



Community Health Needs Assessment FY24



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Executive Summary

Casa Colina Hospital and Centers for Healthcare is a nonprofit, freestanding, community-governed organization based in Pomona, California. Casa Colina's mission is to *optimize medical recovery and rehabilitation outcomes for all patients in a safe environment that respects their dignity, diversity, and individuality*. Founded in 1936, Casa Colina's first focus was on children recovering from polio. Casa Colina has grown into a network of integrated services. The hospital operates under the corporate umbrella of Casa Colina, Inc. The hospital provides services through its acute rehabilitation unit, medical-surgical unit, intensive care unit, surgical suites, outpatient therapy services, physician specialty clinics, satellite outpatient clinics in Azusa, and a pediatric outpatient clinic. Other Casa Colina entities extend the continuum of care and include the Transitional Living Center, long-term residential care facilities in Apply Valley and Lucerne Valley, a diagnostic imaging center, and an adaptive recreation and wheelchair sports program.

Community Health Needs Assessment

Casa Colina Hospital has undertaken a Community Health Needs Assessment (CHNA). California Senate Bill 697 (1994) and the Patient Protection and Affordable Care Act through IRS section 501(r)(3) regulations direct nonprofit hospitals to conduct a CHNA every three years and develop a three-year Implementation Strategy that responds to community needs. A CHNA identifies unmet health needs in the service area, provides information to select priorities for action, focuses on geographical areas, and serves as the basis for community benefit programs.

Service Area

Casa Colina Hospital is located at 255 E. Bonita Ave., Pomona, CA 91767. For the purposes of this report, the hospital defines its primary service area as including 34 ZIP Code Tabulation Areas (ZCTA) located within Los Angeles County Service Planning Area 3 (San Gabriel Valley), Los Angeles County and San Bernardino County.

Methodology

Secondary Data

Secondary data were collected from a variety of local, county, and state sources to present community demographics, social determinants of health, access to health care, birth characteristics, leading causes of death, acute and chronic disease, disability, health behaviors, mental health, substance use, and preventive practices. Where available, these data are presented in the context of Los Angeles and San Bernardino Counties, and California.

Analysis of secondary data includes an examination and reporting of health disparities for some health indicators. The report includes benchmark comparison data that measure the data findings as compared to Healthy People 2030 objectives, where appropriate. Healthy People 2030 is a national initiative to improve the public's health by providing measurable objectives that are applicable at national, state, and local levels.

Primary Data

Fourteen (14) phone interviews were conducted during August and September 2023. Community stakeholders identified by the hospital were contacted and asked to participate in the needs assessment interviews. Interview participants included a broad range of stakeholders concerned with health and wellbeing in the hospital service area, who spoke about issues and needs in the communities served by the hospital.

Casa Colina Hospital also distributed a survey to ask community members about health and wellness. The survey was available from July 17 to September 25, 2023, and 331 usable surveys were collected.

Significant Community Needs

Significant needs were identified through a review of the secondary health data and validation through stakeholder interviews. The identified significant needs included:

- Access to care
- Chronic disease
- Disabilities
- Housing and homelessness
- Mental health
- Overweight and obesity
- Preventive practices (screenings, vaccines)
- Substance use

Prioritization of Health Needs

The identified significant community needs were prioritized with input from the community. Interviews with community stakeholders were used to gather input on significant needs. The interview respondents ranked access to health care, housing and homelessness, mental health, disabilities, and chronic disease as the top five priority needs in the service area. Among community residents, access to care, chronic disease, and preventive care had the highest scores for important and very important needs in the community.

Report Adoption, Availability, and Comments

This CHNA report was adopted by the Casa Colina Hospital Board of Directors on February 23, 2024.

The report is widely available to the public on the hospital's website and can be accessed [here](#). To provide feedback on the Community Health Needs Assessment and Implementation Strategy, please contact 909-596-7733, extension 2232.



Introduction

Background and Purpose

Casa Colina Hospital is the core of a network of closely integrated services known collectively as Casa Colina Hospital and Centers for Healthcare. The hospital operates under the corporate umbrella of Casa Colina, Inc. Casa Colina is a unique Center of Excellence that provides a culture of collaboration where medical leaders and experienced physical rehabilitation experts work together to help individuals steadily progress from one level of achievement to the next. It is a complete continuum of care designed for patients at any stage of rehabilitation—from acute rehabilitation hospital care to post-acute residential and outpatient services, all conveniently accessible throughout its state-of-the-art 20-acre Pomona campus and satellite locations.

The hospital provides services to patients through its acute rehabilitation wing, medical-surgical wing, intensive care unit, outpatient therapy services, physician specialty clinics, satellite outpatient clinic in Azusa, and pediatric outpatient clinic. Other Casa Colina programs and services extend the continuum of care and include short-term residential services, long-term residential services for individuals with brain injuries and developmental disabilities, diagnostic imaging, and an adaptive recreation program.

Casa Colina provides a full continuum of medical and rehabilitative care for patients diagnosed with traumatic brain injury, stroke, spinal cord injury, and orthopedic injury and diseases. Casa Colina moves patients to the appropriate level of care as their rehabilitation needs change. Further, Casa Colina has highly specialized teams of medical professionals—from physician specialists and rehabilitation therapists to certified nurses and neuropsychologists—to support patients and their families as they progress through their recovery and ultimately back to their communities.

The passage of California Senate Bill 697 (1994) and the Patient Protection and Affordable Care Act (2010) require tax-exempt hospitals to conduct a CHNA every three years and adopt an Implementation Strategy to meet the priority health needs identified through the assessment. A CHNA identifies unmet health needs in the service area, provides information to select priorities for action, focuses on geographical areas, and serves as the basis for community benefit programs. This assessment incorporates components of primary data collection and secondary data analysis that focus on the health and social needs of the service area.

Service Area

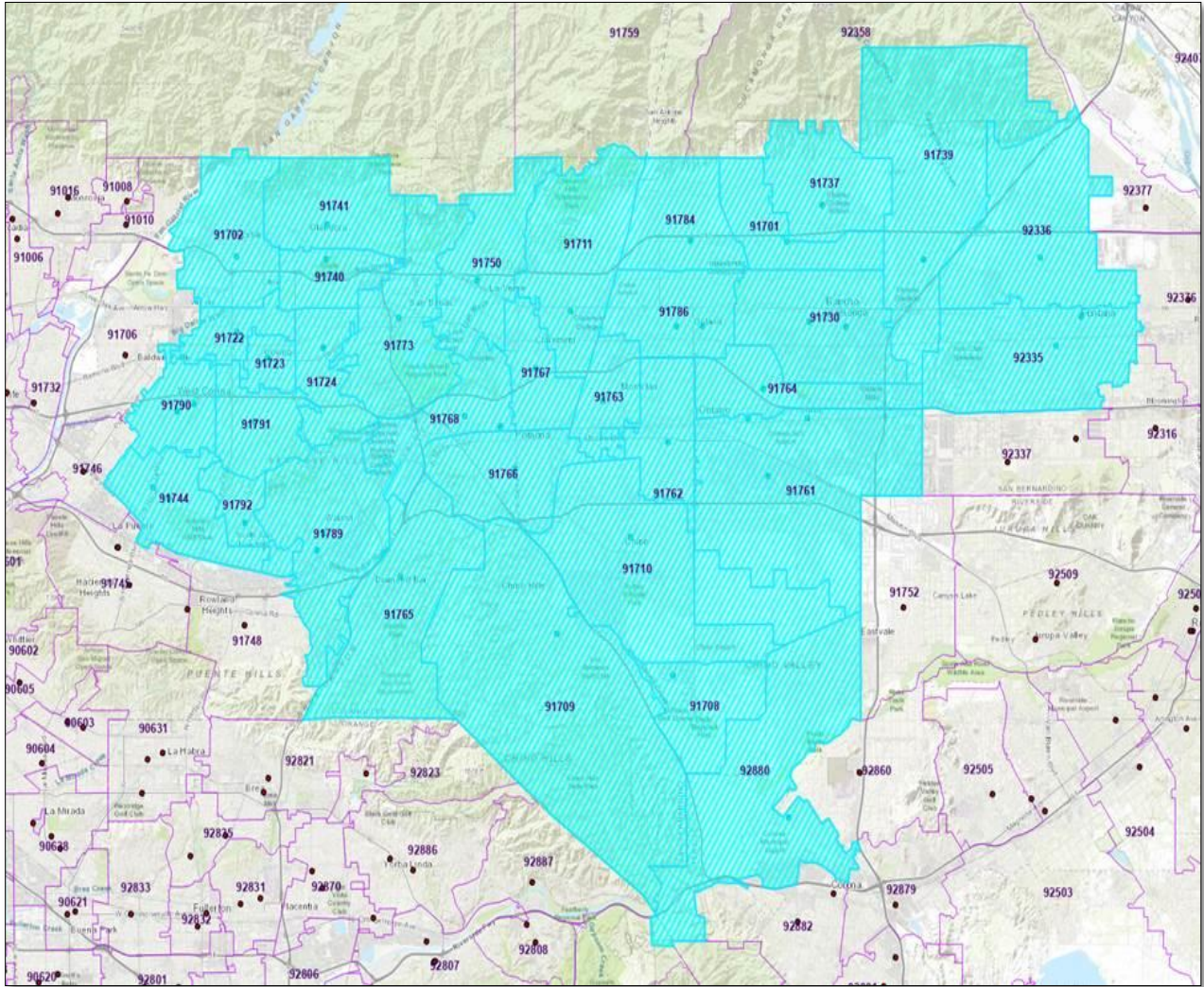
Casa Colina Hospital is located at 255 E. Bonita Ave., Pomona, CA 91767. The hospital tracks ZIP Codes of origin for all patient admissions and includes all who received care

without regard to insurance coverage or eligibility for financial assistance. This service area represents 86% of total inpatient ZIP Codes of patient origin. For the purposes of this report, the hospital defines its primary service area as including 34 ZIP Code Tabulation Areas (ZCTA) largely located within Los Angeles County and San Bernardino County. When available, data are also presented for Los Angeles County Service Planning Area (SPA) 3, which represents the portion of the service area located in the San Gabriel Valley.

Casa Colina Hospital Service Area

Place	ZIP Code	County	Place	ZIP Code	County
Azusa	91702	Los Angeles	Ontario	91761	San Bernardino
Chino	91708	San Bernardino	Ontario	91762	San Bernardino
Chino	91710	San Bernardino	Ontario	91764	San Bernardino
Chino Hills	91709	San Bernardino	Pomona	91766	Los Angeles
Claremont	91711	Los Angeles	Pomona	91767	Los Angeles
Corona	92880	Riverside	Pomona	91768	Los Angeles
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
Fontana	92335	San Bernardino	San Dimas	91773	Los Angeles
Fontana	92336	San Bernardino	Upland	91784	San Bernardino
Glendora	91740	Los Angeles	Upland	91786	San Bernardino
Glendora	91741	Los Angeles	Walnut	91789	Los Angeles
La Puente	91744	Los Angeles	West Covina	91790	Los Angeles
La Verne	91750	Los Angeles	West Covina	91791	Los Angeles
Montclair	91763	San Bernardino	West Covina	91792	Los Angeles

Service Area Map



Project Oversight

The Community Health Needs Assessment process was overseen by:

Bonnie Baker Scudder

Chief Planning and Development Officer

Casa Colina Hospital and Centers for Healthcare

Lisa Russi

Community Coordinator

Casa Colina Hospital and Centers for Healthcare

Adrian Collazo

Administrative Assistant, Foundation

Casa Colina Hospital and Centers for Healthcare

Consultant

Biel Consulting, Inc. conducted the CHNA. Dr. Melissa Biel was joined by Sevanne Sarkis, JD, MHA, MEd, and Denise Flanagan, BA. Biel Consulting, Inc. is an independent consulting firm that has over 25 years of experience conducting hospital CHNAs and working with hospitals on developing, implementing, and evaluating community benefit programs. www.bielconsulting.com.

Board Approval

The Casa Colina Hospital Board of Directors approved this report on February 23, 2024.



Data Collection Methodology

Secondary Data Collection

Secondary data were collected from a variety of local, county, and state sources to present community demographics, social determinants of health, access to health care, birth characteristics, leading causes of death, acute and chronic disease, disability, health behaviors, mental health, substance use, and preventive practices. Service area data are presented in comparison to county and state data, framing the scope of an issue as it relates to the broader community.

Secondary data for the service area were collected and documented in data tables with narrative explanation. The data tables present the data indicator, the geographic area represented, the data measurement (e.g., rate, number, or percent), county comparisons, state comparisons, the data source, data year, and an electronic link to the data source. In some cases, data sets from public sources do not total 100%. In these cases, the data remained as reported by the data source.

Analysis of secondary data includes an examination and reporting of health disparities for some health indicators. The report includes benchmark comparison data that measure the data findings as compared to Healthy People 2030 objectives, where appropriate. Healthy People 2030 is a national initiative to improve the public's health by providing measurable objectives that are applicable at national, state, and local levels. Attachment 1 compares hospital data with Healthy People 2030 objectives.

Significant Community Needs

Initially, significant health needs were identified through a review of the secondary health data collected. The identified significant needs included:

- Access to care
- Chronic disease
- Disabilities
- Housing and homelessness
- Mental health
- Overweight and obesity
- Preventive practices (screenings, vaccines)
- Substance use

Primary Data Collection

Casa Colina Hospital conducted interviews with community stakeholders to obtain input on health needs, barriers to care, and resources available to address the identified health needs.

Interviews

Fourteen (14) phone interviews were conducted during August and September 2023. Community stakeholders identified by the hospital were contacted and asked to participate in the needs assessment interviews. Interview participants included a broad range of stakeholders concerned with health and wellbeing in the service area, who spoke about issues and needs in the communities served by the hospital. Focus was placed on organizations who serve and represent diverse community groups related to race, age, ethnicity, language, culture, and social needs.

The identified stakeholders were invited by email to participate in the phone interview. Appointments for the interviews were made on dates and times convenient for the stakeholders. At the beginning of each interview, the purpose of the interview in the context of the assessment was explained, the stakeholders were assured their responses would remain confidential, and consent to proceed was given.

During the interviews, participants were asked to share their perspectives on the issues, challenges, and barriers relative to the identified health needs (e.g., what makes each health need a significant issue in the community; what are the challenges people face in addressing these needs), along with identifying known resources to address these health needs, such as services, programs, and/or community efforts. Attachment 2 lists the stakeholder interview respondents, their titles, and organizations. Attachment 3 provides a summary of stakeholder interview responses. Attachment 4 provides stakeholder-identified community resources to address the significant health needs.

Surveys

Casa Colina Hospital distributed a survey to ask community members about health and wellness. The survey was available in an electronic format through a SurveyMonkey link. The survey was available from July 17 to September 25, 2023. During this time, 331 usable surveys were collected. A written introduction explained the purpose of the survey and informed participants the survey was voluntary and that they would remain anonymous.

Survey questions focused on the following topics:

- Biggest health issues in the community
- Which groups are most affected by the identified health issues
- Where people go to access routine health care services
- Why people delayed needed health care
- Reasons for not having health insurance

Attachment 5 presents a summary of the survey responses.

Public Comment

In compliance with IRS regulations 501(r) for charitable hospitals, the previous CHNA and Implementation Strategy were made widely available to the public on the website and can be accessed at <https://www.casacolina.org/community-benefits-report/>. To date, no comments have been received.



Prioritization of Significant Needs

The identified significant community needs were prioritized with input from the community. Interviews with community stakeholders were used to gather input on the significant needs. The following criteria were used to prioritize the significant needs:

- The perceived severity of a health or community issue as it affects the health and lives of those in the community
- Improving or worsening of an issue in the community
- Availability of resources to address the need
- The level of importance the hospital should place on addressing the issue

The stakeholder interviewees were sent a link to an electronic survey (SurveyMonkey) in advance of the interview. The stakeholders were asked to rank each identified need. The percentage of responses were noted as those that identified the need as having severe or very severe impact on the community, had worsened over time, and had a shortage or absence of resources available in the community. Not all respondents answered every question; therefore, the response percentages were calculated based on respondents only and not on the entire sample size. Mental health, housing and homelessness, and access to care had the highest scores for severe and very severe impact on the community. Housing and homelessness, mental health, and chronic disease were the top three needs that had worsened over time. Housing and homelessness, mental health, and access to care had the highest scores for insufficient resources available to address the need.

Significant Health Needs	Severe and Very Severe Impact on the Community	Worsened Over Time	Insufficient or Absent Resources
Access to care	66.7%	33.3%	55.6%
Chronic disease	55.6%	55.6%	33.3%
Disabilities	55.6%	44.4%	44.4%
Housing and homelessness	88.9%	88.9%	100%
Mental health	100%	77.8%	88.9%
Overweight and obesity	44.4%	11.1%	11.1%
Preventive practices	22.2%	0%	22.2%
Substance use	55.6%	33.3%	33.3%

The interviewees were also asked to prioritize the health needs according to the highest level of importance in the community. The total score for each significant need (possible score of 4) was divided by the total number of responses for which data were provided, resulting in an overall score for each significant need. Access to health care, housing and homelessness, mental health, disabilities, and chronic disease were ranked as the

top five priority needs in the service area. Calculations resulted in the following prioritization of the significant needs:

Significant Needs	Priority Ranking (Total Possible Score of 4)
Access to care	3.78
Housing and homelessness	3.78
Mental health	3.78
Disabilities	3.67
Chronic disease	3.56
Overweight and obesity	3.11
Preventive practices	3.00
Substance use	3.00

Community residents were asked on the survey to identify how important each significant health needs was ranked from not important to very important. Access to care (96%), chronic disease (94.5%), and preventive care (91.3%) had the highest scores for important and very important needs in the community.

Community Survey Responses, Importance of Significant Health Needs

	Not Important	Somewhat Important	Important	Very Important	Don't Know
Access to care	1%	2.3%	15.9%	80.1%	0.7%
Chronic diseases	1.6%	2.5%	18.7%	75.8%	1.4%
Disabilities	2.8%	5.3%	21.4%	67.1%	3.4%
Housing and homelessness	10.5%	12.1%	24.1%	49.2%	4.1%
Mental health	2.5%	5.4%	23%	66%	3.1%
Overweight and obesity	6.6%	11%	29.6%	50%	2.8%
Preventive care	1.6%	5.9%	24.7%	66.6%	1.2%
Substance use	14.2%	14.5%	25.8%	40.6%	4.9%

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

Community Demographics

Population

The population of the Casa Colina Hospital service area is 1,660,878. From 2016 to 2021, the population increased by 1.6%. Population growth was highest in Chino ZIP Code 91708, which grew by 390.1%. The ZIP Codes where the population decreased by the largest percentage were Rancho Cucamonga 91737 (-6.7%) and La Puente 91744 (-6.3%).

Total Population and Change in Population

	ZIP Code Tabulation Area	Total Population	Change in Population 2016-2021
Azusa	91702	61,684	-0.5%
Chino	91708	14,179	390.1%
Chino	91710	82,192	-5.6%
Chino Hills	91709	78,333	1.4%
Claremont	91711	36,841	-0.3%
Corona	92880	74,933	12.6%
Covina	91722	35,714	0.9%
Covina	91723	18,398	-4.5%
Covina	91724	29,309	11.9%
Diamond Bar	91765	46,270	-2.6%
Fontana	92335	97,358	-1.7%
Fontana	92336	98,896	7.1%
Glendora	91740	27,379	3.1%
Glendora	91741	26,460	2.6%
La Puente	91744	81,156	-6.3%
La Verne	91750	33,406	-2.2%
Montclair	91763	37,821	0.1%
Ontario	91761	60,342	0.7%
Ontario	91762	61,690	6.0%
Ontario	91764	56,317	3.7%
Pomona	91766	71,380	-1.0%
Pomona	91767	50,563	2.2%
Pomona	91768	36,706	0.9%
Rancho Cucamonga	91701	39,019	-4.5%
Rancho Cucamonga	91730	69,787	1.4%
Rancho Cucamonga	91737	23,790	-6.7%
Rancho Cucamonga	91739	41,427	7.1%
San Dimas	91773	34,407	0.5%
Upland	91784	26,330	1.3%
Upland	91786	55,405	4.6%
Walnut	91789	41,829	-4.9%
West Covina	91790	45,497	-1.9%
West Covina	91791	34,411	2.8%
West Covina	91792	31,649	7.3%

	ZIP Code Tabulation Area	Total Population	Change in Population 2016-2021
Casa Colina Service Area		1,660,878	1.6%
Los Angeles County		10,019,635	-0.4%
San Bernardino County		2,171,071	3.1%
California		39,455,353	2.1%

Source: U.S. Census Bureau, American Community Survey, 2012-2016 & 2017-2021, DP05. <http://data.census.gov>

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

Population, by Gender

	Casa Colina Service Area	Los Angeles County	San Bernardino County	California
Male	49.4%	49.5%	50.0%	50.0%
Female	50.6%	50.5%	50.0%	50.0%

Source: U.S. Census Bureau, American Community Survey, 2017-2021, DP05. <http://data.census.gov>

In Los Angeles County Service Planning Area 3 (SPA 3), which represents the San Gabriel Valley area, 91.9% of the adult population identify as straight or heterosexual. In San Bernardino County, 93% of the adult population identify as straight or heterosexual. In SPA 3, 99.5% of the adult population identify as cisgender, or not transgender. In San Bernardino County, 99.3% of the adult population identify as cisgender, or not transgender.

Population, by Sexual Orientation and Gender Identity, Adults

	Los Angeles County SPA 3	San Bernardino County	California
Straight or heterosexual	91.9%	93.0%	91.6%
Gay, lesbian, or homosexual	2.6%	2.2%	2.9%
Bisexual	3.3%	2.9%	3.6%
Not sexual/celebrate/none/other	2.3%	1.9%	1.8%
Cisgender/not transgender	99.5%	99.3%	99.4%
Transgender/gender non-conforming	0.5%	0.7%	0.6%

Source: California Health Interview Survey, 2015-2021 combined. <http://ask.chis.ucla.edu/>

Children and youth, ages 0-17, make up 23.7% of the service area population; 63.6% are adults, ages 18-64; and 12.7% of the population are older adults, ages 65 and older. When compared to LA County, the service area has a higher percentage of children, youth, and young adults, ages 0 to 24, and a lower percentage of adults, ages 25 to 54, and older adults, ages 75 and older.

Population, by Age

	Casa Colina Service Area		Los Angeles County		San Bernardino County	
	Number	Percent	Number	Percent	Number	Percent
Age 0-4	101,964	6.1%	570,367	5.7%	149,407	6.9%
Age 5-17	291,303	17.5%	1,598,716	16.0%	424,577	19.6%
Age 18-24	168,478	10.1%	928,491	9.3%	219,421	10.1%
Age 25-54	687,957	41.4%	4,332,581	43.2%	880,614	40.6%
Age 55-64	200,470	12.1%	1,217,263	12.1%	246,145	11.3%
Age 65-74	130,380	7.9%	803,874	8.0%	157,157	7.2%
Age 75+	80,326	4.8%	568,343	5.7%	93,750	4.3%

Source: U.S. Census Bureau, American Community Survey, 2017-2021, DP05. <http://data.census.gov/>

When the service area population is examined by ZIP Code, Corona 92880 has the highest percentage of children and youth (30.2%) followed by Fontana 92336 (29.3%) and 92335 (29%). The lowest percentage of children and youth is found in Claremont (17.6%).

La Verne has the highest percentage of senior adults in the area (21.2%), followed by Walnut (20.3%), Upland 91784 (20.1%), and Claremont (20%). Chino 91708 has the lowest percentage of senior adults in the service area (6.4%).

Population, by Youth, Ages 0-17, and Senior Adults, Ages 65 and Older

	ZIP Code	Total Population	Youth, Ages 0 – 17	Senior Adults, Ages 65 and Older
Azusa	91702	61,684	21.3%	10.8%
Chino	91708	14,179	25.8%	6.4%
Chino	91710	82,192	21.7%	12.6%
Chino Hills	91709	78,333	22.6%	12.3%
Claremont	91711	36,841	17.6%	20.0%
Corona	92880	74,933	30.2%	8.8%
Covina	91722	35,714	21.6%	12.9%
Covina	91723	18,398	22.1%	11.1%
Covina	91724	29,309	20.8%	13.9%
Diamond Bar	91765	46,270	19.9%	18.8%
Fontana	92335	97,358	29.0%	8.3%
Fontana	92336	98,896	29.3%	8.7%
Glendora	91740	27,379	23.9%	14.5%
Glendora	91741	26,460	21.8%	17.3%
La Puente	91744	81,156	23.0%	12.3%
La Verne	91750	33,406	19.8%	21.2%
Montclair	91763	37,821	26.3%	10.2%
Ontario	91761	60,342	24.2%	11.0%
Ontario	91762	61,690	25.5%	10.7%
Ontario	91764	56,317	26.6%	7.7%
Pomona	91766	71,380	25.0%	12.1%
Pomona	91767	50,563	24.9%	11.9%
Pomona	91768	36,706	22.2%	10.2%
Rancho Cucamonga	91701	39,019	20.6%	17.6%

	ZIP Code	Total Population	Youth, Ages 0 – 17	Senior Adults, Ages 65 and Older
Rancho Cucamonga	91730	69,787	24.0%	11.2%
Rancho Cucamonga	91737	23,790	23.0%	14.8%
Rancho Cucamonga	91739	41,427	25.2%	9.2%
San Dimas	91773	34,407	20.5%	19.1%
Upland	91784	26,330	18.5%	20.1%
Upland	91786	55,405	23.1%	12.2%
Walnut	91789	41,829	19.8%	20.3%
West Covina	91790	45,497	21.4%	14.9%
West Covina	91791	34,411	19.7%	19.3%
West Covina	91792	31,649	18.8%	15.7%
Casa Colina Service Area		1,660,878	23.7%	12.7%
Los Angeles County		10,019,635	21.6%	13.7%
San Bernardino County		2,171,071	26.4%	11.6%
California		39,455,353	22.8%	14.4%

Source: U.S. Census Bureau, American Community Survey, 2017-2021, DP05. <http://data.census.gov/>

Race and Ethnicity

In the service area, 53.9% of the population are Hispanic or Latino residents and 20.5% are non-Hispanic White residents; 16.8% are Asian residents; 5.3% are Black or African American residents; and 2.7% of the population are multiracial (two or more races) residents; 0.3% of the area population are a race and ethnicity not listed; 0.3% are American Indian or Alaskan Native residents; and 0.2% are Native Hawaiian or Pacific Islander residents. The service area has a lower percentage of White residents, Black or African American residents, and multiracial residents, and a higher percentage of Asian residents, than either county.

Race and Ethnicity

	Casa Colina Service Area	Los Angeles County	San Bernardino County
Hispanic or Latino	53.9%	48.7%	54.6%
White	20.5%	25.5%	26.6%
Asian	16.8%	14.6%	7.3%
Black or African American	5.3%	7.6%	7.6%
Multiracial	2.7%	2.8%	3.1%
Some other race	0.3%	0.4%	0.3%
American Indian or AK Native	0.3%	0.2%	0.3%
Native HI or Pacific Islander	0.2%	0.2%	0.3%

Source: U.S. Census Bureau, American Community Survey, 2017-2021, DP05. <http://data.census.gov/>

When race and ethnicity are examined by ZIP Code, Fontana 92335 has the highest percentage of Hispanic or Latino residents (84.6%), followed by La Puente (79.4%). 17.5% of Diamond Bar and 18.9% of Walnut residents identify as Hispanic or Latino. The communities with the highest populations identifying as non-Hispanic White residents are Glendora 91741 (51.7%) and Upland 91784 (49.3%). Walnut has the

highest percentage of Asian residents (65.1%), followed by Diamond Bar (59.5%), and West Covina 91792 (43.1%). The highest percentage of Black or African American residents in the service area (12%) is found in Chino 91708, followed by 11.5% of Rancho Cucamonga 91730 residents, and 11.3% of Fontana 92336 residents.

Race and Ethnicity, by ZIP Code

	ZIP Code	Hispanic or Latino	White	Asian	Black
Azusa	91702	66.8%	15.5%	12.7%	2.5%
Chino	91708	29.7%	23.3%	29.7%	12.0%
Chino	91710	58.4%	20.6%	12.8%	5.4%
Chino Hills	91709	27.3%	26.4%	38.3%	4.3%
Claremont	91711	24.2%	47.5%	15.1%	5.5%
Corona	92880	40.6%	23.7%	25.4%	6.1%
Covina	91722	64.2%	15.4%	14.4%	2.7%
Covina	91723	66.6%	17.7%	10.0%	3.3%
Covina	91724	55.5%	21.8%	14.7%	4.7%
Diamond Bar	91765	17.5%	14.9%	59.5%	4.5%
Fontana	92335	84.6%	8.7%	1.9%	3.3%
Fontana	92336	56.1%	17.7%	10.2%	11.3%
Glendora	91740	46.3%	36.6%	10.7%	2.2%
Glendora	91741	29.4%	51.7%	12.9%	1.8%
La Puente	91744	79.4%	4.5%	13.3%	1.3%
La Verne	91750	38.1%	45.2%	9.3%	4.2%
Montclair	91763	72.3%	11.4%	9.5%	4.3%
Ontario	91761	68.8%	15.8%	7.2%	5.2%
Ontario	91762	70.4%	15.9%	7.2%	3.9%
Ontario	91764	71.3%	11.9%	5.5%	6.6%
Pomona	91766	73.1%	7.4%	12.6%	5.1%
Pomona	91767	68.0%	12.8%	9.9%	6.0%
Pomona	91768	72.9%	13.3%	7.2%	4.8%
Rancho Cucamonga	91701	36.3%	42.7%	11.0%	5.2%
Rancho Cucamonga	91730	42.2%	27.5%	14.0%	11.5%
Rancho Cucamonga	91737	33.7%	42.8%	13.0%	6.1%
Rancho Cucamonga	91739	35.3%	29.8%	19.5%	10.9%
San Dimas	91773	34.4%	41.6%	16.3%	2.7%
Upland	91784	29.5%	49.3%	11.9%	3.8%
Upland	91786	51.2%	30.0%	8.1%	6.0%
Walnut	91789	18.9%	10.0%	65.1%	2.6%
West Covina	91790	61.9%	11.7%	21.0%	2.9%
West Covina	91791	49.6%	13.3%	29.0%	4.0%
West Covina	91792	41.7%	5.6%	43.1%	7.5%
Casa Colina Service Area		53.9%	20.5%	16.8%	5.3%
Los Angeles County		48.7%	25.5%	14.6%	7.6%
San Bernardino County		54.6%	26.6%	7.3%	7.6%
California		39.5%	35.8%	14.7%	5.4%

Source: U.S. Census Bureau, American Community Survey, 2017-2021, DP05. <http://data.census.gov/>

Language

In the service area, 49.7% of the population, 5 years and older, speak only English in the home, while 34.8% speak Spanish in the home. 12.4% of the population speak an Asian or Pacific Islander language; 1.9% speak another Indo-European language (other than English or Spanish); and 1.1% speak some other language in the home.

Language Spoken at Home for the Population Ages 5 and Older

	Casa Colina Service Area	Los Angeles County	San Bernardino County
Population, ages 5 and older	1,558,914	9,449,268	2,021,664
English only	49.7%	44.2%	57.8%
Speaks Spanish	34.8%	38.7%	34.7%
Speaks Asian or Pacific Islander language	12.4%	10.7%	5.2%
Speaks other Indo-European language	1.9%	5.4%	1.4%
Speaks other language	1.1%	1.2%	0.9%

Source: U.S. Census Bureau, American Community Survey, 2017-2021, DP02. <http://data.census.gov/>

The highest percentage of Spanish speakers within the service area are in Fontana 92335 (68.7%) and La Puente (63.8%). Walnut has the highest percentage of Asian or Pacific-Islander language speakers in the service area (51.9%), followed by Diamond Bar (45.1%). Rancho Cucamonga 91739 has the highest percentage of Indo-European language speakers (4.5%), followed by Upland 91784 (4.4%).

Language Spoken at Home, by ZIP Code

	ZIP Code	English	Spanish	Asian or Pacific Islander	Other Indo-European
Azusa	91702	43.6%	45.9%	8.4%	1.6%
Chino	91708	62.7%	16.0%	20.0%	1.3%
Chino	91710	56.2%	33.1%	9.1%	1.2%
Chino Hills	91709	53.5%	12.9%	28.6%	3.0%
Claremont	91711	72.3%	12.1%	10.6%	3.7%
Corona	92880	54.6%	24.0%	16.3%	3.9%
Covina	91722	43.9%	43.3%	10.8%	1.2%
Covina	91723	55.1%	35.6%	7.4%	0.9%
Covina	91724	54.8%	32.0%	11.3%	0.9%
Diamond Bar	91765	41.2%	9.0%	45.1%	4.0%
Fontana	92335	28.7%	68.7%	1.2%	0.7%
Fontana	92336	55.4%	34.5%	7.1%	1.2%
Glendora	91740	64.5%	21.1%	8.0%	2.8%
Glendora	91741	74.6%	12.1%	8.2%	2.8%
La Puente	91744	24.0%	63.8%	11.8%	0.2%
La Verne	91750	77.0%	13.1%	5.6%	2.4%
Montclair	91763	41.4%	48.3%	8.5%	0.9%
Ontario	91761	48.8%	44.9%	4.5%	1.4%
Ontario	91762	43.1%	49.7%	5.3%	1.0%
Ontario	91764	42.2%	52.2%	4.1%	0.8%
Pomona	91766	29.2%	59.0%	10.3%	0.9%
Pomona	91767	40.7%	48.7%	8.0%	2.2%

	ZIP Code	English	Spanish	Asian or Pacific Islander	Other Indo-European
Pomona	91768	37.5%	54.6%	5.1%	1.8%
Rancho Cucamonga	91701	73.4%	15.4%	7.7%	2.4%
Rancho Cucamonga	91730	62.1%	22.3%	10.5%	2.8%
Rancho Cucamonga	91737	74.6%	14.0%	7.2%	2.5%
Rancho Cucamonga	91739	64.1%	17.3%	11.5%	4.5%
San Dimas	91773	67.6%	15.9%	12.3%	2.6%
Upland	91784	76.5%	10.8%	6.4%	4.4%
Upland	91786	64.8%	25.1%	6.3%	2.1%
Walnut	91789	35.1%	9.4%	51.9%	2.7%
West Covina	91790	42.8%	39.2%	16.8%	0.6%
West Covina	91791	44.6%	30.1%	22.2%	2.1%
West Covina	91792	38.9%	25.6%	34.1%	1.0%
Casa Colina Service Area		49.7%	34.8%	12.4%	1.9%
Los Angeles County		44.2%	38.7%	10.7%	5.4%
San Bernardino County		57.8%	34.7%	5.2%	1.4%
California		56.1%	28.3%	9.9%	4.6%

Source: U.S. Census Bureau, American Community Survey, 2017-2021, DP02. <http://data.census.gov/>

The California Department of Education defines “English Learners” as the percentage of students whose primary language is not English and who lack sufficient English-language skills necessary for academic success. In Los Angeles County school districts, the percentage of students who were classified English Learners was 18.5%, while in Riverside County it was 15.7%. Among area school districts, English Learners ranged from 5.2% of students in the Bonita Unified School District (serving the communities of San Dimas, La Verne, and part of Glendora), to 29% of students in the Ontario-Montclair School District. Additional school districts with high levels of EL students are Pomona Unified (26.3%), Fontana Unified (26.2%), Azusa Unified (25.9%), Rowland Unified (23.6%), and Hacienda La Puente Unified (20.4%).

English Learner (EL) Students, by School District

	Number	Percent
Alta Loma Elementary School District	323	5.9%
Azusa Unified School District	1,747	25.9%
Bonita Unified School District	518	5.2%
Central Elementary School District	531	12.4%
Chaffey Joint Union High School District	2,004	8.7%
Charter Oak Unified School District	372	8.7%
Chino Valley Unified School District	2,632	9.9%
Claremont Unified School District	354	5.5%
Corona-Norco Unified School District	7,561	14.9%
Covina-Valley Unified School District	1,137	10.2%
Cucamonga Elementary School District	291	12.7%
Etiwanda Elementary School District	1,481	11.1%
Fontana Unified School District	8,964	26.2%
Glendora Unified School District	378	5.8%
Hacienda La Puente Unified School District	3,300	20.4%

	Number	Percent
Mountain View Elementary School District	488	16.1%
Ontario-Montclair School District	5,364	29.0%
Pomona Unified School District	5,791	26.3%
Rowland Unified School District	3,108	23.6%
Upland Unified School District	817	8.1%
Walnut Valley Unified School District	1,809	13.4%
West Covina Unified School District	1,277	8.7%
Los Angeles County	242,684	18.5%
San Bernardino County	62,358	15.7%
California	1,112,535	19.0%

Source: California Department of Education DataQuest, 2022-2023. <http://dq.cde.ca.gov/dataquest/>

Veteran Status

In the service area, 4% of the civilian population, 18 years and older, are veterans. The highest percentage of veterans are found in Rancho Cucamonga 91701 (6.2%), La Verne 91750 (6.1%), and Rancho Cucamonga 91737 (6%).

Veteran Status

	ZIP Code	Percent
Azusa	91702	2.5%
Chino	91708	3.2%
Chino	91710	4.9%
Chino Hills	91709	4.4%
Claremont	91711	4.1%
Corona	92880	5.2%
Covina	91722	3.7%
Covina	91723	4.1%
Covina	91724	5.1%
Diamond Bar	91765	2.9%
Fontana	92335	2.1%
Fontana	92336	4.9%
Glendora	91740	4.9%
Glendora	91741	5.8%
La Puente	91744	2.7%
La Verne	91750	6.1%
Montclair	91763	2.6%
Ontario	91761	3.5%
Ontario	91762	3.4%
Ontario	91764	2.9%
Pomona	91766	2.2%
Pomona	91767	3.6%
Pomona	91768	3.0%
Rancho Cucamonga	91701	6.2%
Rancho Cucamonga	91730	5.7%
Rancho Cucamonga	91737	6.0%
Rancho Cucamonga	91739	3.9%
San Dimas	91773	5.3%
Upland	91784	5.6%
Upland	91786	5.2%
Walnut	91789	3.4%

	ZIP Code	Percent
West Covina	91790	4.6%
West Covina	91791	3.2%
West Covina	91792	3.2%
Casa Colina Service Area		4.0%
Los Angeles County		3.1%
San Bernardino County		5.5%
California		4.8%

Source: U.S. Census Bureau, American Community Survey, 2017-2021, DP02. <http://data.census.gov>

Citizenship

In the service area, 28.3% of the population is foreign-born, which is higher than the state (26.5%) and San Bernardino County (20.7%) rates, but lower than Los Angeles County. Of the foreign-born, 41.7% are not citizens, which is a higher rate of citizenship among the foreign-born than found in either county. It is important to note that not being a U.S. citizen does not indicate an illegal resident status within the U.S.

Foreign-Born Residents and Citizenship

	Casa Colina Service Area	Los Angeles County	San Bernardino County
Foreign born	28.3%	33.5%	20.7%
Of the foreign born, not a U.S. citizen	41.7%	46.2%	48.5%

Source: U.S. Census Bureau, American Community Survey, 2017-2021, DP02. <http://data.census.gov>



Social Determinants of Health

Social and Economic Factors Ranking

The County Health Rankings rank counties according to health factors data. Social and economic indicators are examined as a contributor to the health of a county's residents. California has 58 counties, which are ranked from 1 to 58 according to social and economic factors. A ranking of 1 is the county with the best factors and a ranking of 58 is the county with the poorest factors. This ranking examines: high school graduation rates, unemployment, children in poverty, social support, and others. Los Angeles County is ranked 37 and San Bernardino County is ranked 32 among counties in California.

Social and Economic Factors Ranking

	County Ranking (out of 58)
Los Angeles County	37
San Bernardino County	32

Source: County Health Rankings, 2023 <http://www.countyhealthrankings.org>

California Healthy Places Index

The California Healthy Places Index (HPI) is a measure of socioeconomic need that is correlated with poor health outcomes. It combines 25 community characteristics into a single indexed HPI score available at the census tract level or aggregated for larger areas. In addition to the overall score, the index also contains eight sub-scores for each of the Policy Action Areas: economic, education, social, transportation, neighborhood, housing, clean environment, and health care access. The index was created using statistical modeling techniques that evaluated the relationship between these Policy Action Areas and life expectancy at birth and was designed to maximize the ability of the HPI to identify healthy communities and quantify the factors that shape health.

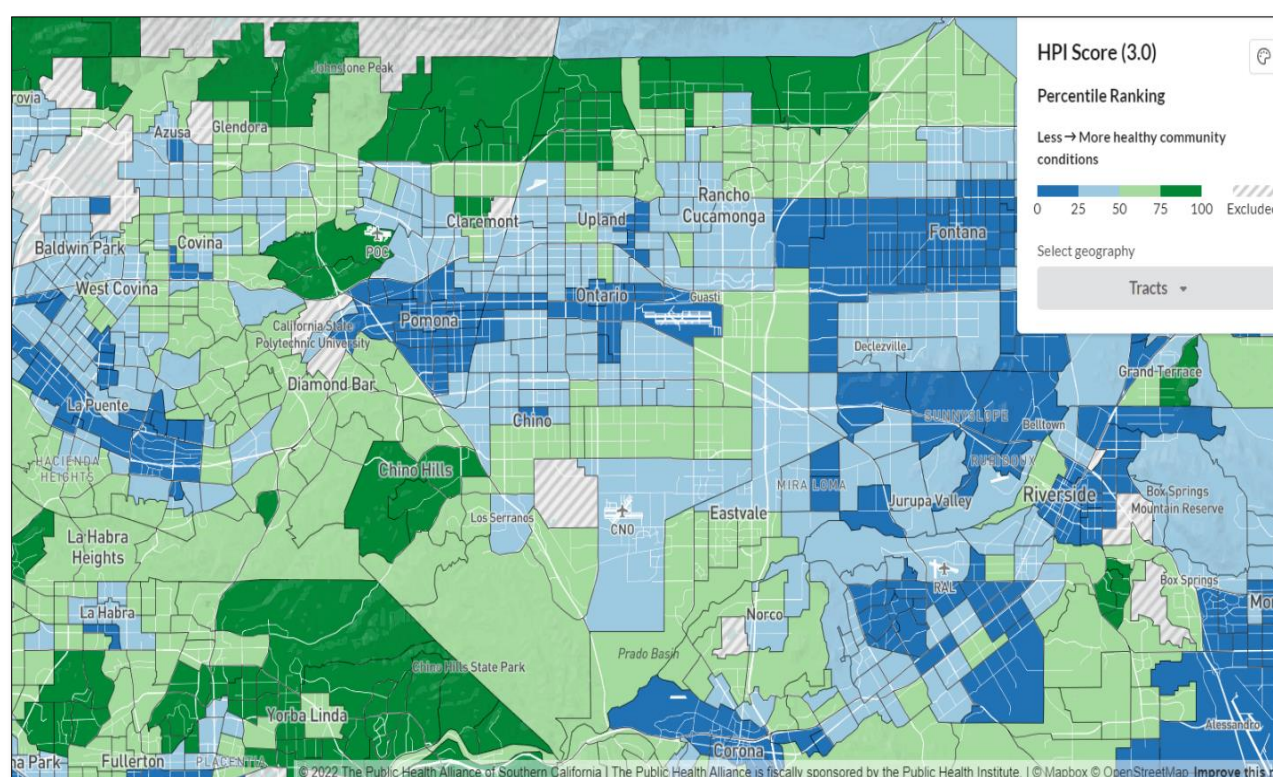
The HPI map below displays the Casa Colina service area and surrounding areas. The data are presented in colored quartiles (dark blue, light blue, light green, and dark green). The dark blue shading indicates the census tracts with the least healthy conditions, and the dark green shading shows census tracts with the healthiest conditions. (The gray hatched sections represent missing data.) The service area ZIP Codes have an overall HPI score that is better than less than half (49.1%) of California ZIP Codes. The service area has the least healthy environmental conditions compared to other California ZIP Codes (7.4%) based on four criteria: ozone levels, fine particulate matter concentrations, safe drinking water (contaminants), and particulate pollution from diesel sources. Health care access conditions are better than just 35.6% of other state ZIP Codes based on the percentage of insured adults from 2015-2019.

California Healthy Places Index Value and Sub-Scores, as Percentiles

	Casa Colina Service Area
Social	59.6%
Economic	54.3%
Transportation	53.7%
Education	48.8%
Housing	41.3%
Health Care Access	35.6%
Neighborhood	31.3%
Clean Environment	7.4%
HPI Score	49.1%

Source: Public Health Alliance of Southern California, the California Healthy Places Index (HPI) Map, accessed April 27, 2023.

<https://healthyplacesindex.org>



Unemployment

The unemployment rate among the civilian labor force in the service area, averaged over 5 years, was 6%. This is lower than unemployment rates in the state (6.5%), LA County (7.0%) and San Bernardino County (6.7%). The highest rates of unemployment are in Chino 91708 (10.2%), West Covina 91791 (8.4%) and Covina 91723 (8.3%), and Pomona 91768 (8.3%). Corona 92880 (4.1%) and Rancho Cucamonga 91701 (4.3%) reported the lowest unemployment rates in the service area.

Employment Status for the Population Ages 16 and Older

	ZIP Codes	Civilian Labor Force	Unemployed	Unemployment Rate
Azusa	91702	32,484	1,983	6.1%
Chino	91708	6,923	705	10.2%
Chino	91710	39,142	1,936	4.9%
Chino Hills	91709	41,004	2,389	5.8%
Claremont	91711	18,607	1,160	6.2%
Corona	92880	37,792	1,551	4.1%
Covina	91722	19,568	1,214	6.2%
Covina	91723	10,767	892	8.3%
Covina	91724	15,756	1,118	7.1%
Diamond Bar	91765	23,844	1,301	5.5%
Fontana	92335	46,214	3,277	7.1%
Fontana	92336	49,178	2,512	5.1%
Glendora	91740	13,794	743	5.4%
Glendora	91741	13,544	845	6.2%
La Puente	91744	42,074	3,070	7.3%
La Verne	91750	16,850	1,158	6.9%
Montclair	91763	18,103	1,405	7.8%
Ontario	91761	32,258	2,082	6.5%
Ontario	91762	31,005	1,968	6.3%
Ontario	91764	28,869	1,652	5.7%
Pomona	91766	35,128	2,012	5.7%
Pomona	91767	25,283	1,829	7.2%
Pomona	91768	17,744	1,477	8.3%
Rancho Cucamonga	91701	20,549	891	4.3%
Rancho Cucamonga	91730	36,635	1,986	5.4%
Rancho Cucamonga	91737	12,176	762	6.3%
Rancho Cucamonga	91739	21,291	959	4.5%
San Dimas	91773	17,101	827	4.8%
Upland	91784	13,940	657	4.7%
Upland	91786	29,518	1,778	6.0%
Walnut	91789	20,882	971	4.6%
West Covina	91790	23,918	1,544	6.5%
West Covina	91791	17,624	1,476	8.4%
West Covina	91792	17,176	952	5.5%
Casa Colina Service Area		846,741	51,082	6.0%
Los Angeles County		1,010,279	75,447	7.0%
San Bernardino County		5,252,747	367,715	7.5%
California		19,980,462	1,303,741	6.5%

Source: U.S. Census Bureau, American Community Survey, 2017-2021, DP03. <http://data.census.gov/>

Poverty

Poverty thresholds are used for calculating official poverty population statistics. They are updated each year by the Census Bureau. For 2021, the federal poverty level (FPL) for one person was \$13,788 and for a family of four it was \$27,479. Among the residents in the service area, 10.2% are at or below 100% of the federal poverty level (FPL) and 26.5% are at 200% or below FPL (low-income). These rates are lower than the state poverty (12.3%) and low-income (28.5%) rates, as well as the rates in both

counties. The highest poverty rate in the service area is in Montclair, where 17.7% of the population lives in poverty, followed by Pomona 91767 and 91768 (16.6%), Pomona 91766 (16%), and Fontana 92335 (15.9%). The highest rates of low-income residents are in Pomona 91768 (43.8%), Fontana 92335 (42%), and Pomona 91766 (41.2%).

Poverty Levels, <100% FPL and <200% FPL, by ZIP Code

	ZIP Code	<100% FPL	<200% FPL
Azusa	91702	13.5%	35.3%
Chino	91708	8.8%	19.5%
Chino	91710	8.3%	24.2%
Chino Hills	91709	6.9%	18.0%
Claremont	91711	4.6%	12.8%
Corona	92880	5.4%	15.5%
Covina	91722	6.6%	23.6%
Covina	91723	11.2%	28.0%
Covina	91724	8.9%	24.8%
Diamond Bar	91765	8.6%	20.5%
Fontana	92335	15.9%	42.0%
Fontana	92336	8.7%	23.0%
Glendora	91740	9.3%	22.1%
Glendora	91741	5.6%	13.3%
La Puente	91744	9.4%	30.1%
La Verne	91750	8.1%	17.5%
Montclair	91763	17.7%	40.1%
Ontario	91761	10.0%	27.9%
Ontario	91762	13.3%	34.0%
Ontario	91764	15.5%	38.3%
Pomona	91766	16.0%	41.2%
Pomona	91767	16.6%	37.7%
Pomona	91768	16.6%	43.8%
Rancho Cucamonga	91701	4.6%	12.7%
Rancho Cucamonga	91730	10.2%	27.8%
Rancho Cucamonga	91737	8.3%	18.0%
Rancho Cucamonga	91739	4.3%	12.2%
San Dimas	91773	8.7%	18.1%
Upland	91784	6.0%	10.9%
Upland	91786	12.7%	29.1%
Walnut	91789	7.1%	19.0%
West Covina	91790	8.7%	25.8%
West Covina	91791	8.7%	20.2%
West Covina	91792	11.0%	22.1%
Casa Colina Service Area		10.2%	26.5%
Los Angeles County		13.9%	32.2%
San Bernardino County		14.3%	34.4%
California		12.3%	28.5%

Source: U.S. Census Bureau, American Community Survey, 2017-2021, S1701. <http://data.census.gov/>

Poverty in the service area generally declines with age (though poverty rates are higher in children ages 5 to 17 than in those ages 0 to 5). 13.7% of service area children, 9.7% of service area senior adults, and 27.3% of service area female Heads-of-Household

(HoH), with children under the age of 18 living with them, live in poverty.

Montclair (26.7%), Pomona 91767 (24.4%), Fontana 92335 (23.9%), and Azusa (23.8%) report the highest rates of poverty among children. Pomona 91767 (15.3%), Montclair (14%), and La Puente (13.9%) have the highest rates of poverty among senior adults. La Verne (41.6%), Pomona 91767 (41.1%), and Montclair (40%) have the highest rates of poverty among female HoH with children under the age of 18 in the service area.

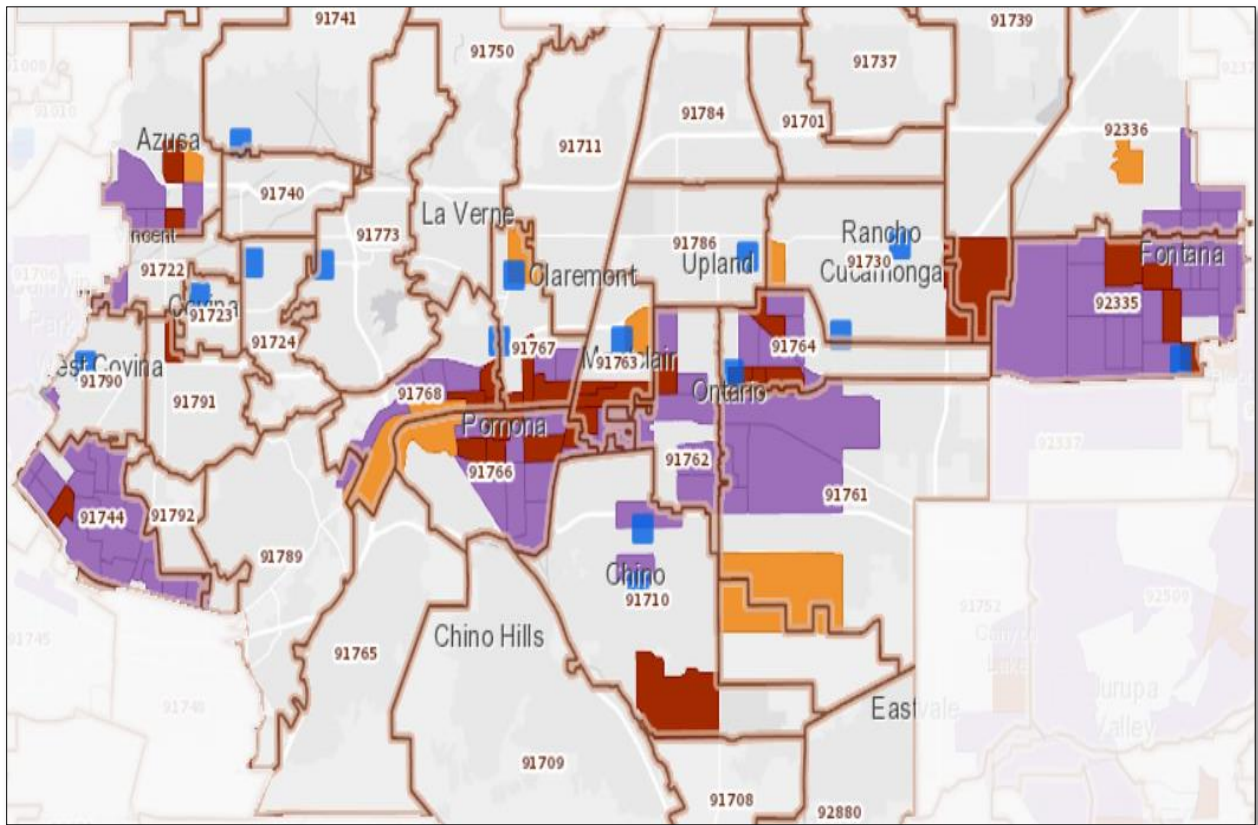
Poverty Levels, Children < Age 18, Senior Adults Ages 65 and Older, and Female HoH

	ZIP Code	Children	Senior adults	Female HoH with Children*
Azusa	91702	23.8%	9.7%	29.4%
Chino	91708	13.1%	13.1%	12.0%
Chino	91710	8.0%	9.5%	16.7%
Chino Hills	91709	7.4%	7.6%	13.9%
Claremont	91711	5.5%	4.7%	13.4%
Corona	92880	6.0%	8.6%	27.9%
Covina	91722	7.1%	7.9%	10.5%
Covina	91723	15.2%	10.4%	20.3%
Covina	91724	10.9%	10.0%	24.4%
Diamond Bar	91765	9.4%	10.5%	28.9%
Fontana	92335	23.9%	12.0%	36.9%
Fontana	92336	11.1%	10.5%	27.1%
Glendora	91740	12.8%	7.2%	31.8%
Glendora	91741	3.0%	9.0%	12.0%
La Puente	91744	10.7%	13.9%	18.2%
La Verne	91750	9.5%	7.6%	41.6%
Montclair	91763	26.7%	14.0%	40.0%
Ontario	91761	14.5%	11.6%	33.2%
Ontario	91762	19.7%	7.7%	35.9%
Ontario	91764	20.9%	11.3%	28.2%
Pomona	91766	22.6%	12.1%	32.6%
Pomona	91767	24.4%	15.3%	41.1%
Pomona	91768	21.4%	10.8%	38.2%
Rancho Cucamonga	91701	4.2%	6.2%	13.8%
Rancho Cucamonga	91730	14.1%	9.9%	25.5%
Rancho Cucamonga	91737	10.7%	9.4%	22.3%
Rancho Cucamonga	91739	3.7%	5.5%	15.3%
San Dimas	91773	9.1%	9.6%	19.3%
Upland	91784	5.8%	10.3%	33.9%
Upland	91786	15.3%	6.9%	32.3%
Walnut	91789	7.3%	9.8%	16.9%
West Covina	91790	10.0%	8.3%	13.0%
West Covina	91791	10.9%	11.7%	13.1%
West Covina	91792	13.5%	8.9%	28.4%
Casa Colina Service Area		13.7%	9.7%	27.3%
Los Angeles County		18.8%	12.0%	30.8%
San Bernardino County		19.7%	13.5%	34.3%
California		16.2%	10.5%	30.1%

Source: U.S. Census Bureau, American Community Survey, 2017-2021, S1701 & *S1702. <http://data.census.gov/>

Vulnerable Populations

When vulnerable populations in the area are mapped, pockets of poverty emerge. The map of the service area and surrounding areas highlights the percentage of each ZIP Code that has more than 20% poverty (in tan) and more than 25% of the population with low education, defined as less than a high school education (in lavender). Areas above the vulnerable thresholds for both poverty and education are noted on the map in brown. Vulnerable populations are found in Pomona, Ontario, Fontana, and southern Chino. Hospitals in the area are represented by blue squares, with Casa Colina found in ZIP Code 91767.



https://engagementnetwork.org/map-room/?action=tool_map&tool=footprint

Free and Reduced-Price Meals

The National School Lunch Program is a federally assisted meal program that provides free, nutritionally balanced lunches to children whose families meet eligibility income requirements. In LA County schools, 67.5% of students are eligible for the program. In San Bernardino County schools, 70% of students are eligible. Area school district eligibility ranged from 25.8% of students in the Walnut Valley Unified School District to 89.3% in the Pomona Unified School District. An additional five school districts have rates above both counties: Azusa Unified (86.7%), Ontario-Montclair (84.1%), Fontana Unified (77.3%), Rowland Unified (77.1%), and Corona-Norco Unified (70.8%).

Free and Reduced-Price Meal Eligibility

	Percent Eligible Students
Alta Loma Elementary School District	36.1%
Azusa Unified School District	86.7%
Bonita Unified School District	33.8%
Central Elementary School District	66.1%
Chaffey Joint Union High School District	61.0%
Charter Oak Unified School District	61.3%
Chino Valley Unified School District	47.4%
Claremont Unified School District	32.7%
Corona-Norco Unified School District	70.8%
Covina-Valley Unified School District	65.1%
Cucamonga Elementary School District	65.5%
Etiwanda Elementary School District	51.4%
Fontana Unified School District	77.3%
Glendora Unified School District	42.3%
Hacienda La Puente Unified School District	69.0%
Mountain View Elementary School District	50.7%
Ontario-Montclair School District	84.1%
Pomona Unified School District	89.3%
Rowland Unified School District	77.1%
Upland Unified School District	67.3%
Walnut Valley Unified School District	25.8%
West Covina Unified School District	69.8%
Los Angeles County	67.5%
San Bernardino County	70.0%
California	59.9%

Source: California Department of Education, 2022-2023. <http://data1.cde.ca.gov/dataquest/>

From 2017 to 2021, service area workers spent, on average, 33 minutes a day commuting to work. 75.5% of workers drove alone to work and 49% of solo drivers had a commute of 30 minutes or more (16.2% had a commute of more than an hour, compared to 12.5% in LA County and 15.5% in San Bernardino County). Few workers commuted by walking or biking to work (1.6%) or by public transportation (2%).

Transportation/Commute to Work

	Casa Colina Service Area	Los Angeles County	San Bernardino County
Mean travel time to work (in minutes)	33.0	31.4	32.4
Workers who drive alone	75.5%	70.0%	77.4%
Workers who carpool	11.0%	9.3%	10.8%
Workers who work from home	8.8%	10.9%	7.8%
Workers who walk or bike to work	1.6%	3.0%	1.7%
Workers commuting by public transportation	2.0%	4.9%	1.1%
Solo drivers with a long (> 30 min.) commute*	49.0%	49.8%	43.9%

Source: U.S. Census Bureau, American Community Survey, 2017-2021, S0801 & *S0802. <http://data.census.gov/>

Households

Many factors impact and constrain household formation, including housing costs, income, employment, marriage and children, and other considerations. There is a need for vacant units—both for sale and for rent—in a well-functioning housing market to enable prospective buyers or renters to find a unit matching their needs and to give prospective sellers the confidence to list their homes in the belief they will find replacement housing. The mortgage corporation Freddie Mac estimates that the vacancy rate should be 13% to allow for these needs to be met.

http://www.freddiemac.com/research/insight/20181205_major_challenge_to_u.s._housing_supply.page

In the service area, there are 463,491 households and 485,949 housing units. Over the last five years, the population grew by 1.6%, but the number of households increased by 4.6% (suggesting decreasing family size and/or decreased constraints on housing formation). Owner-occupied households increased by 5% and renter-households increased by 3.8% from 2016 levels. Housing units grew by 3.9%, and vacant units decreased by 10.7%, to 4% of overall housing stock.

Households and Housing Units, and Percent Change, Casa Colina Service Area

	2016		2021		Percent Change
	Number	Percent	Number	Percent	
Housing units	485,949		504,704		3.9%
Vacant	22,458	4.6%	20,053	4.0%	-10.7%
Households	463,491		484,651		4.6%
Owner occ.	292,737	63.2%	307,491	63.4%	5.0%
Renter occ.	170,754	36.8%	177,160	36.6%	3.8%

Source: U.S. Census Bureau, American Community Survey, 2011-2015 & 2016-2020, DP04. <http://data.census.gov/>

Households and Housing Units, and Percent Change, Los Angeles County

	2016		2021		Percent Change
	Number	Percent	Number	Percent	
Housing units	3,490,118		3,578,801		2.5%
Vacant	208,273	6.0%	235,990	6.6%	13.3%
Households	3,281,845		3,342,811		1.9%
Owner occ.	1,499,576	45.7%	1,545,929	46.2%	3.1%
Renter occ.	1,782,269	54.3%	1,796,882	53.8%	0.8%

Source: U.S. Census Bureau, American Community Survey, 2011-2015 & 2016-2020, DP04. <http://data.census.gov/>

Households and Housing Units, and Percent Change, San Bernardino County

	2016		2021		Percent Change
	Number	Percent	Number	Percent	
Housing units	708,442		728,675		2.9%
Vacant	89,520	12.6%	76,931	10.6%	-14.1%
Households	618,922		651,743		5.3%
Owner occ.	365,576	59.1%	394,249	60.5%	7.8%
Renter occ.	253,346	40.9%	257,494	39.5%	1.6%

Source: U.S. Census Bureau, American Community Survey, 2011-2015 & 2016-2020, DP04. <http://data.census.gov/>

The weighted average of the median household income in the service area was \$89,969. It ranged from \$64,820 in Pomona 91768 and \$64,946 in Fontana 92335 to \$138,017 in Upland 91784.

Median Household Income

	ZIP Code	Median Household Income
Azusa	91702	\$74,175
Chino	91708	\$98,161
Chino	91710	\$89,375
Chino Hills	91709	\$109,318
Claremont	91711	\$112,430
Corona	92880	\$128,425
Covina	91722	\$86,583
Covina	91723	\$73,977
Covina	91724	\$90,799
Diamond Bar	91765	\$99,705
Fontana	92335	\$64,946
Fontana	92336	\$103,200
Glendora	91740	\$92,975
Glendora	91741	\$113,446
La Puente	91744	\$80,266
La Verne	91750	\$96,184
Montclair	91763	\$67,853
Ontario	91761	\$79,614
Ontario	91762	\$69,103
Ontario	91764	\$65,941
Pomona	91766	\$67,756
Pomona	91767	\$70,039
Pomona	91768	\$64,820
Rancho Cucamonga	91701	\$105,044
Rancho Cucamonga	91730	\$76,750
Rancho Cucamonga	91737	\$105,943
Rancho Cucamonga	91739	\$126,111
San Dimas	91773	\$100,614
Upland	91784	\$138,017
Upland	91786	\$71,693
Walnut	91789	\$116,583
West Covina	91790	\$93,181
West Covina	91791	\$89,794
West Covina	91792	\$88,610
Casa Colina Service Area*		\$89,969
Los Angeles County		\$76,367
San Bernardino County		\$70,287
California		\$84,097

Source: U.S. Census Bureau, American Community Survey, 2017-2021, DP03. <http://data.census.gov/> *Weighted average of the medians.

According to the US Department of Housing and Urban Development, those who spend more than 30% of their income on housing are said to be “cost burdened.” 40.3% of owner and renter occupied households in the service area spend 30% or more of their income on housing. In the service area, Chino 91708 (59.3%) and Ontario 91764 (51%)

have the highest percentage of households spending 30% or more of their income on housing.

Households that Spend 30% or More of Income on Housing

	ZIP Code	Percent
Azusa	91702	43.9%
Chino	91708	59.3%
Chino	91710	39.1%
Chino Hills	91709	37.5%
Claremont	91711	36.4%
Corona	92880	36.4%
Covina	91722	37.7%
Covina	91723	43.6%
Covina	91724	37.1%
Diamond Bar	91765	40.0%
Fontana	92335	41.2%
Fontana	92336	40.0%
Glendora	91740	41.8%
Glendora	91741	33.8%
La Puente	91744	36.1%
La Verne	91750	37.4%
Montclair	91763	45.1%
Ontario	91761	40.2%
Ontario	91762	45.2%
Ontario	91764	51.0%
Pomona	91766	42.8%
Pomona	91767	44.9%
Pomona	91768	45.6%
Rancho Cucamonga	91701	32.4%
Rancho Cucamonga	91730	46.1%
Rancho Cucamonga	91737	42.0%
Rancho Cucamonga	91739	37.5%
San Dimas	91773	37.9%
Upland	91784	28.8%
Upland	91786	42.6%
Walnut	91789	36.7%
West Covina	91790	36.6%
West Covina	91791	41.0%
West Covina	91792	35.8%
Casa Colina Service Area		40.3%
Los Angeles County		46.8%
San Bernardino County		40.3%
California		41.1%

Source: U.S. Census Bureau, American Community Survey, 2017-2021, DP04. <http://data.census.gov/>

Homelessness

San Bernardino County (SBC) and Los Angeles County (LAC) have a Continuum of Care (CoC) for the purposes of addressing homelessness. The LAC CoC does not include the cities of Pasadena, Glendale, and Long Beach, which each have their own separate CoCs. The SBC CoC count and subpopulation survey is a joint effort of the

San Bernardino County Homeless Partnership, the San Bernardino County Office of Homeless Services, and the Hub for Urban Initiatives. The LAC CoC count is coordinated by the Los Angeles Homeless Services Authority.

According to the U.S. Department of Housing and Urban Development (HUD), a point-in-time (PIT) count of people experiencing homelessness must be conducted annually, generally in January, to determine how many individuals and families are experiencing homelessness on a given day. COVID-19 led to temporary changes in the timing of PIT counts, and the 2022 homeless counts for Los Angeles and San Bernardino Counties occurred in late February. In 2023, the count for San Bernardino County was conducted on January 26 and LA County’s PIT was conducted over three nights, from January 24 to 26, 2023.

From February 2022 to January 2023 there was a 7.5% increase in the total count of people experiencing homelessness in LA County SPA 3 (excluding Pasadena) and a 25.9% increase in San Bernardino County. The increase in the number of sheltered individuals in San Bernardino County led to a decrease in the percentage of persons experiencing homelessness who were unsheltered, from 71.7% to 70.9%. At the same time, the number and percentage of sheltered persons declined in LA County SPA 3.

People Experiencing Homelessness, Los Angeles County SPA 3 (excluding Pasadena)

	2022		2023	
	Number	Percent	Number	Percent
Sheltered individuals	1,676	36.0%	1,551	31.0%
Unsheltered individuals	2,985	64.0%	3,458	69.0%
Count of unhoused individuals	4,661	100%	5,009	100%

Source: 2022 and 2023 Greater Los Angeles Homeless County – SPA 3 Data Summary. <https://www.lahsa.org/documents?id=6508-spa-3-hc2020-data-summary> and <https://www.lahsa.org/documents?id=7683-spa-3-hc2023-data-summary>

People Experiencing Homelessness, San Bernardino County

	2022		2023	
	Number	Percent	Number	Percent
Sheltered individuals	944	28.3%	1,219	29.1%
Unsheltered individuals	2,389	71.7%	2,976	70.9%
Count of unhoused individuals	3,333	100%	4,195	100%

Source: San Bernardino County CoC Homeless Count and Survey Final Report, 2023. <https://www.sbcounty.gov/uploads/sbchp/content/SBC-2023-Homeless-Count-Report.pdf>

Of the 5,009 people experiencing homelessness who were counted in 2023 in LA County SPA 3, 91% were adults and 9% were minors (under age 18). 15 adults were parenting youths (ages 18 to 24) with 26 minor children. 2.5% were veterans, most of whom were unsheltered. Of the 127 veterans experiencing homelessness, 87.4% were chronically homeless. 6.4% of the persons experiencing homelessness in 2023 were

currently homeless due to domestic violence.

Homeless Subpopulations, Los Angeles County SPA 3 (excluding Pasadena)

	Sheltered		Unsheltered	
	Number	Percent	Number	Percent
Unaccompanied minors	8	0.5%	0	0.0%
Minors (under age 18)	386	24.9%	63	1.8%
Parenting youth (ages 18 to 24)	15	1.0%	0	0.0%
Veterans	7	0.5%	120	3.5%
Chronically homeless veterans	2	0.1%	109	3.2%
Chronically homeless individuals	298	19.2%	1,762	51.0%
Chronically homeless youth (24 and under)	14	0.9%	118	3.4%
Serious mental illness	310	20.0%	664	19.2%
Substance use disorder	119	7.7%	1,427	41.3%
HIV/AIDS	26	1.7%	36	1.0%
Homeless due to fleeing domestic violence	59	3.8%	262	7.6%
With a developmental disability	206	13.3%	130	3.8%
With a physical disability	205	13.2%	465	13.4%
Total	1,551	100.0%	3,458	100.0%

Source: 2023 Greater Los Angeles Homeless County – SPA 3 Data Summary. <https://www.lahsa.org/documents?id=7683-spa-3-hc2023-data-summary>

Of the 4,195 people experiencing homelessness who were counted in San Bernardino County in 2023, 5.5% were veterans, 87.9% of whom were unsheltered, and 46.8% of whom were chronically homeless. 8.9% of the unhoused individuals surveyed in 2023 were currently homeless due to domestic violence. Of the 2,976 unsheltered persons counted, 99% were adults, 0.4% were unaccompanied minors, and 0.6% were children, under age 18, in families.

Homeless Subpopulations, San Bernardino County, 2023

	Sheltered		Unsheltered	
	Number	Percent	Number	Percent
Unaccompanied minors	8	0.7%	11	0.4%
Minors (under age 18)	NR	NR	17	0.6%
Parenting youth (ages 18 to 24)	NR	NR	NR	NR
Veterans	28	2.3%	203	6.9%
Chronically homeless veterans	14	1.2%	94	3.2%
Chronically homeless adults	122	10.0%	1,300	44.1%
Persons with mental health problems	174	14.3%	646	21.9%
Substance use disorder	95	7.8%	929	31.5%
Persons with HIV/AIDS	39	3.2%	35	1.2%
Homeless due to fleeing domestic violence	104	8.5%	268	9.1%
With a physical disability	NR	NR	NR	NR
Total	1,219	100%	2,976	100%

Source: San Bernardino County CoC Homeless Count and Survey Final Report, 2023. <https://www.sbcounty.gov/uploads/sbchp/content/SBC-2023-Homeless-Count-Report.pdf> NR = Not Reported

Community Input – Housing and Homelessness

Stakeholder interviews identified the following issues, challenges, and barriers related to housing and homelessness. Following are their comments summarized and edited for clarity:

- We need a regional answer and commitment. It really is a shared responsibility. We also need to look at organizations and nonprofits that do not typically serve that population but could.
- It is difficult to find affordable housing for seniors. We are seeing an increase in seniors who are unhoused. Seniors may have property but cannot afford the day-to-day cost of living. It is important to educate them about how to live well and age in their own home. Older adults may not ask for help.
- The cost of housing and lack of housing assistance means a home is often out of reach financially. Finding subsidized housing is very difficult. Accessible affordable housing is the dream. Once people are injured, they often can't return to a home with stairs or other access issues. And they struggle financially because they can't return to their jobs. That can lead to people having nowhere to live other than being warehoused in a nursing facility.
- It would be great if we could help people find an accessible place to live, where they could get in and out of the home, the car, and the shower. Those are key. The reality is when you do not have ADA friendly situations, people are less apt to leave their homes. They don't want to go through the embarrassment that they are being watched or catered to or have to ask people to move.
- We need to come at this from every direction we can. We need universal pre-kindergarten and childcare and wraparound services. We need to create more upward mobility and make room for subsidized affordable housing with services that are not a threat to their neighbors who are already housed.
- There is a lack of state and federal funding to support ongoing programs. We have a very forward housing department in the city. We have a shelter with a clinic onsite, with a kitchen and kennel and showers and work opportunities.
- Our numbers of homelessness have increased between 2020 and 2022. We are seeing a lot of food insecurity and food deserts and about 30% of adults live below 200% of FPL and report not being able to afford food. Stigma is an issue. Even if we could build more housing, there is a big challenge because community members don't want affordable housing in their communities. Also, persons experiencing homelessness self-report they are using drugs and have a mental illness.

Public Program Participation

In the service area, 5.4% of residents receive SSI benefits, 3.3% receive cash public assistance income, and 8.8% of residents receive food stamp benefits. These rates are below both area counties.

Household Supportive Benefits

	Casa Colina Service Area	Los Angeles County	San Bernardino County
Supplemental Security Income (SSI)	5.4%	6.7%	6.7%
Public Assistance	3.3%	4.1%	4.6%
Food Stamps/SNAP	8.8%	10.2%	14.1%

Source: U.S. Census Bureau, American Community Survey, 2017-2021, DP03. <http://data.census.gov>

CalFresh Eligibility and Participation

CalFresh is California's food stamp program. In San Bernardino County, 91.3% of eligible households in 2019, received food stamps (CalFresh). By January of 2023, that number had risen by 8.4% in San Bernardino County. Participation in Los Angeles County was 71.5% of eligible households, and the increase in households was 7.6%.

CalFresh Eligibility and Participation

	Participation Rate Among Eligible Households 2019	Participating Households 2022	Participating Households January 2023	Percent Increase From 2022 Monthly Average
Los Angeles County	71.5%	877,960	944,929	7.6%
San Bernardino County	91.3%	165,787	179,647	8.4%
California	64.2%	2,795,730	3,003,165	7.4%

Source: California Department of Social Services' CalFresh Data Dashboard, 2022 Calendar Year Average and 2019. <http://www.cdss.ca.gov/inforesources/Data-Portal/Research-and-Data/CalFresh-Data-Dashboard>

Access to Food

Food insecurity is an economic and social indicator of the health of a community. The US Department of Agriculture (USDA) defines food insecurity as limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire foods in socially acceptable ways. In 2021, 9.7% of the San Bernardino County population experienced food insecurity. In Los Angeles County the rates were higher, with 11.3% of the population experiencing food insecurity in 2021. Among children, rates are higher. In 2021 in San Bernardino County, 14.7% of children lived in households that experienced food insecurity. In 2021 in Los Angeles County, 15.5% of children lived in households that experienced food insecurity. Feeding America estimates that in 2021, in Los Angeles County, 73% of those experiencing food insecurity, and 69% of county children experiencing food insecurity, were income-eligible for nutritional programs such as SNAP. Rates of eligibility were estimated to be higher in San Bernardino County, with 78% of those experiencing food insecurity, and 71% of children experiencing food insecurity income-eligible for nutritional programs such as SNAP.

Food Insecurity

	Los Angeles County		San Bernardino County		California	
	Number	Rate	Number	Rate	Number	Rate
Total population experienced food insecurity during 2020	1,271,040	12.7%	228,340	10.6%	3,571,920	9.1%
Total population experienced food insecurity during 2021	1,132,600	11.3%	210,470	9.7%	4,104,060	10.5%
Children, under age 18, experienced food insecurity during 2020	438,950	20.1%	104,370	18.3%	1,165,400	13.0%
Children, under age 18, experienced food insecurity during 2021	336,120	15.5%	84,090	14.7%	1,182,720	13.5%

Source: Feeding America, 2020 & 2021. <https://map.feedingamerica.org/>

Educational Attainment

Educational attainment is a key driver of health. In the service area, 16.6% of adults, ages 25 and older, lack a high school diploma. 29.7% of area adults have a bachelor's degree or higher.

Education Levels, Population Ages 25 and Older

	Casa Colina Service Area	Los Angeles County	San Bernardino County
Population ages 25 and older	1,099,133	6,922,061	1,377,666
Less than 9 th grade	8.6%	11.7%	8.3%
9 th to 12 th grade, no diploma	8.0%	8.2%	10.6%
High school graduate	22.9%	20.4%	26.9%
Some college, no degree	22.0%	18.6%	23.8%
Associate degree	8.7%	7.0%	8.5%
Bachelor's degree	19.8%	22.1%	14.3%
Graduate/professional degree	9.9%	11.9%	7.6%

Source: U.S. Census Bureau, American Community Survey, 2017-2021, DP02. <http://data.census.gov/>

High School Graduation Rates

High school graduation rates are the percentage of high school students that graduate four years after starting 9th grade. The Healthy People 2030 objective for high school graduation is 90.7%. Most area high school districts met this objective in the 2020, 2021, and 2022 school years. However, three school districts—Hacienda La Puente Unified, Fontana Unified, and Chaffey Joint Union High School District—met the objective in 2020 and 2022 but not in 2021, and Rowland Unified School District met the objective in 2022, but not in the prior two years. There are two area school districts that did not meet the objective in the prior three years: Azusa Unified and Pomona Unified School Districts.

High School Graduation Rates

	2019-2020	2020-2021	2021-2022
Azusa Unified School District	89.8%	85.7%	87.2%
Bonita Unified School District	94.7%	94.3%	96.2%
Chaffey Joint Union High School District	90.9%	88.4%	91.8%
Charter Oak Unified School District	95.9%	94.4%	97.3%
Chino Valley Unified School District	91.5%	93.2%	94.0%
Claremont Unified School District	94.3%	93.4%	98.4%
Corona-Norco Unified School District	94.5%	95.2%	96.1%
Covina-Valley Unified School District	97.4%	96.2%	95.6%
Fontana Unified School District	92.9%	89.8%	92.1%
Glendora Unified School District	97.6%	96.8%	97.2%
Hacienda La Puente Unified School District	96.2%	90.3%	95.9%
Pomona Unified School District	82.1%	88.4%	90.2%
Rowland Unified School District	87.5%	88.5%	93.2%
Upland Unified School District	95.3%	93.0%	95.5%
Walnut Valley Unified School District	95.8%	96.9%	97.6%
West Covina Unified School District	92.0%	96.0%	97.3%
Los Angeles County	86.5%	86.3%	89.6%
San Bernardino County	85.1%	87.7%	90.4%
California	87.5%	87.7%	90.4%

Source: California Department of Education DataQuest, 2018-2021. <http://dq.cde.ca.gov/dataquest/>

Preschool Enrollment

42.4% of children, ages 3 and 4, in the service area were enrolled in preschool.

Children living in San Bernardino County (33.3%) were less likely to be enrolled in preschool than are those living in Los Angeles County (49.9%).

Enrolled in Preschool, Population Ages 3 and 4

	Population, Ages 3 and 4	Percent Enrolled
Casa Colina Service Area	43,891	42.4%
Los Angeles County	239,483	49.9%
San Bernardino County	63,684	33.3%
California	997,048	45.6%

Source: U.S. Census Bureau, American Community Survey, 2017-2021, S1401. <http://data.census.gov/>

Crime and Violence

Violent crimes include homicide, rape, robbery, and assault. Property crimes include burglary, larceny, and motor vehicle theft. Property crime rates in both area counties and the state fell from 2016 to 2021, while rates of violent crime rose. The highest rates of property crime and violent crime in the service area in 2021 were found in Pomona and Montclair. The third-highest rate of property crime was found in Chino and the third-highest rate of violent crime was in La Puente.

Violent Crime and Property Crime Rates, per 100,000 Persons, 2016 and 2021

	Property Crimes				Violent Crimes			
	Number		Rate*		Number		Rate*	
	2016	2021	2016	2021	2016	2021	2016	2021
Azusa	1,139	973	2,259.7	1,930.4	175	169	347.2	335.0
Chino	2,151	2,229	2,304.3	2,387.8	207	399	221.8	427.4
Chino Hills	1,013	917	1,197.7	1,084.2	59	141	69.8	166.7
Claremont	960	739	2,617.2	2,014.7	59	58	160.8	158.1
Corona	3,693	3,210	2,161.2	1,878.6	185	297	108.3	173.8
Covina	1,289	1,068	2,686.3	2,225.7	164	197	341.8	410.5
Diamond Bar	931	909	1,651.8	1,612.7	66	61	117.1	108.2
Fontana	4,396	2,623	2,036.3	1,215.0	870	579	403.0	268.2
Glendora	1,361	1,135	2,606.7	2,173.9	70	117	134.1	224.1
La Puente	560	481	1,402.9	1,205.0	131	179	328.2	448.4
La Verne	561	666	1,734.5	2,059.1	41	47	126.8	145.3
Montclair	1,713	1,250	4,305.4	3,141.7	210	235	527.8	590.6
Ontario	4,718	3,378	2,573.6	1,842.7	602	573	328.4	312.6
Pomona	4,676	5,188	3,060.7	3,395.8	767	910	502.0	595.6
Rancho Cucamonga	3,991	3,090	2,226.5	1,723.9	266	587	148.4	327.5
San Dimas	764	735	2,243.2	2,158.0	82	67	240.8	196.7
Upland	2,301	1,453	2,972.9	1,877.3	243	269	314.0	347.6
Walnut	516	410	1,713.8	1,361.8	25	58	83.0	192.6
West Covina	2,811	2,152	2,643.5	2,023.8	265	331	249.2	311.3
Los Angeles County	252,224	227,695	2,508.2	2,264.3	56,351	58,177	560.4	578.5
San Bernardino County	54,937	38,777	2,531.6	1,786.9	10,469	12,736	482.4	586.9
California	1,001,380	857,599	2,535.0	2,171.0	174,701	183,546	442.3	464.6

Source: California Department of Justice, Open Justice Portal, 2022. <https://openjustice.doj.ca.gov/data> *All rates calculated based on 2019 population counts provided by FBI CRIMESTATSINFO; as such, rates are estimates. Care should be used when interpreting rates calculated on small populations or small numbers.

Domestic violence calls are categorized as with or without a weapon. 77.3% of domestic violence calls in Los Angeles County and 38% in San Bernardino County were reported to involve a weapon. The rate of domestic violence calls in Montclair (9.2 per 1,000 persons) is the highest in the service area. Rates are an estimate and based on relatively small numbers, so should be interpreted with caution.

Domestic Violence Call Rates, per 1,000 Persons, 2021

	Total	Rate*	Without Weapon	With Weapon
Azusa	150	3.0	3.3%	96.7%
Chino	340	3.6	0.9%	99.1%
Chino Hills	113	1.3	62.8%	37.2%
Claremont	62	1.7	88.7%	11.3%
Corona	136	0.8	84.6%	15.4%

	Total	Rate*	Without Weapon	With Weapon
Covina	133	2.8	94.0%	6.0%
Diamond Bar	94	1.7	24.5%	75.5%
Fontana	738	3.4	56.1%	43.9%
Glendora	173	3.3	21.4%	78.6%
La Puente	129	3.2	27.1%	72.9%
La Verne	45	1.4	91.1%	8.9%
Montclair	365	9.2	19.7%	80.3%
Ontario	651	3.6	86.2%	13.8%
Pomona	868	5.7	89.2%	10.8%
Rancho Cucamonga	383	2.1	64.2%	35.8%
San Dimas	85	2.5	24.7%	75.3%
Upland	159	2.1	23.3%	76.7%
Walnut	38	1.3	18.4%	81.6%
West Covina	559	5.3	15.4%	84.6%
Los Angeles County	36,947	3.7	22.7%	77.3%
San Bernardino County	8,612	4.0	62.0%	38.0%
California	164,608	4.2	53.2%	46.8%

Source: California Department of Justice, Open Justice Portal, 2022. <https://openjustice.doj.ca.gov/data> *All rates calculated based on 2019 population counts provided by FBI CRIMESTATSINFO. Care should also be used when interpreting rates calculated on a small number.

In Los Angeles County, the rate of children, under age 18, who experienced a substantiated abuse or neglect allegation was 8.6 per 1,000 children. In San Bernardino County, the rate was 8.1 per 1,000 children. These rates are higher than the state rate (6.8 children per 1,000).

Substantiated Child Abuse Rates, per 1,000 Children, 2020

	Los Angeles County	San Bernardino County	California
Child abuse rates	8.6	8.1	6.8

Source: U.C. Berkeley Center for Social Services Research, California Child Welfare Indicators Project Reports, October 2021. Accessed from KidsData.org at <http://kidsdata.org>

Air Quality

In 2019, the average annual concentration of fine particulate matter in the air of San Bernardino County was 12.8 micrograms per cubic meter, and in Los Angeles County it was 11 micrograms, as compared to the California average of 8.1 micrograms. In 2019, San Bernardino County had 109 days and Los Angeles County had 58 days when ground-level ozone concentrations were above the U.S. standard of 0.070 parts per million. These rates exceed the state rate of 11 days when ground-level ozone concentrations were above the U.S. standard.

Air Quality Measurements

	Los Angeles County	San Bernardino County	California
Annual average micrograms of particulate matter per cubic meter of air	11.0	12.8	8.1
Ozone levels above standards, in days	58	109	11

Source: California Air Resources Board, Air Quality Data Statistics, Dec. 2020 via <http://www.kidsdata.org> N/A = Not Available



Health Care Access

Health Insurance Coverage

Health insurance coverage is considered a key component to ensure access to health care. 92.3% of the service area population has health insurance. 96.2% of service area children, ages 18 and younger, have health insurance coverage. Among service area adults, ages 19-64, 89.6% have health insurance. The Healthy People 2030 objective is for 92.4% of the population to have health insurance. The lowest rates in the service area, among total populations, are found in Fontana 92335 (85%) and Chino 91708 (86.8%). Among children, the lowest rates are found in Pomona 91767 (93.7%) and Fontana 92335 (93.8%). Among adults, ages 19 to 64, the lowest insurance rate is in Fontana 92335.

Health Insurance, Total Population, Children, Ages 0-18, and Adults, Ages 19-64

	ZIP Code	Total Population	Children, Ages 0-18	Adults, Ages 19-64
Azusa	91702	90.0%	94.9%	87.2%
Chino	91708	86.8%	94.8%	82.1%
Chino	91710	92.3%	96.1%	89.7%
Chino Hills	91709	95.4%	96.4%	94.6%
Claremont	91711	96.3%	96.4%	95.2%
Corona	92880	95.4%	98.1%	93.9%
Covina	91722	92.4%	97.8%	89.4%
Covina	91723	92.4%	94.9%	90.8%
Covina	91724	96.0%	96.7%	94.9%
Diamond Bar	91765	95.7%	96.2%	94.3%
Fontana	92335	85.0%	93.8%	79.1%
Fontana	92336	93.3%	96.4%	90.8%
Glendora	91740	94.8%	96.9%	92.9%
Glendora	91741	96.8%	98.1%	95.4%
La Puente	91744	90.0%	96.8%	85.7%
La Verne	91750	96.5%	98.1%	94.8%
Montclair	91763	87.4%	96.7%	82.0%
Ontario	91761	92.3%	96.5%	89.5%
Ontario	91762	91.0%	95.7%	87.9%
Ontario	91764	87.9%	94.4%	83.8%
Pomona	91766	87.6%	96.6%	81.8%
Pomona	91767	90.8%	93.7%	88.0%
Pomona	91768	88.2%	96.6%	83.5%
Rancho Cucamonga	91701	96.5%	97.7%	95.3%
Rancho Cucamonga	91730	93.7%	94.7%	92.4%
Rancho Cucamonga	91737	96.3%	95.2%	96.2%
Rancho Cucamonga	91739	95.2%	96.7%	94.0%
San Dimas	91773	94.5%	97.8%	92.3%
Upland	91784	97.1%	96.3%	96.7%
Upland	91786	91.8%	97.2%	88.4%
Walnut	91789	94.8%	96.2%	92.7%

	ZIP Code	Total Population	Children, Ages 0-18	Adults, Ages 19-64
West Covina	91790	94.7%	98.8%	92.4%
West Covina	91791	93.2%	94.2%	91.1%
West Covina	91792	92.9%	96.1%	90.5%
Casa Colina Service Area		92.3%	96.2%	89.6%
Los Angeles County		90.9%	96.4%	87.3%
San Bernardino County		91.5%	95.7%	88.2%
California		92.8%	96.7%	89.8%

Source: U.S. Census Bureau, American Community Survey, 2017-2021, DP03. <http://data.census.gov/>

51.3% of service area residents have employer-based health insurance coverage, either alone or in combination with Medicare or another form of insurance. 19.5% of residents have Medi-Cal insurance, and 7.7% have no health insurance.

Insurance Coverage, by Type

	Casa Colina Service Area	Los Angeles County	San Bernardino County
Employer-based only	47.5%	41.8%	41.4%
Medi-Cal only	19.5%	22.4%	26.2%
Private purchase only	7.8%	8.4%	5.5%
Medicare only	5.7%	5.4%	5.1%
Other combinations	3.6%	3.6%	4.3%
Medicare and Medi-Cal	2.8%	3.8%	2.8%
Employer-based and Medicare	2.2%	2.3%	1.9%
Employer-based and private purchase	1.6%	1.5%	1.8%
Private purchase and Medicare	1.1%	1.2%	1.2%
Other public-only combinations	0.3%	0.2%	0.5%
TRICARE/military only	0.3%	0.2%	0.6%
VA Health Care only	0.2%	0.2%	0.2%
No health insurance	7.7%	9.1%	8.5%

Source: U.S. Census Bureau, American Community Survey, 2017-2021, B27010. <http://data.census.gov/>

There are differences in the rate of health insurance coverage by race and ethnicity in the service area. Non-Hispanic White residents have the highest coverage among every age group, except for children, where they have the second-highest rate of coverage. Native Hawaiian and Pacific Islander children have the highest rate of insurance coverage. Among the total population, those who identify as a race or ethnicity other than those listed have the lowest insurance coverage (86.8%), followed by Hispanic residents (89.8%) and American Indian and Alaskan Native (AIAN) residents (90.9%). Among children under age 19, the lowest rate of insurance coverage is among children identified as a race or ethnicity other than those listed (94.8%), followed by AIAN children (95.8%) and Hispanic children (95.9%). Among adults, ages 19 to 64, rates are lowest among adults of some other race (82.2%), Hispanic adults (85.9%), and AIAN adults (87.3%). Among senior adults, rates are lowest among senior residents of some

other race (95.6%), followed by Asian and Hispanic senior residents (97.2%).

Health Insurance, Service Area Population, by Race and Ethnicity and Age Group

	Total Population	Children, Under 19	Adults, Ages 19-64	Adults, Ages 65+
Non-Hispanic White	96.3%	97.4%	94.8%	99.8%
Asian	94.7%	96.6%	93.4%	97.2%
Black or African American	93.9%	96.1%	92.0%	99.6%
Native Hawaiian or Pacific Islander	93.3%	98.3%	90.8%	99.6%
Multiracial	93.1%	96.6%	90.2%	98.7%
American Indian or Alaskan Native	90.9%	95.8%	87.3%	99.3%
Hispanic	89.8%	95.9%	85.9%	97.2%
Other race	86.8%	94.8%	82.2%	95.6%

Source: U.S. Census Bureau, American Community Survey, 2017-2021, C27001B thru C27001I. <http://data.census.gov/>

Regular Source of Care

Access to a medical home and a primary care provider improves continuity of care and decreases unnecessary emergency room visits. In SPA 3, 63.7% of residents access care at a doctor's office, HMO, or Kaiser. 13.5% of residents have no usual source of care.

Sources of Care

	Los Angeles County SPA 3	San Bernardino County	California
Dr. office/HMO/Kaiser Permanente	63.7%	60.5%	62.3%
Community clinic/government clinic/community hospital	20.9%	20.5%	22.3%
ER/Urgent care	*1.3%	2.0%	1.2%
Other place/no one place	0.6%	1.3%	1.0%
No usual source of care	13.5%	15.6%	13.2%

Source: California Health Interview Survey, 2017-2021, <http://ask.chis.ucla.edu>. *Statistically unstable due to sample size.

An examination of Emergency Room (ER) use can lead to improvements in providing community-based primary care. 17.1% of residents in SPA 3 had visited an ER in the past year, and 20.8% of those from San Bernardino County had visited an ER. Senior adults, ages 65 and older, visited the ER at the highest rates (18.2% of senior adults in SPA 3 and 23.3% in San Bernardino County). Residents living in poverty, and residents who classify as low-income, also visited the ER at higher rates. 21.8% of SPA 3 residents who live in poverty visited the ER, and 25.8% of San Bernardino County residents who live in poverty visited the ER.

Use of Emergency Room

	Los Angeles County SPA 3	San Bernardino County	California
Visited ER in last 12 months	17.1%	20.8%	18.1%
0-17 years old	16.0%	19.2%	15.9%
18-64 years old	17.2%	20.9%	17.7%
65 and older	18.2%	23.3%	22.7%
<100% of poverty level	21.8%	25.8%	22.9%
<200% of poverty level	19.0%	25.0%	21.7%

Source: California Health Interview Survey, 2017-2021, <http://ask.chis.ucla.edu>

Difficulty Accessing Care

7.9% of adults in SPA 3, and 9% in San Bernardino County, had difficulty finding a primary care doctor who would see them or take them as a new patient in the past year. 14.9% of adults in SPA 3 and 15.7% in San Bernardino County reported difficulty accessing specialty care. 5.3% of adults in SPA 3 and 4.6% in San Bernardino County had been told by a primary care physician's office that their insurance was not accepted. 8.7% of adults in SPA 3 and 9.4% in San Bernardino were told their insurance was not accepted at a specialist's office.

Difficulty Accessing Care in the Past Year, Adults

	Los Angeles County SPA 3	San Bernardino County	California
Reported difficulty finding primary care	7.1%	9.0%	7.9%
Reported difficulty finding specialist care	14.9%	15.7%	15.4%
Primary care doctor not accepting their insurance	5.3%	4.6%	5.4%
Specialist not accepting their insurance	8.7%	9.4%	9.6%

Source: California Health Interview Survey, 2019-2021. <http://ask.chis.ucla.edu>

Delayed or Forgone Care

In SPA 3, 14.7% of residents delayed or did not get medical care when needed. Of these residents, 52.6% went without needed medical care, meaning that 7.7% of the overall population had to forgo needed care. This is higher than the Healthy People 2030 objective of 5.9% of the population who forgo care. 22.9% of SPA 3 respondents who delayed or went without care listed COVID-19 as the main reason, and 23.5% of SPA 3 residents agreed that cost/lack of insurance was one of the reasons. 7.6% of SPA 3 residents delayed or did not get needed prescription medications.

Rates in San Bernardino County were generally higher than SPA 3 rates, and similar to statewide rates, with 15.4% of residents delaying or not getting medical care when needed, with 8.5% ultimately forgoing needed care. A smaller percentage of San Bernardino County residents cited COVID-19 (19.1%) as being the main reason they delayed or went without care, as compared to both SPA 3 and state residents. 30.1% of

San Bernardino County residents said that cost or lack of insurance was one of the reasons for delaying or not getting care, and 8.3% delayed or did not get needed prescription medications.

Delayed Care in Past 12 Months, All Ages

	Los Angeles County SPA 3	San Bernardino County	California
Delayed or did not get medical care	14.7%	15.4%	15.7%
Had to forgo needed medical care	7.7%	8.5%	8.8%
Delayed or did not get medical care due to COVID-19	22.9%	19.1%	24.4%
Delayed or did not get medical care due to cost or lack of insurance	23.5%	30.1%	30.2%
Delayed or did not get prescription meds	7.6%	8.3%	8.1%

Source: California Health Interview Survey, 2020-2021. <http://ask.chis.ucla.edu/>

In SPA 3, 4.3% of non-Latino White residents and Latino residents had delayed or forgone needed medical care during the prior year due to cost or lack of insurance. In San Bernardino County, 6.3% of White residents and 5.2% of Latino residents had delayed health care.

Delayed Care Due to Cost or Lack of Insurance in Past 12 Months, by Race

	Los Angeles County SPA 3	San Bernardino County	California
Multiracial (non-Latino)	*6.7%	*6.2%	6.7%
White (non-Latino)	4.3%	6.3%	5.7%
Latino	4.3%	5.2%	5.6%
Native Hawaiian or Pacific Islander	N/A	N/a	*5.3%
American Indian or Alaska Native	N/A	N/A	*5.1%
Black (non-Latino)	*4.3%	*3.5%	4.1%
Asian	*3.1%	*3.4%	3.3%

Source: California Health Interview Survey, 2017-2021. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size. N/A = Not Available due to small sample size.

Primary Care Physicians

The ratio of the population to primary care physicians in San Bernardino County is 1,679:1, which is higher (worse) than the Los Angeles County ratio of 1,343:1 and the state ratio of 1,234 persons per primary care physician.

Primary Care Physicians, Number and Ratio

	Los Angeles County	San Bernardino County	California
Number of primary care physicians	7,402	1,304	31,906
Ratio of population to primary care physicians	1,343:1	1,679:1	1,234:1

Source: County Health Rankings, 2020. <http://www.countyhealthrankings.org>

Access to Primary Care Community Health Centers

Community Health Centers provide primary care (including medical, dental, and mental health services) for uninsured and medically underserved populations. Using ZCTA (ZIP Code Tabulation Area) data for the service area and information from the Uniform Data System (UDS)¹, 27.6% of the population in the service area is low-income (200% of Federal Poverty Level) and 10.5% of the population are living in poverty. There are a number of Section 330-funded grantees (Federally Qualified Health Centers – FQHCs and FQHC Look-Alikes) serving the residents of the service area².

Even with Section 330-funded Community Health Centers serving the area, most residents who qualify as low-income are not served by one of these clinic providers. The FQHCs have a total of 96,076 patients in the service area, which equates to 21.4% penetration among patients who qualify as low-income and 5.8% penetration among the total population. From 2019-2021, the Community Health Center providers served 9,008 fewer patients for an 8.6% decrease in patients served by Community Health Centers in the service area. There are 352,158 residents who qualify as low-income, 78.6% of the population at or below 200% FPL, who are not served by an FQHC.

Patients Who Qualify as Low-Income, Served and Not Served by FQHCs

Low-Income Population	Patients served by Section 330 Grantees in Service Area	Penetration among Low-Income Patients	Penetration of Total Population	Low-Income Not Served	
				Number	Percent
448,234	96,076	21.4%	5.8%	352,158	78.6%

Source: UDS Mapper, 2021. <http://www.udsmapper.org>

Dental Care

15.3% of children, ages 3 to 11, in SPA 3 have never been to a dentist, while in San Bernardino County the rate is 18.7% of children. In the prior year, 7.1% of SPA 3 children and 8.7% of San Bernardino County children needed dental care and did not receive it. 3.2% of SPA 3 teens and 4% of San Bernardino County teens had never been to the dentist or had not seen a dentist in the previous two years. SPA 3 parents were more likely to rate their teen’s teeth as being in fair or poor condition (16.4%) than

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

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

² Alta Med Health Services Corp., Borrego Community Health Foundation, Buddhist Tzu Chi Medical Foundation, Central City Community Health Center, Central Neighborhood Health Foundation, Centro Medico Community Clinic Inc., Community Health Alliance of Pasadena, Community Health Systems, Inc., East Valley Community Health Center Inc., El Proyecto Del Barrio Inc., Garfield Health Center, Health Service Alliance, Herald Christian Health Center, Pomona Community Health Center, Riverside County Health System, SAC Health System, San Bernardino County Public Health Dept., Southern California Medical Center Inc., Unicare Community Health Center

were San Bernardino County parents (8.7%). San Bernardino County teens were more likely to have missed school in the prior year due to a dental problem (14.1%) than were SPA 3 teens (9.3%).

Delay of Dental Care, Children

	Los Angeles County SPA 3	San Bernardino County	California
Children, ages 3 to 11, never been to the dentist	15.3%	18.7%	15.1%
Children, ages 3 to 11, needed but didn't get dental care in past year	7.1%	8.7%	7.0%
Teens, ages 12 to 17, either never been to the dentist or more than two years ago	*3.2%	*4.0%	4.4%
Teens, ages 12 to 17, condition of teeth is fair or poor**	*16.4%	*8.7%	12.0%
Teens, ages 12 to 17, missed school due to a dental problem in the past year**	*9.3%	*14.1%	8.6%

Source: California Health Interview Survey, 2017-2021 and **2018-2021. <http://ask.chis.ucla.edu> *Statistically unstable due to sample size.

2.2% of SPA 3 adults and 1.9% of San Bernardino County adults said they have never visited a dentist. 65% of SPA 3 adults and 60.6% of San Bernardino County adults said they had seen a dentist in the prior year. 10.7% of SPA 3 senior adults and 8.6% of San Bernardino County senior adults had lost all their natural teeth.

Dental Care, Adults

	Los Angeles County SPA 3	San Bernardino County	California
Have never been to a dentist, ages 18 and older	2.2%	1.9%	2.4%
Visited dentist within past year, ages 18 and older	65.0%	60.6%	66.6%
All natural teeth lost, ages 65 and older	10.7%	8.6%	7.2%

Source: California Health Interview Survey, 2019-2021. <http://ask.chis.ucla.edu>.

The ratio of residents to dentists in San Bernardino County is 1,333:1, which is higher (worse) than the Los Angeles County ratio of 1,062 residents per dentist.

Dentists, Number and Ratio

	Los Angeles County	San Bernardino County	California
Number of dentists	9,258	1,647	35,599
Ratio of population to dentists	1,062:1	1,333:1	1,102:1

Source: County Health Rankings, 2021. <http://www.countyhealthrankings.org>

Mental Health Providers

Mental health providers include psychiatrists, clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists who meet certain qualifications and certifications. In San Bernardino County, the ratio of residents

to mental health providers is 364:1, which is higher (worse) than the Los Angeles County ratio (239 residents per provider).

Mental Health Providers, Number and Ratio

	Los Angeles County	San Bernardino County	California
Number of mental health providers	41,047	6,029	166,354
Ratio of population to mental health providers	239:1	364:1	236:1

Source: County Health Rankings, 2022. <http://www.countyhealthrankings.org>

Community Input – Access to Health Care

Stakeholder interviews identified the following issues, challenges, and barriers related to access to health care. Following are their comments summarized and edited for clarity:

- It often depends on what insurance you have, but it is very difficult to find good care for the disabled, especially those with spinal cord and traumatic brain injuries. Access to quality care can be a huge issue that can have a long-term impact.
- Language can be a barrier to accessing care. Even when there aren't language barriers, there is hesitation to approach medical care. As a result, many people wait until it is an emergency and access their care through the ED.
- Seniors often need someone to advocate for them. A lot of people do not want to be a bother to their families, so they will go without or wait until there is an emergency.
- People need more access to their practitioners for physicals and prescription refills. We always hear from patients that they can't access care or they can't get in for timely care. And then people deteriorate. A lot of urgent care facilities now allow for appointments, which helps to manage the flow.
- Transportation can be a barrier, especially if you are relying on someone else to get you around. Some insurance plans assist with transportation to medical appointments and some clinics offer transportation.
- A lot of people will find themselves reliant on governmental insurance and benefits after a significant injury that prevents them from working and earning an income. That can limit people in terms of services because not all facilities and hospitals will take governmental insurance. Insurance does not cover everything that is necessary for people to transition back home and into their community. Insurance won't pay for any kind of home modifications.
- If you need help and don't have people to assist you, the only program that will help with that is Medicaid. And some people don't qualify for those services. It is a difficult conversation to have with people, to let them know there is no safety net program to help them.
- Many people do not have insurance and don't get the appropriate health care they need following a crisis. Language barriers can make people feel incapable of communicating their needs and getting the resources they need.

- It is hard when people only have a limited time with their doctor. If you have anything wrong or any questions, it is hard to get it all done in your allotted time. The biggest complaint right now is access, getting to see someone, and the limited time when you finally do get in.
- For hard-to-reach populations that move frequently, and speak a different language, it is hard to know what services are out there and how to take care of themselves.
- Local doctors and clinics are all booked up. So, people must leave the community to get services. That leads to transportation issues.
- We have language and cultural competency issues, especially with providers in the San Gabriel Valley, as we have a lot of residents who speak Spanish and Asian languages. We also have trust issues among our first generation immigrant populations.



Birth Characteristics

Births

On average, from 2017 to 2021 there were 19,157 births per year in the service area.

Teen Births

Teen births in the service area occurred at an average annual rate of 3.1% of total births (31.3 per 1,000 live births). This rate is lower than the rate for the combined counties (3.7% of total births) and the state rate (3.5% of total births).

Births to Teen Mothers, Ages 15 to 19, Rate per 1,000 Live Births

	Casa Colina Service Area		Los Angeles and San Bernardino Counties	California
	Number	Rate	Rate	Rate
Births to teen mothers	600	31.3	36.8	35.2

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Birth Files and U.S. Census Bureau American Community Survey, 5-Year Average 2017-2021, Table B01001. County and state data are from Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER Online Database, released October 2022.

When the teen birth rate is examined for females, ages 15-19, 1.1% of teenage girls in the service area gave birth in an average year (10.5 births per 1,000 females, ages 15-19). This is lower than the rate for the combined counties (1.3%) and the state rate (1.2%). The Healthy People 2030 objective is for no more than 31.4 pregnancies per 1,000 females, ages 15 to 19.

Teen Birth Rates, per 1,000 Females, Ages 15 to 19

	Casa Colina Service Area		Los Angeles and San Bernardino Counties	California
	Number	Rate	Rate	Rate
Births to teen mothers	600	10.5	12.8	12.4

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by Zip Code of Residence and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001. County and state data are from Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER Online Database, released October 2022.

Prenatal Care

Pregnant women in the service area entered prenatal care after the first trimester at a rate of 116.7 per 1,000 live births. This rate of late entry into prenatal care translates to 11.7% of women entering prenatal care late or not at all, while 88.3% of women entered prenatal care on time.

The Healthy People 2030 objective is for 80.5% of pregnant women to receive 'early and adequate' prenatal care. In addition to the timing of entry into care, there is the

added criteria of attending at least 80% of recommended prenatal visits. 80.0% of pregnant women in Los Angeles County who gave birth to live infants had received adequate, or better, prenatal care, and 69.2% of those in San Bernardino County had received adequate, or better, prenatal care.

Late Entry to Prenatal Care, After 1st Trimester, Rate per 1,000 Live Births

	Casa Colina Service Area		Los Angeles and San Bernardino Counties	California
	Number	Rate	Rate	Rate
Late entry to prenatal care	2,235	116.7	138.9	140.7

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Birth Files and U.S. Census Bureau American Community Survey, 5-Year Average 2017-2021, Table B01001. County and state data are from Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER Online Database, released October 2022.

Adequate/Adequate Plus Prenatal Care, Rate per 1,000 Live Births

	Los Angeles County	San Bernardino County	California
Adequate/adequate plus prenatal care	799.9	692.2	760.6

Source: California Department of Public Health's County Health Status Profiles, via the Health and Human Services (CHHS) Open Data Portal, data for 2018-2020. <https://data.chhs.ca.gov/dataset/county-health-status-profiles>

Low Birth Weight

Low birth weight is a negative birth indicator. Babies born at a low birth weight are at higher risk for disease, disability, and possibly death. For this measurement, a lower rate is a better indicator. The rate of low-birth-weight babies in the service area is 6.9% (69.4 per 1,000 live births). This is a better rate than the combined counties (74.7 per 1,000 live births).

Low Birth Weight (Under 2,500g), Rate per 1,000 Live Births

	Casa Colina Service Area		Los Angeles and San Bernardino Counties	California
	Number	Rate	Rate	Rate
Low birth weight	1,329	69.4	74.7	70.3

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Birth Files and U.S. Census Bureau American Community Survey, 5-Year Average 2017-2021, Table B01001. County and state data are from Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER Online Database, released October 2022.

Delivery Paid by Public Insurance or Self-Pay

In the service area, the rate of births paid by public insurance or self-pay was 472.1 per 1,000 live births, which is lower than the combined county rate (506.3 per 1,000 live births).

Delivery Paid by Public Insurance or Self-Pay, Rate per 1,000 Live Births

	Casa Colina Service Area		Los Angeles and San Bernardino Counties	California
	Number	Rate	Rate	Rate
Public insurance or self-pay	9,045	472.1	506.3	464.9

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Birth Files and U.S. Census Bureau American Community Survey, 5-Year Average 2017-2021, Table B01001. County and state data are from Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER Online Database, released October 2022.

Preterm Births

Premature birth occurs before the start of the 38th week of gestation. In the service area, the rate of premature birth is 8.5% (84.9 per 1,000 live births).

Premature Births before Start of 38th Week, Rate per 1,000 Live Births

	Casa Colina Service Area		Los Angeles and San Bernardino Counties	California
	Number	Rate	Rate	Rate
Premature births	1,627	84.9	92.8	88.5

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Birth Files and U.S. Census Bureau American Community Survey, 5-Year Average 2017-2021, Table B01001. County and state data are from Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER Online Database, released October 2022.

Maternal Smoking During Pregnancy

The rate of mothers who smoked regularly during pregnancy (at least once per day for at least three months) in the service area was 0.1% (1.1 per 1,000 live births).

Mothers Who Smoked Regularly During Pregnancy, Rate per 1,000 Live Births

	Casa Colina Service Area		Los Angeles and San Bernardino Counties	California
	Number	Rate	Rate	Rate
Mothers who smoked	21	1.1	7.5	11.4

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Birth Files and U.S. Census Bureau American Community Survey, 5-Year Average 2017-2021, Table B01001. County and state data are from Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER Online Database, released October 2022.

Infant Mortality

For the purposes of this report, the infant mortality rate is defined as deaths to infants under 1 year of age. The infant mortality rate in Los Angeles County, from 2017 through 2020, was 3.91 deaths per 1,000 live births, and the infant mortality rate in San Bernardino County was 5.58 deaths. The Healthy People 2030 objective for infant mortality is 5.0 deaths per 1,000 live births.

Infant Mortality, Rate per 1,000 Live Births, 4-Year Average, 2017 to 2020

	Los Angeles County	San Bernardino County	California
Infant Mortality	3.91	5.58	4.15

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Linked Birth/Infant Death Records, 2017-2020, on CDC WONDER. <https://wonder.cdc.gov/lbd-current.html>

Breastfeeding

Breastfeeding has been proven to have considerable benefits to baby and mother. The California Department of Public Health highly recommends babies be fed only breast milk for the first six months of life. Data on breastfeeding is collected by hospitals on the Newborn Screening Test Form. Breastfeeding rates for mothers living in Los Angeles County, where breastfeeding initiation information was known, indicated that 93.6% of new mothers initiated breastfeeding. In San Bernardino County, 89.9% of new mothers initiated breastfeeding.

Breastfeeding Initiation During Early Postpartum Period

	Los Angeles County		San Bernardino County		California
	Number	Rate	Number	Rate	Rate
Breastfeeding initiated	1,080,375	93.6%	65,182	89.9%	93.8%

Source: California Department of Public Health's County Health Status Profiles, via the Health and Human Services (CHHS) Open Data Portal, data for 2018-2020. <https://data.chhs.ca.gov/dataset/county-health-status-profiles>

There were ethnic and racial differences noted in breastfeeding rates of mothers who delivered in both area counties. Breastfeeding initiation rates (any) for American Indian mothers were the highest of the groups, while White mothers had the highest rate of exclusive breastfeeding and the 2nd-highest rate of any breastfeeding. The lowest rate of breastfeeding initiation and exclusive breastfeeding were among African American mothers in both counties. Pacific Islander mothers had the 2nd-lowest rate of breastfeeding initiation in both counties. Latina and Hispanic mothers had the 2nd-lowest rates of exclusive breastfeeding.

In-Hospital Breastfeeding, Area Counties, by Race and Ethnicity of Mother

	Los Angeles County		San Bernardino County	
	Any	Exclusively	Any	Exclusively
American Indian	97.4%	68.4%	97.0%	66.7%
White	95.7%	77.8%	90.7%	73.3%
Asian	93.2%	57.7%	90.5%	63.1%
Other	93.3%	71.6%	89.0%	62.0%
Multiple Race	93.9%	63.8%	88.7%	65.4%
Latina/Hispanic	94.6%	57.1%	88.0%	60.0%
Pacific Islander	87.1%	64.4%	82.4%	N/A
Black/African American	86.2%	55.5%	79.7%	49.9%

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2020. N/A = Suppressed due to privacy or statistical instability, due to low numbers. <https://www.cdph.ca.gov/Programs/CFH/DMCAH/Breastfeeding/Pages/In-Hospital-Breastfeeding-Initiation-Data.aspx>

Mortality/Leading Causes of Death

Life Expectancy at Birth

Life expectancy in Los Angeles County is 81.3 years and in San Bernardino County it is 77.6 years. A premature death is defined as dying before age 75. In LA County, 290 per 100,000 persons die before the age of 75, and the premature death rate in San Bernardino County is 390 per 100,000 persons. The years of potential life lost (the difference between the age of persons who died and age 75, totaled) for LA County is 5,600 years, and for San Bernardino County the years of potential life lost is 7,700.

Life Expectancy, Premature Mortality and Premature Death, Age-Adjusted

	Los Angeles County	San Bernardino County	California
Life expectancy at birth in years	81.3	77.6	81.0
Premature age-adjusted mortality (number of deaths among residents under 75, per 100,000 persons)*	290	390	290
Premature death/Years of Potential Life Lost (YPLL) before age 75, per 100,000 population, age-adjusted	5,600	7,700	5,700

*Source: National Center for Health Statistics' National Statistics System (NVSS); *CDC Wonder mortality data; data accessed, and calculations performed by County Health Rankings. 2018-2020. <http://www.countyhealthrankings.org>*

Mortality Rates

Age-adjusted death rates are an important factor to examine when comparing mortality data. A crude death rate is a ratio of the number of deaths to the entire population. Age-adjusted death rates eliminate the bias of age in the makeup of the populations. The age-adjusted death rate in the service area was 695.5 deaths per 100,000 persons.

Mortality Number and Rate, Age-Adjusted, per 100,000 Persons, 4-Year Average

	Casa Colina Service Area		Los Angeles and San Bernardino Counties	California
	Number of Deaths	Rate	Rate	Rate
Death rate	2,240	695.5	697.7	669.0

Source: Gary Bess Associates, calculated from California Department of Public Health Master Death Files 2018-2021 using the U.S. 2000 Standard Population. County, state, and national data are from Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 2018-2021 on CDC WONDER Online Database, released December 2022. Values of 3 or less are withheld per HIPAA guidelines.

Leading Causes of Death

The top two leading causes of death in the service area are heart disease and cancer. The heart disease mortality rate in the service area is 153.4 deaths per 100,000 persons. The cancer death rate is 134.5 deaths per 100,000 persons. In addition to heart disease and cancer, Alzheimer's disease, stroke and diabetes are in the top five

causes of death in the service area, for the four-year period from 2018 through 2021. For the years 2020 to 2021, the annual death rate in the service area due to COVID-19 was the third-leading cause of death.

Leading Causes of Death Rate, Age-Adjusted, per 100,000 Persons

	Casa Colina Service Area		Los Angeles and San Bernardino Counties	California	Healthy People 2030 Objective
	Avg Annual Deaths	Rate	Rate	Rate	Rate
Heart disease	2,418	153.4	160.0	142.0	No Objective
Ischemic heart disease	1,180	93.5	100.7	83.5	71.1
Cancer	2,227	134.5	134.4	132.2	122.7
COVID-19 ¹	2,082	124.8	122.4	84.6	No Objective
Alzheimer's disease	615	42.1	40.3	38.5	No Objective
Stroke	589	37.9	36.6	38.8	33.4
Diabetes	534	32.3	30.6	23.5	Not Comparable
Unintentional injuries	506	29.4	36.0	41.1	43.2
Chronic Lower Respiratory Disease	477	31.0	31.0	28.5	Not Comparable
Liver disease	267	15.1	15.3	13.6	10.9
Pneumonia and influenza	245	15.6	17.4	13.0	No Objective
Kidney disease	204	12.6	13.1	9.5	No Objective
Suicide	132	7.5	8.9	10.4	12.8
Homicide	76	4.4	6.7	5.4	5.5
HIV	20	1.1	1.8	1.4	No Objective

Source: Gary Bess Associates, calculated from California Department of Public Health Master Death Files 2018-2021 using the U.S. 2000 Standard Population. County, state, and national data are from Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 2018-2021 on CDC WONDER Online Database, released December 2022. ¹Two-year mortality rates are calculated for COVID-19, only, for appropriate relative comparison with other underlying causes. Values of 3 or less are withheld per HIPAA guidelines.

Heart Disease and Stroke

The age-adjusted mortality rate for ischemic heart disease in the service area is 93.5 deaths per 100,000 persons, and the age-adjusted rate of death from stroke is 37.9 deaths per 100,000 persons. The service area does not meet the Healthy People 2030 objectives of a maximum of 71.1 deaths from ischemic heart disease per 100,000 persons and 33.4 stroke deaths per 100,000 persons.

Ischemic Heart Disease and Stroke Mortality Rates, Age-Adjusted, per 100,000 Persons

	Casa Colina Service Area		Los Angeles and San Bernardino Counties	California
	Number	Rate	Rate	Rate
Ischemic heart disease death rate	1,180	93.5	100.7	83.5
Stroke death rate	589	37.9	36.6	38.8

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2021 using the U.S. 2000 Standard Population. County, state, and national data are from CDC, National Center for Health Statistics. Underlying Cause of Death 2018-2021 on CDC WONDER Online Database, released December 2022. Values of 3 or less are withheld per HIPAA guidelines.

Cancer

In the service area, the age-adjusted cancer mortality rate is 134.5 deaths per 100,000 persons. This rate is higher than the state rate (132.2 deaths per 100,000 persons) and does not meet the Healthy People 2030 objective (122.7 deaths per 100,000 persons).

Cancer Mortality Rate, Age-Adjusted, per 100,000 Persons

	Casa Colina Service Area		Los Angeles and San Bernardino Counties	California
	Number	Rate	Rate	Rate
Cancer death rate	2,227	134.5	134.4	132.2

Source: Gary Bess Associates, calculated from California Department of Public Health Master Death Files 2018-2021 using the U.S. 2000 Standard Population. County, state, and national data are from Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 2018-2021 on CDC WONDER Online Database, released December 2022. Values of 3 or less are withheld per HIPAA guidelines.

Mortality rates for specific types of cancer are available at the county level from the California Cancer Registry. Cancer mortality rates in San Bernardino County (152.7 deaths per 100,000 persons, age-adjusted) are higher than the cancer mortality rates at the state level (137.4 deaths per 100,000 persons) and in Los Angeles County (135.1 deaths). The top five causes of cancer death are lung and bronchus, prostate, breast, colon and rectum, and pancreas.

Cancer Mortality Rates, Age-Adjusted, per 100,000 Persons

	Los Angeles County	San Bernardino County	California
Cancer all sites	135.1	152.7	137.4
Lung and bronchus	24.4	29.2	26.6
Prostate (males)	19.8	24.9	19.7
Breast (female)	19.1	22.0	19.0
Colon and rectum	13.0	14.7	12.3
Pancreas	10.4	10.3	10.3
Liver and intrahepatic bile duct	8.1	9.1	7.7
Ovary (females)	7.0	7.1	6.7
Uterine (female)	5.7	5.7	5.1
Leukemia	5.7	5.4	5.6
Urinary bladder	3.5	4.5	3.8
Non-Hodgkin lymphoma	5.1	4.5	5.0
Kidney and renal pelvis	3.1	4.4	3.3
Brain and other nervous system	4.2	4.2	4.3
Esophagus	2.4	3.3	3.1

Source: California Cancer Registry, Cal*Explorer-CA Cancer Data tool, 2015-2019. <https://explorer.ccrca.org/application.html>

Alzheimer's Disease

The mortality rate from Alzheimer's disease is 42.1 deaths per 100,000 persons. This is higher than the combined county rate (40.3 deaths per 100,000 persons) and the state rate (38.5 deaths per 100,000 persons).

Alzheimer's Disease Mortality Rate, Age-Adjusted, per 100,000 Persons

	Casa Colina Service Area		Los Angeles and San Bernardino Counties	California
	Number	Rate	Rate	Rate
Alzheimer's disease death rate	615	42.1	40.3	38.5

Source: Gary Bess Associates, calculated from California Department of Public Health Master Death Files 2018-2021 using the U.S. 2000 Standard Population. County, state, and national data are from Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 2018-2021 on CDC WONDER Online Database, released December 2022. Values of 3 or less are withheld per HIPAA guidelines.

Diabetes

The age-adjusted mortality rate from diabetes in the service area is 32.3 deaths per 100,000 persons. This is higher than the combined county rate (30.6 deaths per 100,000 persons) and the state rate (23.5 deaths per 100,000 persons).

Diabetes Mortality Rate, Age-Adjusted, per 100,000 Persons

	Casa Colina Service Area		Los Angeles and San Bernardino Counties	California
	Number	Rate	Rate	Rate
Diabetes death rate	534	32.3	30.6	23.5

Source: Gary Bess Associates, calculated from California Department of Public Health Master Death Files 2018-2021 using the U.S. 2000 Standard Population. County, state, and national data are from Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 2018-2021 on CDC WONDER Online Database, released December 2022. Values of 3 or less are withheld per HIPAA guidelines.

Unintentional Injury

The age-adjusted death rate from unintentional injuries in the service area is 29.4 deaths per 100,000 persons. This rate meets the Healthy People 2030 objective of 43.2 unintentional injury deaths per 100,000 persons.

Unintentional Injury Mortality Rate, Age-Adjusted, per 100,000 Persons

	Casa Colina Service Area		Los Angeles and San Bernardino Counties	California
	Number	Rate	Rate	Rate
Unintentional injuries death rate	506	29.4	36.0	41.1

Source: Gary Bess Associates, calculated from California Department of Public Health Master Death Files 2018-2021 using the U.S. 2000 Standard Population. County, state, and national data are from Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 2018-2021 on CDC WONDER Online Database, released December 2022. Values of 3 or less are withheld per HIPAA guidelines.

Chronic Lower Respiratory Disease

Chronic Lower Respiratory Disease (CLRD) and Chronic Obstructive Pulmonary Disease (COPD) include emphysema and bronchitis. The age-adjusted death rate for respiratory disease in the service area is 31 deaths per 100,000 persons. This is higher than the state rate (28.5 per 100,000 persons).

Chronic Lower Respiratory Disease Mortality Rate, Age-Adjusted, per 100,000 Persons

	Casa Colina Service Area		Los Angeles and San Bernardino Counties	California
	Number	Rate	Rate	Rate
Chronic Lower Respiratory Disease death rate	477	31.0	31.0	28.5

Source: Gary Bess Associates, calculated from California Department of Public Health Master Death Files 2018-2021 using the U.S. 2000 Standard Population. County, state, and national data are from Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 2018-2021 on CDC WONDER Online Database, released December 2022. Values of 3 or less are withheld per HIPAA guidelines.

Liver Disease

The death rate from liver disease in the service area is 15.1 deaths per 100,000 persons. This is higher than the Healthy People 2030 objective of 10.9 deaths per 100,000 persons.

Liver Disease Mortality Rate, Age-Adjusted, per 100,000 Persons

	Casa Colina Service Area		Los Angeles and San Bernardino Counties	California
	Number	Rate	Rate	Rate
Liver disease death rate	267	15.1	15.3	13.6

Source: Gary Bess Associates, calculated from California Department of Public Health Master Death Files 2018-2021 using the U.S. 2000 Standard Population. County, state, and national data are from Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 2018-2021 on CDC WONDER Online Database, released December 2022. Values of 3 or less are withheld per HIPAA guidelines.

Pneumonia and Influenza

The age-adjusted death rate for pneumonia and influenza is 15.6 per 100,000 persons. This rate is higher than the state rate (13 deaths per 100,000 persons).

Pneumonia and Influenza Mortality Rate, Age-Adjusted, per 100,000 Persons

	Casa Colina Service Area		Los Angeles and San Bernardino Counties	California
	Number	Rate	Rate	Rate
Pneumonia and flu death rate	245	15.6	17.4	13.0

Source: Gary Bess Associates, calculated from California Department of Public Health Master Death Files 2018-2021 using the U.S. 2000 Standard Population. County, state, and national data are from Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 2018-2021 on CDC WONDER Online Database, released December 2022. Values of 3 or less are withheld per HIPAA guidelines.

Kidney Disease

The death rate from kidney disease in the service area is 12.6 deaths per 100,000 persons. This is higher than the state rate (9.5 deaths per 100,000 persons).

Kidney Disease Mortality Rate, Age-Adjusted, per 100,000 Persons

	Casa Colina Service Area		Los Angeles and San Bernardino Counties	California
	Number	Rate	Rate	Rate
Kidney disease death rate	204	12.6	13.1	9.5

Source: Gary Bess Associates, calculated from California Department of Public Health Master Death Files 2018-2021 using the U.S. 2000 Standard Population. County, state, and national data are from Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 2018-2021 on CDC WONDER Online Database, released December 2022. Values of 3 or less are withheld per HIPAA guidelines.

Suicide

The suicide rate in the service area is 7.5 deaths per 100,000 persons. This meets the Healthy People 2030 objective of fewer than 12.8 suicide deaths per 100,000 persons.

Suicide Mortality Rate, Age-Adjusted, per 100,000 Persons

	Casa Colina Service Area		Los Angeles and San Bernardino Counties	California
	Number	Rate	Rate	Rate
Suicide	132	7.5	8.9	10.4

Source: Gary Bess Associates, calculated from California Department of Public Health Master Death Files 2018-2021 using the U.S. 2000 Standard Population. County, state, and national data are from Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 2018-2021 on CDC WONDER Online Database, released December 2022. Values of 3 or less are withheld per HIPAA guidelines.

Drug Overdose Deaths

Rates of death by drug overdose, whether unintentional, suicide, homicide, or undetermined intent, have been rising statewide. Drug overdose deaths in Los Angeles County have been consistently lower than the statewide rate. Drug overdose death rates in San Bernardino County are more variable but are higher than the LA County rates. For 2021, neither county met the Healthy People 2030 objective of 20.7 drug overdose deaths per 100,000 persons.

Drug Overdose Death Rates, Age-Adjusted*, per 100,000 Persons

	2009	2011	2013	2015	2017	2018	2019	2020	2021*
Los Angeles County	7.9	6.9	8.1	7.1	9.1	9.8	12.6	20.4	24.2
San Bernardino County	11.8	9.2	10.4	10.7	13.0	14.2	12.9	25.3	27.5
California	11.3	11.4	11.9	12.2	12.7	13.8	16.1	23.1	29.0

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2009-2021, on CDC WONDER. <https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html>
 *Except for 2021, for which age-adjusting is not available at the county level; therefore all 2021 rows are crude rates.

In 2021, the age-adjusted death rate from opioid overdoses in San Bernardino County was 16.1 deaths per 100,000 persons, which was higher than the Los Angeles County rate (15.4 deaths per 100,000 persons). The Healthy People 2030 objective is 13.1 opioid overdose deaths per 100,000 persons, which neither county met.

Opioid Drug Overdose Death Rates, Age-Adjusted, per 100,000 Persons, 2016 - 2021

	2016	2017	2018	2019	2020	2021
Los Angeles County	3.2	4.1	4.6	6.7	12.4	15.4
San Bernardino County	1.7	2.7	4.8	6.1	13.0	16.1
California	4.9	5.2	5.8	7.9	13.5	18.0

Source: California Office of Statewide Health Planning and Development, via California Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2023. <https://skylab.cdph.ca.gov/ODdash/>

In 2021, there were about 154 overdose deaths involving opioids in the service area, or a rate of 12.1 per 100,000 persons. Rates were highest in West Covina 91791 (23.6 deaths per 100,000 persons), San Dimas (23.2 deaths), and Covina 91723 (22.9 deaths). However, care should be taken in interpreting all service area rates, as they are all based on fewer than 10 deaths for the year. The rate was lower in the service area than in the county and the state.

Opioid Drug Overdose Death Rates, Age-Adjusted, per 100,000 Persons

	ZIP Code	Rate
Azusa	91702	12.2
Chino	91708	0.0
Chino	91710	12.3
Chino Hills	91709	5.6
Claremont	91711	9.2
Corona	92880	10.2
Covina	91722	8.3
Covina	91723	22.9
Covina	91724	10.8
Diamond Bar	91765	6.2
Fontana	92335	12.0
Fontana	92336	12.5
Glendora	91740	4.1
Glendora	91741	4.2
La Puente	91744	8.7
La Verne	91750	18.2
Montclair	91763	13.6
Ontario	91761	8.2
Ontario	91762	18.1
Ontario	91764	21.0
Pomona	91766	13.4
Pomona	91767	15.2
Pomona	91768	17.1
Rancho Cucamonga	91701	8.1
Rancho Cucamonga	91730	13.1
Rancho Cucamonga	91737	13.4
Rancho Cucamonga	91739	13.8
San Dimas	91773	23.2
Upland	91784	16.2
Upland	91786	15.8
Walnut	91789	2.7
West Covina	91790	15.1
West Covina	91791	23.6

	ZIP Code	Rate
West Covina	91792	4.0
Casa Colina Hospital Service Area*		12.1
Los Angeles County		15.4
San Bernardino County		16.1
California		18.0

Source: California Office of Statewide Health Planning and Development, via California Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2023; 2021 data. <https://skylab.cdph.ca.gov/ODdash/> *Weighted average; calculated using 2017-2021 ACS adult population estimates.

When examined by demographics, opioid overdose deaths in Los Angeles County and San Bernardino County are more than three times as likely to occur in men (23.8 and 25.2 deaths per 100,000 men) as women (6.7 and 6.8 deaths per 100,000 women). Rates are more stable in Los Angeles County due to a higher population, rising sharply starting with the 15-to-19-year-old demographic (7.4 deaths per 100,000 persons), to the 20-to-24 year-old demographic (20.7 deaths per 100,000), and then peaking among those ages 30 to 34 (37.7 deaths per 100,000 persons) before declining.

Rates of opioid overdose death are highest among Native American and Alaska Native residents of both counties, followed by Black residents in Los Angeles County and White residents in San Bernardino County. Rates were the lowest among Asian and Pacific Islander residents of both counties.

Opioid Overdose Death Rates, per 100,000 Persons, Age-Adjusted, by Demographics

	Los Angeles County	San Bernardino County
Male	23.8	25.2
Female	6.7	6.8
< 5 years old	0.4	0.0
5 to 9 years old	0.2	0.0
10 to 14 years old	0.3	0.6
15 to 19 years old	7.4	12.9
20 to 24 years old	20.7	27.6
25 to 29 years old	34.2	32.4
30 to 34 years old	37.7	24.9
35 to 39 years old	28.0	29.2
40 to 44 years old	20.5	24.2
45 to 49 years old	19.1	17.9
50 to 54 years old	18.6	19.1
55 to 59 years old	20.1	20.2
60 to 64 years old	14.4	13.0
65 to 69 years old	9.2	21.9

	Los Angeles County	San Bernardino County
70 to 74 years old	3.1	6.6
75 to 79 years old	1.8	4.0
80 to 84 years old	0.5	0.0
85+ years old	0.5	0.0
Native American and Alaska Native	34.5	30.4
Black and African American	28.3	21.9
White	25.9	23.8
Hispanic and Latino	12.2	12.4
Asian and Pacific Islander	3.0	4.1
Total	15.4	16.1

Source: California Office of Statewide Health Planning and Development, via California Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2023; 2021 data. <https://skylab.cdph.ca.gov/ODdash/>



Acute and Chronic Disease

Diabetes

Among adults, 19% in SPA 3 and 19.7% in San Bernardino County have been told by a doctor they are pre-diabetic or borderline diabetic, when they were not pregnant. 13.7% of San Bernardino adults and 11.7% of SPA 3 adults have been told by a doctor they have diabetes.

Diabetes, Adults

	Los Angeles County SPA 3	San Bernardino County	California
Doctor said they have pre- or borderline diabetes, ever	19.0%	19.7%	17.1%
Ever diagnosed with diabetes	11.7%	13.7%	10.6%

Source: California Health Interview Survey, 2019-2021, 2017-2018 & 2021. <http://ask.chis.ucla.edu>

Heart Disease and Stroke

Among SPA 3 adults, 6.6% had been told by a doctor they have heart disease. 7.3% of adults in San Bernardino County had been told they have heart disease. 2.7% of Los Angeles County adults and 2.9% of San Bernardino County adults had been told by a health professional they have had a stroke.

Heart Disease Prevalence, Adults

	Los Angeles County SPA 3	San Bernardino County	California
Doctor said they have any kind of heart disease	6.6%	7.3%	6.9%

Source: California Health Interview Survey, 2019-2021. <http://ask.chis.ucla.edu>

Stroke Prevalence, Adults

	Los Angeles County	San Bernardino County	California
Ever told by a health professional they have had a stroke	2.7%	2.9%	*2.6%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2022, 2020 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb>

*Weighted average of California county rates.

High Blood Pressure and High Cholesterol

Co-morbidity factors for diabetes and heart disease are high blood pressure (hypertension) and high blood cholesterol. 27.7% of SPA 3 adults and 29.6% of San Bernardino County adults have been diagnosed with high blood pressure. The rate of diagnosis of high cholesterol is 29.3% among San Bernardino County adults and 27.1% among Los Angeles County adults.

High Blood Pressure, Adults

	Los Angeles County SPA 3	San Bernardino County	California
Ever told by doctor they have high blood pressure	27.7%	29.6%	26.1%
Ever told by doctor they have borderline high blood pressure	7.4%	5.9%	7.3%

Source: California Health Interview Survey, 2019-2021. <http://ask.chis.ucla.edu>

High Cholesterol, Adults

	Los Angeles County	San Bernardino County	California
Ever told by a health professional they have high cholesterol	27.1%	29.3%	*27.6%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2022, 2020 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-unth>
*Weighted average of California county rates.

Cancer

Cancer incidence rates for specific types of cancer are available at the county level from the California Cancer Registry. The top five diagnosed cancers in both counties are breast, prostate, lung and bronchus, colon and rectum, and corpus uteri (uterine) cancers.

Cancer Incidence Rates, Age Adjusted, per 100,000 Persons

	Los Angeles County	San Bernardino County	California
All sites	376.2	400.5	399.8
Breast (female)	120.8	114.2	124.1
Prostate (males)	92.2	108.2	96.3
Lung and bronchus	35.1	40.1	39.7
Colon and rectum	35.6	37.3	34.8
Corpus uteri (females)	27.9	29.9	27.2
Kidney and renal pelvis	14.5	17.2	15.2
Melanoma of the skin	13.8	16.2	23.4
Non-Hodgkin lymphoma	17.6	16.0	17.6
Thyroid	13.3	14.2	13.2
Leukemia	11.9	12.0	12.5
Pancreas	11.8	11.9	12.2
Ovary (females)	11.5	11.7	11.0
Liver and intrahepatic bile duct	9.4	10.7	9.8
Urinary bladder	8.2	9.7	8.7
Cervix uteri (females)	8.0	9.5	7.5
Stomach	8.8	7.6	7.4
Brain and other nervous system	5.4	5.3	5.9
Esophagus	2.7	3.6	3.5

Source: California Cancer Registry, Cal*Explorer-CA Cancer Data tool, 2015-2019. <https://explorer.ccrca.org/application.html>

Asthma

Reported rates of adult asthma are 7.2% in SPA 3 and 7.6% in San Bernardino County. 51.9% of SPA 3 adults and 43.5% of San Bernardino County adults with asthma take daily medication to control their asthma. 29.9% of SPA 3 adults and 26.8% of San Bernardino County adults with asthma had an asthma episode or attack in the prior 12 months.

Asthma Prevalence, Adults

	Los Angeles County SPA 3	San Bernardino County	California
Currently have asthma after prior diagnosis by doctor	7.2%	7.6%	9.1%
Adults with asthma who take daily medication to control it	51.9%	43.5%	45.0%
Had an asthma episode/attack in prior 12 months	29.9%	26.8%	28.6%

Source: California Health Interview Survey, 2019-2021. <http://ask.chis.ucla.edu>

COVID-19 Incidence, Mortality, and Vaccination Rates

In San Bernardino County, there have been 329.4 confirmed cases of COVID-19 per 1,000 persons as of May 2, 2023. In Los Angeles County the rate of confirmed COVID cases was 350.9 cases per 1,000 persons. San Bernardino County has had a higher rate of confirmed deaths due to COVID-19 (3.76 deaths per 1,000 persons) than Los Angeles County (3.59 deaths per 1,000 persons). These rates are higher than the statewide rate of 2.58 deaths per 1,000 persons.

COVID-19, Cases and Crude Death Rates, per 1,000 Persons, as of 5/2/23

	Los Angeles County		San Bernardino County		California	
	Number	Rate	Number	Rate	Number	Rate
Cases	3,516,317	350.9	715,079	329.4	11,245,575	285.0
Deaths	36,003	3.59	8,172	3.76	101,785	2.58

Source: California State Health Department, COVID19 Dashboard, Updated May 4, 2023, with data from May 2, 2023. <https://covid19.ca.gov/state-dashboard> *Rates calculated using 2017-2021 ACS population data.

58% of San Bernardino County residents, of all ages, have completed the primary series of a COVID-19 vaccine. 74% of Los Angeles County residents have completed the primary series of a COVID-19 vaccine. San Bernardino County vaccination rates are lower than Los Angeles County vaccination rates among every age group except those age 65 and older.

COVID-19 Vaccinations, Number and Percent Who Completed Primary Series, by Age

	Los Angeles County		San Bernardino County		California	
	Percent	Number	Percent	Number	Percent	Number
Population, under 5	7.0%	37,700	2.3%	3,323	8.5%	189,261

	Los Angeles County		San Bernardino County		California	
	Percent	Number	Percent	Number	Percent	Number
Population, ages 5-11	36.5%	315,963	21.1%	46,859	37.8%	1,326,423
Population, ages 12-17	73.6%	568,932	49.1%	100,443	67.3%	2,154,186
Population, ages 18-49	82.1%	3,620,923	61.9%	599,049	78.6%	13,450,799
Population, ages 50-64	83.3%	1,642,999	76.5%	291,645	84.4%	6,267,457
Population, ages 65 and older	83.0%	1,364,899	83.1%	234,272	88.2%	5,711,519

Source: California Department of Public Health. <https://covid19.ca.gov/vaccination-progress-data/#progress-by-group>. Updated May 5, 2023 with data through May 4, 2023.

In San Bernardino County, among the vaccine-eligible population, 79.4% of the Native Hawaiian or Pacific Islander population, 72.1% of the Asian population, 62.4% of White residents, 49.3% of multiracial residents, 48% of Black residents, 46.8% of American Indian or Alaska Native residents, and 43.7% of Latino residents have completed their primary COVID-19 vaccination series. An additional 111,478 San Bernardino County residents were listed as ‘Other’ race on their vaccination data, and 30,178 residents have no race or ethnicity data listed. These rates are lower than those of Los Angeles County residents of all listed races and ethnicities. In both counties, vaccination rates are lowest among Latino and Black residents.

COVID-19 Vaccinations, Completed Primary Series, by Race, as of 5/4/23

	Los Angeles County	San Bernardino County
Native Hawaiian or Pacific Islander	>95%*	79.4%
American Indian or Alaska Native	91.1%	46.8%
Asian	77.3%	72.1%
White	75.0%	62.4%
Multiracial	69.4%	49.3%
Black	59.5%	48.0%
Latino	58.2%	43.7%

Source: California Department of Public Health. <https://covid19.ca.gov/vaccination-progress-data/#progress-by-group>. Updated May 5, 2023, with data through May 4, 2023. *Rates are capped at 95% consistent with CDC reporting practices.

Community Input – Chronic Disease

Stakeholder interviews identified the following issues, challenges, and barriers related to chronic disease. Following are their comments summarized and edited for clarity:

- Unnecessary amputations are a serious concern.
- Chronic diseases are complicated by disabilities. There is little knowledge about caring for people with spinal cord injuries and traumatic brain injuries outside of specialized centers.
- Patient compliance is an issue.
- Often, we hear people can’t get in to care for six months, but they need something in three months. We also have nursing and physician shortages.

- Sometimes people have physical limitations, or they don't have access to places that are safe to exercise. Some people are not well educated about what chronic diseases like diabetes can do to the body. People will tell me if the doctor had told me I might lose my vision, I would have done something about it.
- Access to health care is crucial. It is very hard to get access right now. It is about watching your diet and intake of certain foods.
- There is a shortage of in-home health services. People who are lonely, isolated, and on limited incomes are not getting enough assistance to manage their in-home care.
- We need more education on how to prevent chronic disease issues.
- One of the biggest barriers is lack of health insurance. We see a lot of people with hypertension and overweight issues in the community. Those who are impacted the most are those with low wages.

Disability

The U.S. Census Bureau collects data on six different categories of disability or ‘difficulties’: difficulty with hearing, vision, cognitive tasks, ambulatory tasks, self-care tasks, and independent living. 9.6% of the service area population has a disability. Among children under age 18, the rate is 3.1%. Among adults, ages 18 to 64, 7.3% in the service area have a disability. Among service area senior adults, ages 65 and older, 33.7% have a disability.

Disability, 5-Year Average

	Casa Colina Service Area	Los Angeles County	San Bernardino County
Population with a disability	9.6%	10.1%	11.4%
Children with a disability	3.1%	3.2%	4.3%
Adults, ages 18 to 64, with disability	7.3%	7.4%	9.5%
Senior adults with a disability	33.7%	34.4%	37.7%

Source: U.S. Census Bureau, American Community Survey, 2017-2021, DP02. <http://data.census.gov>

In the service area, 2.9% of the population under age 18 have a cognitive disability. Among the adult population, ages 18 to 64, 3% have a cognitive disability and 3.3% have an ambulatory disability. Among adults, ages 65 and older, 22.5% have an ambulatory disability and 12.4% have a hearing disability.

Disability, by Type of Difficulty, 5-Year Average

	Under Age 18			Ages 18 to 64			Ages 65 and Older		
	Casa Colina Service Area	Los Angeles County	San Bernardino County	Casa Colina Service Area	Los Angeles County	San Bernardino County	Casa Colina Service Area	Los Angeles County	San Bernardino County
Hearing	0.4%	0.4%	0.7%	1.5%	1.2%	1.8%	12.4%	11.6%	14.6%
Vision	0.7%	0.6%	1.0%	1.6%	1.5%	1.9%	6.5%	6.4%	7.5%
Cognitive	2.9%	3.1%	4.2%	3.0%	3.2%	4.1%	9.5%	10.2%	10.9%
Ambulatory	0.6%	0.5%	0.9%	3.1%	3.3%	4.3%	22.5%	23.4%	24.7%
Self-care	0.9%	1.2%	1.4%	1.3%	1.5%	1.7%	9.7%	11.5%	10.2%
Independent living	N/A	N/A	N/A	2.5%	2.8%	3.6%	16.6%	18.7%	17.5%

Source: U.S. Census Bureau, American Community Survey, 2017-2021, S1810. <http://data.census.gov>

Among adults in SPA 3, and those in San Bernardino County, 0.8% are legally blind.

Legally Blind Adults

	SPA 3	San Bernardino County	California
Adults who are legally blind	0.8%*	0.8%	0.6%

Source: California Health Interview Survey, 2017-2021, pooled. <http://ask.chis.ucla.edu> *Statistically unstable due to small sample size.

Strokes and Disability

Stroke is a leading cause of serious long-term disability. Stroke reduces mobility in more than half of stroke survivors ages 65 and older. While stroke risk increases with age, 38% of people hospitalized for stroke were less than 65 years of age. Risk of having a first stroke is nearly twice as high for non-Hispanic Black adults as for White adults, and non-Hispanic Black and Pacific Islander adults have the highest rates of death due to stroke. About 87% of strokes are ischemic strokes, in which blood flow to the brain is blocked. <https://www.cdc.gov/stroke/facts.htm>

In Los Angeles County, from 2018-2020, there were 6.6 ischemic strokes per 1,000 Medicare beneficiaries, ages 65 and older. In San Bernardino County the rate was 7.2 ischemic strokes per 1,000 Medicare beneficiaries.

Ischemic Stroke Hospitalization Rate, per 1,000 Medicare Beneficiaries, by Race

	Los Angeles County	San Bernardino County	California
Non-Hispanic Black	10.7	10.4	10.3
Non-Hispanic White	6.4	7.2	6.7
Hispanic	6.2	5.8	6.1
All Races and ethnicities	6.6	7.2	6.7

Source: U.S. Centers for Disease Control and Prevention (CDC), *Interactive Atlas of Heart Disease and Stroke, 2018-2020*.
<https://nccd.cdc.gov/DHDSPAAtlas/>

47% of LA County Medicare beneficiaries, ages 65 and older, who were hospitalized for ischemic stroke, were discharged to their homes; 20.8% were discharged to an acute care facility; 3.1% were discharged to another health care facility; 25% had some other type of hospital discharge; and 4.1% died before discharge. Medicare beneficiaries in San Bernardino County who were hospitalized for ischemic stroke were slightly more likely to be discharged home (50.6%) or to an acute care facility (23.1%) than those in LA County, and less like to have an 'Other' place of discharge (19.1%).

Ischemic Stroke Discharge Status, Medicare Beneficiaries

	Los Angeles County	San Bernardino County	California
Discharged home	47.0%	50.6%	50.0%
Discharged to acute care facility	20.8%	23.1%	21.9%
Discharged to other health facility	3.1%	3.2%	2.5%
Died before discharge	4.1%	4.0%	4.3%
Other discharge	25.0%	19.1%	21.3%

Source: U.S. Centers for Disease Control and Prevention (CDC), *Interactive Atlas of Heart Disease and Stroke, 2018-2020*.
<https://nccd.cdc.gov/DHDSPAAtlas/>

Community Input – Disabilities

Stakeholder interviews identified the following issues, challenges, and barriers related to disabilities. Following are their comments summarized and edited for clarity:

- Not all hospitals have the same ability to help people with their physical and mental disabilities.
- Challenges for people with disabilities are health care access, medication issues, the cost of drugs, physical therapy cost and availability, home health care, and general accessibility. Anything you do is harder with a disability, and it requires more help and care.
- Home health care is such a big issue because it is not covered by insurance.
- There are not many people who are knowledgeable about long-term care needs.
- We need communication, education, and opportunities for the employment of persons with disabilities.
- People with disabilities are an underserved population and they are not terminal. We survived, and our life expectancy doesn't change for the most part. With catastrophic injuries, once you get stabilized you can have a long life, and we want it to be as fulfilling as possible and to be a part of the community.
- For older adults and those with disabilities, a big issue is transportation. They need to travel to doctor appointments and they have day-to-day essential travel needs.
- If you aren't managing your care, your disability can get very difficult and complicated. That is a big barrier for people with mental health issues. They often end up in board and care or a rehab center and then we see them back again in the hospital because they didn't do any follow-up or self-care.
- People need a longer time in acute rehab. People used to get up to a year, now it is 30 days and they are discharged. People may not be ready to hear it, or wrap their minds around how things have changed, but they need to quickly adjust. Often people are discharged so quickly that their insurance hasn't had time to order and deliver their home equipment.
- Many people do not understand the transportation needs of those who are disabled.
- We need to get to a point where in-home health care workers can make a living and not live below the poverty level themselves.
- For a person with a disability, it is very difficult to have the right living environment to function independently or semi independently. Having a disability can cause issues with housing, employment, and a loss of income.
- There is a lack of awareness about where to access resources.
- There continues to be stigma around having a disability, especially with new immigrant communities. The barriers go back to a lack of insurance and access to health care, low wages, and not being able to be an active member of the community.

Health Behaviors

Health Behaviors Ranking

The County Health Rankings examine healthy behaviors and rank counties according to health behavior data. California has 58 counties, which are ranked from 1 (healthiest) to 58 (least healthy) based on indicators that include: adult smoking, obesity, physical inactivity, excessive drinking, sexually transmitted infections, and others. Los Angeles County has a health behavior ranking of 10 and San Bernardino has a ranking of 38.

Health Behaviors Ranking

	County Ranking (out of 58)
Los Angeles County	10
San Bernardino County	38

Source: County Health Rankings, 2023. <http://www.countyhealthrankings.org>

Overweight and Obesity

28.1% of adults in SPA 3, ages 20 and older, are obese, and an additional 33.4% are overweight. In San Bernardino County, 35.5% of adults are obese and 35% are overweight. The Healthy People 2030 objective for adult obesity is a maximum of 36% of adults, ages 20 and older, who are obese.

Overweight and Obesity, Adults, Ages 20 and Older

	Los Angeles County SPA 3	San Bernardino County	California
Adults who are overweight (BMI = 25 to < 30)	33.4%	35.0%	34.0%
Adults who are obese (BMI = 30.0 or more)	28.1%	35.5%	28.6%
Adults who are either overweight or obese	61.5%	70.5%	62.6%

Source: California Health Interview Survey, 2019-2021. <http://ask.chis.ucla.edu>

14.7% of teens in SPA 3 are obese, and an additional 13.1% are overweight. Rates are higher in San Bernardino County, where 17.9% of teens are obese and 19% are overweight. The Healthy People 2030 objective for teen obesity is a maximum of 15.5% of children and teens, ages 2 to 19, who are obese.

17.2% of children in SPA 3 are overweight for their age, without factoring in their height. The rate is higher in San Bernardino County, with 18.7% of children overweight for their age.

Overweight and Obese Teens, Ages 12 to 17, and Overweight Children, Ages 0 to 11

	Los Angeles County SPA 3	San Bernardino County	California
Teens who are overweight (85 th to 95 th Percentile for BMI)	13.1%	19.0%	15.6%
Teens who are obese (Highest 5 th Percentile for BMI)	14.7%	17.9%	18.2%
Teens who are either overweight or obese	27.8%	36.9%	33.8%
Children who are overweight for age (not factoring height)	17.2%	18.7%	14.6%

Source: California Health Interview Survey, 2019-2021. <http://ask.chis.ucla.edu>

Adequate Fruit and Vegetable Consumption

32.7% of children in SPA 3, ages birth through 11 years, eat five or more servings of fruits and vegetables daily (excluding juice and fried potatoes). 21.6% of teens in SPA 3, ages 12 to 17, eat five or more servings of fruits and vegetables daily. In San Bernardino County, 32.8% of children and 25.6% of teens eat five or more servings of fruits and vegetables daily. Rates are generally higher for girls than for boys and decline with increasing age.

Five or More Servings of Fruit and Vegetables Daily, Children and Teens, by Demographics

	Los Angeles County SPA 3		San Bernardino County	
	Children	Teens**	Children	Teens**
Male	31.4%	22.2%	29.5%	22.5%
Female	32.5%*	20.6%*	38.4%	32.2%
0 to 4 years old	42.9%	N/A	36.7%	N/A
5 to 11 years old	29.1%	N/A	32.1%	N/A
12 to 14 years old	N/A	20.3%*	N/A	30.6%
15 to 17 years old	N/A	22.4%	N/A	21.9%*
LA County SPA 3	32.7%	21.6%	N/A	N/A
San Bernardino County	N/A	N/A	32.8%	25.6%
California	33.3%	25.6%	33.3%	25.6%

Source: California Health Interview Survey, 2016-2020; **2011-2020. <http://ask.chis.ucla.edu> *Statistically unstable due to small sample size.

Physical Activity

When asked whether they had participated in any physical activities or exercises outside of work in the past month, 21.9% of Los Angeles County adults and 25.4% of San Bernardino County adults had not engaged in any leisure time physical activity.

No Leisure Time Physical Activity, Past Month, Adults

	Los Angeles County	San Bernardino County	California
No leisure time physical activity, past month	21.9%	25.4%	* 22.2%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2022, 2020 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb>
 *Weighted average of California county rates.

Exercise Opportunities

Proximity to exercise opportunities can increase physical activity in a community. 98% of Los Angeles County residents and 87% of San Bernardino County residents are considered to live near exercise opportunities.

Adequate Access to Exercise Opportunities

	Percent
Los Angeles County	98%
San Bernardino County	87%
California	95%

Source: County Health Rankings, 2023 ranking, utilizing 2020 and 2022 combined data. <http://www.countyhealthrankings.org>

Community Walkability

WalkScore.com ranks over 2,500 cities in the United States (over 10,000 neighborhoods) with a walk score. The walk score for a location is determined by its access to amenities. Many locations are sampled within each city and an overall score is issued for the walkability of that city (scores for smaller towns, however, may be based on a single location). A higher score indicates an area is more accessible to walking while a lower score indicates a more vehicle-dependent location.

WalkScore.com has established the range of scores as follows:

- 0-24: Car Dependent (Almost all errands require a car)
- 25-49: Car Dependent (A few amenities within walking distance)
- 50-69: Somewhat Walkable (Some amenities within walking distance)
- 70-89: Very Walkable (Most errands can be accomplished on foot)
- 90-100: Walker's Paradise (Daily errands do not require a car)

The overall walkability of most communities within the service area is rated as Car Dependent, with few if any amenities within walking distance of people's homes. Azusa, Covina, Montclair, and Pomona are rated 'Somewhat Walkable'. When looked at by ZIP Code, Covina 91722 and 91723 and Upland 91786 are rated as Very Walkable.

Walkability

	Walk Score by Community	ZIP Code	Walk Score by ZIP Code
Azusa	58	91702	0
Chino	44	91708	18
		91710	54
		91709	7
Chino Hills	23	91711	0
Claremont	48	92880	0
Corona	39	91722	77
Covina	59	91723	87
		91724	36
		91765	65
Diamond Bar	30	92335	35
Fontana	37	92336	50
		91740	11
Glendora	47	91741	4
		91744	28
La Puente	46	91750	0
La Verne	42	91763	61
Montclair	57	91761	32
Ontario	48	91762	48
		91764	63
		91766	46
Pomona	52	91767	56
		91768	68
		91701	63
Rancho Cucamonga	41	91730	55
		91737	0
		91739	3
		91773	30
San Dimas	37	91784	4
Upland	48	91786	81
		91789	38
Walnut	32	91790	59
West Covina	47	91791	13
		91792	50

Source: [WalkScore.com](https://www.walkscore.com/), 2023

Community Input – Overweight and Obesity

Stakeholder interviews identified the following issues, challenges, and barriers related to overweight and obesity. Following are their comments summarized and edited for clarity:

- People are busy and often don't have time to worry about their weight. Other issues are financial stability. A lot of times it is easier to get a dollar hamburger than to eat healthily. There needs to be more access to fresh food and more widespread education on healthy eating.
- With the pandemic more people suffered with weight issues due to depression, a lack of motivation, and stress factors.

- We are a product of our lifestyles. Everything is fast, fast, fast. Fast food is the way to go for families on the run. It is easier and more convenient to go through a drive through than to make a meal at home. Healthier foods are much more expensive than chips and cookies. Fruit is expensive. And people are more sedentary.
- Food deserts are a huge issue that relates to poverty and access.
- There is a lack of healthy food access and education on healthy foods.
- A lot depends on the availability of community open space. Having safe spaces for communities is one of our biggest barriers. When people do not feel safe outside, they are missing out on doing physical activity and having social connections with other community members.
- A healthy balanced diet with vegetables and fruit and low sodium and low fat are often expensive foods, and it can be cheaper to buy fast foods. Low-wage earners can be especially impacted due to the hardship of buying expensive, healthy foods.

Sexually Transmitted Infections

In 2020, rates of most STIs appear to have decreased. However, this is likely to have been a case of fewer people testing, rather than fewer cases, according to experts and to the continued increase in cases of congenital syphilis.

The rate of chlamydia in 2019, in Los Angeles County, was 684.8 cases per 100,000 persons, while in San Bernardino County it was 635.2 cases per 100,000 persons. The Los Angeles County rate of gonorrhea in 2019 was 257.3 cases per 100,000 persons, while in San Bernardino County it was 184.7 per 100,000 persons. The rate of primary and secondary syphilis for Los Angeles County was 25 cases per 100,000 persons in 2019, while in San Bernardino County it was 22.1 per 100,000 persons. The rate of early latent syphilis in Los Angeles County was 34.8 cases per 100,000 persons in 2019, and in San Bernardino County it was 17 cases per 100,000 persons.

While rates for most diagnosed STIs were lower in San Bernardino County than in Los Angeles County, this may be in part due to less testing, as evidenced by the higher rates of late or unknown duration syphilis, and of congenital syphilis among San Bernardino newborns.

Sexually Transmitted Infection Rates, per 100,000 Persons or Births

	Los Angeles County		San Bernardino County		California	
	2019	2020	2019	2020	2019	2020
Chlamydia	684.8	517.2	635.2	481.1	597.6	445.6
Gonorrhea	257.3	253.7	184.7	195.9	202.7	195.6
Primary and secondary syphilis	25.0	22.0	22.1	17.3	20.7	18.9
Early latent syphilis	34.8	31.0	17.0	14.7	20.9	19.2

	Los Angeles County		San Bernardino County		California	
	2019	2020	2019	2020	2019	2020
Late/unknown duration syphilis	31.5	30.7	58.2	49.4	29.8	26.4
Congenital syphilis (birth year)	87.9	125.8	216.1	276.3	99.9	114.9

Source: California Department of Public Health, STD Control Branch, 2020 STD Surveillance Report, 2019 and 2020 data.
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/STD-Data.aspx>

HIV

In 2021 the rate of new HIV cases in Los Angeles County was 14.8 cases per 100,000 persons. In San Bernardino County the rate of HIV was 13.9 cases per 100,000 persons. COVID-19 interrupted many types of care, and the percentage of persons in both counties with diagnosed HIV who were receiving care dropped and have not yet returned to pre-COVID levels. In LA County, 71% of diagnosed persons in 2019 were receiving care, while the rate was 70% in 2021. The percentage who were virally suppressed rose slightly, from 61.8% to 62.1%. In San Bernardino County, the rate of diagnosed persons who were receiving care dropped from 72.1% in 2019 to 67% in 2021, and the percent who were virally suppressed fell from 59.3% to 58.5%. The California Integrated Plan objective was for 90% to be in care, and 80% virally suppressed by 2021. Rates of death among persons diagnosed with HIV rose from 2019 to 2021 in both counties and the state.

HIV Cases and Rates, per 100,000 Persons

	Los Angeles County		San Bernardino County		California	
	2019	2021	2019	2021	2019	2021
Newly diagnosed cases	1,566	1,506	303	305	4,560	4,444
Rate of new diagnoses	15.3	14.8	13.9	13.9	11.5	11.1
Living cases	52,519	53,060	4,910	5,263	137,962	141,001
Rate of HIV	514.3	520.3	225.6	239.2	347.0	352.9
Percent in care	71.0%	70.0%	72.1%	67.0%	75.0%	73.0%
Percent virally suppressed	61.8%	62.1%	59.3%	58.5%	65.3%	64.4%
Deaths per 100,000 HIV+ persons	5.7	7.7	3.2	4.8	4.6	5.6

Source: California Department of Public Health, Office of AIDS, California HIV Surveillance Report, 2019 & 2021.
https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_case_surveillance_reports.aspx

Mental Health

Mental Health Indicators

In San Bernardino County, 16.9% of adults reported having been told by a doctor, nurse, or other health professional they had depressive disorder. In Los Angeles County, 16% of adults had been told they had depressive disorder.

Depression, Adults

	Los Angeles County	San Bernardino County	California
Told by health care professional they had depressive disorder, ever	16.0%	16.9%	17.5%*

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2022, 2020 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb>
*Weighted average of California county rates.

Among adults in San Bernardino County, 14.2% suffered from serious psychological distress in the past year, and 9.5% said they had taken a prescription medication for two weeks or more for an emotional or personal problem during the past year. Rates of life impairment (in the spheres of family, social, and work life and household chores) in San Bernardino County ranged from 19% (work impairment) to 22.3% (social life impairment). In LA County, 10.2% suffered from serious psychological distress in the past year, and 7.8% said they had taken a prescription medication. Rates of life impairment in LA County ranged from 17.4% (work and household chore impairment) to 18% (social life impairment).

Among teens in SPA 3, 50.5% experienced serious psychological distress in the past year and 31.1% of teens in San Bernardino County experienced serious psychological distress.

Mental Health Indicators

	Los Angeles County SPA 3	San Bernardino County	California
Adults who had serious psychological distress, past year	10.2%	14.2%	14.1%
Adults taken prescription medicine at least 2 weeks for emotional/mental health issue in past year	7.8%	9.5%	10.6%
Adults: family life impairment during the past year	17.9%	21.8%	22.5%
Adults: social life impairment during the past year	18.0%	22.3%	22.7%
Adults: household chore impairment during the past year	17.4%	21.5%	22.1%
Adults: work impairment during the past year	17.4%	19.0%	22.6%
Teens who had serious psychological distress, past year	50.5%	31.1%	32.3%

Source: California Health Interview Survey, 2019-2021. <http://ask.chis.ucla.edu>

Incapacitating Mental Distress

Among adults who had experienced psychological distress in the past year, 26.2% in SPA 3 and 27.8% in San Bernardino County were unable to work or carry out their normal activities for between 8 to 30 days due to feeling nervous, depressed, or emotionally stressed. 18.4% of adults with psychological distress in SPA 3 and 19.8% of adults in San Bernardino County were unable to work for more than three months due to their mental distress.

Incapacitating Mental Distress, Adults

	Los Angeles County SPA 3	San Bernardino County	California
Able to work all days	20.6%	28.3%	22.2%
Unable to work 7 days or less	22.4%	10.2%	17.1%
Unable to work 8 to 30 days	26.2%	27.8%	26.7%
Unable to work 31 days to 3 months	12.5%	13.9%	15.1%
Unable to work more than 3 months	18.4%	19.8%	18.8%

Source: California Health Interview Survey, 2019-2021. <http://ask.chis.ucla.edu>

Suicidal Ideation

When asked whether they had ever seriously considered committing suicide, 9.6% of SPA 3 adults and 13.8% of adults in San Bernardino County had considered suicide.

Ever Seriously Thought About Committing Suicide, Adults

	Los Angeles County SPA 3	San Bernardino County	California
Ever seriously thought about committing suicide	9.6%	13.8%	15.1%

Source: California Health Interview Survey, 2019-2021. <http://ask.chis.ucla.edu>

Mental Health Care Access

36.2% of teens in SPA 3 and 32.7% in San Bernardino County said they needed help for emotional or mental health problems in the past year. 14.3% of teens in SPA 3 and 20.1% of teens in San Bernardino County received counseling. 16.5% of adults in SPA 3 and 18.9% in San Bernardino County needed help for emotional-mental and/or alcohol-drug related issues in the past year. Among those adults who sought help, 54.5% in SPA 3 and 47.9% in San Bernardino County received treatment. The Healthy People 2030 objective is for 68.8% of adults with a serious mental disorder to receive treatment (a maximum of 31.2% who do not receive treatment).

Mental Health Care Access in the Past Year

	Los Angeles County SPA 3	San Bernardino County	California
Teens who needed help for emotional or mental health problems in the past year	36.2%	32.7%	33.2%
Teens who received psychological or emotional counseling in the past year	14.3%*	20.1%	18.7%

	Los Angeles County SPA 3	San Bernardino County	California
Adults who needed help for emotional-mental and/or alcohol-drug issues in past year	16.5%	18.9%	22.5%
Adults, sought/needed help and received treatment	54.5%	47.9%	54.4%
Adults, sought/needed help but did not receive	45.5%	52.1%	45.6%

Source: California Health Interview Survey, 2019-2021. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

Community Input – Mental Health

Stakeholder interviews identified the following issues, challenges, and barriers related to mental health. Following are their comments summarized and edited for clarity:

- Facing the loss of a limb can put anyone in grim circumstances. Practitioners encourage you to get back to your regular life, do what you used to do, if possible, build up strength to go back to your previous life. But that takes a lot of effort. A lot of people in this position give up.
- Isolation, depression, frustration, sadness, loss of prior abilities, this all leads to mental and emotional health issues that need to be addressed. Fear is a big one. You don't know how you will manage in life if those you rely on are no longer there.
- Isolation is a common issue for older adults. A lot of seniors are already isolated and without companionship. Without having transportation, it makes them that much more isolated.
- People with diabetes have a higher risk of depression and life events that may impact how they care for themselves. If a family member passes away for instance, then during that period of grief, that person may not be taking care of themselves. That person may go into a depression and that can impact their diabetes.
- We need more mental health practitioners who are disability focused.
- People who deal with physical mobility and disability can often lose their identity to a certain extent. They struggle with their new reality and are not coping. Health and wellness tend to decline when people are not active.
- A lot of people end up calling 911 or going to the ED due to psychological events, where they are a danger to themselves or others. We lack mental health institutions in the community.
- Stigma is still one of the biggest barriers, especially with our Spanish and Asian communities. We've seen an increase of teens experiencing mental health issues with the pandemic and isolation. That is one of the main contributors to increases in depression in teens. And there is a lack of services as well. There is a lot being done to help normalize mental health and bring it out into the open, but it is still a major barrier.

Substance Use

Cigarette Smoking

The Healthy People 2030 objective for cigarette smoking among adults is 6.1%. In San Bernardino County, 9.2% of adults smoke cigarettes. In SPA 3, 4.6% of adults smoke cigarettes. In SPA 3, 39.7% are thinking about quitting in the next six months, and in San Bernardino County, 59.9% of adults are thinking about quitting. 15.4% of SPA 3 adults and 19.5% of San Bernardino County adults have ever tried an e-cigarette.

Smoking, Adults

	Los Angeles County SPA 3	San Bernardino County	California
Current smoker	4.6%	9.2%	6.5%
Thinking about quitting in the next 6 months	39.7%	59.9%	64.8%
Ever smoked an e-cigarette (all adults 18-65)	15.4%	19.5%	19.4%
Current e-cigarette smoker (all adults 18-65)	3.3%	5.7%	4.5%

Source: California Health Interview Survey, 2019-2021. <http://ask.chis.ucla.edu>

Alcohol Misuse

Binge drinking is defined as consuming a certain amount of alcohol within a set period of time. For males this is five or more drinks per occasion and for females it is four or more drinks per occasion. 13.9% of SPA 3 adults and 17.7% of San Bernardino County adults reported having engaged in binge drinking in the previous 30 days.

Binge Drinking, Past 30 Days, Adults

	Los Angeles County SPA 3	San Bernardino County	California
Engaged in binge drinking, prior 30 days, adults	13.9%	17.7%	18.1%

Source: California Health Interview Survey, 2021. <http://ask.chis.ucla.edu>

19.6% of SPA 3 teens said they had ever tried alcohol, and 23.1% of teens in San Bernardino County had tried alcohol.

Alcohol Experience and Binge Drinking, Past 30 Days, Teens

	Los Angeles County SPA 3	San Bernardino County	California
Have ever tried alcohol, teens	19.6%	23.1%	23.1%
Engaged in binge drinking, prior 30 days, teens**	0.7%*	6.2%*	4.8%

Source: California Health Interview Survey, 2019-2021 and **2015-2019. <http://ask.chis.ucla.edu> *Statistically unstable due to sample size.

Marijuana Use

Marijuana use became legal in the state of California (while remaining illegal at the Federal level) in 2017. 39.6% of adults in SPA 3, and 46.8% in San Bernardino County,

have tried marijuana or hashish. Of those who had tried marijuana, 30.1% in LA County and 30.3% in San Bernardino County had used it in the previous month.

Marijuana Use, Adults

	Los Angeles County SPA 3	San Bernardino County	California
Have tried marijuana or hashish	39.6%	46.8%	50.4%
Used marijuana within the past month	30.1%	30.3%	32.8%
Used marijuana within the past year but not within the past month	15.5%	13.5%	16.3%
Used marijuana more than 15 years ago	28.9%	28.6%	27.2%

Source: California Health Interview Survey, 2017-2021 pooled. <http://ask.chis.ucla.edu/>

Opioid Use

The rate of hospitalization in San Bernardino County for opioid overdose (excluding heroin) was 9.6 hospitalizations per 100,000 persons. In LA County, the hospitalization rate was 7.3 per 100,000 persons. The rate of ED visits for opioid overdose (excluding heroin) was 40.9 visits per 100,000 persons in San Bernardino County and 27.1 per 100,000 persons in LA County. The rate of opioid prescriptions was 427.3 prescriptions per 1,000 persons in San Bernardino County and 250.9 per 1,000 persons in LA County.

Opioid Use, Age-Adjusted, per 100,000 Persons, Prescription Rates, per 1,000 Persons

	Los Angeles County	San Bernardino County	California
Hospitalization rate for opioid overdose (excludes heroin)	7.3	9.6	10.9
ER visits for opioid overdose (excludes heroin)	27.1	40.9	46.1
Opioid prescriptions, per 1,000 persons	250.9	427.3	321.7

Source: California Office of Statewide Health Planning and Development, via California Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2021 data. <https://discovery.cdph.ca.gov/CDIC/ODdash/>

Community Input – Substance Use

Stakeholder interviews identified the following issues, challenges, and barriers related to substance use. Following are their comments summarized and edited for clarity:

- As a result of a disability, it is common to be prescribed pain killers and that can lead to abuse. We need to be mindful of side effects, potential overdoses, and weigh the pros and cons of prescribing the medicine.
- There are limited resources for substance use treatment and it takes time to access and get into programs. It can take weeks to get someone in for services. And even when you find a place, getting the person accepted into the facility is difficult.
- Persons experiencing homelessness will talk about their abuse more openly than other populations.
- We are seeing more overdoses because it is so easy to get a hold of the drugs. To

counteract some accidental doses for those taking it to relieve pain, they should include Narcan with the prescription to assist and reverse potential overdoses.

- When people with disabilities get onto medications, they have a fear of ever getting off them because they feel they need them to function and move forward. People do not know how to differentiate what is needed and what is not, and so they are way too dependent on these medications.
- From a developmental standpoint, drug education in schools needs to be funded and supported. We need kids to understand brain chemistry and the choices in front of them.
- As substances become more decriminalized, we need to look at harm reduction strategies.
- There is concern around tainted substances that youth are using, especially fentanyl.

Preventive Practices

Flu Vaccines

The Healthy People 2030 objective is for 70% of the total population to receive a flu shot. 44.2% of Los Angeles County adults, ages 18 and older, and 38.7% of San Bernardino County adults received a flu shot.

Flu Vaccines, Adults

	Los Angeles County	San Bernardino County	California
Received flu vaccine, ages 18 and older (includes ages 65 and older)	44.2%	38.7%	47.5%

Source: U.S. Centers for Disease Control (CDC), FluVaxView Interactive!, 2019-2020 season.
<https://www.cdc.gov/flu/fluview/interactive-general-population.htm>

Immunization of Children

Rates of full compliance with childhood immunizations upon entry into kindergarten, by school district, have not been released by the California Department of Public Health since the 2019-2020 school year. At that time, the rate for full compliance for Los Angeles County was 94.1%, and for San Bernardino County it was 93.7%. The childhood immunization rate among service area school districts ranged from 91.1% in West Covina Unified to 98.3% in Covina-Valley Unified and 98.4% in Glendora Unified School Districts.

Up-to-Date Immunization Rates of Children Entering Kindergarten, 2019-2020*

School District	Immunization Rate
Alta Loma Elementary School District	97.0%
Azusa Unified School District	97.9%
Bonita Unified School District	97.1%
Central Elementary School District	98.0%
Charter Oak Unified School District	96.0%
Chino Valley Unified School District	97.5%
Claremont Unified School District	95.1%
Corona-Norco Unified School District	97.2%
Covina-Valley Unified School District	98.3%
Cucamonga Elementary School District	93.8%
Etiwanda Elementary School District	96.9%
Fontana Unified School District	97.7%
Glendora Unified School District	98.4%
Hacienda La Puente Unified School District	96.9%
Mountain View Elementary School District	96.7%
Ontario-Montclair School District	97.6%
Pomona Unified School District	93.6%
Rowland Unified School District	95.9%
Upland Unified School District	97.4%

School District	Immunization Rate
Walnut Valley Unified School District	97.6%
West Covina Unified School District	91.1%
Los Angeles County*	94.1%
San Bernardino County*	93.7%
California*	94.0%

Source: California Department of Public Health, Immunization Branch, 2019-2020. *For those schools where data were both reported, and not suppressed due privacy concerns over small numbers. <https://data.chhs.ca.gov/dataset/school-immunizations-in-kindergarten-by-academic-year>

Mammograms

The Healthy People 2030 objective for mammograms is for 80.3% of women, ages 50 to 74, to have a mammogram in the past two years. In San Bernardino County, 72.3% of women obtained mammograms in the prior two years. In Los Angeles County, 71.3% of women obtained mammograms.

Mammogram in the Past Two Years, Women, Ages 50-74

	Crude Rate
Los Angeles County	71.3%
San Bernardino County	72.3%
California*	68.1%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2022, 2020 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb>
*Weighted average of California county rates.

Pap Smears

The Healthy People 2030 objective is for 79.2% of women, ages 21 to 65, to have a Pap smear in the past three years. In San Bernardino County, 80.2% of women, ages 21 to 65, had a cervical cancer screening in the prior three years. In Los Angeles County, 80.3% of women had a cervical cancer screening.

Pap Test in the Past Three Years, Women, Ages 21-65

	Crude Rate
Los Angeles County	80.3%
San Bernardino County	80.2%
California*	81.3%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2022, 2020 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb>
*Weighted average of California county rates.

Colorectal Cancer Screening

The Healthy People 2030 objective is for 68.3% of adults, ages 50 to 75, to obtain colorectal cancer screening (defined as a blood stool test in the past year, sigmoidoscopy in the past five years plus blood test in the past three years, or colonoscopy in the past ten years). 59.1% of LA County adults, ages 50 to 75, and 58.4% of San Bernardino County adults met the colorectal cancer screening guidelines.

Colorectal Cancer Screening, Adults, Ages 50-75

	Crude Rate
Los Angeles County	59.1%
San Bernardino County	58.4%
California*	62.1%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2022, 2020 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb>
 *Weighted average of California county rates.

Community Input – Preventive Practices

Stakeholder interviews identified the following issues, challenges, and barriers related to preventive practices. Following are their comments summarized and edited for clarity:

- I think that it should be mandatory patient education for those on pain management to learn about Narcan. That is potentially saving a life.
- There is a danger if you fall as a disabled person. You need to know how to assess if you are hurt, how to get help, how to get up, how to get assistance, and how to navigate potential obstacles like stairs, ramps, and different types of surfaces that may or may not be amenable to wheelchairs.
- Cost, immigration status, stigma, and language are all barriers. And even when people know about a resource, like a free health clinic, they won't always access it, because there is stigma to accessing care in a free clinic.
- People need somewhere to go for continuing exercise where they have use of equipment and can improve their strength.
- We need more and better outreach to reach more people in need. They come in and need services and help, and we tell them to fill out a form and return it at a convenient time. But they are always in a state of inconvenience. They need immediate help; they are in survival mode.
- We need to engage with various community partners and build networks and initiatives and engage residents. We need to create a safe space where people have a shared lived experience and can get their needs met.

Report of Progress

Casa Colina Hospital developed and approved an Implementation Strategy to address significant health needs identified in the FY21 CHNA. The hospital committed community benefit efforts that addressed access to health care and preventive care, chronic diseases, disabilities, and senior health. Activities and programs that highlight Casa Colina's commitment to the community are detailed below.

Access to Care and Preventive Care

Response to Need

Financial Aid and Transportation

Casa Colina provided financial assistance for uninsured and underinsured residents. Following our Financial Assistance Policy, the hospital provided discounted and free health care to qualified individuals. To address health care access issues, the hospital also offered information and enrollment assistance in low-cost insurance programs.

Community Education and Outreach Programs

Casa Colina presented health education sessions available to the area residents, the disabled community, and professionals. The educational sessions focused on topics related to disability prevention and disease treatment topics. Topics included Learning to Eat and Knowing When to Intervene, Multiple Sclerosis and Therapy, Back Pain Treatment, The Importance of Wellness Before Joint Replacement Surgery, Living Better with Multiple Sclerosis, and Life with a Traumatic Brain Injury.

Casa Colina collaborated with local educational institutions, nonprofit business organizations, and human services organizations to implement community health fairs. Casa Colina staff presented educational and interactive events and offered a variety of screenings at no-cost to the community. In FY23, Casa Colina reached over 9,600 persons through involvement in community health efforts such as:

- Abilities Expo
- Tour de Foothills
- City of La Verne Health and Resource Fair
- San Dimas Health Fair
- Parkinson's Foundation Moving Day Los Angeles
- Claremont Colleges Fair
- Claremont Annual Village Venture

Sports Injury Screenings and Education

Sports injury screenings were provided free of charge to athletes and community members to reduce the incidence of injury. Screenings to identify sports-related injuries are conducted by a physician and a licensed physical therapist and/or athletic trainer. These clinics provided safety education to help prevent new injuries, avoid exacerbating existing injuries, and guard against re-injury. In FY23, over 400 community members participated in Casa Colina screenings through weekly sports clinic evaluations, the Arcadia Riptides Injury Prevention event, and a lecture at the Bonita High School Cross Country training group on proper warm-up for injury prevention.

Community Support

Casa Colina provided funds and in-kind services to other nonprofit organizations that address access to care and preventive care in the community.

Chronic Diseases

Response to Need

Professional Education and Training

Casa Colina supported health care providers and allied health professionals obtain training in the care of patients with disabilities and chronic diseases. This was accomplished by offering occupational and physical therapy residency programs in physical rehabilitation, orthopedics, and neurology. The hospital provided training in clinical examination, decision-making, and treatment skills.

Limb Preservation Program

Individuals with diabetes over time may develop neuropathy and loss of sensation in their lower extremities. With this lack of sensation, blisters and wounds of the feet can quickly become infected and lead to increased risk of lower-limb amputation. In response to this problem, and in partnership with Dr. David Armstrong of the USC Keck School of Medicine, Casa Colina provides a Limb Preservation Program. The goal of the program is to prevent amputations and their adverse health outcomes. Physician specialists from Casa Colina and USC work with community providers to screen and identify individuals at risk for lower-limb wounds. When patients arrive at a partnering clinic or screening site, those at risk for complications from a foot wound are directed to the appropriate level of care. Some will be given podiatric educational resources to better care for their foot conditions. Others may be referred to Casa Colina's Wound Care and Hyperbaric Medicine Center. The program also features free foot care screenings and a health literacy component designed to increase awareness about diabetic foot care among high-risk patients and community physicians.

Spine and Back Program

In 2021, Casa Colina launched its comprehensive Spine and Back Program, which takes a conservative, minimally invasive approach to treating back, neck, and other spine-related problems. The program is a collaboration of multidisciplinary spine experts, including physiatrists, licensed physical therapists, pain management specialists, radiologists, and the area's top neurosurgeons available through the Inland Neurosurgery Institute. Using state-of-the-art equipment and technology, our Spine Program clinicians work together to diagnose and treat injury and disease of the spine and back.

Community Education Programs

Community webinars were provided on joint replacement surgery, spine and back pain, limb preservation, Ehlers-Danlos Syndromes, and more. Casa Colina provided a lecture on *The Impact of COVID on Families and People with Intellectual Disability* to 150 community members.

Support Groups

Casa Colina reached over 300 people through support groups that provided emotional support and important educational information for individuals, their families, and caregivers. Support groups included acquired brain injury, Parkinson's disease, EDS (Ehlers-Danlos Syndrome), fibromyalgia, and caregiver support.

Community Support

Casa Colina provided funds and in-kind services to other nonprofit organizations that address chronic disease prevention and treatment in the community.

Disabilities

Response to Need

Casa Colina is committed to caring for individuals with disabling conditions. Casa Colina offers a comprehensive continuum of care through our Acute Rehabilitation Wing, Medical-Surgical Wing, Outpatient Center, Physician Specialty Clinics, Children's Services Center, Transitional Living Center, long-term residential care, and our adaptive recreation and wheelchair sports program.

Children's Services Center

The Children's Services Center (CSC) offered programs for children from infancy to 18 years old with various disabilities or developmental disorders. Physical, occupational, and speech therapists, as well as early intervention specialists, and a family resource specialist provided these services. Casa Colina provided free or subsidized care for children (infants to teens) at CSC or local schools for treatment of development disabilities, orthopedic injuries, and learning disabilities.

Community Education Programs and Support Groups

Practitioners provided two lectures to 80 parents and teachers about neurodiverse learners. A creative arts program served 15 transitional age youth, helping participants with ID/DD to build community and explore creative interests. Casa Colina held monthly spinal cord injury support groups for patients in our hospital and Transitional Living Center.

Expressive Language Skills

Communicating with Aphasia classes promoted expressive language skills by assisting persons with communication difficulties as a result of stroke and for individuals with speech difficulties (aphasia, dysphasia, word finding, etc.) In FY23, 211 community members were assisted.

Social Skills and Quality of Life

Infants, children, and teens with disabilities received specialized services and programs. These programs helped children improve their social skills and quality of life. The hospital offered support, education, and resources for families and caregivers of children with disabilities. In FY23, Casa Colina identified 49 children who would benefit from social skills groups through Kids Crew and 30 individuals were provided a social skills training evaluation through Teen Scene.

Adaptive Sports

Casa Colina held an *Introduction to Adaptive Sports* at the Los Angeles Convention Center for over 100 participants. Over 200 participants were introduced to adaptive sports at the Triumph Foundation Sports Camp. The SCI Virtual Recreation Program provided classes in Adaptive Yoga and Meditation.

Research

Casa Colina invested in research focused on improving rehabilitation outcomes and overall functioning for individuals living with disabling conditions. In FY22, the Casa Colina Research Institute engaged in 16 different grant-funded research projects, including: a Return-to-Work Program for individuals with spinal cord injury in partnership with the Craig H. Nielsen Foundation; a Virtual Recreation Program for individuals with spinal cord injury to decrease social isolation and improve access to community resources; a cerebellar transcranial direct current stimulator to treat post stroke patients funded by Abilities Central; a Visuomotor prosthetic for paralysis funded by NIH; and “Thalamic Low Intensity Focused Ultrasound Pulsation for Chronic Disorders of Consciousness,” funded by Tiny Blue Dot Foundation.

Transitional Living Center

Casa Colina housed four individuals undergoing neurological recovery at our Transitional Living Center. The residence offered an increased level of semi-independent living for appropriate TLC residents to better prepare them for reintegration into home and community life. The fully furnished two-bedroom home features ADA-compliant ramps, widened doorways, and accessible bedrooms and restrooms, as well as a new kitchen, landscaped yard with raised gardening beds, and convenient direct access to the Casa Colina campus.

Outdoor Adventures and Community Fitness Programs

Casa Colina's Outdoor Adventures and Wheelchair Sports program empowered people with disabilities by creating opportunities through challenging and exciting outdoor activities. The community fitness program provided opportunities to participate in pool and land activities. At the Transitional Living Center, Casa Colina provided outdoor excursions for residents as an integral part of their therapeutic experience.

Community Support

Casa Colina provided funds and in-kind services donated to nonprofit organizations that address disability prevention, care, and treatment.

Senior Health

Response to Need

Vestibular Balance Screening

Casa Colina's Vestibular & Balance Program and Audiology Center offer clinically effective ways to help reduce or eliminate vertigo and equilibrium problems. Postural control, center of gravity, motor control, strength, and stability are evaluated, as well as internal and external sensory responses.

Injury Prevention and Maintenance of Cognitive Functioning

The hospital provided programs focused on senior injury prevention and maintenance of physical and cognitive functioning. Education sessions dedicated to senior health issues and support groups for seniors and their caregivers were provided. Casa Colina's Senior Evaluation Program helped seniors and their families determine the most appropriate level of assistance required by the aging individual, with the overriding goal of improving seniors' overall health and well-being.

Hearing Screenings

Licensed audiologists, certified by the American Speech & Hearing Association, conducted free hearing screenings and hearing aid fittings for 258 individuals.

Community Education and Outreach Programs

Casa Colina interacted with 800 seniors at the Senior Health and Wellness Fair. 180 seniors were reached with education and resources at the Irwindale Seniors Health and Wellness Fair. Casa Colina's community education series featured educational topics that affect senior health, including seminars in joint replacement, spine and back pain, and limb preservation.

Community Support

Casa Colina provided funds and in-kind services donated to nonprofit organizations that address senior health in the community.



Attachment 1: Benchmark Comparisons

Where data were available, the service area health and social indicators were compared to the Healthy People 2030 objectives. The **bolded items** are Healthy People 2030 objectives that did not meet established benchmarks; non-bolded items met or exceeded the objectives.

Indicators	Service Area Data	Healthy People 2030 Objectives
High school graduation rate	87.2% - 98.4%	90.7%
Child health insurance rate	96.2%	92.4%
Adult health insurance rate	89.6%	92.4%
Unable to obtain medical care	7.7% - 8.5%	5.9%
Ischemic heart disease deaths	93.5	71.1 per 100,000 persons
Cancer deaths	134.5	122.7 per 100,000 persons
Colon and rectum cancer deaths	13.0 - 14.7	8.9 per 100,000 persons
Lung cancer deaths	24.4 - 29.2	25.1 per 100,000 persons
Female breast cancer deaths	19.1 - 22.0	15.3 per 100,000 persons
Prostate cancer deaths	19.8 - 24.9	16.9 per 100,000 persons
Stroke deaths	37.9	33.4 per 100,000 persons
Unintentional injury deaths	29.4	43.2 per 100,000 persons
Suicides	7.5	12.8 per 100,000 persons
Liver disease (cirrhosis) deaths	15.1	10.9 per 100,000 persons
Drug-overdose deaths	24.2 - 27.5	20.7 per 100,000 persons
Overdose deaths involving opioids	15.4 - 16.1	13.1 per 100,000 persons
Early and adequate prenatal care	69.2% - 80.0%	80.5%
Infant death rate	3.9 - 5.6	5.0 per 1,000 live births
Adult obese, ages 20+	28.1% - 35.5%	36.0%, ages 20 and older
Adults engaging in binge drinking	13.9% - 17.7%	25.4%
Cigarette smoking by adults	4.6% - 9.2%	6.1%
Pap smears, ages 21-65, screened in the past 3 years	80.2% - 80.3%	79.2%
Mammogram, ages 50-74, screened in the past 2 years	71.3 - 72.3%	80.3%
Colorectal cancer screenings, ages 50-75, screened per guidelines	58.4% - 59.1%	68.3%
Annual adult influenza vaccination	38.7% - 44.2%	70.0%

Attachment 2: Community Stakeholder Interviewees

Community input was obtained from interviews with community stakeholders from community agencies and organizations that represent medically underserved, low-income, and/or minority populations.

Name	Title	Organization
Jose Escobar, MSN, RN, PHN	Regional Health Officer	Service Planning Area (SPA) 3 - San Gabriel Valley, Los Angeles County Public Health
Hal Hargrave	President and Chief Executive Officer	The Perfect Step
Nena Hernandez	Director of Community Engagement and Strategic Partnerships	Fairplex
Dan Hughes	Community member	Limb Preservation Collaborative
Joanne Lichtman	Former patient, Casa Colina	Community member
Audrey Morabito	Vice President and Chief Financial Officer	Pilgrim Place
Abigail Pascua	Chief Executive Officer	AgingNext
Kelly M. Piper, RN	Operations Manager	Mountain View Urgent Care
Victor Preciado	Councilmember	City of Pomona California
Evelyn Scott, RN, MSN, MPH	Inpatient Diabetes Coordinator	Pomona Valley Hospital Medical Center
Andrew Skinner	Founder	Triumph Foundation
Jennifer Stark	Councilmember	City of Claremont California
Cathy Watrous, RN	Stroke Coordinator/ Board of Directors	Kaiser Permanente, Ontario California/ Casa Colina Hospital and Centers for Healthcare
Armando Yanez	Patient Family Advisory Committee	Casa Colina Hospital and Centers for Healthcare

Attachment 3: Community Stakeholder Interview Responses

Each interview began by asking participants to name the most significant health issues or needs in the community. Responses included:

- Diabetes and heart problems.
- I see a need for more accessibility for disabled people. When one has impaired mobility, it is hard to get around, to take public transportation, to get in and out of buildings, etc. It remains a big problem, even though there are laws and regulations to address barriers to mobility.
- Diabetes, heart attacks, COVID.
- Transportation and advocacy.
- Access to health care and access to your doctor.
- Diabetes, low socioeconomic status.
- Spinal cord injuries and disorders that have to do with paralysis and mobility impairment. People often deal with depression, isolation and fear. There is need for additional community interaction and to obtain better self-sufficiency and places to build up their strength.
- Patient advocacy is needed.
- Inflation is a huge concern right now.
- Homelessness, lower socioeconomic status and elderly populations.
- A lack of access to essential care. People who live with permanent disabilities that require therapy every day or weekly so they don't end up re-hospitalized, may have no income, living off Social Security disability payments.
- At our facility, a continuing care community, people are looking for more access to things physically on the campus versus having to leave the campus. After COVID, mental health issues improved but we are seeing long-term effects that need to be addressed.
- We need more mental health services for those who are unsheltered or struggling. Also, recreational drug use for people under age 18 is a significant problem in towns like Claremont.
- Mental health and obesity.
- Poverty rates are increasing. Mental health is another issue, there are high levels of stress and depression among adults and teenagers. Affordable housing is a major issue throughout the county.

Interview participants were asked what factors or conditions contribute to those health issues (e.g., social, racial, cultural, structural, behavioral, environmental). Their responses included:

- Mental health is a big issue.

- Places are not set up for people with disabilities. As a result, people with disabilities become isolated due to the limited resources available to them.
- Access to healthy foods. Latinos cook a lot of traditional foods. But we need to cook in a healthier way. Obesity impacts diabetes, blood pressure and heart conditions. We also need more access to preventive health care.
- Seniors may be living alone, and they need someone to be with them when it comes to medical care and health advocacy.
- We are seeing an increase in behavioral health and mental health issues. We have a relatively large population of people who are experiencing homelessness around us. They are looking for medications and resources.
- People are trying to manage their chronic issues and avoid the ED wait times.
- For diabetes, we have a lot of factors at play including a genetic disposition, the food they are eating, the activities they are doing, having multiple jobs and they can't take care of themselves physically. People don't check their numbers and don't pay attention to their symptoms until they end up in the hospital.
- Everyone says they are for equity diversity and inclusion, but what does that mean? People may have to travel miles to get the care they need and sometimes people decide to just stay at home because it is easier.
- Someone might be able to live independently, but at a certain point they must transition to assisted living, memory care, or skilled nursing. The biggest struggle with aging is that the mind is willing and able, but the body is not, or the other way around.
- Poverty is a huge issue. There is a lack of wraparound services, a lack of childcare, and a general lack of support. Poverty and economic issues have so much to do with race in our country.

Who or what groups in the community are most affected by these issues? (e.g., youth, older residents, racial and ethnic groups, LGBTQ, persons experiencing homelessness, veterans, specific neighborhoods). Responses included:

- Older populations.
- Those with disabilities.
- Latinos. We have a lot of first-generation immigrants and young students.
- The homeless, elderly populations who are trying to access their doctor but can't.
- Latinos and those with low socioeconomic status.
- Elderly, lower socioeconomics and those with mental health issues.
- For spinal cord injuries, 80% are male and mostly between the ages of 18 - 35.
- People who live at or below the poverty line and those who are rent-burdened.
- Seniors and youth experiencing depression.
- The unhoused are impacted by everything.

- Those struggling with financial instability and those with language barriers.

Attachment 4: Resources to Address Significant Needs

Community stakeholders identified community resources potentially available to address the significant community needs. This is not a comprehensive list of all available resources. For additional resources refer to 211 Los Angeles County at <https://211la.org/> and 211 San Bernardino County at <https://adrc.sbcounty.gov/partners/inland-empire-united-way-211/>.

Health Needs	Community Resources
Access to care	Assistance League of Pomona Valley, East Valley Community Health Center, Los Angeles County Health Department, Parktree Community Health Center, Planned Parenthood
Chronic disease	Community Partners 4 Innovation, East Valley Community Health Center, Esperanza Community Farm, Los Angeles County Health Department, Parktree Community Health Center, Planned Parenthood
Disabilities	Ability First, AgingNext, Anthesis, California Registry, Christopher and Dana Reeve Foundation, City of Pomona Home Rehabilitation Grants, City of Pomona Senior Centers, Disability Community Resource Center, Get About Foothill Transit, Joslyn Senior Center, LeadingAge California, Los Angeles County Area on Aging, OPARC, Regional Centers, San Gabriel/Pomona Parents' Place, Service Center for Independent Living
Housing and homelessness	City of Pomona's Continuum of Care, City of Pomona Housing Department, Foothill Family Shelter, House of Ruth, Inland Valley Hope Partners Food Pantry Los Angeles Coordinated Entry System, Los Angeles Homeless Services Authority, Pomona Connect, Pomona Homeless Outreach Program, Pomona Police Department Quality of Life Teams, Purpose Church, Salvation Army, St. Ambrose Community Shower Program, Volunteers of America
Mental health	988 Suicide and Crisis Lifeline, Claremont Collaborative, David & Margaret Youth and Family Services, Inland SOCAL Crisis and Suicide Hotline, NAMI, Project Sister Family Services, Prototypes, Psychiatric Assessment Care Team (PACT), SAMHSA's National Hotline, Society of St. Vincent De Paul, Tri-City Mental Health Services, Youth Crisis Text Line
Overweight and obesity	Active SGV, Community Partners 4 Innovation, Esperanza Community Farm, Lopez Urban Farm, Perfect Step, Pomona Valley Runners, Triumph Foundation,
Preventive practices	Active SGV, Community Partners 4 Innovation, East Valley Community Health Center, Esperanza Community Farm, Healed Women Heal, Just Us 4 Youth, Los Angeles County Health Department, Parktree Community Health Center, Planned Parenthood, Project Hope CA
Substance use	Aegis Treatment Centers, David and Margaret Youth Family Services, Health Service Alliance Montclair Community Health Center, National Council on Alcoholism and Drug Dependence, Prototypes, South Coast Community Services, Total Restoration Ministries, Victory Outreach

Attachment 5: Community Resident Survey Responses

What are the biggest health or community issues or needs you and your family face?

Access to care

1. Primary care providers
2. Access to care in a timely manner
3. Preventive care (annual checkups, vaccines)
4. Affordability
5. Access to specialists
6. Geriatric care
7. In-home care
8. Navigating the health care system
9. Insurance referrals
10. Affordable prescriptions
11. Transportation
12. Coordination of care

Chronic Disease

1. Allergies
2. Arthritis
3. Asthma
4. Cancer
5. COPD
6. Dementia
7. Diabetes
8. Heart disease and arrhythmias
9. High blood pressure
10. High cholesterol
11. Joint and back pain
12. Lupus
13. Orthopedic issues
14. Parkinson's disease
15. Stroke

Disability

1. Amputee
2. Hearing loss
3. Mobility issues
4. Chronic pain
5. Autism support
6. Developmental delays
7. Learning disabilities
8. Limited ability to accomplish activities of daily living (ADL)

Healthy Living

1. Having time to exercise
2. Staying pain free
3. Healthier choices at the grocery store
4. Sustaining an active lifestyle
5. Healthy eating
6. Problems of aging
7. Obesity

Mental Health

1. Anxiety
2. Stress
3. Depression
4. Availability of mental health counseling services

Which groups in your community are most affected by these needs?

1. Senior adults
2. Persons living with neurological disorders
3. Persons living with disabilities
4. Uninsured
5. Persons experiencing homelessness
6. People of color
7. Persons with drug addiction
8. Low-income
9. Children and youth

Where do you and/or members of your household go for regular health services (physical exams, check-ups, vaccines, care for chronic diseases or long-lasting health problems)?

1. Urgent Care
2. Primary care physician
3. Clinic
4. Telecare
5. Kaiser
6. Hospital

The most recent time you or a family member of your household delayed or went without needed health care, what were the main reasons?

Answer Choices	Percent
Could not get an appt./long wait for appt	49.4%
Didn't have enough time to schedule care or go to appointment	17.5%

Answer Choices	Percent
Insurance did not cover the cost of the care or treatment	9.9%
Did not know who to go to for help because I didn't know enough about my health condition	7.0%
No health insurance and could not afford care	5.7%
Not knowing where to go or how to find a doctor	5.1%
Lacked transportation	3.2%
Distrust/fear of discrimination	2.6%
Technology barriers with virtual visits/telehealth	2.6%
Health care workers don't speak my language	1.3%
Not having a provider who understands and/or respects my cultural or religious beliefs	1.0%
Did not delay care – received all needed care	30.9%

If you do not have health insurance coverage, what are the main reasons why?

Answer Choices	Number of Responses
It costs too much	14
I am not eligible or do not qualify	4
I am waiting to get coverage through my job	3
It is too confusing to sign up	3
I haven't had time to deal with it	1

How important are these community needs?

	Not Important	Somewhat Important	Important	Very Important	Don't Know
Access to health care	1%	2.3%	15.9%	80.1%	0.7%
Managing chronic health issues	1.6%	2.5%	18.7%	75.8%	1.4%
Disabilities	2.8%	5.3%	21.4%	67.1%	3.4%
Housing and homelessness	10.5%	12.1%	24.1%	49.2%	4.1%
Mental health	2.5%	5.4%	23%	66%	3.1%
Overweight and obesity	6.6%	11%	29.6%	50%	2.8%
Preventive care	1.6%	5.9%	24.7%	66.6%	1.2%
Substance use	14.2%	14.5%	25.8%	40.6%	4.9%

Age range of person completing the survey

Under 18	0.9%
18-24	1.2%
25-34	8.5%
35-44	11.2%

45-54	12.1%
55-64	23.4%
65 and older	42.7%

Gender Identity

Female	70.7%
Male	29.3%
Non-binary	0.0%

Race and Ethnicity

White or Caucasian	58.7%
Hispanic or Latino	22.9%
Asian or Asian American	8.6%
Mixed Race or More than One Race	3.7%
Black or African American	3.4%
Other	2.1%
Native Hawaiian or Pacific Islander	0.3%
Native American or Alaska Native	0.3%