	%	Number	%	Number	%	Number	%
<b>Hispanic or Latino</b>	649,059	51.1%	4,915,287	48.6%	1,171,925	54.0%	15,540,142	39.3%
<b>White</b>	699,644	55.1%	5,506,273	54.5%	1,410,943	65.0%	25,188,735	63.7%
<b>Asian</b>	243,285	19.2%	1,671,804	16.5%	187,242	8.6%	6,717,391	17.0%
<b>Black/ African American</b>	82,682	6.5%	929,007	9.2%	217,900	10.0%	2,788,457	7.0%
<b>Other</b>	278,267	21.9%	2,221,435	22.0%	414,805	19.1%	5,943,787	15.0%
<b>American Indian/ Alaskan Native</b>	29,809	2.3%	198,807	2.0%	43,999	2.0%	799,889	2.0%
<b>Native Hawaiian/ Pacific Islander</b>	7,658	0.6%	59,219	0.6%	13,007	0.6%	333,780	0.8%

**Citizenship Status**

A large portion of the population within Casa Colina’s service area was born outside of the United States (27.8%), and a smaller but still substantial percentage of the population in Casa Colina’s service area are not U.S. citizens (11.7%).

**Population by foreign-born status and citizenship status<sup>28</sup>**

	Casa Colina Service Area	Los Angeles County	San Bernardino County	California
<b>Foreign born population</b>	27.8%	34.0%	21.4%	26.9%
<b>Not a U.S. citizen</b>	11.7%	16.1%	10.8%	12.8%

**Undocumented Immigrants**

Based on data from the 2014-2018 U.S. Census Bureau American Community Survey and the 2008 Survey of Income and Program Participation, it is estimated that nearly one million undocumented immigrants reside in Los Angeles and San Bernardino Counties combined.

<sup>26</sup> U.S. Census Bureau, 2014-2018 American Community Survey 5-Year Estimates, DP05. <https://data.census.gov/cedsci/>

<sup>27</sup> Respondents could select multiple races, so the total sums to >100 percent.

<sup>28</sup> U.S. Census Bureau, 2014-2018 American Community Survey 5-Year Estimates, B05002. <https://data.census.gov/cedsci/>

### Individuals who are undocumented immigrants, estimates<sup>29</sup>

	Los Angeles County	San Bernardino County	California
<b>Undocumented population</b>	880,000	117,000	2,625,000

### Language

Nearly one-third of the population within Casa Colina’s service area speaks Spanish (29.9%). Almost half of the population within the hospital’s service area speaks only English (48.6%).

### Population by language spoken<sup>30</sup>

	Casa Colina Service Area	Los Angeles County	San Bernardino County	California
<b>Speaks only English</b>	48.6%	40.6%	52.1%	52.0%
<b>Speaks Spanish</b>	29.9%	37.1%	33.8%	27.1%
<b>Speaks Asian/Pacific Islander language</b>	10.7%	10.3%	4.9%	9.4%
<b>Speaks other Indo-European language</b>	3.4%	5.0%	1.2%	4.3%

## Key Findings

Key findings based on secondary data, with supporting information from primary data collection, are broken down by category. When possible, data for the service area (based on zip code level data) is presented. If unavailable at the service area level, data for the San Gabriel Valley service planning area (SPA 3), the SPA which contains Casa Colina Hospital’s service area; county; or other data levels were used. Since Casa Colina’s service area is in both Los Angeles and San Bernardino Counties, data for the two counties may be included for context. County and/or state data was included for context if data at the county and/or state level was available from the same source as used for the service area.

### Social and Economic Factors

As a whole, Casa Colina Hospital’s service area performs well when compared with Los Angeles County, San Bernardino County, and California on social and economic indicators. However, there are disparities within the service area evident in rates of individuals below the poverty level, rates of food insecurity and eligibility for the free and reduced-price meal program,

<sup>29</sup> Migration Policy Institute, Unauthorized Immigrant Population Profiles. <https://www.migrationpolicy.org/programs/us-immigration-policy-program-data-hub/unauthorized-immigrant-population-profiles>

<sup>30</sup> U.S. Census Bureau, 2014-2018 American Community Survey 5-Year Estimates, S1601. <https://data.census.gov/cedsci/>



and high school graduation rates. These disparities are important to be mindful of when addressing health needs in the community.

## Poverty

The Census Bureau determines if individuals or families are considered in poverty based on a set of money income thresholds which vary by family size and composition but not by geography. These thresholds are intended to provide some sense of individuals' and families' needs.<sup>31</sup>

The U.S. Census Bureau updates the federal poverty level (FPL) annually. In 2018, the FPL for one person was an annual income of \$12,140 and \$25,100 for a family of four. About five percent of the population within Casa Colina's service area fell below 50 percent of the poverty level, and nearly 30 percent of the population within the service area fell below 200 percent of the poverty level.

### Population by poverty status<sup>32</sup>

	Casa Colina Service Area	Los Angeles County	San Bernardino County	California
<b>Below 50% of Poverty Level</b>	4.8%	6.0%	6.6%	5.8%
<b>Below 150% of Poverty Level</b>	19.9%	23.8%	24.6%	20.9%
<b>Below 200% of Poverty Level</b>	28.9%	33.3%	34.6%	29.4%

Poverty rates vary significantly by city and age group, with the highest rate of youth poverty in Pomona where 29.7 percent of youth under 18 live in poverty, and the lowest rate of youth who live in poverty is in Diamond Bar and Walnut (both 6.7%). Among adults ages 18-64, Diamond Bar has the lowest rate of adults who live in poverty (5.8%) and Pomona has the highest rate (17.4%). In seniors (ages 65+), La Verne has the lowest rate of seniors living in poverty (4.4%) and Pomona has the highest rate (12.5%).

### Individuals below the poverty level, by age category<sup>33</sup>

	Youth (Under 18)	Adults (18-64)	Seniors (65+)
Chino	14.2%	10.1%	9.3%
Chino Hills	7.2%	7.1%	6.4%

<sup>31</sup> More information on how the Census Bureau measures poverty is available here: <https://www.census.gov/topics/income-poverty/poverty/guidance/poverty-measures.html>

<sup>32</sup> U.S. Census Bureau, American Community Survey, 2018, S1701. <https://data.census.gov/cedsci/>

<sup>33</sup> U.S. Census Bureau, American Community Survey, 2018, S1701. <https://data.census.gov/cedsci/>

	Youth (Under 18)	Adults (18-64)	Seniors (65+)
Claremont	12.1%	8.2%	5.3%
Covina	11.5%	8.1%	6.7%
Diamond Bar	6.7%	5.8%	7.7%
Glendora	11.3%	8.4%	7.4%
La Verne	9.0%	8.3%	4.4%
Montclair	25.4%	14.6%	11.0%
Ontario	22.4%	12.2%	11.4%
Pomona	29.7%	17.4%	12.5%
Rancho Cucamonga	10.5%	7.6%	5.8%
San Dimas	8.1%	8.5%	9.5%
Upland	17.8%	13.6%	8.5%
Walnut	6.7%	7.4%	6.4%
West Covina	13.1%	8.5%	9.0%
Los Angeles County	22.5%	14.3%	13.3%
San Bernardino County	24.7%	15.2%	10.8%
California	19.5%	13.2%	10.3%

### Households

The median household income for Casa Colina’s service is \$80,803. This is higher than the median for Los Angeles County, San Bernardino County, and California. The median household income in the United States is \$61,937.

### Median household income<sup>34</sup>

	Median Household Income
<b>Casa Colina Service Area</b>	\$80,803
<b>Los Angeles County</b>	\$68,093
<b>San Bernardino County</b>	\$63,857
<b>California</b>	\$75,277

Casa Colina Hospital’s service area contains 375,649 total households. Over one-third of these households are households of four or more people (36.0%).

### Household size<sup>35</sup>

	Casa Colina Service Area	Los Angeles County	San Bernardino County	California
<b>1 person households</b>	17.5%	26.0%	18.6%	24.0%

<sup>34</sup> U.S. Census Bureau, American Community Survey, 2018, DP03. <https://data.census.gov/cedsci/>

<sup>35</sup> U.S. Census Bureau, American Community Survey, 2018, S2501. <https://data.census.gov/cedsci/>

	Casa Colina Service Area	Los Angeles County	San Bernardino County	California
<b>2 person households</b>	27.5%	28.1%	27.4%	30.8%
<b>3 person households</b>	19.0%	16.9%	17.7%	16.6%
<b>4+ person households</b>	36.0%	29.0%	36.2%	28.6%

A smaller percentage of households in Casa Colina Hospital's service area receive supplemental security income (SSI), public benefits, or food stamps/SNAP than households in Los Angeles County, San Bernardino County, or California.

#### Household supportive benefits<sup>36</sup>

	Casa Colina Service Area	Los Angeles County	San Bernardino County	California
<b>Households receiving SSI</b>	5.4%	6.9%	7.1%	6.0%
<b>Households receiving public benefits</b>	3.0%	3.2%	3.9%	3.1%
<b>Households receiving food stamps/SNAP</b>	8.0%	8.3%	12.7%	8.5%

In Casa Colina's service area, 9.4 percent of households are multi-generational, compared to 7.8 percent of households in Los Angeles County and 9.1 percent in San Bernardino County.

#### Multigenerational households<sup>37</sup>

	Casa Colina Service Area	Los Angeles County	San Bernardino County	California
<b>Multi-Generational Households</b>	9.4%	7.8%	9.1%	6.4%

#### Food Insecurity

Among adults whose income is less than 200 percent of the FPL, food insecurity, or the lack of consistent access to enough food to live a healthy, active life, is prominent in the San Gabriel Valley service planning area (SPA 3), the SPA which contains Casa Colina Hospital's service area. However, rates of food insecurity in low-income adults in Los Angeles County, San Bernardino County, and California are higher than in the hospital's service area.

<sup>36</sup> U.S. Census Bureau, American Community Survey, 2018, DP03. <https://data.census.gov/cedsci/>

<sup>37</sup> U.S. Census Bureau, American Community Survey, 2010, PCT14. <https://data.census.gov/cedsci/>

### Food insecurity among low-income adults (income <200% FPL)<sup>38</sup>

	SPA 3	Los Angeles County	San Bernardino County	California
<b>Food insecure</b>	27.4%	34.8%	38.5%	37.4%
<b>Food secure</b>	72.6%	65.2%	61.5%	62.6%

One strategy to mitigate food insecurity in school-aged populations is the National School Lunch Program.<sup>39</sup> Approximately two-thirds (62.0%) of public-school students within Casa Colina Hospital's service area were eligible for free and reduced-price meals. However, the percentage of students eligible in Casa Colina Hospital's service area was smaller than within Los Angeles County or San Bernardino County.

### Students eligible for free and reduced-price meals<sup>40</sup>

	Students Eligible for Free and Reduced-Price Meals
<b>Bonita Unified</b>	37.2%
<b>Chino Valley Unified</b>	47.3%
<b>Claremont Unified</b>	33.5%
<b>Covina-Valley Unified</b>	67.8%
<b>Cucamonga Elementary</b>	71.8%
<b>Glendora Unified</b>	28.0%
<b>Ontario-Montclair</b>	87.3%
<b>Pomona Unified</b>	87.9%
<b>Walnut Valley Unified</b>	12.3%
<b>West Covina Unified</b>	68.6%
<b>Casa Colina Service Area</b>	62.0%
<b>Los Angeles County</b>	68.9%
<b>San Bernardino County</b>	71.6%

### Unemployment

In 2019 and 2020, the unemployment rate in the Casa Colina Hospital service area was equal to or lower than in Los Angeles or San Bernardino Counties. In 2019, Diamond Bar, Pomona, and West Covina had the highest rates of unemployment within the Casa Colina service area. In 2020, Covina, West Covina, and Pomona had the highest unemployment rates in the Hospital's service area.

<sup>38</sup> California Health Interview Survey, 2018. <https://ask.chis.ucla.edu>

<sup>39</sup> For more information on the National School Lunch Program, visit <https://www.cde.ca.gov/ls/nu/sn/nsnlp.asp>

<sup>40</sup> California Department of Education DataQuest, 2019-20. <http://dq.cde.ca.gov/dataquest/>

### Unemployment rate, 2019 and 2020 average rates<sup>41,42</sup>

	2019 Average Unemployment Rate	2020 Average Unemployment Rate
<b>Claremont</b>	4.0%	9.1%
<b>Covina</b>	4.7%	13.3%
<b>Diamond Bar</b>	3.6%	10.6%
<b>Glendora</b>	3.9%	10.5%
<b>La Verne</b>	4.2%	10.5%
<b>Pomona</b>	4.9%	13.4%
<b>San Dimas</b>	4.1%	10.6%
<b>Walnut</b>	3.4%	10.2%
<b>West Covina</b>	4.4%	13.1%
<b>Chino</b>	3.2%	8.8%
<b>Chino Hills</b>	2.5%	7.3%
<b>Montclair</b>	3.1%	9.1%
<b>Ontario</b>	3.4%	8.9%
<b>Rancho Cucamonga</b>	2.9%	7.7%
<b>Upland</b>	3.1%	8.7%
<b>Casa Colina Service Area</b>	3.7%	9.4%
<b>Los Angeles County</b>	4.4%	12.8%
<b>San Bernardino County</b>	3.8%	9.4%

Some individuals who are unemployed are unable to work due to physical or mental health conditions. The rate of individuals who were unable to work due to physical or mental conditions for at least a year is lower in SPA 3 (the service planning area that contains the Casa Colina service area) than in Los Angeles or San Bernardino Counties.

### Unemployment due to physical or mental condition<sup>43</sup>

	San Gabriel Valley (SPA 3)	Los Angeles County	San Bernardino County
<b>Unable to work due to physical or mental condition</b>	5.5%	6.9%	11.3%

<sup>41</sup> California Employment Development Department, "Monthly Labor Force Data for Cities and Census Designated Places (CDP): Annual Average 2019 - Revised". <https://www.labormarketinfo.edd.ca.gov/data/labor-force-and-unemployment-for-cities-and-census-areas.html#Data>

<sup>42</sup> California Employment Development Department, "Monthly Labor Force Data for Cities and Census Designated Places (CDP): – Annual Average 2020 - Revised". <https://www.labormarketinfo.edd.ca.gov/data/labor-force-and-unemployment-for-cities-and-census-areas.html#Data>

<sup>43</sup> California Health Interview Survey, 2016. [http://ask.chis.ucla.edu/AskCHIS/tools/\\_layouts/AskChisTool/home.aspx#/results](http://ask.chis.ucla.edu/AskCHIS/tools/_layouts/AskChisTool/home.aspx#/results)

## Access to Transportation

A small percentage of workers 16 years old or older in the Casa Colina Hospital service area did not have a vehicle available to them for their commute to work. The largest percentage of individuals without a vehicle were in Montclair (2.5%) and the smallest rate of individuals without access to a vehicle were in San Dimas (0.8%). The percentage of workers without a vehicle included 3.8 percent in Los Angeles County, 1.5 percent in San Bernardino County, and 3.1 percent in California.

### No vehicle available in commute to work<sup>44</sup>

	No Vehicle Available
<b>Chino</b>	1.2%
<b>Chino Hills</b>	1.6%
<b>Claremont</b>	1.5%
<b>Covina</b>	1.8%
<b>Diamond Bar</b>	1.0%
<b>Glendora</b>	1.7%
<b>La Verne</b>	2.0%
<b>Montclair</b>	2.5%
<b>Ontario</b>	2.2%
<b>Pomona</b>	2.2%
<b>Rancho Cucamonga</b>	1.1%
<b>San Dimas</b>	0.8%
<b>Upland</b>	1.5%
<b>Walnut</b>	1.4%
<b>West Covina</b>	1.8%
<b>Los Angeles County</b>	3.8%
<b>San Bernardino County</b>	1.5%
<b>California</b>	3.1%

## Educational Attainment

In the Casa Colina Hospital service area, 21.9 percent of adults' highest degree achieved is a high school diploma. Nearly 30 percent of adults within the hospital's service area have their Bachelor's degree or a graduate or professional degree.

<sup>44</sup> U.S. Census Bureau, American Community Survey, 2018, B08141. <https://data.census.gov/cedsci/>

### Educational attainment of adults (25+ years old)<sup>45</sup>

	Casa Colina Service Area	Los Angeles County	San Bernardino County
Less than 9 <sup>th</sup> grade	8.2%	12.2%	9.0%
Some high school, no diploma	8.1%	8.4%	10.9%
High school graduate	21.9%	20.6%	26.7%
Some college, no degree	23.1%	19.1%	23.4%
Associate degree	8.7%	7.1%	8.5%
Bachelor's degree	19.8%	21.3%	13.9%
Graduate or professional degree	10.3%	11.2%	7.5%

Nearly one in six individuals within the Casa Colina Hospital service area who are 25 or older do not have a high school diploma (16.3%). A larger percentage of residents in Los Angeles County (20.6%) and San Bernardino County (19.9%) do not have a high school diploma.

### Population 25 years and older without a high school diploma<sup>46</sup>

	Casa Colina Service Area	Los Angeles County	San Bernardino County
<b>No high school diploma</b>	16.3%	20.6%	19.9%

The high school graduation rates shown below are the percentage of students within a school district who graduated four years after starting ninth grade. The average high school graduation rate within Casa Colina Hospital's service area is 94.3 percent, which is higher than the rate for Los Angeles County, San Bernardino County, or California.

### High school graduation rates, 2018-2019<sup>47</sup>

School District	High School Graduation Rate
<b>Bonita Unified</b>	94.7%
<b>Chino Valley Unified</b>	92.6%
<b>Claremont Unified</b>	93.9%
<b>Covina-Valley Unified</b>	97.5%
<b>Cucamonga Elementary</b>	Not applicable
<b>Glendora Unified</b>	98.0%
<b>Ontario-Montclair</b>	Not applicable
<b>Pomona Unified</b>	89.4%

<sup>45</sup> U.S. Census Bureau, American Community Survey, 2018, S1501. <https://data.census.gov/cedsci/>

<sup>46</sup> U.S. Census Bureau, American Community Survey, 2018, S1501. <https://data.census.gov/cedsci/>

<sup>47</sup> California Department of Education DataQuest, 2019-20. <http://dq.cde.ca.gov/dataquest/>

School District	High School Graduation Rate
Walnut Valley Unified	96.9%
West Covina Unified	91.3%
Casa Colina Service Area	94.3%
Los Angeles County	86.1%
San Bernardino County	89.3%
California	88.1%

## Homelessness

Every two years, localities are required by the U.S. Department of Housing and Urban Development (HUD) to conduct a ‘point-in-time’ count of individuals who are unhoused. The most recent counts of individuals experiencing homelessness in Los Angeles County occurred in January 2020 and in San Bernardino County in January 2019. The ‘point-in-time’ count determines how many individuals are experiencing homelessness on the day when the count occurs. Based on HUD criteria, individuals who were residing in places not meant for human habitation, such as cars, parks, sidewalks, and abandoned buildings; or in an emergency shelter; or in transitional housing for individuals who are homeless, were included in the count of people who are unhoused. The data presented below are ‘point-in-time’ counts, conducted before COVID-19, of the individuals experiencing homelessness in San Gabriel Valley (SPA 3), Los Angeles County, and San Bernardino County.

Between 2019 and 2020, the number of people who are experiencing homelessness stayed about the same in SPA 3. The number of people who are experiencing homelessness increased in both Los Angeles and San Bernardino Counties between 2019 and 2020. Within SPA 3, Los Angeles County, and San Bernardino County, most individuals who are unhoused are also unsheltered.

## Individuals who are unhoused<sup>48,49,50,51,52</sup>

<sup>48</sup> Los Angeles Homeless Services Authority, "2020 Greater Los Angeles Homeless Count – Service Planning Area 3", 2020.

<https://www.lahsa.org/news?article=726-2020-greater-los-angeles-homeless-count-results>

<sup>49</sup> Los Angeles Homeless Services Authority, "2019 Greater Los Angeles Homeless Count – Service Planning Area 3", 2019.

<https://www.lahsa.org/news?article=557-2019-greater-los-angeles-homeless-count-results>

<sup>50</sup> Los Angeles Homeless Services Authority, "2020 Greater Los Angeles Homeless Count – Los Angeles Continuum of Care (COC)", 2020. <https://www.lahsa.org/news?article=726-2020-greater-los-angeles-homeless-count-results>

<sup>51</sup> Los Angeles Homeless Services Authority, "2019 Greater Los Angeles Homeless Count – Los Angeles Continuum of Care", 2019. <https://www.lahsa.org/news?article=557-2019-greater-los-angeles-homeless-count-results>

<sup>52</sup> San Bernardino County, Homeless Partnership, "2019 San Bernardino County Homeless Count and Subpopulation Survey Final Report", 2019. <https://wp.sbcounty.gov/dbh/sbchp/wp-content/uploads/sites/2/2019/05/2019-homeless-count-and-survey-report.pdf>



	Year of Count	People who are Homeless	Sheltered	Unsheltered <sup>53</sup>
<b>San Gabriel Valley (SPA 3)</b>	2020	4,555	33.5%	66.5%
<b>San Gabriel Valley (SPA 3)</b>	2019	4,489	26.7%	73.3%
<b>Los Angeles County</b>	2020	63,706	27.7%	72.3%
<b>Los Angeles County</b>	2019	56,257	24.5%	75.5%
<b>San Bernardino County</b>	2019	2,607	26.4%	73.6%
<b>San Bernardino County</b>	2018	2,118	31.9%	68.1%

Over half of individuals who were unhoused in SPA 3 in 2020 are between the ages of 25-54 (59%), although a substantial percentage of individuals who were unhoused were under 18 (13%) or 62 or older (8%).

#### Individuals who are unhoused, by age (SPA 3)<sup>54</sup>

	2020
Under 18	13%
Youth (18-24)	5%
Seniors (62+)	8%

Almost two in five individuals in 2020 who experienced homelessness in SPA 3 were chronically homeless (39%). Significant portions of individuals experiencing homelessness in SPA 3 have lived experience as a survivor of domestic violence or interpersonal violence (29%).

#### Individuals who are unhoused, broken down by circumstances (SPA 3)<sup>55</sup>

	2020
People who are chronically homeless	39%
Veterans	4%
Domestic violence/Interpersonal violence experience	29%
People (18+) with HIV/AIDS	2%
People (18+) with serious mental illness	28%

<sup>53</sup> Individuals who were experiencing homelessness at the time of the point-in-time count were considered “unsheltered” based on the U.S. Department of Housing and Urban Development’s definition if they were sleeping in a place not designed for or ordinarily used a regular sleeping accommodation (e.g., train stations, campgrounds, or abandoned buildings).

<sup>54</sup> Los Angeles Homeless Services Authority, “2020 Greater Los Angeles Homeless Count – Service Planning Area 3”, 2020. <https://www.lahsa.org/news?article=726-2020-greater-los-angeles-homeless-count-results>

<sup>55</sup> Los Angeles Homeless Services Authority, “2020 Greater Los Angeles Homeless Count – Service Planning Area 3”, 2020. <https://www.lahsa.org/news?article=726-2020-greater-los-angeles-homeless-count-results>

	2020
People (18+) with Substance Abuse Disorder	33%

## Crime and Safety

In SPA 3, 84.9 percent of adults reported perceiving their neighborhood as safe. This rate is about the same as within Los Angeles County. While these rates are high, all people deserve to feel and be safe in their communities and relationships.

### Perceived neighborhood safety<sup>56</sup>

	Perceive Neighborhood as Safe
SPA 3	84.9%
Los Angeles County	85.0%

In 2018, physical violence and sexual violence from an intimate partner were reported at lower rates in SPA 3 than in Los Angeles County.

### Physical and sexual violence among intimate partners<sup>57</sup>

	Physical Violence	Sexual Violence
SPA 3	8.7%	4.3%
Los Angeles County	14.0%	6.8%

## Access to Healthcare

Casa Colina Hospital's service area performs similarly to or better than benchmarks on most access to healthcare metrics. A larger percentage of service area residents' health insurance is through their employers than in Los Angeles County, San Bernardino County, or California. Additionally, the service area has a larger percentage of uninsured individuals than the state. It is important to note that the rate of adults with health insurance ranges between 79.1 percent and 96.1 percent within the service area, suggesting that some areas in the service area have lesser access to healthcare than in others.

## Health Insurance

Health insurance coverage is a foundation to access to healthcare. If uninsured or underinsured, residents may be unable to access care or may be unable to pay for needed health services. While nearly all seniors (65+) in Casa Colina Hospital's service area have health insurance (98.4%), insurance rates among youth and adults under the age of 65 are

<sup>56</sup> Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health, 2018 Los Angeles County Health Survey, 2018. <http://publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm>

<sup>57</sup> Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health, 2018 Los Angeles County Health Survey, 2018. <http://publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm>

lower. Insurance rates among youth, adults, and seniors in the Casa Colina service area are slightly lower than the state rate.

**Health insurance coverage by age group<sup>58</sup>**

	Children (0-18)	Adults (19-64)	Seniors (65+)
<b>Casa Colina Service Area</b>	95.9%	88.8%	98.4%
<b>Los Angeles County</b>	96.5%	87.3%	98.6%
<b>San Bernardino County</b>	95.8%	87.8%	98.0%
<b>California</b>	96.9%	89.7%	98.9%

Health insurance coverage rates for adults within Casa Colina Hospital’s service area range from 79.1 percent in Pomona (zip code 91766) to 96.1 percent in Upland (zip code 91784). Adults (ages 19-64) within some areas of Ontario, Montclair, and Pomona have the lowest rates of insurance coverage in the service area.

**Adult (ages 19-64) insurance coverage by zip code<sup>59</sup>**

Location	Insurance Coverage
91010 - Rancho Cucamonga	85.4%
91701 - Rancho Cucamonga	95.7%
91708 - Chino	90.9%
91709 - Chino Hills	94.0%
91710 - Chino	88.2%
91711 - Claremont	94.5%
91722 - Covina	91.2%
91723 - Covina	88.8%
91724 - Covina	91.9%
91730 - Rancho Cucamonga	90.4%
91737 - Rancho Cucamonga	93.8%
91739 - Rancho Cucamonga	92.9%
91740 - Glendora	91.8%
91741 - Glendora	94.1%
91750 - La Verne	93.4%
91761 - Ontario	86.8%
91762 - Ontario	83.0%
91763 - Montclair	82.1%
91764 - Ontario	81.4%
91765 - Diamond Bar	92.2%

<sup>58</sup> U.S. Census Bureau, 2018 American Community Survey 5-Year Estimates, S2701. <https://data.census.gov/cedsci/>

<sup>59</sup> U.S. Census Bureau, 2018 American Community Survey 5-Year Estimates, S2701. <https://data.census.gov/cedsci/>

Location	Insurance Coverage
91766 - Pomona	79.1%
91767 - Pomona	83.4%
91768 - Pomona	81.0%
91773 - San Dimas	94.5%
91784 - Upland	96.1%
91786 - Upland	87.6%
91789 - Walnut	91.9%
91790 - West Covina	89.4%
91791 - West Covina	89.7%
91792 - West Covina	88.2%
Casa Colina Service Area	88.8%
Los Angeles County	87.3%
San Bernardino County	87.8%
California	89.7%

Over half the individuals with health insurance in the Casa Colina Hospital service area were insured through employment-based insurance only (55.5%).

#### Insurance coverage by type<sup>60</sup>

	Casa Colina Service Area	Los Angeles County	San Bernardino County	California
<b>Employment-based Insurance Only</b>	55.5%	45.3%	46.7%	48.3%
<b>Medi-Cal only</b>	19.7%	25.4%	28.9%	22.0%
<b>Medicare only</b>	6.0%	5.8%	5.3%	5.4%
<b>Medicare and employment-based insurance</b>	2.5%	2.4%	2.1%	2.8%
<b>Privately purchased</b>	9.0%	9.3%	5.5%	8.2%
<b>Other public insurance</b>	4.0%	5.1%	4.2%	4.6%
<b>No insurance</b>	9.5%	9.9%	9.6%	7.8%

#### *Community Input – Health Insurance*

While most individuals in Casa Colina Hospital's service area have health insurance, about one in ten individuals do not. Without health insurance or with poor health insurance, some people are unable to seek care due to cost. When asked what keeps people in your community from

<sup>60</sup> U.S. Census Bureau, 2018 American Community Survey 5-Year Estimates, B27010. <https://data.census.gov/cedsci/>

accessing healthcare, 61.2 percent of survey respondents said that individuals in the community do not have insurance and are unable to pay for care, while 43.0 percent of respondents said people are unable to pay the co-pays and deductibles, and 33.0 percent of said that free and affordable health screenings were not available.<sup>61</sup> Additionally, 49.5 percent of survey respondents said that free or affordable health screenings were needed to improve the health of their community.

Among the 10 individuals interviewed, when asked how concerning access to healthcare was to the Casa Colina service area, all reported they were either concerned (40%) or very concerned (60%). Comments from interviewees indicate that many times there are restrictions on healthcare services or there is limited access to healthcare providers because of the type of insurance they possess (e.g., Medi-Cal). Care such as preventative services (e.g., weight management) and access to certain providers, especially specialists, are examples of restrictions people face due to the type of health insurance they have or because of a lack of insurance coverage. According to one interviewee, some providers in the area won't help the uninsured. Fear is an issue for the undocumented in the Casa Colina service area. Some undocumented community members give up their public insurance because they are afraid that being a public charge might impact their ability to go through the immigration process.

### Sources of Care

Access to a primary care provider can reduce unnecessary emergency room visits and improve patient outcomes. In SPA 3, 87.6 percent of residents report that they have a medical facility or practice for care when they are sick or need health advice. This is higher than in Los Angeles County (86.6%) but slightly lower than in San Bernardino County (88.4%). A small percentage of residents in SPA 3, Los Angeles County, and San Bernardino County use the emergency room (ER) or urgent care as their usual source of care. A sizable portion of SPA 3 residents (12.4%) do not have a source of care, which is higher than in San Bernardino County (11.6%) but lower than Los Angeles County (13.4%).

### Sources of care<sup>62</sup>

	SPA 3	Los Angeles County	San Bernardino County
Have a usual place to go when sick or need health advice	87.6%	86.6%	88.4%
Doctor's Office/HMO/Kaiser Permanente	66.3%	57.7%	59.3%

<sup>61</sup> These responses are taken from multiple questions where respondents could select multiple answers, so the sum of these percentages exceed 100 percent.

<sup>62</sup> California Health Interview Survey, 2018. [http://ask.chis.ucla.edu/AskCHIS/tools/\\_layouts/AskChisTool/home.aspx#/results](http://ask.chis.ucla.edu/AskCHIS/tools/_layouts/AskChisTool/home.aspx#/results)

	SPA 3	Los Angeles County	San Bernardino County
Community clinic/Government clinic/Community hospital	17.3%	26.0%	26.8%
ER/Urgent care	3.5%*	2.2%	1.7%*
Other	0.5%*	0.6%	0.5%*
No source of care	12.4%	13.4%	11.6%

\*small sample size, statistically unstable

*Community Input – Sources of Care*

While most residents in Casa Colina Hospital’s service area have a place to go if they are sick or need medical advice, over one in ten residents do not have a source of care. When asked what keeps people in your community from accessing healthcare, 17.5 percent of survey respondents said a lack of available care centers and 15.8 percent of respondents said a lack of providers in the community. About 15 percent of survey respondents said that for routine healthcare, they would go to an urgent care clinic (8.9%), the emergency room (2.7%), or do not receive routine healthcare (3.9%). Interviewees had numerous comments regarding the lack of sources of care in the Casa Colina service area. According to interviewee data, some community members do not have the necessary resources to have insurance and access a regular source of care; as a result, some put off routine care because they cannot afford it.

**Use of the Emergency Room**

In SPA 3, nearly one in five residents visited the ER within the last 12 months. This rate is similar to the rates in Los Angeles and San Bernardino Counties. Use of the ER within the past 12 months was especially prominent among SPA 3 residents who are at or below the federal poverty level (29.4%). One interviewee noted that ER utilization is a very concerning issue for the Casa Colina service area. For them, the solution is a better partnership between hospitals and primary care providers to ensure care coordination and the timely delivery of discharge summaries, steering patients to their primary care physician rather than the ER. For example, during the pandemic, COVID-19 patients are turning to hospitals instead of their primary care provider after a COVID-19 diagnosis, even when seeking care from their primary care provider is more appropriate.

**Use of the emergency room<sup>63</sup>**

	SPA 3	Los Angeles County	San Bernardino County
Visited ER in last 12 months	19.8%	21.9%	20.9%
0-17 years old	10.6%	19.6%	16.3%

<sup>63</sup> California Health Interview Survey, 2018. [http://ask.chis.ucla.edu/AskCHIS/tools/\\_layouts/AskChisTool/home.aspx#/results](http://ask.chis.ucla.edu/AskCHIS/tools/_layouts/AskChisTool/home.aspx#/results)

	SPA 3	Los Angeles County	San Bernardino County
18-64 years old	22.3%	23.3%	20.9%
65+ years old	24.5%	21.0%	31.2%
<100% of poverty level	29.4%	29.4%	25.4%
<200% of poverty level	15.0%	22.6%	24.9%

**Providers**

A lack of providers in an area can make it difficult to access care or receive the level of care needed. Based on the ratio of population to providers, both Los Angeles and San Bernardino Counties have few primary care and mental health providers per person than the state as a whole. San Bernardino County has fewer primary care providers, dentists, and mental health providers by population than Los Angeles County. Interviewees report that in the Casa Colina service area, care is not easy to navigate for some community members. It is difficult to judge whether the provider will meet the individual patient’s needs when the only information available is the provider’s academic history or medical specialty.

**Ratio of population to providers<sup>64</sup>**

	Los Angeles County	San Bernardino County	California
Ratio of population to primary care providers	1370:1	1710:1	1260:1
Population to dentists	1160:1	1410:1	1180:1
Population to mental health providers	290:1	440:1	280:1

**Delay of Care**

Delaying care or prescription medicines can hurt patient outcomes and may be due to a lack of access to care. In SPA 3, 8.2 percent of residents delayed or did not get medical care in the previous 12 months. This rate is lower than in Los Angeles County, San Bernardino County, or California.

**Delay of care or prescription medicine<sup>65</sup>**

<sup>64</sup> County Health Rankings, 2020. <https://www.countyhealthrankings.org/app/california/2020/rankings/san-bernardino/county/outcomes/overall/snapshot>

<sup>65</sup> California Health Interview Survey, 2018. [http://ask.chis.ucla.edu/AskCHIS/tools/\\_layouts/AskChisTool/home.aspx#/results](http://ask.chis.ucla.edu/AskCHIS/tools/_layouts/AskChisTool/home.aspx#/results)

	SPA 3	Los Angeles County	San Bernardino County	California
Delayed or didn't get medical care in last 12 months	8.2%	11.5%	9.9%	11.2%
Delayed or didn't get prescription medicine in the last 12 months	5.6%	8.6%	11.7%	9.1%

## Rehospitalization

Unplanned rehospitalizations, which can be reduced through improving communication and care coordination between hospitals, patients, and caregivers, may worsen patient outcomes. Both Los Angeles and San Bernardino Counties have higher rates of unplanned hospital readmissions than the state.

### Rate of unplanned rehospitalizations<sup>66</sup>

	Rate of Unplanned Hospital Readmissions Within 30 Days of Discharge
Los Angeles County	15.6%
San Bernardino County	15.3%
California	14.6%

## Birth Indicators

Compared to 2012<sup>67</sup>, in 2018 the number of new births in the service area for Casa Colina Hospital decreased from 15,318 to 14,714.

### Births by zip code, 2018<sup>68,69</sup>

	Number of Births
91010 - Rancho Cucamonga	261
91701 - Rancho Cucamonga	412
91708 - Chino	144
91709 - Chino Hills	818
91710 - Chino	1,052
91711 - Claremont	221
91722 - Covina	382

<sup>66</sup> Let's Get Healthy California, 2017. <https://letsgethealthy.ca.gov/goals/redesigning-the-health-system/reducing-hospital-readmissions/>

<sup>67</sup> Casa Colina Hospital and Centers for Healthcare, Community Health Needs Assessment, 2018. <https://www.casacolina.org/Community-Benefits-Report.aspx>

<sup>68</sup> California Department of Public Health, 2018. California Birth Statistical Master File (Static), 2013-2018. Compiled by Center for Health Statistics and Informatics. [https://data.chhs.ca.gov/dataset/cdph\\_live-birth-by-zip-code](https://data.chhs.ca.gov/dataset/cdph_live-birth-by-zip-code)

<sup>69</sup> No data available for zip code 91758.



	Number of Births
91723 - Covina	224
91724 - Covina	274
91730 - Rancho Cucamonga	913
91737 - Rancho Cucamonga	297
91739 - Rancho Cucamonga	648
91740 - Glendora	242
91741 - Glendora	228
91750 - La Verne	271
91761 - Ontario	739
91762 - Ontario	871
91763 - Montclair	516
91764 - Ontario	844
91765 - Diamond Bar	573
91766 - Pomona	910
91767 - Pomona	659
91768 - Pomona	449
91773 - San Dimas	311
91784 - Upland	187
91786 - Upland	667
91789 - Walnut	451
91790 - West Covina	485
91791 - West Covina	354
91792 - West Covina	311
Casa Colina Service Area	14,714

### Teen Birth Rate

Births to mothers under the age of 20 occurred at a rate of 17.1 per 1,000 births (1.71 percent of all births) in Los Angeles County and 24.5 per 1,000 births (2.45 percent of all births) in San Bernardino County.

### Births to teen mothers (under 20 years old)<sup>70</sup>

	Births to Teen Mothers	Rate per 1,000 Live Births
<b>Los Angeles County</b>	18,423	17.1
<b>San Bernardino County</b>	6,176	24.5

<sup>70</sup> Maternal, Child and Adolescent Health Division, California Department of Public Health, 2018. Adolescent birth rates by county, age group and race/ethnicity, 2014-2016. <https://data.chhs.ca.gov/dataset/adolescent-births>

## Infant Mortality

Infant mortality rates reflect the number of deaths of children under one year old per 1,000 live births. The infant mortality rate in Los Angeles County is 4.3 per 1,000 live births and falls under the Healthy People 2020 infant mortality objective of 6.0 or fewer deaths per 1,000 live births. San Bernardino County does not meet the Healthy People 2020 objective with an infant mortality rate of 6.2 per 1,000 live births.

### Infant mortality<sup>71</sup>

	Infant Deaths	Infant Mortality Rate
<b>Los Angeles County</b>	539	4.3
<b>San Bernardino County</b>	191	6.2

## Mortality/Leading Causes of Death

The leading cause of death, including premature death, in SPA 3 is coronary heart disease. Los Angeles County residents tend to live longer and have lower mortality rates and premature death rates than San Bernardino County. San Bernardino County generally has higher mortality rates than California.

## Premature Death

The average age of death in Los Angeles County (82.3 years old) exceeds the state average, while the average age of death in San Bernardino County (78.8 years old) does not meet the state average.

### Average age of death<sup>72</sup>

	Life Expectancy (Years)
<b>Los Angeles County</b>	82.3
<b>San Bernardino County</b>	78.8
<b>California</b>	81.6

Premature death is measured by the years of potential life lost before the age of 75 per 100,000 people. County Health Ranking and Roadmaps, a program through the Robert Wood Johnson Foundation<sup>73</sup>, ranks counties by their premature death rates. Los Angeles County is ranked 15<sup>th</sup> out of California's 58 counties, and San Bernardino County is ranked 33<sup>rd</sup>.

<sup>71</sup> California Department of Public Health, 2019. County Health Status Profiles 2019.

<https://www.cdph.ca.gov/Programs/CHSI/Pages/Individual-County-Data-Sheets.aspx#L>

<sup>72</sup> Robert Wood Johnson Foundation, Life Expectancy, 2018.

<https://www.rwjf.org/en/library/interactives/whereliveaffectshowlongyoulive.html>

<sup>73</sup> Robert Wood Johnson Foundation, Life Expectancy, 2018.

<https://www.rwjf.org/en/library/interactives/whereliveaffectshowlongyoulive.html>

### Premature death ranking by county<sup>74</sup>

	Years of Potential Life Lost per 100,000 People	County Ranking (out of 58)
Los Angeles County	5,000	15
San Bernardino County	6,700	33

Premature death is defined by the Los Angeles County Department of Public Health to be death before 75 years of age. In 2017, the leading cause of death and the leading cause of premature death was coronary heart disease in SPA 3.

### Leading cause of death and premature death, SPA 3, 2017<sup>75</sup>

Leading Causes of Death	Leading Causes of Premature Death
1. Coronary heart disease	1. Coronary heart disease
2. Alzheimer's disease	2. Suicide
3. Stroke	3. Motor vehicle crash
4. Chronic Obstructive Pulmonary Disease	4. Liver disease/cirrhosis
5. Diabetes mellitus	5. Diabetes mellitus
6. Lung cancer	6. Drug overdose (unintentional)
7. Pneumonia/Influenza <sup>76</sup>	7. Homicide
8. Colorectal cancer	8. Lung cancer
9. Hypertension	9. Colorectal cancer
10. Liver disease/cirrhosis	10. Stroke

### Mortality Rates

The mortality rates shown below are age-adjusted to control for differences in population age in Los Angeles County, San Bernardino County, and California. Additionally, the mortality rates shown below are based on a three-year average (2015-2017).

The mortality rate in San Bernardino County (748.3 per 100,000 people) is higher than California (610.3 per 100,000 people) or Los Angeles County (574.1 per 100,000 people). Mortality rates due to prominent causes of death are in the table below. When available, Healthy People 2020 objectives are also included. Mortality rates in San Bernardino County are frequently higher than in California, while mortality rates in Los Angeles County are sometimes higher than in the state.

<sup>74</sup> County Health Rankings & Roadmaps, 2019.

[https://www.countyhealthrankings.org/app/california/2019/compare/snapshot?counties=06\\_037%2B06\\_071](https://www.countyhealthrankings.org/app/california/2019/compare/snapshot?counties=06_037%2B06_071)

<sup>75</sup> Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health, 2019. Patterns of Mortality in Los Angeles County, 2008-2017. <http://publichealth.lacounty.gov/dca/data/documents/mortalityrpt14.pdf>

<sup>76</sup> Pneumonia and flu deaths are grouped together in the Los Angeles County Department of Public Health "Patterns of Mortality in Los Angeles County, 2008-2017" report.

### Mortality rates, age-adjusted (2015-2017 averages)<sup>77</sup>

Cause of Death	Mortality Rates (per 100,000 people)			
	Los Angeles County	San Bernardino County	California	Healthy People 2020 Objectives
Deaths Due to All Causes	574.1	748.3	610.3	--
Cancer	132.8	155.1	137.4	161.4
Heart disease	101.7	106.5	87.4	103.4
Alzheimer's disease	35.6	43.3	35.7	--
Stroke	34.0	35.1	36.3	34.8
Diabetes	22.9	34.5	21.2	--
Chronic lower respiratory disease	28.2	51.5	32.0	--
Unintentional injuries	23.7	30.9	32.2	36.4
Pneumonia and Influenza	18.7	13.4	14.2	--
Liver disease	13.2	15.8	12.2	8.2
Motor vehicle traffic crashes	7.9	13.4	9.5	12.4
Homicide	6.1	6.4	5.2	5.5

### Disabilities and Conditions

The California Health Interview Survey and the Los Angeles County Department of Public Health define “disability” differently. Based on these two definitions of disability, a similar percentage of adults were recorded as having a disability in SPA 3.<sup>78</sup> These rates are lower compared to Los Angeles County, San Bernardino County, and California.

### Adults with a disability<sup>79,80</sup>

	SPA 3	Los Angeles County	San Bernardino County	California
Adults with a disability (California Health Interview Survey)	21.7%	30.7%	40.6%	29.7%

<sup>77</sup> California Department of Public Health, County Health Status Profiles 2019.

[https://www.cdph.ca.gov/Programs/CHSI/CDPH%20Document%20Library/CountyProfiles\\_2019.pdf](https://www.cdph.ca.gov/Programs/CHSI/CDPH%20Document%20Library/CountyProfiles_2019.pdf)

<sup>78</sup> The California Health Interview Survey (CHIS) measured disability status in adults due to physical, mental, and/or emotional conditions. The Los Angeles County Health Survey measured disability status based on physical, mental, or emotional problems; health issue requiring the use of special medical equipment; and self-reporting being disabled.

<sup>79</sup> California Health Interview Survey, 2016. [http://ask.chis.ucla.edu/AskCHIS/tools/\\_layouts/AskChisTool/home.aspx#/results](http://ask.chis.ucla.edu/AskCHIS/tools/_layouts/AskChisTool/home.aspx#/results)

<sup>80</sup> Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology, Los Angeles County Health Survey, 2015. <http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm>

	SPA 3	Los Angeles County	San Bernardino County	California
Adults with a disability (LA County Health Survey)	21.0%	22.6%		

*Community Input – Disabilities*

Based on secondary data, about one in five adults in the Casa Colina Hospital service area have a disability. When asked to rate the importance of addressing disabilities in the hospital’s service area, 65.4 percent of survey respondents said addressing disabilities is “very important.”

Traumatic brain injury (TBI) is an injury of the brain. TBI often occurs as a result of a car accident or severe sports injury. In 2015, there were 8,460 hospitalizations in Los Angeles County and 1,547 hospitalizations in San Bernardino County due to TBI. The number of emergency department visits due to TBI were larger.

**Traumatic brain injury hospitalizations and emergency department visits<sup>81</sup>**

	Los Angeles County	San Bernardino County	California
Non-fatal hospitalization due to TBI	8,460	1,547	32,627
Non-fatal emergency department visit due to TBI	50,169	12,736	210,910

In SPA 3, 1.3 percent of adults said that, at any point in time, their doctor had told them they had a stroke. This percentage is lower than in Los Angeles County, San Bernardino County, or California.

**Stroke<sup>82</sup>**

	SPA 3	Los Angeles County	San Bernardino County	California
Ever had a stroke	1.3%	2.1%	2.4%	2.1%

Ischemic strokes are the most common type of stroke. In Los Angeles County, the ischemic stroke 30-day mortality rate was 8.09, and the San Bernardino County 30-day mortality rate was 10.6.

<sup>81</sup> California Department of Public Health, EpiCenter California Injury Data Online, 2015. <http://epicenter.cdph.ca.gov/ReportMenus/TraumaticBrainInjury.aspx>

<sup>82</sup> California Health Interview Survey, 2012. [http://ask.chis.ucla.edu/AskCHIS/tools/\\_layouts/AskChisTool/home.aspx#/results](http://ask.chis.ucla.edu/AskCHIS/tools/_layouts/AskChisTool/home.aspx#/results)

### Ischemic stroke mortality and readmissions<sup>83,84,85</sup>

	Los Angeles County	San Bernardino County	California
Ischemic stroke, 30-day mortality	8.09	10.6	9.81
Ischemic stroke, 30-day readmission	13.06	12.49	11.8

In SPA 3, 0.3 percent of adults are legally blind. This is a smaller percentage than within Los Angeles County, San Bernardino County, or California.

### Legally blind adults<sup>86</sup>

	SPA 3	Los Angeles County	San Bernardino County	California
Legally blind adults	0.3%	0.8%	0.4%	0.7%

Limb loss often occurs due to complications related to vascular disease, such as diabetes and peripheral arterial disease, or a traumatic accident. In California, there were 15,149 amputations in 2014.

### Amputations in California<sup>87</sup>

	California
Amputations	15,149
Upper-extremity amputations	997
Lower-extremity amputations	14,152

### Conditions in Children

Children (0-17 years old) with special healthcare needs were identified based on three criteria: dependency on prescription medications; service use above what is considered usual or routine; and functional limitations. In SPA 3, 9.1 percent of children were identified to have special healthcare needs.

<sup>83</sup> California Office of Statewide Health Planning & Development, California Department of Public Health, 2014. <https://data.chhs.ca.gov/dataset/ischemic-stroke-30-day-mortality-and-30-day-readmission-rates-and-quality-ratings-for-ca-hospitals/resource/90ef0ad0-9fc0-45ba-97da-509e0e4422b6>

<sup>84</sup> County rates are averages among all hospitals included in California Office of Statewide Health Planning & Development data.

<sup>85</sup> Rates in the table were taken from the California Office of Statewide Health Planning and Development. For more information on how the rates were calculated, please see <https://data.chhs.ca.gov/dataset/ischemic-stroke-30-day-mortality-and-30-day-readmission-rates-and-quality-ratings-for-ca-hospitals/resource/90ef0ad0-9fc0-45ba-97da-509e0e4422b6>

<sup>86</sup> California Health Interview Survey, 2018. [http://ask.chis.ucla.edu/AskCHIS/tools/\\_layouts/AskChisTool/home.aspx#/results](http://ask.chis.ucla.edu/AskCHIS/tools/_layouts/AskChisTool/home.aspx#/results)

<sup>87</sup> Amputee Coalition, California Fact Sheet, 2014. <https://www.amputee-coalition.org/resources/california/>

### Children with special healthcare needs<sup>88</sup>

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

In SPA 3, 1.2 percent of children (ages 2-17) have been diagnosed with autism.

### Autism in children (2-17 years old)<sup>89</sup>

	SPA 3	Los Angeles County
Children ever diagnosed with autism	1.2%	1.9%

In SPA 3, 5.6 percent of children have been diagnosed with attention deficit/hyperactivity disorder (ADHD), compared with 6.3 percent of children in Los Angeles County. However, changes to the diagnosis criteria for ADHD were made after the below data was collected.<sup>90</sup>

### ADHD in children (3-17 years old)<sup>91</sup>

	SPA 3	Los Angeles County
Children ever diagnosed with ADHD	5.6%	6.3%

## Health Status and Chronic Disease

Casa Colina's service area generally performs well against benchmarks on health status and chronic disease indicators. However, the service area has a higher percentage of diabetic individuals than in Los Angeles County, San Bernardino County, or California and a higher percentage of pre-diabetic individuals than Los Angeles County of California.

### Health Status

In SPA 3, 18.7 percent of people reported being in "fair" health, and 3 percent of people reported being in "poor" health. The percentage of people reporting fair health in SPA 3 is higher than in Los Angeles County, San Bernardino County, or California.

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<sup>88</sup> Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology, Los Angeles County Health Survey, 2015. <http://www.publichealth.lacounty.gov/ha/LACHSDDataTopics2015.htm>

<sup>89</sup> Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health, 2015 and 2011 Los Angeles County Health Survey, 2015. [http://www.publichealth.lacounty.gov/ha/ha\\_data\\_TRENDS.htm](http://www.publichealth.lacounty.gov/ha/ha_data_TRENDS.htm)

<sup>90</sup> A fact sheet on the changes made by the American Psychiatric Association within the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders to the diagnosis criteria for ADHD is available here: <https://www.psychiatry.org/psychiatrists/practice/dsm/educational-resources/dsm-5-fact-sheets>

<sup>91</sup> Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health, 2011. Los Angeles County Health Survey, 2011. [http://publichealth.lacounty.gov/ha/HA\\_DATA\\_TRENDS.htm](http://publichealth.lacounty.gov/ha/HA_DATA_TRENDS.htm)

### Self-reported fair and poor health<sup>92</sup>

	SPA 3	Los Angeles County	San Bernardino County	California
"Fair" health	18.7%	16.8%	14.0%	14.4%
"Poor" health	3.0%	4.2%	2.9%	4.1%

### COVID-19

COVID-19, the illness caused by the SARS-CoV-2 virus, was identified in late 2019. At the time of this report, COVID-19 continues to spread throughout the United States, California, and Casa Colina Hospital's service area. COVID-19 data for Casa Colina's service area is available through the County of Los Angeles Department of Public Health<sup>93</sup> and San Bernardino County.<sup>94</sup>

#### *Community Input – Health Status, COVID-19, and Chronic Disease*

Of the 10 people interviewed, all were either concerned (50%) or very concerned (50%) about health status and chronic disease in the Casa Colina service area. In addition, they highlighted other issues of concern:

- Given COVID-19, patients fear accessing care and potentially exposing themselves to COVID-19. As a result, cancer screening and vaccination status are a concern because patients are not accessing primary care as often. While this is a short-term issue, many believe there will be long-term implications.
- Interviewees believe there is a greater focus now on addressing underlying health issues especially as a result of COVID-19 and the impact it has on recovery, particularly for those with underlying health issues.
- Chronic disease is more prevalent because individuals lack education, do not practice preventative care, lack healthy diet and exercise habits, and do not seek regular access to a provider for care.

### Diabetes

In SPA 3, 11.1 percent of adults have been diagnosed with diabetes, and an additional 16.8 percent of adults in SPA 3 are diagnosed pre-diabetic. These rates are higher than in Los Angeles County, San Bernardino County, California. About half of diabetic adults in SPA 3 are very confident (47.0%) that they can control their diabetes, but rates of adults who are very confident to control their diabetes are higher in Los Angeles County (54.3%), San Bernardino County (77.4%), and California (59.1%) than in SPA 3.

<sup>92</sup> California Health Interview Survey, 2018. [http://ask.chis.ucla.edu/AskCHIS/tools/\\_layouts/AskChisTool/home.aspx#/results](http://ask.chis.ucla.edu/AskCHIS/tools/_layouts/AskChisTool/home.aspx#/results)

<sup>93</sup> County of Los Angeles Department of Public Health COVID-19 data is available here: <http://publichealth.lacounty.gov/media/coronavirus/data/index.htm>

<sup>94</sup> San Bernardino County COVID-19 data is available here: <https://sbcovid19.com/>



## Diabetes in adults<sup>95</sup>

	SPA 3	Los Angeles County	San Bernardino County	California
Diagnosed Pre/Borderline diabetic	16.8%	16.7%	17.4%	15.8%
Diagnosed with diabetes	11.1%	11.0%	10.8%	10.1%
Very confident to control diabetes	47.0%	54.3%	77.4%	59.1%
Somewhat confident to control diabetes	40.6%	36.7%	20.8%	32.7%
Not confident to control diabetes	12.3%	9.0%	1.8%	8.2%

Based on Prevention Quality Indicators (PQIs), the Agency for Healthcare Research and Quality identified that through access to high-quality outpatient care, hospital admissions may have been avoided. Diabetes PQIs examined included long-term complications, short-term complications, uncontrolled diabetes, and lower-extremity amputation. All rates were higher in San Bernardino County than in Los Angeles County.

## Diabetes hospitalization rates for PQIs<sup>96,97</sup>

	Los Angeles County	San Bernardino County
Diabetes long-term complications	89.7	116.0
Diabetes short-term complications	52.6	71.0
Lower-extremity amputation	20.7	30.8
Uncontrolled diabetes	35.1	40.4

### *Community Input – Diabetes*

About one in ten individuals interviewed in Casa Colina Hospital's service area have been diagnosed with diabetes, and an additional 16.8 percent have been diagnosed as pre/borderline diabetic. Among survey respondents, 50.4 percent said that diabetes screenings and education are needed in the community. Overall, 61.9 percent survey respondents maintained that addressing chronic disease, including diabetes, was "very important." Interviewees agree that in the Casa Colina service area, there is a higher incidence of chronic disease, especially diabetes due to a number of factors which include lifestyle choices and food security.

<sup>95</sup> California Health Interview Survey, 2018. [http://ask.chis.ucla.edu/AskCHIS/tools/\\_layouts/AskChisTool/home.aspx#/results](http://ask.chis.ucla.edu/AskCHIS/tools/_layouts/AskChisTool/home.aspx#/results)

<sup>96</sup> OSHPD Patient Discharge Data; Agency for Healthcare Research and Quality (AHRQ) Prevention Quality Indicators, 2018. <https://data.chhs.ca.gov/dataset/rates-of-preventable-hospitalizations-for-selected-medical-conditions-by-county>

<sup>97</sup> Rates displayed in the table are taken from the Agency for Healthcare Research and Quality (referenced above). For more information on how the rates are calculated, please see <https://data.chhs.ca.gov/dataset/rates-of-preventable-hospitalizations-for-selected-medical-conditions-by-county>

## Heart Disease

In SPA 3, 4.0 percent of adults have been diagnosed with heart disease. Among these patients, about half are somewhat confident to control their condition (53.0%) and have a disease management care plan (49.3%). A smaller percentage of adults with diagnosed heart disease in SPA 3 are very confident to control their condition when compared to Los Angeles County, San Bernardino County, and California rates.

### Heart disease in adults<sup>98,99</sup>

	SPA 3	Los Angeles County	San Bernardino County	California
Diagnosed with heart disease	4.0%	6.1%	5.1%	6.8%
Very confident to control condition	33.8%	53.5%	66.5%	57.4%
Somewhat confident to control condition	53.0%	37.5%	33.5%	37.5%
Not confident to control diabetes	13.2%	9.0%	0.0%	5.8%
Has a Disease Management Care Plan	49.3%	68.4%	48.1%	70.2%

The PQIs which identify hospital admissions that may have been avoided through access to high-quality outpatient care related to heart disease include hypertension, heart failure, and angina without procedure. Hospitalization rates in San Bernardino County for these PQIs were higher than in Los Angeles County.

### Heart disease hospitalization rates for PQIs<sup>100</sup>

	Los Angeles County	San Bernardino County
Congestive heart failure	344.7	386.0
Hypertension	47.6	50.8
Angina without procedure	21.3	30.7

<sup>98</sup> California Health Interview Survey, 2018. [http://ask.chis.ucla.edu/AskCHIS/tools/\\_layouts/AskChisTool/home.aspx#/results](http://ask.chis.ucla.edu/AskCHIS/tools/_layouts/AskChisTool/home.aspx#/results)

<sup>99</sup> California Health Interview Survey, 2016. [http://ask.chis.ucla.edu/AskCHIS/tools/\\_layouts/AskChisTool/home.aspx#/results](http://ask.chis.ucla.edu/AskCHIS/tools/_layouts/AskChisTool/home.aspx#/results)

<sup>100</sup> OSHPD Patient Discharge Data; Agency for Healthcare Research and Quality (AHRQ) Prevention Quality Indicators, SAS Software, Version 5.0 (2005-2015Q3, ICD-9-CM) and Version v2019 (2016-2018, ICD-10-CM).

<https://data.chhs.ca.gov/dataset/rates-of-preventable-hospitalizations-for-selected-medical-conditions-by-county>

## High Blood Pressure

In SPA 3 according to California Health Interview Survey, 27 percent of adults have ever been diagnosed with hypertension (high blood pressure).<sup>101</sup> This rate is lower than in Los Angeles County, San Bernardino County, or California. Interviewees agree that in the Casa Colina service area that hypertension is also a concern.

### High blood pressure<sup>102,103</sup>

	SPA 3	Los Angeles County	San Bernardino County	California
Ever diagnosed with hypertension	27.0%	30.3%	29.5%	30.0%
Takes medicine for hypertension	74.5%	72.6%	68.4%	70.7%

## Chronic Obstructive Pulmonary Disease (COPD)

COPD is one of several chronic lower respiratory diseases. The percentage of adults with COPD in cities within Casa Colina Hospital's service area ranges from 3.7 percent in Chino Hills to 6.1 percent in La Verne. The percentage of adults with COPD in Los Angeles County is 5.3 percent and 6.0 percent in San Bernardino County.

### COPD<sup>104,105</sup>

	Adults with COPD
Claremont	5.9%
Covina	4.2%
Diamond Bar	3.9%
Glendora	--
La Verne	6.1%
Pomona	5.2%
San Dimas	3.6%
Walnut	4.1%
West Covina	4.3%
Chino	4.5%
Chino Hills	3.7%
Montclair	4.2%
Ontario	5.3%
Rancho Cucamonga	4.5%

<sup>101</sup> California Health Interview Survey, 2018. [http://ask.chis.ucla.edu/AskCHIS/tools/\\_layouts/AskChisTool/home.aspx#/results](http://ask.chis.ucla.edu/AskCHIS/tools/_layouts/AskChisTool/home.aspx#/results)

<sup>102</sup> California Health Interview Survey, 2017. [http://ask.chis.ucla.edu/AskCHIS/tools/\\_layouts/AskChisTool/home.aspx#/results](http://ask.chis.ucla.edu/AskCHIS/tools/_layouts/AskChisTool/home.aspx#/results)

<sup>103</sup> California Health Interview Survey, 2018. [http://ask.chis.ucla.edu/AskCHIS/tools/\\_layouts/AskChisTool/home.aspx#/results](http://ask.chis.ucla.edu/AskCHIS/tools/_layouts/AskChisTool/home.aspx#/results)

<sup>104</sup> Public Health Alliance of Southern California, The California Healthy Places Index (HPI), 2016.

<https://map.healthyplacesindex.org/>

<sup>105</sup> Data not available for Glendora.

	Adults with COPD
Upland	5.5%
Los Angeles County	5.3%
San Bernardino County	6.0%

## Cancer

Age-adjusted death rates eliminate the bias of age in the populations being compared. In 2017, the age-adjusted cancer incidence rate in San Bernardino was 385.5 per 100,000 people and 365.0 per 100,000 people in Los Angeles. Both are lower than the state incidence (388.3 per 100,000).

### Cancer incidence, age-adjusted, per 100,000 people<sup>106</sup>

	Los Angeles County	San Bernardino County	California
All sites	365.0	385.5	388.3
Male genital	97.1	114.7	101
Digestive system	74.2	77.1	73.7
Breast (Either sex)	63.6	59.6	64.4
Respiratory system	37.1	38.7	41.2
Female genital	50.6	55.5	49.2
Urinary system	28.8	31.9	31.5
Skin	15.2	18.7	24.5
Lymphoma	18.2	16.6	19.7
Endocrine system/thyroid	13.2	14.1	13.4
Leukemia	11	10.2	11.5
Oral cavity and pharynx	8.3	9.0	9.7
Brain and nervous system	5.4	4.6	5.8

## Human Immunodeficiency Virus (HIV)

Per 100,000 people, SPA 3 had half the HIV diagnoses than those of Los Angeles County.

### HIV diagnoses<sup>107</sup>

	SPA 3	Los Angeles County
Rate of HIV diagnoses (per 100,000)	9	18

<sup>106</sup> California Cancer Registry, 2017. <https://www.cancer-rates.info/ca/>

<sup>107</sup> Los Angeles County Department of Public Health, 2014 Annual HIV/STD Surveillance Report. <http://publichealth.lacounty.gov/dhsp/Reports/HIV-STDsurveillanceReport2014.pdf>

## Senior Falls

Among older adults, falls are the leading cause of fatal and non-fatal injury. In SPA 3, 22.4 percent of adults 65 and older reported falling at least once in the previous year, compared with 26.5 percent in Los Angeles County.

### Senior falls in the past year<sup>108</sup>

	Seniors who Reported Falling 1+ Time(s)
<b>SPA 3</b>	22.4%
<b>Los Angeles County</b>	26.5%

In SPA 3, 9.1 percent of seniors were injured from a fall, compared with 11.1 percent of seniors in Los Angeles County.

### Seniors injured due to a fall in the past year<sup>109</sup>

	Seniors Injured Due to a Fall
<b>SPA 3</b>	9.1%
<b>Los Angeles County</b>	11.1%

## Alzheimer's Disease

Alzheimer's disease is becoming more prevalent. In Los Angeles County, nearly 150,000 people have Alzheimer's. By 2030, the Los Angeles Alzheimer's Association projects the number of individuals with Alzheimer's Disease in Los Angeles County will be closer to 278,806.

### People with Alzheimer's disease<sup>110</sup>

	Number of People
Los Angeles County	147,140

## Mental Health

On mental health indicators, residents of Casa Colina Hospital's service area generally show lower rates of experiencing psychological distress, needing help with emotional/mental or substance issues, or considering suicide than Los Angeles County, San Bernardino County, or California. However, residents of the service area reported that they do not always receive the support they need to manage and improve their mental health.

<sup>108</sup> Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health, 2018. Los Angeles County Health Survey. <http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm>

<sup>109</sup> Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health, 2018. Los Angeles County Health Survey. <http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm>

<sup>110</sup> Los Angeles County Department of Public Health, Alzheimer's Association, 2000. <http://publichealth.lacounty.gov/aging/docs/Alzheimer%20Association%20Report.pdf>

In SPA 3, 10.8 percent of adults had serious psychological distress during the past year, compared to 10.9 percent of adults in Los Angeles County. Of adults in SPA 3 who sought help, 31% did not receive treatment, compared with 40.4 percent of adults in Los Angeles County, 42.2 percent of adults in San Bernardino County, and 40.2 percent of adults in California.

**Mental health indicators, adults<sup>111</sup>**

	SPA 3	Los Angeles County	San Bernardino County	California
Adults who have likely had serious psychological distress during past year	10.8%	11.3%	11.2%	10.9%
Adults who needed help for emotional-mental and/or alcohol-drug issues	17.0%	21.1%	15.5%	21.2%
Adults who saw a healthcare provider for emotional/mental health and/or alcohol-drug issues in past year	15.3%	8.4%	6.4%	16.8%
Adults who sought help but did not receive treatment	31.0%	40.4%	42.2%	40.2%
Adults who took prescription medicine for emotional/mental health issue in past year	10.4%	10.2%	10.1%	11.5%

Adults in SPA 3 report an average of 2.0 days of limited activity because of poor physical and/or mental health, compared to an average of 2.3 days of limited activity in Los Angeles County. Of adults with depression or symptoms of depression, 55.5 percent in SPA 3 reported they always or usually receive the social and emotional support they need compared to 64.0 percent in Los Angeles County.

**Mental health impact, adults<sup>112</sup>**

	SPA 3	Los Angeles County
Average number of days in past month activity was limited due to poor physical and/or mental health	2.0	2.3
Percent diagnosed with depression and are being treated for or have symptoms of depression	6.4%	8.6%

<sup>111</sup> California Health Interview Survey, 2018. [http://ask.chis.ucla.edu/AskCHIS/tools/\\_layouts/AskChisTool/home.aspx#/results](http://ask.chis.ucla.edu/AskCHIS/tools/_layouts/AskChisTool/home.aspx#/results)

<sup>112</sup> Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health, 2015. Los Angeles County Health Survey. <http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm>

	SPA 3	Los Angeles County
Percent who always or usually receive the social and emotional support they need	55.5%	64.0%

In SPA 3, 10.2 percent of teens reported needed help for emotional/mental health problems in the past year, compared to 14.0 percent in Los Angeles County.

### Mental health indicators, teens<sup>113</sup>

	SPA 3	Los Angeles County	California
Teens who needed help for emotional/mental health problems in past year	10.2%*	14.0%	25.4%
Teens who received psychological/emotional counseling in past year	6.6%	8.2%	15.1%

*\*small sample size, statistically unstable*

### Community Input – Mental Health

About 11 percent of adults in SPA 3 have had serious psychological distress in the past year, and 10 percent of teens needed help for mental health problems over the past year. Mental health services were viewed as important to the community by survey respondents. When survey respondents were asked to select up to three things that are needed to improve the health of their community, 46.4 percent of respondents selected mental health services. and When asked to check up to five health screenings and education services needed in the community, 34.3 percent of survey respondents selected mental health and depression screenings. An additional 8.0 percent of survey respondents indicated that suicide prevention education and health screenings are needed in the community. Interviewees also report critical concern about community issues such as mental health as well as associated issues such as substance abuse and homelessness.

### Suicide

In SPA 3, 8.9 percent of adults have ever seriously thought about committing suicide, compared to 11.3 percent of adults in Los Angeles County.

### Adults who seriously considered suicide<sup>114</sup>

<sup>113</sup> California Health Interview Survey, 2018. Date accessed: 7/24/2020.  
[http://ask.chis.ucla.edu/AskCHIS/tools/\\_layouts/AskChisTool/home.aspx#/results](http://ask.chis.ucla.edu/AskCHIS/tools/_layouts/AskChisTool/home.aspx#/results)

<sup>114</sup> California Health Interview Survey, 2018. [http://ask.chis.ucla.edu/AskCHIS/tools/\\_layouts/AskChisTool/home.aspx#/results](http://ask.chis.ucla.edu/AskCHIS/tools/_layouts/AskChisTool/home.aspx#/results)

	SPA 3	Los Angeles County	San Bernardino County	California
Adults who seriously ever thought about committing suicide	8.9%	11.3%	13.3%	13.4%

The suicide rate for Los Angeles County is lower than California, and the rate for San Bernardino County is about the same as the state rate. Both counties meet the Healthy People 2020 objective of 10.2 suicides or fewer per 100,000 people.

#### Suicide rate, 2016-2018<sup>115</sup>

	Los Angeles County	San Bernardino County	California	Healthy People 2020
Suicide rate (per 100,000 people)	8.6	10.7	10.6	10.2

#### Mental Health Services

In SPA 3, the majority of residents (86.0%) did not visit a professional in the past year for mental health, drug, or alcohol issues, compared with 84.5 percent of residents in Los Angeles County and 89.2 percent in San Bernardino County.

#### Visits to a professional for mental health, drug, or alcohol issues<sup>116</sup>

Visits to a Professional in the Past Year	SPA 3	Los Angeles County	San Bernardino County	California
<b>0 visits</b>	86.0%	84.5%	89.2%	84.5%
<b>1-3 visits</b>	4.8%	6.2%	3.1%	5.7%
<b>4-6 visits</b>	2.0%	3.3%	3.8%	3.7%
<b>7+ visits</b>	7.2%	6.0%	3.9%	6.7%

#### Substance Abuse

While rates are comparable to some benchmarks, smoking is common in the Casa Colina service area. Additionally, teen vaping rates are higher in the service area than in Los Angeles County, San Bernardino County, or California and the rate of teens who have ever drunk are higher in the service area than in Los Angeles County or San Bernardino County. Additionally, rates of opioid overdose deaths, emergency department visits, and hospitalizations as well as opioid prescription rates are higher in San Bernardino County than in Los Angeles County.

<sup>115</sup> California Department of Public Health, County Health Status Profiles, 2020.

[https://www.cdph.ca.gov/Programs/CHSI/CDPH%20Document%20Library/CountyHealthStatusProfiles\\_2020\\_ADA.pdf](https://www.cdph.ca.gov/Programs/CHSI/CDPH%20Document%20Library/CountyHealthStatusProfiles_2020_ADA.pdf)

<sup>116</sup> California Health Interview Survey, 2018. [http://ask.chis.ucla.edu/AskCHIS/tools/\\_layouts/AskChisTool/home.aspx#/results](http://ask.chis.ucla.edu/AskCHIS/tools/_layouts/AskChisTool/home.aspx#/results)



## Cigarette Smoking

In SPA 3, 13.8 percent of adults are current smokers, compared with 12.8 percent of adults in Los Angeles County and 14.8 percent of adults in San Bernardino County. SPA 3, Los Angeles County, and San Bernardino County do not meet the Healthy People 2020 objective of 12.0%.

### Adult cigarette smoking<sup>117</sup>

	SPA 3	Los Angeles County	San Bernardino County	California
<b>Current smoker</b>	13.8%	12.8%	14.8%	13.0%
<b>Former smoker</b>	21.0%	21.7%	24.0%	23.0%
<b>Never smoked*</b>	65.2%	65.6%	61.2%	64.0%

Among adult cigarette smokers in SPA 3, 29.5% smoke 2-5 cigarettes per day, compared with 19.2 percent in Los Angeles County and 21.1 percent in San Bernardino County, and 28.0 percent of adult smokers smoke 20+ cigarettes per day in SPA 3, compared with 21.9 percent in Los Angeles County and 14.0 percent in San Bernardino County.

### Cigarettes smoked per day among adult smokers<sup>118</sup>

	SPA 3	Los Angeles County	San Bernardino County	California
<b>2-5</b>	29.5%	19.2%	21.1%	20.1%
<b>6-10</b>	27.2%	47.7%	50.0%	43.4%
<b>11-19</b>	15.3%	8.6%	13.5%	13.9%
<b>20+</b>	28.0%	21.9%	14.0%	21.5%

In SPA 3, 13.9 percent of teens have ever smoked an electronic cigarette (vape), compared with 5.0 percent in Los Angeles County and 8.9percent in San Bernardino County.

### Teen vaping rates<sup>119</sup>

	SPA 3	Los Angeles County	San Bernardino County	California
Ever smoked an e-cigarette	13.9%*	5.0%	8.9%*	6.9%

*\*small sample size, statistically unstable*

<sup>117</sup> California Health Interview Survey, 2018. [http://ask.chis.ucla.edu/AskCHIS/tools/\\_layouts/AskChisTool/home.aspx#/topic](http://ask.chis.ucla.edu/AskCHIS/tools/_layouts/AskChisTool/home.aspx#/topic)

\*As defined by the California Health Interview Survey, "never smoked" includes individuals who have never smoked or have smoked less than 100 cigarettes in their lifetime.

<sup>118</sup> California Health Interview Survey, 2018. [http://ask.chis.ucla.edu/AskCHIS/tools/\\_layouts/AskChisTool/home.aspx#/topic](http://ask.chis.ucla.edu/AskCHIS/tools/_layouts/AskChisTool/home.aspx#/topic)

<sup>119</sup> California Health Interview Survey, 2018. [http://ask.chis.ucla.edu/AskCHIS/tools/\\_layouts/AskChisTool/home.aspx#/topic](http://ask.chis.ucla.edu/AskCHIS/tools/_layouts/AskChisTool/home.aspx#/topic)

## Alcohol Use

Binge drinking is defined as having five or more drinks on a single occasion for males or having four or more drinks on a single occasion for females. In SPA 3, 27.0 percent of adults reported binge drinking in the past year compared with 33.8 percent in Los Angeles County and 33.6 percent in San Bernardino County.

### Binge drinking in adults<sup>120</sup>

	SPA 3	Los Angeles County	San Bernardino County	California
Reported binge drinking in the past year	27.0%	33.8%	33.6%	34.7%

About one-fifth of teens in SPA 3 reported ever having alcohol (20.9%), compared with 14.7 percent of teens in Los Angeles County and 17.6 percent in San Bernardino County.

### Teen drinking<sup>121</sup>

	SPA 3	Los Angeles County	San Bernardino County	California
Ever had alcohol	20.9%	14.7%	17.6%	24.4%

## Opioid Use

Opioid overdose emergency department visits occurred at a rate of 7.7 per 100,000 persons in Los Angeles County, compared to 11.9 per 100,000 persons in San Bernardino County. Opioid overdose death rates were also high in San Bernardino County, with a rate of 4.8 out of 100,000 persons compared to 4.6 per 100,000 persons in Los Angeles County. Additionally, opioid prescriptions were given at a significantly higher rate in San Bernardino County (606 per 1,000 persons) versus Los Angeles County (359.8 per 1,000 persons).

### Opioid overdose and prescription rates, age-adjusted<sup>122</sup>

	Los Angeles County	San Bernardino County
Opioid overdose deaths (per 100,000)	4.6	4.8
Opioid overdose ED visits (per 100,000)	7.7	11.9
Opioid overdose hospitalizations	5.2	8.2

<sup>120</sup> California Health Interview Survey, 2015. [http://ask.chis.ucla.edu/AskCHIS/tools/\\_layouts/AskChisTool/home.aspx#/topic](http://ask.chis.ucla.edu/AskCHIS/tools/_layouts/AskChisTool/home.aspx#/topic)

<sup>121</sup> California Health Interview Survey, 2018. [http://ask.chis.ucla.edu/AskCHIS/tools/\\_layouts/AskChisTool/home.aspx#/topic](http://ask.chis.ucla.edu/AskCHIS/tools/_layouts/AskChisTool/home.aspx#/topic)

<sup>122</sup> California Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2019. <https://skylab.cdph.ca.gov/ODdash/>

	Los Angeles County	San Bernardino County
(per 100,000)		
Opioid prescriptions (per 1,000)	359.8	606.0

### Community Input – Substance Abuse

Binge drinking in adults is prevalent in SPA 3, and a large number of adults in the service area are current smokers (13.8%). Among survey respondents, 21.2 percent indicated that drug and alcohol abuse screenings and education are needed in the community. Over half (54.6%) of survey respondents indicated that addressing substance abuse in the community was “very important.” For one interviewee, they felt that there had been an increase in substance use and abuse in the Casa Colina service area, specifically alcohol and opioid dependency, which has been exacerbated by the current pandemic. Their belief was that as a result, that would have long-term community health implications even once the pandemic is under control.

### Overweight and Obesity

While the service area generally has lower rates of adult overweight and obesity compared with Los Angeles County, San Bernardino County, and California, a smaller percentage of individuals in the service area reported that they “always” had access to affordable produce than in Los Angeles County, San Bernardino County, or California. Additionally, a significantly smaller percentage of children in the service area reported that they had two or more servings of fruit the prior day than in Los Angeles County, San Bernardino County, or California.

### Overweight and Obesity Rates

In SPA 3, 35.5 percent of adults reported being overweight, compared to 40.6 percent in Los Angeles County and 47.1 percent in California. San Bernardino County had a higher percentage of teens reported as overweight (25.3%) compared to Los Angeles County (18.2%) and California (15.8%).

### Overweight<sup>123,124</sup>

	SPA 3	Los Angeles County	San Bernardino County	California
Overweight adult	35.5%	40.6%	47.1%	40.3%
Overweight teen (12-17)	--	18.2%	25.3%	15.8%
Overweight child	4.6%*	11.1%	12.3%	13.6%

*\*small sample size, statistically unstable*

<sup>123</sup> California Health Interview Survey, 2018. [http://ask.chis.ucla.edu/AskCHIS/tools/\\_layouts/AskChisTool/home.aspx#/topic](http://ask.chis.ucla.edu/AskCHIS/tools/_layouts/AskChisTool/home.aspx#/topic)

<sup>124</sup> The sample size for teens in SPA 3 is too limited to provide the percent overweight.

In SPA 3, 23.4 percent of adults were reported as obese, compared to 27.6 percent in Los Angeles County and 28.2 percent in San Bernardino County.

### Obesity rates<sup>125,126</sup>

	SPA 3	Los Angeles County	San Bernardino County	California	Healthy People 2020
Obese adult	23.4%	27.6%	28.2%	27.1%	30.5%
Obese teen (12-17)	--	24.0%	--	19.6%	16.1%^

In SPA 3, obesity rates increased between 2013 to 2015 to a height of 27.2 percent and declined between 2016-2018. Adult obesity in Los Angeles County reached 29.6 percent but declined in 2017 and 2018. In San Bernardino County, adult obesity has been declined in 2017 and 2018. The obesity rate in California has remained about the same since 2014.

### Adult obesity, 2013-2018<sup>127</sup>

	2013	2014	2015	2016	2017	2018
<b>SPA 3</b>	21.8%	25.7%	27.2%	23.8%	22.0%	23.4%
<b>Los Angeles County</b>	24.8%	27.2%	28.3%	29.6%	28.2%	27.6%
<b>San Bernardino County</b>	35.9%	34.0%	27.5%	36.0%	29.2%	28.2%
<b>California</b>	24.7%	27.0%	27.9%	27.9%	26.4%	27.1%

Obesity data by race and ethnicity show high rates of obesity in African American adults and Latino adults. In SPA 3, 59.6 percent of African Americans and 28.6 percent of Latinos are obese. In SPA 3, 24.6 percent of white adults were obese and 10.5 percent of Asian adults were obese.

### Adult obesity by race and ethnicity<sup>128,129</sup>

	SPA 3	Los Angeles County	San Bernardino County	California
<b>White</b>	24.6%	25.1%	21.8%	24.6%
<b>African American/Black</b>	59.6%	37.9%	34.5%	39.8%
<b>Latino</b>	28.6%	33.3%	36.9%	33.9%

<sup>125</sup> California Health Interview Survey, 2018. [http://ask.chis.ucla.edu/AskCHIS/tools/\\_layouts/AskChisTool/home.aspx#/topic](http://ask.chis.ucla.edu/AskCHIS/tools/_layouts/AskChisTool/home.aspx#/topic)

<sup>126</sup> The sample size for teens in SPA 3 and San Bernardino County is too limited to provide the percent obese.

^ Healthy People 2020 objective for teen obesity is based on adolescents aged 12-19.

<sup>127</sup> California Health Interview Survey, 2013, 2014, 2015, 2016, 2017, 2018.

[http://ask.chis.ucla.edu/AskCHIS/tools/\\_layouts/AskChisTool/home.aspx#/topic](http://ask.chis.ucla.edu/AskCHIS/tools/_layouts/AskChisTool/home.aspx#/topic)

<sup>128</sup> California Health Interview Survey, 2018. [http://ask.chis.ucla.edu/AskCHIS/tools/\\_layouts/AskChisTool/home.aspx#/topic](http://ask.chis.ucla.edu/AskCHIS/tools/_layouts/AskChisTool/home.aspx#/topic)

<sup>129</sup> The obesity rates for adults in SPA 3 who are Pacific Islander or American Indian/Alaska Native are not available due to small sample size. The obesity rate for adults in San Bernardino County who are Pacific Islander is not available due to small sample size.

	SPA 3	Los Angeles County	San Bernardino County	California
<b>Asian</b>	10.5%	10.3%	8.9%	12.2%
<b>American Indian/Alaska Native</b>	--	29.8%	25.4%	29.0%
<b>Pacific Islander</b>	--	44.1%	--	32.4%

Students in California schools participate in the Fitnessgram® physical fitness test (PFT). One measurement taken by the PFT is body composition (e.g., body mass index, or BMI). Students' body composition is categorized as falling into the Healthy Fitness Zone, needing improvement, or being a health risk. Among school districts in Casa Colina's Service Area, Pomona Unified had the highest percentage of 5<sup>th</sup> and 9<sup>th</sup> graders whose body composition was categorized as being a health risk (33.3% and 26.3%, respectively). Walnut Valley Unified had the smallest percentage of 5<sup>th</sup> graders whose body composition was categorized as being a health risk (8.8%), and Walnut Valley Unified had the smallest percentage of 9<sup>th</sup> graders whose body composition was categorized as being a health risk (6.3%).

#### Body composition of 5<sup>th</sup> and 9<sup>th</sup> graders<sup>130,131</sup>

	Fifth Grade		Ninth Grade	
	Needs Improvement	Health Risk	Needs Improvement	Health Risk
Bonita Unified	16.1%	16.5%	17.4%	14.4%
Chino Valley Unified	17.3%	18.3%	14.4%	15.8%
Claremont Unified	20.5%	14.4%	17.8%	11.2%
Covina-Valley Unified	21.5%	25.0%	19.4%	18.1%
Cucamonga Elementary	21.9%	27.9%	N/A	N/A
Glendora Unified	15.0%	11.6%	17.8%	15.2%
Ontario-Montclair	20.2%	32.8%	N/A	N/A
Pomona Unified	20.7%	33.3%	19.9%	26.3%
Walnut Valley Unified	19.8%	8.8%	13.8%	6.3%
West Covina Unified	20.5%	21.4%	22.1%	15.9%
Los Angeles County	20.2%	25.4%	20.3%	21.0%
San Bernardino County	19.1%	24.2%	19.3%	21.5%
California	19.4%	21.9%	18.9%	18.9%

#### Physical Activity

Within the Physical Fitness Test (PFT), students' aerobic capacity was also measured. Aerobic capacity was categorized as falling within the Healthy Fitness Zone, needing improvement, or

<sup>130</sup> California Department of Education, Physical Fitness Report, 2018-2019. <http://data1.cde.ca.gov/dataquest>

<sup>131</sup> Ninth grade data not available for Cucamonga Elementary or Ontario-Montclair.

being a health risk. Glendora Unified had the highest percentage of 5<sup>th</sup> graders whose aerobic capacity was categorized as being a health risk (11.4%), and Pomona Unified had the highest percentage of 9<sup>th</sup> graders whose aerobic capacity was categorized as being a health risk (19.7%). Cucamonga Elementary had the lowest percentage of 5<sup>th</sup> graders whose aerobic capacity was categorized as being a health risk (4.1%), and Walnut Valley Unified had the lowest percentage of 9<sup>th</sup> graders whose aerobic capacity was categorized as being a health risk (6.4%).

**Aerobic capacity of 5<sup>th</sup> and 9<sup>th</sup> graders<sup>132,133</sup>**

	Fifth Grade		Ninth Grade	
	Needs Improvement	Health Risk	Needs Improvement	Health Risk
Bonita Unified	32.1%	5.9%	16.9%	8.8%
Chino Valley Unified	27.1%	8.4%	20.3%	12.7%
Claremont Unified	38.7%	10.9%	11.2%	6.7%
Covina-Valley Unified	31.2%	7.7%	17.5%	12.6%
Cucamonga Elementary	52.8%	4.1%	N/A	N/A
Glendora Unified	33.3%	11.4%	14.4%	10.7%
Ontario-Montclair	26.7%	9.1%	N/A	N/A
Pomona Unified	35.7%	7.9%	25.7%	19.7%
Walnut Valley Unified	26.0%	4.7%	17.3%	6.4%
West Covina Unified	31.5%	6.3%	40.2%	9.8%
Los Angeles County	35.0%	7.9%	29%	16.9%
San Bernardino County	40.3%	6.3%	32.7%	17.6%
California	32.6%	7.2%	25.6%	14.4%

In SPA 3, almost all children aged 2-12 visited a park, playground, or other open space in the past month (95.9%). This is higher than Los Angeles County, San Bernardino County, or California. However, only 40.9 percent of teens aged 13-17 in SPA 3 had visited a park, playground, or other open area in the past month. This is lower than in Los Angeles County, San Bernardino County, or California.

**Children and teens who visited a park, playground, or open space<sup>134</sup>**

<sup>132</sup> California Department of Education, Physical Fitness Report, 2018-2019. <http://data1.cde.ca.gov/dataquest>

<sup>133</sup> Ninth grade data not available for Cucamonga Elementary and Ontario-Montclair.

<sup>134</sup> California Health Interview Survey, 2018. [http://ask.chis.ucla.edu/AskCHIS/tools/\\_layouts/AskChisTool/home.aspx#/results](http://ask.chis.ucla.edu/AskCHIS/tools/_layouts/AskChisTool/home.aspx#/results)

	SPA 3	Los Angeles County	San Bernardino County	California
Visited park or other open space in past month (age 6-12)	95.9%*	89.2%*	93.6%*	90.6%
Visited park or other open space in past month (age 13-17)	40.9%*	48.3%	54.6%*	61.3%

*\*small sample size, statistically unstable*

## Diet

In SPA 3, 9.0 percent of children and 32.7 percent of adults eat fast food three or more times a week. Los Angeles County and San Bernardino County surpass the state's rate of fast food consumption for children and adults. SPA 3 exceeds the state's rate of fast food consumption in adults.

### Fast food consumption within the past week<sup>135</sup>

	SPA 3	Los Angeles County	San Bernardino County	California
Children who ate fast food 3+ times per week	9.0%	22.4%	42.2%	23.4%
Adults who ate fast food 3+ times per week	32.7%	29.4%	39.9%	25.4%

Most children in SPA 3 reported not having soda the previous day (89.6%). This rate is higher than in Los Angeles County, San Bernardino County, or California

### Children's soda consumption the previous day<sup>136</sup>

	SPA 3	Los Angeles County	San Bernardino County	California
No soda consumed	89.6%	82.1%	85.0%	80.6%
1 soda consumed	9.8%	13.6%	9.8%	15.3%
2+ sodas consumed	0.6%*	4.3%	5.2%*	4.1%

*\*small sample size, statistically unstable*

A smaller percentage of children and teens in SPA 3 were reported to have not had a sugary beverage (other than soda) the previous day (80.6%) than children who drank soda the previous day. A smaller percentage of children and teens in Los Angeles County, San Bernardino

<sup>135</sup> California Health Interview Survey, 2018. [http://ask.chis.ucla.edu/AskCHIS/tools/\\_layouts/AskChisTool/home.aspx#/results](http://ask.chis.ucla.edu/AskCHIS/tools/_layouts/AskChisTool/home.aspx#/results)

<sup>136</sup> California Health Interview Survey, 2018. [http://ask.chis.ucla.edu/AskCHIS/tools/\\_layouts/AskChisTool/home.aspx#/results](http://ask.chis.ucla.edu/AskCHIS/tools/_layouts/AskChisTool/home.aspx#/results)

County, and California were reported as not having a sugary beverage the previous day than in SPA 3.

### Children and teen’s sugary beverage consumption<sup>137</sup>

	SPA 3	Los Angeles County	San Bernardino County	California
No sugary drinks consumed	80.6%	69.3%	66.8%	70.5%
1 sugary drink consumed	15.6%	21.5%	26.0%	19.0%
2+ sugary drinks consumed	3.8%*	9.2%	7.2%	10.4%

*\*small sample size, statistically unstable*

The majority of adults in SPA 3 reported not having soda the prior week (58.7%). This is higher than in Los Angeles County or San Bernardino County but lower than the state rate.

### Adult weekly soda consumption<sup>138</sup>

	SPA 3	Los Angeles County	San Bernardino County	California
No soda consumed	58.7%	58.3%	54.0%	60.4%
1 soda consumed	16.8%	16.4%	18.6%	15.4%
2-3 sodas consumed	13.3%	12.4%	11.8%	11.3%
4-6 sodas consumed	4.4%	4.6%	2.5%	3.9%
7+ sodas consumed	6.8%	8.3%	13.1%	8.9%

In SPA 3, 40.2 percent of children and teens reported having two or more servings of fruit the previous day. This is lower than in Los Angeles County, San Bernardino County, or California.

### Children and teen fruit consumption the previous day<sup>139</sup>

	SPA 3	Los Angeles County	San Bernardino County	California
Two or more fruit servings	40.2%*	61.3%	73.0%*	64.5%
Less than two fruit servings	59.8%*	38.7%	27.0%*	35.5%

*\*small sample size, statistically unstable*

About three quarters of adults in SPA 3 reported they were always able to find fruit and vegetables in their neighborhood (76.6%), similar to rates in Los Angeles and San Bernardino Counties but lower than the state rate.

<sup>137</sup> California Health Interview Survey, 2018. [http://ask.chis.ucla.edu/AskCHIS/tools/\\_layouts/AskChisTool/home.aspx#/results](http://ask.chis.ucla.edu/AskCHIS/tools/_layouts/AskChisTool/home.aspx#/results)

<sup>138</sup> California Health Interview Survey, 2017. [http://ask.chis.ucla.edu/AskCHIS/tools/\\_layouts/AskChisTool/home.aspx#/results](http://ask.chis.ucla.edu/AskCHIS/tools/_layouts/AskChisTool/home.aspx#/results)

<sup>139</sup> California Health Interview Survey, 2018. [http://ask.chis.ucla.edu/AskCHIS/tools/\\_layouts/AskChisTool/home.aspx#/results](http://ask.chis.ucla.edu/AskCHIS/tools/_layouts/AskChisTool/home.aspx#/results)



**Access to fresh fruits and vegetables in adults' neighborhoods<sup>140</sup>**

	SPA 3	Los Angeles County	San Bernardino County	California
Always finds fresh fruit and vegetables in neighborhood	76.6%	76.5%	76.9%	79.1%
Usually finds fresh fruit and vegetables in neighborhood	16.0%	10.6%	8.5%	10.0%
Sometimes finds fresh fruit and vegetables in neighborhood	4.2%*	8.1%	10.4%	6.9%
Never finds fresh fruit and vegetables in neighborhood	3.0%*	4.0%	3.9%	3.6%
Does not eat or shop for fresh fruit and vegetables in neighborhood	0.3%*	0.7%*	0.4%*	0.5%

*\*small sample size, statistically unstable*

Less than half of adults in SPA 3 report that fresh fruits and vegetables are always affordable in their neighborhood (46.9%). This rate is lower than in Los Angeles County, San Bernardino County, or California.

**Affordability of fresh fruits and vegetables in adults' neighborhoods<sup>141</sup>**

	SPA 3	Los Angeles County	San Bernardino County	California
Always affordable in neighborhood	46.9%	51.9%	55.8%	52.3%
Usually affordable in neighborhood	34.4%	28.9%	26.1%	29.3%
Sometimes affordable in neighborhood	17.8%	17.8%	16.1%	17.0%
Never affordable in neighborhood	1.0%*	1.4%	2.0%*	1.4%

*\*small sample size, statistically unstable*

*Community Input – Overweight and Obesity*

About one-quarter of adults in Casa Colina Hospital's service area are obese. About three-quarters of residents say they are always able to find fresh fruits and vegetables in their

<sup>140</sup> California Health Interview Survey, 2018. [http://ask.chis.ucla.edu/AskCHIS/tools/\\_layouts/AskChisTool/home.aspx#/results](http://ask.chis.ucla.edu/AskCHIS/tools/_layouts/AskChisTool/home.aspx#/results)

<sup>141</sup> California Health Interview Survey, 2018. [http://ask.chis.ucla.edu/AskCHIS/tools/\\_layouts/AskChisTool/home.aspx#/results](http://ask.chis.ucla.edu/AskCHIS/tools/_layouts/AskChisTool/home.aspx#/results)

neighborhood, but less than half the residents in the hospital's service area say that fresh fruits and vegetables are always affordable in their neighborhood. Among survey respondents, 21.5 percent said that greater access to healthier food options is needed to improve the health of their community, with an additional 17.8 percent of respondents saying that safe places to walk and play and recreation facilities are needed in the community to improve health. A large percentage of survey respondents believed that exercise education (23.4%), nutrition education or services (19.0%), and weight loss help (13.5%) services are needed in the community. Finally, 61.9 percent of survey respondents indicated that addressing overweight and obesity in the community was "very important." Most interviewees (90%) were concerned or very concerned about rates of overweight and obese individuals in the Casa Colina service area. Issues that arose for interviewees include:

- The service area is in a food desert and food security is a problem. There is inadequate access to fresh, affordable, healthy food (e.g., fruits, vegetables, meat, and fish) at existing grocery stores. Healthy food is more expensive and because some residents may have lost jobs, processed and fast foods are less expensive and accessible.
- Interviewees reported that in their community, personal choice and poor habits are a root cause of the high rates of obesity. Interviewees suggested that better education on nutrition can help to inform families how to eat healthier and to engage in more physical activity.

## Prevention Practices

While vaccination rates in the service area are generally comparable to benchmarks, up-to-date immunization rates of children entering kindergarten vary widely between school districts. Additionally, a larger percentage of SPA 3 residents report that they have a difficult time finding primary care than in Los Angeles County, San Bernardino County, or California.

The school district in Casa Colina Hospital's service area with the lowest childhood immunization rates among children entering kindergarten was Cucamonga Elementary (93.0%) with the highest compliance in Glendora Unified and Walnut Valley Unified (98.2%).

### Up-to-date immunization of children entering kindergarten, averages, 2018-2019<sup>142</sup>

	Immunization Rate
Bonita Unified	97.3%
Claremont Unified	96.4%
Covina-Valley Unified	97.4%
Cucamonga Elementary	93.0%
Glendora Unified	98.2%

<sup>142</sup> California Health and Human Services Agency, School Immunizations in Kindergarten by Academic Year, 2018-2019. <https://data.chhs.ca.gov/dataset/school-immunizations-in-kindergarten-by-academic-year>

	Immunization Rate
Ontario-Montclair	97.4%
Pomona Unified	94.3%
Upland Unified	96.5%
Walnut Valley Unified	98.2%
West Covina Unified	94.3%
Los Angeles County	93.8%
San Bernardino County	94.9%
California	94.2%

Around three in five seniors (aged 65+) in SPA 3 have received the pneumonia vaccine, compared to 62 percent in Los Angeles County. SPA 3 and Los Angeles County do not meet the Healthy People 2020 objective of 90% pneumonia vaccination rate among adults 65+ years old.

#### **Pneumonia vaccine rates in seniors (aged 65+)<sup>143</sup>**

	Pneumonia Vaccination Rates
SPA 3	59.5%
Los Angeles County	62.0%

In SPA 3, 44.4 percent of residents received the flu vaccine. SPA 3, Los Angeles County, San Bernardino County, and California do not meet the Healthy People 2020 objective that 70 percent of the population receive a flu shot.

#### **Flu vaccination rates for the previous 12 months<sup>144</sup>**

	Flu Vaccination Rates
SPA 3	44.4%
Los Angeles County	43.1%
San Bernardino County	35.2%
California	44.8%

In SPA 3, 6.4 percent of residents report having a difficult time finding primary care. This rate is higher than in Los Angeles County, San Bernardino County, or California.

#### **Difficult time finding primary care<sup>145</sup>**

<sup>143</sup> Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health, 2015 Los Angeles County Health Survey, 2015. <http://www.publichealth.lacounty.gov/ha/LACHSDDataTopics2015.htm>

<sup>144</sup> California Health Interview Survey, 2016. [http://ask.chis.ucla.edu/AskCHIS/tools/\\_layouts/AskChisTool/home.aspx#/results](http://ask.chis.ucla.edu/AskCHIS/tools/_layouts/AskChisTool/home.aspx#/results)

<sup>145</sup> California Health Interview Survey, 2018. [http://ask.chis.ucla.edu/AskCHIS/tools/\\_layouts/AskChisTool/home.aspx#/results](http://ask.chis.ucla.edu/AskCHIS/tools/_layouts/AskChisTool/home.aspx#/results)

	SPA 3	Los Angeles County	San Bernardino County	California
Have a difficult time finding primary care	6.4%	5.9%	4.5%	6.0%

*Community Input – Prevention Practices*

Prevention practices, such as regular checkups and routine vaccinations, help keep communities healthy. Most survey respondents (67.0%) indicated that addressing prevention practices were “very important” in the community. Most interviewees were either concerned (40%) or very concerned (40%) about the lack of prevention practices in the Casa Colina community. One interviewee commented that adherence to prevention practices was thought to be a very individual thing. The lack of prevention practices is concerning to the extent that people neglect basic screenings or fail to get vaccines that are recommended or have chronic conditions regularly monitored.

As one interviewee commented, the community fears seeking care from primary care providers because they worry about being exposed to COVID-19. One interviewee observed that there has been a higher risk for pneumonia and flu due to lower vaccination rates as a result of fewer people visiting their primary care providers during the pandemic. Another reason for low utilization of prevention practices in the Casa Colina service area is due to language barriers or fear of being of deportation if the resident is undocumented. Not having access to a regular physician, lack of educational opportunities especially now because of COVID-19 (e.g., limited access to telemedicine services, the digital divide, inability to take educational courses), lack of insurance or resources to pay for services, or lack of transportation to get to the medical facility have also been named as causes for the lack of use of prevention practices.

# Appendices

## Appendix A. Summary of Survey Findings

The community survey was open for responses between November 18, 2020 and January 4, 2021. The survey was available online through a Qualtrics link. An introduction to the survey explained the purpose of the survey and assured respondents that their responses would remain anonymous and that the survey was voluntary. The survey received 456 total responses, 418 of which were not marked as bot responses. Only the non-bot survey responses were included in the analysis. The percentages shown below are based on the number of responses for each question.

### Demographics

Age Range	Percent
18 - 29	9.0%
30 - 39	21.6%
40 - 49	15.7%
50 - 59	19.5%
60 - 69	19.0%
70 - 79	11.6%
80 - 89	3.6%
90+	0.0%

Gender Identity <sup>146</sup>	Percent
Female	68.3%
Male	31.1%
Transgender	0.3%
Non-binary/non-conforming	0.0%
Other	0.0%
Prefer not to say	1.2%

Race	Percent
American Indian or Alaska Native	0.6%
Asian Indian	0.9%
Black or African American	3.3%
Chinese	3.3%
Filipino	2.7%
Japanese	1.5%

<sup>146</sup> Respondents were asked to select all option(s) that applied. Some respondents selected multiple responses, so the percentages do not sum to 100.0 percent.

Race	Percent
Korean	0.9%
Vietnamese	0.9%
Other Asian	1.8%
White	61.8%
Pacific Islander	0.0%
Native Hawaiian	0.0%
Guamanian or Chamorro	0.0%
Samoan	0.0%
Other Pacific Islander	0.0%
Other	11.2%
Don't know	0.3%
More than one race	6.1%
Prefer not to say	4.5%

Hispanic, Latino/a, or Spanish Origin <sup>147</sup>	Percent
Cuban	0.7%
Puerto Rican	1.1%
Mexican, Mexican American, Chicano/a	27.7%
Another Hispanic, Latino/a, or Spanish origin	7.1%
No	59.9%
Don't know	0.4%
Prefer not to say	3.5%

Highest Level of School Completed	Percent
High school graduate or equivalent	5.8%
Some college or technical school	22.3%
College graduate	70.7%
Prefer not to say	1.2%

## Personal Health

General Level of Health	Percent
Poor	2.0%
Fair	8.6%
Good	32.2%
Very good	38.8%

<sup>147</sup> Respondents were asked to select all option(s) that applied. Some respondents selected multiple responses, so the percentages do not sum to 100.0 percent.

General Level of Health	Percent
Excellent	18.1%
Don't know	0.3%

Amount of Time Since Your Last Routine Checkup	Percent
Within the past year (anytime less than 12 months ago)	72.4%
Within the past 2 years (1 year but less than 2 years ago)	22.1%
Within the past 5 years (2 years but less than 5 years ago)	4.6%
5 or more years ago	0.3%
Don't know	0.6%

Needed to See a Doctor but Could Not Due to Cost (Last 12 Months)	Percent
No	95.1%
Yes	4.3%
Don't know	0.6%

Type of Health Coverage	Percent
Exclusive Provider Organization (EPO)	1.4%
Health Maintenance Organization (HMO)	48.0%
Medicaid/Medi-Cal	4.9%
Medicare	12.4%
No health insurance	0.9%
Preferred Provider Organization (PPO)	32.5%
Worker's Compensation	0.0%

Source of Insurance Coverage	Percent
Cash pay for coverage	4.7%
Covered California	2.4%
Employer	59.2%
Medicare/Medi-Cal	19.8%
Spouse's employer	15.7%
Uninsured	0.9%



Source of Routine Healthcare <sup>148</sup>	Percent
Physician's office	93.8%
Telehealth services	7.7%
Urgent care clinic	8.9%
Other clinic	1.8%
Emergency room	2.7%
Health department	0.0%
Other	1.5%
I do not receive routine healthcare	3.9%

Source of Care When Ill	Percent
Physicians' office	65.9%
Telehealth services	6.1%
Urgent care clinic	22.0%
Other neighborhood or community clinic	1.2%
Health department	0.3%
Emergency room	2.3%
Other	0.6%
I would not seek healthcare	1.2%
I do not receive routine healthcare	0.6%

Source of Care for Emergency Medical Services	Percent
Physician's office	7.5%
Urgent care clinic	36.3%
Other neighborhood or community clinic	0.3%
Health department	0.0%
Emergency room	54.5%
Pharmacy	0.0%
Help line	0.0%
Other	0.9%
I would not seek healthcare	0.6%

Source(s) of Health Information <sup>149</sup>	Percent
Doctor/healthcare provider	84.1%

<sup>148</sup> Respondents were asked to select all option(s) that applied. Some respondents selected multiple responses, so the percentages do not sum to 100.0 percent.

<sup>149</sup> Respondents were asked to select all option(s) that applied. Some respondents selected multiple responses, so the percentages do not sum to 100.0 percent.

Source(s) of Health Information <sup>149</sup>	Percent
Newspaper	7.2%
Family and friends	15.3%
Radio	1.4%
Television	4.6%
School or college	4.3%
Religious organization	1.2%
Hospital	14.7%
Health department	12.7%
Worksite	6.3%
Other	4.6%
Search engines (i.e., Google, Yahoo)	29.4%
WebMD or other hospital related/medical site	32.3%
Facebook	2.6%
Instagram	0.0%
Twitter	0.6%
YouTube	2.9%

Preventative Procedures Received in the Last 12 Months <sup>150</sup>	Percent
Mammogram	31.1%
Pap Smear	29.1%
Prostate cancer screening	8.6%
Flu shot	75.2%
Cholesterol screening	42.7%
Vision screening	47.0%
Hearing screening	8.4%
Cardiovascular screening	19.0%
Colon/rectal exam	11.5%
Blood pressure check	67.1%
Blood sugar check	38.3%
Skin cancer screening	15.9%
Bone density test	9.2%
Dental cleaning/X-rays	47.8%
Physical exam	58.2%
None of the above	4.0%

<sup>150</sup> Respondents were asked to select all option(s) that applied. Some respondents selected multiple responses, so the percentages do not sum to 100.0 percent.

Preventative Procedures Received in the Last 12 Months <sup>150</sup>	Percent
Prefer not to say	0.0%

## Community Health

Barriers in the Community to Accessing Healthcare	Percent
Lack of available care centers (e.g., clinics)	17.5%
Lack of providers in the community	15.8%
Free or affordable health screenings not available	33.0%
Fear (e.g., not ready to face/discuss health problem, fear of discrimination, fear of immigration policies)	34.4%
Lack of care that supports language, culture, or religious needs	16.8%
No insurance and unable to pay for the care	61.2%
Unable to pay co-pays/deductibles	43.0%
Transportation	19.9%
Other	13.4%

Needed to Improve the Health of the Community <sup>151</sup>	Percent
Greater access to healthier food options	21.5%
Job opportunities	17.4%
Mental health services	46.4%
Specialty physicians	13.0%
Free or affordable health screenings	49.5%
Safe places to walk/play	8.2%
Recreation facilities	9.6%
Transportation	11.9%
Wellness services	41.0%
Substance abuse rehabilitation services	11.9%
Other	5.5%

<sup>151</sup> Respondents were asked to select up to three responses. Some respondents selected multiple responses, so the percentages do not sum to 100.0 percent.

Health Screenings or Education/Information Services Needed in the Community <sup>152</sup>	Percent
Arthritis	15.3%
Blood pressure	30.7%
Cancer	21.9%
Cholesterol (fats in the blood)	23.4%
COVID-19	33.9%
Diabetes	50.4%
Disease outbreak/pandemic prevention	15.7%
Drug and alcohol abuse	21.2%
Eating disorders	6.9%
Emergency preparedness	11.7%
Exercise/physical	23.4%
Fall prevention	12.8%
Hearing loss	1.5%
Heart disease	16.1%
HIV/AIDS & STDs	2.6%
Joint replacement	2.2%
Memory loss/dementia	8.4%
Mental health/depression	34.3%
Nutrition	19.0%
Prenatal care	0.0%
Routine well checkups	20.8%
Senior evaluation	16.4%
Smoking cessation	3.3%
Spinal cord injury	3.3%
Sports injury	2.6%
Suicide prevention	8.0%
Vaccination/immunizations	10.2%
Weight loss help	13.5%
Other	0.0%

Level of Importance to Address Access to Healthcare	Percent
Not important	0.3%
Somewhat important	1.7%

<sup>152</sup> Respondents were asked to select up to five responses. Some respondents selected multiple responses, so the percentages do not sum to 100.0 percent.

Level of Importance to Address Access to Healthcare	Percent
Important	16.8%
Very important	79.8%
Don't know	1.3%

Level of Importance to Address Chronic Disease <sup>153</sup>	Percent
Not important	0.0%
Somewhat important	1.0%
Important	25.7%
Very important	72.4%
Don't know	1.0%

Level of Importance to Address Disabilities <sup>154</sup>	Percent
Not important	0.0%
Somewhat important	4.7%
Important	28.2%
Very important	65.4%
Don't know	1.7%

Level of Importance to Address Overweight and Obesity	Percent
Not important	0.7%
Somewhat important	5.0%
Important	31.8%
Very important	61.9%
Don't know	0.7%

Level of Importance to Address Preventative Practices <sup>155</sup>	Percent
Not important	0.7%
Somewhat important	2.0%
Important	29.3%
Very important	67.0%

<sup>153</sup> Chronic disease included: asthma, cancer, diabetes, heart disease, arthritis, Alzheimer's, etc.

<sup>154</sup> Disabilities included: special health needs, spinal cord injury, traumatic brain injury, blindness, etc.

<sup>155</sup> Preventative practices included screenings and vaccines.

Level of Importance to Address Preventative Practices <sup>155</sup>	Percent
Don't know	1.0%

Level of Importance to Address Senior Health	Percent
Not important	0.3%
Somewhat important	1.0%
Important	31.4%
Very important	65.7%
Don't know	1.7%

Level of Importance to Address Substance Abuse <sup>156</sup>	Percent
Not important	2.0%
Somewhat important	8.3%
Important	33.4%
Very important	54.6%
Don't know	1.7%

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<sup>156</sup> Substance abuse included alcohol, drug, and tobacco use.

## Appendix B. Community Interviewees

Community input was gathered from representatives from agencies which represent the medically underserved, low-income, and minority individuals; community stakeholders; and public health professionals. Community stakeholder interviewees' affiliation are classified as "community representative." Organizations or affiliations are only listed once in the below table, regardless of the number of interviewees who fell under an organization or affiliation.

Interviewee Organizations or Affiliation
Aging Next
Assistance Insurance
Casa Colina Hospital and Centers for Healthcare
Community Representatives
LeRoy Haynes
Megan's Wings
ParkTree Community Health Center

## Appendix C. Healthy People 2020 Comparisons

Service Area Data	Healthy People 2020 Objective
Has a source of care when sick or needs health advice <i>SPA 3: 87.6%</i>	Persons of all ages who have a specific source of ongoing care <i>Objective target: 95.0%</i>
Child health insurance rate <i>Service area by zip code: 95.9%</i>	Child health insurance rate <i>Objective target: 100.0%</i>
Adult health insurance rate <i>Service area by zip code: 88.8%</i>	Adult health insurance rate <i>Objective target: 100.0%</i>
Delayed or did not get medical care in the last 12 months <i>SPA 3: 8.2%</i>	Persons unable to obtain or delay in obtaining necessary medical care <i>Objective target: 4.2%</i>
Delayed or did not get prescription medicine in the last 12 months <i>SPA 3: 5.6%</i>	Persons who are unable to obtain or delay in obtaining necessary prescription medicines <i>Objective target: 2.8%</i>
Suicide Rate (per 100,000) <i>Los Angeles County: 8.6</i> <i>San Bernardino County: 10.7</i>	Suicide rate (per 100,000) <i>Objective target: 10.2</i>
Cancer deaths (per 100,000) <i>Los Angeles County: 132.8</i> <i>San Bernardino County: 155.1</i>	Cancer deaths (per 100,000) <i>Objective target: 161.4</i>
Heart disease deaths (per 100,000) <i>Los Angeles County: 101.7</i> <i>San Bernardino County: 106.5</i>	Heart disease deaths (per 100,000) <i>Objective target: 103.4</i>
Stroke deaths (per 100,000) <i>Los Angeles County: 34.0</i> <i>San Bernardino County: 35.1</i>	Stroke deaths (per 100,000) <i>Objective target: 34.8</i>
Unintentional injuries deaths (per 100,000) <i>Los Angeles County: 23.7</i> <i>San Bernardino County: 30.9</i>	Unintentional injuries deaths (per 100,000) <i>Objective target: 36.4</i>
Liver disease deaths (per 100,000) <i>Los Angeles County: 13.2</i> <i>San Bernardino County: 15.8</i>	Liver disease deaths (per 100,000) <i>Objective target: 8.2</i>
Motor vehicle traffic crash deaths (per 100,000) <i>Los Angeles County: 7.9</i> <i>San Bernardino County: 13.4</i>	Motor vehicle traffic crash deaths (per 100,000) <i>Objective target: 12.4</i>
Homicide deaths (per 100,000)	Homicide deaths (per 100,000)



Service Area Data	Healthy People 2020 Objective
<i>Los Angeles County: 6.1</i> <i>San Bernardino County: 6.4</i>	<i>Objective target: 5.5</i>
Teen obesity <i>Los Angeles County: 24.0%</i>	Teen obesity <i>Objective target: 14.5%</i>
Senior pneumonia vaccine <i>SPA 3: 59.5%</i>	Senior pneumonia vaccine <i>Objective target: 90%</i>
Flu vaccine <i>SPA 3: 39.3%</i>	Flu vaccine <i>Objective target: 70.0%</i>
High school graduation rates <i>Los Angeles County: 86.1%</i> <i>San Bernardino County: 89.3%</i>	High school graduation rates <i>Objective target: 87.0%</i>
Cigarette smoking by adults <i>SPA 3: 13.8%</i>	Cigarette smoking by adults <i>Objective target: 12.0%</i>

## Appendix D. Resources to Address Significant Health Needs

Significant Health Need	Community Resources
<b>Access to healthcare</b>	<ul style="list-style-type: none"> <li>• Access Rides</li> <li>• Aging Next</li> <li>• Day One Pomona</li> <li>• Health Consortium of the Greater San Gabriel Valley</li> <li>• House of Ruth</li> <li>• Los Angeles County Department of Public Health</li> <li>• Megan Medical Clinic</li> <li>• Parents' Place Family Resource Center</li> <li>• ParkTree Community Healthcare</li> <li>• Planned Parenthood</li> <li>• Pomona Valley Transportation Authority (PVRTA)</li> <li>• Regional Center</li> <li>• San Gabriel/Pomona Regional Center</li> <li>• School District</li> <li>• Service Center for Independent Life</li> <li>• Tri-City Mental Health Services</li> <li>• Western University</li> </ul>
<b>Health status and chronic disease</b>	<ul style="list-style-type: none"> <li>• Health Consortium of the Greater San Gabriel Valley</li> <li>• Parents' Place Family Resource Center</li> <li>• San Gabriel/Pomona Regional Center</li> <li>• Service Center for Independent Life</li> <li>• University of La Verne</li> <li>• Western University Promotoras program</li> </ul>
<b>Overweight and obesity</b>	<ul style="list-style-type: none"> <li>• LA County Department of Public Health</li> <li>• San Bernardino Aging Commission</li> </ul>
<b>Prevention practice</b>	<ul style="list-style-type: none"> <li>• Citrus College</li> <li>• CVS</li> <li>• East Valley Community Health Center</li> <li>• Health Consortium of the Greater San Gabriel Valley</li> <li>• Inter Valley Health Plan</li> <li>• Mt. Sant Antonio College</li> <li>• Walgreens</li> <li>• Western University of Health Science</li> </ul>

## Appendix E. Casa Colina Hospital's Strategies to Address 2018 CHNA Health Needs

Casa Colina Hospital developed an Implementation Strategy<sup>157</sup> based on the 2018 Community Health Needs Assessment (CHNA). The Implementation Strategy described how Casa Colina Hospital planned to address significant health needs identified in the 2018 Community Health Needs Assessment. For each significant health need, Casa Colina Hospital planned to address, the strategy focused on the following: 1) actions the hospital intended to take, including programs and resources it planned to commit; and 2) anticipated impacts of these actions. The hospital chose to address the following significant health needs which were identified in the 2018 CHNA:

- Access to healthcare
- Chronic diseases
- Disabilities
- Overweight and obesity
- Preventive healthcare
- Senior health

Goals, strategies to achieve the goals, and the anticipated impact were established for each of the significant health needs. Actions taken to address these health needs are discussed in the hospital's annual Community Benefits Report.<sup>158</sup> The goals, strategies, anticipated impacts, and actions taken, as based on the 2018 Implementation Strategy and 2020 Community Benefits Report, is detailed below for each health need.

### Access to Healthcare

#### Goal

Increase access to the most appropriate level of healthcare and improve community health through preventive practices.

#### Strategies

1. Provide financial assistance for healthcare services consistent with Casa Colina's financial assistance policy.
2. Provide free health information, screenings, flu shots and resources at community events.
3. Provide free community sports injury screening clinics.
4. Offer free audiology screenings.
5. Communicate to service area residents how to access healthcare services through established communication methods and social media.

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<sup>157</sup> The 2018 Implementation Strategy is available here: <https://www.casacolina.org/Community-Benefits-Report.aspx>

<sup>158</sup> Casa Colina Hospital and Centers for Healthcare, Community Benefits Report, 2020. <https://www.casacolina.org/Community-Benefits-Report.aspx>

## Anticipated Impact

- Provide financial assistance to qualified patients.
- Increase availability and access to healthcare, screenings and preventive care services.

## Actions Taken

- Casa Colina Hospital provided financial assistance for patients who were uninsured or underinsured through charity care.
- The hospital conducted free hearing screenings and hearing aid fitting for the community.
- Casa Colina provided flu shots to community members at no charge.
- The hospital provided health education and support groups to community members.
- The hospital provided rehabilitation programs and free bi-weekly sports injury screenings.
- Casa Colina provided health information and resources to community members through open houses, expos, community events, and health fairs.
- Casa Colina sought community feedback by creating the Patient and Family Advocacy Council.

## Chronic Disease

### Goal

Reduce the impact of chronic diseases for individuals who have short and long-term disabilities and increase focus on prevention, education and treatment.

### Strategies

1. Provide access to specialized gyms and aquatic exercise programs through the community fitness program.
2. Provide education on pain management, disease prevention, treatment and wellness.
3. Provide support groups for individuals with chronic diseases (arthritis, Multiple Sclerosis, Parkinson's disease, cardiovascular disease and fibromyalgia) and their families.
4. Provide ongoing programs for reduction of pain and tension, injury prevention, training and education, and skill acquisition for persons with arthritis and fibromyalgia.
5. Increase the number of healthcare providers and allied health professionals who obtain training in the care of patients with chronic diseases.
6. Implement research focused on improving rehabilitation outcomes and overall function for individuals living with disabling conditions.

## Anticipated Impact

- Increase access to wellness and treatment resources.
- Increase compliance with treatment and prevention recommendations.
- Maintain health and wellness of persons with long-term disabilities.

## Actions Taken

- Casa Colina offered access to both land and pool exercise programs through the community fitness program.
- Casa Colina offered education programs for medical professionals.
- The hospital supported healthcare providers and allied health professionals to obtain training in the care of patients with disabilities and chronic diseases by offering occupational therapy, speech-language pathology, physical therapy, and other programming.
- The hospital provided training in clinical examination, decision-making, and treatment skills.
- Casa Colina provided monthly support groups for stroke, traumatic brain injury, and other short and long-term disabilities.
- Casa Colina's Research Institute has collaborated with universities and hospitals to conduct translational clinical studies.

## Disabilities

### Goal

Reduce the impact of disability on health and quality of life, and increase the ability to live productive lives.

### Strategies

1. Provide independent and assisted wellness and fitness programs for people with disabilities.
2. Provide health education focused on disability prevention and treatment topics.
3. Provide support groups for individuals with disabilities, their families and caregivers.
4. Provide comprehensive support programs for persons with disabilities.
5. Offer a continuum of rehabilitation care with long-term residential centers, Children's Services Center, Adult Day Healthcare Center, therapeutic recreation and Outdoor Adventures.
6. Educate and train healthcare providers and allied health professionals to focus on disability care.
7. Provide patient navigation services for individuals post-discharge.
8. Advocate on a national and regional level for persons with disabilities.
9. Provide programs for kids to increase social skills and quality of life (Kids' Crew, Teen Scene, and Adventure Club).

### Anticipated Impact

- Increase availability and access to health education, support groups and health programs focused on persons with disabilities, their families and caregivers.
- Maintain health and wellness of persons with disabilities.
- Increase the number of healthcare providers and allied health professionals who obtain training in the care of patients with disabilities.

- Increase awareness of issues facing disabled persons through advocacy efforts.

### Actions Taken

- Casa Colina provides services for patients with physical and neurological conditions, including programming for the treatment of disabilities, treatment for cognitive and developmental delays in children and long-term care for adults with long-term neurological and physical disabilities.
- The hospital offered fitness programs for persons with disabilities, including in specialized gyms and aquatic exercise programs.
- The hospital offered specialized services and programs to infants, children, and teens with disabilities to improve social skills, physical and cognitive abilities, and quality of life.
- Casa Colina provided support groups for both survivors and caregivers, education focused on disabilities, and resources to the family members of individuals with disabilities. This included support groups and educational sessions.
- The Casa Colina Research Institute conducted clinical studies to improve care for individuals with disabilities. Our researchers presented at national and international conferences, published scientific articles, and provided educational lectures to advocate for persons with disabilities.
- The hospital's Speech Conversation Group and Parkinson's Support Group, groups focused on individuals who have communication difficulties, promoted expressive language skills.

## Overweight and Obesity

### Goal

Reduce the impact of overweight and obesity on health and increase the focus on healthy eating and physical activity.

### Strategies

1. Provide health education focused on obesity prevention and treatment topics.
2. Provide access to specialized gyms and aquatic exercise programs through the community fitness program.
3. Offer healthy eating and active living programs for children and adults through the Community Wellness Center.
4. Develop a weight management clinic to support persons who are medically complicated.

### Anticipated Impact

- Increased knowledge about healthy food choices to improve health.
- Improved healthy eating behaviors and increased physical activity.

### Actions Taken

- The hospital provided low-cost opportunities for community members to participate in exercise programs, including a pool exercise program, Community Land Fitness Program, subsidized fitness gym, Outdoor Adventures, and Land Meets Sea.

- The hospital offered free community education classes on proper exercise and healthy weight loss.
- Casa Colina held community health fairs, conferences, and education events, including free screenings.
- The hospital provided a Medical Weight Loss and Wellness program which provided nutrition and weight management.

## Senior Health

### Goal

Assist seniors with mild to moderate impairments to maintain or improve their overall health and quality of life.

### Strategies

1. Provide education on healthy aging, prevention, treatment and wellness.
2. Provide support groups for seniors, their families and caregivers (stroke, arthritis, fibromyalgia, Parkinson's disease).
3. Provide programs for injury prevention and maintaining physical and cognitive functioning (i.e., vestibular balance screening).
4. Provide seniors opportunities for specialized fitness programs.

### Anticipated Impact

- Increase availability and access to health education, support groups and health programs focused on seniors, their families and caregivers.
- Maintain the health and wellness of seniors with mild to moderate impairment.

### Actions Taken

- Casa Colina provided programs focused on senior injury prevention and maintenance of physical and cognitive functioning.
- The hospital provided education sessions dedicated to senior health issues and support groups for seniors and seniors' caregivers.
- Casa Colina hosts the Senior Evaluation Program which helps seniors define capabilities and remediate certain disabilities.
- The hospital provided Wellness Consultation services and developed senior wellness programs for a local senior community.