



Montclair Hospital Medical Center endeavors to provide comprehensive, quality healthcare in a convenient, compassionate and cost effective manner.



# COMMUNITY HEALTH NEEDS ASSESSMENT IMPLEMENTATION STRATEGY



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# 2013 MONTCLAIR HOSPITAL MEDICAL CENTER COMMUNITY HEALTH NEEDS ASSESSMENT

## EXECUTIVE SUMMARY

The Patient Protection and Affordable Care Act (ACA) enacted on March 23, 2010, added new requirements, which nonprofit hospital organizations must satisfy to maintain their tax-exempt status under section 501(c) 3 of the Internal Revenue Code. One such requirement added by ACA, Section 501(r) of the Code, requires nonprofit hospitals to conduct a Community Health Needs Assessment (CHNA) at least once every three years. As part of the CHNA, each hospital is required to collect input from designated individuals in the community, including public health experts, as well as members, representatives or leaders of low-income, minority, and medically underserved populations and individuals with chronic conditions.

A Community Health Needs Assessment (CHNA) was directed by Montclair Hospital Medical Center (MHMC) for around 1.2 million residents of the hospital service area located in a total of 20 zip codes (incorporated and unincorporated cities/communities), mostly in San Bernardino County, and the easternmost portion of Los Angeles County. This area is mostly built out, with the most undeveloped portions to the east and north between Interstates 15 and 215, and north of Interstate 10. MHMC provides services to this geographically, economically, and ethnically diverse region.

Montclair Hospital Medical Center contracted with HFS Consultants (HFS) to conduct a Community Health Needs Assessment that complied with California's Senate Bill 697 (SB 697) and also meets new requirements under the Patient Protection and Affordable Care Act. The process and the outcome of the CHNA are described in this report. To better understand the health needs in the hospital service area, HFS reviewed numerous state and county sources. A local literature review was conducted, and community assets and resources were documented.

HFS has gathered 38 health needs through the focus groups, key informant interviews and surveys. In order to cut down the list of 38 health needs, a multi-voting approach was executed with 10 participants in the prioritization meeting. The participants were instructed to identify and mark the most important health needs. This process streamlined the list to 18 top health needs. In the second round of the multi-voting process, the participants were asked to rank these health needs from 1 (being most important) to

10 (being least important). Each health need was assigned a point value, (1=10, 2=9, and 3=8 points and so on). During the aggregation process, if two health needs were a tie, each health need was discussed with the group in order to break the tie and rank accordingly.

A prioritization process with consensus resulted in a list of the 10 most immediate health needs for the hospital service area. A summary for each immediate health need is provided below, listed in order from highest to lowest priority.

1. **Care Coordination** - This was expressed in several ways, including need for coordination within the hospital, working with step-down services (Skilled Nursing, Home Health), and work with social service agencies to coordinate home-based services. As population health management issues become more significant, coordination among providers will emerge as a more important definer of how health organizations proved care to their client populations.
2. **Education (General & Health Related)** - Several respondents mentioned the educational level of many patients as an issue in getting compliance with physician instruction, as well as a contributor to unhealthy lifestyles. This issue also emerged as a recurring theme in discussions of health management for various area populations.
3. **Community Clinic** - The existing clinic was mentioned as a good start, but in need of additional services and staff. Development of programs to meet more community needs, as well as to provide care at more community-based levels was stressed by several respondents.
4. **Diabetes (Adult Obesity)** - The two issues were mentioned as co-morbidities. Both adult and child diabetes rates in San Bernardino County exceed state rates, and the disease was mentioned consistently as both a problem in itself and as a precursor to other problems such as heart disease, stroke, and other circulatory maladies. As an indicator of the severity of Diabetes in the Montclair area, the hospitalization rate for diabetes for the City of Montclair is 236.4 per 100,000 population, higher than both the San Bernardino County rate (176.4) and the state (145.2).
5. **Mental Health** - Several respondents mentioned a limited supply of mental health services, as well as a historical lack of payment programs for mental health services.
6. **Health Information** - Lack of information or access to it was noted by several respondents, often with reference to a need for additional education. Specifically, information regarding chronic diseases, data targeted at limited-English-speaking clients, and educational materials regarding insurance options were mentioned as area for development.
7. **Obesity** - As a contributor to diabetes, high blood pressure, cardiac problems and orthopedic issues, this was mentioned by several respondents. Data on obesity for adults was only available for San Bernardino County and California, and while San

Bernardino County's rate was higher than the statewide average (30.4% vs. 22.7% statewide) both were below the HP 2020 target of 30.5%. The figures for students in 5th, 7th, and 9th grades were much less healthy, however, with both county and state percentages ranging from 38.0% (state) to 39.3% (county). The figure for the same group in Montclair was even higher at 43.9%, the third-highest figure among the cities listed.

8. **Diet** - This pertains to both diet choices made by local residents and availability of healthy foods in low-income areas. Some respondents mentioned that they considered portions of Montclair "food deserts" with limited availability of fresh fruits and vegetables, but ready access to fast food purveyors.
9. **Physician Shortages** - Shortages of physicians were mentioned both overall and as an access problem for specialty care for the underinsured. Medical personnel mentioned several instances where patients needing ongoing medications to control chronic conditions were unable to get access to specialists who could prescribe the needed supplies, and additional problems in either getting the prescriptions filled or being able to pay for them.
10. **Heart Disease** - Hospitalizations from heart disease have been decreasing but are still a significant factor. It should be noted that the Community Vital Signs Initiative has adopted heart disease as its primary condition for focused attack.

## **ACKNOWLEDGMENTS**

This CHNA 2013 is the result of the commitment and efforts of many individuals who contributed time, expertise and resource to create a comprehensive and effective community assessment. Special thanks go to the Steering Committee and the Advisory Committee members, the staff at Montclair Hospital Medical Center, Community leaders and organizations that participated in our interviews and members of the community that took the survey and shared their experiences and information for the benefit of this assessment.

## **METHODOLOGY**

### **Primary Data**

This project concentrated its effort in gathering qualitative primary data through a series of contacts with key stakeholders that represent the community they are a part of, including government representatives, mayor, public health representatives, healthcare providers, service providers, realtors and minority group leaders. The tools utilized are summarized below.

### **Survey**

A survey was disseminated to the community via online access through the Hospital's website as well as being distributed by the Advisory Committee members across the Community, in both English and Spanish versions. The survey reached patients and community members of all ages and backgrounds. A total of 38 Surveys were collected. A copy of the surveys that were disseminated are listed in the Appendix at the end of this report.

Primary survey distribution locations included Chamber of Commerce functions, Montclair Medical Clinic, and waiting rooms at Montclair Hospital Medical Center. Respondents were allowed to select the language in which they wished to respond, although the questions were the same in both languages.

All information was collected and analyzed and a summary of results is discussed in the Key Findings Section of this report.

### **Focus Groups/Key Stakeholders Interviews**

Extensive interviews with community leaders that would be able to address and further describe the needs of the community were conducted. A list of individuals and organizations is listed in the Appendix at the end of this report.

A focus group of Spanish-speaking health providers was also conducted. The group consisted of six Members of the Por La Vida "consejera" staff. These women act as health educators, providing educational and advocacy services both at the Montclair Clinic site and in the Spanish-speaking community at large. Focus group questions concentrated on daily health behaviors, perceived quality of care, access to healthcare, social behaviors and health problems concern. The overall findings of this focus group are reported in the Key Findings section of this report.

Several community representatives were interviewed either in person or by telephone, including the mayor pro tem of Montclair, and a local non-profit board member.

Representatives of City and County agencies included the Director and Program Division Chief of the San Bernardino County Department of Health, the San Bernardino County 4th District Supervisor's Health Liaison, and the Director of the Los Angeles County Department of Public Health.

### **Secondary Data**

Available secondary data was used extensively to gather quantitative and qualitative information on the total service area, health and quality of life indicators, currently available services, evidence-based prevalence of diseases and conditions, and established adverse health factors at the community and County level.

Secondary data also served as benchmarking tools to address needs priority, processes and outcomes. Including Healthy People 2020. Healthy People provides science-based, 10-year national objectives for improving the health of all Americans and has established nationally recognized benchmarks and progress monitoring. Healthy People 2020 is the result of a multiyear process that reflects input from a diverse group of individuals and organizations.

Further benchmarking information was acquired from a variety of resources, including Nielsen Claritas, Community Commons, Healthy City, County Health Rankings & Roadmaps and Health Indicators Warehouse. Links to all these resources can be found in the Resources at the end of this report.

The County of San Bernardino's Departments of Public and Behavioral Health have embarked on a three-year program called the Community Vital Signs Initiative, designed to develop county-wide information, analyzable in small local areas, which will allow healthcare providers of all sorts to create programs designed to improve the health status of area residents. The first meeting of this group was held in September, resulting in a Community Vital Signs report that informs much of the secondary data used in this report.



- Definition of the Primary and Secondary Service Areas
- Assessment of demographic and economic trends in the Total Service Area
- Assessment of the competitive environment (other healthcare facilities, service providers)
- Performing a Competitive Market Analysis of other healthcare entities that represent at least 5% market share of MHMC's Service Area, as well as identifying potential partnerships with entities and community services to collaborate in addressing needs and deliver quality care

Montclair Hospital Medical Center's Total Service Area (TSA) is based on 2011 patient origin discharge data by zip code from the Hospital's internal data, latest OSHPD available discharge data, as well as geographic, competitive, and strategic factors important to the Hospital.

Montclair's location at the western edge of San Bernardino County presents problems in aggregating the entire service area for analysis, since different county agencies represent the eastern and western portions of the total service area.

The majority of the hospital's service area is located in San Bernardino County. San Bernardino County does not analyze data by specific planning areas, but does provide various data items by city. Since MHMC's service area spreads over several cities, this methodology is difficult to process for the defined Total Service Area. For purposes of the analysis, the primary comparison area will be the entire County of San Bernardino, with data for the City of Montclair highlighted where it diverges significantly from the County data.

In addition to the San Bernardino County data, data available from Los Angeles County's Service Planning Area 3 (SPA3) was researched. Due to the large size of LA County (4,300 square miles), Los Angeles County has been divided into 8 geographic areas. These distinct regions allow the Department of Public Health to develop and provide more relevant public health and clinical services targeted to the specific health needs of the residents in these different areas. Service Planning Area 3, or SPA 3, serves the communities of Alhambra, Altadena, Arcadia, Azusa, Baldwin Park, Claremont, Covina, Diamond Bar, Duarte, El Monte, Glendora, Irwindale, Monrovia, Monterey Park, Pasadena, Pomona, San Dimas, San Gabriel, San Marino, Temple City, Walnut, West Covina, and others. Pomona (including Phillips Ranch) and Claremont are part of MHMC's Total Service Area.



Source: County of Los Angeles Public Health

SPA 3 is the third largest planning area in the County of Los Angeles and though the Hospital resides in Bernardino County, its

proximity and accessibility to services in the San Gabriel Valley, it was important, to include and expand the notion of community across county lines, as needed.

## COMMUNITY PROFILE

### Demographics

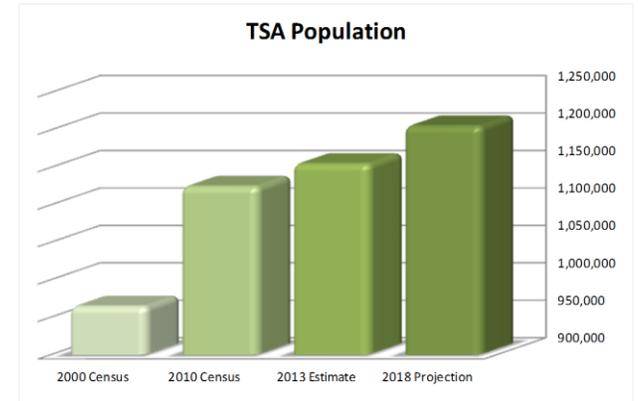
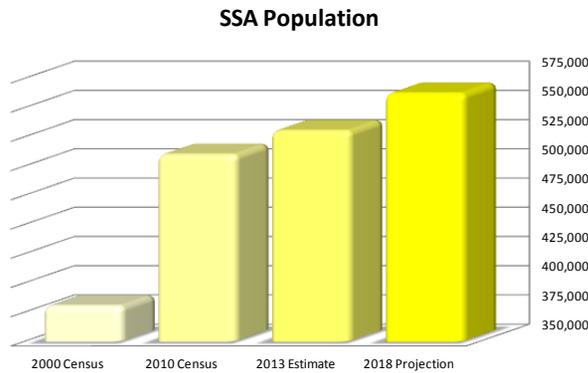
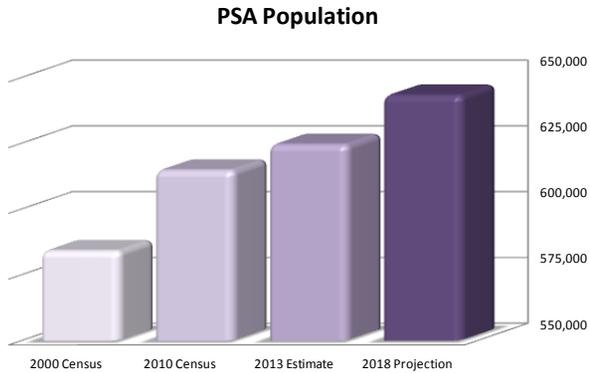
#### Population Summary

Montclair Hospital Medical Center service area covers a population of approximately 1.1 million in 2013. The overall population growth of the total service area (TSA) is projected to increase by 4.4% by 2018. This is slightly less than overall growth in the County of San Bernardino which is projected to increase approximately 5% by 2018. Compared to the State of California and the Nation, the TSA growth is also trending slightly faster with respective 4.3% and 3.3% rates in California and the U.S. as shown in Table 6-A below. It should be noted that the fastest growth area in the TSA is the Secondary Service Area (SSA), due to the fact that this area has the most developable land.

Detailed breakdown of each population segment and projected growth is shown below.

	2000 Census	2010 Census	2013 Estimate	2018 Projection	Growth 2000 - 2010	Growth 2013 - 2018
PSA Population	583,980	614,625	624,392	643,113	5.25%	3.00%
SSA Population	380,230	509,671	530,072	561,989	34.04%	6.02%
TSA Population	964,210	1,124,296	1,154,464	1,205,102	16.60%	4.39%
San Bernardino County	1,709,144	2,035,210	2,100,782	2,208,686	19.08%	5.14%
California	33,871,636	37,253,956	38,199,831	39,836,763	9.99%	4.29%
United States	281,421,942	308,745,538	314,861,807	325,322,277	9.71%	3.32%

Source: Nielsen Claritas, 2013



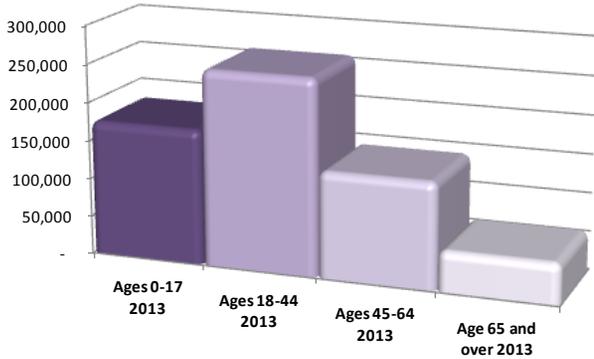
### Population by Age

The tables on the next page summarize the Total Service Area current and projected population by age. The pattern shown in both PSA and SSA is similar to the compared County, State and Nation. Age cohort with the least growth in the TSA is represented by age group 0-17. Between 2013 and 2018 no growth of any relevance is expected (0.45%) and this represents even less growth than expected at County, State and USA level. Similarly, age cohort 18-44 is projected to increase at an overall rate of 1.39% between 2013 and 2018. This is less compared to Bernardino County which is projected to increase by over 3%, but in line with California and the Nation as a whole.

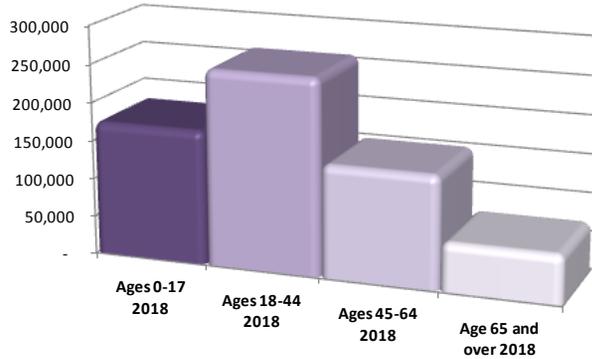
These two cohorts make up almost 70% of the TSA population and therefore, it is important to notice. The female/male breakout of this age cohort is also relevant as it affects birth rate and it will be discussed in a later section of the report in details.

The most significant growing age group in the TSA is cohort 45-64. It represents approximately 23% of the population examined and it is expected to grow from 265,635 in 2013 to 285,977 in 2018, that is a change of 7.6%, a higher rate of change than the County (5.12%), California (5.09%) and USA (1.47%). This upward trend is important to notice as the health needs associated tend to increase at this age bracket and requires a variety of services to be able to address new health needs. Our Key findings section later in the report will address some of these age related issues.

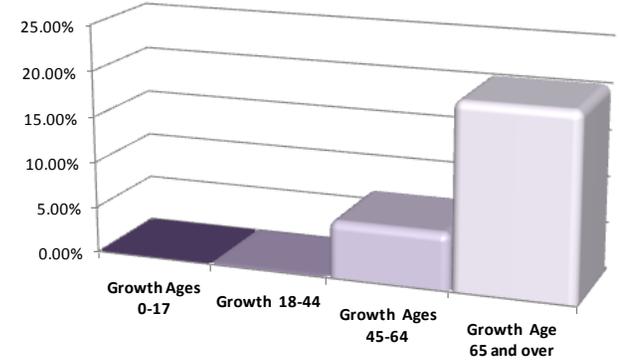
**PSA Population 2013**



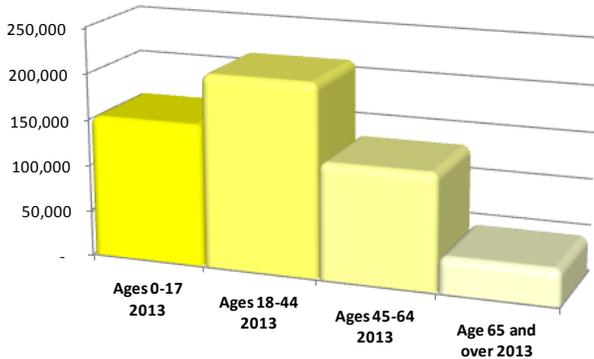
**PSA Population 2018**



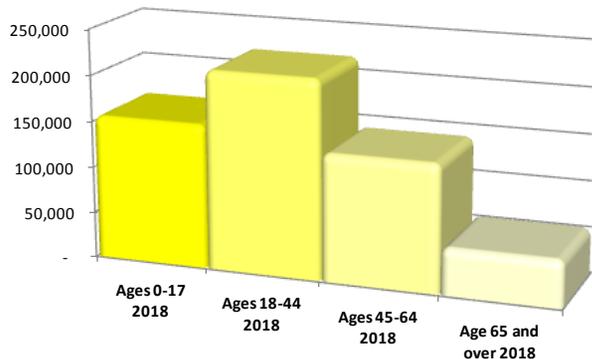
**PSA Population Growth**



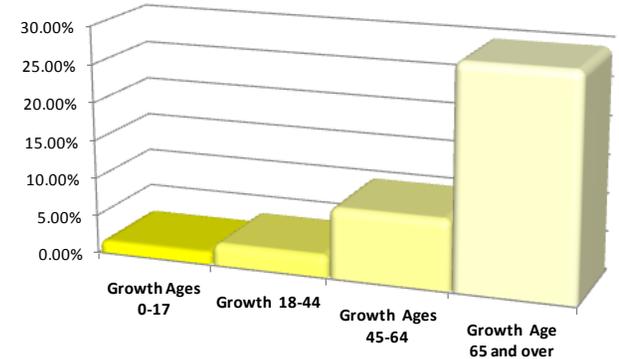
**SSA Population 2013**



**SSA Population 2018**



**SSA Population Growth**



Finally, the fastest growth is seen in ages of 65 and over. This is expected as we experience an aging population across the Nation. In the defined TSA, this cohort is expected to increase from 93,612 in 2013 to 115,958 in 2018, representing a growth of approximately 24%. In the Secondary Service Area which includes territories such as Cucamonga, Fontana, Rialto, Alta Loma, Chino Hills, Mira Loma and Bloomington, the growth is even greater, reaching 29%. This is substantially higher than the projected rate for the same age group in Bernardino County (21.65%), the State (17.44%) and the Nation (16.27%).

Though this age cohort represents only an average of 8.8% of the total population, the large increase of the older population is important to note as this segment of the population has health requirements unique to it, including ongoing medical conditions management as well as long term care needs.

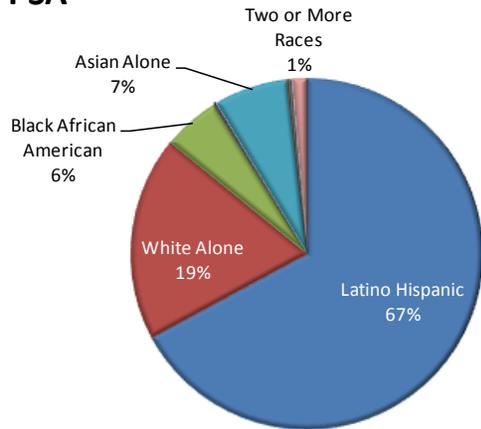
**Population by Race/Ethnicity**

Approximately 67% of the populations residing in the Primary Service Area (PSA) are Latino/Hispanic. In the Secondary Service Area

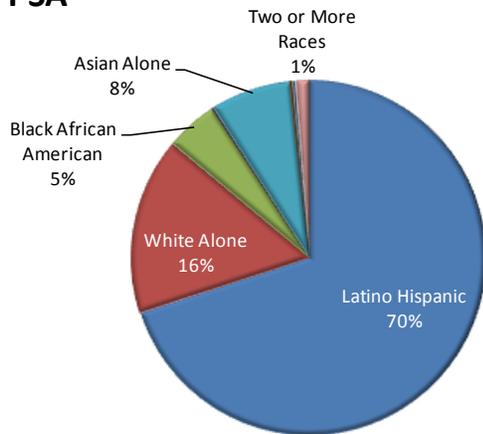
(SSA), the Latino/Hispanic community amounts to approximately 53% of the total population. This segment of the population is forecasted to remain the largest and is expected to grow moderately through 2018 for the Total Service Area.

All other races amounting to less than 10% for each segment are projected to remain at its current levels. Whites represent 19% in the PSA and 23% in the SSA in 2013 and are projected to decline through 2018, accounting for 16% in the PSA and 19% in the SSA.

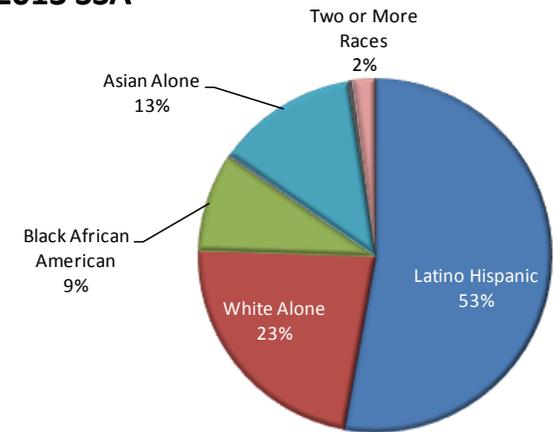
**2013 PSA**



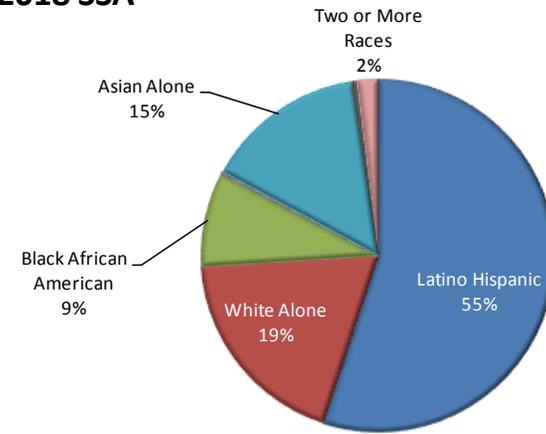
**2018 PSA**



**2013 SSA**



**2018 SSA**



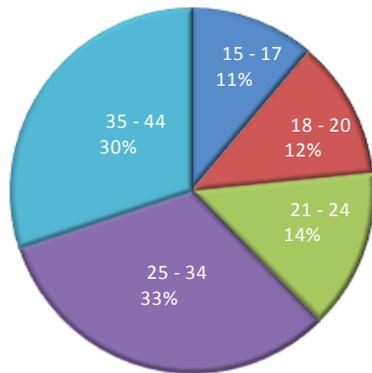
The only other race that represents more than 10% of the community is the Asian segment in the SSA, which is projected to slightly increase by 2018 to 15% from an estimated 13% in 2013. This group is growing rapidly in areas surrounding MHMC's market areas, and it is expected to be increasingly represented among

MHMC's clientele. The category includes numerous language and ethnic groups, and will pose a challenge to staff in meeting the multiple needs of the various subgroups.

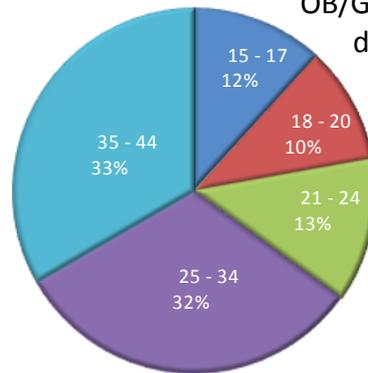
**Female Population**

This indicator reports the female population by segment of the service area, County, State and USA that is considered to be of childbearing age. The value for 2013 is estimated to be comparable in the TSA, San Bernardino County and California State, with child bearing age population of approximately 43% on average. The value is not expected to fluctuate greatly in the next five years and values show a slight decline projected for 2018 of an average of 3% with the highest downward trend noted in the Primary Service Area of the Hospital.

**2013 PSA**

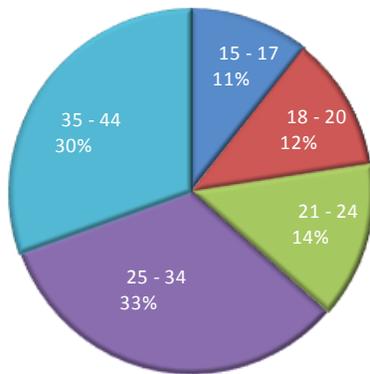


**2013 SSA**

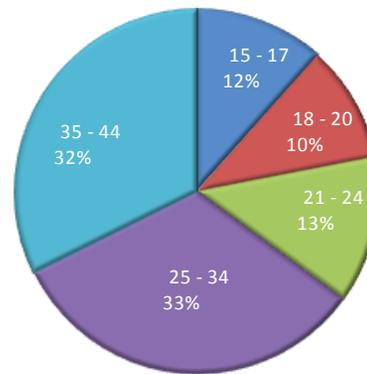


This change should be monitored in the near future, since demand for OB/GYN services is directly related to this population, and future demand for pediatric services can also be affected by the birthrate in this population component.

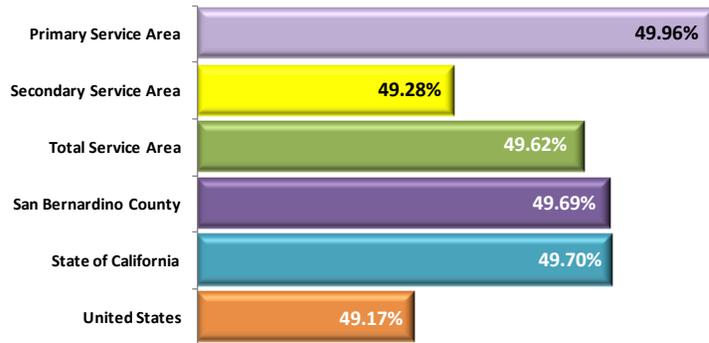
**2018 PSA**



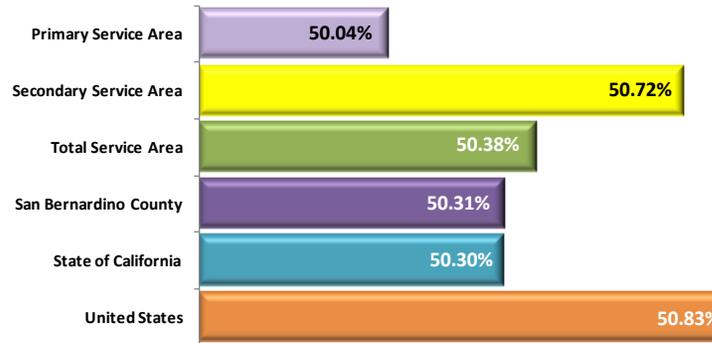
**2018 SSA**



### Male Population



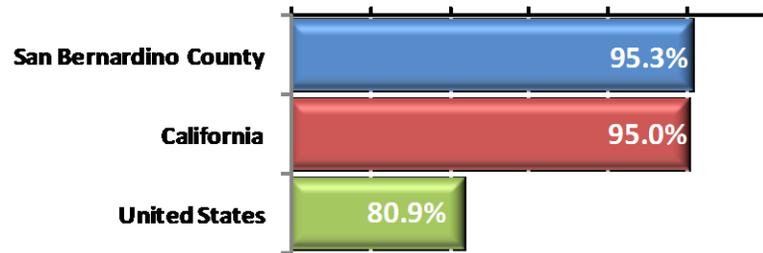
### Female Population



### Male/Female Ratio



### Urban Population 2010

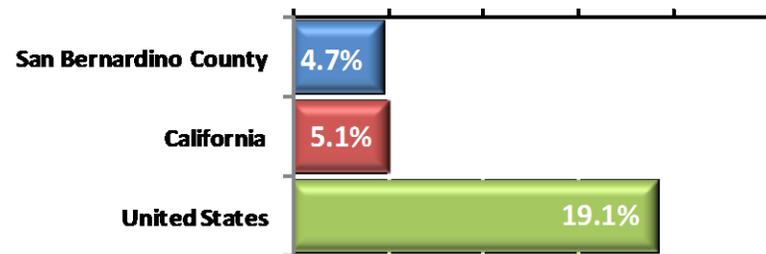


Source: Community Commons

Urban areas are identified using population density, count and size thresholds. Urban areas also include territory with a high degree of development.

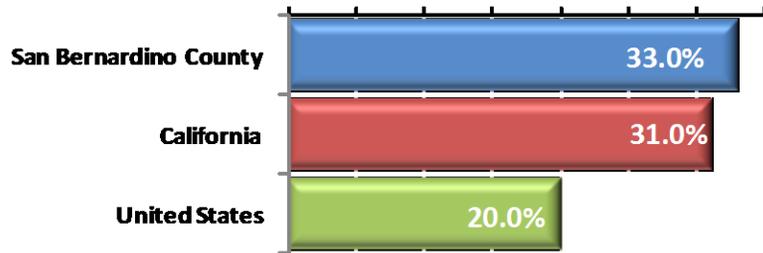
Rural areas are all areas that are not urban.

### Rural Population 2010



Source: Community Commons

### Children In Single-Parent Households 2009

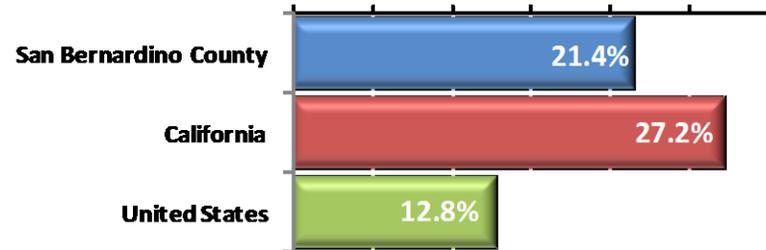


Source: Health Indicators Warehouse

This indicator reports the percentage of the population that is foreign-born. The foreign-born population includes anyone who was not a U.S. citizen or a U.S. national at birth. This includes any non-citizens, as well as persons born outside of the U.S. who have become naturalized citizens. The native U.S. population includes any person born in the United States, Puerto Rico, a U.S. Island Area (such as Guam), or abroad of American (U.S. citizen) parent or parents. The latest figures from the U.S. Census Bureau show that 433,873 persons in the report area are of foreign birth, which represents 21.44% of the report area population. This percentage is greater than the national rate of 12.81%.

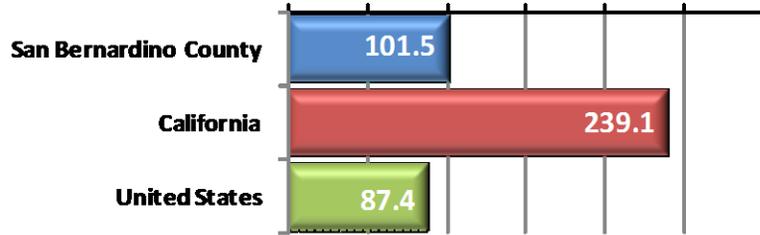
The percent of households that are single-parent households.

### Foreign-Born 2007-2011



Source: Community Commons

### Population density per square mile 2013



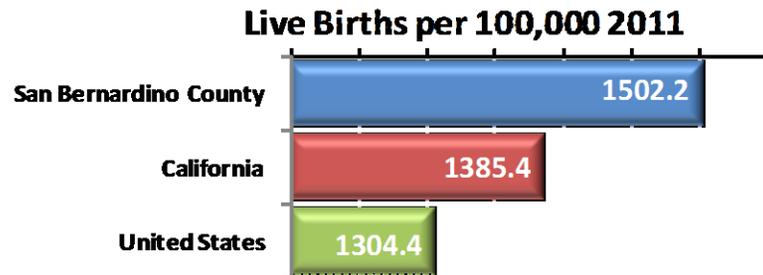
Source: US Census Bureau

The population divided by the number of square miles.

## Birth Indicators

### Births

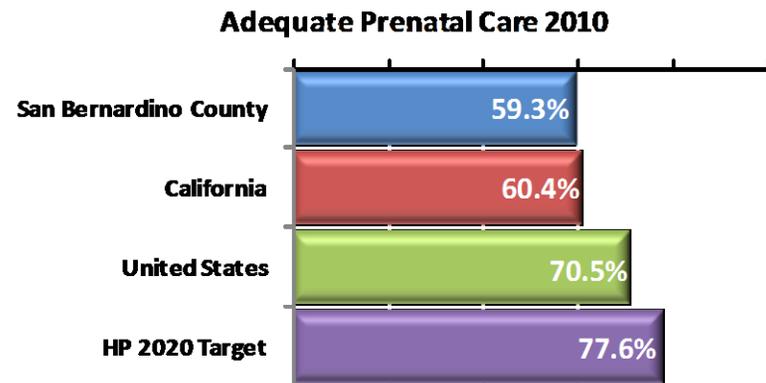
Births in San Bernardino County are declining with reported live births falling from 35,193 in 2007 to 30,573 in 2011, a change of -13.1% countywide. Among County Cities, Montclair's birthrate per 1,000 population was near the middle of the rates reported, at 70.4 live births/1,000.



Source: Health Indicators Warehouse

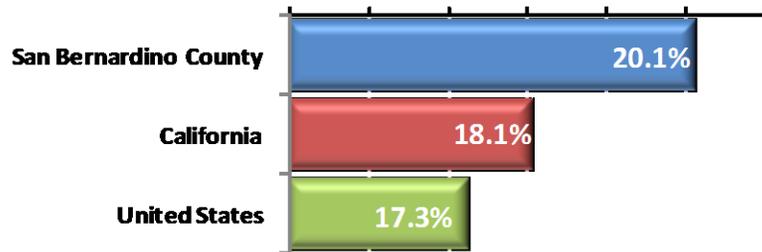
Number of live births. In 2009 there were a total of 32,006 live births in San Bernardino County.

Pregnant women receiving early and adequate prenatal care.



Source: Healthy People 2020

### Mothers with Late or No Prenatal Care 2010

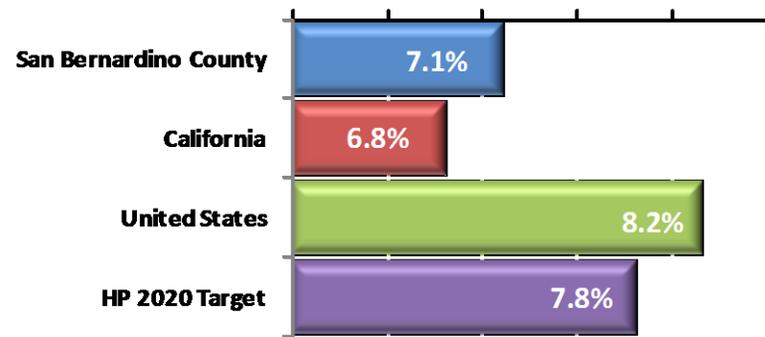


Source: Health Indicators Warehouse

Pregnant women receiving no or late Prenatal care. This can be a factor due to a lack of health care, health education or both.

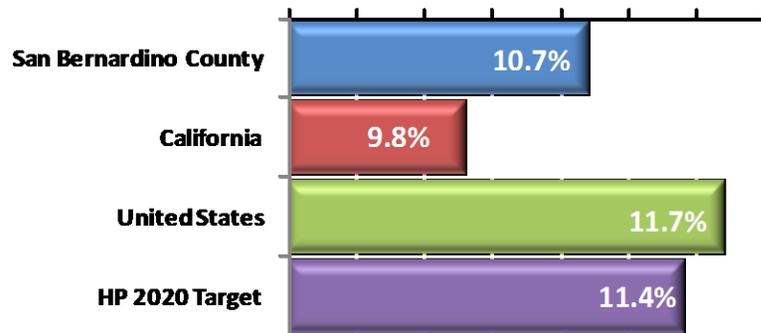
The percentage of total births that are low birth weight (under 2500g). This is relevant because low birth weight infants are at high risk for health problems. This can also highlight the existence of health disparities.

### Low Birthweight 2010



Source: Healthy People 2020

### Preterm Births 2010



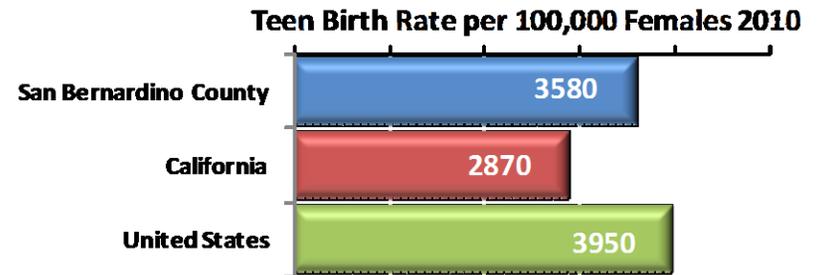
Source: Healthy People 2020

Pre-term births in San Bernardino County occurred at a slightly higher rate than the statewide average (11.7% vs. 10.7%), but the percentage of low birth weight births was just 7%, lower than the Healthy People 2020 target of 8%.

### Teen Births

Teen Births in San Bernardino County have historically trended several percentage points higher than the state as a percentage of total births. The teen birth rate for San Bernardino County ranged from 12.6% in 2007 to 10.1% in 2011, higher than the 9.4% to 7.7% rate statewide. The rate differential has been closing between 2007 and 2011, going from 3.2% to 2.4% over that period.

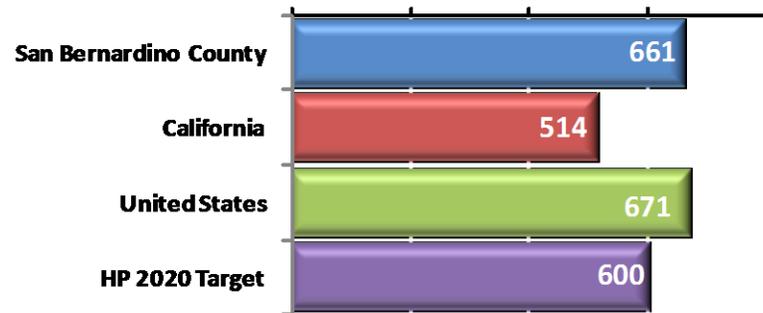
The teen birth rate in Montclair was 21.4 per 1,000, near the median rate for the County as a whole.



Source: Healthy People 2020

## Infant Mortality

### Infant Deaths per 100,000 Live Births 2010

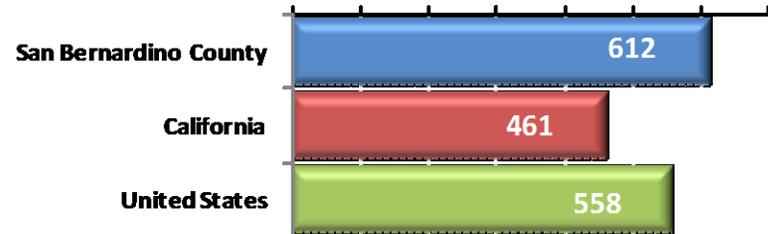


Source: Healthy People 2020

Infant deaths among the African-Americans is considerably higher than other groups. This can be due to low poverty levels, lack of health care or lack of health education.

Limited data on infant mortality was available, but the 2010 rate for San Bernardino County was reported to be 661 per 100,000, 21% higher than the California rate of 514.

### Infant Deaths per 100,000 White Live Births 2010



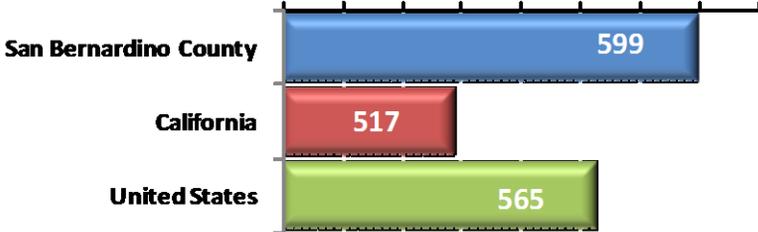
Source: Healthy People 2020

**Infant Deaths per 100,000 Black Live Births 2010**



Source: Healthy People 2020

**Infant Deaths per 100,000 Hispanic Live Births 2010**



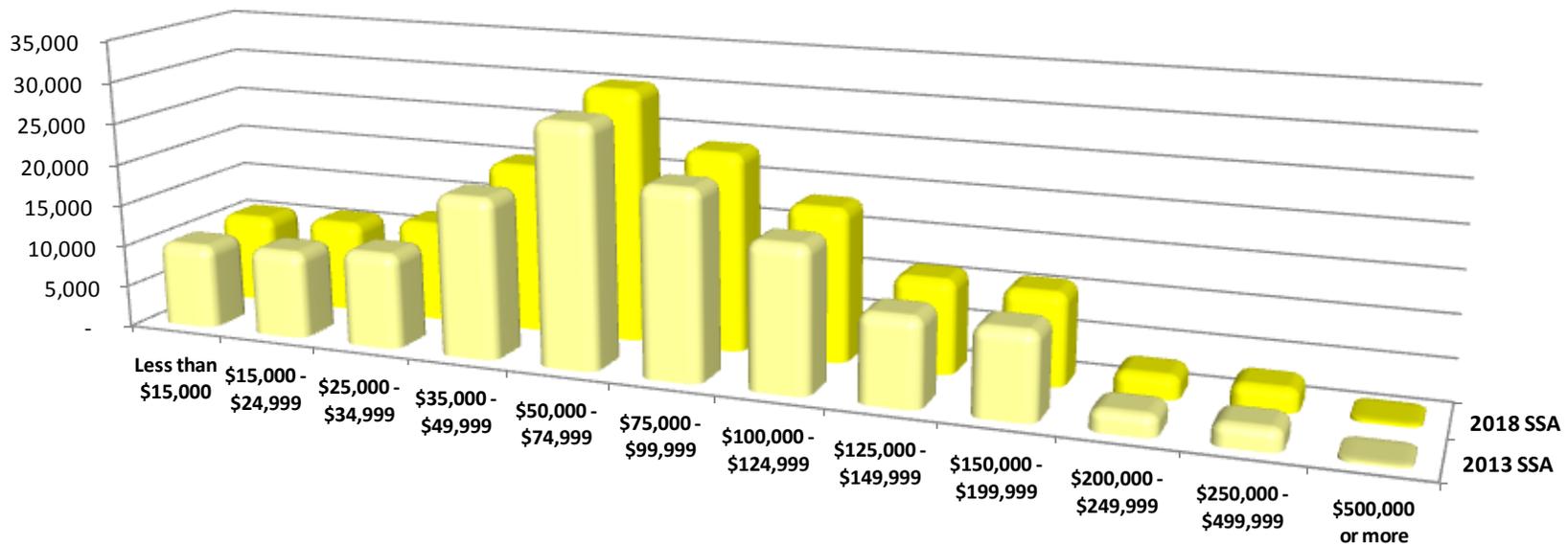
Source: Healthy People 2020

## Household Income

Household income serves as a proxy for insurance coverage, since households with higher income levels are more likely to be employed by companies offering health insurance, and even those who do not get their coverage through employment are more capable of paying for insurance on their own. It is also important in determining eligibility for various subsidized health insurance programs, since most of these programs are based on household income.



Source: Nielsen Claritas 2013

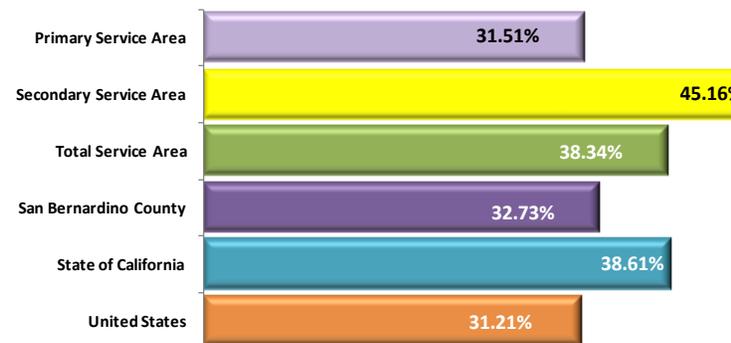


Source: Nielsen Claritas 2013

### Median Household Income



### Income Over \$75,000



## Housing

Housing affordability In San Bernardino County, as in most areas of California, is below national Housing and Urban Development (HUD) standards. The HUD affordability definition assumes that households spending more than 30% of their total income on housing may have trouble meeting other daily needs.

In 2011, 48% of all households in San Bernardino County spent more than 30% of their household income on housing costs. Although housing prices have fallen substantially from 2007 to 2011, the percentage of households paying more than 30% of their income for housing remained almost static, going from 47.4% in 2007 to 48.0% in 2011. The City of Montclair closely mirrors this level, with 49.0% of local households reported to exceed 30% of income on housing costs.

A second affordability index has been developed by the Center for Neighborhood Technology that includes both housing costs and cost of transportation, (the H+T Index). The H+T Index doesn't specify a threshold amount for the two items, but does allow for comparison with county averages. As reported for 2009, the H+T index for the county as a whole as 58.0%, while the same index for Montclair was 53.2%.

The cost of housing has a direct effect on other areas of consumption, including health care, since expenses for housing and/or transportation are funds not available to pay for healthcare services. Another less conspicuous impact of housing costs has been the recent crash in housing prices, and subsequent recovery. The crash wiped out many households' primary source of wealth as their home equity positions declined or disappeared, and the accompanying recession in the home-building industry killed many of the jobs that area households depended on for their primary incomes. These effects are not directly measured by the affordability indexes, but are significant contributors to households' ability to access healthcare.

### Median Home Prices 2013



Source: Dataquick

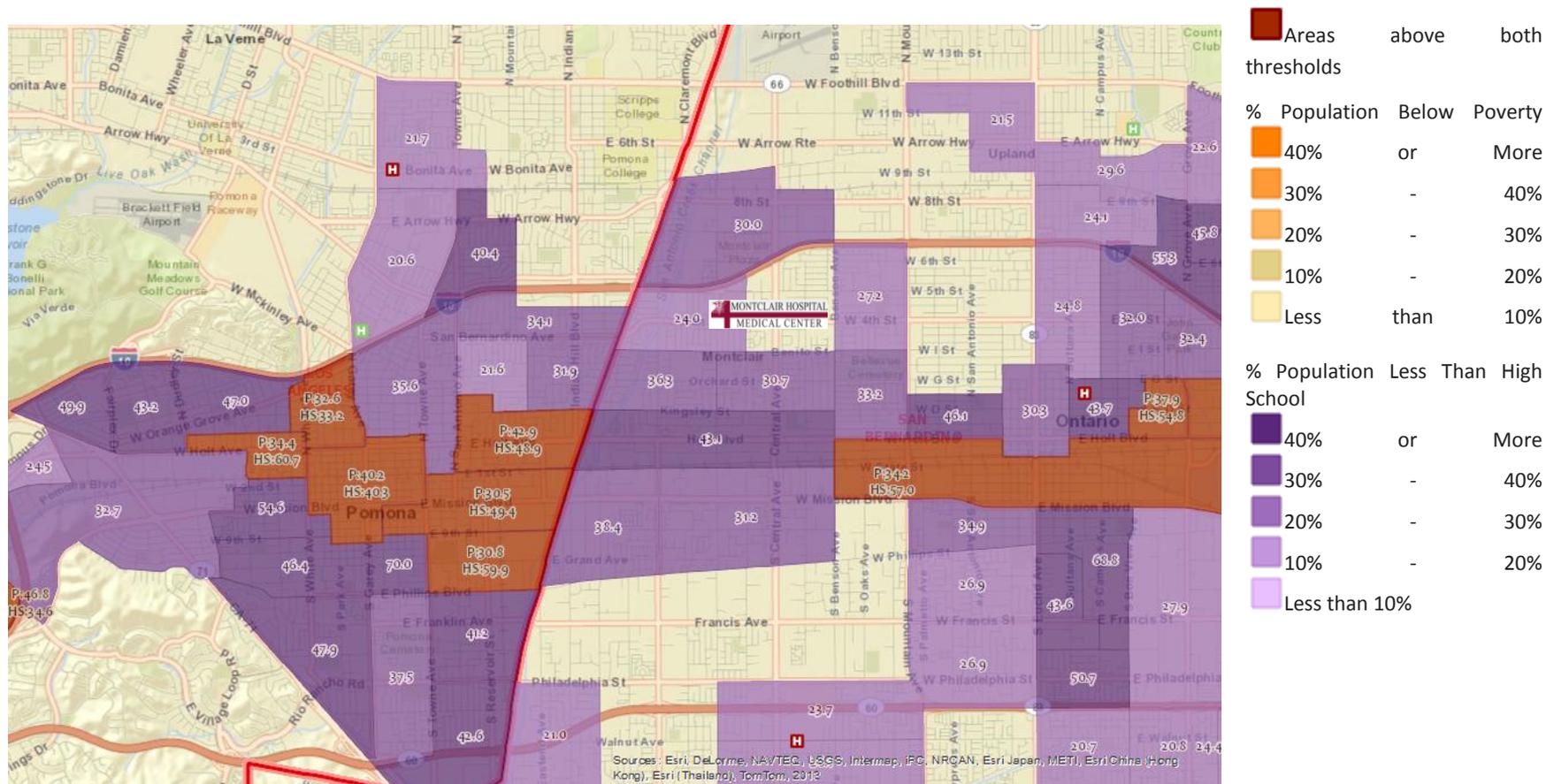
In the City of Montclair, the median home sale price was reported to be \$280,500 in October 2013. This is significantly below the California median, but higher than San Bernardino County overall, and above median prices nationwide.

### Unemployment rates in the Total Service Area

LOCATION	Date	Percent Rate
<b>TSA</b>		
Montclair	Apr 2013	9.2%
Chino	Apr 2013	8.5%
Ontario	Apr 2013	10.2%
Pomona	Apr 2013	10.3%
Phillips Ranch	na	
Upland	Apr 2013	6.5%
Ontario	Apr 2013	10.2%
Fontana	Apr 2013	10.0%
Claremont	Apr 2013	4.8%
Cucamonga	Apr 2013	6.2%
Rialto	Apr 2013	12.4%
Chino Hills	Apr 2013	4.8%
Alta Loma	na	
Corona	Apr 2013	7.0%
Mira Loma	na	
Bloomington	Apr 2013	5.5%
San Bernardino County	Apr 2013	13.0%
California	Apr 2013	9.0%
USA	Apr 2013	7.5%

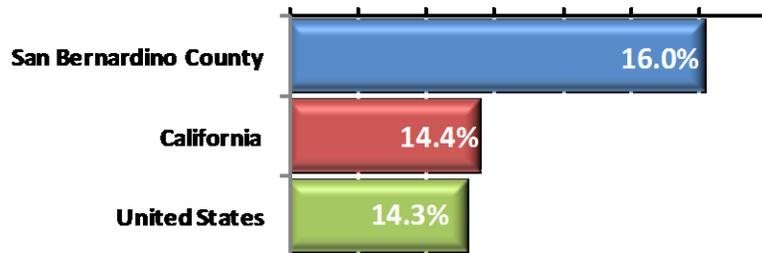
Source: U.S. Bureau of Labor Statistics

## Poverty Levels in the Total Service Area



Education and poverty have been identified as the two factors that can have the most influence when it comes to improving health. The map shows MHMC service area in relation to these two markers. It shows there are no areas where the federal poverty line is above 300% and the level of education without high school diplomas is above 40%.

### Population Living Below the Poverty Line 2007-2011

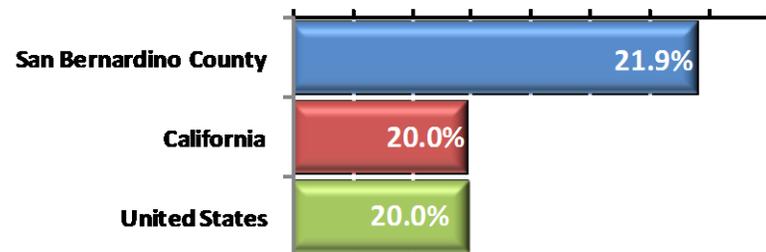


Source: Community Commons

Within San Bernardino County 16.03% or 317,059 individuals are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

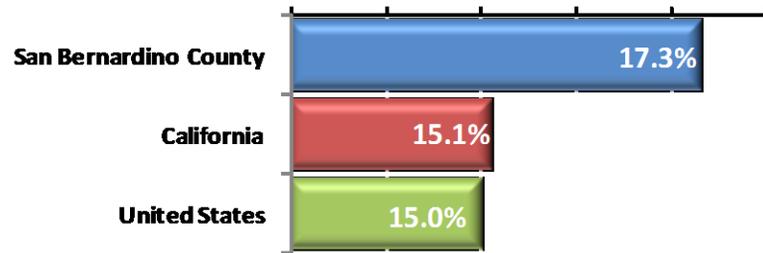
The percentage of children under age 18 living in households with income below the Federal Poverty Level. Data represent estimates for the 5 year period 2007-2011.

### Children Living In Poverty 2007-2011



Source: Community Commons

### Adults Living In Poverty 2011

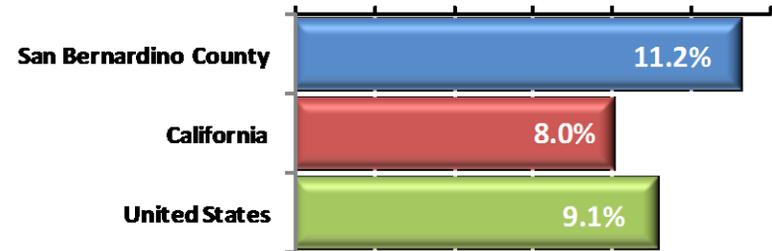


Source: Health Indicator Warehouse

The percentage of adults aged 18 to 64 living in households with income below the Federal Poverty Level.

The percentage of seniors over age 65 living in households with income below the Federal Poverty Level.

### Seniors Living In Poverty 2011



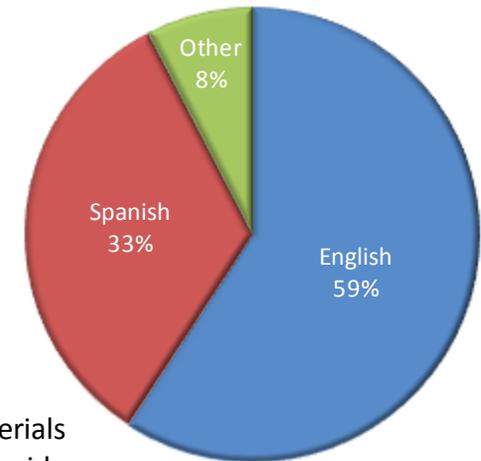
Source: Health Indicator Warehouse

## Language

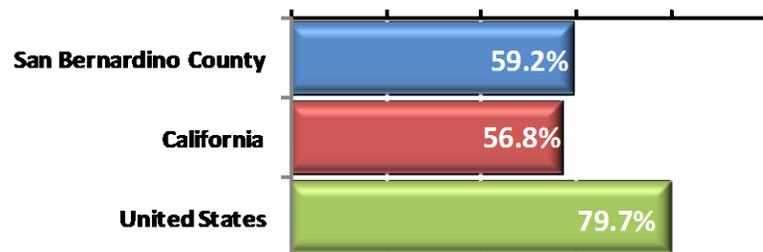
As is common in many older suburbs in the Los Angeles basin, many households are composed of native Spanish speakers. The fact that only two languages make up over 90% of the total population is actually a positive factor, since bilingual staff (Spanish/English) can address the needs of the vast majority of clients at the hospital. Many areas in the Los Angeles basin are much more polyglot, and require more language capabilities. MHMC needs to have capability either on site or via phone to deal with the 8% of the population that speaks other languages.

Language spoken at home is a representation of the ethnic diversity of a community. Inability to speak, write or read in English creates communication barriers.

Despite of health information being available in multiple languages through various sources, the inability to read any language increases the probability of not being able to understand the materials being presented. During the primary data collection process, many of the health care providers expressed that the literacy levels and language barriers are a major issue in delivering culturally appropriate services both in the hospital and clinic settings. Many of the health care professionals shared that even providing materials in written format sometimes does not help their clients to follow the prescribed medical regimen.



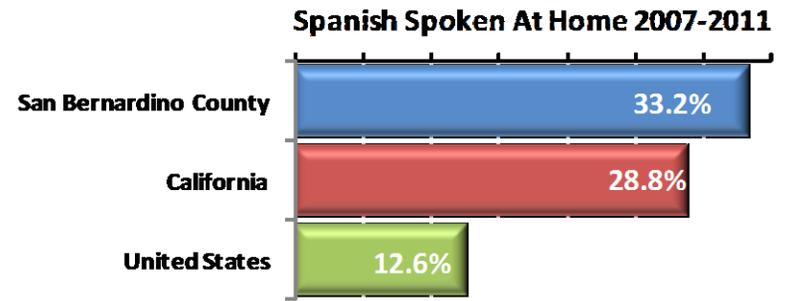
**English Spoken At Home 2007-2011**



Percentage of households where English is spoken at home. Data represent estimates for the 5 year period 2007-2011.

Source: Community Commons

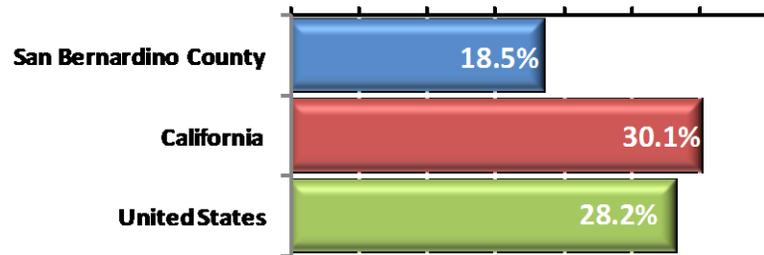
Percentage of households where Spanish is spoken at home.  
Data represent estimates for the 5 year period 2007-2011.



Source: Community Commons

## Education

### Adults with College Degree 2009-2011

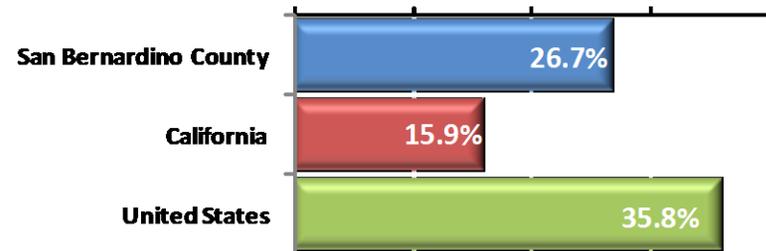


Source: Health Indicators Warehouse

Percent of population age 25+ with 4-year college degree or higher.

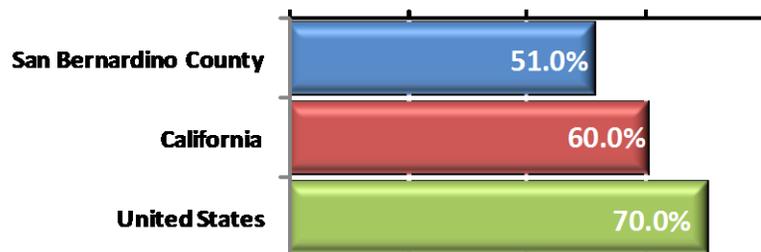
Percent of the population aged 25 and older who have obtained an Associate's level degree or higher in the 2008-2009 school year.

### Associate's Level Degree or Higher 2008-2009



Source: Community Commons

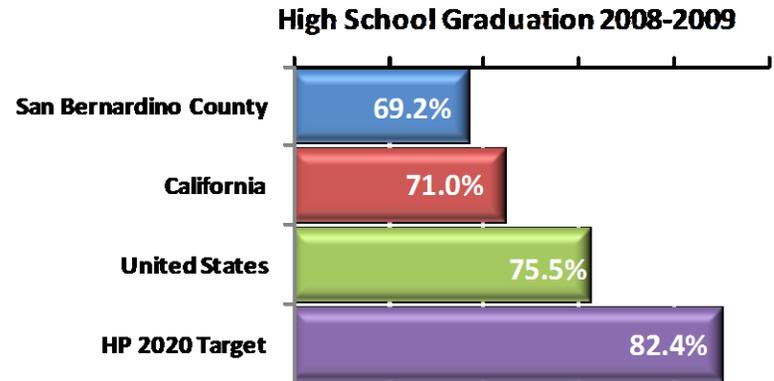
### Some College 2008-2009



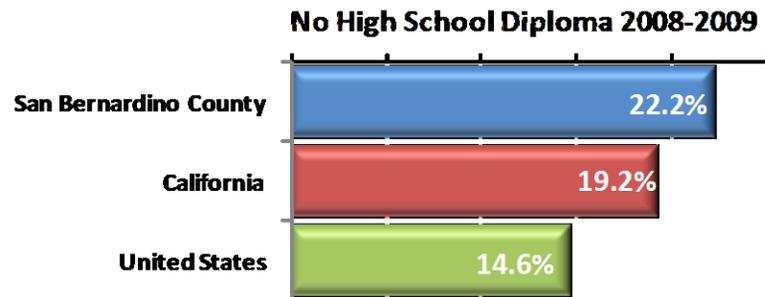
Source: Community Commons

Percent of the population aged 25 and older who have attended college but has not obtained any degree.

Within San Bernardino County 69.2% of students are receiving their high school diploma within four years. This is less than the Healthy People 2020 target of 82.4%. This indicator is relevant because research suggests education is one the strongest predictors of health.



Source: Community Commons

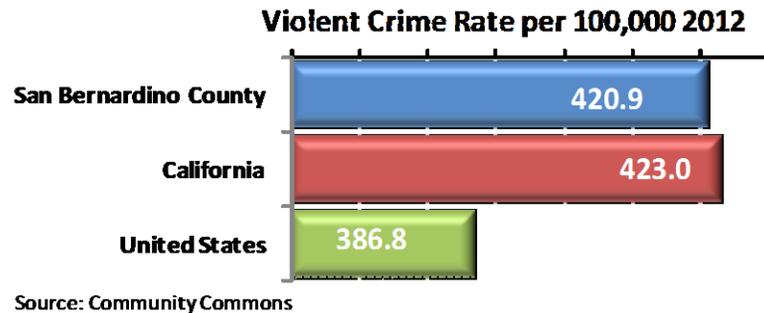


Source: Community Commons

Percent of the population aged 25 and older without a high school diploma (or equivalency) or higher. The percentage of San Bernardino County is significantly lower than State or National levels.

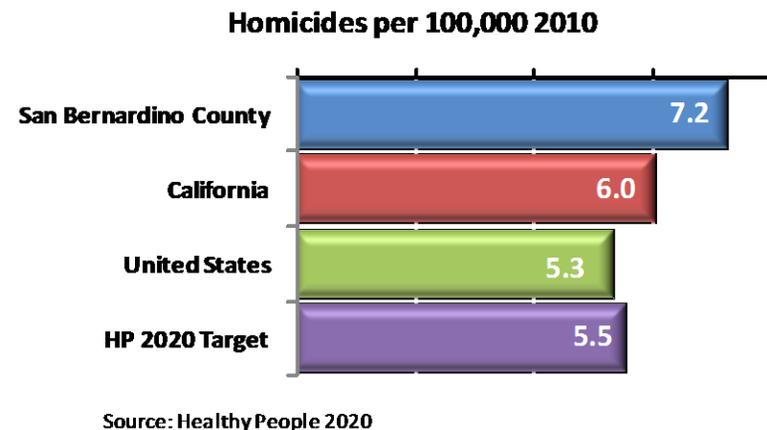
## Crime

The violent crime rate reported for San Bernardino County is very close to the statewide average, although that average is substantially above the rate nationwide. The most visible outcome of this crime rate in hospital usage is the prevalence of trauma related to criminal activity (gunshot wounds, trauma as a result of fights, etc.) in relation to other trauma conditions such as auto accidents and falls.



The rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.

The number of reported homicides per 100,000 residents.

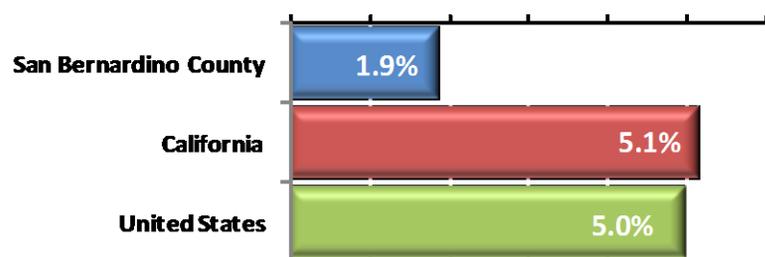


## Social Behaviors

### Environment

Environmental conditions in the county are wildly variable, and in some areas, the conditions are much better than state or national rates. Examples of better conditions include fewer high-particulate matter days and lower tonnages of toxic chemicals released. Conversely, several other factors exceed state and national rates. These include lower use of public transportation, and availability of parks, as well as excessive ozone and fine-particulate days.

**Use of Public Transportation 2007-2011**

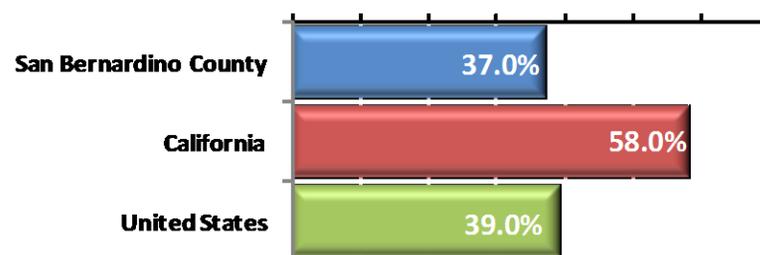


Source: Community Commons

The percentage of population using public transportation as their primary means of commute to work. Public transportation includes buses, streetcars, subway and ferryboats. Data represent estimates for the 5 year period 2007-2011.

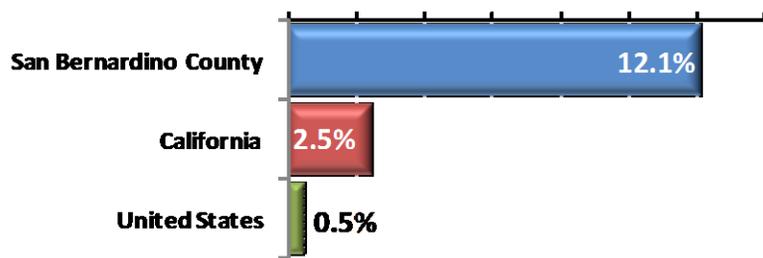
The percentage of population living within 1/2 mile of a park. This indicator is relevant because access to outdoor recreation encourages physical activity and other healthy behaviors. Data represent estimates for the 5 year period 2007-2011.

**Population Within 1/2 Mile of a Park 2007-2011**



Source: Community Commons

### Ozone (Days Exceeding Standards) 2007-2011



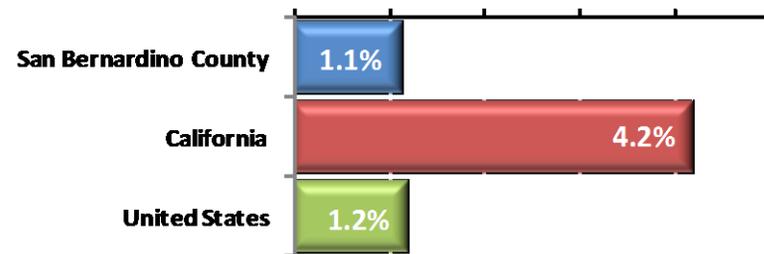
Source: Community Commons

The percentage of days with particulate matter 2.5 levels above the National Ambient Air Quality Standard (35 micrograms per cubic meter) per year, calculated using data collected by monitoring stations and modeled to include counties where no monitoring stations occur.

Within San Bernardino County, 43.85, or 12.08% of days exceeded the emission standard of 75 parts per billion (ppb) between 2007 and 2011.

This indicator reports the percentage of days per year with Ozone (O<sub>3</sub>) levels above the National Ambient Air Quality Standard of 75 parts per billion (ppb). Figures are calculated using data collected by monitoring stations and modeled to include census tracts where no monitoring stations exist. This indicator is relevant because poor air quality contributes to respiratory issues and overall poor health.

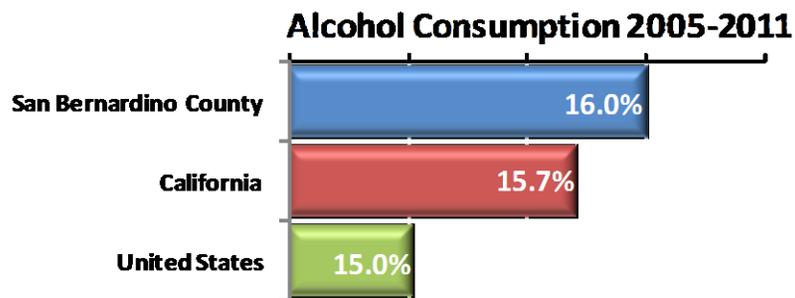
### Particulate Matter 2.5 (Days Exceeding Standards) 2007-2011



Source: Community Commons

### Alcohol

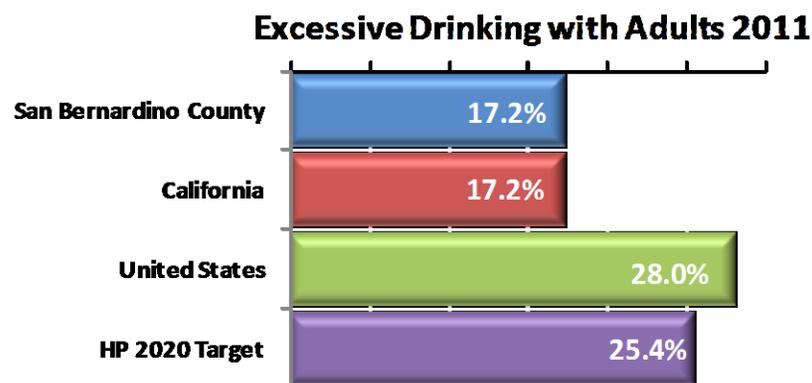
Alcohol use in San Bernardino County is reported to be greater than in either California or the US, although excessive drinking rates are below both national norms and the MP 2020 target. Binge drinking rates exceed HP 2020 targets for almost all ethnic groups.



Source: Community Commons

The percentage of adults aged 18 and older who self-report heavy alcohol consumption (defined as more than two drinks per day for men and one drink per day for women). This indicator is relevant because this type of behavior maybe a cause of significant health issues, such as cirrhosis, cancers and untreated mental and behavioral health needs. Data represent estimates for the 7 year period 2005-2011.

The percentage of adults aged 18 and older who self-report excessive alcohol consumption (defined as more than four drinks per day for men and three drinks per day for women).

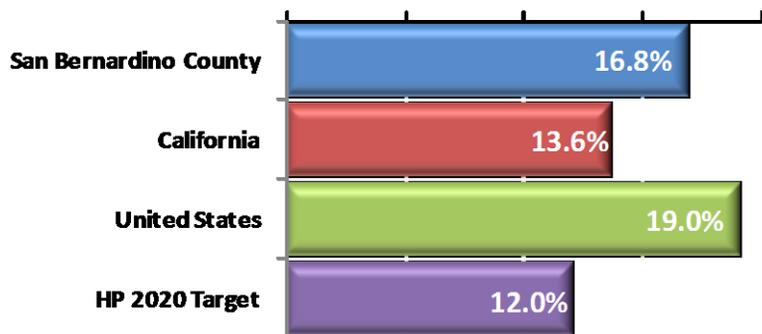


Source: Healthy People 2020

### Smoking

Smoking frequency in the county exceeds California’s overall rate, although it is below the rate for the US as a whole. All rates exceed HP 2020 goals however.

#### Smoking by Adults 2005-2011

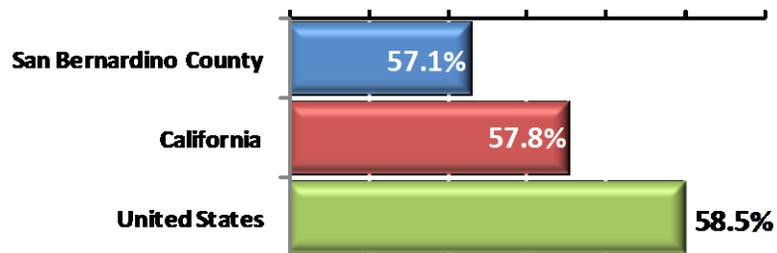


Source: Community Commons & Healthy People 2020

In San Bernardino County an estimated 235,978, or 16.80% of adults age 18 or older self-report currently smoking cigarettes some days or every day. This indicator is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease. Data represent estimates for the 7 year period 2005-2011.

An estimated 57.14%, or 802,564 adult smokers in San Bernardino County attempted to quit smoking for at least 1 day in the past year.

#### Smokers With Quit Attempt In Past 12 Months 2006-2010



Source: Community Commons

## Nutrition

Nutrition indicators show a wide range, with fruit and vegetable consumption in San Bernardino County above the statewide average but below that for the US. The availability of grocery stores, especially those providing WIC and SNAP services, trails US averages, although the county does provide greater access to SNAP-authorized stores than the statewide average.

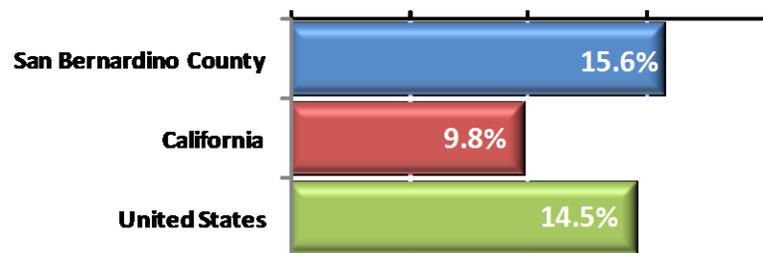
In terms of access to healthy food via SNAP programs, the county exceeds both the state and nation, but has overall low food access, particularly in the low-income segment, and has limited access to healthy food compared to these areas.

The Supplemental Nutrition Assistance Program (SNAP) offers nutrition assistance to millions of eligible, low-income individuals and families and provides economic benefits to communities. SNAP is the largest program in the domestic hunger safety net. The Food and Nutrition Service works with State agencies, nutrition educators, and neighborhood and faith-based organizations to ensure that those eligible for nutrition assistance can make informed decisions about applying for the program and can access benefits. FNS also works with State partners and the retail community to improve program administration and ensure program integrity.

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides Federal grants to States for supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk.

Bright spots include a fewer liquor stores per 100,000 population than the national average (although higher than the California average), and fewer fast food restaurants per 100,000.

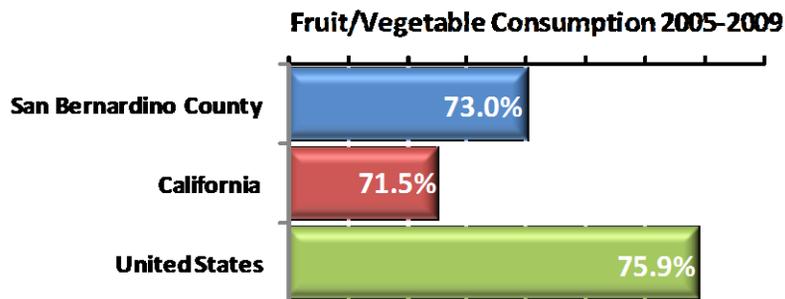
**Population Receiving SNAP Benefits 2009-2010**



Source: Community Commons

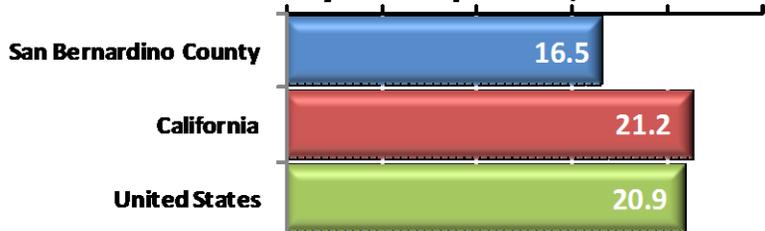
The average percentage of the population receiving (SNAP) benefits between the months of July 2009 and July 2010. This indicator is relevant because it assesses vulnerable population and when combined with poverty data, this measure can be used to identify gaps in eligibility and enrollment.

In San Bernardino County an estimated 1,005,998, or 73% of adults over the age of 18 are consuming less than 5 servings of fruits and vegetables each day. This indicator is relevant because unhealthy eating habits may cause significant health issues, such as obesity and diabetes.



Source: Community Commons

### Grocery Stores per 100,000 2007-2011

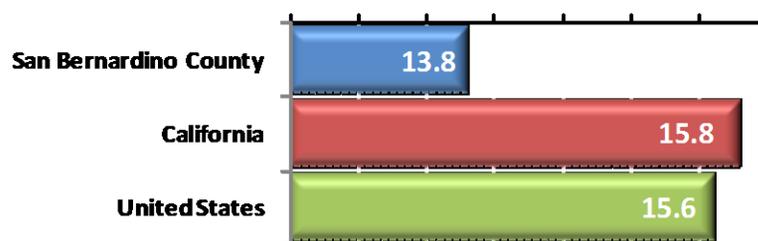


Source: Community Commons

The number of grocery stores per 100,000 population. This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.

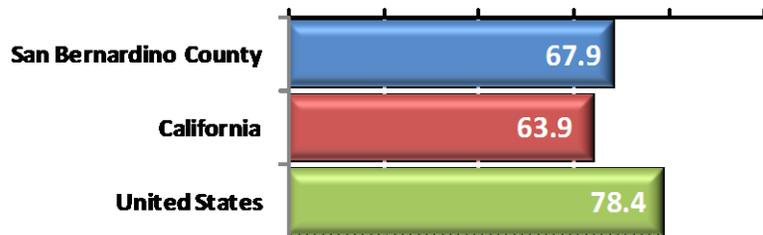
The number of food stores per 100,000 population that are authorized to accept WIC Program benefits and that carry designated WIC foods and food categories. This indicator is relevant because it provides a measure of healthy food access for women and children in poverty.

### WIC-Authorized Food Store Access 2007-2011



Source: Community Commons

### SNAP-Authorized Food Store Access 2007-2011

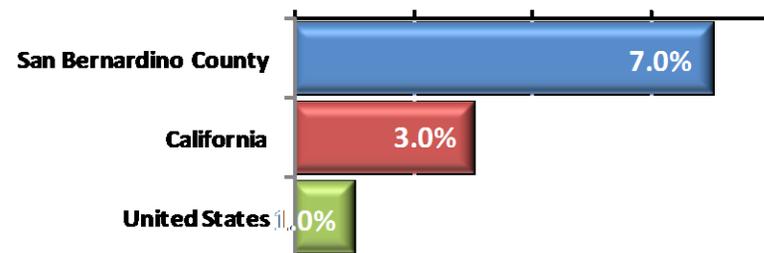


Source: Community Commons

The number of SNAP-authorized food stores as a rate per 100,000 population. Data represent estimates for the 5 year period 2007-2011.

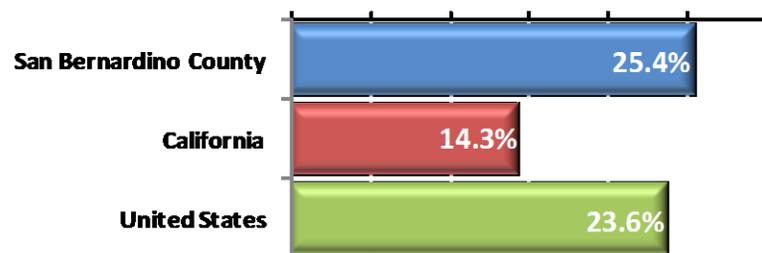
The percent of the population that does not have reliable access to healthy foods. Data represent estimates for the 5 year period 2005-2009.

### Limited Access To Healthy Foods 2005-2009



Source: Community Commons

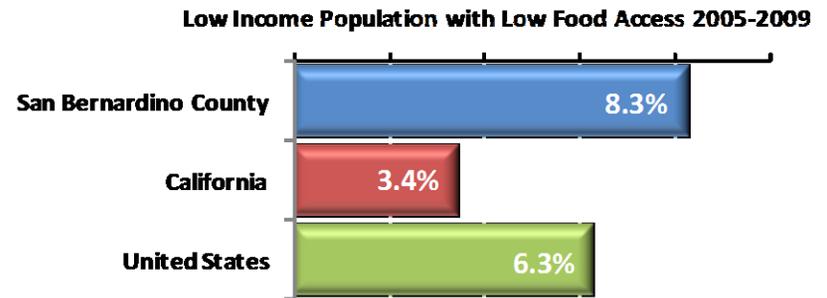
### Low Food Access 2005-2009



Source: Community Commons

The percentage of the population living in areas where residents have low access to a supermarket or large grocery store. This indicator is relevant because it highlights populations and geographies facing insecurity to food access. Data represent estimates for the 5 year period 2005-2009.

The percentage of population designated as low income living in census tracts designated as food deserts. Data represent estimates for the 5 year period 2005-2009.



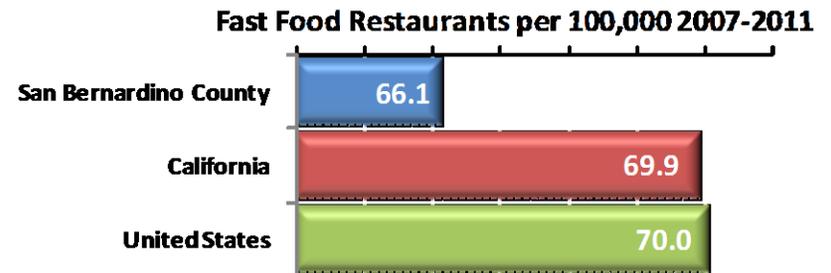
Source: Community Commons



Source: Community Commons

The number of beer, wine, and liquor stores per 100,000 population. Data represent estimates for the 5 year period 2007-2011.

The number of fast food restaurants per 100,000 population. Data represent estimates for the 5 year period 2007-2011.

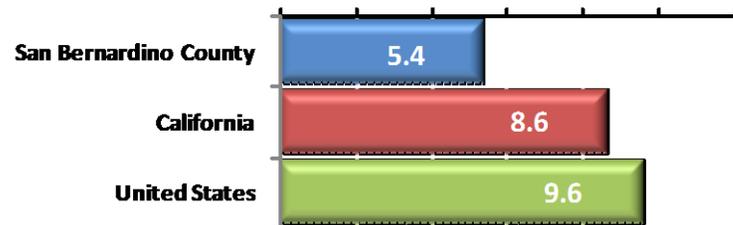


Source: Community Commons

## Activity

Activity, as related to leisure exercise or plain physical activity, is less pronounced in the county than in the state and nation overall.

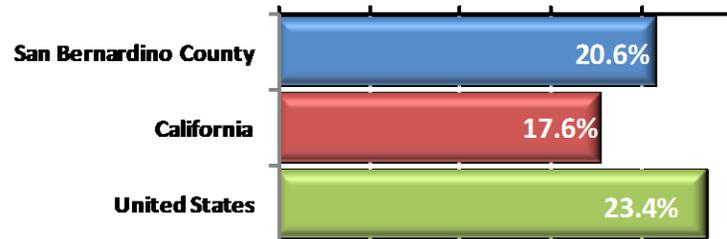
Access To Recreational and Fitness Facilities per 100,000 2011



Source: Community Commons

The number per 100,000 population of recreation and fitness facilities. This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.

Physical Inactivity in Adults 2010

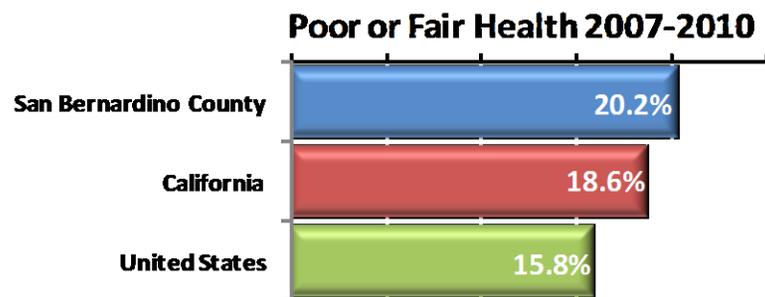


Source: Community Commons

Within San Bernardino County, 280,500 or 20.60% of adults aged 20 and older self-report no leisure time for activity.

## General Health

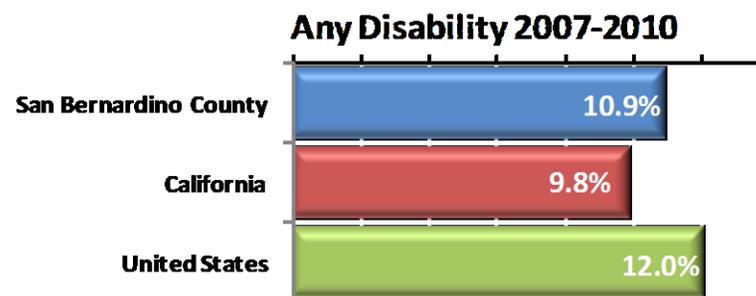
Reported health issues over the past 30 days are more prevalent in San Bernardino County than either California or the nation. Some of this may be attributed to atmospheric conditions and/or industrial pollution, since the county has a high incidence of poor air quality, and industrial operations ranging from railroad maintenance to heavy industry have historically been prime employers in the area. The area's reliance on employment far from homes (many Montclair residents work as far away as Los Angeles and commute) adds to both air quality issues and traffic related maladies.



Source: Community Commons

Within San Bernardino County 20.20% of adults age 18 and older self-report having poor or fair health. This indicator is relevant because it is a measure of general poor health status. Data represent estimates for the 4 year period 2007-2010.

The percentage of the total civilian noninstitutionalized population with a disability. This indicator is relevant because disabled individuals comprise a vulnerable population that requires targeted services and outreach by providers.

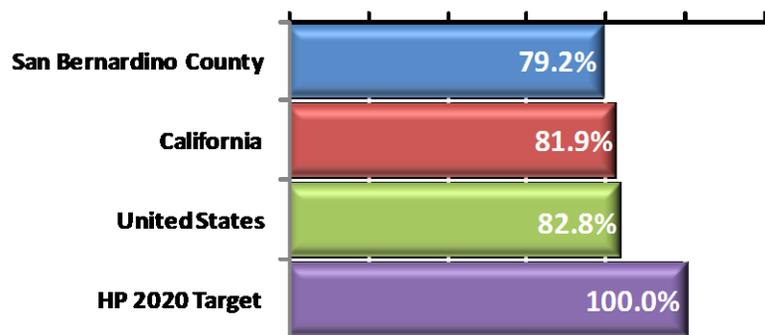


Source: Community Commons

### Access to Healthcare

The lack of health insurance is considered a key driver of health status. Although the county's percentage of persons with medical insurance is within three percentage points of the national and statewide averages, the proportion of persons with no access to health care, as well as limited access to physicians, exceeds state, national and HP2020 goals.

#### Persons With Medical Insurance 2011

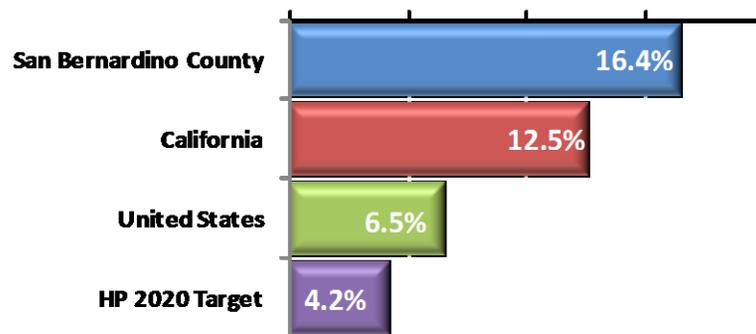


Source: Healthy People 2020

The percentage of the total population with health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

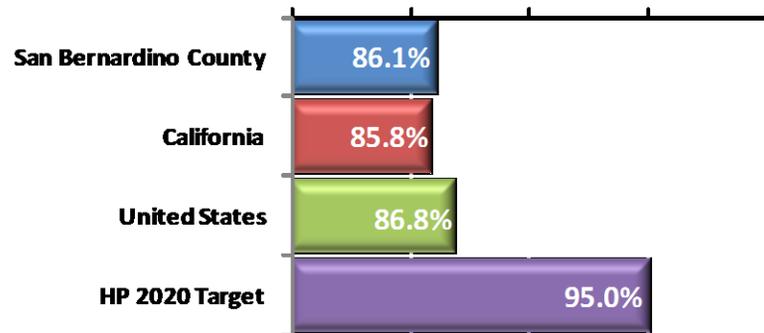
The percentage of the population with no Access to any primary or clinical health care. This can be a cause of many factors including lack of health care or a lack of mobility. Data represent estimates for the 4 year period 2007-2010.

#### No Access To Health Care 2007-2010



Source: Community Commons

### Usual Source Of Health Care 2011

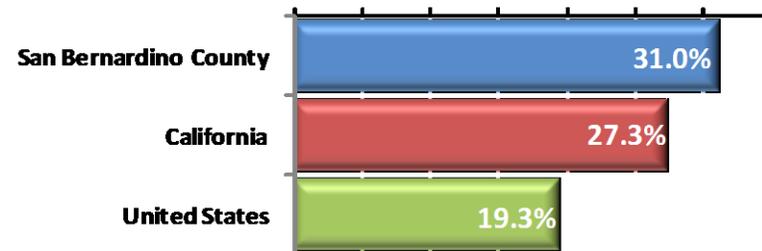


Source: Healthy People 2020

The percentage of adults who has at least one person who they think of as their personal doctor or health care provider. This indicator is relevant because access to regular primary care is important to preventing major health issues and emergency department visits.

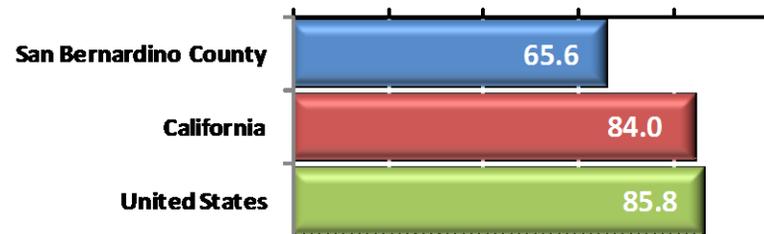
The percentage of adults who does not has at least one person who they think of as their personal doctor. Data represent estimates for the 4 year period 2007-2010.

### Adults Without Any Regular Doctor 2007-2010



Source: Community Commons

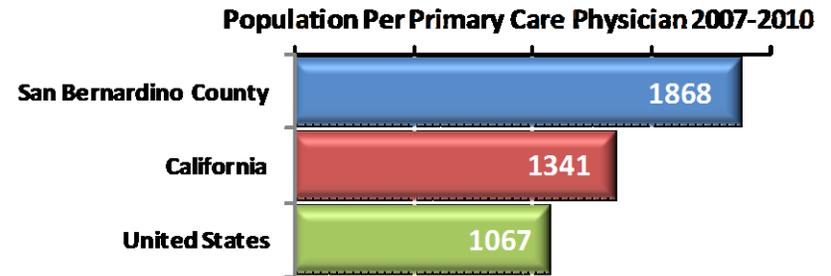
### Access to Primary Care 2007-2010



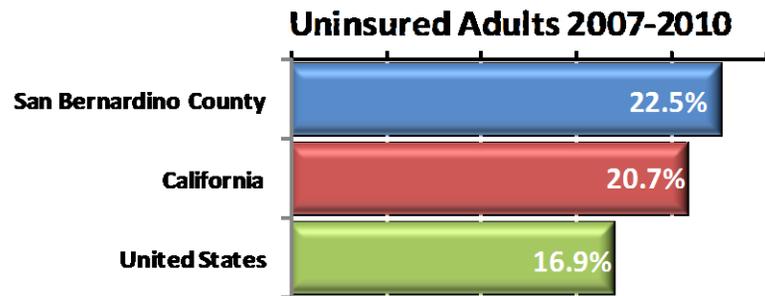
Source: Community Commons

The number of primary care physicians per 100,000 population. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

The population per primary care physicians.



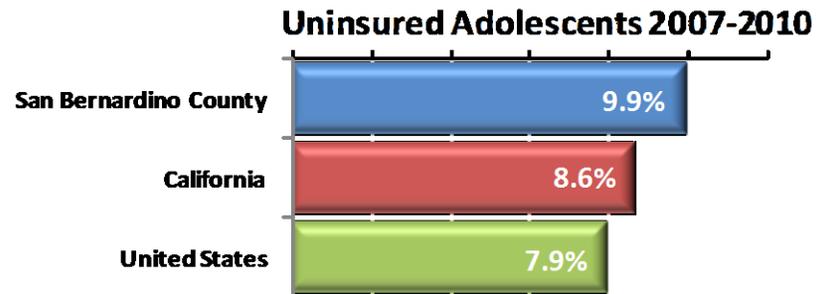
Source: Community Commons



Source: Community Commons

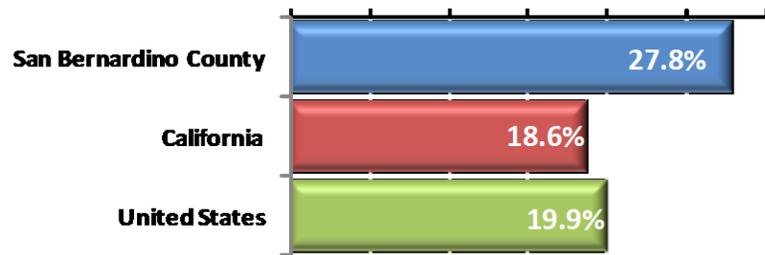
The percentage of adults without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access. Data represent estimates for the 4 year period 2007-2010

The percentage of children under age 18 without health insurance coverage.



Source: Community Commons

### Population Receiving Medicaid 2007-2010

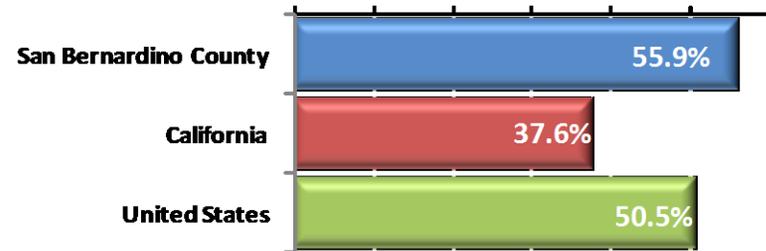


Source: Community Commons

The percentage of the population under the age of 18 that is enrolled in Medicaid.

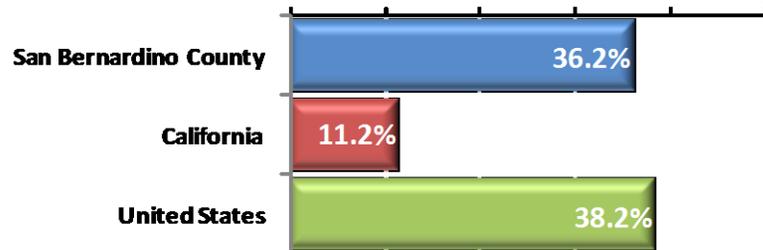
*Note: The data supplied by Community Commons is based on The American Community Survey (ACS) findings, from a collected sample. The ACS combines detailed population and housing data from multiple years to produce reliable estimates. HFS has not verified the validity of the data.*

### Adolescents Receiving Medicaid 2007-2010



Source: Community Commons

### Adults Receiving Medicaid 2007-2010

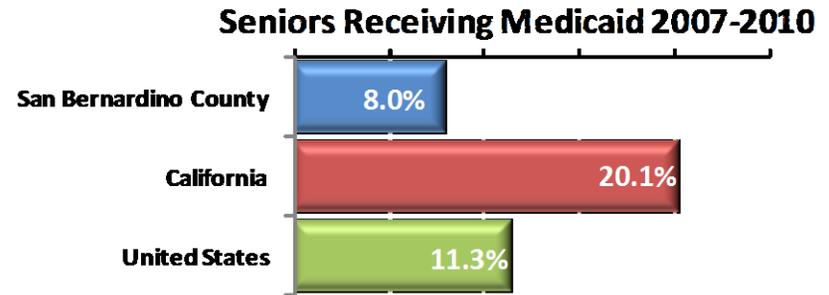


Source: Community Commons

The percentage of the population that is enrolled in Medicaid. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment. Data represent estimates for the 4 year period 2007-2010

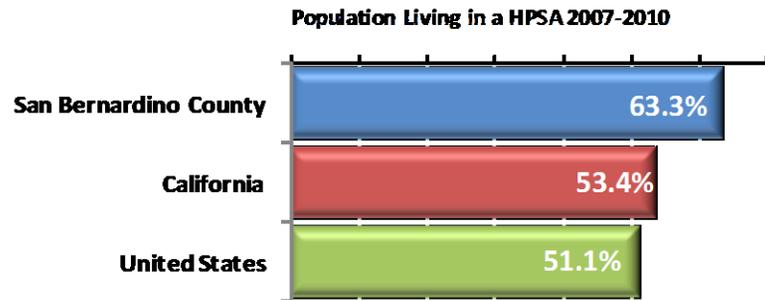
The percentage of adults that are enrolled in Medicaid.

The percentage of the population over the age of 65 that is enrolled in Medicaid. Data represent estimates for the 4 year period 2007-2010



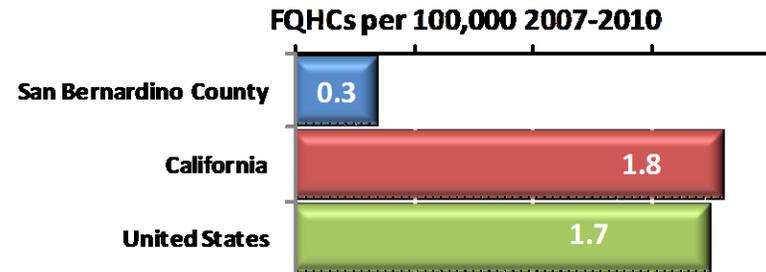
Source: Community Commons

The percentage of the population that is living in a geographic area designated as a "Health Professional Shortage Area" (HPSA), defined as having a shortage of primary medical care, dental or mental health professionals. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.



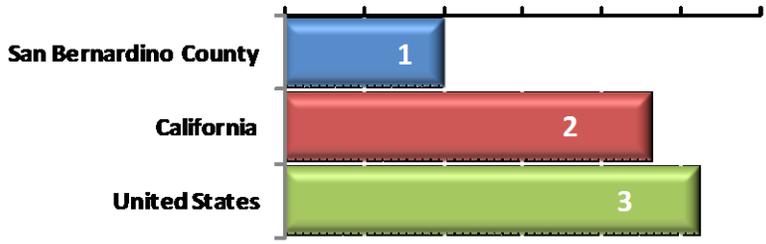
Source: Community Commons

The number of Federally Qualified Health Centers (FQHCs) in the community. This indicator is relevant because FQHCs are community clinics that provide health care to vulnerable populations; they receive extra funding from the federal government to promote access to ambulatory care in areas designated as medically underserved.



Source: Community Commons

**Total HPSA Facility Designations per 100,000 2007-2010**

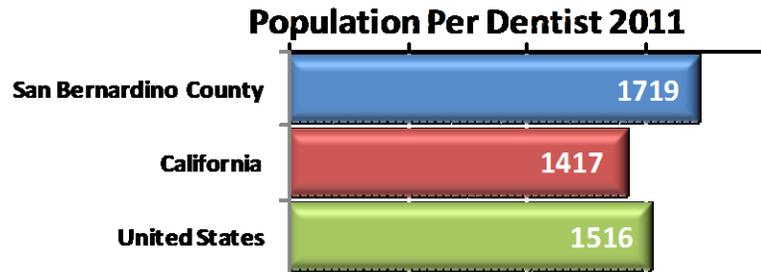


Source: Community Commons

The number of health care facilities designated as HPSAs per 100,000 population, defined as having shortages of primary medical care, dental or mental health providers. Data represent estimates for the 4 year period 2007-2010

## Dental Care

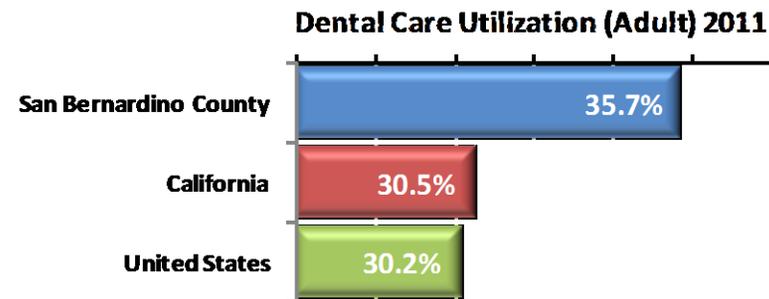
Although the population per dentist in San Bernardino County is higher than state or national averages, utilization is substantially higher than in either comparison group.



Source: Health Indicators Warehouse

The population per oral care provider. This indicator is relevant because engaging in preventive behaviors decreases the likelihood of developing future health problems.

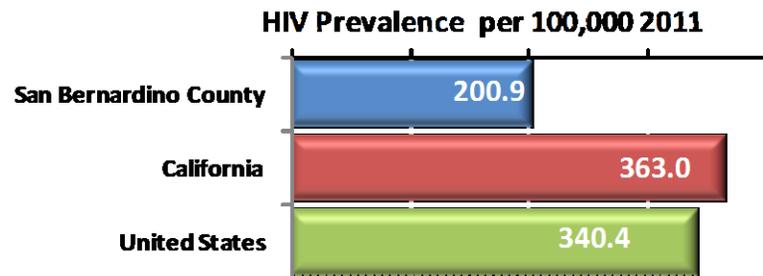
The percentage of adults aged 18 and older who self-report that they have not visited a dentist, dental hygienist or dental clinic within the past year.



Source: Community Commons

## HIV/AIDS

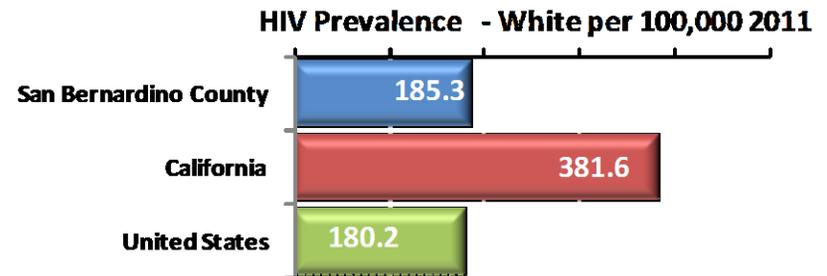
HIV rates in the county are significantly below state or national rates, and the rates for various groups generally are below statewide and national levels.



Source: Community Commons

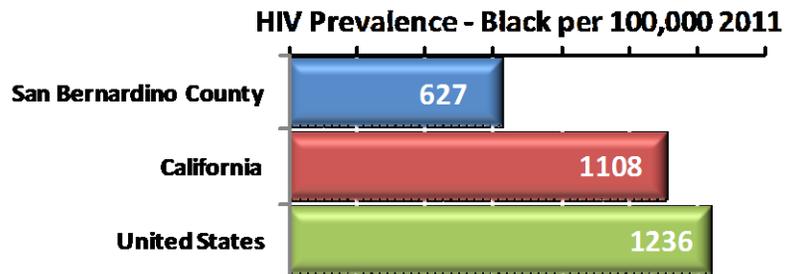
The prevalence rate of HIV per 100,000 population. This is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

The prevalence rate of HIV per 100,000 White population.



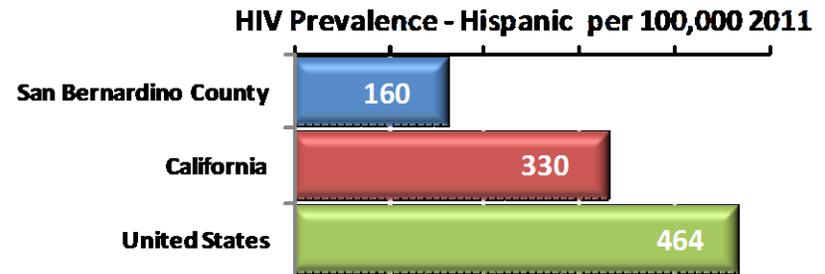
Source: Community Commons

The prevalence rate of HIV per 100,000 African-American population.



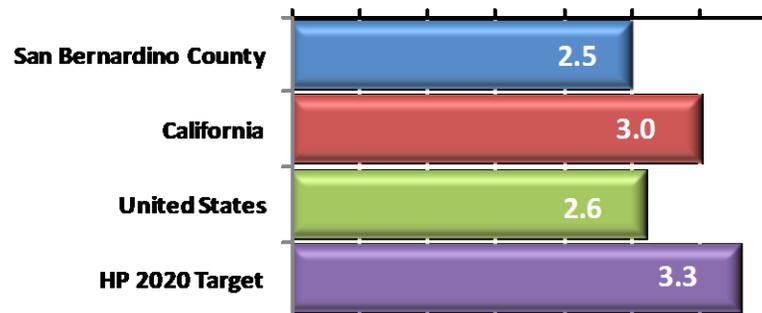
Source: Health Indicators Warehouse

The prevalence rate of HIV per 100,000 Hispanic population.



Source: Health Indicators Warehouse

### HIV Infection Deaths per 100,000 2010

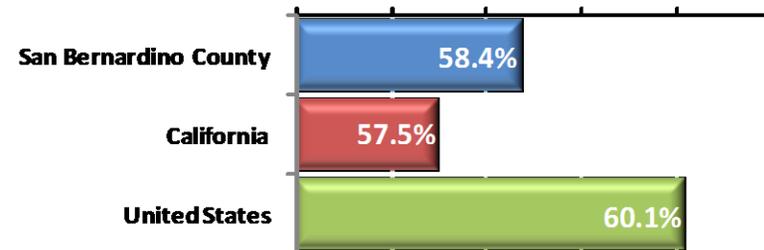


Source: Healthy People 2020

The number of HIV/AIDS related deaths per 100,000 population.

The percentage of adults never tested for HIV/AIDS. This is relevant because HIV is a life-threatening communicable disease that can be reduced by screening.

### Adults Never Screened for HIV / AIDS 2007-2010



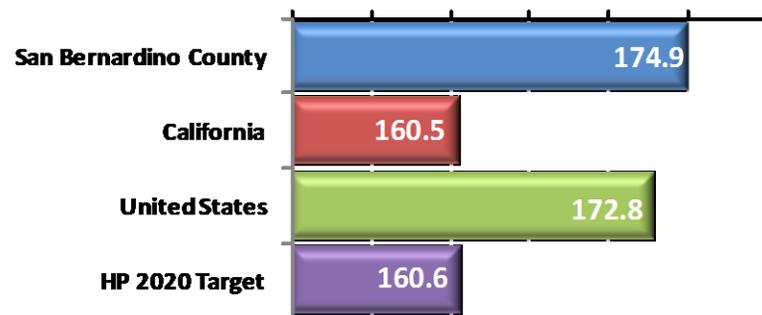
Source: Community Commons

## Cancer

### General

Cancer deaths for the county overall exceed all comparison groups, although rates for various ethnic groups show significant variations. White and Hispanic groups experience higher-than-average death rates from cancer, while other ethnic groups are substantially below the averages.

**Cancer Deaths per 100,000 2010**

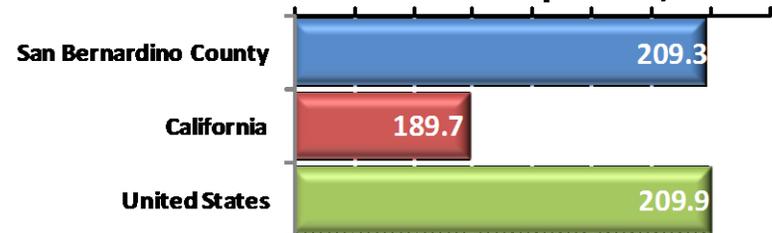


Source: Healthy People 2020

Rates of death due to malignant neoplasm (cancer) per 100,000 population. Cancer is a leading cause of death in the United States.

Rates of death due to malignant neoplasm (cancer) per 100,000 male population.

**Cancer Deaths - Males per 100,000 2010**



Source: Healthy People 2020

**Cancer Deaths - Females per 100,000 2010**

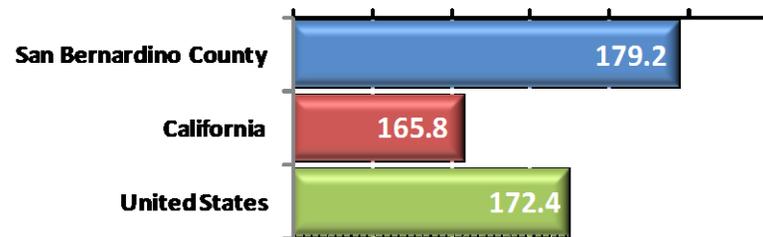


Source: Healthy People 2020

Rates of death due to malignant neoplasm (cancer) per 100,000 female population.

Rates of death due to malignant neoplasm (cancer) per 100,000 White population.

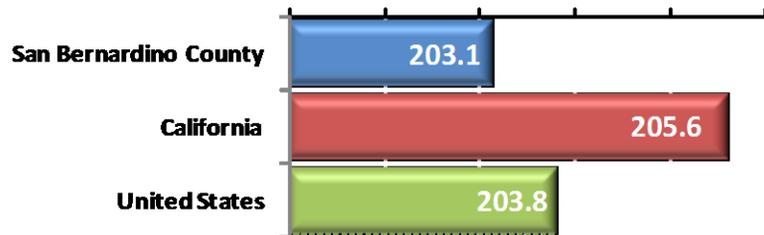
**Cancer Deaths - White per 100,000 2010**



Source: Healthy People 2020

Rates of death due to malignant neoplasm (cancer) per 100,000 African-American population.

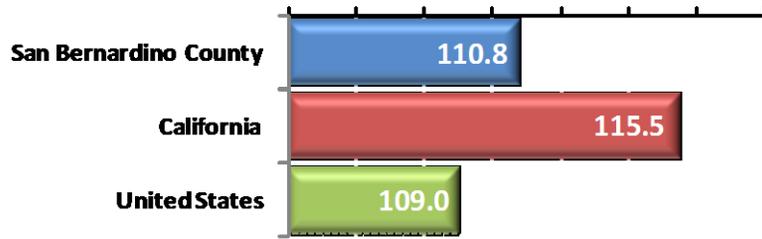
**Cancer Deaths - Black per 100,000 2010**



Source: Healthy People 2020

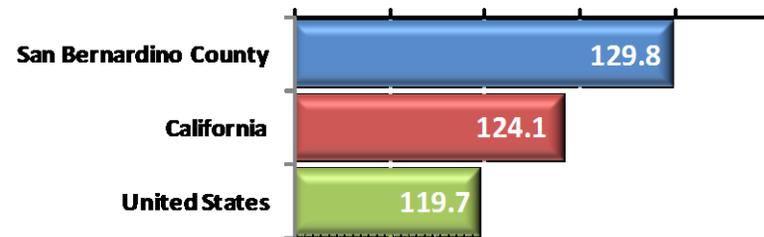
Rates of death due to malignant neoplasm (cancer) per 100,000 Hispanic population.

**Cancer Deaths - Asian per 100,000 2010**



Source: Healthy People 2020

**Cancer Deaths - Hispanic per 100,000 2010**



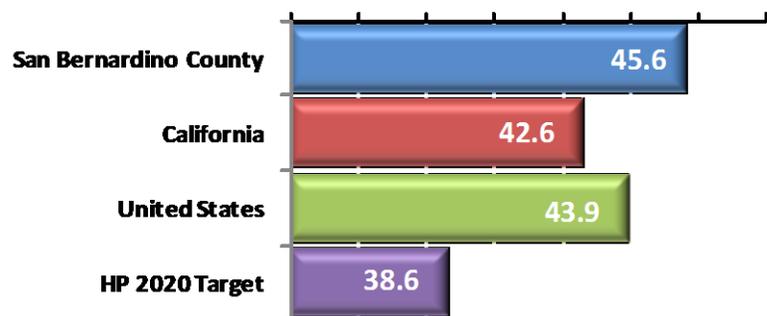
Source: Healthy People 2020

Rates of death due to malignant neoplasm (cancer) per 100,000 Asian population.

### Colon Cancer

Colon cancers are reported to be higher in the county than in the state or nation, although the death rate from colorectal cancer is much lower than the national average, and below the HP 2020 target. It does not appear to be due to high rates of colonoscopy use, however, since that rate is below all comparison groups.

**Colorectal Cancer Incidence per 100,000 2010**

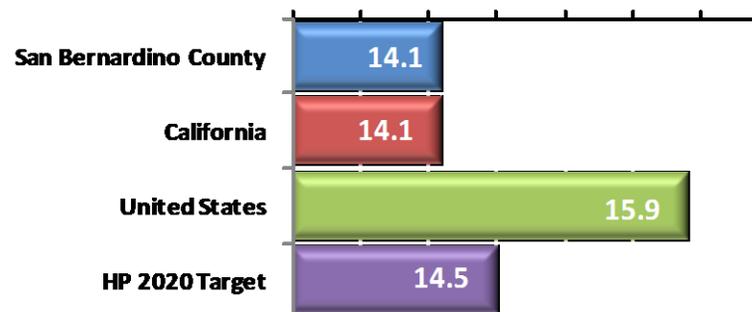


Source: Healthy People 2020

The incidence rate of colon and rectum cancer per 100,000 population.

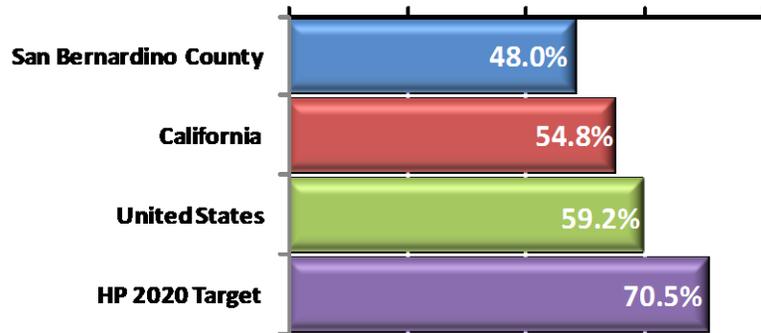
The mortality rate of colon and rectum cancer per 100,000 population.

**Colorectal Cancer Deaths per 100,000 2010**



Source: Healthy People 2020

### Colonoscopy/sigmoidoscopy Adults 50+ 2010



Source: Healthy People 2020

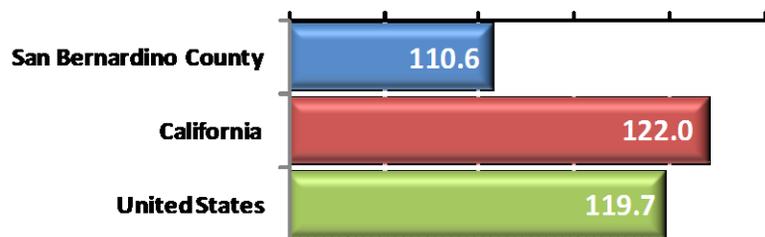
The percentage of adult men aged 50 and older who ever had a sigmoidoscopy or colonoscopy. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems.

### Breast Cancer

Breast cancer incidence is much lower than state or national averages among all ethnic groups, except African-Americans. And the overall death rate is also lower than the comparison groups.

Mammography screening rates are also significantly lower than comparison groups.

**Breast Cancer Incidence per 100,000 2007-2010**

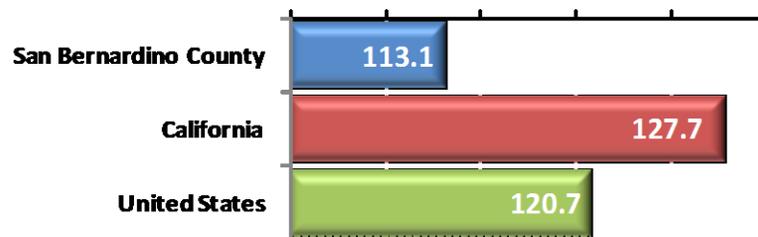


Source: Health Indicators Warehouse

The incidence rate (cases per 100,000 population per year) of females with breast cancer. Data represent estimates for the 4 year period 2007-2010

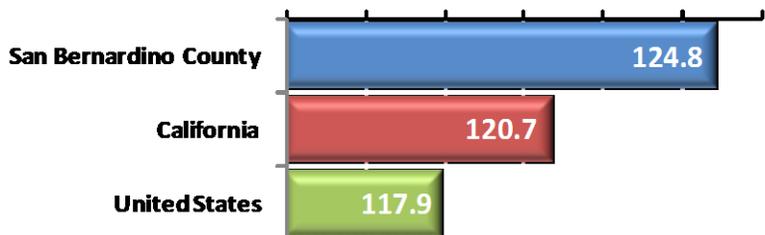
The incidence rate of White females with breast cancer.

**Breast Cancer - White per 100,000 2007-2010**



Source: Health Indicators Warehouse

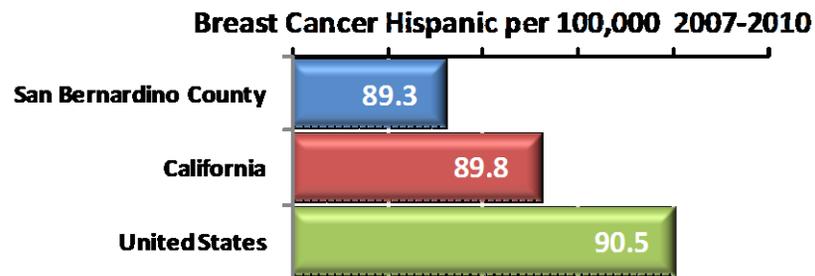
**Breast Cancer - Black per 100,000 2007-2010**



Source: Health Indicators Warehouse

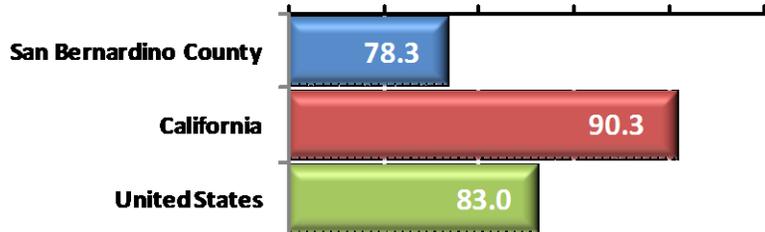
The incidence rate of African-American females with breast cancer.

The incidence rate of Hispanic females with breast cancer. Data represent estimates for the 4 year period 2007-2010



Source: Health Indicators Warehouse

### Breast Cancer - Asian per 100,000 2007-2010

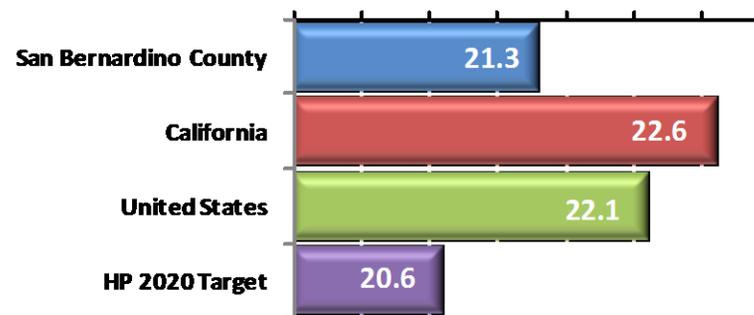


Source: Health Indicators Warehouse

The incidence rate of Asian females with breast cancer.

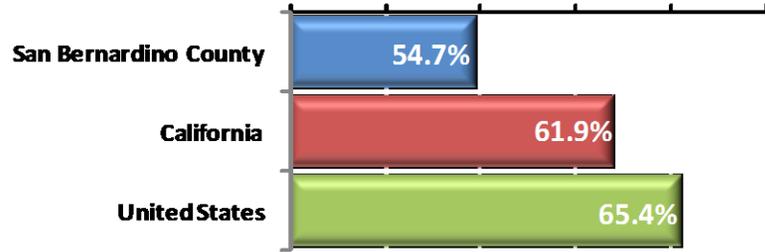
The number of deaths related to breast cancer per 100,000 population.

### Breast Cancer Deaths per 100,000 2010



Source: Healthy People 2020

### Mammography Screening 2007-2010

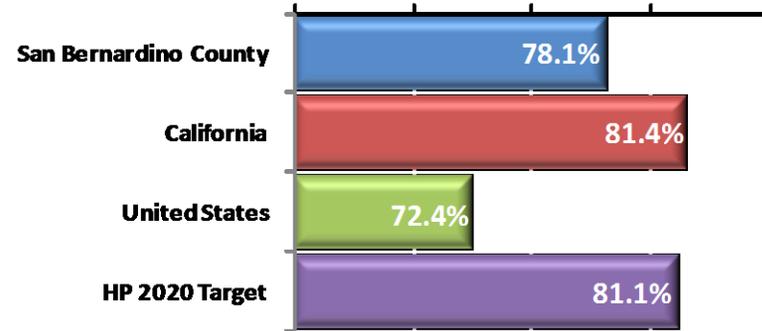


Source: Health Indicators Warehouse

The percentage of females who have received one or more mammograms in the identified years. Data represent estimates for the 4 year period 2007-2010

The percentage of senior, female Medicare enrollees, age 67-69 or older, who have received one or more mammograms in the identified year.

### Senior Women Receiving a Mammogram 2010

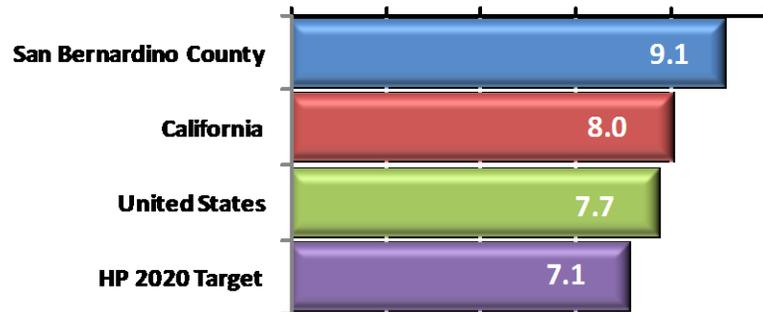


Source: Healthy People 2020

### Cervical Cancer

Cervical cancer rates exceed state and national averages, and Pap test frequency is below comparison groups.

**Cervical Cancer Incidence per 100,000 2010**

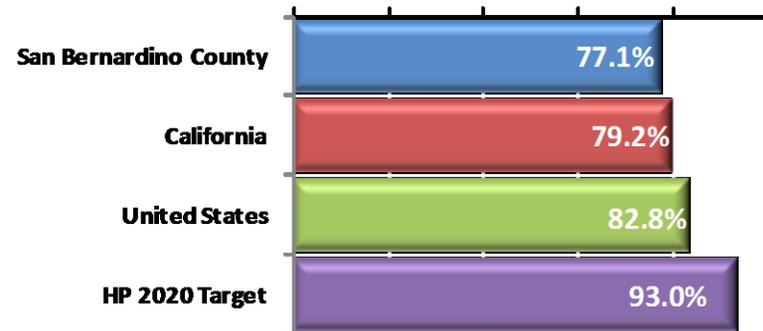


Source: Healthy People 2020

The incidence rate (cases per 100,000 population per year) of females with cervical cancer.

The percentage of women who has had a Pap Test in the past three years. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems.

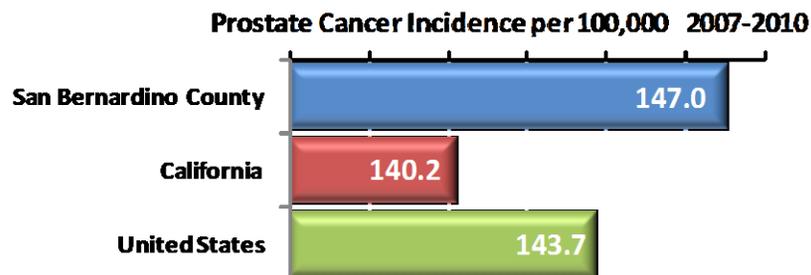
**Cervical Cancer Screening (Pap Test) 2010**



Source: Healthy People 2020

### Prostate Cancer

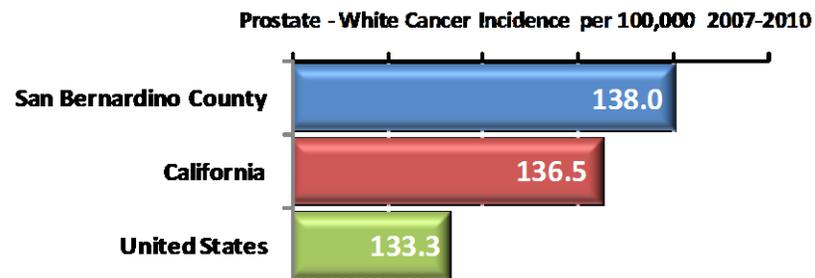
County prostate cancer rates exceed all comparison groups overall, and California averages for all ethnic groups.



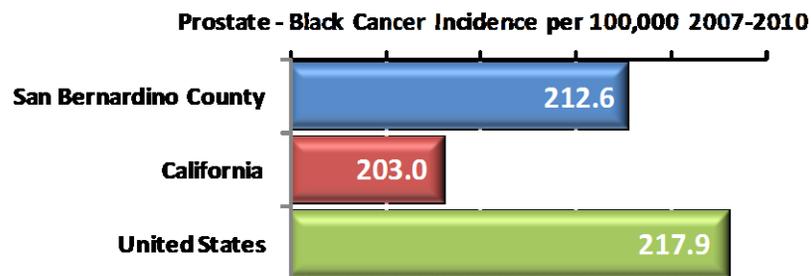
Source: Health Indicators Warehouse

The incidence rate (cases per 100,000 population per year) of males with prostate cancer. Data represent estimates for the 4 year period 2007-2010

The incidence rate of White males with prostate cancer.



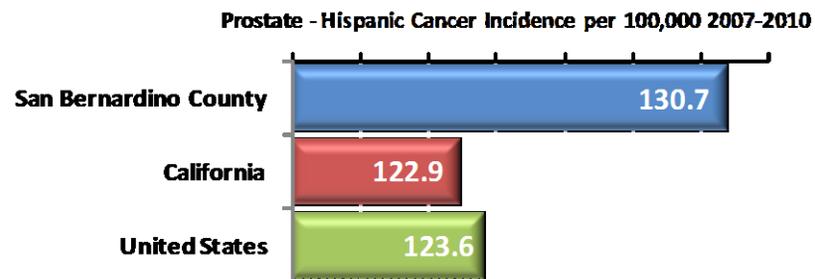
Source: Health Indicators Warehouse



Source: Health Indicators Warehouse

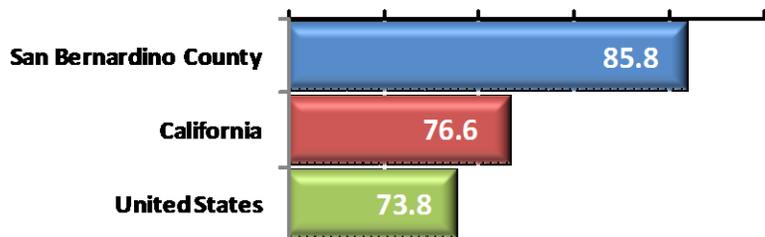
The incidence rate of African-American males with prostate cancer.

The incidence rate of Hispanic males with prostate cancer. Data represent estimates for the 4 year period 2007-2010



Source: Health Indicators Warehouse

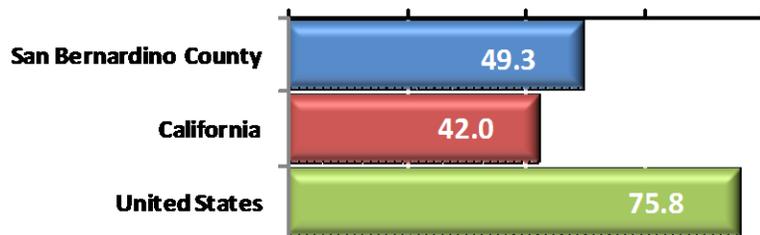
**Prostate - Asian Cancer Incidence per 100,000 2007-2010**



Source: Health Indicators Warehouse

The incidence rate of Asian males with prostate cancer.

**Prostate - Amer. Indian / Alaskan Native Cancer per 100,000 2007-2010**



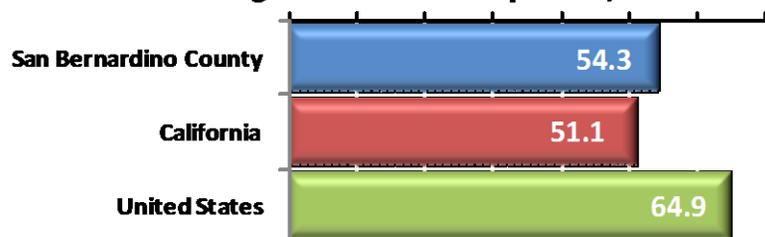
Source: Health Indicators Warehouse

The incidence rate of American Indian males with prostate cancer.

### Lung Cancer

Lung Cancer incidence for the county overall slightly exceeds statewide averages, but is below US rates. While incidence of lung cancer varies among ethnic groups, the overall death rate from all lung-related cancers exceeds both state and national averages.

**Lung Cancer Incidence per 100,000 2007-2010**

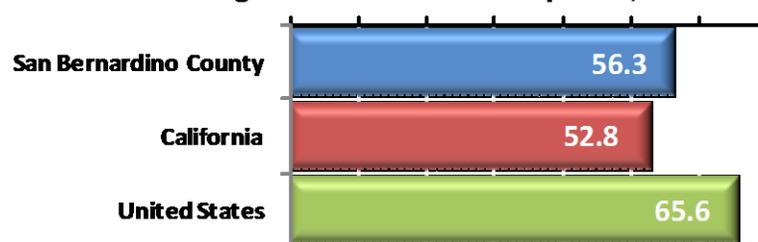


Source: Health Indicators Warehouse

The incidence rate (cases per 100,000 population per year) of lung cancer. Data represent estimates for the 4 year period 2007-2010

The incidence rate of the White population with lung cancer.

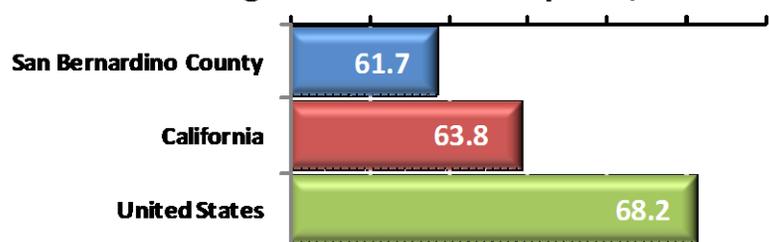
**Lung Cancer - White Incidence per 100,000 2007-2010**



Source: Health Indicators Warehouse

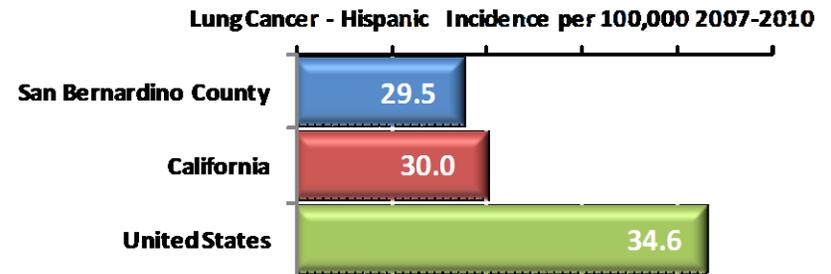
The incidence rate of the African-American population with lung cancer.

**Lung Cancer - Black Incidence per 100,000 2007-2010**



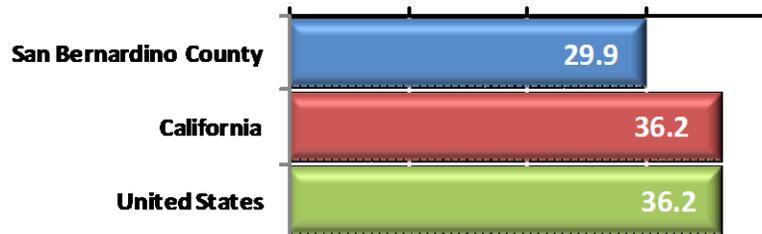
Source: Health Indicators Warehouse

The incidence rate of the Hispanic population with lung cancer. Data represent estimates for the 4 year period 2007-2010



Source: Health Indicators Warehouse

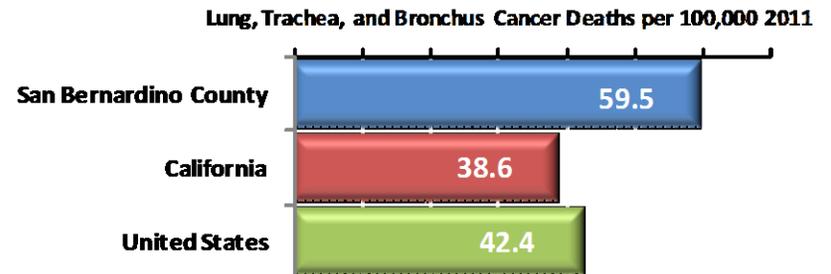
Lung Cancer - Asian Incidence per 100,000 2007-2010



Source: Health Indicators Warehouse

The incidence rate of the Asian population with lung cancer.

The number of deaths due to Lung, Trachea or Bronchus cancer deaths per 100,000 population.

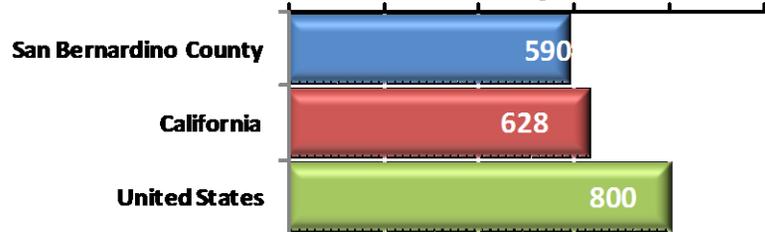


Source: Community Commons

### Mortality

Death rates overall for San Bernardino County are lower than comparison groups, and rates for Alzheimer’s, drowning, drugs, falls, influenza are all below comparison rates. The outliers are firearm-related deaths, and deaths related to motor vehicles.

**Deaths, All Causes per 100,000 2011**

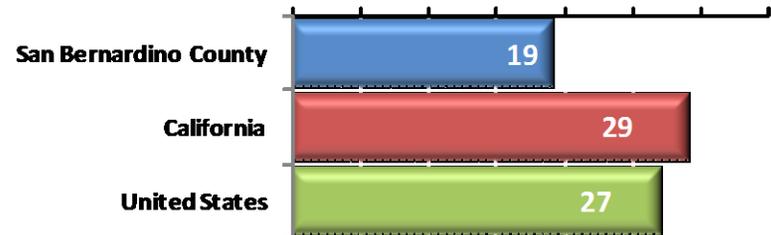


Source: Health Indicators Warehouse

Mortality rate per 100,000 population from all causes of death.

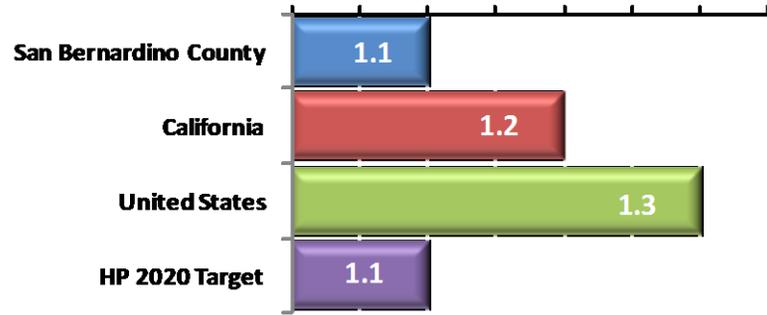
Mortality rate per 100,000 population associated with Alzheimer’s Disease.

**Alzheimer’S Disease Deaths per 100,000 2011**



Source: Health Indicators Warehouse

### Drownings per 100,000 2010

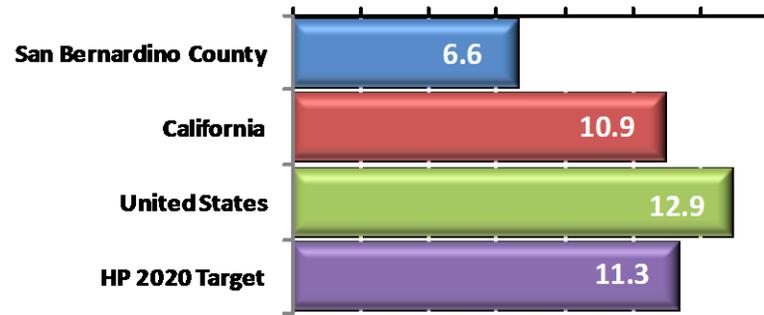


Source: Healthy People 2020

Mortality rate per 100,000 population due to drowning.

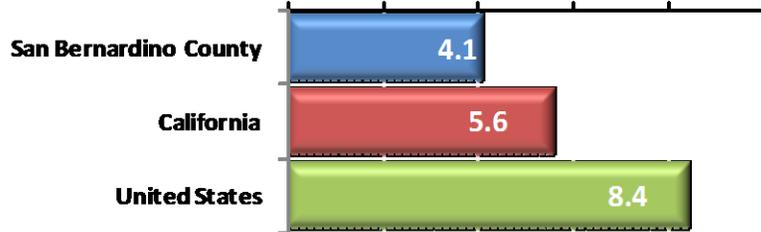
Mortality rate per 100,000 population associated with drug use.

### Drug-Induced Deaths per 100,000 2010



Source: Healthy People 2020

### Fall Related Deaths per 100,000 2011

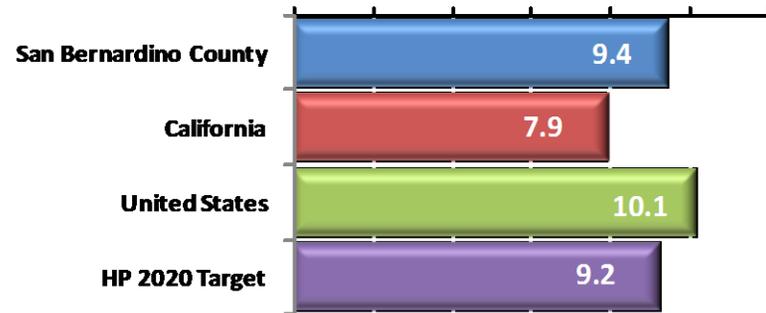


Source: Health Indicators Warehouse

Mortality rate per 100,000 population associated with accidental falls.

Mortality rate per 100,000 population due to firearms.

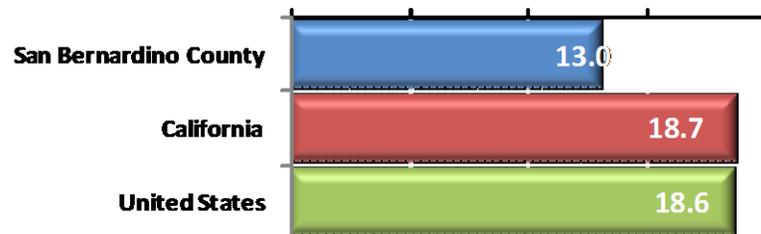
### Firearm-Related Deaths per 100,000 2010



Source: Healthy People 2020

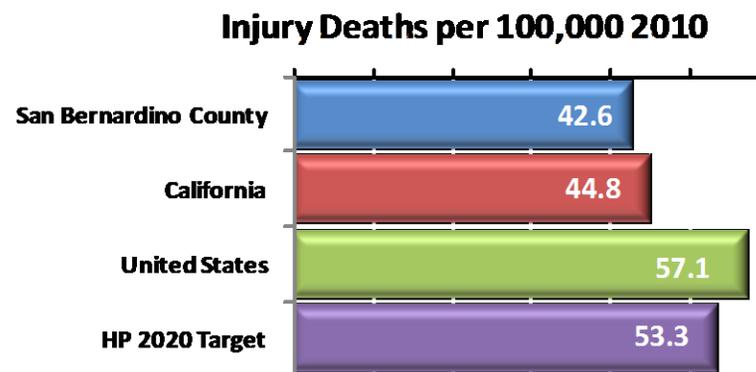
Mortality rate per 100,000 population associated with Influenza or Pneumonia.

### Influenza and Pneumonia Deaths Per 100,000 2011

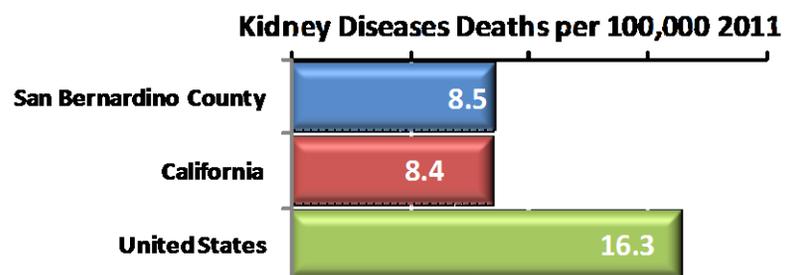


Source: Health Indicators Warehouse

Mortality rate per 100,000 population associated with accidental injuries.



Source: Healthy People 2020

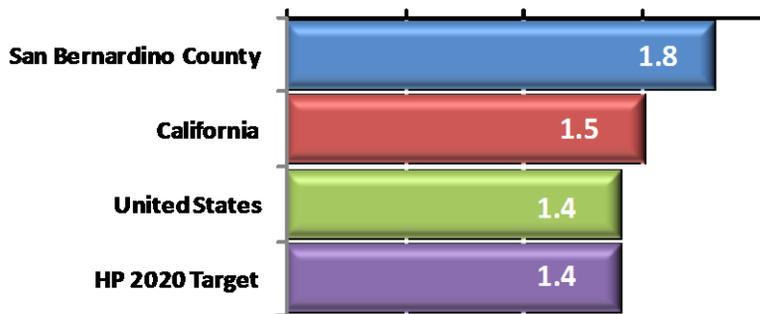


Source: Health Indicators Warehouse

Mortality rate per 100,000 population associated with Renal or Kidney diseases.

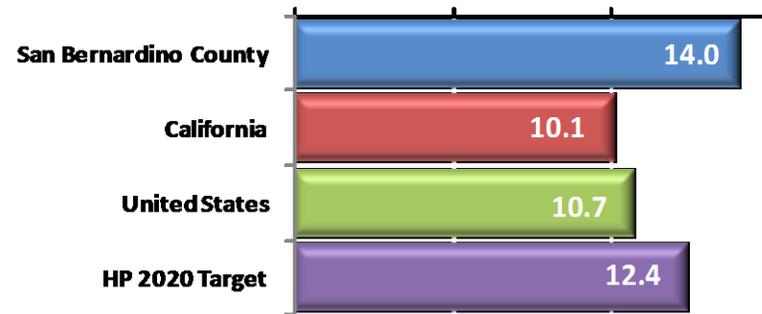
Mortality rate per 100,000 population associated with motor vehicle accidents.

**Pedestrian Motor Vehicle Death per 100,000 2011**



Source: Healthy People 2020

**Motor Vehicle Crash Deaths per 100,000 2010**



Source: Healthy People 2020

Mortality rate per 100,000 population associated with pedestrians hit by motor vehicles.

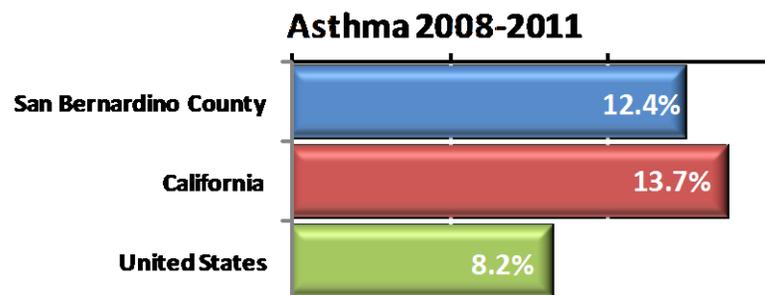
## HEALTH CONDITIONS IN MONTCLAIR HOSPITAL MEDICAL CENTER SERVICE AREA

Specific data for the Montclair Hospital Medical Center service area was not readily available, so the analysis of health conditions was conducted using the best data available. The primary source for this information is the *San Bernardino County: Our Community Vital Signs 2013 Data Report* published by County's Community Vital Signs Initiative. This report uses multiple sources, and provides the most detailed available information on the health issues discussed in the following section.

### Asthma

Asthma is a chronic lung disease that inflames and narrows the airways. Although it affects people of all ages, most cases start during childhood. In San Bernardino County, 12% of the population ages 1 and older have been diagnosed with the disease. This is a lower rate than the statewide average of 14%

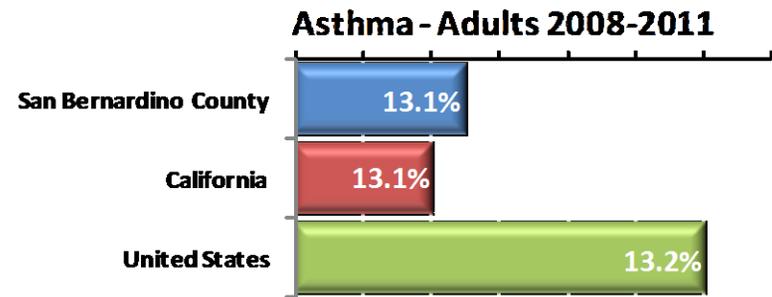
Countywide hospitalization rates for asthma for all ages are a different story, with hospitalizations for asthma related conditions exceeding the statewide average (107.9 per 100,000 population in 2010 vs. 94.0 for the state). On a more local basis, rates for the cities of Montclair, Chino and Chino Hills were low enough to be not measurable. This low rate is reflected in its absence from the priority list shown earlier.



Source: Community Commons

The percentage of the population that have ever been told by a doctor, nurse or other health professional that they had asthma. This indicator is relevant because asthma is a prevalent problem in the U.S. that is often exacerbated by poor environmental conditions.

The percentage of adults who have ever been told by a doctor, nurse, or other health professional that they had asthma. Data represent estimates for the 4 year period 2008-2011



Source: Community Commons

## Diabetes

Diabetes is the disease most often raised by respondents in terms of its importance to the overall health of the MHMC service area. There are two types of diabetes: Type 1, also known as Juvenile Diabetes or Insulin-Dependent Diabetes, typically manifests very early in life, and results from the pancreas producing little or no insulin. This form is generally a result of genetics or exposure to certain viruses, and makes patients dependent on injected insulin for life.

Type 2, or Adult-Onset, Diabetes usually occurs later in life, and often is a result of obesity. While it historically has afflicted adults, it is becoming more prevalent in children as the obesity epidemic affects younger people.

According to OSHPD, the childhood diabetes hospitalization rate in 2010 for San Bernardino County was 51.2 per 100,000 children, nearly 50% higher than the 34.9 per 100,000 rate for the state as a whole. The rate for the county actually decreased from 57.1 in the previous year, while the statewide rate remained nearly constant.

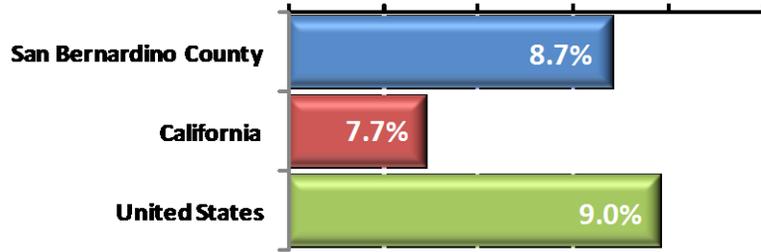
Although the hospitalization rate for Diabetes related ailments for the City of Montclair was low, with only one reported case, surrounding cities, including Chino (13) and Ontario (20) reported a much higher incidence.

The Adult Population incidence of diabetes has historically run one to two percentage points higher than the statewide average. In 2010, the percentages of the adult population ever diagnosed with diabetes of any type was 10.6%, vs. the statewide average of 8.5%

Although there are no substantial ethnic differences in diabetes prevalence, one disturbing trend is the increase in the diagnosis among Latino populations. The incidence of diabetes in the Latino population has grown from 7.7% in 2005 to 11.3% in 2009, while other ethnic groups have shown minimal change.

In terms of hospitalization for all types of diabetes, Montclair's rate of 236.4 per 100,000 population is near the high end of the scale, with the 4th-highest incidence (236.4/100,000) of any city in San Bernardino County

### Diabetes Diagnosed in Adults 2010

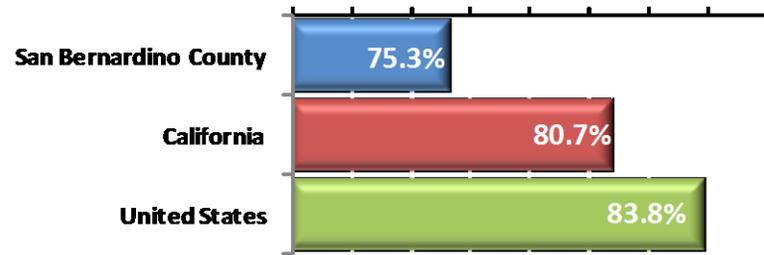


Source: Community Commons

The percentage of diabetic Medicare patients who have had a hemoglobin A1c (hA1c) test, a blood test which measures blood sugar levels, administered by a health care professional in the past year. In San Bernardino County, 7,059 Medicare enrollees with diabetes have had an annual exam out of 9,378 Medicare enrollees in the report area with diabetes. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

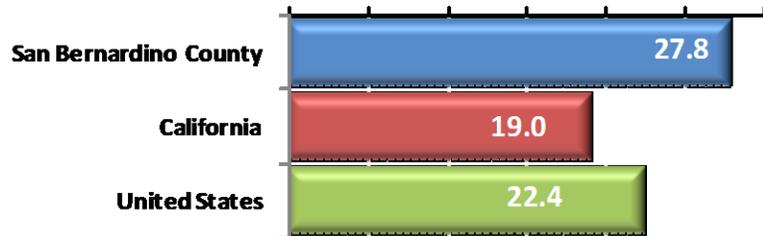
The percentage of adults who have ever been told by a doctor that they have diabetes. This indicator is relevant because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

### A1c test in Senior Medicare enrollees 2010



Source: Community Commons

### Diabetes Deaths per 100,000 2010



Source: Health Indicators Warehouse

Number of persons with diabetes as the underlying cause of death.

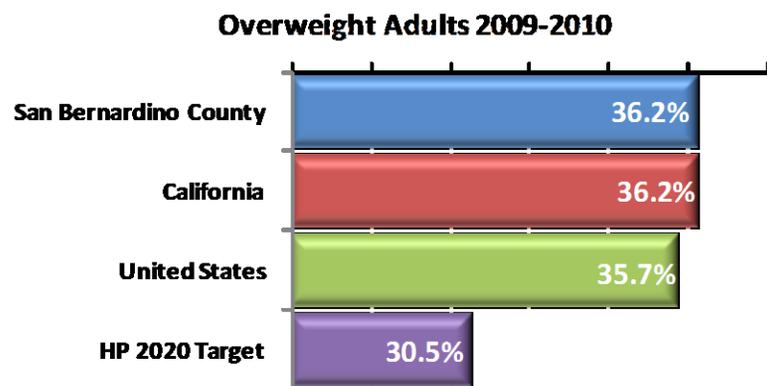
## Obesity

Obesity and diabetes are closely linked, but obesity is a direct link to many other maladies as well, including heart disease, high blood pressure, respiratory problems and stroke.

Data available for obesity in children is most often collected through the Medicaid system, and the reported trend among children under 5 years is positive, with percentages of obese children decreasing from 15-16% in 2006 to roughly 14% in 2010. These figures are very similar for San Bernardino County and the State of California.

Once children reach school age (5th through 9th grades), the trend begins to reverse statewide, while the county rate stays nearly stable. Statewide percentages increase from 36.1% in 2006 to 39.7% in 2009, while the change in the county over the same period is only 37.9% to 38.0%. Incidence of obesity in this age range for the City of Montclair is reported to be 43.9% in 2010, tied for third highest rate among cities in the county.

Among adults, both the county and state are below the HP 2020 target of 30.4%. The county has been more variable in its reported incidence of obesity, but has consistently exceeded the statewide average. For 2009, the state rate was 22.7%, while the county reported a 30.4% rate, just under the HP 2020 target of 30.5%. Overall, the increase in the obesity rate for the county has exceeded the state, increasing 22% from 2001 to 2009, while the state rate grew only 18%. No data was available for individual cities.

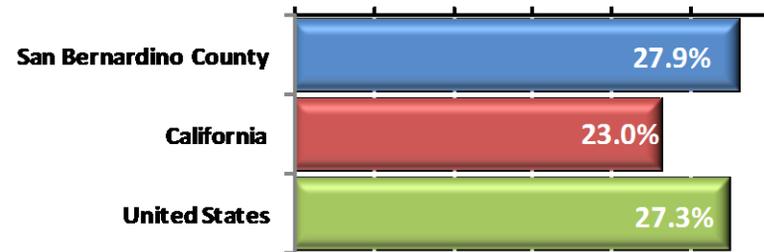


Source: Healthy People 2020

36.18% of adults have a Body Mass Index (BMI) between 25.0 and 30.0 (overweight) in San Bernardino County. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

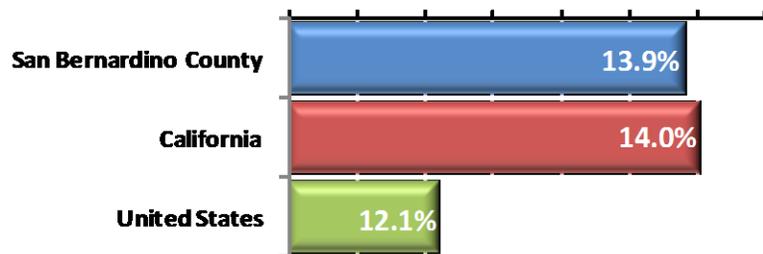
27.90% of adults have a BMI greater than 30.0 (obese) in San Bernardino County.

### Obesity in Adults: Bmi >= 30 2010



Source: Community Commons

### Obese Low-Income Children 2010



Source: Community Commons

Low-income children under the age of 17 with a BMI greater than 30.

## Cardiovascular Disease

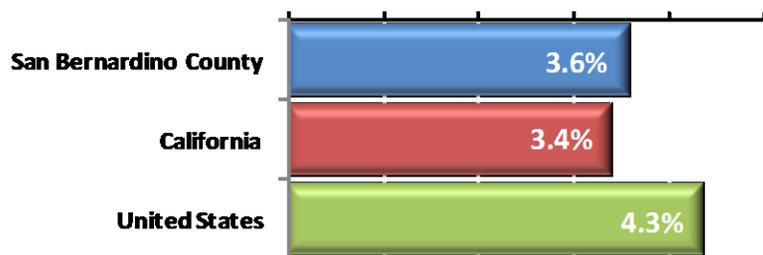
Cardiovascular disease, or heart disease, is the leading cause of death in San Bernardino County, and the Community Vital Signs Initiative has adopted heart disease as its focus over the next three years. The term includes a wide range of diseases, including arterial problems, heart infections, heart rhythm problems, and heart defects. Additional complications from heart disease include heart attacks, strokes, aneurysm, and peripheral artery disease.

Many of these issues are behavior-related, with smoking, poor diet, diabetes, obesity, and stress as common precursors. Genetic issues such as high blood pressure, cholesterol and family history also play a part. With so many possible interventions, the condition is ripe for further study and attack.

It should be noted that Heart Disease is declining as a diagnosis, and hospitalizations for heart-related ailments have decreased. It still accounts for a high percentage of hospital admissions, however, as 108 out of every 10,000 individuals (or 1,080 per 100,000 population) in the county had been hospitalized due to heart disease in 2009. This rate is a decrease from 2005, when the rate was 205 per 10,000 population.

The City of Montclair reported a rate of 111.1 hospitalizations per 10,000 population for heart ailments in 2009, mirroring the overall average for the county.

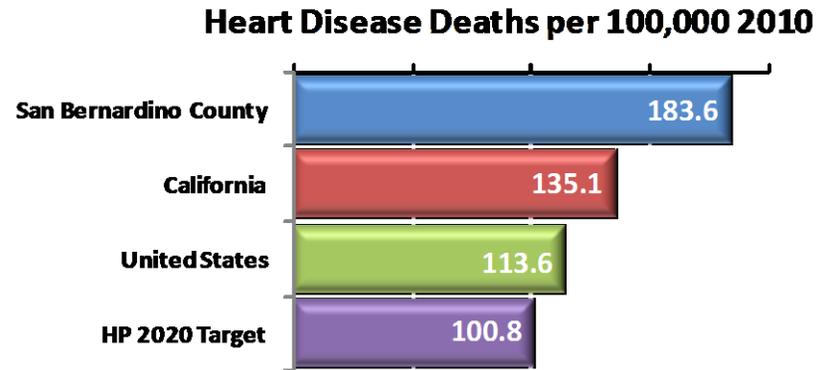
**Heart Disease Prevalence 2007-2010**



Source: Community Commons

50,015, or 3.56% of adults who have ever been told by a doctor that they have coronary heart disease or angina. This indicator is relevant because coronary heart disease is a leading cause of death in the U.S. and is also related to high blood pressure, high cholesterol, and heart attacks.

Within San Bernardino County the rate of death due to coronary heart disease per 100,000 population is 183.59. This rate is greater than than the Healthy People 2020 target of 100.8. This indicator is relevant because heart disease is a leading cause of death in the United States.

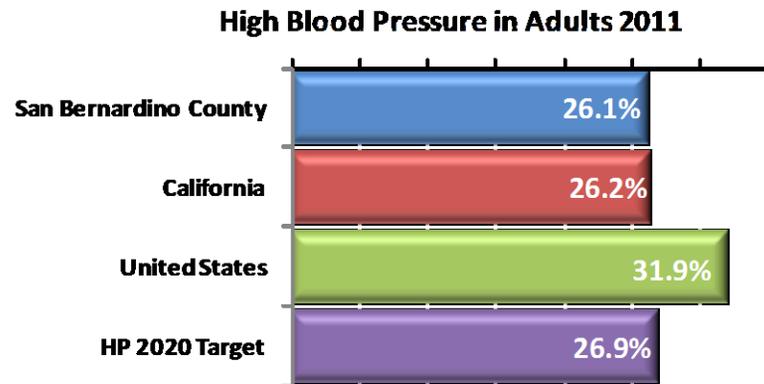


Source: Healthy People 2020

### High Blood Pressure

High blood pressure is a contributing factor to cardiovascular disease, leading to stroke and aneurysms. The percentage of adults diagnosed with high blood pressure has been rising slowly since 2001, County and state rates are very similar, with 26.1% of county residents diagnosed with high blood pressure compared to 26.2% of state residents overall. These figures have been rising from county and state rates of 22.9% and 22.2% in 2001 respectively.

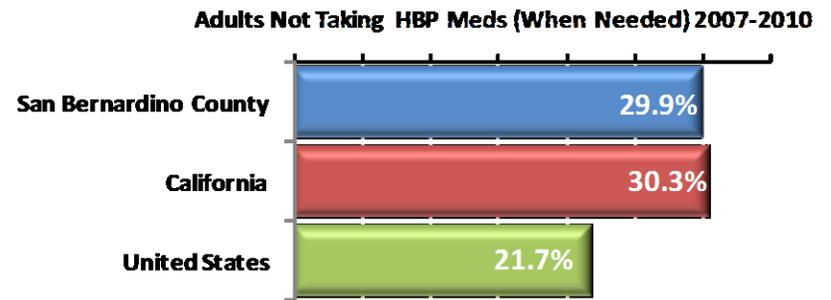
Ethnic differences in high blood pressure prevalence have decreased over time, with the 30.9% rate among African Americans in 2001 falling to nearly the county average at 26.2% in 2009, a decrease of 4.7%. During the same period, Latino rates rose from 16.0% to 23.1%, a 7.1% increase. Among whites, the percentages also increased, but at a slower rate, going from 27.6% to 31.2%, a 3.6% change.



Source: Healthy People 2020

Percentage of adults who have ever been told by a doctor that they have High Blood Pressure.

Percentage of adults with high blood pressure not taking their prescribed medications. This can be caused by poverty, a lack of health insurance or a lack of health education. Data represent estimates for the 4 year period 2007-2010

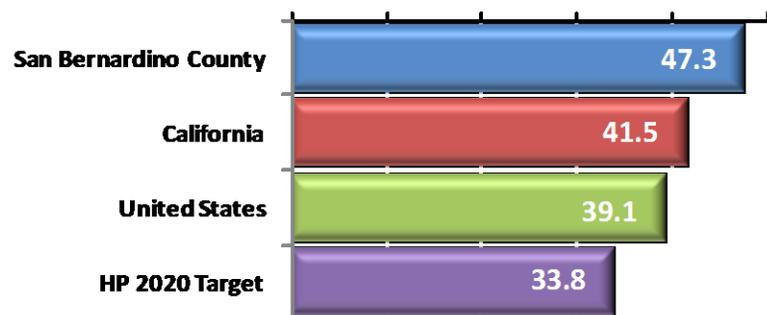


Source: Community Commons

## Stroke

Stroke hospitalizations have gone down slightly from 2005 to 2009, with an overall change of -2.2%. All ethnic groups experienced decreases in frequency, but from different levels. Stroke hospitalization rates for African Americans were highest, decreasing from 42.2 per 10,000 population in 2005 to 39.7 in 2009. Asian/Pacific Islander frequency fell from 19.6 per 10,000 to 1534, Latino rates fell from 30.0 to 26.1, the largest percentage decrease at -3.9%. White/Other rates declined from 29.4 to 28.2, the smallest decrease of only -1.2%.

### Stroke Deaths per 100,000 2010

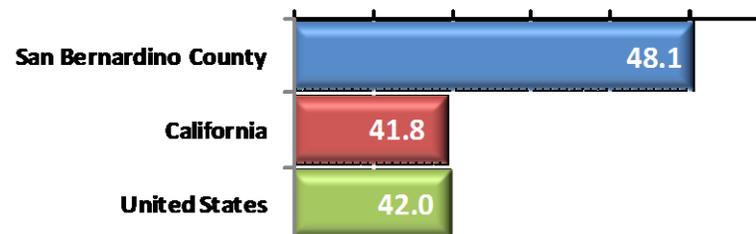


Source: Healthy People 2020

Within San Bernardino County there are an estimated 47.26 deaths due to cerebrovascular disease (stroke) per 100,000 population. This is greater than the Healthy People 2020 target of 33.8. This indicator is relevant because stroke is a leading cause of death in the United States.

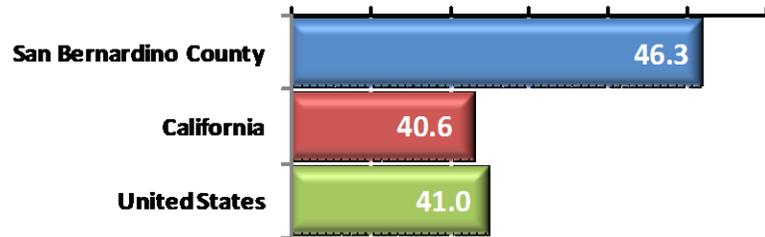
Number of Male deaths per 100,000 population due to stroke.

### Stroke Deaths - Male per 100,000 2011



Source: Health Indicators Warehouse

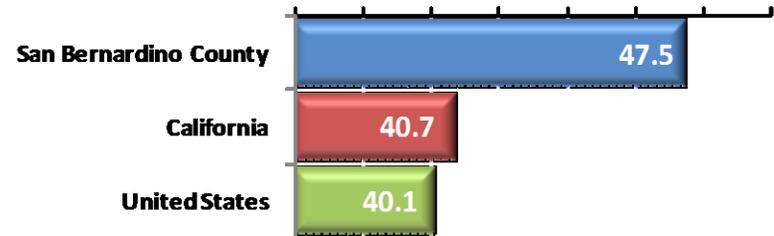
**Stroke Deaths - Female per 100,000 2011**



Source: Health Indicators Warehouse

Number of Female deaths per 100,000 population due to stroke.

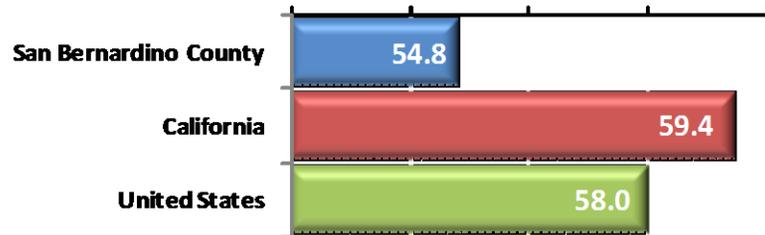
**Stroke Deaths - White per 100,000 2011**



Source: Health Indicators Warehouse

Number of deaths per 100,000 White population due to stroke.

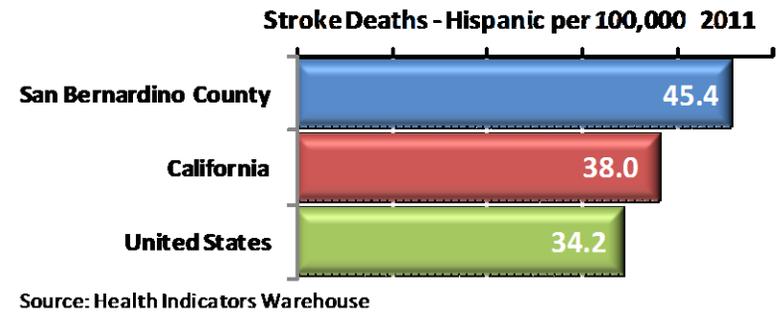
**Stroke Deaths - Black per 100,000 2011**



Source: Health Indicators Warehouse

Number of deaths per 100,000 African-American population due to stroke.

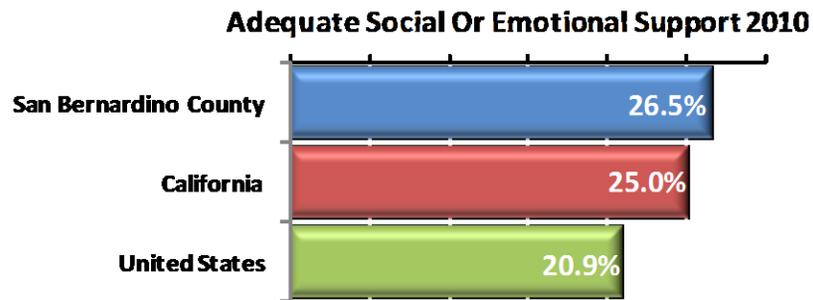
Number of deaths per 100,000 Hispanic population due to stroke.



## Mental Health

Mental health issues are poorly reported, and data on adults who have seen healthcare providers for mental or emotional problems has only been reported since 2007. The reported percentage of county residents who had seen a healthcare provider for mental and/or alcohol/drug issues increased slightly in the county, from 11.3% in 2007 to 12.8% in 2009. This is in contrast to the overall California rate, which reportedly decreased from 12.4% to 10.9% over the same period.

Under the Affordable Care Act, mental health issues are supposed to be accorded equal weight to physical ailments, and presumably data available on mental health issues will improve.



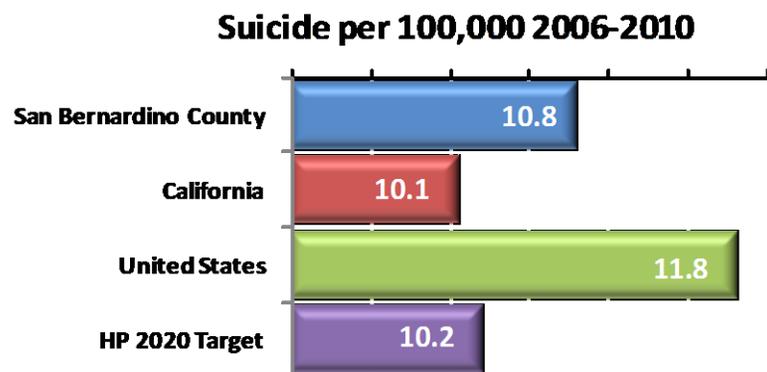
Source: Community Commons

The percentage of adults that receive insufficient social and emotional support all or most of the time.

## Suicide

While most individuals with mental health problems die of natural causes, suicides are much more prevalent causes of death for the mentally ill population than for the general population. Deaths from suicides now outnumber motor vehicle deaths.

The suicide rate for San Bernardino County was 10.8 per 100,000 population in from 2006 to 2010. This rate exceeds the HP 2020 target of 10.2, and the California rate at 10.1, although it is lower than the national average.



The rate of death due to intentional self-harm (suicide) per 100,000 population. This indicator is relevant because suicide can be an indicator of poor mental health. Data represent estimates for the 5 year period 2006-2010

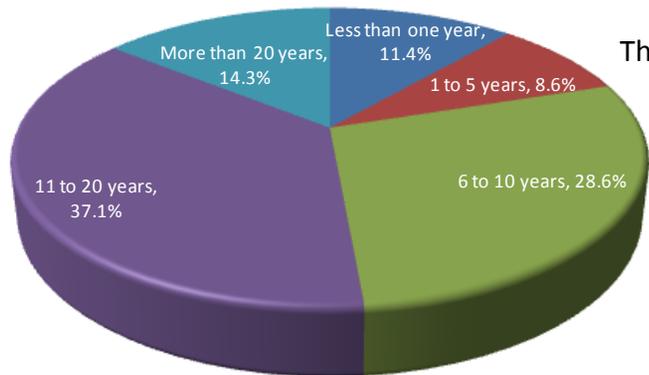
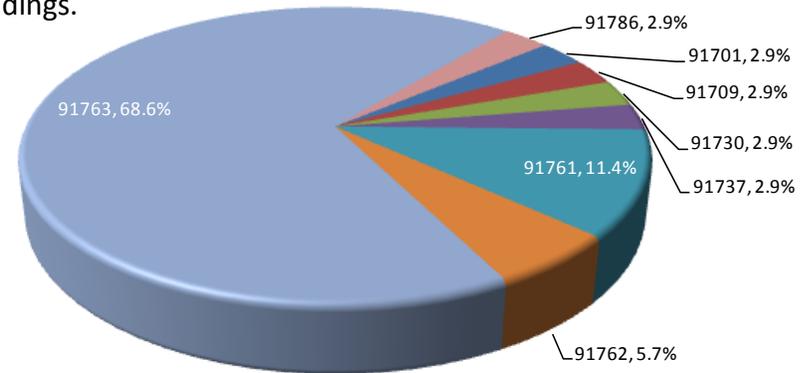
Source: Healthy People 2020

## PRIMARY DATA KEY FINDINGS

### Community Needs Survey Results

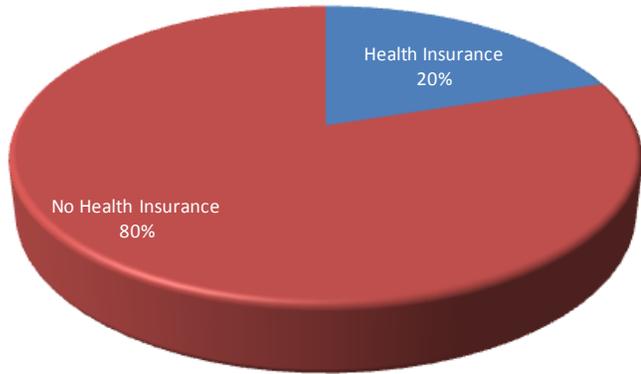
In an attempt to reach out to the community and gather a better understanding of their service area needs, Montclair Hospital reached out to its patients and community in general through a community needs survey, distributed in two languages (English and Spanish) to be able to capture and represent the highest segment of the current population in the TSA. The full results are provided in the Appendix at the end of this report. Here is the summary of the major findings.

The community resides primarily in one zip code (91763 or Montclair) which represented over 68% of all answers. The primary language of the respondents was Spanish accounting for over 68% of all survey answerers.

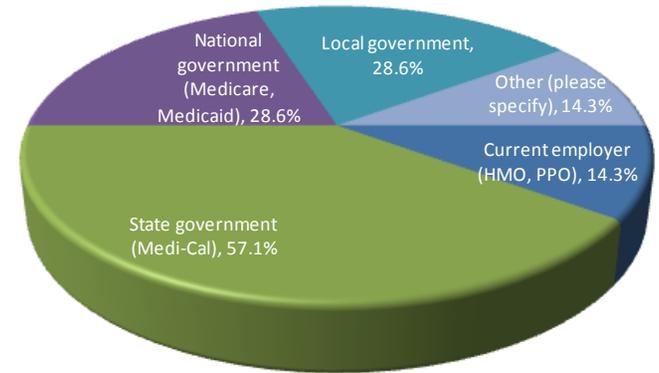


The majority of the community members have lived in the service area for 6 years and over (80%). Only 11% of the members have lived in the TSA for less than one year.

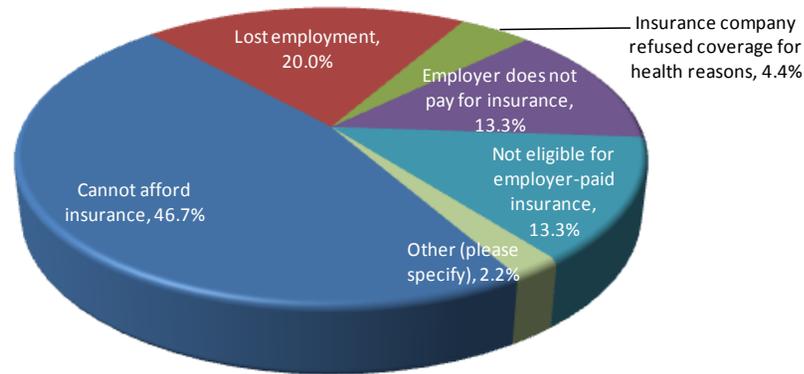
Over 80% of those who took the survey describe themselves as Hispanic or Latino. Over 80% were female and 70% were not currently employed.



Over 80% replied they don't have insurance and those who have insurance reported to be primarily on Medi-Cal and/or Medicare or similar government supplemented insurance.

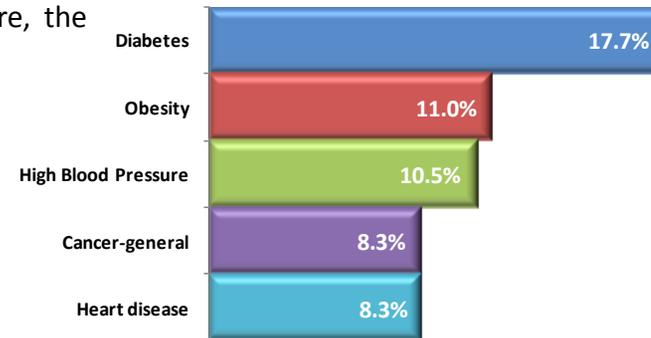


Lack of affordability and lost employment are the two major factors for the inability to have health insurance.



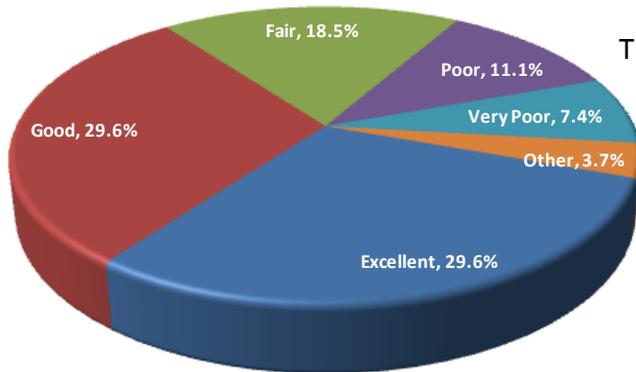
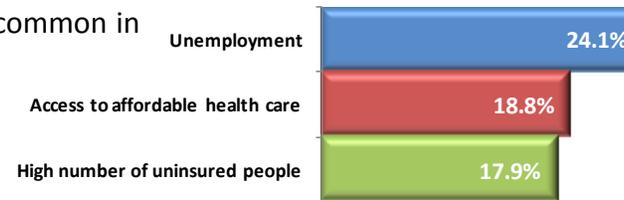
When asked what the greatest health problems in the community are, the following were highlighted:

- Diabetes 17.7%
- Obesity 11.0%
- High Blood Pressure 10.5%
- Cancer-general 8.3%
- Heart disease 8.3%



When asked to list three behavioral risk factors are the most common in the community, the following were highlighted:

- Unemployment 24.1%
- Access to affordable health care 18.8%
- High number of uninsured people 17.9%



The surveyed community also felt that a variety of clinics and programs were doing a good job in promoting health for the community. When asked specifically about Montclair Hospital, the following breakdown of responses was reported:

When asked what Montclair Hospital could do better to promote good health, the majority would like to see more education on healthy eating and exercise in schools, churches and health fairs for the community as well as offer low cost services to the uninsured.

Finally, the most pressing health care needs for those in the community that took part in the survey were the following:

- Access to healthcare
- Low cost insurance
- Diabetes management
- Education on eating and exercising
- Managing anxiety
- More community centers

### Focus Groups Results

To get input from the Spanish-speaking community, a focus group was held with members of Por La Vida's peer counselors. These women are members of the community who provide health, nutrition and parenting classes to Montclair residents. The meeting was held at the Por La Vida offices, and coordinated by Leticia Gavilanes.

The group identified 14 problems or concerns:

- Health Insurance
- Problems navigating the medical "system"
- Need for free services
- Child Care issues
- Transportation
- Family fitness issues
- Need for dietician services
- Access to Medications
- Eye Care
- Dental Care
- Variable quality of medical services
- Mobile clinics
- Access to specialists
- First aid

The group also was able to identify a variety of resources to assist residents in achieving and maintaining health. Among the services and programs mentioned were:

- Montclair Clinic
- Montclair Hospital Medical Center
- A central information telephone number
- Library resources
- Recreation Center
- Seniors Center
- Youth Center
- Health Fair
- Summer Camps

- Montclair Community Collaborative
- Planned “Navigators” for accessing California Connect and ACA resources
- After-school programs

While many resources are available, many barriers still exist to access, among them:

- Lack of low-cost, low-intensity care
- Montclair Community Collaborative’s limitation to school-age clients (K-8th grade)
- Lack of a “one-stop shop” for referrals
- Language barriers
- Immigration-status issues
- Lack of understanding of how health insurance works.
- Difficulties in accessing phone-based services by residents with no phones
- Lack of trust in institutional services by various ethnic groups

After further discussion, the focus group was asked to prioritize the concerns identified at the beginning of the discussion. The ten most important issues identified are listed below, in descending order (highest priority first)

1. Health Insurance
2. Family fitness issues
3. Child Care issues
4. Access to specialists
5. Problems navigating the medical “system”
6. Need for free services
7. First aid
8. Need for dietician services
9. Mobile clinics
10. Variable quality of medical services

These issues were recorded and all 14 identified issues were presented to the prioritization group later in the process.

## Interviews Results

Interviews were conducted both in person and by phone with individuals representing community organizations, government agencies and other parties with an interest in the health of the MHMC community.

Interviewees included:

- Trudy Raymundo, Public Health Director, County of San Bernardino
- Ken Johnston, Division Chief, Program Integrity, County of San Bernardino
- Marcia Richter, Director of Human Services, City of Montclair
- Misha Penn, Contract Compliance Manager, YWCA of San Gabriel Valley
- Miki Carpenter, Director - Health Communities, YWCA of San Gabriel Valley
- Dr. James Lally, Chief Medical Officer, Montclair Medical Clinic
- Larry Enriquez, Policy Advisor, Office of 4th District San Bernardino County Supervisor Gary Ovitt
- Kay Fangerow, Human Services Division, City of Montclair
- Floy Biggs, Chief Executive Officer, Community Senior Services, Claremont
- Bill Ruh, Mayor Pro Tem, City of Montclair
- Ginger Eaton, Community activist
- Dimitrios Alexiou, Regional Vice President, Inland Area, Hospital Association of Southern California, Community Vital Signs coordinator

Each of the interviewees was asked his or her opinion as to the greatest healthcare needs in the community, and what services and programs were available in the community. The interviews did not include requests to prioritize the needs stated. Several of the interviewees were recruited to join the Advisory Committee.

These interviews resulted in 38 different perceived issues. They are presented in alphabetical order below.

- Accountability for personal health
- After-school programs
- Aging population
- Care coordination
- Child care

- Community clinic
- Dental Care
- Diabetes (adult obesity)
- Diet
- Dietician services
- Education (general & health related)
- Elderly care
- ER diversion
- Eye care
- Family fitness
- Fear of physicians
- First aid
- Free services
- Health information
- Health insurance
- Heart disease
- Hypertension
- Income declines
- Medications access
- Mental health
- Mobile clinic
- Obamacare questions
- Obesity
- Outreach to seniors' housing facilities
- Physician's Assistant staffing for clinic
- Payment for services
- Peds care

- Physician shortages
- Preventive care
- Quality services
- Spanish speaking providers
- Specialist access
- Stress
- Transportation

In addition, respondents were asked to outline some of the resources available to residents to maintain or improve health. Respondents provided multiple providers and opportunities. They are listed here.

- Community clinics
- Community Vital Signs initiative
- Computer lab
- Counseling center
- Exercise options (Basketball courts, skateboard park, senior exercise program)
- Fire/Police/City agencies
- Flu shots
- Health education
- Health fair
- Hospital
- Meals on wheels
- Online college
- Senior centers
- Social agencies
- Spanish Language programs
- Youth center

## IMPLEMENTATION STRATEGY

### Introduction

Over the past year, Montclair Hospital has worked through gathering and analyzing primary and secondary data to assess the needs of its total service area. The results were reported in the CHNA report provided above. Following the determination of needs, the Steering and Advisory Committee met with the intention of addressing the severity of the needs identified and establish a process to allow prioritization and create goals and tasks to address the needs of the community in the future. The implementation strategy below aims at providing a summary of how best to address, based on current capacity and resources, the priorities highlighted.

### Prioritization Process

The prioritization process was done in two steps. In the first step, all issues were posted on wall sheets, and each member of the Prioritization Group (as defined later) was given 18 red “sticky dots” and asked to place those dots on the 18 issues each person thought most important. After all members had finished their dot placement, the issues with more than 6 total dots were selected, leaving 18 options for prioritization. They are shown below.

- Accountability for Personal Health
- After-School Programs
- Aging Population
- Care Coordination
- Community Clinic
- Diabetes (Adult Obesity)
- Diet
- Education (General & Health-related)
- Elderly Care
- Health Information
- Health Insurance (or lack)
- Heart Disease
- Mental Health

- Obesity
- Physician Shortages
- Preventive Care
- Spanish Speakers
- Transportation

As a second step, these 18 options were presented on another wall sheet, and respondents were given 10 dots with rankings from 1 to 10, 1 being the most important. Respondents placed their dots as before, expressing their individual rankings by placement of the numbered dots. When the process was finished, issues were ranked by using inverse values for the dots on each issue (a 1 was worth 10 points, a 10 was worth 1 point). After doing the adjustment, the rankings were added up, and the ten issues with the largest weighting were selected for further study and will be the focus of the Hospital’s implementation plan. The ten resulting issues are shown below, in bold type. They are listed in descending order of importance as indicated by the weighting figures.

Weighted Value of Votes											
Adjusted Values	10	9	8	7	6	5	4	3	2	1	Weighted Value
<b>Care Coordination</b>	80	9	-	-	6	-	-	-	-	-	95
<b>Education (General &amp; Health-related)</b>	10	45	8	-	-	10	-	3	-	-	76
<b>Community Clinic</b>	-	9	16	14	12	5	-	-	-	3	59
<b>Diabetes (Adult Obesity)</b>	-	18	8	14	6	5	4	-	2	-	57
<b>Mental Health</b>	-	-	16	14	12	-	4	6	-	1	53
<b>Health Information</b>	10	-	16	-	6	10	-	6	-	-	48
<b>Obesity</b>	-	-	16	14	-	5	4	3	4	-	46
<b>Diet</b>	20	-	-	14	6	-	-	-	2	1	43
<b>Physician Shortages</b>	-	-	-	-	6	20	8	-	2	-	36
<b>Heart Disease</b>	-	-	-	-	6	-	8	9	10	2	35
After-School Programs	-	9	16	-	-	5	-	3	-	-	33
Preventive Care	-	18	-	-	-	-	8	3	2	-	31
Spanish Speakers	-	-	-	-	6	-	12	3	2	1	24
Aging Population	-	-	-	14	6	-	-	-	-	-	20
Accountability for Personal Health	-	-	-	-	-	-	-	-	-	4	4

### Priority Needs and Issues

Following the Focus Group and Community Interviews, the answers related to community needs were summarized and presented to a group of community leaders including the majority of Steering Committee members, and a representative sample of community interviewees, several of which are also members of the Advisory Committee.

The panel which met to develop a list of priority needs and issues included:

- Gregory Brentano, Administrator, Montclair Hospital Medical Center
- Moira McCleary, Director Case Management, Montclair Hospital Medical Center
- Gail Aviando, Chief Nursing Officer, Montclair Hospital Medical Center
- Yvonne Ramos, Patient Access Manager, Montclair Hospital Medical Center
- Amie Boersma, Regional Director of Marketing, Prime Healthcare
- Trudy Raymundo, Public Health Director, County of San Bernardino
- Ken Johnston, Division Chief, Program Integrity, County of San Bernardino
- Marcia Richter, Director of Human Services, City of Montclair
- Misha Penn, Contract Compliance Manager, YWCA of San Gabriel Valley
- Miki Carpenter, Director - Health Communities, YWCA of San Gabriel Valley
- Floy Biggs, Chief Executive Officer, Community Senior Services, Claremont
- Bill Ruh, Mayor Pro Tem, City of Montclair

The Prioritization Group was provided with a list of all issues raised by the focus groups and interviewees, totaling 38 issues after consolidating similar comments into these groups. The list of issues was presented previously, and an explanatory summary of each issue, along with the prioritization forms used, is presented in the Appendix at the end of this report. The prioritization process as described earlier generated the ten primary needs to be addressed below. Planned strategies to deal with these priorities are discussed below.

### Description of Prioritized Needs

As set out in the executive summary, the ten highest priority needs derived from the process are as follows.

1. **CARE COORDINATION** – This was expressed in several ways, including need for coordination within the hospital, working with step-down services (Skilled Nursing, Home Health), and work with social service agencies to coordinate home-based services.
2. **EDUCATION (GENERAL AND HEALTH-RELATED)** - Health education is a preventive approach that educates the community residents on how to reduce the risk factors that could contribute to future ill health. Stakeholders noted that sensitivity to a patient’s cultural and linguistic background is a crucial factor in creating action and building self-management skills.
3. **COMMUNITY CLINIC** - The existing Montclair Community Clinic coordinates care with the Hospital. The clinic was mentioned as a good start, but in need of additional services and staff.
4. **DIABETES (ADULT OBESITY)** - The two issues were mentioned as co-morbidities. Both adult and child diabetes rates in San Bernardino County exceed state rates.
5. **MENTAL HEALTH** - Depression is a serious illness. Many people with depression may not seek treatment. However, with proper treatment, the majority can get better. Medications, psychotherapies, and other methods can effectively treat people with depression (NIMH, 2013). According to the primary data collected via key informant interviews, focus groups and surveys, many of the health care providers, professionals identified shortages of mental health care as major issues in the Montclair Hospital Medical Center service area.
6. **HEALTH INFORMATION** – Lack of information on various health issues, including disease management, access to care, and availability of services for various health issues was mentioned by several respondents. This issue is closely related to Education, mentioned earlier.
7. **OBESITY** - Overweight or obesity is an accumulation of excess body fat that affects a person’s overall health. It has been identified as a health need among adults and children, and is a risk factor to other chronic diseases such as hypertension, high cholesterol, heart disease, and diabetes.
8. **DIET (NUTRITION)** - This pertains to both diet choices made by local residents and availability of healthy foods in low-income areas. Unhealthy eating is associated with a higher risk of developing a variety of conditions and diseases, including obesity, diabetes, heart disease and certain types of cancer.
9. **PHYSICIAN SHORTAGES** - Shortages of physicians were mentioned both overall and as an access problem for specialty care for the underinsured.

**10. HEART DISEASE** - Cardiovascular disease includes congestive heart failure, heart attack, coronary heart disease/coronary artery diseases and stroke. Heart disease is one of the leading causes of death in the U.S., and San Bernardino County's **Community Vital Signs Initiative** has adopted heart disease as its focus for county-wide efforts over the next three years.

**Montclair Hospital and Community Resources Action Plans to Address Needs**

Resources currently exist in the community to address most of these priority needs, although in each case, more resources would be useful in combating the problems outlined. Some resources and action plans for the needs identified are listed below.

1. **CARE COORDINATION** – The hospital currently maintains relations with local Skilled Nursing and Home Health agencies, as well as hospice services. These relations, typically coordinated by the hospital's director of case management, provide referral pathways to and from the hospital as patients' needs increase or decrease. The referral pathways typically are less well-defined once a patient is discharged to home. **Action Plan:** The hospital will contact and develop plans for better coordination among providers and social service agencies to assure that discharged patients are able to maintain themselves at home. This coordination effort can be beneficial both to patients and the hospital by reducing the incidence of readmissions within 30 days.
2. **EDUCATION (GENERAL AND HEALTH-RELATED)** – The health education process should ideally begin in the community, and when patients are admitted, continue throughout the stay and provide resources to assist the patient in continuing his/her recovery at home. The hospital currently provides typical rehabilitation education, and information on medications administered while in the hospital. When patients need a continuing medication regimen to keep them from re-entering the hospital, data is provided to patients and their caregivers. In addition to inpatient education, the hospital provides community educators to meet with community groups and social services providers to educate the public on available educational and preventive care options available locally. The hospital also provides a substantial number of bilingual staff in areas throughout the facility to allow interaction with patients in their own languages. As more Asian clients use the hospital, staff will need to provide language- and custom-fluent attention to these patients. Outreach to agencies serving these groups will also be useful in designing programs to meet their needs.
3. **COMMUNITY CLINIC** - The existing Montclair Community Clinic coordinates care with the hospital, and the hospital provides substantial financial support, underwriting the clinics daytime hours. Additionally, Dr. Lally, the clinic's medical director, has privileges at both Montclair Hospital Medical Center and at Chino Hospital. This relationship facilitates care coordination between the clinic and the hospitals. While the presence of a Chief Medical Officer with relationships at the hospital is a positive condition, it does not completely resolve the issue of providing adequate physician coverage of all conditions

encountered at the hospital, and opportunities exist to increase availability of specialist services and generalist physician coverage at the clinic. MHMC plans to continue its support of services at the clinic, and to work with clinic staff to meet needs arising from services provided there. This facility is an important factor in providing care in non-hospital settings, and keeping the hospital's Emergency Department available for true emergencies. As community needs for the clinic evolve with changes in insurance and access policies, the hospital will coordinate services to promote the clinic's continuing role in maintaining community health.

4. **DIABETES (ADULT OBESITY)** – Diabetes was the single most-mentioned medical condition in virtually all interviews and focus groups. It was most often linked to obesity, both in adults and increasingly in children. Diabetes was also noted as one of the most treatable chronic conditions, with numerous potential interventions mentioned. Some interventions are already in progress, while others are in development stages. This condition is much more prevalent at MHMC than many other chronic conditions addressed in the County's Community Vital Signs report. MHMC is preparing to focus much of its education effort on the disease and its associated co-morbidities. The hospital is developing diabetes education programs to allow clients diagnosed with the illness to better manage their conditions. This program is also useful in reaching into the community and promoting weight management and diabetes control. It has significant potential to address a prominent community problem.
5. **MENTAL HEALTH** – Mental health issues have historically been treated as less acute and treatable than physical ailments, and until recently payment for mental health services was less available than coverage for physical problems. Recent legislation has stressed the importance of mental health care, and health insurance policies meeting ACA standards must include mental health services as one of the required coverages. While the hospital is ill-equipped to provide long-term care for mental health issues, it is an appropriate platform for identification and referral to appropriate service providers. Developing greater capacity to triage and refer clients is an appropriate goal to pursue in improving the overall health of the community, and the hospital will explore services (particularly in emergency situations) which will contribute to a continuum of care for area residents exhibiting symptoms of mental distress.
6. **HEALTH INFORMATION** – As was noted in the discussion of education, health information programs exist in the area, and hospital staff is diligent in providing discharging patients with protocols to assist them in continuing their recovery out of the hospital. Unfortunately, much of the information available is detailed and voluminous, and it is often difficult for patients to assimilate the information provided on discharge. There is opportunity to develop more understandable instructions for many conditions, and to provide referrals to successor agencies to continue the information transfer and coordination of care once the patient is back in the community. And as mentioned in the discussion of Diabetes (see #4), programs to assist clients in understanding their illnesses and managing their recovery, as well as in changing lifestyles to prevent future

illnesses are in process for that illness, and the hospital will explore options to provide education regarding many other diseases.

7. **OBESITY** – While obesity was most often mentioned in conjunction with diabetes, it is a precursor to many conditions including stroke, cardiac disease, high blood pressure and many others. Providing diabetes education is one method of attacking the problem, but it is not the only way. Since obesity may be a factor in many presenting ailments at the hospital, it needs to be addressed in different ways in order to meet the needs of the presenting clients. This is a lifestyle issue, and while hospital staff can counsel clients in options to control weight, little direct intervention is possible during a hospital stay. The best option for the hospital is to promote healthy weight among its own staff members (the cafeteria already provides healthy dining options), and to work with community groups to promote healthy lifestyles. This is an area for additional exploration and development of educational programs.
8. **DIET (NUTRITION)** – Opportunities for addressing this problem range from educating residents on the hazards of their current diets, to advocating for more nutritious food options in local markets, sponsoring farmer’s markets and lobbying local restaurants to provide healthy meal options.
9. **PHYSICIAN SHORTAGES** – The issues related to physician access were documented by both providers and patient advocates. Several specialties were listed as problematic, including nephrology, podiatry, and cardiology. While the hospital doesn’t employ physicians, it has relationships with physicians in these specialties and could explore options to make time available for specialists in these areas to see low-income and uninsured patients. The hospital has also analyzed physician needs within the community and is actively recruiting to fill known needs. These additional physicians will represent another resource to support community health in non-hospital settings.
10. **HEART DISEASE** - San Bernardino County’s Community Vital Signs Initiative has adopted heart disease as its focus for county-wide efforts over the next three years. This is in response to the reported prevalence of heart disease throughout the county. Since the incidence of heart-related ailments is significantly lower in the Montclair area than in the county overall, less emphasis has been placed on it as a priority issue. It is still important that MHMC support county-wide efforts to combat cardiac issues, however.

## ACTION PLAN

The prioritization process produced two issues with very high scores: Care Coordination and Education, with another group of high-priority issues closely grouped slightly lower. These include the Community Clinic, Diabetes and Mental Health. Other issues drew lesser priority votes, and several are closely related to the top vote-getters, such as Health Information (related to Education), Obesity and Diet (related to Diabetes) and Physician Shortage (distantly related to the Community Clinic issue).

The last item in the top ten is Heart Disease. This issue has been selected by the Community Vital Signs Initiative as its primary issue, and MHMC will need to coordinate with that group to address the issue.

The **Care Coordination** issue is an important item to address both as a basic issue, and as a factor being emphasized by portion of the Affordable Care Act. MHMC has the opportunity to work with the Community Vital Signs Initiative to address this need in cooperation with community groups identified in the interview and focus group process. Additional coordination efforts on the part of hospitals and local medical groups are also area for study and process development. The hospital will coordinate with local providers and act as a referral source to its patients requiring follow-on care after hospitalization. To the extent resources are available in the community to monitor discharged patients, they should be utilized to avoid relapses or other conditions that might lead to re-hospitalization.

**Education** of all types is crucial to implementation of the Affordable Care Act, since much of the growth in insured populations in the area will be driven by newly insured residents entering the realm of health insurance for the first time. While it will not be possible to get walk-in clients insured under the California Connect program after March 1, 2014, a window of opportunity exists between the current period and that deadline, as well as a chance to educate residents who miss the enrollment window about future enrollment opportunities. Also, residents who may not qualify for insurance under the ACA may have other opportunities that will need to be publicized. This is another area of opportunity for implementation of new strategies designed to bring more residents under the insurance umbrella, and hospital staff will need to monitor upcoming legislation and regulations that may provide opportunities to educate community residents regarding their insurance options. The hospital is already developing educational programs focused on specific diseases that will provide residents with methods of coping and/or curing those diseases. It should be noted that this issue resurfaced again under the label Health Information, and the issues to be addressed are similar.

The **Community Clinic** currently operating in Montclair is a pivotal element in the healthcare community surrounding MHMC, and MHMC's support has been an integral part of its success. Efforts to increase utilization there as an alternative to MHMC's Emergency

Department should continue, as well as programs designed to allow it to manage chronic disease patients who currently are forced to wait until they have acute episodes before they seek care. These patients may form a portion of the hospital population with the highest risk of being readmitted within 30 days, and thus represent both a risk in terms of uncompensated care as well as an opportunity to manage their care to keep them safe in their home environments. The hospital has an opportunity to assist the clinic in coordinating physician services to meet the perceived needs for specialty care, working with its medical staff and other community providers.

**Diabetes** was mentioned extensively in the focus group of Spanish-speakers, and also by the community representatives interviewed for this project. It closely ties to many of the other issues considered high priority, such as diet, obesity, and to a lesser extent education and heart disease. As such it represents a prime opportunity for intervention and education. The hospital currently offers programs to educate various populations, and additional programs may be possible to fill gaps in the available education options. Although it was not the highest priority listed, it is one with definite potential for direct intervention on the part of MHMC.

**Mental Health** issues also received significant mention, and the ACA adds emphasis to the issue but requiring parity with physical health issues in insurance packages. It is not yet clear how insurers will handle this, but it should be assumed that insured patients with physical ailments may also exhibit mental health symptoms that will be covered under their policies, and the hospital should be prepared to deal with them. As a local Emergency Department serving the community, it is an entry point for many acute mental health episodes, and will continue to see these events. Coordination with local mental health providers is already underway, and as insurance programs expand their coverage of mental health issues, the hospital has opportunities to expand its network of service providers and range of available services. This area will require ongoing monitoring to stay current with the state of the art in mental health services.

An issue that didn't get directly subsumed under other issues was the **shortage of physicians** in the area, particularly those who accept low-income patients. This problem was described as particularly acute regarding access to specialists, with several interviewees mentioning that management of routine chronic conditions was often complicated by patients' inability to see specialists for checkups or refills of prescriptions to manage their conditions. The hospital's access to physicians gives it a prime opportunity to assist the Community Clinic and other providers in gaining access to needed care on a timely basis.

As mentioned earlier, **heart disease** was the lowest priority of the group's top ten issues. Since the Community Vital Signs Initiative has adopted this issue as its primary focus, MHMC should work with members of the CVSI group to coordinate efforts to address the

disease. But given the greater focus on diabetes and associated issues by community members in the Montclair area, it is considered more appropriate for MHMC to focus its efforts on addressing this issue.

## APPENDIX

### Steering Committee

- Dr. Prem Reddy, Chairman, Prime Healthcare Services Foundation, [premreddy@premreddy.com](mailto:premreddy@premreddy.com)
- Mr. Gregory Brentano, Administrator, Montclair Hospital Medical Center, [GBrentano@primehealthcare.com](mailto:GBrentano@primehealthcare.com)
- Mr. Martin Mansukhani, Chief Financial Officer, Inland Empire Region, Prime Healthcare, [MMansukhani@primehealthcare.com](mailto:MMansukhani@primehealthcare.com)
- Ms. Gail Aviando, Chief Nursing Officer, Montclair Hospital Medical Center, [GAviando@primehealthcare.com](mailto:GAviando@primehealthcare.com)
- Ms. Amie Boersma, Director of Community Relations, [ABoersma@primehealthcare.com](mailto:ABoersma@primehealthcare.com)
- Ms. Ginger Eaton, Community Member, [QueenGinger@Juno.com](mailto:QueenGinger@Juno.com)
- Mr. Bill Ruh, Montclair Mayor Pro Tem, [brcvar@msn.com](mailto:brcvar@msn.com)

### Advisory Committee

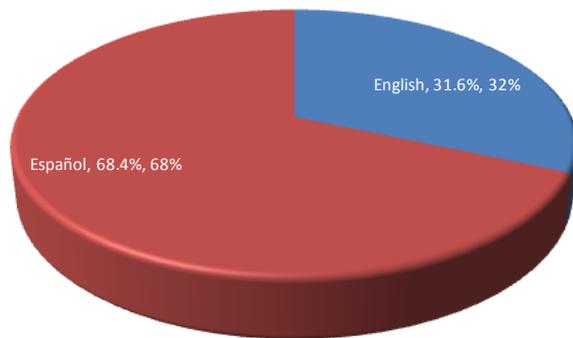
- Ms. Trudy Raymundo, Public Health Director, County of San Bernardino, [traymundo@dph.sbcounty.gov](mailto:traymundo@dph.sbcounty.gov)
- Ms. Marcia Richter, Director of Human Services, City of Montclair, [MRichter@cityofmontclair.org](mailto:MRichter@cityofmontclair.org)
- Dr. James Lally, Chief Medical Officer, Montclair Medical Clinic, [drlally@primehealthcare.com](mailto:drlally@primehealthcare.com)
- Mr. Larry Enriquez, Policy Advisor, San Bernardino County 4th District Supervisor's Office, [Larry.Enriquez@sbcounty.gov](mailto:Larry.Enriquez@sbcounty.gov)
- Ms. Kay Fangerow, Human Services Division, City of Montclair, [KFangerow@cityofmontclair.org](mailto:KFangerow@cityofmontclair.org)
- Ms. Floy Biggs, Chief Executive Officer, Community Senior Services, Claremont, [Floy@communityseniorservices.org](mailto:Floy@communityseniorservices.org)
- Mr. Bill Ruh, Mayor Pro Tem, City of Montclair, [brcvar@msn.com](mailto:brcvar@msn.com)
- Ms. Ginger Eaton, Community Activist, [QueenGinger@Juno.com](mailto:QueenGinger@Juno.com)

### Online Survey Results

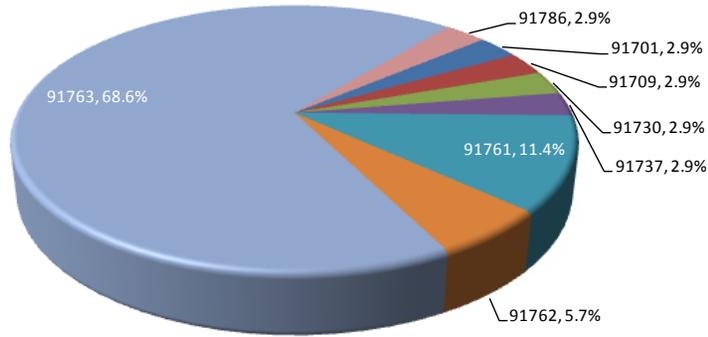
As was noted earlier, surveys were distributed at various sites, including Chamber of Commerce mixers, hospital waiting rooms, and the Montclair Clinic. The response was heaviest at the Clinic, and to some extent, the responses which follow reflect that fact. Since this clinic serves much of the community's neediest population, the responses provide insight into conditions where the health needs of the community are greatest.

The first response shown is not a question on the survey, but allowed surveyors to provide a survey form most understandable to respondents. The percentage of respondents selecting one of the two languages is indicative of some of the responses seen throughout the survey.

**Please select your language:**

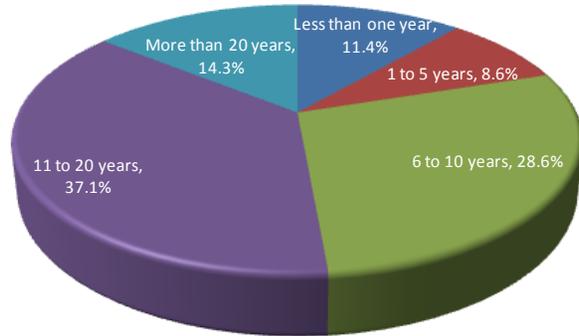


### 1. What zip code do you live in?



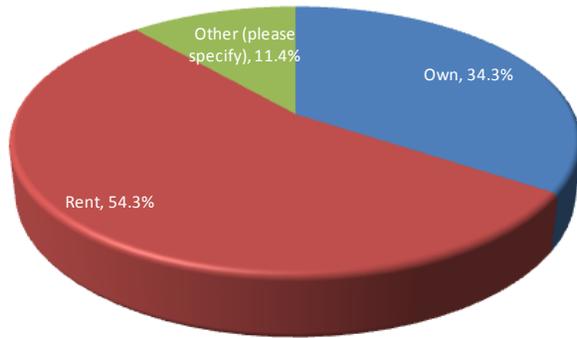
The vast majority of respondents were local, as would be expected from a community hospital, and surveys conducted at either the hospital or a local clinic.

### 2. How long have you lived in the community?



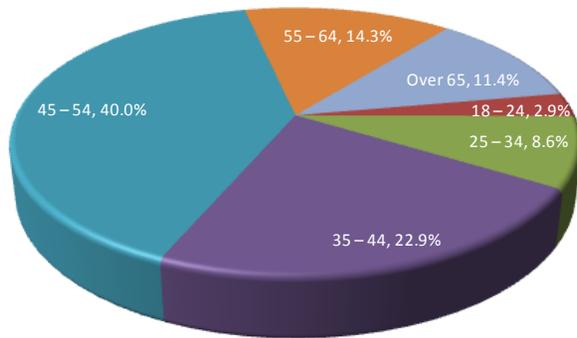
The tenure of most residents was quite long, indicating a stable community.

### 3. Do you own or rent your residence?



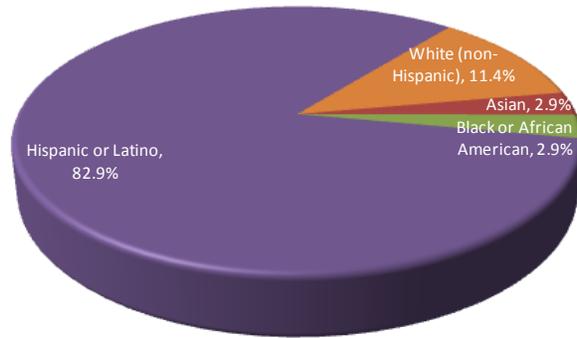
The percentage of renters in the area was higher than national averages. A partial explanation for this would be that the majority of surveys were done by lower-income residents, who have higher propensity to rent (see income data).

### 4. What is your age bracket?



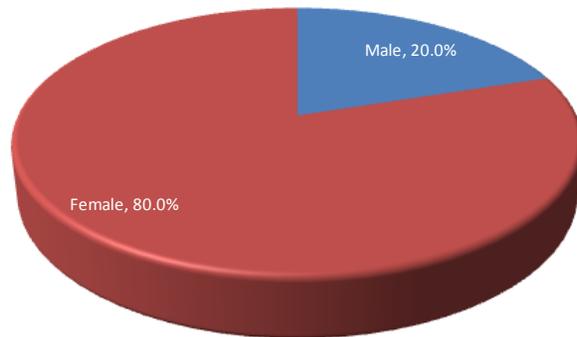
Survey respondents were, on average, slightly younger than the general population in the area. Once again, this may be due to the preponderance of clinic patrons who responded.

**5. How would you describe yourself?**



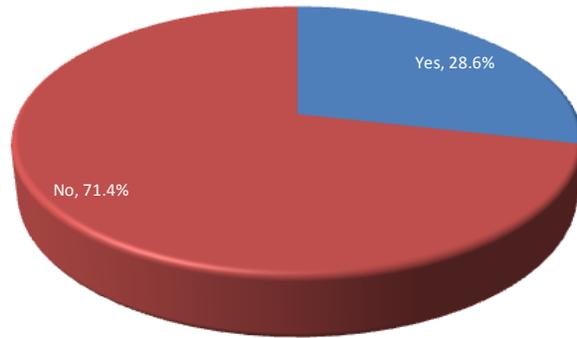
As was the case in earlier questions, a preponderance of Hispanic/Latino respondents was observed.

**6. Are you female or male?**



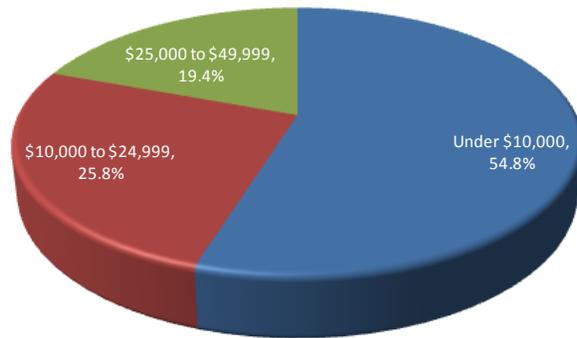
Much of the Montclair Clinic’s clientele is composed of parents (mostly female) who are bringing children (of either sex) for care. Thus although the percentage of respondents is heavily weighted toward females, the actual caseload at the clinic or at the hospital is less skewed.

**7. Are you currently employed?**



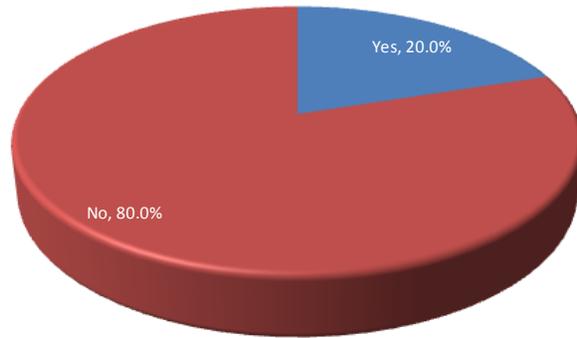
This question reflects the perception that the respondents who do not hold paid jobs are not “Employed”, although they may be working at managing households or other jobs that do not qualify as employment.

**8. What are your income and your total household income?**



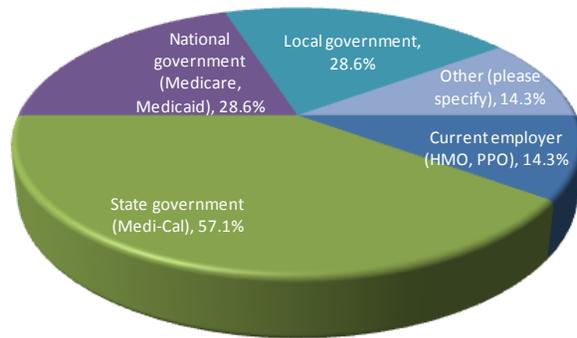
As would be expected at a community clinic, the income levels of patrons are in the lower quartile of the population.

**9. Do you currently have health insurance?**

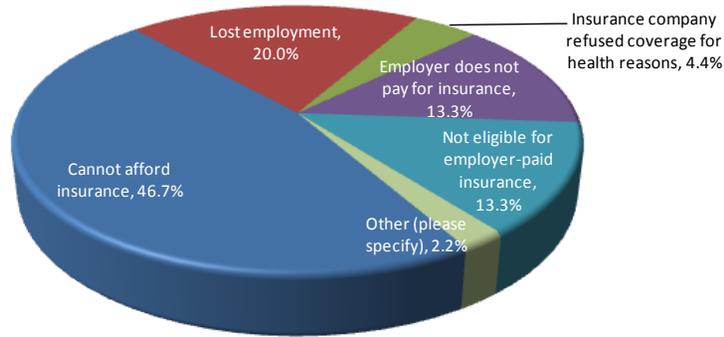


This question follows onto the previous two questions, which establish a majority of respondents having neither employment nor income to support health insurance payments.

**10. Who pays for your health insurance?**

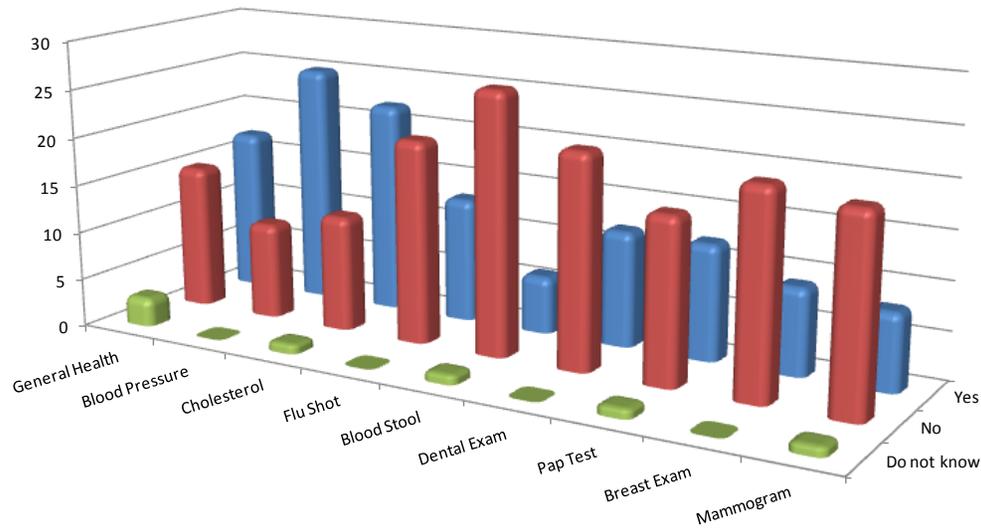


### 11. Why do you currently not have health insurance?



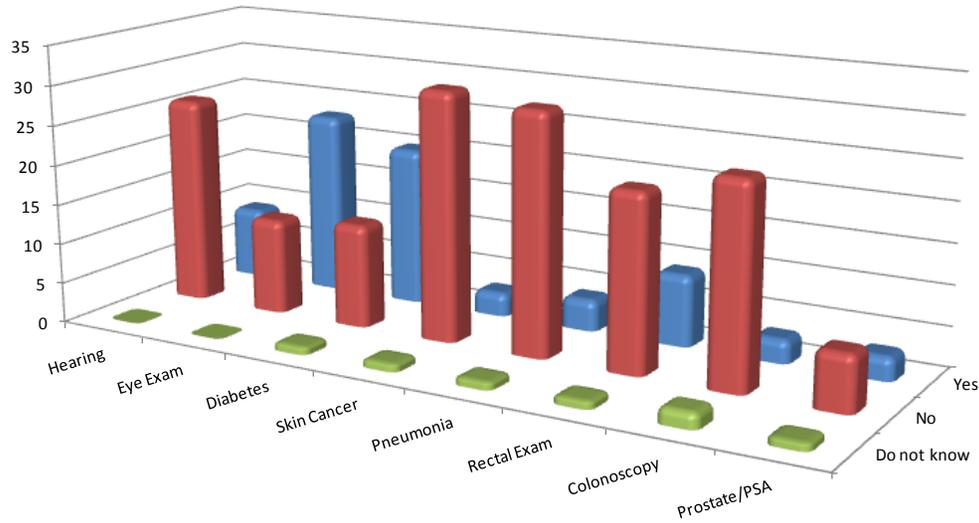
Of all the respondents, only 2.2% were insured under a non-government program.

**12. In the past 12 months, have you had a:**



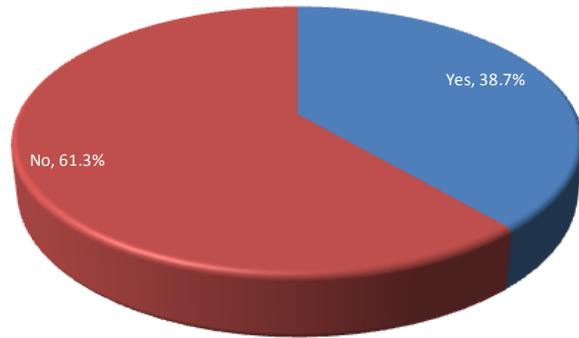
As would be expected of a lower-income clientele, the incidence of preventive screenings is minimal. Note that many respondents did not answer these questions, so the total responses (yes, no and don't know) don't add to 100%

**13. In the past 5 years, have you had a:**



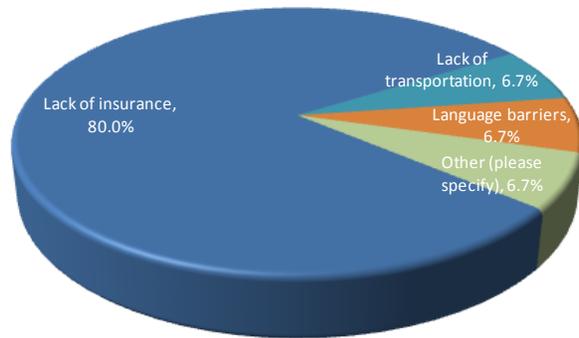
As was the case in the previous question, the response rate for this question was low, and those who did respond reported minimal interaction with medical personnel. The exceptions are eye exams and diabetes tests.

**14. In the past 12 months, have you had problems getting needed health care?**



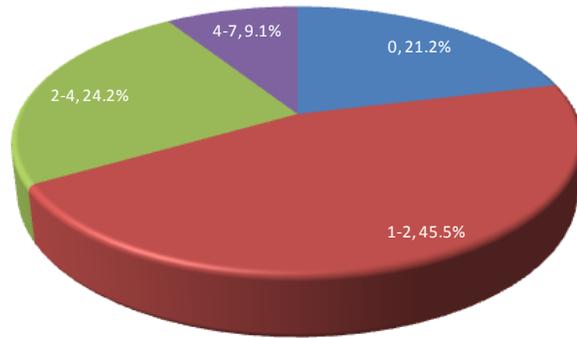
Although over just under 40% of respondents reported some trouble getting care, over 60% indicated they were able to access needed care.

**15. If yes, please provide the reason(s) for the difficulty in getting healthcare.**



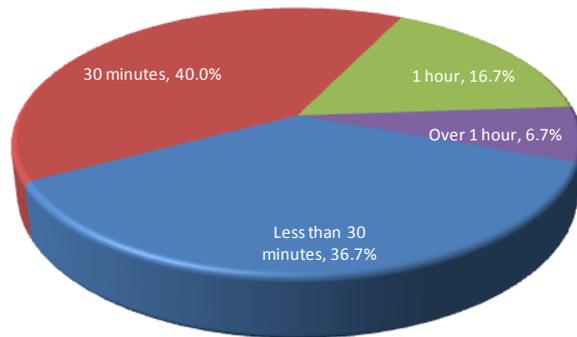
Insurance is listed by the overwhelming majority of respondents as the primary barrier to accessing healthcare. Transportation and language barriers were tied at a distant second.

**How many times a week do you exercise?**



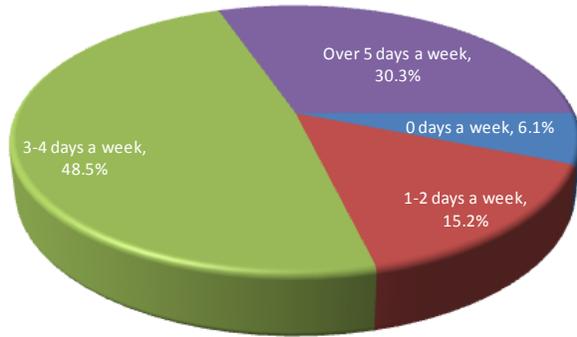
Over three quarters of all respondents reported exercising two times or less per week.

**16. For about how long do you exercise?**



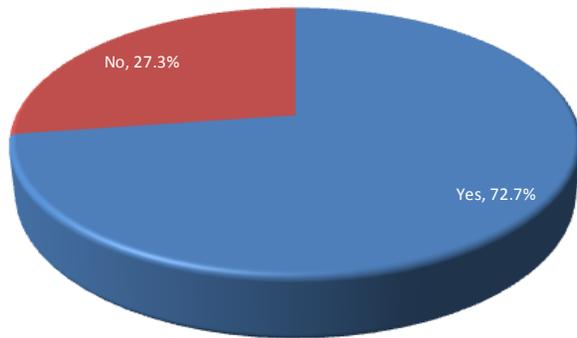
Over three quarters of all respondents reported exercising 30 minutes or less when doing exercises.

**17. How many days per week do you eat at least 5 servings of fruits and/or vegetables?**



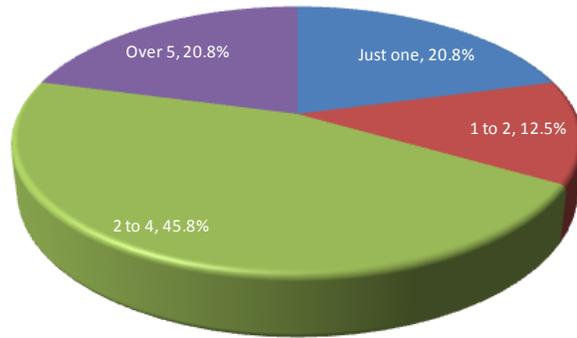
This is one of the most optimistic of the health indicators, with nearly 85% of respondents indicating that they comply at least three days per week or more.

**18. Are you on any medications?**



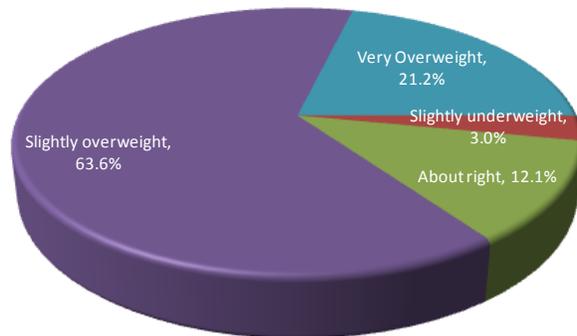
This question indicates a high percentage of respondents are on regular medications of some sort.

**19. If Yes, how many?**



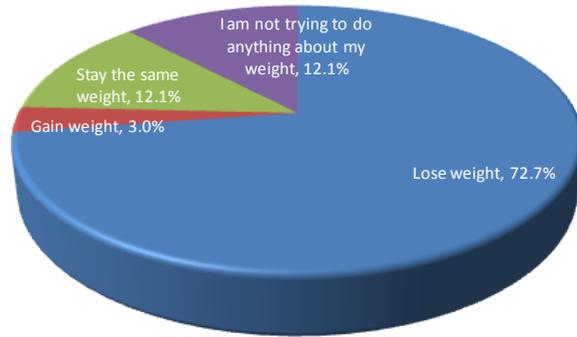
It should be noted that over half the respondents to the survey have medication regimens involving at least three different drugs.

**20. How would you describe your weight?**



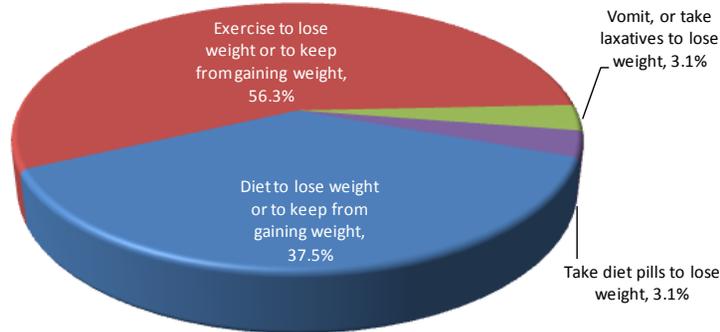
This self-description required the respondents to make judgments about their weight since no definition of “overweight” was provided.

**21. Which of the following are you trying to do about your weight?**



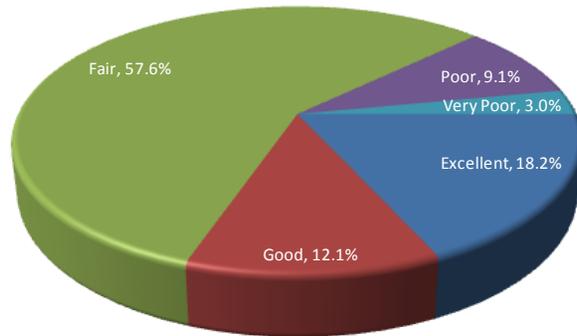
With the majority of respondents to question 21 reporting overweight status, the response to this question is to be expected.

**22. During the past 30 days, did you:**



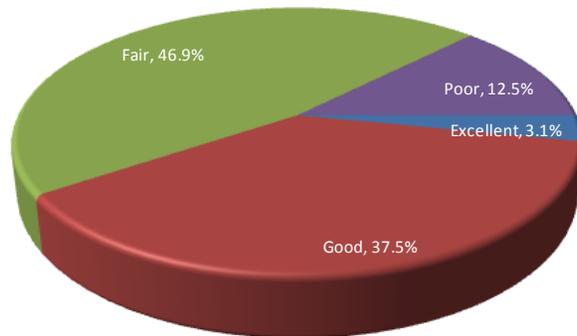
The methods used to deal with weight issues are predominantly the most healthy.

**23. How could you rate our community's overall health status?**



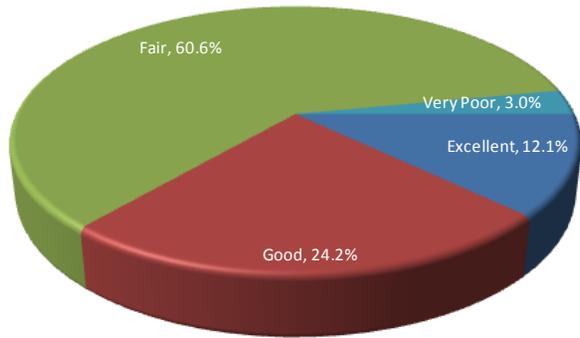
While the most prevalent answer to this question was “fair”, it should be noted that “good” and “excellent” far outpolled “poor” and “very poor”.

**24. How would you rate your own health status?**



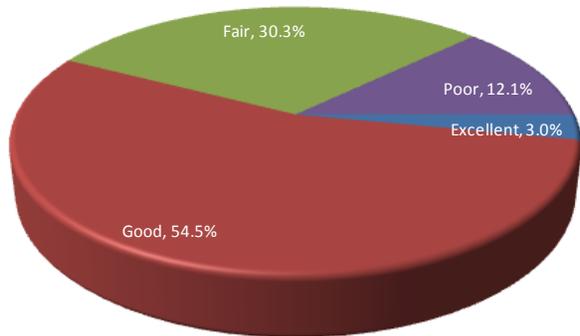
Respondents' answers to this question indicate that a substantial portion of respondents consider their health to be better than the overall health of their community.

**25. How would you rate our community's overall quality of life?**



Almost all respondents felt the community's overall health quality was at least fair, with a tiny minority considering it very poor.

**26. How would you rate your own quality of life?**



Respondents considered their own quality of life to be better than the community's overall quality, although a larger group considered their health to be poor.

## 27. What do you see as the greatest health problems in our community?

- Diabetes & cancer
- Diabetes Tipo #1, Tipo #2 (Diabetes Type # 1, Type# 2 )
- diabetes y cancer (diabetes and cancer)
- Diabetes, alta precion, sobrepeso (Diabetes, high pressure, overweight)
- Diabetes, Anemia, Cancer en el utero (Diabetes, Anemia, Cancer of the uterus)
- Diabetes, estres, alta presion arterial, colesterol, mala nutricion (Diabetes, stress, high blood pressure, cholesterol, bad nutrition)
- Diabetis (diabetes)
- Diabetis, artritis, colestrol (Diabetes, arthritis, cholesterol)
- Diabeto, Cancer, problemo de la vista, colesterol (Diabeto, Cancer, vision problems, cholesterol)
- El sobrepeso (overweight)
- Insurance for everyone
- insurance needs
- La mala alimentacionel. El sobrepeso. (Poor diet. The overweight.)
- La obesidad, la presion alta, diabetis, colesterol, corazon (Obesity, high blood pressure, diabetes, cholesterol, heart)
- Los Padres no tenemos responsabilidad de la esensial que es comer saludable y el ejersisio (Parents do not have the essential responsibility is to eat healthy and exercise)
- Muchio alta precion, diabetes, obesidad por comer mal y no hace ejercicios (Many high blood pressure, diabetes, obesity, eating poorly and does not exercise)
- obesidad, cancer (obesity, cancer)
- Obesidad, diabetes (Obesity, diabetes)
- Obesidad, Diabetes, Hipertension problemas cardiovasculares (Obesity, Diabetes, Hypertension cardiovascular problems)
- Obesity
- Obesity/high blood pressure/diabetes
- over weight
- Sobrepeso (overweight)
- Theres alot overweight asthma, anxiety

**28. Which four diseases/conditions do you believe are the most common in our community?**

- Diabetes 17.7%
- Obesity 11.0%
- High Blood Pressure 10.5%
- Cancer-general 8.3%
- Heart disease 8.3%

**29. Which three behavioral risk factors are the most common in our community?**

- Unemployment 24.1%
- Access to affordable health care 18.8%
- High number of uninsured people 17.9%

**30. Who in our community does a good job of promoting health?**

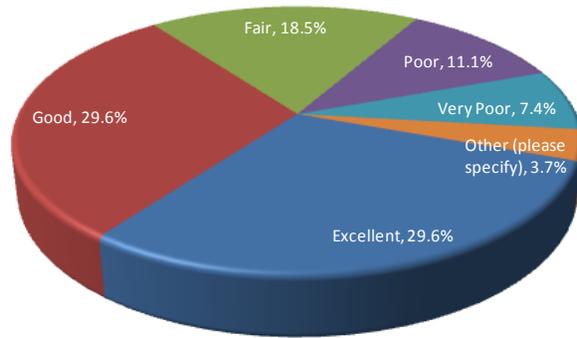
- 5 primeros, escuelas y iglesias (Top 5 schools and churches)
- Billboards & gyms
- City
- Clinicas publicas y privadas (Public and private Clinics)
- Don't know
- El colaborative de montclair (The Montclair Collaborative)
- El programa de Montclair Por La Vida, Iglesia, Clinicas (Montclair Por La Vida program, Churches, Clinics)
- Kaiser Permanente
- La Clinica de Monclair (The Montclair Clinic)
- Leticia Gavilanes
- Leticia Gavilanes Mujeres Disididas (Leticia Gavilanes Women Disididas)
- Monclair, Por La Vida (Monclair, For Life)
- Montclair Adult Clinic
- Montclair Clinic, Por la Vida (Montclair Clinic, For Life)
- Montclair Clinica porque es de los bajos precios. Asen muy bien en ayudar a las personas que no tienen mucho dinero o son pobres como yo (Montclair Clinic because it is of low prices. Does very well in helping people who do not have much money or are poor like me)
- Montclair Medical Clinic

- No se (not)
- Politicos (Politicians)
- Programa "Por La Vida" Leticia Garilanos (Program "For Life" Leticia Garilanos)
- promotores de salud, de por la vida escuelas, centros comunitarios (health promoters, Por La Vida, schools, community centers)
- The clinic centers

**31. Who in our community does not promote good health?**

- No se (not)
- Agencias privadas (private agencies)
- Certain co's that are in the food & drink business
- Escuela (school)
- Fast food places
- Fast food, liquor stores
- Los Politicos Agencias privadas (Politicians, Private Agencies)
- Negosios Privados (Private Business)
- No lo se (Do not know)
- No lo se, quizas los politicos (I don't know, maybe the politicians)
- No opinion
- No se (not)
- Not sure
- Politicos (Politicians)
- Politicos/AgenciasPrividas (Political / Private Agencies)
- The clinic center
- Tiendas de licores y tabacos (Liquor Stores and Tobacco)
- Tiendas Politicos (Political Stores)
- Todos los Politicos (All Political)

### 32. How well does Montclair Hospital promote good health?



### 33. What could Montclair Hospital do better to promote good health?

- Estar en ferias de salud o anunciarse en las escuelas de las alrededores (Being in health fairs or advertise on the secluded but schools)
- better access to care
- Comer sanamente (eating healthy)
- Dales mas atencion medica a todas las personas pobres y no negalesnad de hospitalacion a ninguna persona (Give more medical care to all poor and not hospitalacion negalesnad of any person)
- Dando servicios a bajo costo o gratis (Providing services at low cost or free)
- Dar clases de salud como de nutricion, para hacer ejercicios, superacion personal (Teach health and nutrition, to exercise, personal growth)
- Get the word out
- Hacen lo mejor que pueden (They do the best they can)
- Have health fairs in the community/
- informacion (information)
- Keep up good promating
- Mas informacion (more information)
- No se (not)
- Nothing
- Offer affordable health care

- Ofrecer Servicios a bajo costo o coratis (Providing services at low cost or free)
- Promoverlo mas a traves de diferentes medias, presentaciones, campañas (Promote more through different means, presentation, campaigns)
- Reuniones que ofrescan informacion (Meetings that provide information)
- Tener Mejer Servicio en General y Limpieza (Having Mejer General Service and CleaningPocket)
- Tener Mejer personal ambles (Having ambles Personal Best)

**34. If you were in charge of improving health in our community, what would you do first?**

- Promoveria exámenes físicos gratuitos una vez por año por personal en cada familia (Would promote free physical exams once a year for each household staff)
- Access to affordable health care
- Clases par informar a la comunidad (Classes to inform the community)
- Comer Comidas Sanas (Eat Healthy)
- Dar mas informacion y educacion a las familias (Give more information and education to families)
- Darle beneficio de salud a todos Send waived for health care for all)
- Find a way to have health care for everyone
- I don't kow
- I'd first teach the importance of healthy eating habits, exercising and learning to buy the right groceries (preferable organic products) Visit schools/companies/churches to teach people the importance of having a good health & learning how to improve it as well as teaching people to get involved in the community programs.
- informacion (information)
- Llavar informacion (Carry information)
- Llavar informacion (Carry information)
- Make sure everyone gets yearly exam
- No se (not)
- No tengo idea (I have no idea)
- Ofrecerion clases de ejercicio y nutricion para la familia (Offer exercise and nutrition classes for families)
- Promover El Ejercicio (Promote Exercise)
- Promoveria la actividad fisica y la buena salud (Would promote physical activity and good health)
- Tener mas doctores y mas personas que trabajen por las que estan mas enfermas en la clinica (Having more doctors and more people working for you are more sick in the clinic)

- Tener programas Para Padres y Hijos Juntos (Having programs for Parents and Children Together)
- Una encuesta con diferentes personas para saber cual es la necesidad que tienen (A survey with different people to know what is the need)
- What is available

**35. What is the most pressing health care related need for you, your family or our community?**

- Acceso (access)
- Bajo costo aseguransa (Low cost aseguransa)
- Diabetes control
- good insurance coverage
- Health insurance that is affordable
- I need affordable insurance for myself & family
- informacion (information)
- Insurance
- Las enfermedades cronicas (Chronic diseases)
- Lugar seguro para hacer ejercicios que fuera de bajo recursos. Nutricion consejeria. (Safe place to exercise it was low income. Nutrition counseling.)
- Mas centros comunitarios (More community centers)
- Mi familia (my family)
- over weight (anxiety!)
- Prescription for anxiety
- Que Nos Den La Ayuda Necesaria (The Help Give That We Needed)
- Social activity
- Tener aseguransa accesible (Optionally have make sure affordable)
- tener Aseguranza Medica (have Medical Insurance)
- Tener seguro medico para todas las personas de bajo recursos y gente pobre como yo espero ustedes agan algo por todas las personas que necesitamos estos servicios de doctor (Having health insurance for all low-income people and poor people as I hope you agan something for all the people who need these services, Dr.)
- The need of affordable health care providers.

**Primary Data Collection Instruments**

**Identified Health Needs for the Montclair Hospital Medical Center Area**

**Montclair Hospital Medical Center**

**CHNA Need Prioritization**

Name: \_\_\_\_\_

Credentials \_\_\_\_\_

Title: \_\_\_\_\_

Agency \_\_\_\_\_

Public Health Experience \_\_\_\_\_

Health Need	1st Round	Ranking
Accountability for Personal Health		
After-School Programs		
Aging Population		
Care Coordination		
Child Care		
Community Clinic		
Dental Care		
Diabetes (Adult Obesity)		
Diet		
Dietician		
Education (General & Health-related)		
Elderly Care		
ER Diversion		
Eye Care		
Family Fitness		
Fear of Physicians		
First Aid		
Free Services		
Health Information		
Health Insurance (or lack)		

Health Need	1st Round	Ranking
Heart Disease		
Hypertension		
Income Declines		
Meds Access		
Mental Health		
Mobile Units		
Obamacare Questions		
Obesity		
Outreach to Srs Facilities		
PA Staffing for clinic		
Payment for Services		
Peds Care		
Physician Shortages		
Preventive Care		
Quality Service		
Spanish Speakers		
Specialist Access		
Stress		
Transportation		

## Issues for Prioritization

**Accountability for Personal Health** - This relates to a perceived need by at least one respondent for patients to take more responsibility for their own health needs.

**After-School Programs** - One health need related to children is the lack of programs to keep children active in useful pursuits. This could include exercise programs or other organized play or learning activities.

**Aging Population** - Older populations are more frequent users of healthcare services, and some respondents perceive a lack of elderly-focused services.

**Care Coordination** - This was expressed in several ways, including need for coordination within the hospital, working with step-down services (Skilled Nursing, Home Health), and work with social service agencies to coordinate home-based services.

**Community Clinic** - The existing clinic was mentioned as a good start, but in need of additional services and staff.

**Dental Care** - Low-income households were reported to have severe problems accessing dental care services.

**Diabetes (Adult Obesity)** - The two issues were mentioned as co-morbidities. Both adult and child diabetes rates in San Bernardino County exceed state rates.

**Diet** - This pertains to both diet choices made by local residents and availability of healthy foods in low-income areas.

**Dietician** - Some respondents indicated a need for dietician services both inside the hospital (as part of discharge planning) and in the community as an educational adjunct.

**Education (General & Health Related)** - Several respondents mentioned the educational level of many patients as an issue in getting compliance with physician instruction, as well as a contributor to unhealthy lifestyles.

**Elderly Care** - A lack of specialized health care providers, as well as a dearth of care providers in residential settings are issues related to elderly health.

**ER Diversion** - Use of ER services for non-emergent problems was cited by several respondents as a financial and appropriate care problem.

**Eye Care** - Eye care professionals were noted to be difficult to access for low-income families.

**Family Fitness** - Obesity and its related problems were reported to be family traits.

**Fear of Physicians** - Reported by some respondents as an issue in seeking needed care.

**First Aid** - Reported as a need to divert non-emergent clients from ERs.

**Free Services** - Reported as a need for low-income populations, no specific services listed.

**Health Information** - Lack of information or access to it was noted by several respondents.

**Health Insurance (or Lack)** - Reported as a significant issue among low-income populations.

**Heart Disease** - Hospitalizations from heart disease have been decreasing but are still a significant factor.

**Hypertension** - In contrast to heart disease, hypertension diagnoses are rising in the county.

**Income Declines** - High unemployment and a slow recovery have contributed to declines in household income over the past five years.

**Meds Access** - Both cost and availability of specific meds were mentioned by respondents.

**Mental Health** - Several respondents mentioned a limited supply of mental health services.

**Mobile Units** - A need for mobile care delivery to underserved areas was mentioned.

**Obamacare Questions** - Several individuals mentioned the need to explain the Affordable Care Act to potential beneficiaries.

**Obesity** - As a contributor to diabetes, high blood pressure, cardiac problems and orthopedic issues, this was mentioned by several respondents.

**Outreach to Seniors Facilities** - Many senior housing complexes can be found in the area, and most of them have limited relationships with area hospitals, except when a resident becomes ill.

**PA Staffing for Clinic** - Mentioned as an example of needs at the local clinic.

**Payment for Services** - This issue was mentioned both as an income issue for hospitals and as a problem for patients who have difficulty paying for the services they receive.

**Peds Care** - Limited care for children was mentioned by several respondents.

**Physician Shortages** - Shortages of physicians were mentioned both overall and as an access problem for specialty care for the underinsured.

**Preventive Care** - The term was used by several contributors, loosely defined as working with clients to notice warning signs of potential illness and devising methods to keep the illnesses from progressing to higher intensity.

**Quality Care** - Another term without precise definition, but again loosely defined as focusing on providing only care that is necessary and offers actual improvement in health status.

**Spanish Speakers** - Mentioned by several interviewees as a problem when language-fluent staff was not available to assist patients.

**Specialist Access** - Mentioned as an issue by healthcare providers serving low-income or poorly insured patients needing referral to specialized care providers.

**Stress** - A healthcare issue as it contributes to other maladies such as high blood pressure, and deteriorating mental health status.

**Transportation** - An issue with relation to access to care. Residents without access to auto transportation report problems getting to medical appointments and/or healthcare providers when necessary.

Community Survey Questionnaire - English



June 24, 2013

**Montclair Hospital** has engaged **HFS Consultants** to gather information about day-to-day living habits that may affect your health and some questions about the care that is provided in the community you live. Your participation is voluntary. The survey will only take about 15-20 minutes and your answers will be kept strictly confidential.

This information will be very important to determine which services are provided and assess the health needs of your community. We are grateful for your time and co-operation.

If you have any questions, please contact Amie Boersma at (909) 625-5400.

Thank You.

**GENERAL INFORMATION**

1. What zip code do you live in?

2. How long have you lived in the community?

- Less than one year
- 1 to 5 years
- 6 to 10 years
- 11 to 20 years
- More than 20 years

3. Do you own or rent your residence?

- Own
- Rent
- Other (please specify)

4. What is your age bracket?

- Under 18
- 18 – 24
- 25 – 34
- 35 – 44
- 45 – 54
- 55 – 64
- Over 65

5. How would you describe yourself? (Choose one or more from the following racial groups)

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White (non-Hispanic)

6. Are you female or male?

- Male
- Female

7. Are you currently employed?

- Yes
- No
- Full-time Student
- Other (please specify)

8. What are your income and your total household income?

*Your income*

- Under \$10,000
- \$10,000 to \$24,999
- \$25,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$199,999
- \$200,000 to \$249,999
- Over \$250,000

*Total household*

- Under \$10,000
- \$10,000 to \$24,999
- \$25,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$199,999
- \$200,000 to \$249,999
- Over \$250,000

9. Do you currently have health insurance?

- Yes
- No (Skip to Question 11)

10. Who pays for your health insurance (Check all that apply)?

- Current employer (HMO, PPO)
- Former employer (COBRA)
- State government (Medi-Cal)
- National government (Medicare, Medicaid)

- Local government
- Self funded
- Other (please specify)

11. Why do you currently not have health insurance (Check all that apply)?

- Cannot afford insurance
- Lost employment
- Insurance company refused coverage for health reasons
- Employer does not pay for insurance
- Not eligible for employer-paid insurance
- Do not believe in insurance
- Do not need insurance
- Dissatisfied with previous insurance plan or provider
- Other (please specify)

#### **HEALTH HABITS**

12. In the past 12 months, have you had a (fill in all that apply):

*General Health Exam*

- Yes
- No
- Do not know

*Blood Pressure Check*

- Yes
- No
- Do not know

*Cholesterol Check*

- Yes
- No

- Do not know

*Flu Shot*

- Yes
- No
- Do not know

*Blood Stool Test*

- Yes
- No
- Do not know

*Dental Exam/Teeth Cleaned*

- Yes
- No
- Do not know

*IF FEMALE: Pap Test*

- Yes
- No
- Do not know

*IF FEMALE: Breast Exam by a Health Care Provider*

- Yes
- No
- Do not know

*IF FEMALE: Breast X-Ray or Mammogram*

- Yes
- No
- Do not know

13. In the past 5 years, have you had a (fill in all that apply):

*Hearing Test*

- Yes
- No
- Do not know

*Eye Exam*

- Yes
- No
- Do not know

*Diabetes Check*

- Yes
- No
- Do not know

*Skin Cancer Screen*

- Yes
- No
- Do not know

*Pneumonia Shot*

- Yes
- No
- Do not know

*IF AGE 40 or OLDER: Rectal Exam*

- Yes
- No
- Do not know

*IF AGE 50 or OLDER: A Colonoscopy*

- Yes
- No
- Do not know

*IF MALE and AGE 40 or OLDER: A Prostate Cancer Screen/PSA*

- Yes
- No
- Do not know

14. In the past 12 months, have you had problems getting needed health care?

- Yes
- No

15. If yes, please provide the reason(s) for the difficulty in getting healthcare.

- Lack of insurance
- Health care provider would not accept your insurance
- Insurance would not approve<sup>1</sup> pay for care
- Cannot afford co-pay
- Lack of transportation
- Language barriers
- Travel distance to provider too great
- Cannot understand my doctor

How many times a week do you exercise?

- 0
- 1-2
- 2-4
- 4-7

16. For about how long do you exercise?

- Less than 30 minutes
- 30 minutes
- 1 hour
- Over 1 hour

17. How many days per week do you eat at least 5 servings of fruits and/or vegetables?

- 0 days a week
- 1-2 days a week
- 3-4 days a week
- Over 5 days a week

18. Are you on any medications?

- Yes
- No

19. If Yes, how many?

- Just one
- 1 to 2
- 2 to 4
- Over 5

20. How would you describe your weight?

- Very underweight
- Slightly underweight
- About right
- Slightly overweight
- Very Overweight

21. Which of the following are you trying to do about your weight?

- Lose weight

- Gain weight
- Stay the same weight
- I am not trying to do anything about my weight

22. During the past 30 days, did you (Check all that apply):

- Diet to lose weight or to keep from gaining weight
- Exercise to lose weight or to keep from gaining weight
- Vomit, or take laxatives to lose weight or to keep from gaining weight
- Take diet pills to lose weight or to keep from gaining weight

### **COMMUNITY INFORMATION**

23. How could you rate our community's overall health status?

- Excellent
- Good
- Fair
- Poor
- Very Poor

24. How would you rate your own health status?

- Excellent
- Good
- Fair
- Poor
- Very Poor

25. How would you rate our community's overall quality of life?

- Excellent
- Good
- Fair
- Poor

Very Poor

26. How would you rate your own quality of life?

Excellent

Good

Fair

Poor

Very Poor

27. What do you see as the greatest health problems in our community?

28. Which four diseases/conditions do you believe are the most common in our community?

Cancer-general

Breast Cancer

Respiratory diseases-adults

Asthma-children

Diabetes

Heart disease

High Blood Pressure

Poor Nutrition

Lack of physical activity

Obesity

Smoking

Stroke

Substance abuse- alcohol

Substance abuse-drugs

Mental Health Disorders

Dental Problems

- Immunizations- children
- Immunizations- adults
- Other (please specify)

29. Which three behavioral risk factors are the most common in our community?

- Access to affordable health care
- Access to physicians
- Inadequate transportation
- Lack of grocery stores
- Access to fresh, healthy food
- Wearing seatbelts
- Lack of safe places for physical activity
- High number of uninsured people
- Poverty
- Unemployment
- Illiteracy
- Other (please specify)

30. Who in our community does a good job of promoting health?

31. Who in our community does not promote good health?

32. How well does Montclair Hospital promote good health?

- Excellent
- Good

- Fair
- Poor
- Very Poor

33. What could Montclair Hospital do better to promote good health?

34. If you were in charge of improving health in our community, what would you do first?

35. What is the most pressing health care related need for you, your family or our community?

Community Survey Questionnaire - Español



June 24, 2013

**Montclair Hospital** ha contratado a **HFS Consultants** para obtener información de sus hábitos diarios que puedan afectar su salud y también hacerles algunas preguntas acerca del cuidado proveído en la comunidad donde vive. Su participación es voluntaria. Esta encuesta solo le tomará 15-20 minutos y sus respuestas quedarán estrictamente confidenciales.

Esta información será muy importante para determinar que servicios le son proveídos y así poder asesorar sus necesidades de salud en su comunidad. Estamos muy agradecidos por su tiempo y su cooperación.

Si tiene alguna pregunta, favor de llamar al número (909) 625-5400.

Gracias.

**INFORMACIÓN GENERAL**

1. ¿En que código postal vive usted?

2. ¿Cuánto tiempo ha vivido en la comunidad?

- Menos de un año
- 1 a 5 años
- 6 a 10 años
- 11 a 20 años
- Más de 20 años

3. ¿Usted es dueño o alquila su residencia?

- Dueño
- Renta
- Otra (por favor, especifique)

4. ¿Cuál es su grupo de edad?

- Menos 18
- 18 – 24
- 25 – 34
- 35 – 44
- 45 – 54
- 55 – 64
- Más de 65

5. ¿Cómo se definiría usted? (Elija uno o más de los siguientes grupos raciales)

- Indios Americanos o nativos de Alaska
- Asiático
- Negro o Afro-Americano
- Hispano o Latino
- Nativos de Hawai o de otras islas del Pacífico
- Blanco (no hispano)

6. Indique su género

- Hombre
- Mujer

7. ¿Está empleado actualmente?

- Sí
- No
- Estudiante de tiempo completo
- Otra (por favor, especifique)

8. ¿Cuál es el ingreso total de su hogar?

*Su ingreso*

- Menos de \$10,000
- \$10,000 a \$24,999
- \$25,000 a \$49,999
- \$50,000 a \$74,999
- \$75,000 a \$99,999
- \$100,000 a \$199,999
- \$200,000 a \$249,999
- Mas de \$250,000

*Total del hogar*

- Menos de \$10,000
- \$10,000 a \$24,999
- \$25,000 a \$49,999
- \$50,000 a \$74,999
- \$75,000 a \$99,999
- \$100,000 a \$199,999
- \$200,000 a \$249,999
- Mas de \$250,000

9. ¿ Actualmente tiene seguro de salud?

- Sí
- No (Vaya a la pregunta 11)

10. ¿Quién paga por su seguro de salud? (Marque todas las que correspondan)

- Empleador presente (HMO, PPO)
- Empleador anterior (COBRA)
- Gobierno del Estado (Medi-Cal)
- Gobierno Nacional (Medicare, Medicaid)
- Gobierno Local

- Financiación propia
- Otra (por favor, especifique)

11. ¿Porqué actualmente no tiene seguro de salud? (Marque todas las que correspondan)?

- No puedo pagar seguro médico
- Pérdida de empleo
- Compañía de Seguros se negó cobertura por motivos de salud
- Empleador no paga por el seguro
- No soy elegible para seguro pagado por el empleador
- No creo en seguro
- No necesito seguro
- Insatisfecho con los planes anteriores de seguro médico o proveedor
- Otra (por favor, especifique)

### **HÁBITOS DE SALUD**

12. En los últimos 12 meses, ¿ha tenido usted un lo siguiente?: (llenar todas las opciones que correspondan):

*Examen de Salud General*

- Sí
- No
- No sé

*Revisión de la presión sanguínea*

- Sí
- No
- No sé

*Revisión del colesterol*

- Sí
- No
- No sé

*Vacuna contra la gripe*

- Sí
- No
- No sé

*Examen de sangre en heces*

- Sí
- No
- No sé

*Examen Dental/limpieza de dientes*

- Sí
- No
- No sé

*SI ES MUJER: Examen de Papanicolaou*

- Sí
- No
- No sé

*SI ES MUJER: Examen de los senos por un proveedor de atención de la salud*

- Sí
- No
- No sé

*SI ES MUJER: Radiografías de senos o de Mamografía*

- Sí
- No
- No sé

13. En los últimos 5 años, ¿ha tenido usted lo siguiente?: (llenar todas las opciones que correspondan)

*Examen de oído*

- Sí
- No
- No sé

*Examen de los ojos*

- Sí
- No
- No sé

*Examen de diabetes*

- Sí
- No
- No sé

*Examen para cancer de piel*

- Sí
- No
- No sé

*Vacuna contra la neumonía*

- Sí
- No
- No sé

*SI TIENE 40 AÑOS DE EDAD O MÁS:*

*Examen Rectal*

- Sí
- No
- No sé

*SI TIENE 50 AÑOS DE EDAD O MÁS:*

*Una Colonoscopia*

- Sí
- No
- No sé

*SI ES HOMBRE Y TIENE 40 AÑOS DE EDAD o MÁS:*

*Examen de cáncer de la próstata/PSA*

- Sí
- No
- No sé

14. En los últimos 12 meses, ¿ha tenido problemas para obtener atención de salud?

- Sí
- No

15. Si la respuesta es sí, por favor proporcione la(s) razón(es) de la dificultad para recibir atención médica.

- Falta de seguro
- Proveedor de atención médica no acepto su seguro
- Seguro no aprobó paga para la atención
- No puede permitirse co-pago
- Falta de transporte
- Barrera idiomática
- Distancia de recorrido al proveedor demasiado largo
- No le entiendo a mi médico

16. ¿Cuántas veces a la semana hace ejercicio?

- 0
- 1-2
- 2-4

4-7

17. Por cuanto tiempo hace ejercicios?

- Menos de 30 minutos
- 30 minutos
- 1 hora
- Menos de 1 hora

18. ¿Cuántos días a la semana, come por lo menos 5 porciones de frutas y/o verduras?

- 0 días a la semana
- 1-2 días a la semana
- 3-4 días a la semana
- Más de 5 días a la semana

¿Está en algún medicamento?

- Sí
- No

19. Si la respuesta es sí, ¿cuántos?

- Solo una
- 1 a 2
- 2 a 4
- Más de 5

20. ¿Cómo describiría usted su peso?

- Muy bajo de peso
- Un poco bajo de peso
- Mas o menos
- Un poco de sobrepeso
- Mucho sobrepeso

21. ¿Cuáles de los siguientes está intentando hacer acerca de su peso?

- Bajar de peso
- Aumentar de peso
- Quedar del mismo peso
- No estoy tratando de hacer nada para mi peso

22. Durante los últimos 30 días, usted (Verificar todas las opciones que correspondan):

- Dieta para perder peso o para evitar aumentar de peso
- Ejercicio para perder peso o para evitar aumentar de peso
- Vomitar, o tomar laxantes para perder peso o para evitar aumentar de peso
- Tomar píldoras de dieta para perder peso o para evitar aumentar de peso

### **INFORMACIÓN DE LA COMUNIDAD**

23. ¿Cómo mide el estado de salud general en nuestra comunidad?

- Excelente
- Bueno
- Mas o menos
- Mal
- Muy Mal

24. ¿Cómo calificaría su propio estado de salud?

- Excelente
- Bueno
- Mas o menos
- Mal
- Muy Mal

25. ¿Cómo calificaría la calidad de vida de nuestra comunidad en general?

- Excelente
- Bueno

- Mas o menos
- Mal
- Muy Mal

26. ¿Cómo calificaría su propia calidad de vida?

- Excelente
- Bueno
- Mas
- Mal
- Muy Mal

27. ¿Quales son los mayores problemas de salud en nuestra comunidad que usted mira?

28. ¿Quales cuatro enfermedades o condiciones usted cree son las más comunes en nuestra comunidad?

- Cáncer-general
- Cáncer del seno
- Enfermedades respiratorias de adultos
- Asma-niños
- Diabetes
- Enfermedad cardíaca
- Hipertensión
- Mala nutrición
- Falta de actividad física
- Obesidad
- Fumar
- Derrame
- Abuso de alcohol
- Abuso de drogas

- Enfermedad mental
- Problemas dentales
- Inmunizaciones de los niños
- Inmunizaciones de adultos
- Otra (por favor, especifique)

29. ¿Quales tres factores de riesgo de comportamiento son los más comunes en nuestra comunidad?

- Acceso a la atención de salud económica
- Acceso a los médicos
- Transporte inadecuado
- Falta de tiendas de comestibles
- Acceso a alimentos frescos y saludables
- Uso de cinturones de carro
- Falta de lugares seguros para la actividad física
- Muchas personas que no están aseguradas
- Pobreza
- Desempleo
- Analfabetismo
- Otra (por favor, especifique)

30. ¿Quien en nuestra comunidad hace un buen trabajo de promoción de la salud?

31. ¿Quien en nuestra comunidad no promueve la buena salud?

32. ¿Qué tan bien funciona Montclair Hospital para promover buena salud?

- Excelente
- Bueno
- Mas o menos
- Mal
- Muy Mal

33. ¿Qué podría hacer mejor Montclair Hospital para promover buena salud?

34. ¿Si usted estuviera a cargo de mejorar la salud en nuestra comunidad, ¿qué haría?

35. ¿Cuál es la más urgente necesidad relacionada con la salud para usted, su familia o la comunidad?

## Community Resources

The Inland Empire has a powerful resource in the Inland Empire United Way, which has been assembling lists of community agencies, hotlines and other resources for multiple needs. This resource, popularly known as [www.211sb.org](http://www.211sb.org), has been accessed many times in the course of this analysis.

The agencies and organizations represented in the 211sb.org database provide regular updates to the United Way coordinator, and the list is far too large (1000+ entries) to reproduce here in its entirety. We have selected various representative service providers as a sample of what is searchable online, and the list which follows provides only a minimal idea of the range of services represented in the full database. The samples listed were selected either because they are relatively local to the Montclair area, or they serve as clearinghouses for the needs they represent.

Any reader needing specific services is directed to [www.211SB.org](http://www.211SB.org), the organization's website for easily accessed referrals to virtually any organization providing services to Inland Empire communities.

Asthma				
Agency	Address	City	Zip	Phone Number
Asthma and Allergy Foundation of America	5900 Wilshire Blvd Ste 710	Los Angeles	90036	323-937-7859
Coordinated Asthma Referral and Education (CARE)	351 N Mountain View Ave	San Bernardino	92415	800-782-4264
Cancer				
Agency	Address	City	Zip	Phone Number
Cancer Information Service	2201 Walnut Ave., Ste.300	Fremont	94538	800-422-6237
Child Abuse & Prevention				
Agency	Address	City	Zip	Phone Number
Child Protective Hotline	9638 Seventh St	Rancho Cucamonga	91730	(909) 945-3762
Community Clinic				
Agency	Address	City	Zip	Phone Number
Montclair Community Clinic	5111 Benito St.	Montclair	91763	909-625-9460
Molina Health Services	1650 S Euclid Ave	Ontario	91762	800-898-9892
Kids Come First	1556 S Sultana	Ontario	91761	909-673-9125
Crisis Hotlines				
Agency	Address	City	Zip	Phone Number
The Access Unit	850 E Foothill Blvd	Rialto	92376	888-743-1478
Sexual Assault Program	444 N. Arrowhead Ave., Ste.101-105	San Bernardino	92401	909-885-8884
Dental Services				
Agency	Address	City	Zip	Phone Number
Healthy Niños	12970 Third St	Chino	91710	909-628-1201 ext 8935
Health and Wellness Program	7368 Archibald Ave	Rancho Cucamonga	91730	909-477-2720

Diabetes Resources				
Agency	Address	City	Zip	Phone Number
Health Service Alliance	5111 Benito St.	Montclair	91763	909-399-3173
American Diabetes Association	5060 Shoreham Place, Suite 100	San Diego	92122	(619) 234-9897
City of Hope Medical Center	1500 E Duarte Rd	Duarte	91010	626-256-4673
Loma Linda Diabetes Support Group	11285 Mountain View Ave, Ste 4	Loma Linda	92354	909-558-3022
Domestic Violence				
Agency	Address	City	Zip	Phone Number
House of Ruth	(undisclosed location)			909-988-5559
Fresh Start Ministries	1556 S Sultana Ave	Ontario	91762	(909) 988-0102
Stuart Kaplowitz, MFT	12530 10th St	Chino	91710	909-576-3889
Drug & Alcohol Recovery				
Agency	Address	City	Zip	Phone Number
Reach Out	1126 W. Foothill Blvd, Ste 150	Upland	91786	909-982-8641
Cedar House Life Change Center	18612 Santa Ana Ave	Bloomington	92316	909-421-7120
Employment & Training				
Agency	Address	City	Zip	Phone Number
Pomona Valley Workshop	10550 Ramona Ave, Ste A	Montclair	91763	909-624-3555
United States Veterans Initiative	1001 E Cooley Dr	Colton	92324	951-992-6041
Eye Exams				
Agency	Address	City	Zip	Phone Number
LaSalle Medical Associates	17577 Arrow Blvd	Fontana	92335	909-823-4454
Optometry Services	18601 Valley Blvd	Bloomington	92316	909-546-7520
Food Programs				
Agency	Address	City	Zip	Phone Number
Harolds Help Desk	1501 W Ninth St, Ste D	Upland	91786	909-920-0453
Chino Neighborhood House	13130 6th St	Chino	91708	909-628-5608

Health Care Services				
Agency	Address	City	Zip	Phone Number
Montclair Clinic	5111 Benito St.	Montclair	91763	909-399-3173
Montclair Hospital Medical Center	5000 San Bernardino Street	Montclair	91763	909 625 -5411
Heart Disease				
Agency	Address	City	Zip	Phone Number
American Heart Association	1700 Iowa Ave, Ste 240	Riverside	92507	800-242-8721
Molina Healthcare	1650 S Euclid Ave	Ontario	91762	909-467-0797
HIV Services				
Agency	Address	City	Zip	Phone Number
Foothill AIDS Project	233 W Harrison Ave	Claremont	91711	909-884-2722
San Bernardino County Department of Public Health AIDS Program	799 E Rialto Ave	San Bernardino	92415	800-722-4777
Homeless Services				
Agency	Address	City	Zip	Phone Number
Inland Valley Hope Partners	1753 N Park Ave	Pomona	91768	909-622-3806 x 234
Mercy House / Assisi House	521 N Virginia Ave	Ontario	91761	909-460-6768
Legal Assistance				
Agency	Address	City	Zip	Phone Number
Montclair Senior Center	5111 Benito St.	Montclair	91763	909-625-9456
San Bernardino County Department of Aging and Adult Services	9445 Fairway View Pl, Ste 110	Rancho Cucamonga	91730	800-510-2020
Mental Health				
Agency	Address	City	Zip	Phone Number
City of Montclair	5111 Benito St.	Montclair	91763	909-625-9460
West End Family Counseling	855 N Euclid Ave	Ontario	91762	909-983-2020

Parenting Education				
Agency	Address	City	Zip	Phone Number
Nutrition and Parent Education	5111 Benito St.	Montclair	91763	909-625-9485
Bridges Parenting Education and Support	9675 Monte Vista, Ste G	Montclair	91763	909-398-4838
Prenatal Education & Services				
Agency	Address	City	Zip	Phone Number
Assure Pregnancy Clinic	9675 Monte Vista, Ste G	Montclair	91763	909-621-4800
Christian Development Center	5080 Kingsley Ave	Montclair	91763	909-624-8100
Senior Services				
Agency	Address	City	Zip	Phone Number
Montclair Senior Center	5111 Benito St.	Montclair	91763	909-625-9456
Round About Senior Services	4669 Holt Blvd	Montclair	91763	909-399-3449
Sexually Transmitted Diseases				
Agency	Address	City	Zip	Phone Number
Whitney Young Family Health Clinic	1755 Maple St	San Bernardino	92411	909-386-7600
Bienestar Human Services	180 E Mission	Pomona	91766	909-397-7660
Weight & Nutrition				
Agency	Address	City	Zip	Phone Number
First 5 Preschool Overweight Prevention Intervention	5111 Benito St.	Montclair	91763	909-625-9455
TOPS Tools	9315 Citrus Ave	Fontana	92335	909-823-3457
Youth Development				
Agency	Address	City	Zip	Phone Number
After School Program	4225 E. Howard St	Montclair	91763	909-625-9458
League of United Latin American Citizens	360 E. Holt Ave	Pomona	91767	909-623-0588

## References/Secondary Data Sources

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- American Cancer Society
- American Heart Association
- American Lung Association
- California Department of Public Health
- Centers for Disease Control and Prevention
- Centers for Disease Control and Prevention. National Center for Health Statistics. Health Indicators Warehouse. [www.healthindicators.gov](http://www.healthindicators.gov)
- Community Vital Signs. [communityvitalsigns.org/portals/41/meetings/2013stakeholder/CVS\\_data\\_report.pdf](http://communityvitalsigns.org/portals/41/meetings/2013stakeholder/CVS_data_report.pdf)
- Google Maps
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- National Institute for Health
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