

2019 Inland Empire Regional Community Health Needs Assessment Executive summary

The Hospital Association of Southern California (HASC) Inland Region office represents hospitals in Riverside and San Bernardino counties. Member hospitals are representative of many types of facilities, from rural to large teaching facilities, investor-owned to not-for-profit, VA to behavioral health, and community to public and district operated.

The Hospital Association's mission is to lead, represent and serve hospitals and their related organizations, working collaboratively with our members and other stakeholders to improve health and health care in the communities we serve.

In 2016, The Hospital Association of Southern California worked with eleven hospitals on the inaugural regional community health needs assessment. This 2019 Inland Empire Regional Community Health Needs Assessment (CHNA) report represents a commitment to continue this crosscutting work, share resources, and collaborate for collective impact. The 2019 CHNA report builds on a collaborative effort through expanded data collection from important voices in our community. This assessment also reaffirms a commitment to serving the needs of the most vulnerable members of our communities.

Participating hospitals in the 2019 Inland Empire Regional CHNA include:

- Desert Regional Medical Center
- Hi-Desert Medical Center
- Inland Valley Medical Center
- JFK Memorial Hospital
- Rancho Springs Medical Center
- Redlands Community Hospital
- San Antonio Regional Hospital
- Mountains Community Hospital

Community Health Needs Assessment

The passage of the Affordable Care Act of 2010 required hospitals with a 501c3 designation to complete a community health needs assessment (CHNA) every three years. Outlined in section 501(r)(3)(A) of the Federal IRS Code, a hospital organization must conduct a CHNA and adopt an implementation strategy to meet the community health needs identified through the CHNA.

To conduct a CHNA, a hospital facility must complete the following steps:

1. Define the community it serves.
2. Assess the health needs of that community.
3. In assessing the community's health needs, solicit and take into account input received from persons who represent the broad interests of that community, including those with special knowledge of or expertise in public health.
4. Document the CHNA in a written report (CHNA report) that is adopted for the hospital facility by an authorized body of the hospital facility.
5. Prioritize Significant Health Needs in the community.
6. Make the CHNA report widely available to the public.

CHNA reporting requirements in California were established in 1994 with passage of Senate Bill 697. This

bill noted that non-profit hospitals assume a social obligation in exchange for favorable tax treatment. This legislation required hospitals with a 501c3 designation to report on the community benefits they provide, assess the health needs of their respective communities, and develop plans for addressing these needs. The notable difference in new federal statutes is the emphasis being placed on adopting a clear strategy for addressing the needs identified in the assessment process and the application of this requirement.

The CHNA represents our commitment to improving health outcomes in our community through rigorous assessment of health status in our region, incorporation of stakeholders' perspectives, and adoption of related implementation strategies to address priority health needs. The CHNA is conducted not only to satisfy legal requirements, but also elevate the health status of our community by using our collective resources for greater impact.

The goals of 2019 Inland Empire Regional CHNA are to:

- Engage public health and community stakeholders including low-income, minority, and other under- served populations
- Assess and understand the community's health issues and needs
- Understand the health behaviors, risk factors, and social determinants that impact health
- Identify community resources and collaborate with community partners
- Use findings to develop and implement an implementation strategy based on the collective prioritized issues

Health Needs Reviewed for the Two County Region

Developing metrics for population health interventions are imperative for continued success in elevating the health status of our communities. The CHNA ensures we can target our community investments into interventions that best address the needs of our community. The domains used in this regional CHNA encompass national and state community health indicators. While we recognize that health status is a product of multiple factors, each domain influences the next and through systematic and collective action, improved health can be achieved. The domains explored in the CHNA are:

Social and Economic Environment:

Indicators that provide information on social structures and economic systems. Examples include: poverty, educational attainment and workforce development.

Health Systems: Indicators that provide information on health system structure, function and access. Examples include: hospitalization discharge data, health professional shortage areas, health coverage and vital statistics.

Public Health and Prevention: Indicators that provide information on health behaviors and outcomes, injury, and chronic disease. Examples include: cigarette smoking, diabetes rates, substance abuse, physical activity and motor vehicle crashes.

Physical Environment: Indicators that provide information on natural resources and the built environment.



Data Sources

Secondary data sources include publicly available state and nationally recognized data sources. A significant portion of the data for this assessment was collected through a custom report generated through Community Common's Engagement Network CHNA (<https://engagementnetwork.org/assessment/>). Other sources include California Department of Public Health, County Health Rankings & Roadmaps, and California Environmental Protection Agency's Office of Environmental Health Hazard Assessment. Inpatient hospitalization discharge data for 2017 was derived from the California Office of Statewide Planning and Development (OSHPD) utilizing the SpeedTrack analytics platform. When feasible, health metrics have been further compared to estimates for the state or national benchmarks, such as Healthy People 2020 objectives.

The hospitals participating in this two-county assessment worked to identify relevant key informants and topical focus groups to gather more insightful data and aid in describing the community. Key informants and focus groups were purposefully chosen to represent medically under-served, low-income, or minority populations in our community, to better direct our investments and form partnerships.

It should be noted that the survey results are not based on a stratified random sample of residents throughout Riverside and San Bernardino counties. The perspectives captured in this data simply represent the community members who agreed to participate and have an interest in health care. In addition, this assessment relies on several national and state entities with publicly available data. All limitations inherent in these sources remain present for this assessment.

Voices from the Community

From November 12, 2018 to January 18, 2019, multiple focus groups, key informant interviews and surveys were administered. A total of 228 people were surveyed to obtain input from the community in the form of 11 focus groups (with a total of 97 focus group participants), 32 key informant interviews and 99 people responded to the online survey (including a Spanish option).

Focus Groups

Participants in the focus groups were end-users of programs and services as well as volunteers and/or auxiliary board members provided by the hospitals participating in this CHNA. Populations represented by focus group members included low-income populations, homeless, seniors, women's cancer, single mothers/maternal health, and Spanish-speaking Promotoras. Most of the participants were from Ontario, Temecula, and Redlands. Additional cities represented by the participants were Crestline, Running Springs, Murrieta, Wildomar, Yucaipa, Menifee, Winchester, Lake Arrowhead, Hemet, and Fallbrook.

Key Informant Interviews

Key informant interviews consisted of key leaders in our community from an array of agencies, including those that serve children, homeless populations, veterans, seniors, and Spanish-speaking populations. Other organizations represented included public health agencies, law enforcement, health care organizations, funders, and school districts. The majority of the people interviewed serve

residents in San Bernardino County, Riverside, Inland Empire, Murrieta, and Crestline. Pomona, Rancho Cucamonga, Redlands, Lake Arrowhead, Highland, Green Valley Lake, and Cedar Pines Park were among those areas mentioned more than once. Most of the key informants had titles as Director or Executive Director, President or Vice President, or were a part of the medical staff of their organizations. Seven respondents mentioned working for non-profit organizations. Community hospitals, public and/or population health, workforce development, affordable housing, and fire protection services were most frequently stated as services provided.

Survey

The surveys portrayed some similarities to the focus groups and key informant interviews. Ninety-three percent of the survey respondents lived in San Bernardino County, while 6 percent in Riverside. A majority live in the 91786, 91701, and 91730 zip codes. The services provided were for older residents, homeless, families, and youth. Of those representing organizations, the services provided are health education, acute care, physical therapy, transportation, caregiver support, companions, village model, volunteer opportunities, case management, Friday night dinners at various churches, and once a week free clothes washing.

Top Health Needs Across the Region

The top health needs identified for the communities involved in this 2019 Regional CHNA are:

Health Outcomes	Social Determinants	Clinical Care
<ul style="list-style-type: none"> • Mental Health and Alcohol/Drug Substance Abuse • Chronic Diseases including asthma, diabetes, heart disease, obesity and cancer 	<ul style="list-style-type: none"> • Transportation, especially for senior population • Affordable Housing and Homelessness • Poverty and Food Insecurity • Education and Awareness 	<ul style="list-style-type: none"> • Access to Health Care including provider shortage and insurance • Preventive Health Care

On April 19, 2019 the members of the Inland Empire Regional CHNA Taskforce met to review the results of the CHNA and determine the top three priority needs that the hospitals will address over the next three years.

The top health needs prioritized by the Inland Empire Regional CHNA Taskforce for the 2019-2021 CHNA are:

- Mental Health and Alcohol/Drug Substance Abuse
- Chronic Diseases including asthma, cancer, diabetes, heart disease and obesity
- Access to Health Care including provider shortage and insurance

Inland Empire Regional Collaboration

The Hospital Association of Southern California (HASC) Inland Region office represents hospitals in Riverside and San Bernardino counties. Member hospitals are representative of many types of facilities, from rural to large teaching facilities, investor-owned to not-for-profit, VA to behavioral health, and community to public and district operated. HASC Inland Region office convenes and collaborates with member hospitals, local public health departments and community stakeholders to share current health issues and concerns in the region.

HASC Inland Region committees include:

- California Department of Public Health/Hospital Roundtable
- Homeless Patient Discharge Planning
- Workplace Violence Prevention Committee
- Behavioral Health Services Committee
- Emergency Health Services Committee
- Continuum of Care Committee
- HASC Accountable Communities for Health Initiative
- Workforce Development

In 2016 HASC Inland Region office coordinated the region's first Regional Community Health Needs Assessment (CHNA) in collaboration with 11 local hospitals. The assessment provided a detailed review of health in the Inland Empire with clear similarities and variability across the two counties and hospital service areas.

The top chronic health conditions expressed through data compilation in 2016 included (in alphabetical order):

- Asthma & Bronchitis
- Chronic Obstructive Pulmonary Disease
- Diabetes
- Mental Illness
- Obesity
- Substance Abuse

During the regional prioritization process, the Inland Empire Regional CHNA Taskforce decided that as a region they will focus on Diabetes, Obesity and Workforce Development as their health priorities.

Diabetes/Obesity

In response to the 2016 Regional CHNA, the Inland Empire Bridging for Health Collaborative was created in September 2016 to focus on Diabetes and Obesity as the regional community health issue that was of critical concern for residents in the Inland Empire. The multi-sector collaborative embarked on a two-year process to utilize grant funding from the Robert Wood Johnson Foundation and was comprised of Riverside and San Bernardino County Departments of Public Health, hospitals, school districts, regional health plans and philanthropy leaders.

The goals of the collaborative were to:

- Identify intervention strategies to address the issue of diabetes/obesity.
- Determine innovative financing vehicles to fund the highest-impact interventions sustainably.
- Devise policy solutions that align intervention implementation and savings to public systems with private and public financing.
- Build on the infrastructure of regional efforts in Riverside and San Bernardino counties, Vital Signs, Riverside Community Health Improvement Plan, and the HASC Regional CHNA.

In August 2018, the Inland Empire Health Plan changed their direction and the group was reformed. The new focus is directed toward early childhood respiratory illness (asthma) and is a work in progress.

Workforce Development

The HASC Inland Region office has been working with REACHOUT, Loma Linda University Health (LLUH) and University of California Riverside (UCR) to develop a pipeline for community health workers (CHW) in the High Desert area (Victorville, Apple Valley, and Barstow).

This effort was in response to a need identified in the 2016 Regional CHNA for culturally appropriate navigation services that would support improving access to health care. The concept provided an educational pipeline that utilized community residents to support the interface and navigational needs to make health care access appropriate and easy. The CHW workgroup has developed a presentation and is in the process of refining and exploring funding opportunities to support prospective candidates and employers.

The Inland Empire Economic Partnership (IEEP) Healthcare Council has met with academic leaders from UCR, LLUH, Western University and Health System representatives to discuss health care workforce challenges and the need for collaborative work. The discussion focused on developing five key strategy areas: 1) policy and advocacy; 2) decrease costs; 3) policy reform; 4) promote wellness; and 5) advise workforce development programs. The next steps are to develop a database of all programs being offered in the Inland Empire and where they are accessing clinical rotations for RN, LVN, MD, LAB and Respiratory Therapy.

Acknowledgements

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Additionally, the taskforce worked with Dr. James Martinez and Ms. Val Malika Reagon to gather health indicator data, analyze quantitative and qualitative data, and publish the final report. Many of the critical health indicators presented in this report were collected from the Engagement Network CHNA report provided by Community Commons, which is managed by the Institute for People, Place, and Possibility, the Center for Applied Research and Environmental Systems (CARES), and the Community Initiatives Network. The data gathered from Community Commons ensured an efficient and accurate method of collecting data from numerous sources.

Finally, we would like to thank all those who gave input for this report through key informant interviews and focus groups. Their perspectives ensure that we are taking into consideration the most vulnerable in

our communities to better create initiatives, more meaningful partnerships, and strategic investments for our communities.

Members of the Inland Empire Regional CHNA Taskforce

- Brian Connors, Director of Marketing, Inland Valley Medical Center and Rancho Springs Medical Center
- Linda Evans, Chief Strategy Officer - Community Advocacy, Desert Regional Medical Center, Hi-Desert Medical Center and JFK Memorial Hospital
- Charles Harrison, MBA, CPA, Chief Executive Officer, Mountains Community Hospital
- Keven Porter, MS, BSN, RN, Regional Vice President, HASC Inland Empire
- Cathy Rebman, Vice President, Business Development & Community Outreach, San Antonio Regional Hospital
- Deanna Stover, Ph.D., R.N., FNP, CNS, COHN-S, Principal, Synergy Solutions Consulting, LLC, representing Redlands Community Hospital