



# **Community Hospital of San Bernardino Community Health Needs Assessment**

**2014**

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## Introduction

### Background and Purpose

Community Hospital of San Bernardino (CHSB) is a 347-bed, nonprofit hospital that serves San Bernardino County, California. The hospital is a member of Dignity Health, the fifth largest hospital provider in the nation and the largest hospital system in California. The vision of Community Hospital of San Bernardino is to create and provide health care solutions, and meet the health care needs of our community. We are proud to be a trusted resource of community health services and educational support.

Community Hospital of San Bernardino has undertaken a Community Health Needs Assessment as required by California State Senate Bill 697. As well, the passage of the Patient Protection and Affordable Care Act requires tax exempt hospitals to conduct Community Health Needs Assessments and develop Implementation Strategies every three years. This Community Health Needs Assessment was carried out in partnership with St. Bernardine Medical Center, as sister hospital in the Dignity Health Inland Empire service area.

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

### Service Area

Community Hospital of San Bernardino is located at 1805 Medical Center Drive, San Bernardino, CA 92411. The service area encompasses 15 zip codes representing 6 cities.

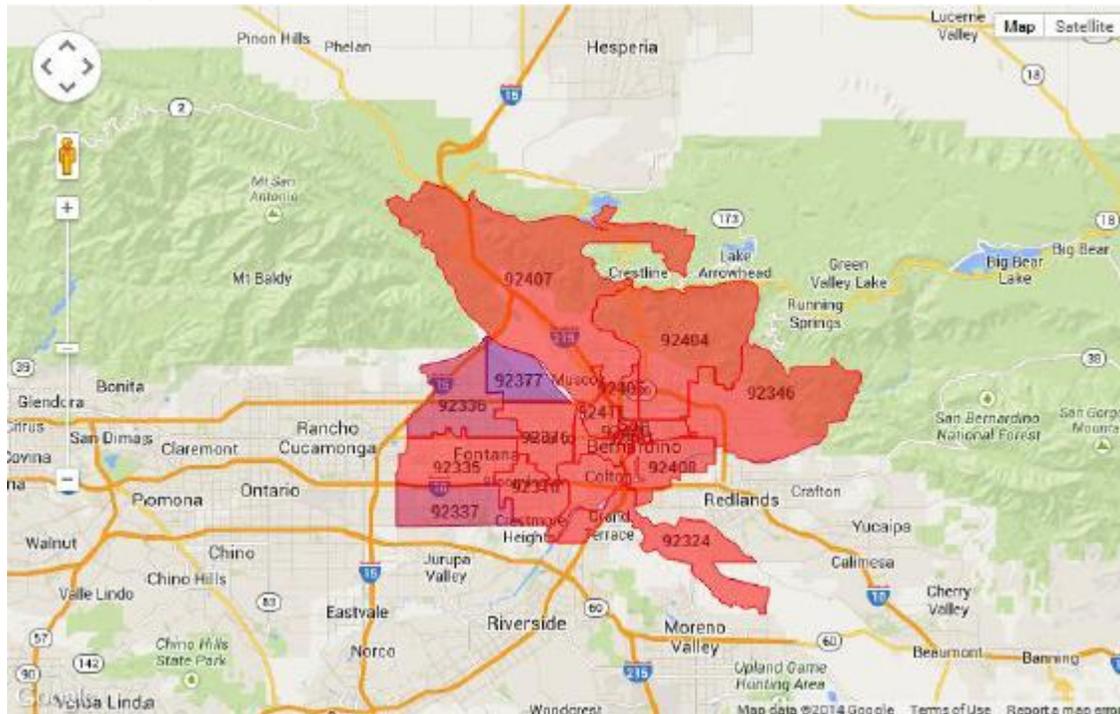
Bloomington	92316	San Bernardino	92401
Colton	92324	San Bernardino	92404
Fontana	92335	San Bernardino	92405
Fontana	92336	San Bernardino	92407
Fontana	92337	San Bernardino	92408
Highland	92346	San Bernardino	92410
Rialto	92376	San Bernardino	92411
Rialto	92377		

CHSB's Decision Support Department 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. The service area was determined from the zip codes that reflect 80% of patient admissions.

## Map

A map of the CHSB service area is presented below. Dignity Health utilizes the Community Need Index (CNI) to strategically focus programming and services. The CNI identifies the severity of health disparity by zip code and demonstrates the link between community need, access to care, and preventable hospitalizations. The map of the service area has an overlay of the CNI scores, which illustrate the areas of high need. The average CNI score of the hospital's service area is 4.5. Attachment 1 lists the CNI scores (from 1- low need to 5 - high need) for each of the service area zip codes.

### Community Hospital of San Bernardino Service Area Map with CNI Scores Overlay



Lowest Need

Highest Need

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

## Consultant

Melissa Biel of Biel Consulting, Inc. conducted the Community Health Needs Assessment. She was joined by Deborah Silver, MS. Biel Consulting, Inc. is an independent consulting firm that works with hospitals, clinics and community-based nonprofit organizations. Dr. Biel and Ms. Silver have extensive experience conducting hospital Community Health Needs Assessments and working with hospitals on developing, implementing, and evaluating community benefit programs.

[www.bielconsulting.com](http://www.bielconsulting.com)

## Methods

### Secondary Data Collection

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

Analyses were conducted at the most local level possible for the Hospital primary service area, given the availability of the data. For example, demographic data, birth and death data are based on zip codes. Economic indicators and homelessness data are available by city. Other data are only available by county. The report includes benchmark comparison data, comparing Community Hospital of San Bernardino community data findings with Healthy People 2020 objectives (Attachment 2).

### Primary Data Collection

Targeted interviews were used to gather information and opinions from persons who represent the broad interests of the community served by the Hospital. Twenty interviews were completed during February - March, 2014. For the interviews community stakeholders, identified by the Community Benefit Initiative Committee, were contacted and asked to participate in the needs assessment. Interview participants included leaders and representatives of medically underserved, low-income, and minority populations, as well as the local health department that has “current data or information relevant to the health needs of the community served by the hospital facility,” per IRS requirements. The interviews took into account input from a broad range of persons located in or serving its community including, health care consumers, nonprofit and community-based organizations, academic experts, local government officials, local school districts, health care providers and community health centers. A list of the stakeholder interview respondents, including their titles and organizations can be found in Attachment 3.

Additionally, six focus groups were conducted. Participants include members of medically underserved populations, health care consumers, nonprofit and community-based organizations, and persons representing the broad interests of the community. Fifty-four people participated in the focus groups. Two of the focus groups were conducted in Spanish, utilizing a bilingual interpreter. Focus group participants were provided with gift cards as a thank you for their input. Attachment 4 lists the focus group participants who represent medically underserved, low-income and minority populations in the service area. This report presents a detailed narrative that examines each of the data sets, presents key needs and opportunities for action.

## Identification and Prioritization of Significant Health Needs

Based on the results of the primary and secondary data collection, significant health needs were identified. Each health need was confirmed by more than one indicator or data source (i.e., the health need was suggested by more than one source of secondary or primary data). In addition, the health needs were based on the size of the problem (relative portion of population afflicted by the problem); or the seriousness of the problem (impact at individual, family, and community levels). To determine size or seriousness of a problem, the health needs identified in the secondary data were measured against benchmark data, specifically county or state rates or Healthy People 2020 objectives. Indicators related to the health needs that performed poorly against these benchmarks were considered to have met the size or seriousness criteria. Additionally, primary data sources were asked to identify community and health issues based on the perceived size or seriousness of a problem.

The identified significant health needs included:

- Access to care
- Alcohol/drugs/tobacco
- Chronic diseases (asthma, cancer, cardiovascular disease, diabetes)
- Community growth and enrichment (safety, homelessness, education, economic development)
- Dental health
- Mental health
- Overweight/obesity (healthy eating and physical activity)
- Preventive health care (screenings, immunizations)

### Potential Measures and Resources to Address Significant Needs

A description of potential measures and resources to address the significant health needs, which were identified through the CHNA by the interview and focus group participants, follows.

Significant Health Needs	Potential Measures	Community Resources
Access to Health Care	<ul style="list-style-type: none"> <li>• Population with health insurance coverage.</li> <li>• Population with a usual source of primary care.</li> <li>• Reduced use of ER for routine care.</li> <li>• Reduced barriers to accessing care or delaying access to care.</li> </ul>	St. Bernardine Medical Center, Arrowhead Regional Medical Center, Kaiser Permanente Fontana, Loma Linda University Medical Center, County Public Health Clinics, H Street Clinic, SACH Clinics, La Salle, El Sol Neighborhood Educational Center, Al-Shifa Clinic, Whitney Young Family Health Clinic, Buddhist Tzu

		Chi Free Medical Clinic, Latino Health Collaborative, Healthy San Bernardino, Community Clinic Association of San Bernardino County, VA, Inland Family Community Health Center D Street Clinic, WIC, Metropolitan Family Medical Clinics
Alcohol/Drugs/Tobacco	<ul style="list-style-type: none"> <li>• Smoking incidence.</li> <li>• Binge drinking incidence.</li> <li>• Drug use incidence.</li> <li>• Chronic disease incidence.</li> <li>• Death rates.</li> </ul>	County Department of Public Health, American Lung Association, American Heart Association, Arrowhead Regional Medical Center, VA, County Department of Behavioral Health, Salvation Army, Catholic Charities
Chronic Disease (Asthma, Cancer, Cardiovascular Disease, Diabetes)	<ul style="list-style-type: none"> <li>• Incidence rates.</li> <li>• Hospitalization rates.</li> <li>• Use of the ER.</li> <li>• Death rates.</li> </ul>	Inland Empire Heart & Vascular Institute at St. Bernardine Medical Center, Community Hospital of San Bernardino, Arrowhead Regional Medical Center, Kaiser Permanente Fontana, Loma Linda University Medical Center, County Public Health Clinics, H Street Clinic, El Sol, SACH Clinics, American Heart Association, American Diabetes Association, Al-Shifa Clinic, Whitney Young Family Health Clinic, Buddhist Tzu Chi Free Medical Clinic, Inland Empire Asthma Coalition, Inland Family Community Health Center D Street Clinic, American Lung Association
Community Growth and Enrichment (Safety, Homelessness, Education, Economic Development)	<ul style="list-style-type: none"> <li>• Unemployment rates.</li> <li>• High school graduation rates.</li> <li>• Rates of homelessness.</li> <li>• Crime rates.</li> <li>• Perceptions of safety among area residents.</li> <li>• Access to affordable housing.</li> </ul>	School districts, police departments, CSRI, Boys & Girls Club, Boy Scouts, Girl Scouts, Rim Family Services, Young Visionaries, Department of Public Health, San Bernardino Guns and Drugs Task Force, Healthy San Bernardino, Time for Change Foundation, Mil Mujeres, Catholic Charities, Rialto Community Center, Red Cross, Salvation Army, Goodwill Industries, Mary's Mercy Center, Option House, Office of Homeless Services Department of Behavioral Health, U.S. Veterans Initiative, Restoration House of Refuge, Operation Grace, Turrill Transitional Assistance Program
Dental Health	<ul style="list-style-type: none"> <li>• Population with insurance coverage.</li> </ul>	Loma Linda University School of Dentistry, Inland Family Community

	<ul style="list-style-type: none"> <li>• Reduced barriers to accessing dental care.</li> </ul>	Health Center D Street Clinic, Dr. Earl R. Crane Children's Dental Center, Whitney Young Family Health Clinic, SAC Clinics (Norton, Arrowhead, Frazee), New Hope Free Clinic
Mental Health	<ul style="list-style-type: none"> <li>• Population with insurance coverage.</li> <li>• Reduced barriers to accessing mental health care.</li> </ul>	County Department of Behavioral Health, Salvation Army, Catholic Charities, San Bernardino Sexual Assault Services, Native American Resource Center, VA, Inland Family Community Health Center D Street Clinic, Phoenix Clinic, Arrowhead Regional Medical Center
Overweight and Obesity Healthy Eating Physical Activity	<ul style="list-style-type: none"> <li>• Access to healthy foods.</li> <li>• Body Mass Index (BMI).</li> <li>• Access to open spaces and safe places for exercise.</li> <li>• Increase in physical activity among residents.</li> </ul>	El Sol Promotoras, Latino Health Collaborative, Catholic Charities, St. Catherine of Siena Catholic Church, H Street Clinic, Al-Shifa Clinic, American Heart Association, WIC, Partners for Health, Healthy San Bernardino, Nutrition Network, El Sol Neighborhood Center, Credible Edible Community Garden, YMCA, Arrowhead Regional Medical Center
Preventive Health Care	<ul style="list-style-type: none"> <li>• Population with insurance coverage.</li> <li>• Compliance with recommended prevention screenings, vaccines.</li> </ul>	St. Bernardine Medical Center, Arrowhead Regional Medical Center, Kaiser Permanente Fontana, Loma Linda University Medical Center, County Public Health Clinics, H Street Clinic, La Salle, El Sol Neighborhood Educational Center, Department of Public Health, SACH Clinics, Al-Shifa Clinic, Inland Family Community Health Center D Street Clinic

### Priority Health Needs

The Community Benefit Initiative Committee (CBIC) is designated with oversight of and decision making on community benefit issues. The Committee is responsible for developing policies and programs that address the identified disproportionate unmet health needs of the poor and disenfranchised in the Inland Empire Service Area. The Committee provides oversight in the development and implementation of the triennial Community Health Needs Assessment and annual Community Benefit Report and Implementation Strategy, as well as continuing oversight and direction to the Inland Empire Service Area's community benefit programs and projects. Membership on the committee includes members of the Hospital Board, Vice President of Mission

Integration, key staff from St. Bernardine Medical Center and Community Hospital of San Bernardino as well as community stakeholders (Attachment 5).

### Priority Setting Process

On April 9, 2014 the Community Benefit Initiative Committee convened to review the significant health needs identified in the Community Health Needs Assessment and to establish the process and criteria to prioritize the health needs. Those in attendance had current data or other information relevant to the health needs of the community served by the hospital.

The following criteria were used to prioritize the significant health needs:

- Size of the problem – the relative portion of population afflicted by the problem.
- Existing infrastructure – hospital has programs, systems, staff and support resources in place to address the issue.
- Ongoing investment - existing resources are committed to the issue. Staff time and financial resources for this issue are counted as part of our community benefit effort.
- Focus area – hospital has acknowledged competencies and expertise to address the issue and the issue fits with the organizational mission.

Each of the criteria was ranked as low, medium or high for each of the significant health needs. Application of the criteria resulted in the following prioritization of the significant health needs:

1. Chronic diseases (asthma, cancer, cardiovascular disease, diabetes)
2. Access to care
3. Mental health
4. Overweight/Obesity
5. Preventive health care
6. Community growth and enrichment (safety, homelessness, education, economic development)
7. Alcohol/drugs/tobacco
8. Dental health

## Community Profile

### Population

At the time of the 2000 Census, the population for the CHSB service area was 597,038. The population in the CHSB service area increased to 702,088 in 2010, an increase of 17.6%. Fontana saw the largest population growth, with 62% growth in the 92336 zip code and 26.8% in 92337. San Bernardino 92408 grew 25.8%. None of the cities/zip codes in the service area saw a decline in population.

### Population, per Census

Geographic Area	Zip Code	2000	2010	% Change 2000 - 2010
Bloomington	92316	25,987	30,830	18.6%
Colton	92324	52,198	56,505	8.3%
Fontana	92335	82,612	95,397	15.5%
Fontana	92336	54,585	88,419	62.0%
Fontana	92337	29,845	37,849	26.8%
Highland	92346	48,227	54,923	13.9%
Rialto	92376	75,875	81,516	7.4%
Rialto	92377	18,499	19,989	8.1%
San Bernardino	92401	1,768	1,932	9.3%
San Bernardino	92404	53,634	58,271	8.6%
San Bernardino	92405	24,637	28,873	17.2%
San Bernardino	92407	49,349	56,689	14.9%
San Bernardino	92408	12,138	15,271	25.8%
San Bernardino	92410	44,540	49,410	10.9%
San Bernardino	92411	23,144	26,214	13.3%
<b>CHSB Service Area</b>		<b>597,038</b>	<b>702,088</b>	<b>17.6%</b>
<b>San Bernardino County</b>		<b>1,709,434</b>	<b>2,035,210</b>	<b>19.1%</b>

Source: U.S. 2000 and 2010 Census

### Population by Age

Children and youth, ages 0-19, make up over one-third (36.4%) of the population; 36.1% are 20-44 years of age; 20.7% are 45-64; and 6.9% of the population are seniors, 65 years of age and older. The service area has a higher percentage of children, youth and young adults than found in the county and the state.

**Population by Age**

	CHSB Service Area		San Bernardino County		California	
	Number	Percent	Number	Percent	Number	Percent
Age 0-4	62,171	8.8%	158,790	7.8%	2,531,333	6.8%
Age 5-19	61,140	27.5%	505,787	24.9%	7,920,709	21.3%
Age 20-24	59,010	8.4%	159,908	7.9%	2,765,949	7.4%
Age 25-44	194,248	27.7%	555,040	27.2%	10,500,587	28.2%
Age 45-64	145,317	20.7%	474,337	23.3%	9,288,864	24.9%
Age 65+	48,517	6.9%	181,348	8.9%	4,246,514	11.4%
Total	702,088	100%	2,035,210	100%	37,253,956	100%

Source: U.S. 2010 Census

Comparing the age of the population from 2000 to 2010, there was a slight decrease in the percentage of young children, ages 0-4, and youth 5-19. Seniors, age 65 and older, stayed stable as a portion of the population, while adults 20-64 showed an increase from 2000 to 2010.

**Population of Service Area, by Age, Percent of the Total Population  
2000 / 2010 Comparison**

	2000	2010
Age 0-4	9.7%	8.8%
Age 5-19	29.9%	27.5%
Age 20-64	53.6%	56.8%
Age 65+	6.8%	6.9%
Total	100%	100%

Source: U.S. 2000 and 2010 Census

When children and youth are examined by area, San Bernardino holds the communities with the largest proportions of youth in the service area, with 36.9% in 92410 and 35.6% in 92411. Highland (28.2%) and San Bernardino 92408 (28.1%) have the lowest percentages of youth in the service area.

### Children and Youth, 0 to 17, as a Percent of Population

Geographic Area	Zip Code	Percent of Youth
Bloomington	92316	32.8%
Colton	92324	31.7%
Fontana	92335	34.4%
Fontana	92336	32.0%
Fontana	92337	32.8%
Highland	92346	28.2%
Rialto	92376	33.8%
Rialto	92377	29.1%
San Bernardino	92401	33.3%
San Bernardino	92404	32.3%
San Bernardino	92405	33.0%
San Bernardino	92407	30.1%
San Bernardino	92408	28.1%
San Bernardino	92410	36.9%
San Bernardino	92411	35.6%
<b>CHSB Service Area</b>		<b>32.5%</b>
<b>San Bernardino County</b>		<b>29.2%</b>

Source: U.S. 2010 Census

The percentage of seniors in the service area (6.9%) is lower than found in the county (8.9%). San Bernardino 92401 and Highland have the largest percentage of seniors in the area (10.1%). Fontana 92336 (5.2%) and 92337 (4.7%) have the smallest percentage of seniors.

### Seniors as a Percent of Population

Geographic Area	Zip Code	Percent of Seniors 65 years and over
Bloomington	92316	13.2%
Colton	92324	6.6%
Fontana	92335	11.8%
Fontana	92336	6.2%
Fontana	92337	5.2%
Highland	92346	10.4%
Rialto	92376	13.3%
Rialto	92377	10.1%
San Bernardino	92401	9.5%
San Bernardino	92404	6.9%
San Bernardino	92405	5.7%
San Bernardino	92407	6.8%
San Bernardino	92408	6.3%
San Bernardino	92410	8.5%
San Bernardino	92411	19.6%
<b>CHSB Service Area</b>		<b>6.9%</b>
<b>San Bernardino County</b>		<b>8.9%</b>

Source: U.S. 2010 Census

## Race/Ethnicity

Over half the population in the CHSB service area (64.8%) is Hispanic or Latino, and 17.3% of the population is White. Black or African Americans make up 11.2% of the population in the service area, while Asians/Pacific Islanders are 4.6% of the population. In the CHSB service area there is a higher percentage of Hispanics/Latinos and Black or African Americans, and a lower percentage of Whites and Asians / Pacific Islanders than found in the county and the state.

## Population by Race and Ethnicity

Race/Ethnicity	CHSB Service Area	San Bernardino County	California
Hispanic or Latino	64.8%	49.2%	37.6%
White	17.3%	33.3%	40.1%
Black or African American	11.2%	8.4%	5.8%
Asian or Pacific Islander	4.6%	6.4%	13.2%
American Indian / Alaskan	0.3%	0.4%	0.4%
Other Race/Multiracial	1.8%	2.3%	2.9%

Source: U.S. 2010 Census

When race and ethnicity are examined by place, with the exception of Highland (40.6%), over half the population in every service area zip code is comprised of Hispanics/Latinos; Fontana (92335) is over 80% Hispanic/Latino.

Highland has the largest percentage of Whites, at 37.3%, and San Bernardino 92411 the lowest, at 3.5%. Rialto 92377 and San Bernardino 92401 have the highest percentage of Blacks/African Americans (20.4% and 21.3%, respectively), and San Bernardino 92408 (15.1%) and Fontana 92336 (10.5%) have the highest percentages of Asians/Pacific Islanders in the service area.

## Racial/Ethnic Distribution by Place

Geographic Area	Zip Code	Hispanic Latino	White	Black/ African American	Asian/ Pacific Islander	American Indian	Other
Bloomington	92316	78.8%	14.4%	3.9%	1.6%	0.3%	1.0%
Colton	92324	70.7%	14.0%	8.4%	4.8%	0.2%	1.9%
Fontana	92335	81.7%	11.4%	4.2%	1.8%	0.2%	0.7%
Fontana	92336	55.2%	19.2%	12.5%	10.5%	0.2%	2.4%
Fontana	92337	70.2%	11.6%	9.9%	6.5%	0.3%	1.5%
Highland	92346	40.6%	37.3%	11.2%	7.5%	0.5%	2.9%
Rialto	92376	71.0%	10.6%	14.6%	2.1%	0.2%	1.5%
Rialto	92377	52.8%	20.8%	20.4%	3.5%	0.2%	2.3%
San Bernardino	92401	61.0%	12.5%	21.3%	2.2%	0.9%	2.1%
San Bernardino	92404	55.1%	24.5%	14.8%	2.8%	0.4%	2.4%
San Bernardino	92405	63.4%	20.1%	12.5%	1.4%	0.5%	2.1%
San Bernardino	92407	54.3%	26.3%	12.4%	4.1%	0.4%	2.5%
San Bernardino	92408	53.0%	16.4%	12.2%	15.1%	0.5%	2.8%
San Bernardino	92410	73.6%	9.6%	12.0%	3.0%	0.3%	1.5%
San Bernardino	92411	75.9%	3.5%	16.7%	2.6%	0.3%	1.0%
<b>CHSB Service Area</b>		<b>64.8%</b>	<b>17.3%</b>	<b>11.2%</b>	<b>4.6%</b>	<b>0.3%</b>	<b>1.8%</b>
<b>San Bernardino County</b>		<b>49.2%</b>	<b>33.3%</b>	<b>8.4%</b>	<b>6.4%</b>	<b>0.4%</b>	<b>2.3%</b>

Source: U.S. 2010 Census

## Unemployment

Within the service area unemployment had risen to 16.6% in 2010; by 2012 it had dropped to 14.6%. Areas with the highest unemployment were: San Bernardino (16.0%) and Bloomington (15.9%).

## Unemployment Rate, 2012

	Percent
Bloomington	15.9%
Colton	12.9%
Fontana	12.5%
Highland	15.1%
Rialto	15.3%
San Bernardino	16.0%
<b>CHSB Service Area</b>	<b>14.6%</b>
<b>San Bernardino County</b>	<b>12.0%</b>
<b>California</b>	<b>10.5%</b>

Source: California Employment Development Department, Labor Market Information Division

## Poverty

Poverty thresholds are used for calculating all official poverty population statistics. They are updated each year by the Census Bureau. For 2010, the federal poverty threshold for one person was \$11,139 and for a family of four \$22,113. Poverty rates paint an important picture of the population within the CHSB service area. **From 9.2% to 48.5%**

**of the population live at or below 100% of the Federal Poverty Level.**

Grimly, close-to or over one-third of the population in San Bernardino 92401, 92404, 92405, 92408, 92410 and 92411 live in poverty, more than double the rate of poverty found at the state level, and close-to or more-than double the rate in the county overall.

Many of the neighborhoods served by CHSB have more than half of the residents living at or below 200% of the Federal Poverty Level. In San Bernardino 92401, 88.5% of the population is at this level of poverty, followed by San Bernardino 92411 (72.5%), and San Bernardino 92410 (71.0%).

**Ratio of Income to Poverty Level**

<b>Geographic Area</b>	<b>Zip Code</b>	<b>Below 100% Poverty</b>	<b>Below 200% Poverty</b>
Bloomington	92316	19.9%	59.8%
Colton	92324	22.1%	51.9%
Fontana	92335	23.8%	59.1%
Fontana	92336	9.3%	28.1%
Fontana	92337	10.8%	35.3%
Highland	92346	17.0%	35.9%
Rialto	92376	22.8%	54.0%
Rialto	92377	9.2%	29.1%
San Bernardino	92401	48.5%	88.5%
San Bernardino	92404	31.0%	57.1%
San Bernardino	92405	32.3%	55.7%
San Bernardino	92407	18.2%	41.2%
San Bernardino	92408	32.4%	59.5%
San Bernardino	92410	41.4%	71.0%
San Bernardino	92411	35.8%	72.5%
<b>CHSB Service Area</b>		<b>22.3%</b>	<b>49.7%</b>
<b>San Bernardino County</b>		<b>17.6%</b>	<b>40.5%</b>
<b>California</b>		<b>15.3%</b>	<b>35.1%</b>

*Source: U.S. Bureau of the Census, 2008-2012 American Community Survey, 5-year average*

**Families in Poverty**

San Bernardino has the largest percentage of families living in poverty, ranging from 13.7% in 92407 to 44.8% of families in poverty in 92401. Of interest is the dichotomy of poverty in Rialto and Fontana. Both cities have high levels of poverty in one zip code and lower levels of poverty in the cities' other zip codes.

### Families Living in Poverty

Geographic Area	Zip Code	Percent
Bloomington	92316	19.0%
Colton	92324	19.1%
Fontana	92335	21.5%
Fontana	92336	6.8%
Fontana	92337	8.4%
Highland	92346	10.9%
Rialto	92376	20.4%
Rialto	92377	7.1%
San Bernardino	92401	44.8%
San Bernardino	92404	26.4%
San Bernardino	92405	30.2%
San Bernardino	92407	13.7%
San Bernardino	92408	25.5%
San Bernardino	92410	38.3%
San Bernardino	92411	33.4%
<b>San Bernardino County</b>		<b>14.1%</b>

Source: U.S. Bureau of the Census, 2008-2012 American Community Survey, 5-year average

Among families where the female is the head of household (HOH) (a female maintains a household with no husband present), San Bernardino has the largest percentage of families with female heads of household and accompanying high rates of children in poverty. Almost a third (30.7%) of all families in the county that have a female HOH, live in poverty. The rate is more than double the county rate in San Bernardino 92401 – where 65.2% of all female HOH families live below 100% of the Federal Poverty Threshold.

### Female HOH with Children Living in Poverty

Geographic Area	Zip Code	Female HOH with Children in Poverty
Bloomington	92316	24.1%
Colton	92324	37.3%
Fontana	92335	37.2%
Fontana	92336	14.6%
Fontana	92337	21.0%
Highland	92346	27.5%
Rialto	92376	43.1%
Rialto	92377	10.2%
San Bernardino	92401	65.2%
San Bernardino	92404	43.9%
San Bernardino	92405	48.5%
San Bernardino	92407	26.1%
San Bernardino	92408	31.5%
San Bernardino	92410	50.5%
San Bernardino	92411	40.1%
<b>San Bernardino County</b>		<b>30.7%</b>

Source: U.S. Bureau of the Census, 2008-2012 American Community Survey, 5-year average

## Households and Household Income

There are more than 180,000 households in the CHSB service area. From 2000 to 2010 the number of households increased 8.5%. Average household income for the service area was \$37,970 in 2000, increasing to \$51,272 in 2010 for a 35% increase in household income; however, these numbers are not adjusted for inflation, and therefore do not mean an increase of 35% in household purchasing power. The service area lags behind the county in median household income. San Bernardino 92401 has the lowest median household income, at \$15,546 per year, while Fontana 92336 and Rialto 92377 have the highest household incomes in the service area, at \$85,641 and \$80,170 in median annual income, respectively.

## Households and Median Household Income

Geographic Area	Zip Code	Households		Median Household Income	
		2000	2010	2000	2010
Bloomington	92316	6,608	6,878	\$38,290	\$47,352
Colton	92324	16,167	15,985	\$35,984	\$43,109
Fontana	92335	21,418	22,533	\$35,008	\$43,946
Fontana	92336	13,961	21,723	\$55,340	\$85,641
Fontana	92337	7,831	8,722	\$52,883	\$69,553
Highland	92346	15,539	16,850	\$45,560	\$64,763
Rialto	92376	20,334	20,378	\$37,568	\$43,815
Rialto	92377	5,107	4,935	\$57,922	\$80,170
San Bernardino	92401	707	678	\$12,625	\$15,546
San Bernardino	92404	17,304	17,496	\$31,162	\$36,913
San Bernardino	92405	7,750	8,599	\$30,217	\$40,699
San Bernardino	92407	14,646	15,868	\$40,018	\$53,918
San Bernardino	92408	3,635	3,863	\$23,785	\$35,830
San Bernardino	92410	11,877	12,429	\$23,538	\$28,495
San Bernardino	92411	6,127	6,462	\$23,498	\$30,491
<b>CHSB Service Area</b>		<b>169,011</b>	<b>183,399</b>	<b>\$37,970</b>	<b>\$51,272</b>
<b>San Bernardino County</b>		<b>528,839</b>	<b>599,698</b>	<b>\$42,066</b>	<b>\$54,750</b>

Source: U.S. Bureau of the Census, 2000 Census and 2008-2012 ACS 5-year average

## Housing

Over half of the housing units in the service area are owner-occupied. From 2000 to 2010 owner-occupied housing decreased from 56.6% to 56%; renter-occupied housing increased from 35.4% to 36.7%; and housing vacancies decreased, while they rose in the county. San Bernardino 92401 has the highest percentage of renters, at 76.2%. San Bernardino, in general, has a low rate of owner-occupancy. Rialto 92377 and Fontana 92336 and 92337 have the highest rates of owner-occupancy (84.7%, 78.7% and 73.9%, respectively).

## Housing Units

Geographic Area	Zip Code	Owner Occupied		Renter Occupied		Vacant	
		2000	2010	2000	2010	2000	2010
Bloomington	92316	70.8%	67.4%	23.4%	27.4%	5.7%	5.3%
Colton	92324	50.3%	49.2%	42.4%	42.8%	7.3%	8.1%
Fontana	92335	53.5%	48.9%	41.1%	45.1%	5.4%	5.9%
Fontana	92336	76.9%	78.7%	17.3%	16.9%	5.8%	4.4%
Fontana	92337	76.4%	73.9%	19.6%	21.1%	4.0%	5.0%
Highland	92346	65.1%	66.0%	27.3%	28.1%	7.6%	5.9%
Rialto	92376	59.9%	54.9%	34.7%	37.0%	5.5%	8.0%
Rialto	92377	88.8%	84.7%	8.2%	12.2%	3.1%	3.1%
San Bernardino	92401	12.7%	10.8%	69.8%	76.2%	17.5%	13.0%
San Bernardino	92404	47.4%	43.8%	41.6%	46.1%	11.1%	10.1%
San Bernardino	92405	47.2%	43.4%	40.9%	45.5%	11.9%	11.1%
San Bernardino	92407	53.4%	55.8%	39.5%	36.8%	7.1%	7.4%
San Bernardino	92408	31.9%	34.4%	56.0%	56.6%	12.1%	9.0%
San Bernardino	92410	38.1%	38.3%	45.8%	52.1%	16.2%	9.6%
San Bernardino	92411	48.1%	45.4%	40.1%	45.4%	11.8%	9.1%
<b>CHSB Service Area</b>		<b>56.6%</b>	<b>56.0%</b>	<b>35.4%</b>	<b>36.7%</b>	<b>8.0%</b>	<b>7.3%</b>
<b>San Bernardino County</b>		<b>62.0%</b>	<b>59.7%</b>	<b>31.2%</b>	<b>32.6%</b>	<b>6.8%</b>	<b>7.7%</b>

Source: U.S. Bureau of the Census, U.S. 2000 and 2010 Census

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

- Housing Choice Voucher Units: 8,506  
These units are privately owned, with rent subsidies paid directly to owners by the Housing Authority.
- Public Housing Units: 1,294  
These units are owned and managed by the Housing Authority.
- Authority-Owned Units: 1,199  
These units were either acquired or developed through a variety of partnerships with the State of California, San Bernardino County Department of Community Development and Housing, various cities throughout the county, and Housing Partners I, Inc.

Within the service area, there are 5,401 units: 4,360 units that use Housing Choice Voucher (Section 8) subsidies, 819 public housing units and 222 Authority-owned units.

## Subsidized Housing Stock

Geographic Area	Housing Choice Vouchers	Public Housing	Authority-Owned Units
Bloomington	54	2	0
Colton	345	125	49
Fontana	704	2	84
Highland	426	13	0
Rialto	584	0	24
San Bernardino	2,247	677	65
<b>CHSB Service Area</b>	<b>4,360</b>	<b>819</b>	<b>222</b>

Source: Housing Authority of San Bernardino County, 2012 Annual Report

There are 15,033 people living in subsidized housing in the CHSB service area. The wait to obtain housing ranges from 3 months in Fontana and Highland to 10 months in San Bernardino, and averages 33 months at a county-wide level.

### Subsidized Households All Programs

Geographic Area	Number of People	Months on Waiting List*	Percent Minority	Percent Female HOH
Bloomington	79	N/A	67%	73%
Colton	1,199	4	74%	68%
Fontana	2,138	3	71%	72%
Highland	1,159	3	71%	67%
Rialto	1,844	5	78%	72%
San Bernardino	8,614	10	75%	68%
<b>San Bernardino County</b>	<b>32,803</b>	<b>33</b>	<b>71%</b>	<b>71%</b>

Source: HUD, 2012; \* Average months on waiting list among admissions

### Homelessness

The San Bernardino County Homeless Partnership, in collaboration with the Office of Homeless Services and in consultation with the Institute for Urban Initiatives, in January 2013 completed a one-day street-based and service-based count and subpopulation survey of the homeless population in San Bernardino County. This survey was to establish a baseline of how many individuals are homeless on a given day.

Data from the survey are available at the city level for many of the largest cities and unincorporated towns. 50% of the 2,321 homeless individuals counted in San Bernardino County were found to be in the CHSB Service Area, with most (908 homeless) located in San Bernardino City. The homeless in the CHSB service area are more likely to be unsheltered (57%) than to be sheltered (43%).

### Homeless Population Sheltered and Unsheltered

Geographic Area	Sheltered Count				Unsheltered Count		Total	
	Emergency Shelter/Vouchers		Transitional Housing					
	#	%	#	%	#	%	#	%
Bloomington	0	0%	0	0%	14	1%	14	1%
Colton	15	3%	0	0%	58	5%	73	3%
Fontana	19	4%	0	0%	98	8%	117	5%
Highland	0	0%	0	0%	25	2%	25	1%
Rialto	12	2%	0	0%	14	1%	26	1%
San Bernardino	180	37%	231	42%	497	40%	908	39%
<b>CHSB Service Area</b>	<b>226</b>	<b>44%</b>	<b>231</b>	<b>42%</b>	<b>706</b>	<b>57%</b>	<b>1,163</b>	<b>50%</b>
<b>San Bernardino County</b>	<b>518</b>	<b>100%</b>	<b>556</b>	<b>100%</b>	<b>1,247</b>	<b>100%</b>	<b>2,321</b>	<b>100%</b>

Source: San Bernardino County 2013 Homeless Count and Subpopulation Survey

Among the homeless population of San Bernardino County, 37% are chronically homeless, including families; 24% experienced substance abuse, 22% suffered from mental illness, 11% were homeless veterans, and 17% survivors of domestic violence. The CHSB service area has a higher percentage of each of the listed homeless subgroups than found in the county: chronically homeless, substance abuser, mentally ill, domestic violence victim, U.S. Veteran and/or a person with HIV/AIDS, indicating that the homeless in that area have more complex health and care needs.

### Homeless Subpopulations

Geographic Area	Chronically Homeless		Substance Abuser		Mentally Ill		Domestic Violence Victim		U.S. Veteran		Person with HIV / AIDS	
	#	%	#	%	#	%	#	%	#	%	#	%
Bloomington	3	1%	3	1%	3	1%	2	1%	2	1.5%	0	0%
Colton	21	5%	10	4%	7	3%	9	4%	3	2%	3	20%
Fontana	32	7%	11	4%	19	7%	26	13%	12	9%	2	13%
Highland	8	2%	4	1%	4	2%	3	1%	4	3%	1	6.7%
Rialto	8	2%	6	2%	4	2%	1	0.5%	1	1%	0	0%
San Bernardino	195	45%	129	46%	118	46%	72	35%	62	46%	6	40%
<b>CHSB Service Area</b>	<b>267</b>	<b>61%</b>	<b>163</b>	<b>58%</b>	<b>155</b>	<b>60%</b>	<b>113</b>	<b>55%</b>	<b>84</b>	<b>62%</b>	<b>12</b>	<b>80%</b>
<b>San Bernardino County</b>	<b>439</b>	<b>37%</b>	<b>281</b>	<b>24%</b>	<b>258</b>	<b>22%</b>	<b>205</b>	<b>17%</b>	<b>135</b>	<b>11%</b>	<b>15</b>	<b>1%</b>

Source: San Bernardino County 2013 Homeless Count and Subpopulation Survey

### Language

In the CHSB service area, English and Spanish are the two most frequently spoken languages. Fontana 92335 (69.9%), Bloomington (64.3%), and San Bernardino 92410 (60.7%), have high percentages of Spanish speakers. In San Bernardino 92408, 11.2% of the population speaks an Asian language in their homes. Highland has the highest number of households speaking English in the home (66.3%).

## Language Spoken at Home for the Population 5 Years and Over

Geographic Area	Zip Code	Speaks English Only	Speaks Spanish	Speaks Asian/PI	Speaks Indo European	Speaks Other Language
Bloomington	92316	33.9%	64.3%	0.6%	0.8%	0.4%
Colton	92324	48.3%	47.4%	3.0%	0.7%	0.6%
Fontana	92335	27.5%	69.9%	1.5%	0.6%	0.5%
Fontana	92336	52.1%	36.9%	8.2%	1.2%	1.6%
Fontana	92337	37.3%	54.3%	5.2%	1.9%	1.4%
Highland	92346	66.3%	25.3%	5.7%	1.9%	0.8%
Rialto	92376	40.2%	57.4%	1.6%	0.4%	0.5%
Rialto	92377	55.5%	39.2%	3.3%	1.5%	0.5%
San Bernardino	92401	47.3%	45.5%	0.4%	2.6%	4.2%
San Bernardino	92404	58.6%	37.3%	2.9%	0.5%	0.6%
San Bernardino	92405	53.0%	44.0%	1.8%	0.9%	0.2%
San Bernardino	92407	59.9%	34.8%	3.1%	1.3%	0.9%
San Bernardino	92408	43.1%	41.8%	11.2%	1.7%	2.1%
San Bernardino	92410	35.7%	60.7%	2.7%	0.8%	0.0%
San Bernardino	92411	43.1%	53.1%	1.8%	0.6%	1.4%
<b>CHSB Service Area</b>		<b>46.3%</b>	<b>48.4%</b>	<b>3.6%</b>	<b>1.0%</b>	<b>0.8%</b>
<b>San Bernardino County</b>		<b>59.0%</b>	<b>33.7%</b>	<b>4.7%</b>	<b>1.7%</b>	<b>0.8%</b>
<b>California</b>		<b>56.5%</b>	<b>28.6%</b>	<b>9.6%</b>	<b>4.4%</b>	<b>0.9%</b>

Source: U.S. Bureau of the Census, 2008-2012 ACS 5-year average

## Linguistic Isolation

In communities within the Hospital service area, linguistic isolation can be examined by those residents age 14 and over in households who do not speak English or do not speak English “very well.” In San Bernardino County, 7.2% of households have residents age 14 and over who do not speak English or do not speak English very well. Fontana (9.7%), Rialto (10.7%) and San Bernardino (11.2%) have higher rates of linguistic isolation than found in the county and the state (9.6%).

## Households with Residents who Do Not Speak English or Do Not Speak English Very Well

Geographic Area*	Percent of Households
Fontana	9.7%
Rialto	10.7%
San Bernardino	11.2%
<b>San Bernardino County</b>	<b>7.2%</b>
<b>California</b>	<b>9.6%</b>

Source: U.S. Bureau of the Census, 2012 ACS 1-year average

\*No data for Bloomington, Colton, or Highland

## Education

Of the population age 25 and over, 31.5% have less than a high school diploma; this is a higher incompleteness rate than found in the county (22.0%) or state (19.0%). For 26.7% of area adults, high school graduation was their highest level of educational attainment.

## Educational Attainment (Age 25+)

	CHSB Service Area	San Bernardino County	California
Less than 9 <sup>th</sup> Grade	15.7%	10.2%	10.3%
9 <sup>th</sup> to 12 <sup>th</sup> grade, no diploma	15.8%	11.8%	8.7%
High School Graduate	26.7%	26.1%	20.7%
Some College, no degree	22.1%	25.4%	22.2%
Associate's Degree	7.0%	8.1%	7.7%
Bachelor's Degree	8.6%	12.1%	19.4%
Graduate/Profess. Degree	4.0%	6.4%	11.1%

Source: U.S. Bureau of the Census, 2008-2012 ACS 5-year average

## Crime and Community Safety

Violent crimes include homicide, rape, robbery (of an individual or individuals, not a home or business) and aggravated assault. Crime, including violent crime, has been on a decline in San Bernardino County as well as California. In 2010, there were 31 crimes per 1,000 residents in San Bernardino County, down from 35.7 per 1,000 in 2006. There were 104 homicides in the county in 2010. Other violent crimes in 2010 included aggravated assault (5,672), robbery (2,751) and rape (490). Among property crimes in 2010, there were 14,828 burglaries, 10,800 cases of larceny over \$400 and 8,623 motor vehicle thefts. There were also 405 cases of arson, down from 557 in 2006.

## Crime Rates

Year	San Bernardino County				California
	All Crime	Crimes per 1,000 persons	Violent Crime	Violent Crime per 1,000 persons	Violent Crime per 1,000 persons
2006	71,883	35.7	9,912	4.9	5.2
2007	72,301	35.5	10,238	5.0	5.1
2008	72,323	35.1	10,489	5.1	4.9
2009	67,155	32.5	10,038	4.9	4.5
2010	64,616	31.0	9,017	4.3	4.2

Source: San Bernardino County: Our Community Vital Signs Data Report, 2013

San Bernardino City, Rialto and Highland experienced higher rates of violent crime than at the county level. Colton and Fontana have lower rates of violent crime. Rates of crime are higher in the City of San Bernardino, Colton and Highland than in the county.

## Crime Rates per 1,000 Persons in Selected Jurisdictions, 2010

	Violent Crime Rate	Total Crime Rate
Colton	3.3	33.5
Fontana	3.9	23.1
Highland *	4.6	33.1
Rialto	5.0	30.9
San Bernardino City	7.7	50.7
<b>San Bernardino County</b>	<b>4.3</b>	<b>31.0</b>

Source: San Bernardino County: Our Community Vital Signs Data Report, 2013; \* Sheriff's Department rather than City jurisdictions

## School Safety

The ability to feel safe in school impacts attendance, school performance, and learning. Students in the 7th, 9th and 11th grades were asked how safe they felt at their schools in 2009-2010 and over half (54%) of San Bernardino County students responded that they felt "safe" or "very safe" (ranging from 50% to 58% across the 3 grades). These numbers are lower than those seen at the state level (60% to 63%).

Feeling safe in San Bernardino County has a great deal to do with where students go to school. Of the area schools, Fontana Unified students felt the safest, except among 7<sup>th</sup> graders. Among 7<sup>th</sup> graders at Colton Joint Unified 56% felt safe or very safe in school.

### Students who Feel "Very Safe" or "Safe" in School, 2009-2010

	7th Grade	9th Grade	11th Grade
Colton Joint Unified	56%	42%	37%
Fontana Unified	52%	51%	54%
Rialto Unified	49%	41%	41%
San Bernardino City Unified	52%	41%	42%
<b>San Bernardino County</b>	<b>58%</b>	<b>50%</b>	<b>54%</b>
<b>California</b>	<b>63%</b>	<b>60%</b>	<b>63%</b>

Source: San Bernardino County: Our Community Vital Signs Data Report, 2013

## Gang Involvement

There were 748 gangs in San Bernardino County in 2011, with 17,401 gang members. This number is up from 2007 when there were 700 gangs with 12,645 members. Students in the 7th, 9th and 11th grades were asked about their gang involvement. Claims of gang involvement fell with age at Colton Joint Unified and San Bernardino City Unified schools, while they were highest among 9th graders for Fontana and Rialto Unified schools.

### Students who Reported Gang Involvement, 2009-2010

	7th Grade	9th Grade	11th Grade
Colton Joint Unified	12%	11%	10%
Fontana Unified	9%	11%	9%
Rialto Unified	9%	10%	7%
San Bernardino City Unified	12%	10%	7%
<b>San Bernardino County</b>	<b>9%</b>	<b>10%</b>	<b>9%</b>
<b>California</b>	<b>8%</b>	<b>9%</b>	<b>8%</b>

Source: San Bernardino County: Our Community Vital Signs Data Report, 2013

## Birth Indicators

### Births

In 2011, there were 12,129 births in the area. The rate of births has been declining annually since 2007, and has decreased by approximately 15.3% over that time period.

### Births by Year

Year	Number of Live Births
2007	14,319
2008	13,426
2009	12,573
2010	12,338
2011*	12,129

Source: California Department of Public Health, 2007-2011

\*At time of report, 2011 was most recent year data available from the State.

The majority of births (72.8%) were to mothers who are Hispanic or Latino; 11.5% of births were to Whites, and 10.3% of births were to Blacks or African Americans.

### Births by Race/Ethnicity

	Percent
Hispanic or Latino	72.8%
White	11.5%
Black or African American	10.3%
Asian/Pacific Islander	3.4%
Other	2.0%

Source: California Department of Public Health, 2011

### Teen Births

Teen birth rates occurred at a three-year average rate of 134.2 per 1,000 births (or 13.4% of total births). This rate is higher than the teen birth rate found in the state. Examining the rate of teen births by city provides a more detailed view of teen birth rates. San Bernardino 92401 has high rates of teen births with 23.2% of births in that zip code being teen births.

### Births to Teens (Under Age 20), Three-Year Average, 2009-2011

Geographic Area	Zip Code	Births to Teens*	Live Births	Rate per 1,000 Live Births
Bloomington	92316	69	539	128.0
Colton	92324	118	1,001	118.2
Fontana	92335	258	1,878	137.4
Fontana	92336	115	1,315	87.4
Fontana	92337	59	560	106.0
Highland	92346	91	767	118.2
Rialto	92376	193	1,430	135.2
Rialto	92377	24	245	99.2
San Bernardino	92401	15	65	232.0
San Bernardino	92404	166	1,094	151.7
San Bernardino	92405	92	588	155.9
San Bernardino	92407	125	961	130.4
San Bernardino	92408	45	284	158.6
San Bernardino	92410	179	1,051	170.3
San Bernardino	92411	107	568	188.5
<b>CHSB Service Area</b>		<b>1,657</b>	<b>12,347</b>	<b>134.2</b>
<b>California</b>		<b>43,615</b>	<b>514,087*</b>	<b>84.8</b>

Source: California Department of Public Health, 2009-2011

\*Where age of mother is known

### Prenatal Care

When averaged over three years from 2009-2011, pregnant women in the service area entered prenatal care late - after the first trimester - at a rate of 178.7 per 1,000 live births. This rate of late entry into prenatal care in the service area translates to 82.1% of women entering prenatal care within the first trimester.

The area rate of early entry into prenatal care exceeds the Healthy People 2020 objective of 78% of women entering prenatal care in the first trimester. However, San Bernardino 92401 does not meet the Healthy People 2020 objective for early entry into prenatal care.

**Late Entry into Prenatal Care (After First Trimester), Three-Year Average, 2009-2011**

Geographic Area	Zip Code	Births with Late Prenatal Care	Live Births*	Rate per 1,000 Live Births
Bloomington	92316	104	535	195.0
Colton	92324	187	994	188.5
Fontana	92335	326	1,859	175.2
Fontana	92336	165	1,304	126.5
Fontana	92337	88	555	157.9
Highland	92346	118	762	154.5
Rialto	92376	260	1,420	182.9
Rialto	92377	37	243	153.4
San Bernardino	92401	15	63	236.8
San Bernardino	92404	218	1,087	200.3
San Bernardino	92405	127	582	217.6
San Bernardino	92407	162	953	169.7
San Bernardino	92408	56	278	202.6
San Bernardino	92410	216	1,041	207.9
San Bernardino	92411	109	561	193.6
<b>CHSB Service Area</b>		<b>2,187</b>	<b>12,236</b>	<b>178.7</b>
<b>California</b>		<b>84,131</b>	<b>503,584</b>	<b>167.1</b>

Source: California Department of Public Health, 2009-2011

\*Where time of entry into care is known

**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 CHSB service area has a higher rate of low birth weight babies (71.7 per 1,000 live births) when compared to the state (68.0 per 1,000 live births). There are a number of areas where there is a high rate of low birth weight infants, including: San Bernardino 92401, 92405, 92408, 92410.

The Healthy People 2020 objective for low birth weight infants is 7.8% of live births. The percentage of low birth weight infants in the CHSB service area favorably exceeds this benchmark with an equivalent 7.2% of births being low birth weight.

### Low Birth Weight (Under 2,500 g), Three-Year Average, 2009-2011

Geographic Area	Zip Code	Low Weight Births*	Live Births	Rate per 1,000 Live Births
Bloomington	92316	37	539	69.3
Colton	92324	69	1,001	68.9
Fontana	92335	120	1,878	63.7
Fontana	92336	98	1,315	74.8
Fontana	92337	36	560	64.3
Highland	92346	58	767	75.6
Rialto	92376	100	1,430	69.7
Rialto	92377	16	245	66.6
San Bernardino	92401	8	65	128.9
San Bernardino	92404	82	1,094	74.6
San Bernardino	92405	47	588	80.5
San Bernardino	92407	69	961	71.8
San Bernardino	92408	23	284	79.9
San Bernardino	92410	83	1,051	78.9
San Bernardino	92411	39	568	69.3
<b>CHSB Service Area</b>		<b>886</b>	<b>12,347</b>	<b>71.7</b>
<b>California</b>		<b>34,947</b>	<b>514,129</b>	<b>68.0</b>

Source: California Department of Public Health, 2009-2011

\*Where the birth weight was known

### Infant Mortality

From 2008-2010, the average infant mortality rate in the CHSB service area was 6.7 deaths per 1,000 live births. In comparison, the infant death rate in the state was lower at 4.2 deaths per 1,000 live births. (Note: When examining data, it is important to use caution when reporting results derived from small numbers.) The rate of infant deaths in the service area exceeds the Healthy People 2020 objective of 6.0 infant deaths per 1,000 live births.

### Infant Mortality Rate, Three-Year Average, 2008-2010

Geographic Area	Zip Code	Infant Deaths	Live Births	Rate per 1,000 Live Births
Bloomington	92316	2	552	3.6
Colton	92324	10	1,027	9.7
Fontana	92335	13	1,977	6.6
Fontana	92336	9	1,351	6.7
Fontana	92337	2	578	3.5
Highland	92346	7	785	8.9
Rialto	92376	10	1,499	6.7
Rialto	92377	1	248	4.0
San Bernardino	92401	-	69	0.0
San Bernardino	92404	7	1,142	6.1
San Bernardino	92405	4	591	6.8
San Bernardino	92407	6	998	6.0
San Bernardino	92408	1	289	3.5
San Bernardino	92410	8	1,082	7.4
San Bernardino	92411	7	591	11.9
<b>CHSB Service Area</b>		<b>86</b>	<b>12,779</b>	<b>6.7</b>
<b>California</b>		<b>2,228</b>	<b>530,055</b>	<b>4.2</b>

Source: California Department of Public Health, 2008-2010

### Breastfeeding

Breastfeeding has been proven to have considerable benefits to baby and mother. The California Department of Public Health (CDPH) highly recommends babies be fed only breast milk for the first six months of life. Data on breastfeeding are collected by hospitals on the Newborn Screening Test Form. In 2012, CHSB had 1,973 births. Breastfeeding rates at CHSB show 77.4% of new mothers use some breastfeeding and 52.2% use breastfeeding exclusively. The rates of breastfeeding at CHSB do not meet the Healthy People 2020 objective of 81.9% of mothers who breastfeed.

### In-Hospital Breastfeeding, 2012

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
<b>Community Hospital of San Bernardino</b>	<b>1,527</b>	<b>77.4%</b>	<b>1,029</b>	<b>52.2%</b>
San Bernardino County	19,712	86.9%	13,388	59.0%
California	400,099	92.2%	270,767	62.4%

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2012

## Leading Causes of Death

### Leading Causes of Death

The leading causes of death in the service area are heart disease, cancer and lung disease. The diabetes death rate in the CHSB service area is higher than the state rate. A more complete picture of disease risk and mortality is seen when the service area is examined by disease.

### Leading Causes of Death, Three-Year Average, per 100,000 Persons, 2008-2010

	CHSB Service Area		California	Healthy People 2020
	Number	Rate	Rate	Rate
Diseases of the Heart	804	114.5	158.9	100.8
Cancer	723	103.0	148.9	160.6
Chronic Lower Respiratory Disease	214	30.4	35.1	No comparable rate
Stroke	186	26.5	36.5	33.8
Diabetes	167	23.7	19.1	36.0
Unintentional Injuries	143	20.4	26.9	65.8
Alzheimer's Disease	91	13.0	28.7	No comparable rate
Influenza/Pneumonia	73	10.4	16.8	No comparable rate
Liver Disease	64	9.1	11.3	No comparable rate
Suicide	52	7.4	10.1	10.2

Source: California Department of Public Health, 2008-2010

### Heart Disease Mortality

The CHSB service area has an average three-year rate of death due to heart disease of 114.5 per 100,000 persons. San Bernardino 92401 and 92404 have the highest death rates due to heart disease. Fontana 92336 and 92337 have the lowest rates of death as a result of heart disease. The service area rate exceeds the Healthy People 2020 objective of 100.8 deaths per 100,000 persons.

### Heart Disease Death Rate, Three-Year Average, 2008-2010

Geographic Area	Zip Code	Deaths	Population	Rate per 100,000 Persons
Bloomington	92316	31	30,830	100.6
Colton	92324	56	56,505	98.5
Fontana	92335	92	95,397	96.1
Fontana	92336	56	88,419	63.7
Fontana	92337	19	37,849	51.1
Highland	92346	81	54,923	148.1
Rialto	92376	103	81,516	126.8
Rialto	92377	26	19,989	130.1
San Bernardino	92401	7	1,932	345.1
San Bernardino	92404	121	58,271	207.7
San Bernardino	92405	41	28,873	143.2
San Bernardino	92407	56	56,689	99.4
San Bernardino	92408	15	15,271	98.2
San Bernardino	92410	54	49,410	109.3
San Bernardino	92411	45	26,214	170.4
<b>CHSB Service Area</b>		<b>804</b>	<b>702,088</b>	<b>114.5</b>
<b>California</b>		<b>59,191</b>	<b>37,253,956</b>	<b>158.9</b>
<b>Healthy People 2020 Objective</b>				<b>100.8</b>

Source: California Department of Public Health, 2008-2010, U.S. 2010 Census

### Cancer Mortality

The cancer death rate in the service area is 103.0 per 100,000 persons. This rate is lower than the state rate (148.9 per 100,000) and the Healthy People 2020 objective (160.6 per 100,000). Highland and San Bernardino 92404 have high rates of death as a result of cancer. Fontana and San Bernardino 92408 have the lowest death rates from cancer in the area

### Cancer Death Rate, Three-Year Average, 2008-2010

Geographic Area	Zip Code	Deaths	Population	Rate per 100,000 Persons
Bloomington	92316	35	30,830	113.5
Colton	92324	60	56,505	106.2
Fontana	92335	81	95,397	84.9
Fontana	92336	73	88,419	82.2
Fontana	92337	25	37,849	66.9
Highland	92346	83	54,923	150.5
Rialto	92376	87	81,516	106.7
Rialto	92377	23	19,989	116.7
San Bernardino	92401	2	1,932	86.3
San Bernardino	92404	77	58,271	132.7
San Bernardino	92405	33	28,873	114.3
San Bernardino	92407	52	56,689	91.1
San Bernardino	92408	13	15,271	85.1
San Bernardino	92410	49	49,410	99.2
San Bernardino	92411	31	26,214	117.0
<b>CHSB Service Area</b>		<b>723</b>	<b>702,088</b>	<b>103.0</b>
<b>California</b>		<b>55,485</b>	<b>37,253,956</b>	<b>148.9</b>
<b>Healthy People 2020 Objective</b>				<b>160.6</b>

Source: California Department of Public Health, 2008-2010; U.S. 2010 Census

## Chronic Lower Respiratory Disease

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

The rate of death from CLRD in the service area is 30.4 per 100,000 persons, which is higher than the state rate of 35.1. San Bernardino 92404 (57.8) and 92401 (51.8), and Highland (52.8) have high death rates for CLRD. There is no Healthy People 2020 objective that matches this cause of death.

### Chronic Lower Respiratory Disease, Three-Year Average, 2008-2010

Geographic Area	Zip Code	Deaths	Population	Rate per 100,000 Persons
Bloomington	92316	9	30,830	28.1
Colton	92324	12	56,505	20.6
Fontana	92335	21	95,397	22.0
Fontana	92336	15	88,419	16.6
Fontana	92337	7	37,849	17.6
Highland	92346	29	54,923	52.8
Rialto	92376	22	81,516	26.6
Rialto	92377	6	19,989	31.7
San Bernardino	92401	1	1,932	51.8
San Bernardino	92404	34	58,271	57.8
San Bernardino	92405	14	28,873	47.3
San Bernardino	92407	14	56,689	24.1
San Bernardino	92408	6	15,271	41.5
San Bernardino	92410	16	49,410	33.1
San Bernardino	92411	9	26,214	35.6
<b>CHSB Service Area</b>		<b>214</b>	<b>702,088</b>	<b>30.4</b>
<b>California</b>		<b>13,060</b>	<b>37,253,956</b>	<b>35.1</b>

Source: California Department of Public Health, 2008-2010; U.S. 2010 Census

## Stroke Mortality

The CHSB service area has a lower rate of death per 100,000 persons by stroke (26.5) than found in the state (35.1), and the rate is also lower than the Healthy People 2020 objective (33.8). San Bernardino 92404 and 92411, and Rialto 92376 have the highest rates of death due to stroke. Fontana 92336 and 92337, and San Bernardino 92401 have the lowest rate of death due to stroke in the service area.

### Stroke Death Rate, Three-Year Average, 2008-2010

Geographic Area	Zip Code	Deaths	Population	Rate per 100,000 Persons
Bloomington	92316	22	30,830	23.8
Colton	92324	16	56,505	28.9
Fontana	92335	26	95,397	27.3
Fontana	92336	46	88,419	17.3
Fontana	92337	7	37,849	17.6
Highland	92346	12	54,923	22.5
Rialto	92376	77	81,516	31.5
Rialto	92377	6	19,989	28.3
San Bernardino	92401	1	1,932	17.3
San Bernardino	92404	22	58,271	38.3
San Bernardino	92405	25	28,873	28.9
San Bernardino	92407	14	56,689	25.3
San Bernardino	92408	10	15,271	21.8
San Bernardino	92410	11	49,410	21.6
San Bernardino	92411	35	26,214	44.5
<b>CHSB Service Area</b>		<b>186</b>	<b>702,088</b>	<b>26.5</b>
<b>California</b>		<b>13,589</b>	<b>37,253,956</b>	<b>36.5</b>
<b>Healthy People 2020 Objective</b>				<b>33.8</b>

Source: California Department of Public Health, 2008-2010; U.S. 2010 Census

## Unintentional Injury Mortality

The CHSB service area has a rate of death as a result of unintentional injuries (20.4 per 100,000 persons) that is lower than the state (26.9 deaths per 100,000 persons) and the Healthy People 2020 objective (36.0). San Bernardino 92404, 92405 and 92411 have the highest rates of death attributed to this cause.

### Unintentional Injury Death Rate, Three-Year Average, 2008-2010

Geographic Area	Zip Code	Deaths	Population	Rate per 100,000 Persons
Bloomington	92316	6	30,830	20.5
Colton	92324	12	56,505	20.6
Fontana	92335	19	95,397	19.9
Fontana	92336	11	88,419	12.1
Fontana	92337	5	37,849	13.2
Highland	92346	13	54,923	24.3
Rialto	92376	16	81,516	19.6
Rialto	92377	5	19,989	26.7
San Bernardino	92401	1	1,932	34.5
San Bernardino	92404	17	58,271	28.6
San Bernardino	92405	9	28,873	30.0
San Bernardino	92407	10	56,689	18.2
San Bernardino	92408	3	15,271	17.5
San Bernardino	92410	8	49,410	16.9
San Bernardino	92411	8	26,214	31.8
<b>CHSB Service Area</b>		<b>143</b>	<b>702,088</b>	<b>20.4</b>
<b>California</b>		<b>10,028</b>	<b>37,253,956</b>	<b>26.9</b>
<b>Healthy People 2020 Objective</b>				<b>36.0</b>

Source: California Department of Public Health, 2008-2010, U.S. 2010 Census

## Diabetes Mortality

The three-year averaged death rate for diabetes is higher in the CHSB service area (23.7 per 100,000 persons) than at the state level (19.1), but considerably lower than the Healthy People 2020 objective of 65.8 per 100,000 persons. Colton and San Bernardino 92401 and 92411 have the highest rates of death for diabetes. San Bernardino 92407 (12.9) and 92408 (15.3), and Fontana 92336 (15.5) and 92337 (15.9) have the lowest rates of death from diabetes in the area, other than San Bernardino 92401 which saw no deaths attributed to diabetes during the 3-year time period.

### Diabetes Death Rate, Three-Year Average, 2008-2010

Geographic Area	Zip Code	Deaths	Population	Rate per 100,000 Persons
Bloomington	92316	6	30,830	18.4
Colton	92324	19	56,505	33.0
Fontana	92335	21	95,397	21.7
Fontana	92336	14	88,419	15.5
Fontana	92337	6	37,849	15.9
Highland	92346	12	54,923	21.8
Rialto	92376	22	81,516	27.4
Rialto	92377	4	19,989	20.0
San Bernardino	92401	0	1,932	0.0
San Bernardino	92404	23	58,271	38.9
San Bernardino	92405	6	28,873	21.9
San Bernardino	92407	7	56,689	12.9
San Bernardino	92408	2	15,271	15.3
San Bernardino	92410	12	49,410	25.0
San Bernardino	92411	13	26,214	48.3
<b>CHSB Service Area</b>		<b>138</b>	<b>702,088</b>	<b>23.7</b>
<b>California</b>		<b>7,112</b>	<b>37,253,956</b>	<b>19.1</b>
<b>Healthy People 2020 Objective</b>				<b>65.8</b>

Source: California Department of Public Health, 2008-2010; U.S. 2010 Census

## Access to Care

### Health Insurance

Health insurance coverage is considered a key component to accessing health care. County level data are examined to gain a picture of the availability of insurance and a source of care for area residents. Among adults 18-64 years old, 25.7% of area residents report being uninsured, which is higher than the 21.4% found in California. About half (49.8%) of adults have health insurance through their employers; this is less than the state rate of employment-based health insurance (54.1%).

### Insurance Coverage for Adults, Ages 18-64

	San Bernardino County	California
Employment based	49.8%	54.1%
Uninsured	25.7%	21.4%
Medi-Cal	14.8%	12.2%
Private purchase	5.0%	6.8%
Other Public	2.4%	3.4%
Medi-Cal + Medicare	1.8%	1.4%
Medicare	0.6%	0.7%

Source: California Health Interview Survey, 2011-2012

According to data from the 2011-2012 California Health Interview Survey, 97.7% of children in San Bernardino County, ages 0-17, are insured; 2.3% are uninsured. Medi-Cal covers 43.5% of children, which is higher than for California and 38.8% have employment-based insurance.

### Insurance Coverage for Children, Ages 0-17

	San Bernardino County	California
Employment based	38.8%	46.9%
Medi-Cal	43.5%	35.8%
Healthy Families (CHIP)	10.0%	7.6%
Uninsured	2.3%	4.2%
Private purchase	3.6%	4.1%
Other Public	1.8%	1.5%

Source: California Health Interview Survey, 2011-2012

Medicare with other coverage continues to be the largest source of health care coverage for seniors, and is rising even as Medicare + Medi-Cal rates are dropping.

## Insurance Coverage for Seniors

	San Bernardino County			California
	2005	2009	2011-2012	
Medicare + other coverage	61.7%	68.5%	71.5%	69.5%
Medicare + Medi-Cal	23.8%	20.3%	18.2%	17.0%
Other coverage only	6.3%	6.1%	2.9%	8.2%
Medicare only	8.1%	4.6%	6.5%	4.4%

Source: California Health Interview Survey, 2005, 2009, 2011-2012

## Eligibility of Uninsured

Eligibility status takes into account age, insurance, family type, and citizenship information. For the uninsured in San Bernardino County under age 65, 13.6% are Medi-Cal eligible and 0.7% are eligible for Healthy Families. However, 85.7% of the uninsured are not eligible for coverage.

## Eligibility of Uninsured, Ages 0-65

	San Bernardino County	California
Medi-Cal eligible	13.6%	7.9%
Healthy Families eligible	0.7%	2.6%
Not eligible	85.7%	89.4%

Source: California Health Interview Survey, 2011-2012

## Usual Source of Care

Residents who have a medical home and access to a primary care provider improve the continuity of care and decrease unnecessary ER visits. Among the residents of San Bernardino County, 84.2% indicate they have a usual source of care.

## Usual Source of Care

	San Bernardino County	California
Has a usual source of care	84.2%	85.7%
0-17 years old	89.1%	92.2%
18-64 years old	80.1%	81.4%
65 and older	94.7%	95.4%

Source: California Health Interview Survey, 2011-2012

## Use of the Emergency Room

Over one-fifth (21.9%) of the population of San Bernardino County visited the Emergency Room in the last 12 months. In a notable departure from the pattern seen at the state level, the rate is highest among adults ages 18-64; at the state level, individuals 18-64 are the lowest utilizers of the ER. Poverty-level residents use the ER at higher rates, both at the county and state levels. Seniors in San Bernardino County visit the ER at rates (19.0%) lower than found in the state (19.7%).

### Use of Emergency Room

	San Bernardino County	California
Visited ER in last 12 months	21.9%	17.9%
0-17 years old	19.5%	19.1%
18-64 years old	23.5%	17.0%
65 and older	19.0%	19.7%
<100% of poverty level	29.2%	21.3%
<200% of poverty level	21.2%	19.1%

Source: California Health Interview Survey, 2011-2012

### Delayed Medical Care

Overall, 11.2% of the population of San Bernardino County delayed or did not get needed medical care. When examined by age group, adults, ages 18-64, delay care at much higher rates than children or seniors. This may be a result of higher rates of health insurance for children and seniors. Poverty-level residents also have higher rates of delaying access to medical care, although surprisingly low-income county residents did not, a difference from results seen at the state level.

### Delayed or Did Not Get Needed Medical Care

	San Bernardino County	California
Delayed medical care	11.2%	12.2%
0-17 years old	5.5%	4.3%
18-64 years old	14.7%	16.4%
65 and older	6.7%	6.1%
<100% of poverty level	13.5%	13.0%
<200% of poverty level	11.0%	13.4%

Source: California Health Interview Survey, 2011-2012

### Dental Care

Among children 3-11, and 2-year-olds with teeth, 12.3% had never been to a dentist, and the main reason that all 2-11 year olds had not seen a dentist in the past year was due to affordability and lack of insurance. These were both higher than the state rates. San Bernardino County teens, 12-19, were seeing the dentist at a higher rate than their California counterparts, and when they hadn't seen a dentist in the past year it was less likely to have been primarily due to cost.

## Access to Dental Care

	San Bernardino County	California
Children, Ages 2-11, Never Been to a Dentist	12.3%	10.3%
Children, Ages 12-19, Never Been to a Dentist	0%	1.4%
Children, Ages 2-11, Main Reason Didn't See Dentist in Past Year: Could not Afford / Lack of Insurance	23.7%	10.4%
Children, Ages 12-19, Main Reason Didn't See Dentist in Past Year: Cost / Could not Afford / Lack of Insurance	17.4%	30.6%

Source: California Health Interview Survey, 2009, 2011-2012

## Access to Primary Care Community Clinics

Community clinics provide primary care (including medical, dental and mental health services) for uninsured and medically underserved populations. Large portions of the Service Area are categorized as a Health Professions Shortage Area (HPSA) and a Medically Underserved Area (MUA).

Using the service area zip codes and information from the Uniform Data System (UDS)<sup>1</sup>, there were a number of Section 330 funded grantees (Federally Qualified Health Centers – FQHCs) identified that serve the CHSB service area, including: Inland Behavioral & Health Services, Community Health Systems, Inc., SAC Health System, and East Valley Community Health Center.

Even with Section 330 funded Community Health Center providers in the area, there are a significant number of low-income residents who are not served by one of these clinic providers. The FQHCs have a total of 21,175 patients in the service area, which equates to 6.4% penetration among low-income patients and 3% penetration among the total population. There remain 308,368 low-income residents, approximately 94% of the population at or below 200% FPL that are not served by a Section 330-funded grantee.

## Low-Income Patients Served and Not Served by FQHCs

Patients served by Section 330 Grantees In the Service Area	Penetration among Low-Income Patients	Penetration of Total Population	Low-Income Not Served	
			Number	Percent
21,175	6.4%	3.0%	308,368	93.6%

Source: UDS Mapper, 2012

<sup>1</sup> 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)

## Access to Social Services

2-1-1 is a toll-free phone number that provides information and referrals for health and social services. A review of 2-1-1 calls in San Bernardino identified the top needs (consolidated below) in the area by number of calls, by month. (Note: October 2013 data were unavailable).

Needs	December 2013	November 2013	September 2013
Utilities	743	903	1,007
Food/Meals	530	726	512
Holiday Gifts / Toys / *Internet	338	258	175*
Shelter	326	287	342
Information Services	281	408	438
Rent Payment	239	415	532
Housing	169	N/A	275
Homeless Motel Vouchers	N/A	202	277

*Source: Inland Empire United Way, February 2014*

Another function of 2-1-1 is to identify gaps in service. Most of the gaps for San Bernardino County are for basic services with requests for utility, rent and shelter, including cold weather, emergency, and homeless shelter.

## Chronic Disease

### Chronic Diseases

The residents of San Bernardino County have higher rates of diabetes and hypertension than found in the state. Almost one-third of adults (32.2%) have hypertension; of these, 67.8% take medication for their hypertension.

### Chronic Diseases among Adults

	San Bernardino County				California
	2005	2007	2009	2011-2012	
Adults diagnosed with Asthma	14.9%	14.3%	11.6%	13.8%	13.7%
Adults diagnosed with Diabetes	7.2%	9.2%	10.6%	10.6%	8.4%
Adults diagnosed with Heart Disease	5.7%	6.5%	5.9%	6.3%	6.3%
Adults diagnosed with Hypertension	23.4%	27.9%	26.8%	32.2%	27.2%
Take medication for Hypertension	67.7%	71.4%	68.4%	67.8%	69.9%

Source: California Health Interview Survey, 2005, 2007, 2009, 2011-2012

### Adult Asthma

13.8% of adults in San Bernardino County have been diagnosed with asthma. Of these, 88.9% had symptoms related to asthma in the past 12 months and 18.6% accessed an ER or Urgent Care because of asthma symptoms. This rate of utilization of the ER/Urgent care for symptoms is an increase in the percentage of asthmatics seeking such care. 54.7% take daily medication to control their asthma.

### Adult Asthma

	San Bernardino County			California
	2007	2009	2011-2012	
Had symptoms related to asthma	87.9%	96.1%	88.9%	90.4%
Takes daily medication to control asthma	40.2%	35.8%	54.7%	46.0%
Visited the ER/Urgent Care for asthma	9.8%	8.2%	18.6%	10.5%

Source: California Health Interview Survey, 2007, 2009, 2011-2012

### Pediatric Asthma

Among children 0-17 in San Bernardino County, 21.4% were reported to have been diagnosed with asthma, which is an increase from previous years, and higher than the state level.

### Youth, Ages 0-17, Diagnosed with Asthma, 2001-2012

	2001	2003	2005	2007	2009	2011-2012	California
Asthma Diagnosis	17.2%	16.9%	17.1%	16.1%	14.7%	21.4%	14.2%

Source: California Health Interview Survey, 2001, 2003, 2005, 2007, 2009, 2011-2012

Female children have higher rates (26.3%) of asthma than males (16.4%). The highest rate of asthma can be found in African-American children (45.5%), followed by Asian

children (38.5%). Asthma rates have increased among Latino youth. The rates of pediatric asthma for the county are higher than for the state, in every subset.

### Youth Diagnosed with Asthma, Gender and Race/Ethnicity

	San Bernardino County			California
	2005	2009	2011-2012	
Female	17.9%	15.2%	26.3%	13.8%
Male	16.4%	12.2%	16.4%	16.9%
Asian	35.3%	22.0%	38.5%	19.6%
African American	24.5%	20.3%	45.5%	20.5%
Latino	12.2%	13.0%	18.4%	14.9%
White	19.2%	11.5%	15.8%	12.7%

Source: California Health Interview Survey, 2005, 2009, 2011-2012

Of the youth diagnosed with asthma, 85% had symptoms related to asthma in the past 12 months and 10.6% accessed an ER or Urgent Care because of asthma symptoms. 31.9% take daily medication to control their symptoms, which is lower than the rate of utilization state-wide. Despite that, visits to the ER for asthma have decreased over the last five years, and are at levels lower than the state.

### Youth Asthma

	San Bernardino County				California
	2005	2007	2009	2011-2012	
Had symptoms related to asthma	86.0%	94.0%	98.1%	85.0%	88.3%
Takes daily medication to control asthma	36.3%	44.2%	28.7%	31.9%	39.6%
Visited the ER/Urgent Care for asthma	21.3%	41.0%	16.8%	10.6%	21.2%

Source: California Health Interview Survey, 2005, 2007, 2009, 2011-2012

Most children with asthma missed no school because of their asthma (95%), which may indicate that for these children their asthma was controlled.

### Youth with Asthma, Missed School Days

	San Bernardino County				California
	2005	2007	2009	2011-2012	
0 Days Missed in Last 12 Months	68.2%	75.3%	77.8%	94.9%	77.0%
1-2 Days Missed	8.5%	7.6%	9.7%	0.5%	10.4%
3-4 Days Missed	8.0%	5.9%	3.0%	3.8%	3.5%
5-10 Days Missed	15.3%	11.2%	9.4%	N/A	6.1%

Source: California Health Interview Survey, 2005, 2007, 2009, 2011-2012

### Diabetes

Among adults in San Bernardino County, 10.6% of the population has been diagnosed with diabetes; this is higher than the state rate of 8.4%. Of those with diabetes, 10.9% have Type I diabetes and 83% have Type II diabetes.

Among Latinos, 14% have been diagnosed with diabetes, the highest of all ethnic groups in the area, and higher than Latinos in California in general.

### Adults Diagnosed with Diabetes, Gender and Race/Ethnicity

	San Bernardino County			California
	2005	2009	2011-2012	
All genders and groups	7.2%	10.6%	10.6%	8.4%
Female	6.0%	8.6%	12.0%	8.1%
Male	8.6%	12.8%	9.2%	8.7%
Latino	8.7%	11.3%	14.0%	9.9%
White	6.3%	10.6%	7.9%	7.2%
African American	7.9%	9.2%	4.9%	11.4%
Asian	6.5%	5.4%	8.5%	7.1%

Source: California Health Interview Survey, 2005, 2009, 2011-2012

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

### Adults with Diabetes, Treatment

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

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

Standards of care for diabetics recommend annual foot exams, and regular hemoglobin A1c testing. Among the adults diagnosed with diabetes, 5.5% have not had HgA1c testing and 22.3% have not had foot checks. The rate of diabetes screening in San Bernardino County has increased from 2005 to 2009, and exceeds that among diabetics in the state.

### Adults with Diabetes, Screening

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

Source: California Health Interview Survey, 2005 + 2009

### Cancer

The cancer incidence rate in San Bernardino County is 425.8 cases per 100,000 persons; this is lower than the state rate of 435.4 per 100,000 persons. When compared to state cancer incidence rates, San Bernardino County has higher rates of prostate, lung and bronchus cancer, colorectal cancer, cervical cancer and esophageal cancer.

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

	San Bernardino County	California
All Cancers	425.8	435.4
Prostate Cancer	147.0	140.3
Breast Cancer	110.6	122.0
Lung and Bronchus Cancer	54.3	51.2
Colorectal Cancer	45.6	42.7
Cervical Cancer	9.1	8.0
Esophageal Cancer	4.8	3.9

Source: National Cancer Institute, 2006-2010

## Communicable Disease

### Tuberculosis

The rates of TB rose slightly in San Bernardino County from 2011 to 2012; however, compared to the 3.7 cases per 100,000 persons seen in 2009, rates continue to decline overall. The rates in the county continue to be about half those of the state.

### Tuberculosis, 2011-2012

	2011		2012	
	Cases	Rate per 100,000 Persons	Cases	Rate per 100,000 Persons
San Bernardino County	53	2.6	58	2.8
California	2,322	6.2	2,191	5.8

Source: California Department of Public Health, Tuberculosis Control Branch, July 2013 Report

### HIV/AIDS

San Bernardino County has 1,620 total cases of HIV, making it the 7<sup>th</sup> highest among the 58 counties in the state based on number of diagnosed HIV cases. It is the 9<sup>th</sup> highest in the state among 58 counties with the most diagnosed AIDS cases, at 4,359 cases.

### HIV/AIDS Cases, Cumulative through December 31, 2013

	San Bernardino County	Percent Deceased San Bernardino County	Percent Deceased California
HIV Total Cases	1,620	8%	5%
AIDS Total Cases	4,359	53%	56%

Source: California Department of Public Health, Office of AIDS, HIV/AIDS Surveillance Section, 2014

### Sexually Transmitted Diseases

San Bernardino County has a higher rate of Chlamydia, and a higher rate of Gonorrhea, as compared to state rates. Females have the highest rates of Chlamydia and Gonorrhea. Young adults, ages 20-24, and Blacks or African Americans have the highest rates of sexually transmitted infections.

### STD Cases, 2012

	San Bernardino County Rate per 100,000 Persons	California Rate per 100,000 Persons	San Bernardino County	
			Rate per 100,000 15-24 year-olds	
			Male	Female
Chlamydia	571.6	448.9	1,105.0	3,654.2
Gonorrhea	90.3	89.3	241.9	379.8
Primary & Secondary Syphilis	2.6	7.8	N/A	N/A
Early Latent Syphilis	1.8	6.6	N/A	N/A

Source: California Department of Public Health, STD Control Branch, 2012

## Health Behaviors

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

### Childhood Immunizations

For the 2012-2013 school year, 94.1% of students in San Bernardino County enrolled in reporting kindergartens received all required immunizations (4+ DTP, 3+ Polio, 2+ MMR, 3+ Hep B, and 1+ Var or physician documented varicella disease). This rate is higher than the state rate of 90.3%.

#### Kindergarten Immunization Rates, 2012-2013

	San Bernardino County	California
Kindergartners with required immunizations	94.1%	90.3%

*Source: California Department of Health Services, Immunization Branch, 2012-2013*

### Preventive Practices

Seniors are particularly vulnerable to communicable respiratory diseases, and are recommended to obtain yearly flu shots. In San Bernardino County, 62.8% of seniors have obtained a flu shot.

Occult blood tests, sigmoidoscopy and colonoscopy screen for colorectal cancer. In San Bernardino County, 23.8% of adults, age 50 and over, had been screened for colorectal cancer. Pap smears screen for cervical cancer. Among adult women, 90.8% received a Pap smear in the last three years. Mammograms are used for detection of breast cancer and 78.3% of women, 40 years and over, received a mammogram in the last two years. The rate of engaging in these health prevention activities is at a rate below Healthy People 2020 objectives.

#### Preventive Practices

	San Bernardino County	California	Healthy People 2020
Senior flu shot	62.8%	68.3%	90%
Screening for colorectal cancer*	23.8%*	22.0%*	70.5%
Pap smear in last 3 years**	90.8**	89.9%**	93%
Mammogram in the last 2 years	78.3%	80.0%	81.1%

*Source: California Health Interview Survey, 2011-2012, \*2009, or \*\*2007; Healthy People 2020 Objectives*

## Overweight and Obesity

**In San Bernardino County, 35.9% of adults are overweight and 33.2% are obese.**

These percentages are higher than the state levels, and equate to well over two-thirds of the adult population (69.1%) being overweight or obese. The percentage of overweight has decreased but the level of obesity has increased over the last 7 years.

### Overweight and Obese Adults

	San Bernardino County				California
	2005	2007	2009	2011-2012	
Overweight	37.5%	36.4%	36.0%	35.9%	35.0%
Obese	27.2%	26.5%	32.1%	33.2%	24.8%

Source: California Health Interview Survey, 2005, 2007, 2009, 2011-2012

Youth in San Bernardino County also have high rates of obesity, although they are lower than statewide levels – 15.6% are considered overweight or obese (Body Mass Index in the top 5th percentile), with an additional 13.1% considered 'at risk of overweight', with Body Mass Indexes in the 85<sup>th</sup> – 95<sup>th</sup> percentiles.

In addition, 15.6% of children 0 to 11 are considered overweight for their age (a measurement which does not factor in height). This is higher than at the state level, and has been trending up dramatically over the past 7 years.

### Overweight and Obese Children 2-11, and Youth 12-17

	San Bernardino County				California
	2005	2007	2009	2011-2012	
Youth At Risk of Overweight (85th up to 95th Percentile BMI)	15.8%	14.6%	11.2%	13.1%	16.6%
Youth Overweight / Obese (Top 5% Body Mass Index)	11.9%	10.5%	21.4%	15.6%	15.8%
Children Overweight for Age (does not factor in height)	9.8%	11.5%	14.0%	15.6%	12.6%

Source: California Health Interview Survey, 2005, 2007, 2009, 2011-2012

When levels of overweight and obesity among children were examined by city, Colton was the poorest performing city at 46.1%. San Bernardino had 43.9% of children who were overweight or obese; this exceeds both county and state rates.

### Overweight and Obesity among Children by City, 2010

City	Percent
Colton	46.1%
Rialto	45.0%
Fontana	44.9%
San Bernardino	43.9%
Highland	32.8%
<b>San Bernardino County</b>	<b>39.3%</b>
<b>California</b>	<b>38.0%</b>

Source: California Center for Public Health Advocacy, 2012

## Physical Activity

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

### No Physical Activity

	San Bernardino County	California
Children, Ages 5-11	5.0%	8.4%
Teens	11.6%	9.3%

Source: California Health Interview Survey, 2011-2012

One source of activity for kids is visiting a park, playground or open space. In San Bernardino County, 76.2% of children and 67.8% of teens visited parks, playgrounds or open spaces.

### Visited a Park, Playground or Open Space

	San Bernardino County	California
Children	76.2%	85.1%
Teens	67.8%	73.0%

Source: California Health Interview Survey, 2011-2012

## Smoking

Smoking continues to be a leading cause of preventable death in the United States. Among adults in San Bernardino County, 14.5% are current smokers and 21.2% are former smokers.

### Smoking Prevalence among Adults

	San Bernardino County	California
Current Smokers	14.5%	13.6%
Former Smokers	21.2%	22.9%

Source: California Health Interview Survey, 2011-2012

Among current smokers in San Bernardino County, 35.1% of adults smoke 6-10 cigarettes a day, 19.8% smoke 11-19 per day, and 22.7% smoke 20 or more a day; smokers in San Bernardino County tend to be heavier smokers than Californians.

### Number of Cigarettes Smoked per Day

	San Bernardino County	California
One or less	4.3%	1.6%
2-5 cigarettes	18.2%	21.6%
6-10 cigarettes	35.1%	41.4%
11-19 cigarettes	19.8%	14.6%
20 or more cigarettes	22.7%	20.8%

Source: California Health Interview Survey, 2011-2012

## Social Issues

### Fast Food Consumption

In San Bernardino County, 39.0% of children consumed fast food twice or more in a week; 48.5% of adults consumed fast food two or more times a week.

#### Fast Food Consumption, Two or More Times a Week

	San Bernardino County	California
Children (0-17)	39.0%	37.2%
Adults over 18	48.5%	36.9%

Source: California Health Interview Survey, 2011-2012

### Soda Consumption

The percent of children that consume two or more sodas or sweetened drinks a day is 11.4%, almost twice that of Californians. Over one-quarter of teens (29.5%) at the county and state levels consume two or more glasses of a sweetened drink per day.

#### Soda or Sweetened Drink Consumption, Two or More a Day

	San Bernardino County	California
Children, 2-11	11.4%	6.2%
Youth, 12-17	29.5%	29.5%

Source: California Health Interview Survey, 2011-2012

### Fresh Fruits and Vegetables

Children have a much higher rate of fruit and vegetable consumption (57.8%) compared to teens (15.7%). While the county's children do slightly better than those in California as a whole, area teens have a much-lower rate of fruit and vegetable consumption than found in the state.

#### Consumption of 5 or More Fresh Fruits and Vegetables a Day

	San Bernardino County	California
Children	57.8%	52.6%
Teens	15.7%	25.8%

Source: California Health Interview Survey, 2011-2012

### Retail Food Index

The Retail Food Environment Index (RFEI) is a measure of the ratio of fast food and convenience store outlets to healthier food outlets, like grocery stores and produce vendors. In California, there are 4.2 times as many fast-food restaurants and convenience stores as supermarkets and produce vendors. **San Bernardino County has an RFEI of 5.7, which is the worst among California counties according to the California Center for Public Health Advocacy.** The City of San Bernardino's RFEI is 9.0, or nine unhealthy food stores for every healthier outlet.

### Ratio of Fast Food and Convenience Stores to Supermarkets

	San Bernardino City	San Bernardino County	California
Retail Food Index	9.0	5.7	4.2

Source: California Center for Public Health Advocacy, 2007; Healthy San Bernardino, Action Brief

### Mental Health

Among adults, 7.5% were rated as likely to have experienced serious psychological distress in the past year; 13.9% needed help for a mental health problem or drug/alcohol use; 11.9% of adults saw a health care provider for mental health or drug/alcohol related issues, and 11.5% have taken medicine for more than two weeks for mental health issues. A large number of the adults (42.9%) who sought help for an emotional or mental health problem reported that they did not receive treatment.

### Mental Health Indicators, Adults

	San Bernardino County	California
Likely had serious psychological distress during past year	7.5%	7.9%
Needed help for emotional/mental health problems or use of alcohol/drug	13.9%	15.8%
Adults who saw a health care provider for emotional-mental and/or alcohol-drug issues in past year	11.9%	12.1%
Has taken prescription medicine for emotional/mental health issue in past year	11.5%	10.1%
Needed help but did not receive treatment	42.9%	43.7%

Source: California Health Interview Survey, 2011-2012

### Alcohol Use

In the county, 30.7% of teens had consumed alcohol; and 29.6% of adults had engaged in binge drinking in the past year. Binge drinking is measured as consuming a certain amount of alcohol in a designated period of time. For males this is five or more drinks per occasion and for females four or more drinks per occasion.

### Alcohol Use

	San Bernardino County	California
Teens Who Reported Alcohol Use	30.7%	29.0%
Adults Who Engaged in Binge Drinking in the Past Year	29.6%	31.1%

Source: California Health Interview Survey, 2011-2012

## School and Student Characteristics

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

### School Enrollment

School enrollment for 2012/2013 school year for San Bernardino City Unified totals 54,102 students.

### Student Race/Ethnicity

The student population of SBCU District schools is overwhelmingly Latino (72.6%). African Americans are the next most prevalent (14.1%). SBCU schools have a higher percentage of Latinos and African Americans and a smaller percentage of Whites and Asians/Pacific Islanders than found in the county.

### Race and Ethnicity of Students

	San Bernardino City Unified	San Bernardino County
Hispanic or Latino	72.6%	62.5%
Black or African American	14.1%	9.2%
White	7.9%	20.5%
Asian/Pacific Islander	2.5%	5.1%
American Indian/Alaska Native	0.5%	0.5%
Other	2.4%	2.2%

*Source: California Department of Education, 2012-2013*

### Free and Reduced Price Meal Program

The number of students eligible for the free and reduced price meal program is one indicator of the socioeconomic status of a school district's student population. The majority of students in SBCU are eligible for the free or reduced price lunch program (91.5%), indicating a very high level of low-income families. This rate is significantly higher than the county rate (68.4%).

### Free and Reduced Price Meals

	SBCU District	San Bernardino County
Children eligible for free or reduced price lunch program	91.5%	68.4%

*Source: California Department of Education, 2012-2013*

## English Learners

The percentage of students who are English learners in the SBCU District is 27.2%, greater than the rate of English Learners in the county (19.3%). When examining district level data it is important to keep in mind that within each district there are a number of schools with higher and lower rates of English Learners.

### English Learners

	SBCU District	San Bernardino County
English Learners	27.2%	19.3%

Source: California Department of Education, 2012-2013

## Student Proficiency

Testing for student proficiency indicates that 41.5% of students in all grades tested are proficient in language arts, and almost half (49.5%) in math. County-wide scores were not made available by the California Department of Education, for comparison.

### Language Arts and Math Proficiency

	SBCU District
Language Arts proficient all grades	41.5%
Math proficient all grades	49.5%

Source: California Department of Education, 2012- 2013

## High School Graduation and College Readiness

Among the schools in the SBCU District, the rate of graduation is 73.5%. This is lower than the county graduation rate (77.2%).

High school students wishing to attend University of California or California State University schools must complete a group of courses called the A-G college prep curriculum. Among students in the SBCU District, 17.2% of the graduates are UC/CSU eligible. This is much lower than the county rate of 31.1% of students.

### High School Graduates and UC/CSU Ready Graduates

	SBCU District	San Bernardino County
Graduation Rate	73.5%	77.2%
UC/CSU Ready	*17.2%	*31.1%

Source: California Department of Education, 2011-2012 and \*2012-2013

# Key Stakeholder Interviews

## INTRODUCTION

Twenty telephone interviews were conducted for the Dignity Health Inland Empire Community Hospital of San Bernardino and St. Bernardine Medical Center Community Health Needs Assessment in February and March 2014. Interview participants included stakeholders who represent medically underserved, low-income, and minority populations, as well as the local health department, who spoke to issues and needs in the communities served by the hospitals. Attachment 2 lists the interview participants and their organizational affiliations.

## INTERVIEW TOPICS

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

- Biggest issues or concerns facing the community.
- Changes in the economy and its impact on individuals and families.
- Barriers to improving education and recommendations for supporting educational attainment.
- Challenges faced in accessing health care and mental health services and where people go to access these services.
- Client experiences in obtaining insurance from California's Health Insurance Exchange.
- Changes people are making to increase healthy foods in their diets along with challenges to making these changes and resources being accessed to improve nutrition.
- Community and school safety concerns.
- Services and programs to reduce and prevent violence as well as recommendations for additional needed actions.
- Services and programs that are effectively addressing community health issues
- Community's strongest health care and social service assets.
- Other notes and comments.

## COMMUNITY ISSUES AND CONCERNS

The biggest issues and concerns in the community were identified as:

- The economy, including high rates of unemployment, underemployment, lack of jobs, low median income and large number of low-wage jobs.

- High rates of poverty and related issues, such as lack of access to health care and limited access to other services, poor education levels, lack of affordable housing, focus on meeting basic needs (e.g., food, shelter, clothing), inability to purchase healthier food or gym memberships for exercise, poor life skills, and chronic stress.
- Poor health outcomes, including high rates of cardiovascular disease, diabetes and obesity. Reasons given for poor health status included high poverty rates, shortage of affordable health care resources for primary care, safety concerns that prevent outdoor exercise, lack of access to healthy and affordable food (i.e., a food desert), air quality, smoking rates, chronic stress, lack of understanding of how to navigate the system and access available resources, large numbers of poor and undocumented people in the area who do not qualify for health coverage, under-resourced health department and distance to Arrowhead Regional Medical Center in Rialto.
- High crime rates and lack of public safety, including thefts and violent crime, resulting in fear among residents.
- Poor education levels and limited educational opportunities.

Other concerns also identified:

- Lack of affordable housing.
- Unsettled city government (i.e., City Council and Mayor) that is struggling to address current needs and issues.
- Perceived lack of voice/empowerment among Latino population to organize, to advocate for their issues and concerns, and to effect policy change.
- Lack of funding to the community from local and statewide foundations.

## **THE ECONOMY**

### Economic Shifts or Changes

Interview participants were asked to share any shifts or changes they have seen over the past few years in the economy of San Bernardino County.

- Only one interview participant reported seeing positive shifts occurring in the economy, including that people are becoming more philanthropic again and employers are showing renewed interest in offering wellness opportunities for their employees.
- Four interviewees had mixed thoughts about the economic recovery, with positive comments including that the economy is improving, there are fewer foreclosures than before, and there is some job growth and new businesses countywide; however, they also said that there are limited jobs for college-educated people in the area, incomes in the area are not growing, the new Amazon distribution center hired

many people but at minimum wage and in temporary positions, and the City of San Bernardino is not showing the economic recovery seen in other parts of the county.

- Fifteen of the 20 interviewees reported that the economy has stayed the same (very bad) or even gotten worse over the past few years, with one person saying that there has been “no change, it’s as bad as it’s ever been;” another saying, “it’s gotten worse, going downhill, not changed for the better;” and another saying, “The economic situation is pretty dire in the City of San Bernardino.” Some of the comments expressed by the interview participants included:
  - Many jobs have been lost and it is a challenge for people to find jobs for which they have the right skill set, including jobs in warehousing and at distribution centers.
  - The City of San Bernardino is in bankruptcy and so there is no financial stability within the City itself. Many businesses are closing and leaving the area, reducing job opportunities further.
  - There is no middle class in San Bernardino. People are either rich or poor.
  - Since the implementation of Health Care Reform, it has been harder for people to find full-time jobs as employers are cutting back hours in order to avoid providing insurance. As a result, people are now working 2-3 part-time jobs to make the same income they formerly earned with one job.

#### Impact of the Economy on Individuals and Families

Participants were asked what the impact of the economy is on individuals and families. Their responses included:

- Greater number of uninsured.
- High use of public assistance programs and difficulty purchasing healthy, fresh food with food stamps.
- Transience and unstable housing, including evictions and multiple families living together.
- Homelessness.
- People working 2-3 part-time jobs in order to survive, which both compromises quality family time and also results in earnings that are too high to qualify for benefits or free services (though they are still sorely needed).
- Unstable households/family environments, including children not being cared for and witnessing drug and alcohol use as well as violent crimes, domestic violence, high levels of frustration and stress, and increased incidence of elder abuse.
- As a result of the lack of employment opportunities and income, some people are turning to crime, including selling drugs and prostitution.

- Employment is even more difficult to find for recently released parolees with felony convictions, creating higher risk for them to re-engage in negative behaviors.
- People delay seeking medical care because they cannot afford it and prioritize food or shelter over medical needs.

## EDUCATION

### Barriers to Improving Education

Interview participants were asked about the barriers that area residents face in improving their education. The primary barriers reported by participants included the following:

- Many respondents focused on the lack of family support for children in primary and secondary education, related to a number of economic and cultural issues, and the resulting low graduation rates and significant lack of preparation in basic skills (i.e., reading, writing, math) needed for successful applications to and completion of higher education.
- The lack of support for children in primary and secondary education was defined to include not helping children with homework and not valuing homework or education; lack of involvement with the school; not supporting children to get sleep or to get basic nutrition or to get them to school on time; not encouraging their children to stay in school and graduate; not reading to children from an early age; and not helping children to consider career paths or higher education. The economic and cultural barriers that impact this lack of support were identified:
  - Lack of education, English-language skills and literacy in any language among many immigrant parents, as well as a tendency to value getting a job over education.
  - Lack of family history of going to college.
  - Fear of school involvement due to being undocumented.
  - Homelessness among families (there are a large number of homeless children in San Bernardino schools) or parents working multiple jobs and focused on addressing basic needs such as food and shelter rather than their children's education.
  - Lack of stability in the home environment, including poverty, violence, alcohol and drug use, and overcrowded living situations.
- In addition to economic and cultural barriers among families, school systems are also not set-up for or able to adapt to the needs of children from unstable, chaotic and homeless families.
- Cost of higher education, which is unaffordable for many in the City and County of San Bernardino. Related issues are the small number of public higher

education facilities that are more affordable relative to the population size and difficulty for many in navigating the student loan process. There are several high-quality private schools in the area (e.g., Loma Linda University, University of Redlands, University of La Verne, Cal Poly Pomona), but these are unaffordable for many local residents.

- Poor quality of the K-12 school system, including very low rankings statewide. Schools in the San Bernardino City School District have suffered budget cuts that have resulted in class sizes that sometimes include 40-50 children, lay-offs of many teachers, and cuts to classes in sports or the arts as resources are used to teach the skills that will be tested. Hope for improvement to the school system was expressed by several interviewees, due to the hiring of a new Superintendent.

Additional barriers to improving education were cited by interviewees as:

- Adult School at the San Bernardino Unified School District offers good resources to families, but space is limited and there is always a waiting list for these programs.
- Some families see their children's student loans as a source of income and use those funds for the household rather than for their intended purpose.
- It is difficult to complete college in a timely way as the number of classes available in any given semester has been reduced and it can be difficult to get the needed credits.
- Lack of focus on education for women in Title One, which is focused instead on education among different ethnic groups.
- Some kids need to become financially stable before they can consider going to college.
- Rise in asthma among children, a leading cause of absenteeism in K-12.
- Lack of opportunities for low-cost, affordable training for students in a wide variety of health professions. There are few slots available in the more affordable community colleges, so some students end up getting big loans to attend the private colleges and their eventual income is not sufficient to repay the debt.

### Suggestions to Improve Educational Attainment

Interview participants were asked to share their suggestions for supporting educational attainment. Several positive programs and activities already in place were noted:

- Resources offered at the Adult School.
- New District Superintendent who is seeking to develop partnerships with businesses for internships and jobs and to identify kids not in school and at-risk of dropping out.

- Pipeline program in middle and high schools to educate students about the health professions and encourage them to consider these options.
- Programs to work with parents of young children to encourage students to pursue their education.
- CAPS and other after-school programs that assist students with homework and provide a safe place for them to be after school.
- Mayor's Educational Roundtable, which brings together community colleges, CSU San Bernardino and the school district. The Roundtable also offers the Golden Apple award to exemplary teachers and administrators as a way to encourage others to strive for the award.

Recommendations for improving educational attainment within primary and secondary education included:

- Work more with and develop partnerships with parents to help them better understand what is happening in the school environment and how they can support their children at home. Also, invite them to school and assess their needs and share information about resources.
- Support the creation of a vision among families that includes high school graduation and college, and where parents can encourage their kids to pursue education.
- Add physical education, arts and music classes back into the school curriculum to better stimulate the intelligence and interest of more students and to foster their interest in staying in school.
- Add teachers to the classrooms.
- Provide some vocational training in the schools.
- Better educate students on basic skills of reading, writing and math so they can be better prepared for higher education and adult life.
- Separate English and Spanish learners so they can focus on where they are at educationally.
- Provide more ESL classes and encourage parents and grandparents to learn English, the primary language spoken in this country.
- Support and expand existing after school programs that provide a safe place for students to go after school to complete their homework and get other support. Current programs get filled quickly and more capacity is needed. Individualized tutoring can make a big difference.
- Provide counseling for students so they can talk about the difficult things happening in their home environment and develop more of an understanding of the importance of getting sleep and good nutrition to support their ability to be successful in school.

- Teach students about the value of education in elementary school and educate families about this as well.

Recommendations for improving educational attainment included:

- Make higher education more affordable. For example, create more access to lower cost, affordable higher education institutions.
- Create more opportunities for affordable education in the health professions and encourage kids to pursue these opportunities and then to work locally, to keep local talent in the area.
- Provide more educational guidance and support to students in higher education. Work with them to develop a plan so that they are on a track and take the courses needed to graduate in four years.
- Create better access to electronic equipment and training for adults on its use.
- Revive and strengthen the Mayor's Educational Roundtable and continue it within the new Mayor's administration.

## **ACCESS TO HEALTH CARE AND MENTAL HEALTH SERVICES**

### Barriers to Accessing Services

Interview respondents were asked about the problems and challenges children and families face in accessing health care and mental health services. Several interviewees expressed uncertainty about how implementation of the ACA will ultimately impact access and whether it will improve access over time. The most frequently identified challenges in obtaining primary care were identified:

- Transportation to services for people without cars or who lack appropriate transportation, including cost of the bus system, needing multiple bus lines to get to services, families covered under different insurance plans requiring them to go to multiple providers, and distance to services for people living in the High Desert or for people who need specialty care services outside San Bernardino.
- Cultural and immigration issues, including language barriers, fear of accessing services associated with lack of documentation, ineligibility for Medi-Cal coverage due to being undocumented, people not being treated with respect and lack of cultural competency among health care professionals.
- Shortage of low-cost, affordable primary care providers and community clinics to meet the needs of the population. It was noted that San Bernardino has been designated a Medically Underserved Area; i.e., there is an insufficient number of health care providers to meet the demand of the population.
- Lack of insurance or ability to pay for insurance.
- Challenges in navigating the health care system, understanding coverage (who, what, where) or knowing how to access care and use coverage.

Additional challenges included:

- Family members on multiple plans, creating hardships for families needing to go to different providers in different locations with different paperwork requirements.
- Lack of education or understanding about the importance of prevention, resulting in people not accessing care until health problems are emergent, and then only accessing the emergency room.
- Continued use of the emergency room for primary care and non-emergent health needs. Lack of education about the appropriate place to access care depending on the health problem.
- Lack of priority on health care for families struggling to meet basic needs.
- Lack of hospitals that offer specialized services in San Bernardino, requiring people to travel outside the area for some specialty care.
- Long wait times for appointments at Arrowhead Regional Medical Center.
- Limited clinic hours, with most open when people are at work or kids are at school.
- Needs among veterans in the area that are not being adequately met.

The primary difficulty identified to access mental health services was the shortage of mental health providers and facilities for counseling, treatment and medication. A particular need was identified for counseling services, as the County's Behavioral Health Department is more focused on people with serious mental illness or who are suicidal. It was noted that, "lower level counseling services are pretty much unavailable... there's a huge, gaping hole in these services" and that, "most families don't need psychiatric services, but could use basic counseling services related to stress and to help prevent domestic violence, child abuse, etc." Several mental health service providers have closed due to lack of funding.

Other barriers to accessing mental health services were identified as:

- Transportation.
- Cultural/immigration issues, including the stigma associated with needing or accessing mental health services among the Latino population and the need for bilingual and bicultural providers.
- Restrictions to the mental health services covered under Medi-Cal and other private insurance and that attempting to use these benefits is cumbersome.
- People are unaware they have a mental health condition that could benefit from services as they do not have a regular primary care provider who could make the diagnosis and refer for further treatment and care provided in the emergency

room does not look to identify other needs among patients beyond the presenting problem.

### Where People Access Care

Interviewees were asked where people go to access health and mental health services. The number one place identified for health care services was the emergency room, including the emergency rooms at Community Hospital of San Bernardino, St. Bernardine Medical Center, Arrowhead Regional Medical Center, and other area hospitals. Reasons that people access the emergency room for care were identified as:

- Open during evening and weekend hours when people are not working, so easier for them to access.
- People are caregivers for others and ignore their own health problems until they become emergencies. Usually these are conditions that could have been treated earlier on at the primary care level.
- Homeless know they can access care at the emergency room without having to pay. In addition, it gives them some place to be inside for the 3-4 hours they wait to be seen.

Other sources of health care identified by interviewees included:

- Low-cost clinics, including H Street Clinic, La Salle, and others that offer sliding fee scale options.
- Urgent care centers.
- County Public Health clinics.
- Arrowhead Regional Medical Center.
- El Sol Neighborhood Educational Center's Promotoras Program provides education to people in neighborhoods on health care resources. They are trusted because they are also from the neighborhood and speak Spanish.

It was noted by several interview participants that some people do not access mental health services at all. Some of the locations where people do access mental health services included:

- Emergency rooms are used to access anti-anxiety medications.
- County Behavioral Health Department for severely mental ill (e.g., schizophrenia) and people who are suicidal.
- Catholic Charities offers counseling services for low-income and uninsured, but is limited to what can be offered.
- San Bernardino Sexual Assault Services offers some walk-in counseling services in the evenings that are dependent on grant funding and that fill-up quickly, and also a 24-hour crisis hotline.

## Experiences Accessing Coverage through the Health Insurance Exchange (Covered California)

Interview participants were asked if people had attempted to obtain health insurance coverage through Covered California, and what their experiences had been. A couple of interviewees shared that people who had been able to obtain coverage were pleased with the outcome. One participant noted a trend that people who were previously insured and able to get coverage through the exchange at a lower rate were quite happy, whereas those who had never been insured and were not familiar with the culture of insurance were struggling with affordability concerns. As one person said, “picking a plan and determining affordability is difficult to assess for those have not been previously insured.”

Barriers experienced in the community to seeking coverage through Covered California included:

- The Covered California website was not ready initially, so people who tried to enroll early on got frustrated with system problems. The website has improved significantly over the past couple months.
- People getting locked out of the system and unable to get back in.
- Files created on earlier visits are gone when reentering site.
- Instructions in languages other than English were not effective initially, leading to a lot of frustration. There has been some improvement in this area.
- Uncertainty about whether enrollment is confirmed. In some cases, people’s checks are not cashed.
- Lack of tolerance/capacity for the process of enrolling online resulting in few people who have followed through to completion. People are not sure how to pick a plan, get frustrated, and give up.
- Reluctance to provide personal information online.
- People don’t know where to get help with enrollment, including where to go or who to call. They get overwhelmed and don’t do anything at all.
- Young people don’t feel they can afford any cost at all for premiums and co-pays. “Anything is too much.”
- Lack of education about the penalties of not enrolling and also about why having health insurance is important. It is new for many, and so there is uncertainty about whether it will help them or not.

Barriers that have been faced by community organizations include:

- Long wait times to get Spanish-speaking enrollers trained. Bilingual enrollers are much needed.

- Difficulty in general getting enrollment counselors authorized, which caused delays in being able to assist clients.
- Much confusion initially about which entities were authorized to enroll people into Medi-Cal.

Resources and support for people with education and enrollment were also identified, including:

- Presentations for parents at the school district.
- Nonprofits such as Goodwill, Catholic Charities, Teachers for Healthy Kids, Community Clinic Association of San Bernardino County, Central City Lutheran Mission, Latino Health Coalition and other Latino advocacy organizations are assisting with education and/or enrolment.
- San Bernardino Sexual Assault Services provides computers that people can use to enroll online.
- Lung Health Line of the American Lung Association is helping people to enroll nationwide, and has familiarity with all the State exchanges.

## **HEALTHY EATING/HEALTHY LIVING**

### Barriers to Accessing Healthy Foods and Improving Healthy Eating Habits

Interview participants were asked to share the barriers that people face in accessing healthy foods and improving healthy eating habits. The primary barriers were identified:

- Lack of grocery stores in the western part of the city of San Bernardino (i.e., a food desert), creating transportation barriers for people without cars. People need to either carry groceries on the bus, or walk, or not buy food at grocery stores.
- Prevalence of fast food outlets, liquor stores and convenience stores, where it is difficult to find and purchase affordable fresh, healthy food.
- Fresh produce and organic foods are expensive as well as not easy to locate in lower-income neighborhoods. There are few if any stores geared toward providing healthier foods at affordable prices (e.g., Trader Joe's, Sprouts, Fresh 'n Easy).
- Fast food is more convenient and affordable for those trying to stretch food stamps or limited dollars to feed a whole family and who are working multiple jobs with limited time to shop and prepare healthy meals, or who are living in hectic and chaotic households.
  - One interviewee characterized the appeal of fast food establishments as follows: "The kids get a toy and get to play and are happy, the family spends less money than if they bought and prepared food, the

place has air conditioning, everyone eats and gets full, and there are no dishes to wash.”

- Another interviewee said that parents “Take the simple route and don’t take time to plan and prepare healthy meals. They want the quick fix and offer what is quick and easy, such as potato chips, sugary cereals, candy, pizza, fast food, hot dogs, macaroni & cheese, etc.”

Additional barriers to accessing healthy food and improving healthy eating habits included:

- Parents say that their kids do not like vegetables and will not eat them.
- It is difficult to change habits, and takes time.
- Constant advertising of fast food and sugary food.
- The Latino culture views eating and being “fat” as signs of prosperity and success.

#### Changes to Increase Healthy Foods in Diets and Resources for Improving Nutrition

Interview participants were asked what changes people are making to increase healthy foods in their diets. Five of the respondents said that people are not making any changes in this direction at all. Other respondents indicated that public awareness has increased significantly around this issue, due in part to the Healthy San Bernardino and other Healthy Cities initiatives that have adopted *Increasing Access to Healthy Food* as a goal. These initiatives have fostered several programs toward this end, including:

- Farm Share Program, which links local farmers with residents for drop-offs of fresh produce at residents’ homes on a weekly or biweekly basis for a fixed fee. There is an effort underway to augment the produce with additional foods such as rice, beans and milk to “complete their nutritional needs.”
- Community Gardens, including one 10-acre garden that has 60-80 plot owners and a waiting list. There is a one-time fee and participants do not have to pay for water.
- Farmer’s Markets started in a number of cities.
- Fruit orchard at Nicholson Community Center.
- Corner store conversions aimed at getting convenience stores to sell healthier foods at affordable prices.

While these programs represent community-wide action across several cities to achieve the goal of greater access to healthy food, utilization of these programs by lower-income communities is still thought to be minimal – and access to affordable, fresh produce is still considered difficult.

In addition to these initiatives, a number of efforts are underway to provide outreach and education to the community to raise awareness of nutrition and teach skills such as how

to shop, read food labels, and prepare healthy food that is culturally relevant. These outreach and education efforts include:

- Promotoras Program through El Sol offers education to community members on how to shop, nutrition, physical activity, etc.
- Catholic Charities is encouraging clients to start by making a few basic nutritional changes, such as increasing fresh produce and water intake, and decreasing soda consumption.
- Latino Health Collaborative is encouraging potlucks where clients can share healthy recipes and has made a policy change to only offer healthy snacks at meetings.
- Several organizations, including St. Catherine of Siena Catholic Church, Catholic Charities and H Street Clinic, have offered cooking classes to help Latino families incorporate healthier ingredients into traditional recipes.
- Information available on the internet, such as the American Heart Association website that includes information on how to read food labels, how to shop for healthy food, and how to substitute healthier food options when preparing cultural foods.
- Education to students and families through the schools to promote healthier choices.

Other resources, programs and initiatives that are promoting healthy eating include:

- WIC.
- Offering healthier food at soup kitchens and reducing the amount of sugary and processed food that is accepted.
- Availability of food pantries through churches to make food more available to people with limited access to food, and an effort to coordinate these food distributions across the participating churches.
- Advertisements and promotional materials from health providers, including: Dignity Health Hospitals, Loma Linda University Medical Center, Kaiser Permanente, Healthy San Bernardino Collaboratives, schools, Community Vital Signs project, and others.
- Calorie counts on restaurant menus.

## **COMMUNITY AND SCHOOL SAFETY**

### Community and School Safety Issues

Interview participants were asked to share the community and school safety issues that people in the community are facing. One interviewee said there is a “culture of violent crime in the area” and that much of the crime goes unreported, as people are “afraid of retaliation.” Several participants indicated that the generally high crime rate in the area,

including significant gang and drug involvement, is related to the high rates of unemployment and poverty, leaving people with too much idle and time and creating desperation for income. Several interviewees commented on the fact that kids living in the more impoverished areas are being exposed to and witnessing considerable violence in their homes and on the streets, and that in some cases parents are using alcohol or drugs or are gang members themselves, leaving kids to basically raise themselves. It was additionally noted that many kids are left home alone, as child care is very expensive.

The most frequently identified community and school safety issues were identified to include:

- Gang involvement.
- Drug use and trafficking.
- Bullying.
- Prostitution and human trafficking.
- Lack of sidewalks and lighting that compromises pedestrian safety for kids walking to school, or for people walking in their neighborhood.
- Inability for children to play or walk outside due to fear of violence. Sometimes kids have to cross gang territories to get to school, putting them at risk.
- Weapons on school grounds.
- Large number of registered sex offenders living in the county.
- Ex-felons being released into the area with nowhere to live and without resources to assist them in their re-entry process, putting them at higher risk for recidivism.
- Graffiti and trash.
- Lack of confidence in the police due to extremely slow response times; often, there are so many burglaries that they are unable to respond in a timely way.
- Sexting and negative use of social media.
- Increases in elder abuse by their own families.
- Fear associated with random acts of violence that happen frequently in the city.

#### Services, Programs and Community Efforts Working to Prevent and Stop Violence

Interview participants were asked to identify the services, programs and community efforts they are aware of that are working to prevent, reduce and stop violence in the community. Their responses included:

- Education occurring through the schools to teach positive behavior to youth, conflict management, and safety.
- Partnerships between police departments in several cities and schools, such as gang intervention programs for at-risk youth, youth policing, and engaging with youth in other, positive activities.

- Better communication and coordination among law enforcement agencies (e.g., city police, school police and parole officers).
- Partnerships between police in several cities, faith organizations and other agencies to help people recently released from prison to get back on their feet. This is also a focus of the Cal State University San Bernardino Re-Entry Initiative (CSRI).
- A number of organizations that are helping prevent violence through programs that offer activities for youth involvements and/or provide other youth and family support, such as:
  - Boys & Girls Club
  - Boy Scouts and Girl Scouts
  - Rim Family Services
  - Young Visionaries
  - Cal State University San Bernardino Re-Entry Initiative (CSRI)
- Programs that are working to improve neighborhoods, such as the former Operation Phoenix that brought code enforcement teams into neighborhoods; Safe Routes to School programs through Young Visionaries; a program to keep parks safer by providing lighting on basketball courts in the evenings; work by the Department of Public Health to minimize liquor outlets and thereby reduce associated crime; and an initiative underway by the Latino Health Collaborative to develop a Good Neighbor program in the unincorporated area of Muscoy (i.e., to create a neighborhood where people look out for each other and help to deter crime).
- Several community partnerships were also identified that are working to prevent and reduce violence, such as:
  - San Bernardino Guns and Drugs Task Force, working with schools on parent education.
  - Healthy San Bernardino Coalition and other Healthy Cities initiatives, helping to improve community infrastructure (e.g., sidewalks) and starting community gardens.
- Increased police presence at schools, which are now “locking down campuses like little forts,” which has helped reduce violence in the schools.

#### Additional Actions Needed to Prevent or Reduce Community and School Violence

Interview participants were asked what else is needed to prevent or reduce community and school violence. Their responses included:

- Provide more extra-curricular activities for youth, including arts and sports, to engage them in healthy and positive activities and keep them busy after school. It was noted that schools should remain open and offer these activities during after-school hours rather than locking up and sending kids out to the community – in

many cases to empty homes and to opportunities to get into trouble with gangs or drugs or crime.

- Strengthening the family unit. Several interviewees talked about the importance of parent presence and involvement and caring for their kids' welfare and wellbeing. One strategy suggested to achieve this was having conversations with parents and providing education and tools to help build healthy relationships, ensure there is time for families to connect, learn appropriate ways of disciplining children and generally promote a positive family environment. More involvement of fathers in their families was also recommended.
- Address the underlying causes of violence, such as poverty, substance addiction, culture of gangs and unemployment. Create more jobs and employment opportunities.
- Education and training for students and teachers on how to prevent bullying.
- Remove graffiti and trash and generally clean up the city to create a cleaner and safer-looking community.
- Address the specific needs of first generation Latino families, where huge disconnects can develop between immigrant parents and their kids. It is important to engage these parents and help them to understand their kids and to get more involved.
- Provide more support to the many parolees and sex offenders who live in San Bernardino to help prevent recidivism.

## SERVICES THAT ARE EFFECTIVELY ADDRESSING COMMUNITY HEALTH ISSUES

Interview participants were asked to identify the community's strongest health care and/or social service assets as well as the services, programs and community efforts they think are effectively addressing community health issues in the area.

### Strongest Community Health Care and Social Service Assets

The strongest health care and social service assets were identified to include:

- Dignity Health Hospitals, including Community Hospital of San Bernardino and St. Bernardine Medical Center, as they are located in the middle of the community, have a history in the community and are trusted by the community. People “feel cared for” by these hospitals, and are “drawn to them.” St. Bernardine has also initiated an after-school program and links patients who have experienced violent crimes to mental health counselors.
- Other hospitals in the area, including Kaiser Permanente Fontana, Loma Linda University Medical Center and Arrowhead Regional Medical Center. Several people expressed appreciation that all the smaller hospitals in San Bernardino have remained open and kept their emergency services open 24-hours per day (despite operating at a loss), creating access to health care for the community at all times.
- Loma Linda University Medical Center was noted for being a teaching facility that is world renown and also offers some community-based programs, including Partners for Better Health, which is looking to expand the Farm Share program at a low-income housing project called Waterman Gardens, and dental services through their School of Dentistry.
- Community clinics that offer low-cost, affordable health care, including SACH Clinics, La Salle, H Street Clinic, Al-Shifa Clinic, Whitney Young Family Health Clinic, Assistance League of San Bernardino, Buddhist Tzu Chi Free Medical Clinic.
- Promotoras program out of El Sol Neighborhood Education Center, which provides health-related education and resources in Spanish to neighborhood residents.
- Some of the strongest social service organizations were identified as:
  - Time for Change Foundation – works with formerly incarcerated women through their Positive Futures Project to help them re-enter into society.
  - Young Visionaries – promotes positive youth development and emergency shelter for at-risk youth.

- Catholic Charities – provides mental health services, youth development programs, immigration services, and other programs.
- El Sol Neighborhood Education Center – Runs the Promotoras program to provide health education and resources to neighborhood residents.
- Latino Health Collaborative – Works to improve the health of Latinos and the community by addressing barriers that impact health and access to care.
- Healthy San Bernardino and the other Healthy Cities collaboratives throughout the county, which have all “taken it upon themselves to look at opportunities for change and are doing good things.” Approximately 18 cities are a part of the San Bernardino Healthy Community initiative through the San Bernardino Department of Public Health. It was reported that they have collaborated well to “get the word out to their communities.”
- Healthy San Bernardino is a partnership between the City of San Bernardino, Latino Health Collaborative and other local agencies. Healthy San Bernardino has provided leadership on a number of programs designed to improve health, including:
  - Striders, a weekly program that includes education and a physical activity. One focus of the education is civic engagement, to build advocacy skills among residents.
  - Fruit Orchard at Nicholson Community Center, developed out of a partnership that included Latino Health Collaborative, El Sol Neighborhood Center, and Credible Edible Community Garden.
  - A community garden for veterans, designed to stimulate job/skills development and other programs.

#### Other Community Programs that are Impacting Health

Other community programs, services and collaborative efforts that are making a difference in the community were identified to include:

- American Heart Association, which has programs to promote physical activity and healthy eating among youth, worksite wellness programs, blood pressure screenings, education of women on signs of stroke and risk for cardiovascular disease, and that also lobbies for reduction in exposure to second-hand smoke and provides culturally relevant resources for Latinos.
- Programs to help recently released prisoners, including a collaborative out of the Rialto Police Department and the Barrios Unidos program, run by the Catholic Church.
- Sexual Assault Services in San Bernardino, which offers after-school programs, counseling services and free dental services.

- Goodwill Industries, which helps provide employment opportunities and has a veteran’s initiative.
- Native American Resource Center, run by Riverside-San Bernardino County Indian Health, which provides peer support groups, talking circles and other resources of people working on behavioral health issues.
- Community Clinic Association of San Bernardino County.
- Incredible Edible Community Gardens.
- YMCA, which operates the CAPS after-school program.
- New collaborative of area nonprofits which have come together to attract more funding in order to better serve the community.
- Inland Empire Asthma Coalition.
- Rim Family Services.
- Faith communities and efforts to build their capacity.
- Veteran’s services.
- Nutrition Network.
- San Bernardino County Capacity Building Consortium.
- Funders Alliance.
- Mary’s Mercy Center – Provides residential services to pregnant women and their children.
- Collaborations that have come together between police and other nonprofits to coordinate homeless services and address the needs of the homeless.

## COMMENTS

At the close of the interview, participants were given an opportunity to share any final thoughts or comments. Several participants expressed their support for the Dignity Health Hospitals, including comments such as “keep up the good work,” “they are an important part of the community they serve,” and “we are always pleased with the services from these hospitals.” They also expressed appreciation for the ability to participate in the needs assessment process and their hopes that it will improve the health of the community. Several also requested a copy of the final Community Health Needs Assessment.

Other comments:

- Several longer-term strategies are underway that should ultimately result in community improvement, including:
  - Business community is looking to make some improvements to the downtown area.

- New transit line and a new transit center will make San Bernardino more a center.
- Newly elected Mayor and City Council appear to have a positive attitude.
- Newly hired Superintendent of the school district is implementing some new strategies to improve the district.
- Resident involvement in many of the City and County collaborations is missing and is a necessary component for making decisions that will be relevant to and accepted by community residents.
- All people need to be treated with dignity. It is important to become inclusive instead of exclusive, and not judge people by how they look or smell.
- Parenting programs are needed to help parents understand their children's needs and respond to them. More of a focus for parents is needed on putting their children first, instead of themselves.
- Mental health care resources are sorely needed. Some people need to be on medication and can't get them. They could probably be functioning adults if they were able to access medications.
- It is important that there be an understanding that violence in the home impacts the whole community, and especially children. Kids are severely impacted, affecting their mental health, physical health, ability to learn, do homework, etc.
- Hospitals are the "heartbeat" of the community – they are where people go. A suggestion is to co-locate more services at or near the hospitals (e.g., mental health counselors, crisis counselors, translation services) to create more one-stop like centers at hospitals.
- The area needs some larger hospitals that can provide more specialized services so people don't need to travel to Los Angeles for these services.
- Politicians do not yet fully understand the relationship of many community ills (e.g., poverty, unemployment) to health.
- People do not understand the value of prevention and delay seeking care until they are very sick and need emergency services.
- Catholic Charities expressed their appreciation of the partnership with Community Hospital, which has benefited the whole neighborhood and allowed Catholic Charities to develop and offer programs that they couldn't offer otherwise.
- Families are very much valued in the Latino culture and this should be taken into account when designing programs.
- The presence of the Dignity Health hospitals helps to keep the communities moving forward. Loss of these hospitals would be devastating to the communities where they are located.

# Focus Groups

## INTRODUCTION

Six focus groups were conducted for the Dignity Health Inland Empire Community Health Needs Assessment in February and March 2014. A total of 54 people participated in the groups, including 10 males and 44 females. Two of the groups were conducted in Spanish and the other four groups were conducted in English.

Focus group participants were asked to share their perspectives related to topics within the following issue areas:

- Overall Community Issues and Health Concerns
- Access to Health Care and Mental Health Services.
- Healthy Eating.
- Community and School Safety.
- Hospital Involvement in the Community.
- Additional Comments.

## OVERALL COMMUNITY ISSUES AND HEALTH CONCERNS

A number of significant community-wide issues and concerns were raised across all focus groups. The overall biggest issues facing the community were identified to include:

- Poverty and joblessness, including overall downturn in economy, unemployment, loss of jobs and homes, lack of jobs for the unemployed, mostly part-time work without insurance benefits, homelessness and low-wage jobs (i.e., “wages not sufficient to survive”).
- Concerns about education, including dropouts, a poor school system, and lack of understanding about the importance of education.
- Cultural and immigration issues expressed by participants in the Spanish-language groups, including losing ties to culture, discrimination against Latinos, deportations, and people without papers/lack of documentation.
- Family stress, including kids raising kids because parents are on drugs and a disproportionate burden on women.
- Crime and drug issues, such as gang activity, car theft, public drug abuse and sales, prostitution, violence and graffiti.
- Lack of activities for youth.
- Lack of awareness of available community resources.
- Infrastructure concerns, such as potholes that cause flooding when it rains, uneven sidewalks, and lack of sidewalks.

- Lack of support for ex-felons who get dumped into the streets, and so are likely to act out again.
- Transportation.

The biggest health concerns for people and their families were identified as:

- Chronic diseases, such as asthma, cancer, diabetes, obesity among children and adults, high blood pressure and high cholesterol.
- Depression and stress.
- Hunger.
- Dental problems and difficulty accessing dental care.
- Alcoholism and drug dependency.
- Presence of liquor stores on every corner and a lot of alcohol advertisements.
- Lack of health insurance.
- Homeless who are required to leave the shelter during daytime hours and fend for themselves on the street, sometimes in extreme temperatures.
- Lack of money to buy medications or pay for medication co-pays.
- Long waits for specialty care services.

## **ACCESS TO HEALTH CARE AND MENTAL HEALTH SERVICES**

Focus group participants were asked if they have had insurance over the past year and if they have a regular source of care. Responses included:

- Of the 13 participants in the two Spanish-speaking groups, one had private insurance and another had Medi-Cal. Most of the women indicated that they do not go a doctor unless they have to, due to cost; however, some reported that they access community clinics or Arrowhead Regional Medical Center for care.
- In contrast, 10 of the 12 Goodwill employee participants indicated that they have Kaiser Permanente insurance through their employment and that they use these services. One participant was a veteran and accesses VA services. Another participant said she uses Arrowhead Regional Medical Center for her children only, but does not access any care for herself.
- Eight of the 12 participants in the Catholic Charities Youth Program indicated that they have insurance. Participants in this group access the following resources for care:
  - Arrowhead Regional Medical Center.
  - Any emergency room.
  - Free clinics.
  - Public health clinic.
  - Metropolitan Clinic.
  - Loma Linda University Medical Center.

- Community Hospital of San Bernardino physicians and emergency room.
- Kaiser Permanente.
- Of the 12 homeless participants in the Salvation Army group, 9 reported having Medi-Cal and two had coverage through the VA. These participants access the following resources:
  - Hospitals, including Community Hospital of San Bernardino, St. Bernardine Medical Center, Arrowhead Regional Medical Center, and the VA.
  - Inland Family Community Health Center D Street Clinic (family practice, mental health and dental services).
  - Metropolitan Clinic at Highland & G Street, which has long waits for people without an appointment.
- Half of the participants in the Al-Shifa Clinic group said they did not have private insurance. The others have Medi-Cal or the Ability to Pay (ATP) program through the Los Angeles Department of Health Services. (LAC-DHS). These participants reported using:
  - Al-Shifa Clinic.
  - El Monte Comprehensive Health Center through the LAC-DHS, as this clinic has the ATP program and enables the participant at her daughter (both undocumented) to access affordable specialty care in addition to primary care.

For mental health, focus group participants reported that they access the following service location:

- Behavioral Health Clinic on D Street.
- Phoenix Clinic.
- Meza Clinic.
- VA.
- Inland Health.

Focus group participants were asked if they had accessed health insurance through the State's Insurance Exchange, Covered California. Their responses included a combination of successful applicants who obtained coverage (3); people who attempted to access coverage and either got confused or felt the costs were too high and so did not pursue the application (2); one who is still in the application process; and people who said they were undocumented and so ineligible for coverage (5). None of the youth participants, Goodwill employees or homeless participants had attempted to access the Exchange, as most were already insured. The only two problems participants identified accessing health insurance were (a) cost; and (b) immigration status (i.e., those who are undocumented).

Focus group participants were also asked about the problems or challenges they face obtaining needed health care and mental health services. Their responses included:

- Long wait times at clinics, in emergency rooms, and at the Department of Behavioral Health.
- Cost issues, including:
  - High cost of health care services and medications.
  - Income too much to qualify for Medi-Cal, but cost of care too expensive.
  - Hospitals overcharge for services.
  - Co-pays and deductibles for services and medications are too high.
- Immigration issues, including:
  - Fear among undocumented workers of accessing services.
  - Inability to access insurance due to immigration status.
- Limited access issues, including:
  - Inability to access dental services under Medi-Cal over age 18.
  - Insurance coverage is often limited and excludes some medications.
  - Veterans have limited access to their doctors due to overextended caseloads, and are only able to see their primary care physician once every six months. Veterans are also required to access VA services at Loma Linda, and will not be seen at local hospitals.
- Poor treatment by health professionals, including:
  - Rude workers and being “treated terribly.”
  - Doctors and nurses are impersonal and have poor relationships with patients.
  - Lack of cultural proficiency among health professionals.
  - Stereotyping and profiling reported by the homeless participants, including (a) getting less service than other people; (b) only getting generic medications; and (c) assumption that they are all addicts.
- Transportation issues, including:
  - Distance of walk to bus stop can be prohibitive depending on weather or physical condition of person.
  - Cost of using the bus can be prohibitive (some participants said they can only use the bus if they have a voucher).
  - Referrals from Arrowhead Regional Medical Center to multiple places for tests and services.
- Poor quality services at Behavioral Health clinic.
- See different doctors at each visit and so providers do not know the patients.
- Lack of knowledge about available services and how to access them.

Focus group participants were asked what would make it easier for families to obtain health care and mental health services. Their responses included:

- All people covered by health insurance.
- A good job with insurance.
- More Spanish language capability and cultural competency among providers.
- More affordable care with fewer income restrictions.
- One-stop health care services, where services are co-located and easier to access.
- Updated and readily accessible electronic information about doctors' credentials for patients to make choices about which doctor to select.
- Electronic information for doctors about patients so they can see patient histories and issues.
- Bus passes/vouchers to facilitate transportation to services.
- VA contracts with local hospitals so area veterans can access services locally.
- Mobile clinics that go the areas where people live.
- More clinics in the area like Al-Shifa.
- More help enrolling people into health insurance.

## **HEALTHY EATING**

Focus group participants were asked to share healthy changes they and their families have made to the way they eat. Responses included:

- Drink less soda.
- Eat less sweets, red meat, oil, salt, fried food, less junk food, candy, chips, gluten, flour, dairy, tortillas, bread and sugar.
- Vegetarian diet.
- Eat more fruits and vegetables, salads, chicken and fish.
- Eat smaller portions/moderation in food consumed.
- More conscious of calories and cholesterol consumed.
- Weekly weigh-in to help lose weight.
- Drink more water.
- Started eating breakfast.
- Trying to eat more organic food, but it's expensive.
- More exercise, including walking more, going to gym and working out with videos on You Tube.

Barriers faced in staying healthy were identified by focus groups to include:

- Lack of knowledge and education.

- Parents not educated about how to eat healthy and do not feed their children healthy food.
- No nutrition classes in schools for children.
- Culture/expectation of “cleaning your plate.”
- Change is difficult
  - Children resist change and will often throw away fruits and vegetables provided to them at school.
  - Difficult to cut back on sweets and to control portion sizes.
- Cost/Affordability
  - Healthy food and organic food is too expensive.
  - Difficult to find healthy food that is inexpensive/affordable.
  - Fast food is everywhere, cheap, filling and feeds more people than healthy food for the dollar.
- Homeless participants living in the shelter said they are required to eat what is provided at the shelter and cannot bring food into the shelter unless there is enough to share with all residents or they have a doctor’s note.
- Barriers to exercising included:
  - Takes time to exercise and too tired after getting home from work (gone from 6am – 8pm and use public transportation to get to/from work).
  - Too dangerous to walk outside at night.
  - Physical disabilities (knee pain, hip problems).

Participants were asked whether they have access to fresh produce and if so, where they purchase fresh produce and their mode of transportation to these locations. A number of local places were identified where people purchase fresh produce, including: Super A, Superior, Food for Less, Trader Joe’s, Clark’s, Cardenas Market, El Super, Stater Brothers, Walmart Store (new store that is selling fresh produce), Fresh ‘n Easy, Sprouts, Costco, El Super, and a local Swap Meet near Valley College. Some comments about these locations included:

- Healthy food is just too expensive to buy.
- Trader Joe’s can be expensive.
- Will shop anywhere where there are sales or specials.
- Fresh ‘n Easy is only located in Rancho Cucamonga and Rialto, the San Bernardino location closed down.
- Cardenas has well-priced produce but it is ripe and needs to be eaten quickly.
- The Stater Bros. grocery store downtown closed and other markets are far away, making access difficult for people living in the homeless shelter.
- Have access to many small liquor stores/convenience stores that cost more and don’t sell healthy food.

Use of Farmer's Markets is minimal at best. Participants in the Spanish-language groups, youth group and most of the clinic participants were not aware of any local Farmer's Markets. The Goodwill employees, homeless shelter participants and one participant from Al-Shifa were aware of Farmer's Markets at Perris Hill Park and City Hall, but all said that the markets are located in unsafe areas and do not carry a lot of fresh produce. In addition, the homeless shelter participants noted that they are unable to bring food into the shelter, which limits what they purchase.

Focus group participants were asked to share where they get information about nutrition, exercise and overall health. Responses included:

- WIC.
- Doctor's office or community clinic.
- Local agencies, including Boys & Girls Club, Catholic Charities, El Sol and Salvation Army shelter.
- Television.
- Internet and You Tube.
- Magazines and newspaper.
- Employer (Goodwill Industries).
- School.
- Amway.

## **COMMUNITY AND SCHOOL SAFETY**

Participants were asked about community and school violence they have witnessed or experienced or that they are aware of in their neighborhoods. Participants in all groups reported a high degree of violence in their neighborhoods, and shared that much of this occurs openly on the street as well as in schools, in parking lots, in parks, by bus stops, and by liquor stores. The only places where participants reported feeling safe are at home (primarily), at the agency sites where the focus groups were held (e.g., El Sol, Catholic Charities, Salvation Army), at church, the library, or at work.

The types of violence that participants reported as occurring frequently in their community included:

- Shootings and homicides.
- Drug use and trafficking; "people doing crack on the street, just everywhere."
- Prostitution – near schools and on the streets.
- Fighting in general, and between different ethnic groups (e.g., African Americans and Latinos; Anglos and Latinos).
- Domestic violence.

- Home invasions and robberies.
- Theft.
- Car break-ins and theft.
- Muggings in daylight.
- Gang activity.
- People squatting in empty homes that have been foreclosed and then breaking into neighbor's homes from their backyards.
- Bullying.

Several people noted that in many cases there is no response from police or security guards to a given incident and there is no police protection for children and mothers, indicating that many people do not feel protected by public safety personnel.

Participants were asked to comment specifically on the presence of bullying in the community or in schools. All participants said there is much bullying, including cyber-bullying, and it can happen for any reason (e.g., body size, clothes, skin color). Several people noted that the people who are bullying “get beat up as kids and then beat up on others.” Other comments included:

- “People are mean.”
- “Kids are mean.”
- People do not respect each other.
- Schools are not required to do anything about bullying and they don't.
- Facebook and other social media can be used to bully kids, and this has led to suicides in some cases.

Participants were asked to identify the services, programs and/or community efforts they are aware of that are working to prevent and stop violence in the community. The following were identified:

- Community organizations, including El Sol, Mil Mujeres, Catholic Charities, Boys & Girls Club, Rialto Community Center, Community Action Agency (helps people with food, clothes, paying bills), Time for Change Foundation, Red Cross, Goodwill, Option Housing (domestic violence shelter) and Young Visionaries (a program for 18-25 year olds).
- Amazon “came to town” and offered jobs to local residents, but they were temporary jobs.
- Addiction programs - but there are too few of them, not enough to stop the problems.
- Some churches have outreach programs for youth.

When asked what else needs to be done to prevent and reduce community and school violence, participants shared a number of ideas that reflected an emphasis on activities for youth, building relationships with public safety, increasing jobs and economic opportunities, and education to raise public awareness. Their suggestions included:

- Engage churches.
- More activities for youth.
- More recreation centers.
- Community policing programs where police interact with the community.
- Self-defense classes.
- Places in community to go talk about these issues and learn about how to deal with them.
- Greater police presence.
- Schools need to crack down on kids who are bullying.
- Fix up streets and neighborhoods.
- More jobs for local residents, particularly unskilled labor jobs.
- Less discrimination in hiring.
- Remodel and reopen empty/vacant storefronts as a way to attract more businesses and prevent thefts.
- Education to help raise awareness among children and more public awareness in general.
- Institute a panic button for kids with a GPS to track where they are if something occurs.

## **HOSPITAL INVOLVEMENT IN THE COMMUNITY**

Focus group participants were asked to identify both what local hospitals are currently doing to benefit and improve the community as well as what else they could or should be doing toward this end. Most participants were unaware of hospital activities in the community, but the following programs and services were identified:

- Various programs offered by Arrowhead Regional Medical Center, including their 5k run, free mammograms, and an Asthma Mobile that goes to schools to help kids and their parents.
- Free glasses in Redlands.
- Dental work offered by Loma Linda School of Dentistry.
- Hospitals staying open/not closing down.
- Vision screening.

Suggestions for what roles hospitals could play to help address community needs included:

- Programs and services for the undocumented.
- Programs for the unemployed.
- Free or low-cost services for low-income people, including check-ups, STD testing, and screening.
- Periodic free clinics, such as the one offered by Molina at Orange Show.
- Access to a gym for people with no money.
- Focus on preventive education, including free information and classes on topics such as breast exams, asthma, exercise, healthy eating and chronic disease.
- Partner with community organizations.
- Advertise/promote their services.
- Improve emergency room services as follows: Charge less; reduce wait time; assure that patients always see a doctor and don't just get a prescription; and listen to patients/don't rush them.
- Keep hospital facilities cleaner.
- Teach doctors how to work better with people and all hospital staff to care more about people served.

#### **ADDITIONAL NOTES AND COMMENTS**

At the close of each focus group, participants were given an opportunity to share any additional comments, concerns or suggestions. Participants made the following comments:

- Less expensive transportation is needed.
- More police are needed, and police should be stricter with criminals.
- Speed bumps needed on Union Street.
- Doctors should take time with patients and not rush them. Sometimes, just prescribing medication is not the answer, and the patient ends up coming back.
- Cost of care at hospitals is too high.
- Patients who do not have insurance or Medi-Cal are rushed through the system.
- Hope was expressed that something will be changed based on the focus group input. People do not want to provide input that has no impact.
- People who work in the hospital should take 24 hours to follow a homeless person and see what their life is really like, to "get out of their comfort zone and see what's going on."

## Attachment 1. CNI Scores by Zip Code

Lowest Need Highest Need

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

	Zip Code	CNI Score	City	County	State
<span style="color: red;">■</span>	92337	3.8	Fontana	San Bernardino	California
<span style="color: red;">■</span>	92401	5	San Bernardino	San Bernardino	California
<span style="color: red;">■</span>	92408	5	San Bernardino	San Bernardino	California
<span style="color: red;">■</span>	92335	4.8	Fontana	San Bernardino	California
<span style="color: red;">■</span>	92410	5	San Bernardino	San Bernardino	California
<span style="color: red;">■</span>	92376	4.6	Rialto	San Bernardino	California
<span style="color: red;">■</span>	92411	5	San Bernardino	San Bernardino	California
<span style="color: red;">■</span>	92405	5	San Bernardino	San Bernardino	California
<span style="color: magenta;">■</span>	92336	3.6	Fontana	San Bernardino	California
<span style="color: purple;">■</span>	92377	2.6	Rialto	San Bernardino	California
<span style="color: red;">■</span>	92404	5	San Bernardino	San Bernardino	California
<span style="color: red;">■</span>	92407	4.6	San Bernardino	San Bernardino	California
<span style="color: red;">■</span>	92316	4.6	Bloomington	San Bernardino	California
<span style="color: red;">■</span>	92324	4.8	San Bernardino	San Bernardino	California
<span style="color: red;">■</span>	92346	4.2	San Bernardino	San Bernardino	California

## Attachment 2. Benchmark Comparisons

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

Service Area Data	Healthy People 2020 Objectives
High school graduation rate 73.5%	High school graduation rate 82.4%
Heart disease deaths 114.5 per 100,000	Heart disease deaths 100.8 per 100,000
Diabetes deaths 23.7 per 100,000	Diabetes deaths 65.8 per 100,000
Cancer deaths 103.0 per 100,000	Cancer deaths 160.6 per 100,000
Stroke deaths 26.5 per 100,000	Stroke deaths 33.8 per 100,000
Unintentional injury deaths 20.4 per 100,000	Unintentional injury deaths 36.0 per 100,000
Suicides 7.4 per 100,000	Suicides 10.2 per 100,000
Early prenatal care 82.1% of women	Early prenatal care 78% of women
Low birth weight infants 7.2% of live births	Low birth weight infants 7.8% of live births
Infant death rate 6.7 per 1,000 live births	Infant death rate 6.0 per 1,000 live births
Mothers who breastfeed 77.4%	Mothers who breastfeed 81.9%
Child health insurance rate 97.7%	Child health insurance rate 100%
Adult health insurance rate 74.3%	Adult health insurance rate 100%
Adults with an ongoing source of care 84.2%	Adults with an ongoing source of care 89.4%
Persons unable to obtain medical care 11.2%	Persons unable to obtain medical care 4.2%
Adult obese 33.2%	Adult obese 30.6%
Youth overweight or obese 15.6%	Youth overweight/obese (ages 2-19) 14.6%
Adults engaging in binge drinking 29.6%	Adults engaging in binge drinking 24.3%
Cigarette smoking by adults 14.5%	Cigarette smoking by adults 12%
Annual senior influenza vaccination 62.8%	Annual senior influenza vaccination 90%
Adults 50+ who receive colorectal cancer screening 23.8%	Adults 50+ who receive colorectal cancer screening 70.5%
Adult women who have had a Pap smear in the last three years 90.8%	Adult women who have had a Pap smear based on guidelines 93%
Women who have had a mammogram in the last two years 78.3%	Women who have had a mammogram based on guidelines 81.1%

### Attachment 3. Key Stakeholder Interviewees

Contact	Title	Organization
Leslie Bramson, Dr.PH	Assistant Professor	Department of Pediatrics, Loma Linda University Medical Center
Aviana Cerezo	Mayor's Office Legislative Aide/ Healthy San Bernardino Coalition Co-Chair	City of San Bernardino
Ellen Daroszewski, NP	Executive Director	H Street Clinic
Deborah Davis	Executive Director	Legal Aid Society of San Bernardino
Alexander Fajardo	Executive Director	El Sol Neighborhood Educational Center
Alton Garrett, Jr.	President of Board of Directors	African American Health Institute of San Bernardino County
Eric Goddard	Director of Administration	Cal State University San Bernardino, Re- Entry Initiative (CSRI)
Salvador Gutierrez	Program Manager	Latino Health Collaborative
Tom Hernandez	Homeless Services Manager	Office of Homeless Services, Department of Behavioral Health
Angela Jones, RN	Health Services Coordinator	San Bernardino City Unified School District
Matthew Keane	Executive Director	Community Clinic Association of San Bernardino County
Chuck Leming	Staff Analyst II	San Bernardino County Department of Public Health, Healthy Communities Program
David Nagler	Pastor/CEO	Central City Lutheran Mission
Faye Pointer	Board Member	St. Bernardine Medical Center
Fr. Stephen Porter	Pastor	St. Catherine of Siena Catholic Church
Terry Roberts	Area Director	American Lung Association of California
Ken Sawa	CEO	Catholic Charities San Bernardino & Riverside Counties
Candy Stallings	Executive Director	San Bernardino Sexual Assault Services
Monique Stensrud	Business Development Director, Inland Empire Division Office	American Heart Association
Michael Wright	Community Services Supervisor	City of Fontana, Community Services Department

## Attachment 4. Focus Group Participants

Group	Total Participants	Number of Males	Number of Females	Population
El Sol Neighborhood Center	6	0	6	Spanish-Speaking Promotoras
Mary's Mercy Center	7	0	7	Spanish-Speaking Women
Al-Shifa Clinic	8	2	6	Clinic Patients and Staff
Salvation Army – Transitional Living Program	12	3	9	Homeless Adults
Goodwill Industries	9	1	8	Employees
Catholic Charities	12	4	8	Program Participants, Ages 18-24
<b>TOTAL</b>	<b>54</b>	<b>10</b>	<b>44</b>	

## Attachment 5. CBIC Member Roster

**Nick Calero**

District Director  
Office of Assemblyman Mike Morrell  
Rancho Cucamonga, CA

**Lowell King**

Regional Operations Officer  
Goodwill Southern California  
San Bernardino, CA

**Aviana Cerezo**

Assistant to the Mayor  
City of San Bernardino  
San Bernardino, CA

**Chuck Leming**

Department of Public Health  
San Bernardino, CA

**Joanne Claytor, LCSW**

Social Services Supervisor  
SBMC  
San Bernardino, CA

**Cynthia Luna**

Partner  
LF Leadership  
Claremont, CA

**Deborah Davis**

Legal Aid of San Bernardino  
San Bernardino, CA

**Linda McDonald**

Inland Empire Service Area VP Mission  
Services  
SBMC  
San Bernardino, CA

**Beverly Earl**

Director, Family & Community Services  
Catholic Charities San  
Bernardino/Riverside  
San Bernardino, CA

**Kathleen McDonnell**

Inland Empire Service Area Manager  
Community Benefit  
SBMC  
San Bernardino, CA

**Val Head**

Inland Empire Service Area Director  
Strategic Business Development, CHSB  
San Bernardino, CA

**Elizabeth Moran**

Inland Empire Service Area Manager  
Communications/Media/Advocacy  
CHSB  
San Bernardino, CA

**Michael J. Hein**

Vice President/Administrator  
Mary's Mercy Center  
San Bernardino, CA

**Renee Paramo, RN, IBCLC**

Manager, Baby & Family Center  
SBMC  
San Bernardino, CA

**Sr. Deenan Hubbard, CCVI**

SBMC Board Member  
Villa de Matel  
Houston, TX

**Faye Pointer**

SBMC Board Member  
Rialto, CA

**Jackie Kimball, RN**

Manager, Clinical Support Services  
SBMC  
San Bernardino, CA

**Michelle Rainer, MPA, MSG**

VP/Executive Director  
SBMC Foundation  
San Bernardino, CA

**Sandra Rodriguez, Principal**  
San Bernardino High School  
San Bernardino, CA

**Margo Young, C.P.P.S., MD**  
Inland Empire Service Area Director  
Community Health  
SBMC  
San Bernardino, CA

**Carrie Schmidt**  
Manager, Volunteer Services  
CHSB  
San Bernardino, CA

**Sandee Zschomler**  
VP/Executive Director  
CHSB Foundation  
San Bernardino, CA