2025 Inland Empire: Community Health Needs Assessment

Participating Hospitals:

Chino Valley Medical Center

Montclair Hospital Medical Center

Redlands Community Hospital

SAN ANTONIO REGIONAL HOSPITAL

San Gorgonio Memorial Hospital

With technical assistance from: Communities Lifting Communities and HC2 Strategies

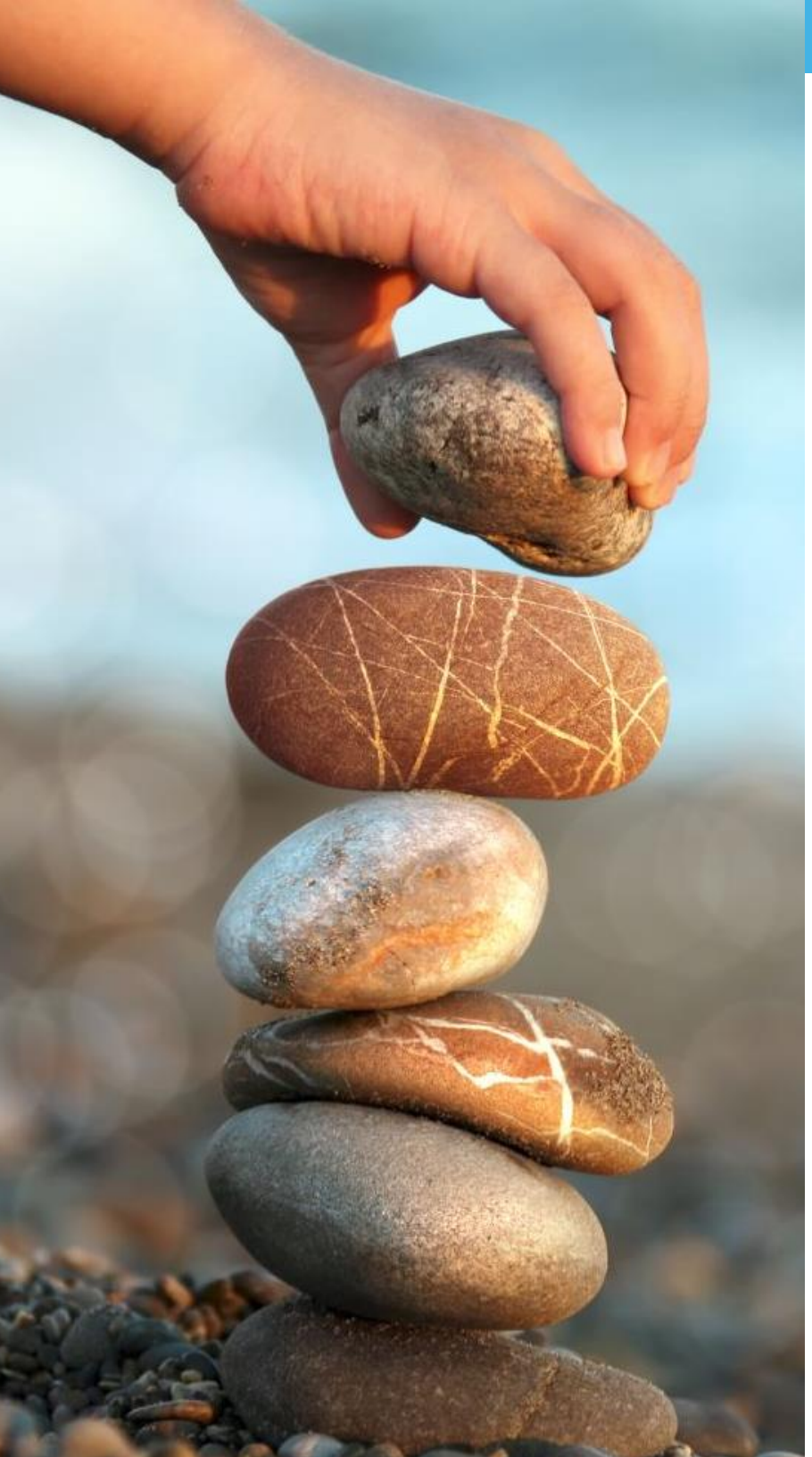


Table of Contents

Welcome

Dear Friends,

A Community Health Needs Assessment and its transformational tools bring an opportunity for renewal—a time to study our community's needs and think about new ways to support each other in our health and well-being.

This assessment will guide how our hospitals invest in community health over the next three years. **Beyond charts and numbers, it tells our community's story, the story of our neighbors, our families, and ourselves.**

The priorities you'll see in this report reflect the challenges we face together and are part of the ongoing work to ensure every community member has a chance to thrive. They consider not only the urgent health issues of **mental and behavioral health**, **cardiovascular and diabetes disease**, and **maternal and infant health,** but also the conditions that shape our well-being—**basic needs for health and safety** and **humane housing**. These are the foundations of a healthier future for us all.

Thank you for joining us on this journey. We hope you'll see yourself in our community's story and in the actions we'll take together to build a thriving Inland Empire for ourselves and generations to come.

Gail Aviado, CEO
Chino Valley Medical Center
Montclair Hospital Medical Center

Joyce Volsch, VP, Patient Care Services, Interim Hospital Administrator
Redlands Community Hospital

John T. Chapman, President & CEO
San Antonio Regional Hospital

Steve Barron, CEO
San Gorgonio Memorial Hospital

Executive Summary

Building Health Together in the Inland Empire

The Inland Empire Community Health Needs Assessment (CHNA) shines a light on both the challenges and opportunities facing the people of Riverside and San Bernardino counties.

This collaborative effort was led by Communities Lifting Communities (CLC), an affiliate of the Hospital Association of Southern California (HASC), in partnership with five local hospitals:

- Chino Valley Medical Center
- Montclair Hospital Medical Center
- Redlands Community Hospital
- San Antonio Regional Hospital
- San Gorgonio Memorial Hospital

What makes this report unique is that it combines data—on disease burden, vital conditions, and hospital utilization—with the voices of more than 11,000 residents, health care professionals, and community leaders.

Together, their insights paint a clear picture of what matters most to our region's health and highlight five shared priorities that can guide the way toward stronger, healthier communities. This CHNA report meets requirements of the Patient Protection and Affordable Care Act that nonprofit hospitals conduct a CHNA at least once every three years.

Burden of Disease

Across Riverside and San Bernardino counties, three health challenges stand out above all others:

Mental Health and Substance Use
Emotional, psychological, and social well-being, including depression, anxiety, and substance use

Cardiovascular and Diabetes Disease
Conditions affecting the heart and blood vessels, such as heart disease, heart attacks, and strokes, as well as health issues related to blood sugar regulation, including diabetes

Maternal and Infant Health
Health of mothers during pregnancy, childbirth, and postpartum, and the health and development of infants

Vital Conditions That Shape Community Health

Beyond specific diseases, the CHNA points to two vital conditions that strongly influence the community's well-being:

Basic Needs for Health and Safety
Access to routine health care and healthy foods.

Humane Housing
Safety, affordability, diversity, proximity, and adequate space.

Executive Summary

Factors Contributing to Inequities

The CHNA is grounded in equity, with a commitment to ensuring every community member has the chance to thrive. Through community input, several groups emerged as especially vulnerable to health challenges and barriers to care:

Financial and Housing Barriers
- Individuals experiencing homelessness
- People living with economic hardship
- Those facing insurance gaps and access barriers

These are community members who struggle to meet basic needs, such as housing, income, or affordable health care.

Challenges Across Life Stages
- Youth, navigating critical growth and development
- Older adults managing aging, independence, and chronic conditions

Different ages bring different needs. Supporting both the youngest and the seniors is key to building a healthy community.

Inequities Related to Race, Ethnicity, Gender, and Other Factors
- Communities of color
- Women, who encounter gender-specific health challenges

The Inland Empire's diversity is a strength, but systemic and historic inequities mean that not everyone has the same chance to thrive.

Partnering for Change: What's Ahead

The insights from this CHNA will shape the hospitals' Community Health Improvement Plans (CHIPs), ensuring that strategies truly reflect community priorities.

Moving forward, success will rely on working together—hospitals, public health agencies, community organizations, and community members—joining forces to create equity-focused solutions that uplift health and well-being in the Inland Empire.

This report was created for the Inland community. **Together, we can turn these findings into action and build a healthier, stronger future for all.**

2025 Inland Empire Community Engagement

In 2025, the Inland Empire CHNA process was strengthened through deep collaboration with regional partners.

Communities Lifting Communities and the five hospitals worked alongside the Inland Empire Behavioral Health Collaborative and the CalAIM PATH Collaborative Planning and Implementation group, which brings together providers delivering Enhanced Care Management and Community Supports to Medi-Cal members with complex health and social needs.

In partnership with San Bernardino and Riverside County Departments of Public Health, as well as hospitals and managed care plans across the region, the hospitals gathered insights from key informant interviews and focus group conversations. These collective contributions informed the development of the CHNA and will continue to guide shared efforts to improve community health across the Inland Empire.

Thank You to Our Partners:

Counties
Riverside University Health System Public Health
San Bernardino County Department of Public Health

Collaboratives
CalAIM PATH Collaborative Planning and Implementation group and Steering Committee (including Enhanced Managed Care and Community Support providers)
Inland Empire Behavioral Health Collaborative

Hospitals
Dignity Health: Community Hospital of San Bernardino, and St. Bernardine Medical Center
St. Mary Medical Center, Apple Valley
Kaiser Permanente Fontana
Kaiser Permanente Ontario
Kaiser Permanente Riverside
Loma Linda University Health
Hospital Association of Southern California

Medi-Cal Managed Care Plans
Inland Empire Health Plan
Molina Healthcare

About This Assessment

Every three years, hospitals must conduct a CHNA, a process that gathers data and community voices to identify health priorities for the next three years. This report highlights those needs and outlines next steps for action, guiding hospitals and partners toward solutions that improve health across the region.

Participating Hospitals

This CHNA was developed through a unique collaboration among five hospitals serving the Inland Empire:

- Chino Valley Medical Center
- Montclair Hospital Medical Center
- Redlands Community Hospital
- San Antonio Regional Hospital
- San Gorgonio Memorial Hospital

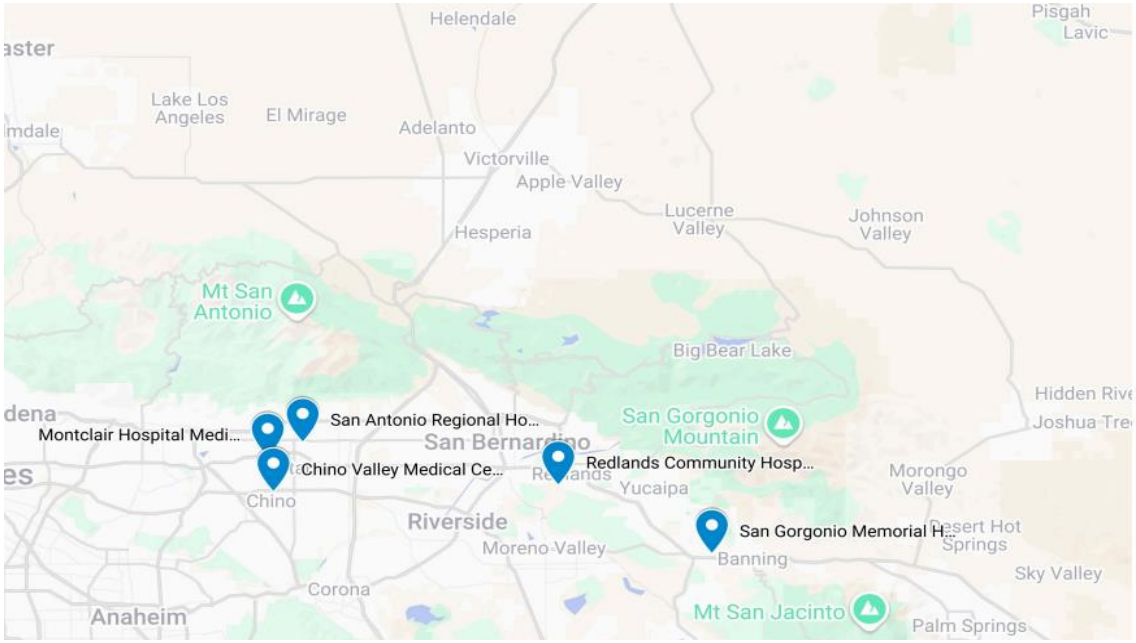
While each hospital has its own service area, they share a common goal of improving health outcomes across Riverside and San Bernardino counties. By working together in a collaborative CHNA, these hospitals are able to pool resources, gather broader community input, and identify shared priorities that encompass individual service areas. This alignment strengthens the region's capacity to address health disparities, leverage partnerships, and design solutions that are more coordinated and impactful.

At the end of this report, a profile highlights the hospital's primary service area and provides a snapshot of the community it serves.

The Inland Empire Community:

The Inland Empire covers 27,000 square miles across Riverside and San Bernardino counties, about 16% of California's landmass. It is home to 4.7 million residents and is one of the state's fastest-growing regions. Growth driven by affordability and opportunity continues to outpace much of California. Without action, existing health disparities and poor outcomes will deepen as the population expands. The following chapter describes the community demographics.

The Inland Empire is a designated Medically Underserved Area (MUA) and a Health Professional Shortage Area (HPSA) for Primary Care, Dental Health and Mental Health.



Sources:
Census Reporter, 2023, https://censusreporter.org/profiles/31000US40140-riverside-san-bernardino-ontario-ca-metro-area
HRSA, 2025 https://data.hrsa.gov/topics/health-workforce/shortage-areas/mua-find
HRSA, 2025 https://data.hrsa.gov/topics/health-workforce/shortage-areas/hpsa-find

Inland Empire Community Profile

A Snapshot of the People: Demographics and Life Expectancy

The Inland Empire is a young and increasingly diverse region, with **nearly 37% of residents under 25 years old**. Over the past decade, the White population has declined while **Hispanic and Latino communities have grown** to become the largest group, reflecting the region's shifting demographics and cultural vibrancy. Yet, life expectancy remains slightly **below the state average,** showing that even as diversity and youth bring new strengths, work remains to ensure all communities can thrive.

Demographics and life expectancy compared to state benchmarks:

4,704,354 Population of the Inland Empire *(California: 39,538,223)*

37% Residents under 25 years old *(California: 30%)*

34% White | 28% Other Race | 22% Two or More Races | 8% Asian | 7% Black

53% Hispanic or Latino Ethnicity *(California: 39%)*

79 Years Life expectancy *(California: 81.7 years)*

Sources:
US Census, 2023, https://data.census.gov/
Institute for Health Metrics and Evaluation, 2019, https://www.healthdata.org/

Inland Empire Community Profile

The Conditions Shaping Lives: Income, Poverty, Unemployment

In the Inland Empire, many families are doing well, with a **median household income of $91,500**, higher than the state overall. Still, about **1 in 8 residents lives below the poverty line**, showing that not everyone shares in this stability. The **unemployment rate of 4.8%** is slightly better than California's, pointing to steady job opportunities. These numbers show that while many households in the Inland Empire are doing well, too many neighbors still face economic struggles. Addressing these gaps is key to building a healthier, more stable future for families right here in our community.

Median household income, poverty level, and unemployment rate compared to state benchmarks:

$91,500 Median household income of the Inland Empire
(California: $86,600)

12.2% Residents living below the poverty level
(California: 12%)

4.8% Unemployment rate
(California: 5%)

Sources:
US Census, 2023, https://data.census.gov/
US Bureau of Labor Statistics, 2023, https://www.bls.gov/lau/tables.htm#cntyaa

Inland Empire Community Profile

Barriers and Opportunities for Health: Insurance and Access to Care

Health insurance makes a big difference in whether people can receive the care they need. In the Inland Empire, just **over half of residents (56.8%) have commercial insurance**, while many rely on the public programs **Medi-Cal (40%) and Medicare (16.2%)**. A smaller group (4.1%) are enrolled in both Medicare and Medi-Cal. Still, **8% of people in the region do not have insurance**, which is higher than the state average of 6.4%. Being uninsured makes it harder to see a doctor, stay on top of preventive care, and receive treatment when it is needed most. Closing this gap is an opportunity to help more people stay healthy and reduce health problems down the road.

Insurance payer mix breakdown for the Inland Empire:

56.8%	Commercial insurance recipients
40.0%	Medi-Cal recipients
16.2%	Medicare recipients
4.1%	Dual-eligible recipients
8.0%	Uninsured *(California: 6.4%)*

Sources:
US Census, 2023, https://data.census.gov/
California Health and Human Services, https://data.chhs.ca.gov/dataset/medi-cal-certified-eligibles-with-demographics-by-month/resource/2c28bf78-a385-4d0c-88d5-7d1eef09a5ab
Centers for Medicare and Medicaid Services, https://data.cms.gov/tools/medicare-enrollment-dashboard

Projected Impacts of the Budget Reconciliation Bill in the Inland Empire

Passed by Congress in July 2025, the Budget Reconciliation Bill cuts the public health insurance program, Medicaid, reduces Affordable Care Act coverage, and redirects billions, threatening health care access in the Inland Empire.

Coverage Losses

281,092 Medi-Cal members are at risk of losing coverage (14.4% reduction), and **67,088 residents** could lose Covered California insurance.

Economic Impacts

The Inland Empire economy is projected to experience a **$1.07 billion loss** from the Inland Empire Health Plan (IEHP) membership decline and **$4 billion–$8 billion losses** to Inland Empire hospitals.

Community Consequences

Job losses, longer wait times, and **reduced health care access** are expected across the region.

These projected losses underscore the needs for strong community partnerships and innovative solutions to care.

Sources

- IEHP CEO LinkedIn post, July 2025
- IEHP Medicaid Economic Impact
- Congressional Budget Office report, June 24, 2025
- Certified Medi-Cal eligibles, by month
- California Hospital Association Summary and Impact Estimate On One Big Beautiful Big Bill
- Updated employment multipliers for the U.S. economy

Community Health Insights: The 2025 CHNA

- How This Report Was Created
- Burden of Disease
- Vital Conditions
- Voices of the Community
- Prioritization of Community Needs
- 2025 CHNA Priorities

How This Report Was Created

This report combines community indicators and voices to identify health needs across the Inland Empire. Hospitals reviewed and discussed the findings through a series of five meetings from May through September 2025. In the final session, partners validated and confirmed the priority issues for the region.

Community Indicators

Includes burden of disease, vital conditions, and hospital utilization measures. *Data is provided in each of the priority areas in the main report and in Appendixes B, C and D.*

Burden of Disease and Vital Conditions

Quantitative data was collected from a variety of sources and organized into the two following frameworks:

1. **Burden of Disease:** Shows the main health problems affecting people in the community, such as heart disease or diabetes.
2. **Vital Conditions for Well-Being:** Highlights seven social and environmental drivers that shape the health and well-being of people and communities.

Together, these provide both the immediate picture of health challenges and the bigger view of what helps communities stay healthy over time.

Hospital Utilization Data

Hospital utilization data is local hospital data that reveals gaps in care and highlights whether services are effective and equitable across populations. Including this perspective reflects both the community's health needs and how well the system is meeting them.

Community Voices

Includes a region-wide survey and an analysis of findings from existing health assessments across the Inland Empire. *Data is provided in each of the priority areas and in Appendixes E and F.*

Health and Well-Being Survey

A 15-question region-wide well-being survey was conducted between May and July 2025 to capture the voices of community members directly. The survey helps identify how people are experiencing health and quality of life, grouping responses into three categories—thriving, suffering, or struggling. It also highlights differences across populations and uncovers strengths and challenges that may not appear in hospital or public health data alone. By gathering this input, the CHNA reflects both the data and the lived experiences of residents.

Other CHNA/CHAs in the Region

Findings from other community health assessments, including key informant interviews, surveys and focus groups across the Inland Empire, were reviewed and analyzed. Partner organizations included Kaiser Permanente, Dignity Health, Loma Linda University Health, Riverside University Health System Public Health, and San Bernardino County Department of Public Health. By drawing on this shared knowledge, the CHNA builds on existing work and strengthens alignment across the region.

Community Indicator: Burden of Disease
12 Domains | 75+ Indicators

An Introduction to the Burden of Disease Framework

The Burden of Disease Framework provides a full picture of what's affecting the community's health — not just in terms of deaths, but in sickness, disability, and quality of life. It organizes health challenges (illnesses, injuries, risk factors) into clear domains to reveal which problems are the biggest, where there's room to improve, and which populations might be falling behind.

Definition

Burden of disease is defined as death and loss of health due to diseases, injuries, and risk factors that reflect leading causes of morbidity and mortality. As community stewards, it's important to understand the burden of disease impacting the communities we serve and the unequal distribution.

How it Works

The framework is divided into the 12 domains. For the purposes of this CHNA, Mental and Behavioral Health is renamed to Mental Health and Substance Use. Each domain is measured by indicators, such as rates of disease, deaths, risk factors, and outcomes, which are drawn from public, reliable data sources.

Burden of disease data is provided in the Priority Areas section of this report and in Appendix B.

Community Indicator: Vital Conditions

An Introduction to the Vital Conditions

The Vital Conditions Framework illustrates the building blocks that allow people and communities to thrive. Instead of focusing only on illness, it looks at the broader conditions that shape health over time, such as housing, education, environment, and economic stability. Viewing health through this wider lens shows not just where people are struggling, but also where investments can create long-term improvements in health and well-being.

How it Works

The framework is made up of seven "vital conditions" for well-being that capture essential aspects of daily life. When these needs are not met, people face greater risks of illness and instability. Evaluating vital conditions data by populations and places reveals inequities and opportunities for collaborative efforts to ensure every community member can thrive.

Vital conditions data is provided in the Priority Areas section of this report and in Appendix C.

Thriving Natural World: Sustainable resources, connect with nature, freedom from hazards	**Basic Needs for Health and Safety:** Access to health care and healthy foods
Humane Housing: Adequate space, safety, affordability, diversity, proximity	**Meaningful Work and Wealth:** Rewarding work, careers, and standards of living
Lifelong Learning: Continuous learning, education, literacy, and development	**Reliable Transportation:** Close to work, school, food, and leisure; safe; active; and efficient
Belonging and Civic Muscle: Social support, civic association, freedom from discrimination and oppression; central to all conditions	

Voices of the Inland Empire Community

A regional health and well-being survey was distributed to capture community perspectives and experiences. In a separate effort, hospitals and agencies across the Inland Empire, including Kaiser Permanente, Dignity Health, Loma Linda University Health, St. Mary Medical Center, Riverside University Health System Public Health, and San Bernardino County Department of Public Health, shared findings from their own CHNAs, surveys, interviews, and focus groups. Taken together, these sources create a fuller picture of community needs and support a more coordinated approach to improving health. The following chapter highlights key insights from this data.

2025 Regional Health and Well-Being Survey

291

Community Survey Respondents

Community members participated in the regional survey, conducted in both English and Spanish across the Inland Empire

Existing CHNA/CHAs in the Region—Combined Voices

11,485

Community Survey

Community members engaged in community surveys by Riverside University, San Bernardino County and St. Mary Medical Center

212

Community Conversations

Community members participated in 25 focus groups hosted by Dignity Health, and Loma Linda University Health

101

Interviews with Key Informants

Key informant interviews across Kaiser, St. Mary Medical Center, Dignity Health, and Loma Linda University Health

Health and Well-Being Survey

Community Participation

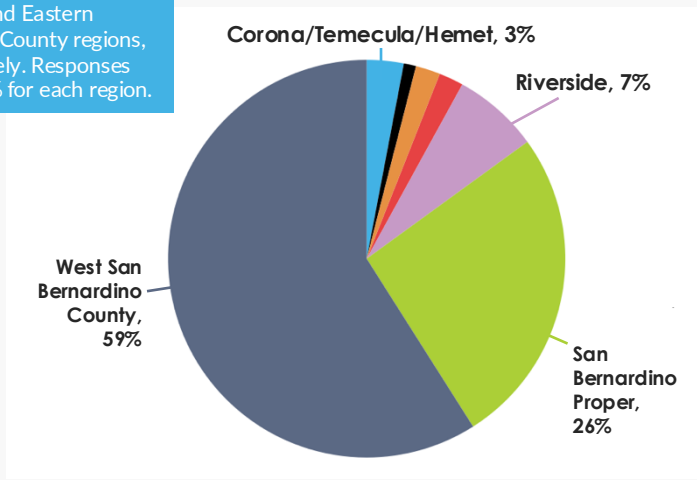
Statistics do not tell the whole story. To further understand the health of the community, **a region-wide health and well-being survey was distributed between May and July 2025.** A total of 319 community members participated, with the survey offered both online and on paper in English and Spanish. After data cleaning, 291 responses were analyzed. The survey included core questions from the Institute for Healthcare Improvement (IHI) and Gallup, allowing local findings to be compared with a national benchmark for thriving. These insights provide valuable context for identifying community priorities and guiding action in this CHNA.

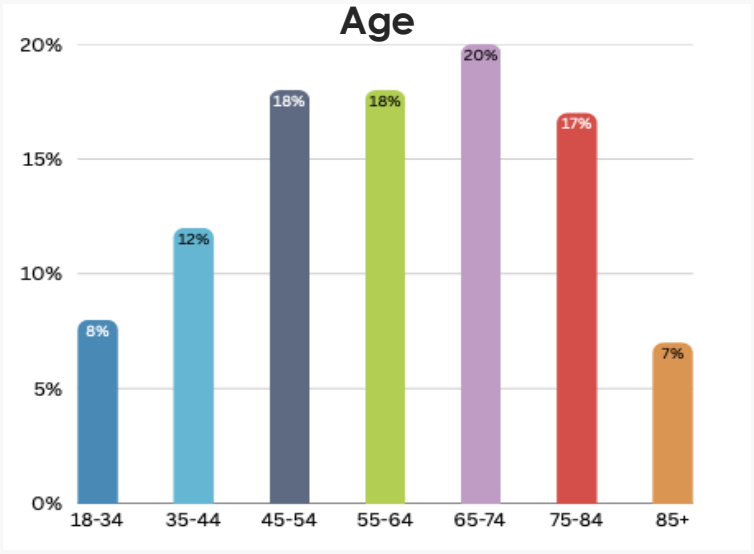
Although this report is evidence-based and contains many statistics, we acknowledge data limitations. Community input is limited to the those who participated in the survey and may not fully represent Inland Empire demographics, strengths, and challenges.

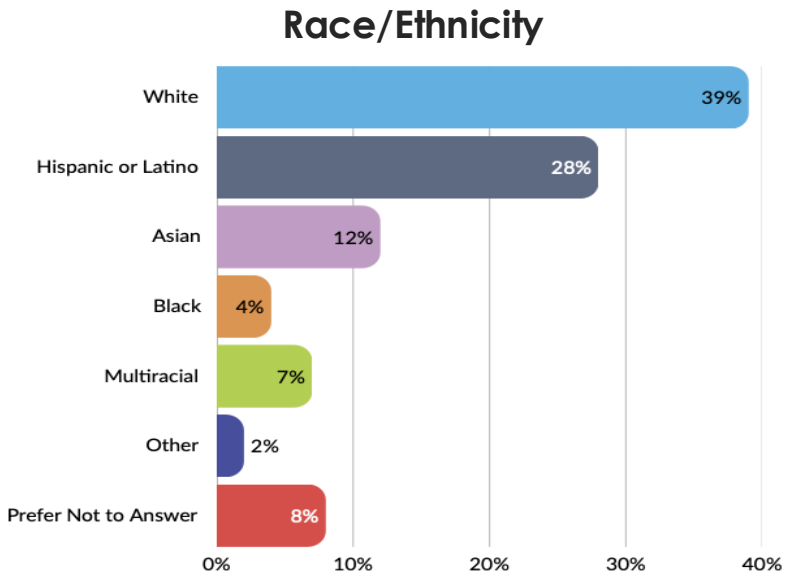
Additional information on the survey process and questions is available in Appendix F.

2025 Health and Well-Being Survey participants:

*The red, orange, and black sections represent the High Desert, Low Desert, and Eastern Riverside County regions, respectively. Responses were <2% for each region.







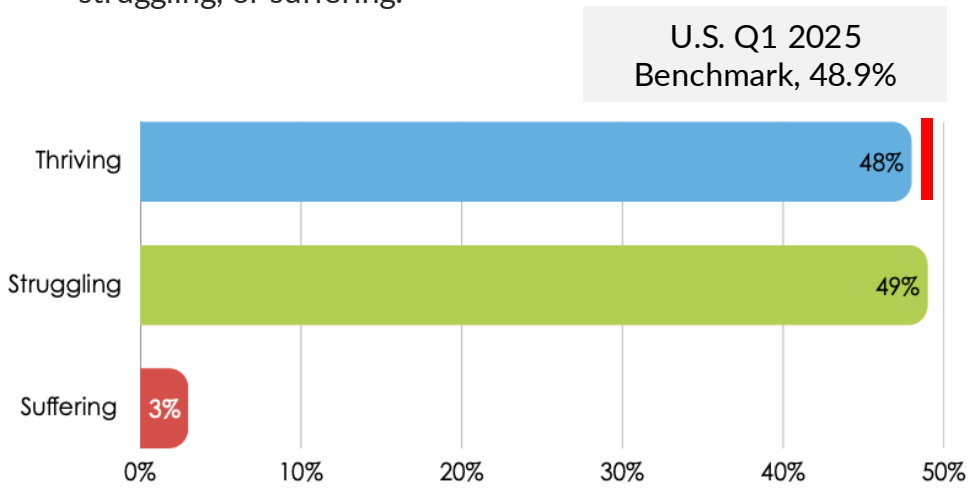
Health and Well-Being Survey

What the Community Said

The survey revealed that not all community members are thriving equally. Respondents in the San Bernardino Proper, East Riverside County, and desert regions reported thriving at a lower percentage than the national benchmark. Younger adults, older residents, and men reported thriving at lower levels, while Black, multiracial, LGBTQ+, and lower-income respondents reported suffering at higher levels. This serves as a reminder that health is not only about treating illness but also about creating the conditions for people to thrive. Moving forward, equity, stronger community supports, and inclusive strategies are essential to improving well-being for those most at risk.

Thriving, Struggling & Suffering in the Inland Empire

The Cantril ladder measures well-being by asking people to rate their lives today and in five years on a 0-10 scale and sorts them into three groups based on their answers: thriving, struggling, or suffering.



Gallup: Americans' Life Ratings Slump to Five-Year Low

2025 Health and Well-Being Survey participant insights compared to the Inland Empire for Thriving (48%) and Suffering (3%):

Region	Lower thriving percentages reported in **San Bernardino Proper, East Riverside County, and desert regions.**
Age	**18-34** and **over 85** age groups recorded higher percentages of suffering.
Race and Ethnicity	**Blacks and multiracial respondents** reported higher rates of suffering than other races.
Household Income	Respondents with **annual household income under $49,999** reported higher rates of suffering.
Educational Attainment	Lower thriving percentages reported in those with a **high school diploma or GED, and Associate's degree.**
Gender	**Men** reported lower thriving rates.
Sexual Orientation	**Lesbian, gay, bisexual, and asexual respondents** recorded thriving at a lower percentage.

Additional Well-Being Survey methodology information and results are provided in Appendix F.

Other CHNAs and CHAs in the Region

Empowering Community Voices through Collaboration with Other Organizations

In addition to the survey, data was reviewed from surveys, key informant interviews, and focus groups included in other CHNAs and CHAs across the region. Sources included:

- Riverside University Health System Public Health
- San Bernardino County
- Kaiser Permanente
- Dignity Health
- Loma Linda University Health
- St. Mary Medical Center

Collaboration across hospitals and health systems strengthens this work. **When data and insights are shared regionally, a fuller picture of community needs emerges.** This alignment prevents duplication and builds a stronger foundation for collective solutions, ensuring that efforts to improve health are coordinated, equitable, and impactful.

Cross-Cutting Themes:

- Mental health—depression and anxiety among youth
- Substance use disorder
- Chronic disease—diabetes, obesity, respiratory, heart
- Financial strain—job and income loss
- Unemployment and lack of job skills training
- Health professional shortage
- Housing affordability
- Lack of walkability, green spaces, and safe neighborhoods
- Access to affordable, culturally sensitive health care
- Oral health
- Sexual health
- Violence
- Educational opportunities

Riverside University Health System

Community Survey
- 4,804 adults participated in a paper survey distributed across Riverside County

San Bernardino County

Community Survey
- 6,210 engaged community members in a county-wide community themes and strengths assessment (CTSA) survey

Kaiser Permanente

Key Informant Interviews
- 18 key informant interviews conducted in April-August 2024
- 10 key informant interviews conducted in June 2024

Dignity Health

Focus Groups
- 4 focus groups were conducted with a total of 62 community members participating

Key Informant Interviews
- 11 community stakeholders took part in a phone interview

St. Mary Medical Center

Community Survey
- 471 surveys completed

Key Informant Interviews
- 46 interviews were conducted from May to November 2023

Loma Linda University Health

Focus Groups
- 21 focus groups were conducted with 150 participants

Key Informant Interviews
- 16 in-depth interviews were conducted with regional leaders in public health, education, housing, transportation, behavioral health, nonprofit services, faith-based ministries, and local government

Additional CHNA and CHA details are provided in Appendix E.

Health Assessment Crosswalk

The crosswalk highlights how priorities from this assessment align with other regional CHNAs and CHAs led by counties, hospitals, and health organizations. Alignment ensures community needs are seen in a broader context, strengthens collaboration, reduces duplication, and directs resources toward coordinated strategies that improve community health.

	San Bernardino County	Riverside University Health System	Kaiser Permanente — Fontana, Ontario and Riverside	Dignity Health – Community Hospital of San Bernardino, and St. Bernardine Medical Center	Loma Linda University Health	St. Mary Medical Center, Apple Valley
Mental-Behavioral Health*	X	X		X		X
Injury and Violence Prevention	X					
Chronic Disease *	X					X
Shortage of Health Professionals *		X				
Access to Care*		X	X		Basic Needs for Health and Safety	X
Housing *			X	X		
Substance Use *				X		
Income and Employment			X		Lifelong Learning, and Work and Meaningful Wealth	
Thriving in a Natural World					Strengthening environmental stewardship across their health system	

**Included in priority areas in this CHNA*
More information from the CHNAs and CHAs is provided in Appendix E.

Prioritization of Community Needs

The Prioritization Process

Listening to the Community

Hospitals began by reviewing local health data and invited community stakeholders to share perspectives through a prioritization survey. Participants identified the most pressing issues and the populations most impacted.

Gathering Input

The survey was shared with key community partners and discussed in regional collaboratives and meetings. Voices from across the Inland Empire, not just the numbers, were included in shaping the process.

How It Was Analyzed

Votes were counted for each identified priority, and scores were averaged across rating criteria, including severity, community concern, opportunities for collaboration, availability of solutions, and funding opportunities. Populations noted as disproportionately impacted were grouped into themes.

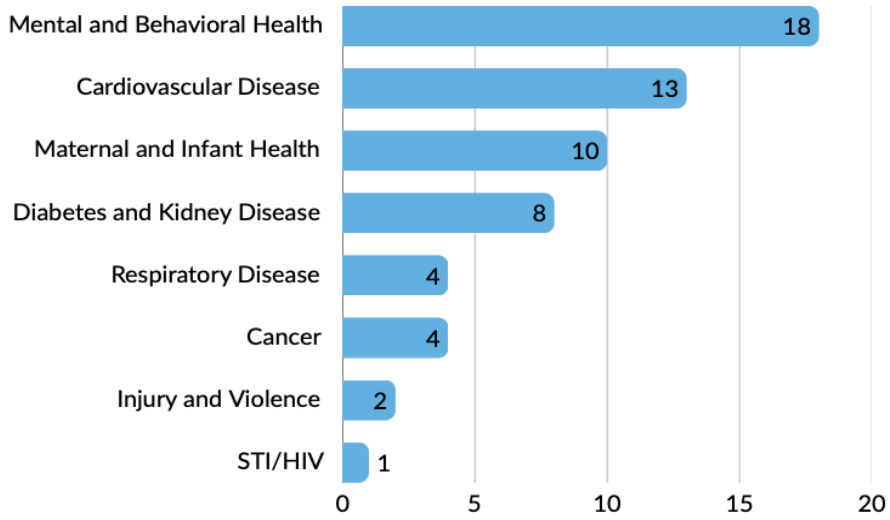
Agreeing on Priorities

Hospitals validated the results and reached consensus on the top regional priorities. The outcome reflects both data and lived experience, creating a strong foundation for collective action.

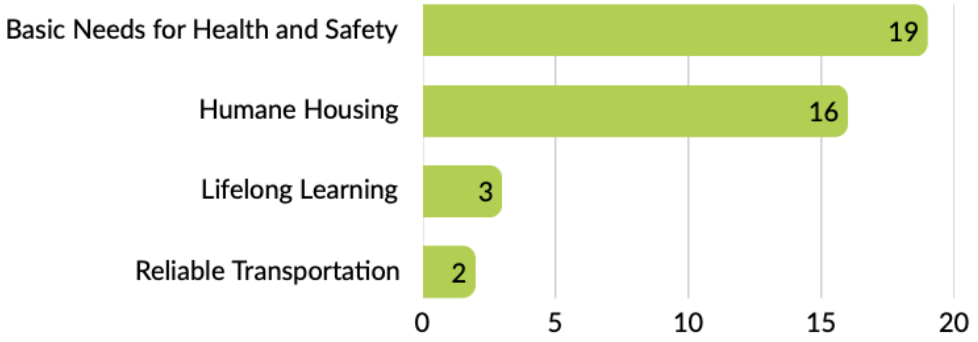
More information about the prioritization methodology and survey results is provided in Appendix G.

Prioritization Survey Results

Burden of Disease by Vote:



Vital Conditions by Vote:



Factors Contributing to Inequities

Most Impacted Populations Identified in the Prioritization Process

The CHNA is grounded in equity, with a commitment to ensuring every community member has the chance to thrive. Through community input, several groups were identified as being more affected by health challenges and barriers to care. These main groups were organized into three main categories that highlight the factors contributing to poorer health outcomes and widening health disparities.

The Inland Empire community's diversity is a strength, but systemic inequities mean that not everyone has the same chance to thrive.

Financial and Housing Barriers

- Individuals experiencing homelessness
- People living with economic hardship
- Those facing insurance gaps and access barriers

Challenges Across Life Stages

- Youth, navigating critical growth and development
- Older adults, managing aging, independence, and chronic conditions

Inequities Related to Race, Ethnicity, Gender, and Other Factors

- Communities of color
- Women, who encounter gender-specific health challenges

5 Strategic Health Priorities for 2026-2028

Based on the prioritization criteria, the hospitals identified five overarching strategic priorities for the next three years:

Burden of Disease

Mental Health and Substance Use
Emotional, psychological, and social well-being, including conditions such as depression, anxiety, and substance use

Cardiovascular and Diabetes Disease
Conditions affecting the heart and blood vessels, such as heart disease, heart attacks, and strokes, as well as health issues related to blood sugar regulation, including diabetes

Maternal and Infant Health
Health of mothers during pregnancy, childbirth, and postpartum, and the health and development of infants

Vital Conditions

Basic Needs for Health and Safety
Access to health care and healthy foods

Humane Housing
Adequate space, safety, affordability, diversity, proximity

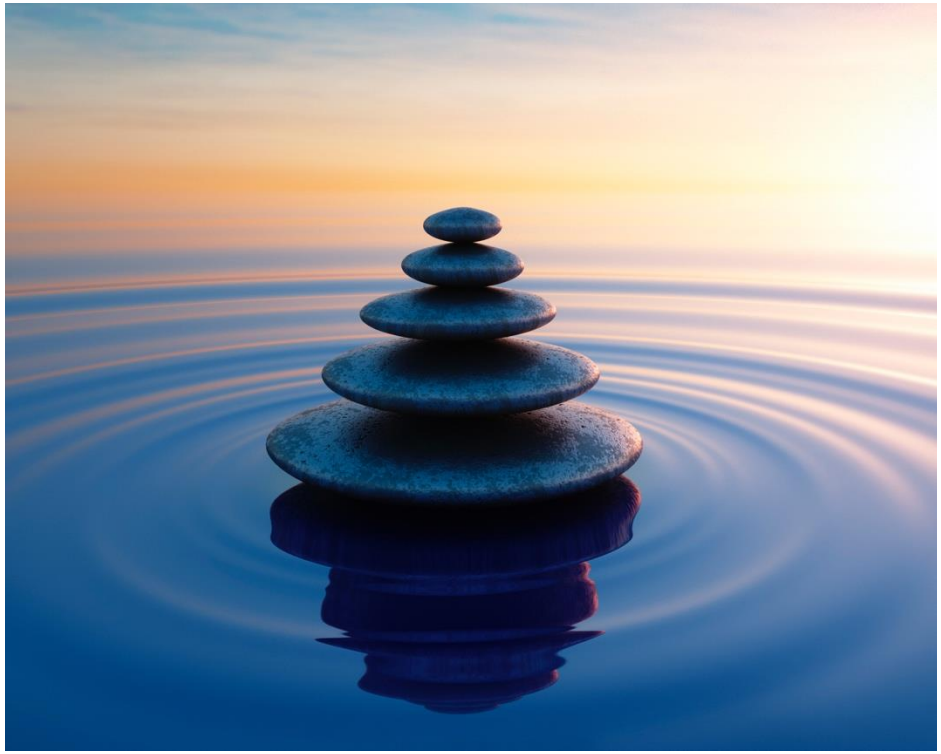
Looking Ahead: Addressing Community Health Needs
The hospital will build on the 2025 CHNA by developing a new Community Health Improvement Plan (CHIP) for 2026–2028. This three-year plan will set clear goals and strategies, guided by community strengths and input, and will be developed in collaboration with partner organizations. Once finalized, the report will be publicly available on the hospital's websites.

Priority Area 1: Mental Health and Substance Use

Mental Health and Substance Use

What is Mental Health and Substance Use?

Mental health refers to emotional, psychological, and social well-being, including conditions such as depression, anxiety, and substance use. It influences how stress is managed, how relationships are formed, and how decisions are made. Substance use refers to alcohol, prescription medications, or drugs that, when misused, can negatively impact health and daily life. These issues often overlap, as challenges with mental health can lead to substance use, and substance use can worsen mental health.



Inland Empire mental health and substance use benchmarks compared to state benchmarks:

39.9 per 100k	People reporting suicidal ideation *(California: 35.0 per 100k)*
39.5 per 100k	People at risk for severe depression *(California: 32.8 per 100k)*
19.2 per 100k	Deaths due to substance use disorders *(California: 17.2 per 100k)*

What the Numbers Are Telling Us

Across the Inland Empire, more people are struggling with suicidal thoughts and symptoms of severe depression than in California overall. The region also experiences a heavier toll from substance use disorders, with deaths occurring more often here than statewide. Together, these patterns point to the significant impact of mental health and substance use on the community.

Sources:
Mental Health America, 2024, https://mhanational.org
Institute for Health Metrics and Evaluation 2019, https://www.healthdata.org/

Mental Health and Substance Use

Local Hospital Utilization

Since 2022, **general acute inpatient hospital admissions for behavioral health conditions have risen by 4,000.**

Well-Being Survey Input

Youth aged 18-34, residents earning less than $35,000 year, and **Black residents** reported the lowest mental health scores.

Other Regional Assessments

4 health care organizations in the region identified mental health and substance use as a top health concern for the community.

Community Partners' Input on Populations Most Impacted

- Older Adults
- Youth
- Hispanic/Latino
- Older Black Communities
- LGBTQ+
- Single Adults
- Homeless
- Low-Income
- Disabled
- Undocumented
- Uninsured

What This Means

Mental health and substance use are top concerns in the Inland Empire, with a growing demand for care, and community input highlighted the impacts on low income, youth, and communities of color. This issue is a top concern for four additional health organizations in the region.

Sources:
CDC: Places, 2022, https://www.cdc.gov/places/index.html
California Department of Health Care Access and Information, 2021-2024 https://hcai.ca.gov/data/data-and-reports/
Speedtrack, 2021-2024, https://speedtrack.com/healthcare/

Our Community Story

Addressing mental health and substance use saves lives, reduces hospitalizations, and builds healthier families.

Both community indicators and community voices underscore the urgency of this issue. Community indicators show that the region experiences higher rates of suicidal ideation, severe depression, and deaths due to substance use disorders than the state overall, while hospital data reveals a troubling rise in general acute inpatient behavioral health utilization.

Community voices add further context, with youth aged 18-34, residents earning less than $35,000 year, and Black residents reporting the lowest mental health scores. There is broad agreement across the region that mental health and substance use are pressing issues, with three health care organizations identifying them as priority areas.

Based on community voices, mental health and substance use weigh most heavily on:

- **Black**
- **Low-income**
- **Youth**

What Community Partners Said

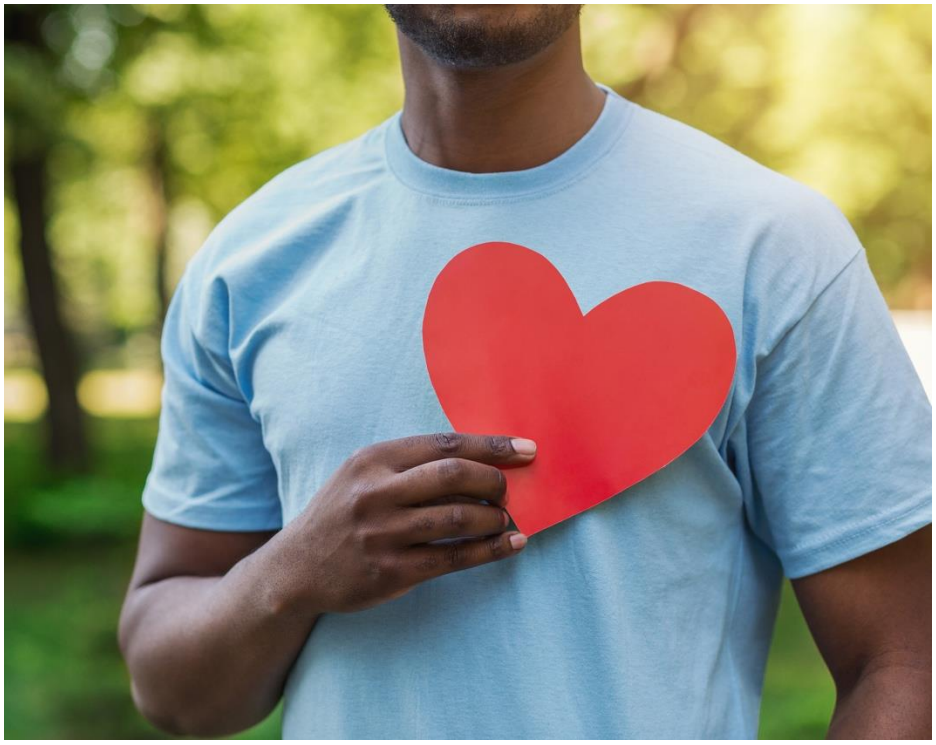
Community partners recognize mental and behavioral health as a highly severe issue. They point to limited community capacity, collaboration, evidence-based practices, and funding as ongoing challenges, highlighting significant gaps that must be addressed to strengthen support for action.

Priority Area 2: Cardiovascular and Diabetes Disease

Cardiovascular and Diabetes Disease

What Is Cardiovascular and Diabetes Disease?

Cardiovascular disease refers to conditions that affect the heart and blood vessels, such as heart disease, heart attacks, and strokes. Diabetes is a condition where the body has trouble regulating blood sugar, which over time can damage the heart, kidneys, eyes, and nerves. These are chronic diseases that affect the body's ability to circulate blood and maintain energy. They are closely linked, as diabetes significantly increases the risk of developing cardiovascular disease.



Inland Empire cardiovascular and diabetes disease benchmarks compared to state benchmarks:

24 per 100k	Deaths due to hypertensive heart disease *(California: 15.7 per 100k)*
24.8 per 100k	Deaths due to type 2 diabetes *(California: 21.2 per 100k)*
10.2%	Adults 20 or older told by a provider they have diabetes (excluding gestational) *(California: 9.4%)*

What the Numbers Are Telling Us

Across the Inland Empire, more people are affected by hypertensive heart disease and type 2 diabetes than in California overall. The region also has a higher share of adults who report being diagnosed with diabetes compared to the state. Together, these patterns highlight the significant impact of cardiovascular disease and diabetes on the community.

Sources:

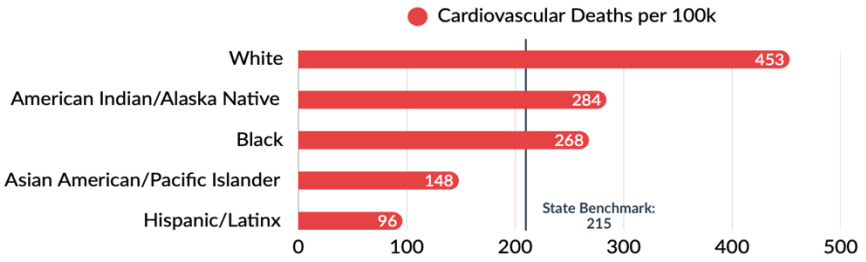
CDC: Wonder, 2022, https://wonder.cdc.gov/

CDC: United States Diabetes Surveillance System, 2019, https://gis.cdc.gov/grasp/diabetes/DiabetesAtlas.html

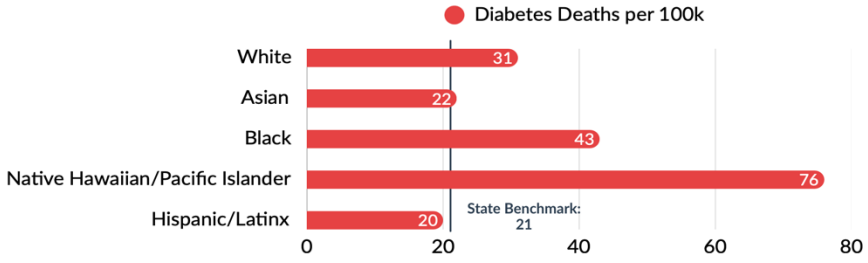
Cardiovascular and Diabetes Disease

How Health Differs for People of Different Races and Ethnic Backgrounds in the Inland Empire

Disparity Gap
White residents experience cardiovascular death rates **more than 2 times** the state benchmark and **nearly 5 times** higher than Hispanic/Latinx residents.



Disparity Gap
Native Hawaiian/Pacific Islander residents face diabetes death rates **more than 3 times the state benchmark,** while Hispanic/Latinx residents have the lowest.



Source:
Institute for Health Metrics and Evaluation, 2019, https://www.healthdata.org/

Other Regional Assessments

2 health care organizations in the region identified chronic disease as a top health concern for the community.

Community Partners' Input on Populations Most Impacted

- Black
- White
- Hispanic/Latino
- Underserved regions
- Non-citizens
- Women
- Low-income
- Uninsured
- Age (general), seniors and youth
- People living with chronic illness: obesity, diabetes
- Homeless

What this means

Cardiovascular disease and diabetes are top concerns in the Inland Empire, with sharp racial disparities and higher death rates and diagnoses compared to the state. Chronic disease has also been identified as a priority by two health care organizations in the region.

Our Community Story

Inland Empire residents face higher death rates from cardiovascular and diabetes disease than Californians overall.

Community indicators show that the region experiences higher rates of deaths due to hypertensive heart disease and type 2 diabetes. In addition, 1 in 10 adults over the age of 20 have been diagnosed with diabetes.

Heart disease and diabetes affect the community unevenly. White residents experience cardiovascular deaths at rates more than two times the state average. Meanwhile, Native Hawaiian and Pacific Islander residents face diabetes deaths more than three times the state benchmark. Two health care organizations across the region have identified chronic disease, which includes cardiovascular and diabetes disease, as an urgent priority.

Based on community indicators, and voices, cardiovascular and diabetes disease weigh most heavily on:

- **White**
- **Black**
- **American Indian/Alaska Native**
- **Native Hawaiian/Pacific Islander**

What Community Partners Said

Community partners recognize cardiovascular disease as a critical and pressing health concern. They point to strong community capacity and promising funding opportunities as key strengths, while noting that collaboration and the consistent use of evidence-based practices remain areas for further growth.

Priority Area 3: Maternal and Infant Health

Maternal and Infant Health

What is Maternal and Infant Health?

Maternal and infant health focuses on the well-being of mothers during pregnancy and childbirth and after delivery, as well as the health and development of infants. It includes access to quality prenatal and postnatal care, safe and supportive birthing experiences, good nutrition, and resources that help prevent complications. Strong maternal and infant health is not only critical for families but also reflects the overall strength, equity, and effectiveness of a community's health care system.

Sources:
County Health Rankings, 2021, https://www.countyhealthrankings.org/
Institute for Health Metrics and Evaluation, 2019, https://www.healthdata.org/
County Health Rankings, 2022, https://www.countyhealthrankings.org/
CDC: Wonder, 2019, https://wonder.cdc.gov/
County Health Rankings, 2022, https://www.countyhealthrankings.org/

Inland Empire maternal and infant health benchmarks compared to state benchmarks:

5 per 1,000	Deaths among infants less than 1 year of age *(California: 4.1 per 1,000)*
3.3 per 100k	Deaths due to maternal and neonatal disorders *(California: 2.5 per 100k)*
7.4%	Percentage of live births with low birthweight *(California: 7%)*
9.6%	Percentage of births occurring before the 37th week of pregnancy *(California: 9.1%)*
15.3 per 1,000	Number of births by females aged 15-19 per 1,000 *(California: 12.4 per 1,000)*

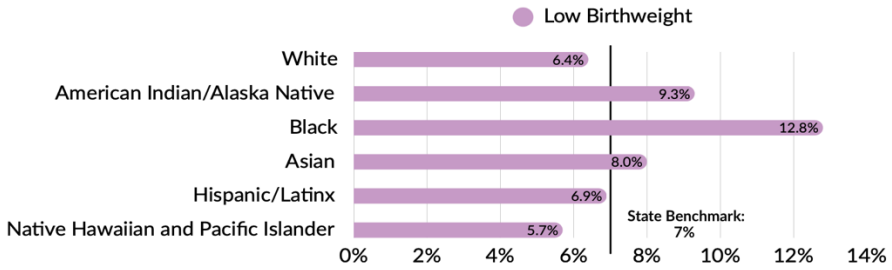
What the Numbers Are Telling Us

Inland Empire newborns face higher risks of being born too early or too small, or not surviving their first year, while mothers experience more pregnancy-related complications than the state. Higher teen birth rates add further challenges for young mothers and their infants.

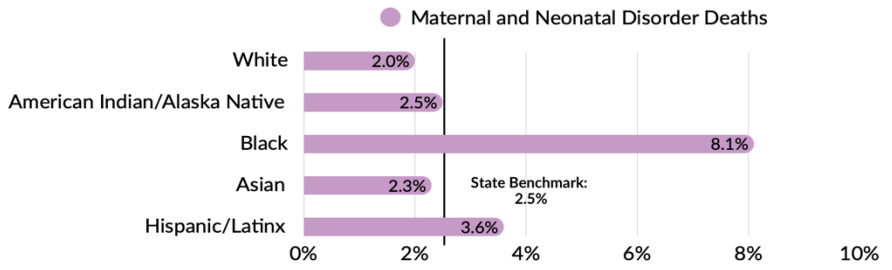
Maternal and Infant Health

How Health Differs for People of Different Races and Ethnicities in the Inland Empire

Disparity Gap
Black mothers experience the **highest percentage of live births with low birthweight** (less than 2,500 grams), **nearly 2 times** that of White and Native Hawaiian and Pacific Islander mothers.



Disparity Gap
Black mothers are at **nearly 4 times** the risk of maternal and neonatal disorder deaths compared to the state benchmark.



Sources:
County Health Rankings, 2022, https://www.countyhealthrankings.org/
Institute for Health Metrics and Evaluation, 2019, https://www.healthdata.org/

Community Partners' Input on Populations Most Impacted

Individuals who are pregnant, postpartum, experiencing loss, or trying to conceive

Mothers in their early to mid-20s

Women, children, and families

Black

Hispanic/Latino

Asian

Low income

Uninsured

Non-citizens

What This Means

Maternal and infant health disparities are stark in the Inland Empire. Black mothers experience the highest rates of low birthweight births and are at the greatest risk of maternal and neonatal disorder deaths, with rates more than three times higher than the state average.

Our Community Story

Addressing maternal and infant health saves lives and builds healthier families.

Maternal and infant health is a pressing concern in the Inland Empire, where outcomes consistently fall behind state benchmarks. Infant mortality is higher than the California average, and mothers in the region face greater risks of maternal and neonatal disorder deaths. Low birthweight, preterm births, and teen pregnancy are also more common in the Inland Empire than statewide.

Disparities across race and ethnicity are alarming. Black mothers experience the highest rates of low birthweight and deaths due to maternal and neonatal disorders. These data points highlight how health outcomes vary across communities and the need to take care of the most vulnerable in society.

These challenges weigh most heavily on:

- **Black**
- **Hispanic/Latino**
- **Asian**
- **American Indian/Alaska Native**

What Community Partners Said

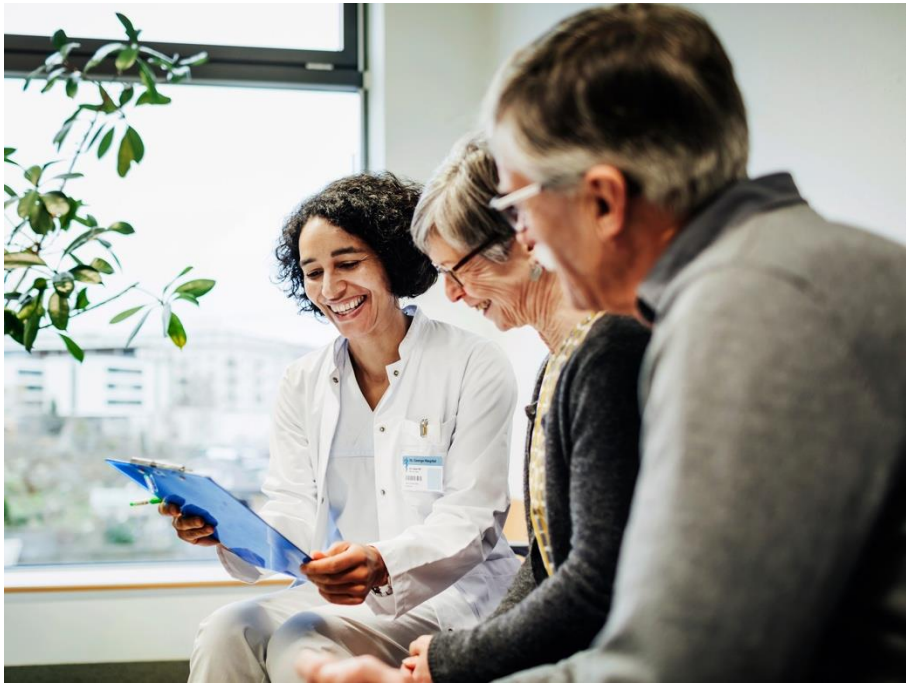
Community partners recognize maternal and infant health as a severe concern. They note moderate community capacity, collaboration, and use of evidence-based practices as strengths, while pointing to limited funding as a continuing challenge.

Priority Area 4: Basic Needs for Health and Safety

Basic Needs for Health and Safety

What Is Basic Needs for Health and Safety?

Basic needs for health and safety focus on the essentials that allow people to live stable, healthy lives. It also means having supportive environments and resources that prevent crises before they happen. The areas uniquely identified for this CHNA include access to health services and nutritious food. Meeting these needs is not only vital for individuals and families but also reflects the overall resilience, equity, and effectiveness of a community's health and social systems.



Inland Empire basic needs for health and safety benchmarks compared to state benchmarks:

282.3 per 100k	Number of Mental Health Care Providers *(California: 449.7 per 100k)*
66.8 per 100k	Number of Dentists (California: 92.9 per 100k)
33.8%	Percentage of Medicare enrollees who had an annual flu vaccination (California: 41.5%)

What the numbers are telling us

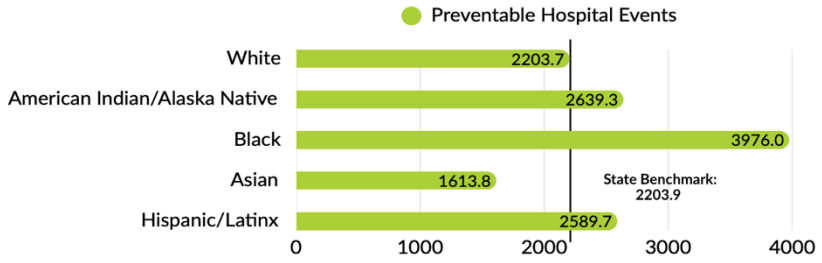
The conditions for basic needs for health and safety in the Inland Empire are significantly lower when it comes to access to care and flu vaccination rate. There is an alarming lower number of dentists and mental health care providers when compared to the state. These gaps limit preventive care, delay treatment, and leave many residents without the support they need to stay healthy, ultimately worsening health outcomes across the community.

Source:
County Health Rankings, 2023, https://www.countyhealthrankings.org/
County Health Rankings, 2022, https://www.countyhealthrankings.org/
County Health Rankings, 2021, https://www.countyhealthrankings.org/

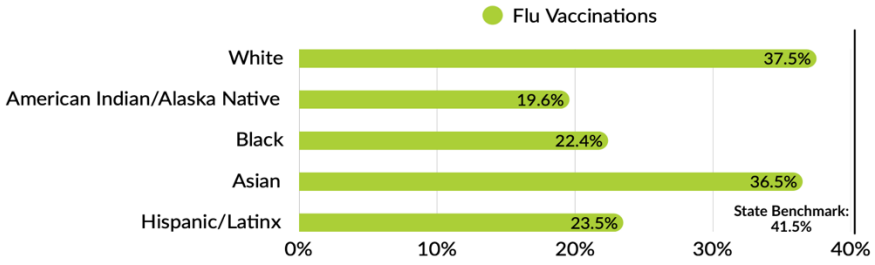
Basic Needs for Health and Safety

How Health Differs for People of Different Races and Ethnic Backgrounds in the Inland Empire:

Disparity Gap:
Black residents face **nearly 2x** the rate of preventable hospital events compared to the state benchmark.



Disparity Gap:
Flu vaccinations fall dangerously low **across all groups**. Black, Hispanic/Latinx, and American Indian/Alaska Native residents receive shots at nearly half the state rate.



Source:
County Health Rankings, 2021, https://www.countyhealthrankings.org/

Other Regional Assessments

4 health care organizations in the region identified Basic Needs for Health and Safety as a top concern for the community.

Community Partners' Input on Populations Most Impacted:

- Age (general), seniors, youth
- People of color
- Black
- Hispanic/Latino
- White
- Multiracial
- Low-income individuals, families , and persons with disabilities
- Unemployed
- Uninsured
- Homeless
- Non-citizens/undocumented

What this means

Access to health care is a basic need for building a thriving, healthy community. In the Inland Empire, gaps in access are evident, with lower flu vaccination rates and higher rates of preventable hospital visits compared to the state. These trends are especially concerning because missed preventive care can lead to more serious health problems. Four health care organizations in the region have endorsed the urgent need to close these gaps and reduce disparities.

Our Community Story

Meeting basic needs for health and safety protects lives and strengthens community resilience.

The Inland Empire falls behind state benchmarks in several key areas that shape stability and well-being. Access to care is limited, with significantly fewer dentists and mental health providers per capita compared to California overall. Preventive care also lags, as fewer Medicare enrollees in the region receive annual flu vaccinations. These gaps make it harder for families to stay healthy and prevent crises.

Lack of access to health care does not affect all populations equally. Black residents in the Inland Empire face nearly twice the rate of preventable hospital events compared to the state benchmark, highlighting how access gaps drive inequities in health outcomes.

Disparities in can be seen in the following populations:

- **All racial groups, specifically Black residents**
- **All age groups**
- **Uninsured**
- **Low-income and unemployed**
- **Homeless**
- **Undocumented**

What Community Partners Said

Community partners recognize basic needs as a highly severe issue. They note moderate levels of community capacity, collaboration, and evidence-based practices, while identifying funding and sustainability as the weakest areas requiring attention.

Priority Area 5: Humane Housing

Humane Housing

What is Humane Housing?

Humane housing means having safe, stable, and affordable homes that protect people's dignity, health, and well-being. It extends beyond shelter to include clean water, reliable utilities, secure environments, and access to schools, jobs, and services. One way to understand where humane housing falls short is through the Homeless Point-in-Time (PIT) Count, which measures how many people are unhoused on a single night each year. This snapshot highlights local trends and guides resources to better meet community needs.

Inland Empire humane housing benchmarks compared to state benchmarks:

18.1% Percentage of housing structures with 2+ units per structure
(California: 31.8%)

5% Students experiencing homelessness
(California: 4%)

2025 Point In Time Homeless Count:

Region	Total Homeless	Year-over-Year Change	Unsheltered Change	Notes
San Bernardino County	3,821	↓ 10.2%	↓ 14.2%	Strongest decline
Riverside County	3,990	↑ 7%	↓ 19%	Growth slowed
LA County	~72,308	↓ 4%	↓ 7.9%	Modest progress
San Diego County	~9,905 (region)	↓ 7% (regionwide)	–	Region-level drop
California Overall	N/A (est. 275k unsheltered)	Mixed	–	Highest national burden

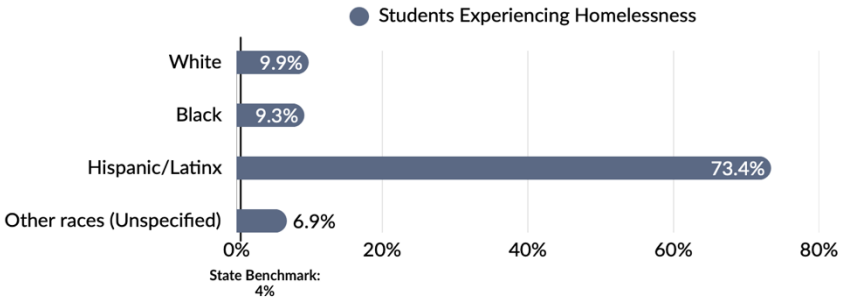
What the Numbers Are Telling Us

The Inland Empire has fewer multi-unit housing options than the state, making it harder for families to find affordable homes. Student homelessness is higher here than the state average, affecting well-being and school success. The homeless point-in-time counts show homelessness rising in Riverside County and declining in San Bernardino County.

Sources:
US Census: American Community Survey, 2023, https://www.census.gov/programs-surveys/acs
Urban Data Catalog, 2021, https://datacatalog.urban.org/

Humane Housing

How Health Differs for People of Different Races and Ethnic Backgrounds in the Inland Empire:



Disparity Gap:
Students **across all racial and ethnic groups** experience homelessness at higher rates than the state average. Hispanic students are most affected, facing rates **nearly 20x higher.**

Other Regional Assessments

2 health care organizations in the region identified humane housing as a top concern for the community.

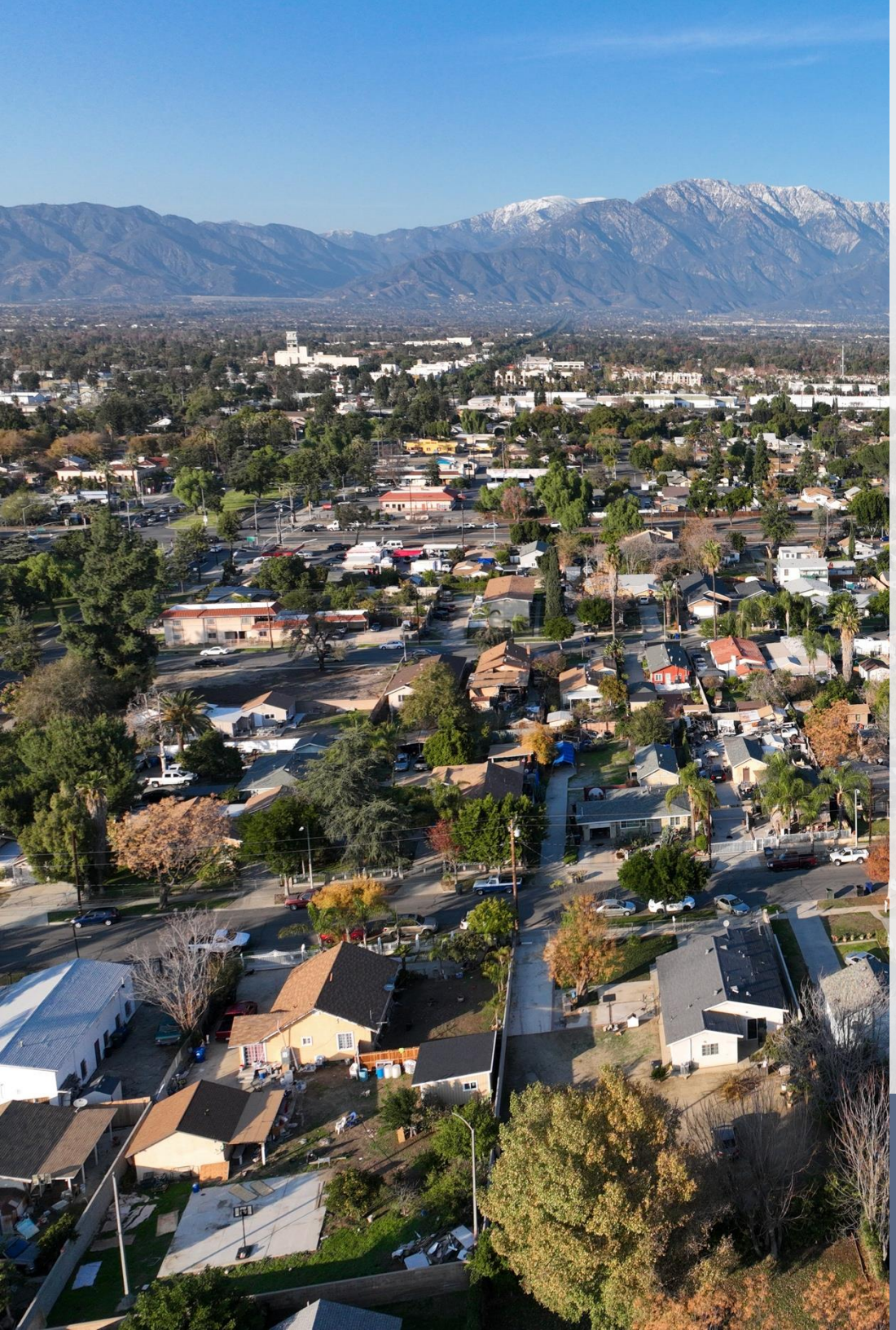
Community Partners' Input On Populations Most Impacted:

- Older adults (65+)
- Young adults
- Working adults
- White
- Hispanic/Latino
- Black
- Low income
- Homeless
- Uninsured
- Non-citizens
- Persons with disabilities
- Those using substances
- Underserved populations/ regions/communities

What This Means

Housing and homelessness are severe in the Inland Empire, with student homelessness far above state benchmarks—especially among Hispanic, White, and Black students. Older adults, low-income residents, people with disabilities, and those with substance use challenges are also heavily affected. This issue is a top concern for 2 additional health organizations in the region.

Sources:
Urban Data Catalog, 2021, https://datacatalog.urban.org/



Our Community Story

Expanding humane housing protects dignity, stability, and well-being.

The Inland Empire falls behind state benchmarks in key housing measures. Only 18% of housing units are multi-family, compared to 32% statewide, limiting affordable options for families. Student homelessness is higher than the state average. Homelessness affects students of all backgrounds at higher rates than the state average, with Hispanic students experiencing the greatest disparity—nearly 20 times higher. Rising homelessness in Riverside County alongside declines in San Bernardino County highlights an opportunity to learn from local strategies and build on what's working to strengthen solutions across the region.

Disparities weigh most heavily on:

- **Students of all racial groups, specifically Hispanic/Latino, Black, and White**
- **Low-income and uninsured individuals**
- **All ages, older and younger adults**
- **Persons using substances**
- **People with disabilities and those experiencing homelessness**
- **Non-citizens**

What Community Partners Said

Community partners recognize humane housing as a highly severe issue. They highlight strong community capacity to act as a key strength, while noting that collaboration remains moderate and evidence-based practices and funding continue to be weaker areas.

Emerging Health Concerns

Three emerging health concerns are rising in the region: kidney disease, respiratory disease, and cancer. Monitoring emerging health trends is critical because they signal where new challenges are developing, often before they become widespread crises. Understanding these patterns allows hospitals and communities to prepare, target resources, and respond with strategies that prevent greater harm. The snapshot below highlights key data points on these issues. *Burden of Disease data tables can be found in Appendix B*.

Kidney Disease

What the data show
- Higher rates of renal failure in the region
- More deaths from kidney disease compared to the state average

Why it matters
- Reduces quality of life and limits daily activities
- Increases need for ongoing treatment such as dialysis
- Adds strain on individuals, families, and the health care system

Respiratory Disease

What the data show
- Rising rates of chronic obstructive pulmonary disease, asthma, and chronic respiratory illnesses in the region
- Deaths from respiratory conditions higher than the state average

Why it matters
- Makes it harder to breathe, work, and stay active
- Reduces quality of life across all ages
- Adds strain on families and the health care system

Cancer

What the data show
- Cancer is a major emerging health concern in the region
- Delays in care and lower use of preventive screenings limit early diagnosis and treatment
- Top 5 cancers in the Inland Empire:
  - **Breast**
  - **Prostate**
  - **Lung and bronchus**
  - **Colorectal**
  - **Melanoma of the skin**

Why it matters
- Contributes to preventable suffering and loss
- Affects every community across the region
- Highlights the urgent need for access to prevention, early detection, and timely treatment

Sources:
Institute for Health Metrics and Evaluation, 2019, https://www.healthdata.org/
CDC: Wonder, 2022, https://wonder.cdc.gov/
CDC: Places, 2022, https://www.cdc.gov/places/index.html
California Registry, 2017-2021, https://www.ccrcak.org

Next Steps

- The CHIP
- Acknowledgements
- Pathways to Collaborative Action

Community Health Improvement Plan

Next Steps

The hospitals will build on the 2025 CHNA by developing a Community Health Improvement Plan (CHIP) for 2026–2028.

Why a CHIP?

A CHIP is a three-year roadmap that takes the priorities identified in the CHNA and turns them into clear goals, strategies, and partnerships for action. Each hospital will create its own CHIP, and improvement opportunities lie in aligning these plans and working side by side with the community. Guided by local data, community strengths, and lived experiences, and developed in collaboration with partner organizations, these CHIPs will help ensure progress is both measurable and meaningful.

When data is fragmented or siloed, the story becomes incomplete, and solutions fall short. By aligning CHIPs and sharing data, hospitals and communities can build a clearer picture and drive lasting change. Data on its own is just numbers—it's how we use it that matters. Turning data into action allows us to close gaps, build trust, and improve health and well-being across the region.

2025 Inland Empire Acknowledgments

A special thank you to the hospital representatives who dedicated their time and insight throughout this process, and to the community members who shared their voices. Your input and engagement were vital in shaping this report and guiding the path toward healthier communities.

2025 Inland Empire CHNA Committee members represented the following organizations:

Listed in Alphabetical Order by First Name

Aileen Dinkjian, EdD, MPH
San Antonio Regional Hospital

Ariel Whitley, MHA
San Gorgonio Memorial Hospital

Indira Singh, MPH
San Antonio Regional Hospital

JaNaya Eggert, RN, MSN, HACP
Montclair Hospital Medical Center

Jennifer Giacona
Redlands Community Hospital

Karen Ochoa, MA, CDP
Communities Lifting Communities

Karen Zirkle, MSHSA
Redlands Community Hospital

Minerva Grish,
San Gorgonio Memorial Hospital

Roxanne Meyers
Chino Valley Medical Center and Montclair Hospital Medical Center

Saira Ramachhita, MPH, CHES
San Antonio Regional Hospital

Sara Khan, MD
San Antonio Regional Hospital

Susan Harrington
Communities Lifting Communities

Pathways to Collaborative Action

Existing collaboratives and assets in the Inland Empire

Exciting Opportunities

What is a collaborative?

Collaboratives bring people and organizations together around a shared goal. They create space for hospitals, community groups, and public health partners to align efforts, share resources, and tackle challenges that are too big to solve alone. By working collaboratively, communities can build stronger networks of support and create strategies that reflect a wide range of voices and expertise.

One example is the **Inland Empire Behavioral Health Collaborative (IEBHC).**

Inland Empire Behavioral Health Collaborative Summary

The Inland Empire Behavioral Health Collaborative (IEBHC) was launched to address critical gaps in behavioral health care across Riverside and San Bernardino Counties, as identified in recent CHNAs. Led by Communities Lifting Communities (CLC) and supported by the Hospital Association of Southern California (HASC), HC2 Strategies, and key regional partners, the collaborative aims to align hospitals, health systems, behavioral health agencies, and community stakeholders around shared strategies and best practices. *For a full list of partners, see Appendix A.*

Since its launch in early 2024, IEBHC has:

- ✓ Convened over 100 regional leaders and launched specialized workgroups focused on asset mapping, cross-sector case conferencing, and emergency department care coordination.
- ✓ Initiated a behavioral health resource mapping project and submitted funding proposals to support data infrastructure and pilot programs.
- ✓ Developed a work plan for sobering centers and contributed to the SB 43 Implementation Delay Workplan to strengthen infrastructure.

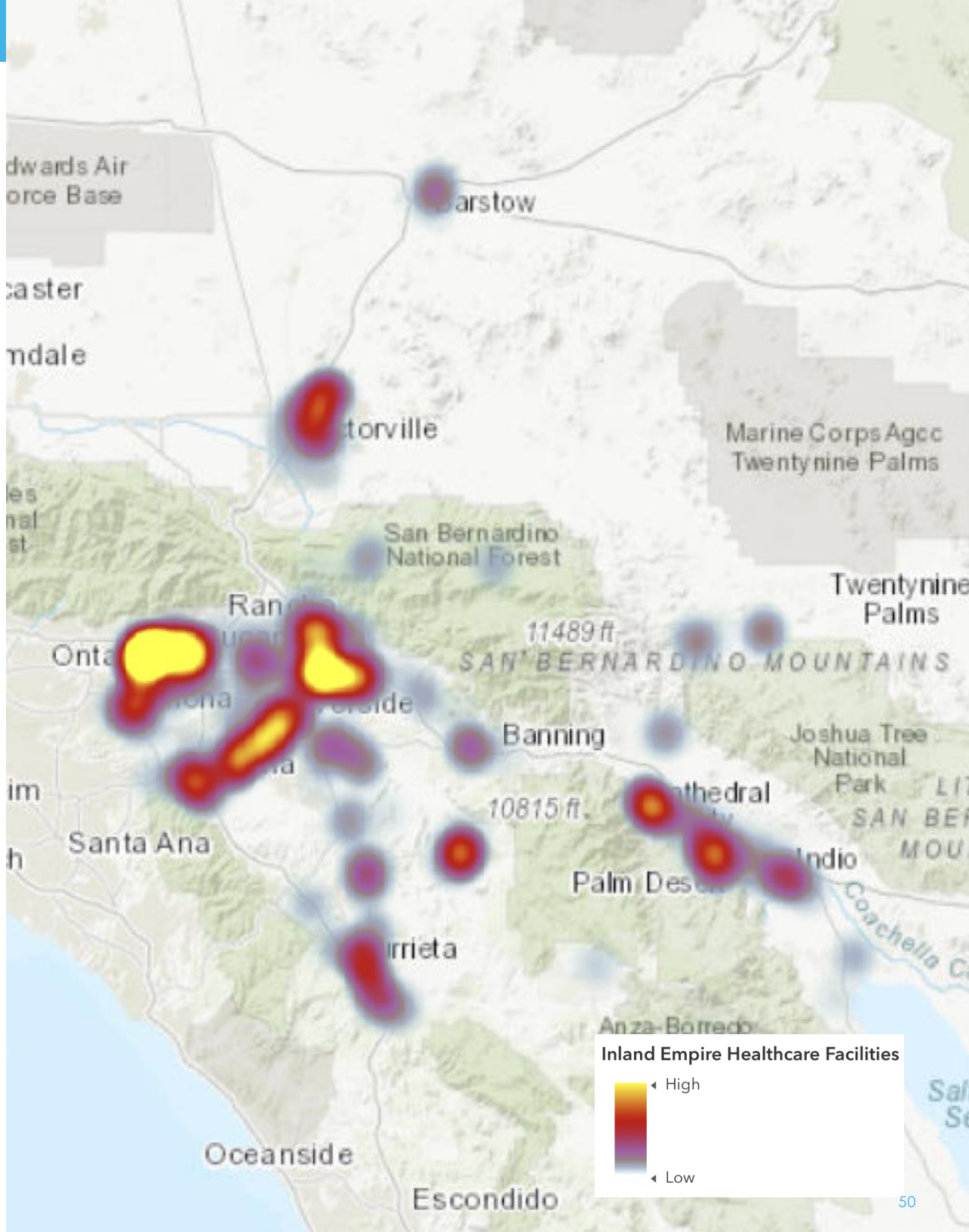
IEBHC will continue to drive progress by finalizing the asset map, piloting crisis response models, and integrating regional efforts to improve patient outcomes and system coordination. The collaborative remains committed to fostering cross-sector alignment, data-informed planning, and sustainable behavioral health solutions for the Inland Empire.

Heat Map of Health Care Facilities in the Inland Empire

Existing Assets: Health Care Facilities

This heat map shows where health care facilities are located across the Inland Empire. Most facilities are concentrated around larger cities, such as San Bernardino, Riverside, and Ontario, with additional clusters in Coachella Valley and Temecula/Murrieta.

These hubs reflect strong existing resources, but the map also highlights gaps in rural, mountain, and desert areas, where residents often need to travel farther for care. This creates an opportunity to build on current assets—through regional partnerships, mobile care, and new access points—to ensure health services reach every community.



Source:
California Department of Health Care Access and Information, 2024,
https://hcai.ca.gov/data/data-and-reports/

Community Based Asset Inventory

What is a Community Asset Inventory?

An asset inventory is a catalog of community resources, mapped across the continuum of care. It highlights community strengths such as hospitals, clinics, housing, and behavioral health services, while identifying where more support is needed. This ensures planning builds on what already exists, not just on the challenges.

What Exists

For this assessment, three asset maps exists for homelessness, mental health, and substance use. **Click on the following links to review and download each asset map:**

- Homelessness Asset List
- Mental Health Asset List
- Substance Use Asset List

Asset inventories connect needs with strengths, building on what works and strengthening the local network of care.

Inland Empire Hospitals By County

Riverside County

Betty Ford Center (Rancho Mirage)

Coachella Valley Behavioral Health (Indio)

Corona Regional Medical Center (Corona)

Corona Regional Medical Center (Magnolia)

Desert Regional Medical Center (Palm Springs)

Eisenhower Health (Rancho Mirage)

Encompass Health Rehabilitation Hospital of Murrieta (Murrieta)

Hemet Global Medical Center (Hemet)

JFK Memorial Hospital (Indio)

Kaiser Permanente Moreno Valley Medical Center (Moreno Valley)

Kaiser Permanente Riverside Medical Center (Riverside)

Kindred Hospital – Riverside (Perris)

Loma Linda University Medical Center – Murrieta (Murrieta)

Menifee Global Medical Center (Menifee)

Pacific Grove Hospital (Riverside)

Parkview Community Hospital Medical Center (Riverside)

Palo Verde Hospital (Blythe)

Rehabilitation Hospital of Southern California (Rancho Mirage)

Riverside Community Hospital (Riverside)

Riverside University Health System Medical Center (Moreno Valley)

San Gorgonio Memorial Hospital (Banning)

Southwest Healthcare Inland Valley Hospital (Wildomar)

Southwest Healthcare Rancho Springs Hospital (Murrieta)

Southwest Healthcare Temecula Valley Hospital (Temecula)

Inland Empire Hospitals By County

San Bernardino County

Arrowhead Regional Medical Center (Colton)

Ballard Rehabilitation Hospital (San Bernardino)

Barstow Community Hospital (Barstow)

Bear Valley Community Hospital (Big Bear Lake)

Canyon Ridge Hospital (Chino)

Chino Valley Medical Center (Chino)

Colorado River Medical Center (Needles)

Community Hospital of San Bernardino (San Bernardino)

Desert Valley Hospital (Victorville)

Hi-Desert Medical Center (Joshua Tree)

Kaiser Permanente Fontana Medical Center (Fontana)

Kaiser Permanente Ontario Vineyard Medical Center (Ontario)

Kindred Hospital – Ontario (Ontario)

Kindred Hospital – Rancho (Rancho Cucamonga)

Loma Linda University Medical Center (Loma Linda)

Loma Linda University Children's Hospital (Loma Linda)

Montclair Hospital Medical Center (Montclair)

Redlands Community Hospital (Redlands)

St. Bernardine Medical Center (San Bernardino)

St. Mary Medical Center (Apple Valley)

San Antonio Regional Hospital (Upland)

San Bernardino Mountains Community Hospital (Lake Arrowhead)

Patton State Hospital (San Bernardino)

Totally Kids Rehabilitation Hospital (San Bernardino)

VA Loma Linda Healthcare System (Loma Linda)

Victor Valley Global Medical Center (Victorville)

Hospital Profile

- San Antonio Regional Hospital

San Antonio Regional Hospital

"Our mission is to improve the health and well-being of the people we serve."

Table of Contents

About this hospital

San Antonio Regional Hospital (SARH) is an award-winning, not-for-profit acute care hospital in Upland, California, serving communities across west San Bernardino County. Its mission is to improve the health and well-being of the people we serve, with the vision to be a leader in creating healthy futures through excellence and compassion.

Founded in 1907, SARH has grown into a 363-bed regional medical center with over 3,000 employees and 600 physicians, providing care to more than 200,000 patients and 2,000 births annually.

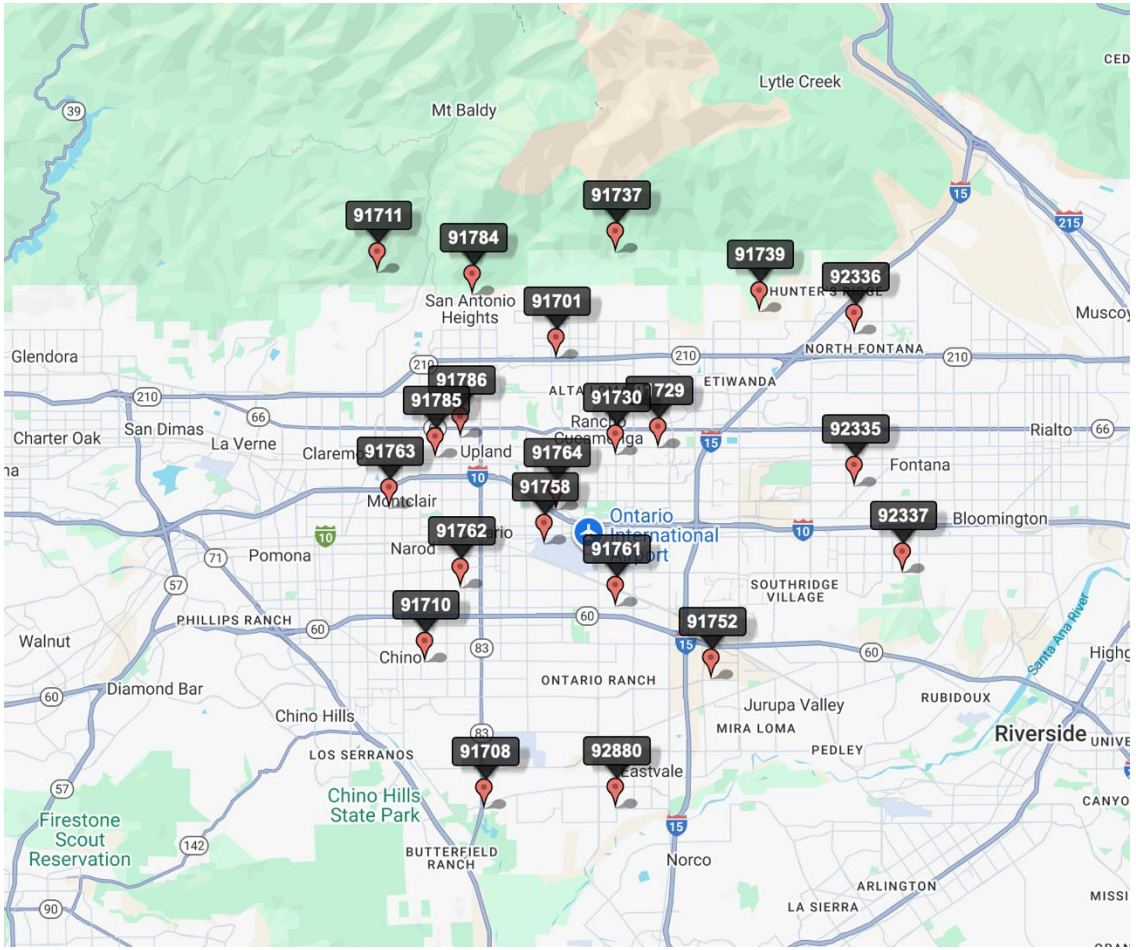
The hospital operates outpatient centers across Rancho Cucamonga, Fontana, Eastvale, and Ontario, and in 2019 opened the 60,000-square-foot Scheu Building, home to City of Hope's Comprehensive Cancer Center and SARH's outpatient services.

San Antonio Regional Hospital Primary Service Area (PSA):

92880	91762
91708	91784
91701	91786
91710	92335
91711	92336
91737	91758
91730	91729
91739	91785
91761	92337
91752	
91763	
91764	

Our Community: San Antonio Regional Hospital

San Antonio Regional Hospital serves a diverse community across more than 20 zip codes, including Upland, Ontario, Chino, Chino Hills, Rancho Cucamonga, Montclair, and Fontana. The hospital's service area spans urban centers, fast-growing suburban neighborhoods, and surrounding communities, each with distinct health needs, resources, and challenges.



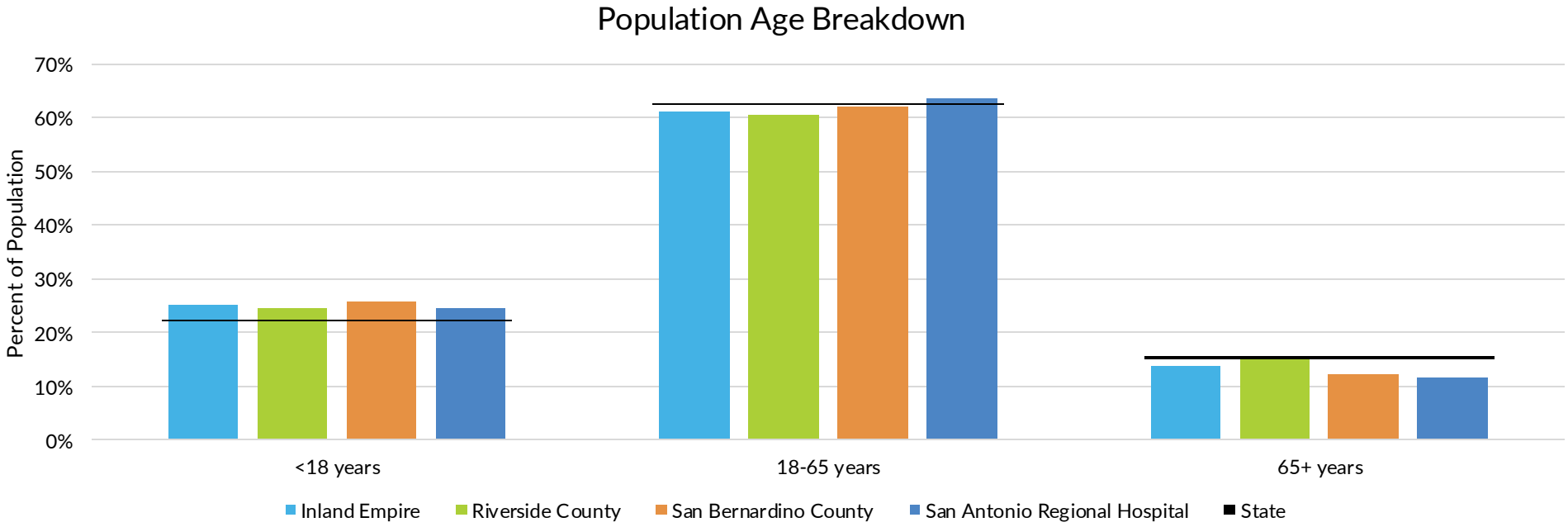
San Antonio Regional Hospital

A Snapshot of the People: Age and Life Expectancy

San Antonio's service area includes people of all ages, with most residents between 18 and 64, about one in four under 18, and just over one in ten over 65. This mix of young people, working adults, and older neighbors reflects a community that spans generations. On average, residents live to 79.9 years, similar to the Inland Empire overall and close to the state benchmark, showing a community where people are living long and full lives.

Life expectancy and population age breakdown compared to regional and state benchmarks:

79.9 years Life expectancy (*Inland Empire: 79.9; California: 81.7*)



Sources:
US Census, 2023, https://data.census.gov/
Institute for Health Metrics and Evaluation, 2019, https://www.healthdata.org/

San Antonio Regional Hospital

The Conditions Shaping Their Lives: Income, Poverty, Unemployment

Residents in San Antonio's service area are doing well economically compared to the region and state. The median household income is $106,400, well above both the Inland Empire and California averages. Fewer residents live below the poverty line (10%) compared to the region and state, showing stronger economic stability. The unemployment rate is 4.8%, on par with the Inland Empire and slightly better than California overall. Together, these measures reflect a community with strong household incomes and steady employment, creating a solid foundation for health and well-being.

Median household income, poverty level, and unemployment rate compared to regional and state benchmarks:

$106.4k Median Household income
(Inland Empire: $91.5k
California: $86.6k)

10% Residents living below the poverty level
(Inland Empire: 12.2%
California: 12%)

4.8% Unemployment rate
(Inland Empire: 4.8% California: 5%)

Sources:
US Census, 2023, https://data.census.gov/
US Bureau of Labor Statistics, 2023, https://www.bls.gov/lau/tables.htm#cntyaa

San Antonio Regional Hospital

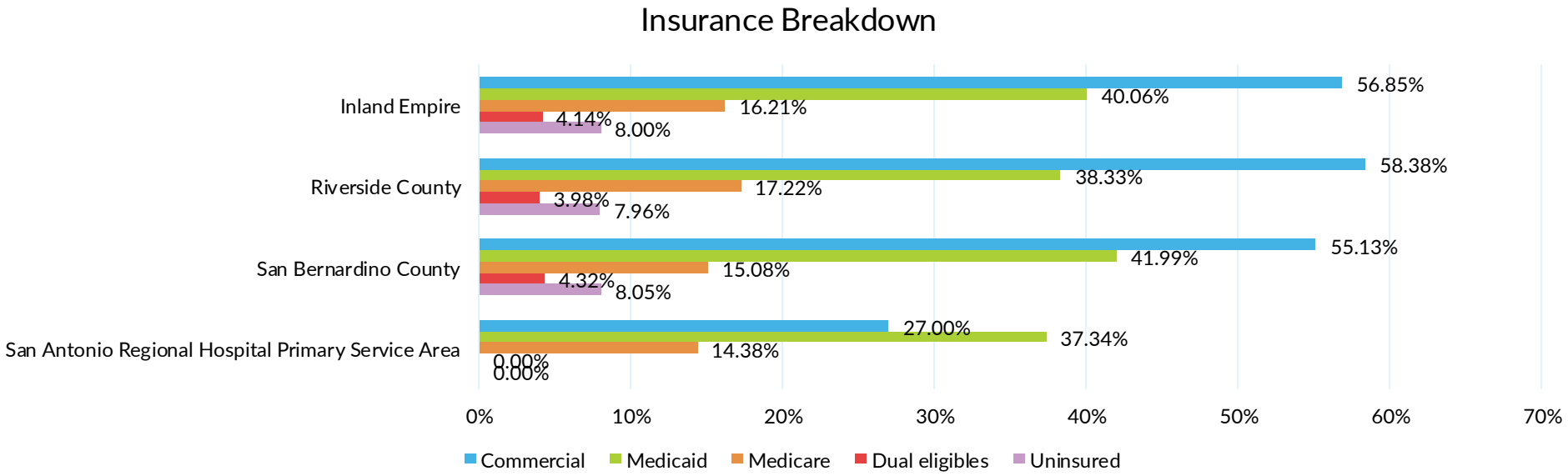
Barriers and Opportunities for Health: Insurance and Access to Care

At San Antonio Regional Hospital, most patients are covered by Medi-Cal (37.3%), commercial insurance (27%) and Medicare (14.3%). This is contrast to regional patterns, where more than half of residents are commercially insured. This payer mix reflects a community where most patients rely on public insurance programs for their care.

Insurance coverage breakdown compared to the region:

14.3% Medicare recipients
(Inland Empire: 16.21%)

Please note: Dual eligible insurance and uninsured data was not reported by the hospital.



Sources:
US Census, 2023, https://data.census.gov/
California Health and Human Services, https://data.chhs.ca.gov/dataset/medi-cal-certified-eligibles-with-demographics-by-month/resource/2c28bf78-a385-4d0c-88d5-7d1eef09a5ab
Centers for Medicare and Medicaid Services, https://data.cms.gov/tools/medicare-enrollment-dashboard

Progress Since the 2022 CHNA

The hospital has taken several steps to address its 2022 community health priorities: **cardiovascular disease and diabetes, mental and behavioral health, and maternal and infant health.** These efforts include providing financial assistance, creating a new cardiac unit, implementing new programs and participating in regional coalitions.

Cardiovascular Disease and Diabetes

- Created a new Cardiac Observation Unit.
- Communicated hospital services to include but not limited to the following: heart institute, diabetes education program, community cardiovascular workshop series, electrophysiology program.
- Communicated cardiovascular disease and diabetes to the community in innovative ways, such as social media, community health awareness events, health screenings, and marketing materials.

Mental and Behavioral Health

- Implemented the Cal Bridge Behavioral Health Navigator Program.
- San Antonio Regional Hospital (SARH) is launching Urgent Care+ Behavioral Health, a compassionate and accessible walk-in center designed to serve individuals in mental health crisis. As the first of its kind in the Ontario region, the program bridges a critical gap between emergency departments and long-term behavioral health services—providing immediate stabilization, culturally responsive care, and linkage to ongoing support. The mission of Urgent Care+ is to deliver accessible, compassionate, and culturally responsive mental health care that reduces unnecessary psychiatric hospitalizations and ensures individuals receive help when and where they need it most.
- As part of its mental health strategies, the hospital is elevating its role in regional behavioral health systems. The President & CEO leads a Behavioral Health Collaborative with regional hospital CEOs to address acute behavioral health needs across counties. Plans include improving access to preventative and crisis mental health services via community partnerships and hospital-based programs.

Progress Since the 2022 CHNA

The hospital has taken several steps to address its 2022 community health priorities: **cardiovascular disease and diabetes, mental and behavioral health, and maternal and infant health.** These efforts include providing financial assistance, creating a new cardiac unit, implementing new programs and participating in regional coalitions.

Maternal and Infant Health

- Actively participated in the Inland Empire Fatherhood Coalition and Maternal Health Network (MHN) to stay current on issues surrounding maternal health.
- While hospitals nationwide are closing their maternity units due to financial pressures from high operating costs and low reimbursement rates, the hospital is committed to building a new one. SARH understands that the local hospital must be there for the community it serves. The new maternity unit will have the latest technology and more patient-centered experience. A positive birthing experience can create loyalty and capture not only the new mother as a patient, but also the baby and the rest of the family for decades to come. The goal is to build a stronger connection to the community.
- The new maternity unit will be equipped with advanced technology, along with floor plans that allow for efficiency in care, workspace for clinical teams, and privacy for patients and their families. Postpartum rooms will be light and bright, with patio access to fresh air and sunshine to promote healing and wellbeing. The unit's design will feature a separate emergency department dedicated solely to our maternity patients. Plans also include private neonatal intensive care unit (NICU) rooms where parents can stay with their NICU babies, a concept that has been shown to reduce infections in vulnerable infants, decrease hospital stays, and increase parental bonding.

Cross-Cutting Initiative

- Provided financial assistance to individuals with health care needs who are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay for medically necessary care, based on their individual financial situation.
- Leveraging its community footprint, SARH runs multiple outreach and public-health programs through its community benefit program. Initiatives include Women Caring for Women, Generations Ahead, health education campaigns, and collaborations with social service organizations. The hospital also integrates community health education, chronic disease prevention, and resource coordination at the neighborhood level through its Population Health Department.

Summary of Hospital Data: Burden of Disease

Mental Health and Substance Use indicators compared to state and regional benchmarks:

39.9 per 100k	People reporting suicidal ideation *(Inland Empire: 39.9 per 100k; California: 35.0 per 100k)*
39.5 per 100k	People at risk for severe depression *(Inland Empire: 29.5 per 100k; California: 32.8 per 100k)*

Cardiovascular and Diabetes Disease indicators compared to state and regional benchmarks:

24 per 100k	Number of deaths due to hypertensive heart disease *(Inland Empire: 24 per 100k; California: 15.7 per 100k)*
10.2%	Adults 20 or older told by a provider they have diabetes (excluding gestational) *(Inland Empire: 10.2%; California: 9.4%)*
24.8	Deaths due to type 2 diabetes *(Inland Empire: 24.8 per 100k; California: 21.2 per 100k)*

Key Findings for San Antonio Regional Hospital

Mental Health and Substance Use
Rates of suicidal ideation and severe depression are higher here than in California overall, highlighting the need for stronger mental health resources and support.

Cardiovascular Disease and Diabetes
Deaths from hypertensive heart disease and type 2 diabetes are higher than the state average. In addition, about one in ten adults have diabetes, pointing to ongoing challenges in managing chronic conditions.

Burden of disease data tables are provided in Appendix B.

Sources:
Mental Health America, 2024, https://mhanational.org/
CDC: Wonder, 2022, https://wonder.cdc.gov/
CDC: United States Diabetes Surveillance System, 2019, https://gis.cdc.gov/grasp/diabetes/DiabetesAtlas.html

Summary of Hospital Data: Burden of Disease

Maternal and Infant Health indicators compared to state and regional benchmarks:

5 per 1,000	Deaths among infants less than 1 year of age *(Inland Empire: 5 per 1,000; California: 4.1 per 1,000)*
3.3 per 100k	Deaths due to maternal and neonatal disorders *(Inland Empire: 3.3 per 100k; California: 2.5 per 100k)*
7.4%	Percentage of live births with low birthweight *(Inland Empire: 7.4%; California: 7%)*
9.6%	Percentage of births occurring before the 37th week of pregnancy *(Inland Empire: 9.6%; California: 9.1%)*
15.3 per 1,000	Number of births by females aged 15-19 *(Inland Empire; 15.3 per 1,000; California: 12.4 per 1,000)*

Sources:
County Health Rankings, 2021, https://www.countyhealthrankings.org/
Institute for Health Metrics and Evaluation, 2019, https://www.healthdata.org/
County Health Rankings, 2022, https://www.countyhealthrankings.org/
CDC: Wonder, 2019, https://wonder.cdc.gov/
County Health Rankings, 2022, https://www.countyhealthrankings.org/

Key Findings for San Antonio Regional Hospital

Maternal and Infant Health
Infant deaths and maternal disorder deaths are higher than the state average, showing continued challenges in maternal and infant health. Rates of low birthweight and preterm births are also above state levels, pointing to risks for early childhood health. Teen birth rates are notably higher here than in California overall.

Vital conditions data tables are provided in Appendix B.

Summary of Hospital Data: Vital Conditions

Basic Needs for Health and Safety indicators compared to state and regional benchmarks:

282.3	Number of Mental Health Care Providers *(Inland Empire: 282.3 per 100k; California: 449.7 per 100k)*
66.8	Number of Dentists *(Inland Empire: 66.8 per 100k; California: 92.9 per 100k)*
33.3%	Percentage of Medicare enrollees who had an annual flu vaccination *(Inland Empire: 33.3%; California: 41.5%)*

Basic Needs for Health and Safety
Access to care is limited, with fewer mental health providers and dentists compared to California overall. Preventive care also falls behind, as fewer Medicare enrollees receive annual flu vaccinations. These gaps highlight challenges in meeting basic health needs across the community.

Humane Housing
The hospital is performing on par with regional and state benchmarks in this area. Continued collaboration with community partners will be important to sustain and expand support.

Vital conditions data tables are provided in Appendix C.

Sources:
County Health Rankings, 2023, https://www.countyhealthrankings.org/
County Health Rankings, 2022, https://www.countyhealthrankings.org/
County Health Rankings, 2021, https://www.countyhealthrankings.org/

Health Disparities

Health disparities by race and ethnicity within the priority areas for hospitals are shown below. This information shows where races or ethnicities in the San Antonio Regional Hospital service area recorded worse results than the region. This is important because understanding which populations are most impacted helps hospitals and communities target resources, close equity gaps, and improve health outcomes where they are needed most.

Cardiovascular and Diabetes Disease

Indicator: Cardiovascular deaths

- ✓ Black
- ✓ White
- ✓ American Indian and Alaska Native

Indicator: Diabetes deaths

- ✓ Black
- ✓ White
- ✓ Native Hawaiian and Pacific Islander

Maternal and Infant Health

Indicator: Low birthweight

- ✓ Asian
- ✓ Black
- ✓ American Indian and Alaska Native

Indicator: Maternal and Neonatal Disorder Deaths

- ✓ Black
- ✓ Hispanic/Latinx

Basic Needs for Health and Safety

Indicator: Flu Vaccinations

- ✓ Asian
- ✓ Black
- ✓ Hispanic /Latinx
- ✓ American Indian and Alaska Native
- ✓ White

Sources:
Institute for Health Metrics and Evaluation, 2019, https://www.healthdata.org/
CDC: Wonder, 2022, https://wonder.cdc.gov/
CDC: Places, 2022, https://www.cdc.gov/places/index.html
California Registry, 2017-2021, https://www.ccrcak.org

San Antonio Regional Hospital: Hospital Utilization Findings (2021-2024)

Prevention Quality Indicators (PQIs)	• Compared to state benchmarks, San Antonio Regional Hospital exceeds in PQI: • 03, 07, 11, 16, 91, 93
Avoidable Emergency Department (ED) Visits	• Stable avoidable ED rate (by payer and year)
ED Visits for Mental Health and Substance-Use Disorder	• Decline in ED volume for substance use and mental health disorders
30-Day Readmission Rates for Substance Use Disorder and Mental Health	• Decrease in 30-day readmission rates for substance use and mental health disorders
Social Determinants of Health (SDOH) — ED	• Top 5 SDOH categories by volume in order of severity: housing, support, employment, other psychosocial, environment • Trends: • Increase in housing and support
Social Determinants of Health (SDOH) — Inpatient	• Top 5 SDOH categories by volume in order of severity: housing, support, environment, employment, other psychosocial • Trends: • Increase across all categories

Hospital utilization charts are provided in Appendix D.

Sources

California Department of Health Care Access and Information, 2021-2024, https://hcai.ca.gov/data/data-and-reports/
Speedtrack, 2021-2024, https://speedtrack.com/healthcare/

Community Partner Matrix

Why Partnerships Matter

Partnerships are essential for turning local data into action. As the next step in developing the Community Health Improvement Plan (CHIP), these collaborations ensure that strategies are grounded in community strengths and aligned with real needs. San Antonio Regional Hospital has identified the following partners to work alongside in advancing health and well-being in its service area.

Partner Organization	Sector	Description of Services	Partnership	Priority
Hospital Association of Southern California	Health Care	Provides leadership at local, state and federal levels on legislation, budget concerns and regulatory issues	Government relations, legislative updates	Health care
IE Pathways to Housing Network	Housing/Homelessness	Cross-Sector Case Conferencing	Staying connected with the community	Housing
City of Montclair/Healthy Montclair	Government	Government services for the people of Montclair	Healthy Montclair program, community services/health screenings	Resources to residents in Montclair
City of Rancho Cucamonga/Healthy RC	Government	Government services for the people of Rancho Cucamonga	Healthy RC program, community services/health screenings	Resources to residents in Rancho Cucamonga
Chaffey College Foundation	Higher Education	Fundraising for Chaffey College students, programs, and facilities	Sharing needs of students, what the hospital can offer to support students	Community college
Chaffey College	Higher Education	Certification of CHW students	CHW program/Public Health program	Workforce Development

Community Partner Matrix

Why Partnerships Matter

Partnerships are essential for turning local data into action. As the next step in developing the Community Health Improvement Plan (CHIP), these collaborations ensure that strategies are grounded in community strengths and aligned with real needs. San Antonio Regional Hospital has identified the following partners to work alongside in advancing health and well-being in its service area.

Partner Organization	Sector	Description of Services	Partnership	Priority
City of Chino/Healthy Chino	Government	Government services for the people of Chino	Healthy Chino program, community services/health screenings	Resources to residents in Chino
NAMI Pomona Valley	Mental Health	Education, Support Groups etc.	Provides mental health education and insights from community	Mental Health
San Bernardino County Superintendent of Schools	Education	Collaboration with school districts, families, community partners and other agencies to provide leadership, advocacy and services for educational practices.	Provide insights on student demographics, upcoming events etc.	K-12 Education
Fontana Mayor's Education Coalition	Government/Education	Intentional partnership of stakeholders from education, business, and the community committed to creating fulfilling career opportunities for local students	Connection to Fontana Community	Adolescent Education/Workforce Development

Through these partnerships, San Antonio Regional Hospital and community organizations are addressing core needs such as housing, mental health, education and social support services.

CHIP Next Steps: Call to Action

The Community Health Improvement Plan (CHIP) is more than a document—it is a call to action. Building on the findings of the CHNA, the CHIP creates a roadmap for hospitals and partners to move from data to impact.

This work requires collaboration across hospitals, communities, and systems to align priorities, share resources, and address the root causes of health inequities. By working together, partners can create stronger, more resilient communities where every person has the opportunity to thrive.

Now is the time to transform shared vision into collective action. Through the CHIP, hospitals can help lead the way in building lasting change and healthier futures for the Inland Empire.

Appendices

A: Inland Empire Behavioral Health Collaborative Partners
B: Burden of Disease Data Tables
C: Vital Conditions Data Tables
D: Hospital Utilization Charts
E: Other Inland Empire CHNA/CHA Findings
F: Well-Being Survey Findings
G: Prioritization Methods and Results

Appendix A: Inland Empire Behavioral Health Collaborative (IEBHC) Partners

Inland Empire Behavioral Health Collaborative (IEBHC): Partners

Arrowhead Regional Medical Center
Ballard Rehabilitation Hospital
Barstow Community Hospital
Bear Valley Community Hospital
Canyon Ridge Hospital
Cedar House
Chino Valley Hospital/Montclair Hospital
Coachella Valley Behavioral Health
Community Hospital of San Bernardino
Corona Regional Medical Center
Desert Regional Medical Center
Desert Valley Hospital
Doctors Hospital of Riverside
Eisenhower Health
Encompass Health
Encompass Health Rehabilitation Hospital of Murrieta
Encompass Health, Murrieta
Harris Koenig & Associates
HC2 Strategies
Hi- Desert Medical Center
Hospital Association of Southern California
IE Pathways to Housing Network
Inland Empire Health Plan
Inland Valley/Rancho Springs Hospitals
JFK Memorial Hospital
Kaiser Permanente Fontana Medical Center
Kaiser Permanente Foundation
Kaiser Permanente Moreno Valley Medical Center
Kaiser Permanente Ontario Vineyard Medical Center
Kaiser Permanente Riverside Medical Center
Kaiser Permanente, San Bernardino County Area
Kindred Hospital - Ontario
Kindred Hospital - Rancho
Kindred Hospital - Rancho Cucamonga

Inland Empire Behavioral Health Collaborative (IEBHC): Partners

Kindred Hospital - Riverside

Loma Linda University

Loma Linda University Health

Loma Linda University Hospital

Manifest Medex

Molina Healthcare California Health Plan

Montclair Hospital Medical Center

Pacific Grove Hospital

Palo Verde Hospital

Pomona Valley Hospital Medical Center

Prime Healthcare

Prime Healthcare Services Foundation

Providence Southern CA

Providence St. Mary's Medical Center

Redlands Community Hospital

Rehabilitation Hospital of Southern California

Rehabilitation Hospital of Southern CA

Riverside Community Health Foundation

Riverside Community Hospital

Riverside University Health Hospital

Riverside University Health System – Medical

RUHS - Public Health
Public Health Dept.

San Antonio Regional Hospital

San Bernardino County Department of Behavioral Health
Public Health Dept.

San Bernardino County Department of Public Health
Public Health Dept.

San Bernardino County Superintendent of Schools

San Bernardino Mountains Community Hospital

San Gorgonio Memorial Hospital

Southwest HealthCare - Inland Valley Hospital

Southwest Healthcare Inland Valley Hospital

Southwest Healthcare Rancho Springs Hospital

Inland Empire Behavioral Health Collaborative (IEBHC): Partners

Southwest Healthcare Temecula Valley Hospital

Southwest Inland Valley

Southwest Rancho Springs

St. Bernardine Medical Center

Temecula Valley Hospital

Totally Kids Rehabilitation Hospital

UHS Canyon Ridge Hospital

VA Loma Linda Healthcare System

West Valley HPN-Regional

Appendix B: Burden of Disease Data Tables

Burden of Disease

Maternal and Infant Health

State	Inland Empire	Riverside County	San Bernardino County	Montclair Hospital Medical Center	Redlands Community Hospital	San Antonio Regional Hospital	San Gorgonio Memorial Hospital	Chino Valley Medical Center
Early Pre-natal Care (2019)								
Percent of births for which prenatal care began in the first trimester								
85.5%	84.4%	84.7%	84.2%	86.0%	84.5%	84.4%	84.7%	85.6%
Low Birthweight (2022)								
Percentage of live births with low birthweight (less than 2,500 grams)								
7.0%	7.4%	7.1%	7.8%	7.4%	7.3%	7.4%	7.1%	7.5%
Teen Births (2022)								
Number of births per 1,000 females aged 15-19 years								
12.4	15.3	13.5	17.3	12.1	14.6	15.3	13.5	13.0
Pre-term Births (2019)								
Percent of births occurring before the 37th week of pregnancy								
9.1%	9.6%	9.1%	10.0%	9.5%	9.4%	9.6%	9.1%	9.6%
Infant Deaths (2021)								
Number of deaths among infants (less than one year of age) per 1,000 live births								
4.1	5.0	4.3	5.7	4.0	4.7	5.0	4.3	4.3
Maternal and Neonatal Disorder Deaths (2019)								
Number of deaths due to maternal and neonatal disorders per 100,000 women								
2.5	3.3	2.7	4.0	2.3	3.1	3.3	2.7	2.6

Sources:
- CDC: Wonder (https://wonder.cdc.gov/)
- County Health Rankings (https://www.countyhealthrankings.org/)
- Institute for Health Metrics and Evaluation (https://www.healthdata.org/)

Burden of Disease

Race & Ethnicity Breakdown: Low Birthweight

State	Inland Empire	Riverside County	San Bernardino County	Montclair Hospital Medical Center	Redlands Community Hospital	San Antonio Regional Hospital	San Gorgonio Memorial Hospital	Chino Valley Medical Center
Overall (2022)								
Percentage of live births with low birthweight (less than 2,500 grams)								
7.0%	7.4%	7.1%	7.8%	7.4%	7.3%	7.4%	7.1%	7.5%
Asian and Asian American, Non-Hispanic								
-	8.0%	8.3%	7.6%	7.7%	8.1%	8.0%	8.3%	7.7%
Black and African American, Non-Hispanic								
-	12.8%	12.3%	13.2%	12.1%	12.6%	12.8%	12.3%	12.3%
Hispanic and Latinx								
-	6.9%	6.6%	7.2%	7.1%	6.7%	6.9%	6.6%	7.1%
American Indian and Alaska Native, Non-Hispanic								
-	9.3%	7.2%	11.5%	8.7%	8.5%	9.3%	7.2%	9.4%
White, Non-Hispanic								
-	6.4%	6.0%	6.8%	6.1%	6.2%	6.4%	6.0%	6.2%
Native Hawaiian and Pacific Islander								
-	5.7%	5.7%	5.7%	6.7%	5.7%	5.7%	5.7%	6.5%

Sources:
- CDC: Wonder (https://wonder.cdc.gov/)
- County Health Rankings (https://www.countyhealthrankings.org/)
- Institute for Health Metrics and Evaluation (https://www.healthdata.org/)
- US Census (https://data.census.gov/)

Burden of Disease

Race & Ethnicity Breakdown: Maternal and Neonatal Disorder Deaths

State	Inland Empire	Riverside County	San Bernardino County	Montclair Hospital Medical Center	Redlands Community Hospital	San Antonio Regional Hospital	San Gorgonio Memorial Hospital	Chino Valley Medical Center
Overall (2019) *Number of deaths due to maternal and neonatal disorders per 100,000 women*								
2.5	3.3	2.7	4.0	2.3	3.1	3.3	2.7	2.6
Black and African American, Non-Hispanic								
-	8.1	5.6	10.3	4.9	7.2	8.1	5.6	5.8
Hispanic and Latinx								
-	3.6	3.2	4.0	2.6	3.5	3.6	3.2	2.9
American Indian and Alaska Native, Non-Hispanic								
-	2.5	2.3	2.6	2.1	2.4	2.5	2.3	2.2
White, Non-Hispanic								
-	2.0	1.6	2.5	1.4	1.8	2.0	1.6	1.6
Asian American Pacific Islander, Non-Hispanic								
-	2.3	1.9	2.7	1.4	2.1	2.3	1.9	1.5

Sources:
- CDC: Wonder (https://wonder.cdc.gov/)
- County Health Rankings (https://www.countyhealthrankings.org/)
- Institute for Health Metrics and Evaluation (https://www.healthdata.org/)
- US Census (https://data.census.gov/)

Burden of Disease

Mental and Behavioral Health

State	Inland Empire	Riverside County	San Bernardino County	Montclair Hospital Medical Center	Redlands Community Hospital	San Antonio Regional Hospital	San Gorgonio Memorial Hospital	Chino Valley Medical Center
Substance Use Disorder Deaths (2019)								
Number of deaths due to substance use disorders (including alcohol use disorders, and opioid use and other drug use disorders) per 100,000 population								
17.2	19.2	20.9	17.2	12.6	19.9	19.2	20.9	13.4
Self-harm and Interpersonal Violence Deaths (2019)								
Number of deaths due to self-harm, interpersonal violence, conflict and terrorism, and police conflict and executions per 100,000 population								
17.0	19.2	18.3	20.2	15.3	18.8	19.2	18.3	16.1
Frequent Mental Distress (2022)								
Percentage of adults aged 18 years and older who report 14 or more days of poor mental health per month								
16.7%	17.7%	17.4%	18.1%	17.4%	18.6%	16.8%	17.1%	16.7%
Suicidal Ideation (2024)								
Number of people reporting frequent suicidal ideation per 100,000 population								
35.0	39.9	39.0	41.0	36.0	39.6	39.9	39.0	36.9
Severe Depression (2024)								
Number of people at risk for severe depression per 100,000 population								
32.8	39.5	39.0	40.0	33.0	39.3	39.5	39.0	34.3

Sources:
- CDC: Places (https://www.cdc.gov/places/index.html)
- Mental Health America (https://mhanational.org/)
- Institute for Health Metrics and Evaluation (https://www.healthdata.org/)

Burden of Disease

Diabetes and Kidney Disease

State	Inland Empire	Riverside County	San Bernardino County	Montclair Hospital Medical Center	Redlands Community Hospital	San Antonio Regional Hospital	San Gorgonio Memorial Hospital	Chino Valley Medical Center
Diabetes and Kidney Disease Deaths (2019)								
Number of deaths due to diabetes and kidney diseases (including Diabetes mellitus, chronic kidney diseases, acute glomerulonephritis) per 100,000 population								
51.1	52.8	46.6	**59.7**	**57.1**	50.2	52.8	46.6	**57.6**
Renal Failure Deaths (2022)								
Number of deaths due to renal failure per 100,000 population								
10.9	11.9	11.1	12.8	**14.8**	11.6	11.9	11.1	**14.4**
Diabetes Deaths (2022)								
Number of deaths due to Type 2 diabetes per 100,000 population								
21.1	**24.8**	**18.3**	**32.1**	**27.1**	22.1	**24.8**	**18.3**	**28.0**
Diagnosed Diabetes (2019)								
Percentage of adults aged 20 years and older who report ever being told by a healthcare provider that they have diabetes (excludes gestational diabetes)								
9.4%	**10.2%**	**10.2%**	**10.2%**	9.5%	**10.2%**	**10.2%**	**10.2%**	9.6%

Sources:
- CDC: Wonder (https://wonder.cdc.gov/)
- CDC: United States Diabetes Surveillance System (https://gis.cdc.gov/grasp/diabetes/DiabetesAtlas.html)
- Institute for Health Metrics and Evaluation (https://www.healthdata.org/)

Burden of Disease

Race & Ethnicity Breakdown: Diabetes Deaths

State	Inland Empire	Riverside County	San Bernardino County	Montclair Hospital Medical Center	Redlands Community Hospital	San Antonio Regional Hospital	San Gorgonio Memorial Hospital	Chino Valley Medical Center
Overall (2022) *Number of deaths due to Type 2 diabetes per 100,000 population*								
21.1	24.8	18.3	32.1	27.1	22.1	24.8	18.3	28.0
Asian and Asian American, Non-Hispanic								
-	22.0	18.7	25.3	28.8	20.7	22.0	18.7	28.4
Black and African American, Non-Hispanic								
-	43.4	31.9	53.4	51.5	39.0	43.4	31.9	51.8
Hispanic and Latinx								
-	19.7	14.7	24.9	23.0	17.7	19.7	14.7	23.4
American Indian and Alaska Native, Non-Hispanic								
-	-	-	-	44.1	-	-	-	44.1
White, Non-Hispanic								
-	30.5	21.6	43.2	27.4	26.6	30.5	21.6	30.3
Native Hawaiian and Pacific Islander								
-	76.4	-	76.4	65.8	76.4	76.4	-	68.3

Sources:
- CDC: Wonder (https://wonder.cdc.gov/)
- CDC: United States Diabetes Surveillance System (https://gis.cdc.gov/grasp/diabetes/DiabetesAtlas.html)
- Institute for Health Metrics and Evaluation (https://www.healthdata.org/)
- US Census (https://data.census.gov/)

Burden of Disease

Respiratory Disease

State	Inland Empire	Riverside County	San Bernardino County	Montclair Hospital Medical Center	Redlands Community Hospital	San Antonio Regional Hospital	San Gorgonio Memorial Hospital	Chino Valley Medical Center
Chronic Respiratory Disease Deaths (2019)								
Number of deaths due to chronic respiratory diseases (including COPD, Pneumoconiosis, asthma, interstitial lung disease and pulmonary sarcoidosis, and other chronic respiratory diseases) per 100,000								
45.1	53.0	53.7	52.3	39.3	53.3	53.0	53.7	41.6
COPD (2022)								
Percentage of adults aged 18 years and older who report ever being told by a healthcare provider that they have chronic obstructive pulmonary disease (COPD), emphysema or chronic bronchitis								
5.5%	6.1%	**6.3%**	5.9%	5.0%	6.2%	4.9%	**7.1%**	4.9%
Current Asthma (2022)								
Percentage of adults aged 18 years and older who report having asthma								
9.9%	**10.5%**	**10.3%**	**10.7%**	9.9%	**10.8%**	10.0%	**10.4%**	9.7%

Sources:
- CDC: Places (https://www.cdc.gov/places/index.html)
- Institute for Health Metrics and Evaluation (https://www.healthdata.org/)

Burden of Disease

Cardiovascular Disease

State	Inland Empire	Riverside County	San Bernardino County	Montclair Hospital Medical Center	Redlands Community Hospital	San Antonio Regional Hospital	San Gorgonio Memorial Hospital	Chino Valley Medical Center
Stroke Deaths (2022)								
Number of deaths due to strokes (includes transient cerebral ischaemic attacks and related syndromes, central retinal artery occlusion, subarachnoid haemorrhage, intracerebral haemorrhage, other								
44.8	41.6	43.9	**39.1**	39.5	42.6	41.6	43.9	39.4
Heart Attack Deaths (2022)								
Number of deaths due acute myocardial infarction per 100,000 population								
25.3	27.4	28.7	25.9	25.4	27.9	27.4	28.7	25.5
Cardiovascular Deaths (2019)								
Number of cardiovascular disease deaths (including heart and valve diseases, stroke, hypertension, and other cardiovascular diseases) per 100,000 population								
215.4	228.5	242.1	213.4	213.9	234.1	228.5	242.1	213.8
Heart Disease (2022)								
Percentage of adults aged 18 years and older who report ever being told by a healthcare provider that they have angina or coronary heart disease								
-	6.1%	6.3%	5.8%	5.3%	6.0%	5.1%	**7.1%**	5.2%
High Blood Pressure (2021)								
Percentage of adults aged 18 years and older who report ever being told by a healthcare provider that they have high blood pressure (excludes high blood pressure occurring only during pregnancy and								
28.3%	29.9%	29.3%	**30.5%**	28.3%	30.1%	28.2%	**31.8%**	28.4%
Hypertension Deaths (2022)								
Number of deaths due to hypertensive heart disease per 100,000 population								
15.7	**24.0**	**22.2**	**26.0**	14.3	**23.2**	**24.0**	**22.2**	16.4

Sources:
- CDC: Places (https://www.cdc.gov/places/index.html)
- CDC: Wonder (https://wonder.cdc.gov/)
- Institute for Health Metrics and Evaluation (https://www.healthdata.org/)

Burden of Disease

Race & Ethnicity Breakdown: Stroke Deaths

State	Inland Empire	Riverside County	San Bernardino County	Montclair Hospital Medical Center	Redlands Community Hospital	San Antonio Regional Hospital	San Gorgonio Memorial Hospital	Chino Valley Medical Center
Overall (2022)								
Number of deaths due to strokes (includes transient cerebral ischaemic attacks and related syndromes, central retinal artery occlusion, subarachnoid haemorrhage, intracerebral haemorrhage, other								
44.8	41.6	43.9	39.1	39.5	42.6	41.6	43.9	39.4
Asian and Asian American, Non-Hispanic								
-	40.4	42.0	38.9	44.0	41.1	40.4	42.0	43.5
Black and African American, Non-Hispanic								
-	57.2	55.4	58.8	67.1	56.5	57.2	55.4	65.6
Hispanic and Latinx								
-	21.9	21.1	22.8	24.3	21.6	21.9	21.1	24.0
American Indian and Alaska Native, Non-Hispanic								
-	39.7	39.7	-	44.1	39.7	39.7	39.7	44.1
White, Non-Hispanic								
-	74.7	79.1	68.4	59.4	76.6	74.7	79.1	61.1
Native Hawaiian and Pacific Islander								
-	-	-	-	38.8	-	-	-	38.8

Sources:
- CDC: Places (https://www.cdc.gov/places/index.html)
- CDC: Wonder (https://wonder.cdc.gov/)
- Institute for Health Metrics and Evaluation (https://www.healthdata.org/)
- US Census (https://data.census.gov/)

Burden of Disease

Race & Ethnicity breakdown: Heart Attack Deaths

State	Inland Empire	Riverside County	San Bernardino County	Montclair Hospital Medical Center	Redlands Community Hospital	San Antonio Regional Hospital	San Gorgonio Memorial Hospital	Chino Valley Medical Center
Overall (2022) *Number of deaths due acute myocardial infarction per 100,000 population*								
25.3	27.4	28.7	25.9	25.4	27.9	27.4	28.7	25.5
Asian and Asian American, Non-Hispanic								
-	21.0	20.2	21.8	28.6	20.7	21.0	20.2	27.9
Black and African American, Non-Hispanic								
-	35.7	34.8	36.4	41.1	35.3	35.7	34.8	40.2
Hispanic and Latinx								
-	13.8	14.0	13.5	14.6	13.9	13.8	14.0	14.4
American Indian and Alaska Native, Non-Hispanic								
-	-	-	-	31.2	-	-	-	31.2
White, Non-Hispanic								
-	51.8	52.7	50.6	40.3	52.2	51.8	52.7	42.2
Native Hawaiian and Pacific Islander								
-	-	-	-	41.5	-	-	-	41.5

Sources:
- CDC: Places (https://www.cdc.gov/places/index.html)
- CDC: Wonder (https://wonder.cdc.gov/)
- Institute for Health Metrics and Evaluation (https://www.healthdata.org/)
- US Census (https://data.census.gov/)

Burden of Disease

Race & Ethnicity Breakdown: Cardiovascular Deaths

State	Inland Empire	Riverside County	San Bernardino County	Montclair Hospital Medical Center	Redlands Community Hospital	San Antonio Regional Hospital	San Gorgonio Memorial Hospital	Chino Valley Medical Center
Overall (2019)								
Number of cardiovascular disease deaths (including heart and valve diseases, stroke, hypertension, and other cardiovascular diseases) per 100,000 population								
215.4	228.5	242.1	213.4	213.9	234.1	228.5	242.1	213.8
Black and African American, Non-Hispanic								
-	267.6	263.6	271.2	366.6	266.1	267.6	263.6	349.4
Hispanic and Latinx								
-	96.0	93.0	99.1	109.2	94.8	96.0	93.0	107.3
American Indian and Alaska Native, Non-Hispanic								
-	284.3	274.3	295.5	412.0	280.2	284.3	274.3	389.3
White, Non-Hispanic								
-	452.8	467.8	432.0	366.1	459.4	452.8	467.8	378.5
Asian American Pacific Islander, Non-Hispanic								
-	148.3	148.8	147.7	189.5	148.5	148.3	148.8	185.5

Sources:
- CDC: Places (https://www.cdc.gov/places/index.html)
- CDC: Wonder (https://wonder.cdc.gov/)
- Institute for Health Metrics and Evaluation (https://www.healthdata.org/)
- US Census (https://data.census.gov/)

Burden of Disease

Race & Ethnicity Breakdown: Hypertension Deaths

State	Inland Empire	Riverside County	San Bernardino County	Montclair Hospital Medical Center	Redlands Community Hospital	San Antonio Regional Hospital	San Gorgonio Memorial Hospital	Chino Valley Medical Center
Overall (2022) *Number of deaths due to hypertensive heart disease per 100,000 population*								
15.7	24.0	22.2	26.0	14.3	23.2	24.0	22.2	16.4
Asian and Asian American, Non-Hispanic								
-	12.2	10.7	13.6	10.4	11.6	12.2	10.7	10.7
Black and African American, Non-Hispanic								
-	38.4	29.4	46.2	33.7	34.9	38.4	29.4	36.0
Hispanic and Latinx								
-	10.3	8.9	11.8	7.1	9.7	10.3	8.9	8.0
American Indian and Alaska Native, Non-Hispanic								
-	-	-	-	22.6	-	-	-	22.6
White, Non-Hispanic								
-	48.3	44.4	53.8	25.1	46.6	48.3	44.4	30.4

Sources:
- CDC: Places (https://www.cdc.gov/places/index.html)
- CDC: Wonder (https://wonder.cdc.gov/)
- Institute for Health Metrics and Evaluation (https://www.healthdata.org/)
- US Census (https://data.census.gov/)

Burden of Disease

Injury and Violence

State	Inland Empire	Riverside County	San Bernardino County	Montclair Hospital Medical Center	Redlands Community Hospital	San Antonio Regional Hospital	San Gorgonio Memorial Hospital	Chino Valley Medical Center
Opioid Overdose Deaths (2019)								
Number of deaths for which opioids, including opium, heroin, methodone and other opioids and synthetic narcotics, were a contributing cause								
13.0	12.8	16.6	8.6	9.3	14.4	12.8	16.6	9.2
Injury Deaths (2021)								
Number of deaths due to injury per 100,000 population								
59.0	64.7	65.5	63.8	48.6	65.0	64.7	65.5	51.4
Drug Poisoning Deaths (2021)								
Number of deaths due to drug poisoning per 100,000 population								
22.0	23.7	26.8	20.2	18.8	25.0	23.7	26.8	19.1
Gun Deaths (2021)								
Number of deaths due to firearms per 100,000 population								
8.2	9.8	8.6	11.1	7.9	9.3	9.8	8.6	8.5
Interpersonal Violence Deaths (2021)								
Number of deaths due to homicide per 100,000 population								
5.2	5.7	4.6	7.0	6.3	5.2	5.7	4.6	6.4
Motor Vehicle Crash Deaths (2021)								
Number of deaths due to traffic collisions involving a motor vehicle per 100,000 population								
10.5	13.9	12.7	15.2	8.9	13.4	13.9	12.7	10.1

Sources:
- County Health Rankings (https://www.countyhealthrankings.org/)
- CDC: Wonder (https://wonder.cdc.gov/)

Burden of Disease

Race & Ethnicity Breakdown: Interpersonal Violence Deaths

State	Inland Empire	Riverside County	San Bernardino County	Montclair Hospital Medical Center	Redlands Community Hospital	San Antonio Regional Hospital	San Gorgonio Memorial Hospital	Chino Valley Medical Center
Overall (2021) *Number of deaths due to homicide per 100,000 population*								
5.2	5.7	4.6	7.0	6.3	5.2	5.7	4.6	6.4
Asian and Asian American								
-	1.8	1.2	2.5	1.6	1.6	1.8	1.2	1.7
Black and African American								
-	20.4	15.2	25.1	24.9	18.4	20.4	15.2	25.0
Hispanic and Latinx								
-	5.5	4.9	6.2	6.7	5.3	5.5	4.9	6.6
White								
-	3.5	2.9	4.5	2.6	3.2	3.5	2.9	2.9
Native Hawaiian and Other Pacific Islander, Non-Hispanic								
-	-	-	-	10.6	-	-	-	10.6

Sources:
- County Health Rankings (https://www.countyhealthrankings.org/)
- CDC: Wonder (https://wonder.cdc.gov/)
- US Census (https://data.census.gov/)

Burden of Disease

Cancer

State	Inland Empire	Riverside County	San Bernardino County	Montclair Hospital Medical Center	Redlands Community Hospital	San Antonio Regional Hospital	San Gorgonio Memorial Hospital	Chino Valley Medical Center
Diagnosed Cancer (2022)								
Percentage of adults aged 18 years and older who report ever being told by a healthcare provider that they have cancer (excludes skin cancer)								
6.7%	6.3%	6.9%	5.7%	5.4%	5.8%	5.4%	7.8%	5.1%
Cancer Deaths (2019)								
Number of deaths due to neoplasms (includes skin cancers) per 100,000 population								
162.5	158.6	164.0	152.6	152.4	160.9	158.6	164.0	152.4

* Please review the IP3 website for the Inland Empire and feel free to review the leading causes of cancer in your hospital's service area.

Sources:
- CDC: Places (https://www.cdc.gov/places/index.html)
- Institute for Health Metrics and Evaluation (https://www.healthdata.org/)

Burden of Disease

STIs/HIV

State	Inland Empire	Riverside County	San Bernardino County	Montclair Hospital Medical Center	Redlands Community Hospital	San Antonio Regional Hospital	San Gorgonio Memorial Hospital	Chino Valley Medical Center
Sexually Transmitted Infection Deaths (2019)								
Number of deaths due to HIV/AIDS and sexually transmitted infections per 100,000 population								
1.8	1.9	**2.1**	1.7	**2.2**	2.0	1.9	**2.1**	**2.2**
HIV/AIDS Deaths (2022)								
Number of deaths due to human immunodeficiency virus (HIV) disease per 100,000 population								
1.6	1.8	**1.9**	1.6	**2.0**	1.8	1.8	**1.9**	**1.9**
Chlamydia (2023)								
Number of new chlamydia cases per 100,000 population								
491.1	511.5	466.9	**562.1**	**602.3**	493.0	511.5	466.9	**594.9**
HIV Prevalence (2022)								
Number of HIV cases per 100,000 population								
416.4	408.7	**512.1**	**290.4**	**611.5**	451.7	408.7	**512.1**	**554.4**

Sources:
- CDC: National Center for HIV, Viral Hepatitis, STD, and Tuberculosis Prevention (https://www.cdc.gov/nchhstp/about/atlasplus.html)
- CDC: Wonder (https://wonder.cdc.gov)
- Institute for Health Metrics and Evaluation (https://www.healthdata.org/)

Appendix C: Vital Conditions Data Tables

Vital Conditions

Reliable Transportation

State	Inland Empire	Riverside County	San Bernardino County	Montclair Hospital Medical Center	Redlands Community Hospital	San Antonio Regional Hospital	San Gorgonio Memorial Hospital	Chino Valley Medical Center
Vehicle Access (2023)								
Percentage of occupied housing units with one or more vehicles available								
7.0%	4.4%	4.3%	4.6%	4.7%	5.1%	3.8%	4.5%	4.2%
Active Commuting (2023)								
Percentage of workers aged 16 years and older who commute to work via public transportation, bicycle, or walking								
6.3%	2.3%	2.1%	2.5%	3.4%	2.7%	2.4%	2.2%	2.5%
Motor Vehicle Crash Deaths (2021)								
Number of deaths due to traffic collisions involving a motor vehicle per 100,000 population								
10.5	13.9	12.7	15.2	8.9	13.4	13.9	12.7	10.1
Commute Time (2023)								
Mean travel time to work (in minutes) for workers aged 16 years and older who do not work from home								
29.0	33.2	33.8	32.5	31.4	31.9	32.6	33.8	32.4
Household Transportation Cost (2022)								
Annual household transportation costs in inflation-adjusted U.S. Dollars for a "typical household" (a household with a median household income that matches that of the region)								
$17,594.10	$18,964.70	$19,340.60	$18,537.70	$17,626.70	$18,287.20	$18,186.60	$19,702.20	$18,061.20
Reliable Transportation (2022)								
Percentage of adults aged 18 years and older who do not report that a lack of reliable transportation kept them from medical appointments, meetings, work, or getting things needed for daily living in the								
89.7%	88.3%	88.9%	87.6%	88.4%	86.8%	89.2%	89.3%	88.7%

Sources:
- US Census: American Community Survey (https://www.census.gov/programs-surveys/acs)
- Center for Neighborhood Technology (https://cnt.org/)
- County Health Rankings (https://www.countyhealthrankings.org/)
- CDC: Places (https://www.cdc.gov/places/index/html)
- US Census (https://data.census.gov/)

Vital Conditions

Lifelong Learning

State	Inland Empire	Riverside County	San Bernardino County	Montclair Hospital Medical Center	Redlands Community Hospital	San Antonio Regional Hospital	San Gorgonio Memorial Hospital	Chino Valley Medical Center
On-time High School Graduation (2021)								
Percentage of students who graduate high school within 4 years of entering 9th grade								
87.7%	89.1%	90.4%	87.6%	86.4%	89.6%	89.1%	90.4%	86.7%
Adults With a High School Diploma (2023)								
Percentage of the population aged 25 years and older who are high school graduates or higher								
84.6%	82.7%	83.3%	82.1%	82.2%	80.0%	83.7%	85.0%	82.1%
Preschool Enrollment (2023)								
Percentage of the population aged 3-4 years who are enrolled in school								
47.1%	31.8%	32.3%	31.3%	42.5%	31.0%	36.8%	33.0%	43.2%
Childcare Centers (2022)								
Number of child care centers per 1,000 population under 5 years old								
6.5	4.0	3.8	4.2	6.2	3.9	4.0	3.8	5.8
Adult Literacy (2017) *								
Percentage of adults ages 16-74 years old who scored at or above Level 3 Literacy and can be considered proficient at working with information and ideas in text								
46.2%	37.4%	38.4%	36.4%	40.2%	37.8%	37.4%	38.4%	39.6%
Learning Rate (2022)								
Average grade-to-grade level improvement in test scores within each cohort for students in grades 3-8								
.04	-.02	-.03	-.02	.01	-.03	-.02	-.03	.00

*Dated adult literacy data

Sources:
- US Skills Map (https://nces.ed.gov/surveys/piaac/skillsmap/)
- US Census: American Community Survey (https://www.census.gov/programs-surveys/acs)
- County Health Rankings (https://www.countyhealthrankings.org/)
- The Educational Opportunity Project (https://edopportunity.org/)

Vital Conditions

Basic Needs for Health and Safety

State	Inland Empire	Riverside County	San Bernardino County	Montclair Hospital Medical Center	Redlands Community Hospital	San Antonio Regional Hospital	San Gorgonio Memorial Hospital	Chino Valley Medical Center
Population With Any Disability (2022) *Percentage of the civilian noninstitutionalized population with a disability*								
11.0%	11.5%	11.6%	11.4%	10.3%	11.6%	9.3%	**14.7%**	9.4%
Medical Professionals (2023) *Number of health diagnosing and treating practitioners per 1,000 population*								
18.0	15.8	15.6	16.1	18.0	15.6	19.1	18.1	18.1
Recent Primary Care Provider Visit (2022) *Percentage of adults aged 18 years and older who report having been to a doctor for a routine checkup in the past year*								
70.5%	69.7%	69.4%	70.1%	70.1%	69.4%	69.8%	70.8%	70.0%
Insured Adults (2023) *Percentage of the civilian noninstitutionalized population aged 19 to 65 years who have health insurance*								
90.2%	88.3%	88.4%	88.3%	88.8%	**87.0%**	89.5%	89.5%	88.4%
Low Food Access (2019) *Percentage of population with low food access, defined as living beyond 1 mile (urban) or 10 miles (rural) of supermarket*								
29.4%	37.6%	34.6%	40.5%	22.4%	31.8%	25.2%	33.4%	28.6%
Preventable Hospital Events (2021) *Number of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees*								
2203.9	2415.6	2175.0	**2687.0**	2462.0	2316.0	2415.6	2175.0	**2503.4**
Mental Health Care Providers (2023) *Number of mental health care providers per 100,000 population*								
449.7	**282.3**	**269.7**	**296.5**	445.9	**277.1**	**282.3**	**269.7**	418.4
Dentists (2022) *Number of dentists per 100,000 population*								
92.9	**66.8**	**57.7**	**77.0**	96.9	**63.0**	**66.8**	**57.7**	93.3
Flu Vaccination (2021) *Percentage of Medicare enrollees who had an annual flu vaccination*								
41.5%	**33.3%**	**38.0%**	**28.0%**	39.0%	**35.2%**	**33.3%**	**38.0%**	**37.0%**

Sources:
- County Health Rankings (https://www.countyhealthrankings.org/)
- US Census: American Community Survey (https://www.census.gov/programs-surveys/acs)
- County Health Rankings (https://www.countyhealthrankings.org/)
- CDC: Places (https://www.cdc.gov/places/index/html)

Vital Conditions

Race & Ethnicity Breakdown: Preventable Hospital Events

State	Inland Empire	Riverside County	San Bernardino County	Montclair Hospital Medical Center	Redlands Community Hospital	San Antonio Regional Hospital	San Gorgonio Memorial Hospital	Chino Valley Medical Center
Overall (2021)								
Number of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees								
2203.9	2415.6	2175.0	**2687.0**	2462.0	2316.0	2415.6	2175.0	**2503.4**
Asian and Asian American								
-	**1613.8**	**1394.0**	**1831.0**	**1557.0**	**1526.2**	**1613.8**	**1394.0**	**1587.9**
Black and African American								
-	**3976.0**	**3532.0**	**4372.0**	**4815.0**	**3804.6**	**3976.0**	**3532.0**	**4733.0**
Hispanic and Latinx								
-	**2589.7**	**2509.0**	**2674.0**	**2983.0**	**2557.0**	**2589.7**	**2509.0**	**2919.5**
American Indian and Alaska Native								
-	**2639.3**	**1916.0**	**3389.0**	**1337.0**	2346.9	**2639.3**	**1916.0**	**1838.3**
White								
-	2203.7	1970.0	**2538.0**	2095.0	2101.0	2203.7	1970.0	2175.2

Sources:
- County Health Rankings (https://www.countyhealthrankings.org/)
- US Census: American Community Survey (https://www.census.gov/programs-surveys/acs)
- USDA: Food Access Research Atlas (https://www.ers.usda.gov/data-products/food-access-research-atlas)
- County Health Rankings (https://www.countyhealthrankings.org/)
- CDC: Places (https://www.cdc.gov/places/index/html)

Vital Conditions

Race & Ethnicity Breakdown: Flu Vaccinations

State	Inland Empire	Riverside County	San Bernardino County	Montclair Hospital Medical Center	Redlands Community Hospital	San Antonio Regional Hospital	San Gorgonio Memorial Hospital	Chino Valley Medical Center
Overall (2021)								
Percentage of Medicare enrollees who had an annual flu vaccination								
41.5%	33.3%	38.0%	28.0%	39.0%	35.2%	33.3%	38.0%	37.0%
Asian and Asian American								
-	36.5%	36.0%	37.0%	48.0%	36.3%	36.5%	36.0%	46.8%
Black and African American								
-	22.4%	25.0%	20.0%	22.0%	23.4%	22.4%	25.0%	21.6%
Hispanic and Latinx								
-	23.5%	24.0%	23.0%	28.0%	23.7%	23.5%	24.0%	27.0%
American Indian and Alaska Native								
-	19.6%	23.0%	16.0%	30.0%	21.0%	19.6%	23.0%	26.6%
White								
-	37.5%	42.0%	31.0%	42.0%	39.5%	37.5%	42.0%	40.0%

Sources:
- County Health Rankings (https://www.countyhealthrankings.org/)
- US Census: American Community Survey (https://www.census.gov/programs-surveys/acs)
- USDA: Food Access Research Atlas (https://www.ers.usda.gov/data-products/food-access-research-atlas)
- County Health Rankings (https://www.countyhealthrankings.org/)
- CDC: Places (https://www.cdc.gov/places/index/html)

Vital Conditions

Humane Housing

State	Inland Empire	Riverside County	San Bernardino County	Montclair Hospital Medical Center	Redlands Community Hospital	San Antonio Regional Hospital	San Gorgonio Memorial Hospital	Chino Valley Medical Center
Subsidized Housing (2024)								
Estimated number of subsidized units per 10,000 population								
332.0	317.1	340.4	292.1	228.7	283.9	278.2	180.0	206.9
High Housing Costs (2022)								
Percentage of occupied housing units for which housing costs amount to 30% or more of household income								
39.9%	39.6%	39.5%	39.7%	42.2%	39.9%	40.2%	**34.6%**	42.1%
Not Overcrowded Gouseholds (2023)								
Percentage of occupied housing units with no more than one occupant per room								
91.8%	91.8%	92.4%	91.0%	89.9%	89.5%	91.0%	93.9%	90.5%
Housing Insecurity (2022)								
Percentage of adults aged 18 years and older who were not able to pay mortgage, rent, or utility bill in the past 12 months								
15.5%	17.7%	16.5%	**19.0%**	18.2%	**20.0%**	17.0%	15.7%	17.6%
Students Experiencing Homelessness (2021)								
Percentage of public-school students who were reported by local education agencies as being unhoused at any time during a school year								
4.0%	5.0%	3.6%	**6.5%**	3.8%	4.4%	5.0%	3.6%	4.3%
Multi-family Housing (2023)								
Percentage of housing structures with two or more housing units per structure								
31.8%	**18.1%**	**16.4%**	**19.9%**	28.8%	**20.2%**	23.4%	**6.8%**	25.8%

Sources:
- US Census: American Community Survey (https://www.census.gov/programs-surveys/acs)
- CDC: Places (https://www.cdc.gov/places/index/html)
- Urban Data Catalog (https://datacatalog.urban.org/)
- National Housing Preservation Database (https://preservationdatabase.org/)

Vital Conditions

Race & Ethnicity Breakdown: Students Experiencing Homelessness

State	Inland Empire	Riverside County	San Bernardino County	Montclair Hospital Medical Center	Redlands Community Hospital	San Antonio Regional Hospital	San Gorgonio Memorial Hospital	Chino Valley Medical Center
Overall (2021)								
Percentage of public-school students who were reported by local education agencies as being unhoused at any time during a school year								
4.0%	5.0%	3.6%	6.5%	3.8%	4.4%	5.0%	3.6%	4.3%
Black and African American, Non-Hispanic								
-	9.3%	8.5%	10.1%	9.9%	9.0%	9.3%	8.5%	9.9%
Hispanic and Latinx								
-	73.4%	74.3%	72.6%	75.5%	73.8%	73.4%	74.3%	74.8%
White, Non-Hispanic								
-	9.9%	10.1%	9.6%	5.3%	10.0%	9.9%	10.1%	6.2%
Other Races (Unspecified)								
-	6.9%	6.5%	7.3%	7.3%	6.7%	6.9%	6.5%	7.3%

Sources:
- US Census: American Community Survey (https://www.census.gov/programs-surveys/acs)
- CDC: Places (https://www.cdc.gov/places/index/html)
- Urban Data Catalog (https://datacatalog.urban.org/)
- National Housing Preservation Database (https://preservationdatabase.org/)

📌 2025 Point In Time Homeless Count

Region	Total Homeless	Year-over-Year Change	Unsheltered Change	Notes
San Bernardino County	3,821	↓ 10.2%	↓ 14.2%	Strongest decline
Riverside County	3,990	↑ 7%	↓ 19%	Growth slowed
LA County	~72,308	↓ 4%	↓ 7.9%	Modest progress
San Diego County	~9,905 (region)	↓ 7% (regionwide)	—	Region-level drop
California Overall	N/A (est. 275k unsheltered)	Mixed	—	Highest national burden

Sources

San Bernardino County: https://main.sbcounty.gov/2025/05/22/san-bernardino-countys-pitc-data-shows-decrease-in-homelessness/
Riverside County: https://media.rivcocob.org/proceeds/2025/p2025_05_20_files/03.25001.pdf
LA County: https://www.lahsa.org/news?article=1044-declining-homelessness-is-now-a-trend-in-los-angeles-county
San Diego County: https://www.rtfhsd.org/wp-content/uploads/2025/07/2025-San-Diego-Region-Breakdown_SH-Update-HDX-Final.docx.pdf

Appendix D: Hospital Utilization Charts

Hospital Utilization Data — Methods

Hospital Utilization Data

Hospital utilization data in this needs assessment focus on hospital inpatient and emergency department (ED) utilization, morbidities (health conditions), chronic conditions, and the social determinants affecting hospital use.

The 2021 –2024 hospital data were derived from California's Department of Health Care Access and Information (HCAI) and analyzed by SpeedTrack, an information guidance technology company.

The hospital data were stratified by the Inland Empire as a whole and by San Bernardino and Riverside counties. In addition, SpeedTrack pulled utilization data specific to each hospital service area.

The California hospital data for inpatient admissions — flagged for Prevention Quality Indicators (PQIs) and "Z" type diagnosis codes (International Classification of Diseases, Tenth Revision – ICD 10) — are important because they highlight the most common chronic conditions and social drivers of health in the designated regions.

Hospital Data

For this assessment we looked at the following indicators by region and per hospital:

- **14 Quality Prevention Indicators (chronic conditions) County level/Hospital level and State and National Benchmarks**
- **Avoidable Emergency Department visits**
- **Emergency Department visits for Mental Health and Substance-Use Disorder**
- **30-Day readmission rates for Mental Health and Substance-Use Disorder**
- **Social Determinants of Health for Inpatient and Emergency Department visits**

Hospital Utilization Data Methods – Hospital Prevention Quality Indicators (PQIs)

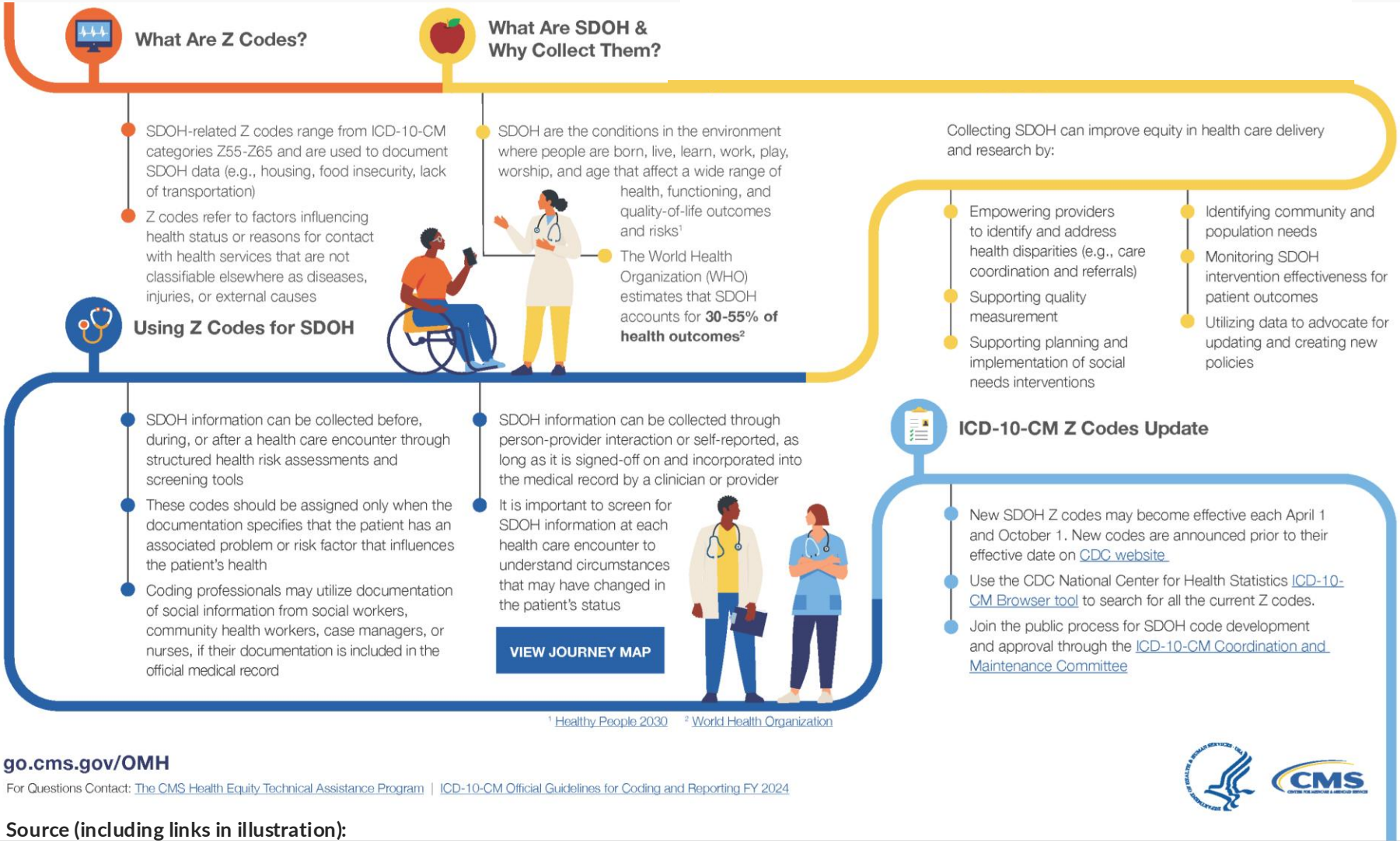
Prevention Quality Indicators (PQIs) help identify hospital inpatient admissions that might have been avoided if a patient had access to outpatient care, including follow-up after discharge. All California hospitals report PQIs to the state's Department of Healthcare Access and Information (HCAI). Hospitals across the nation use the PQI algorithms, which are set by the federal Agency for Healthcare Research and Quality (AHRQ). PQIs measure hospital inpatient admission rates for:

PQI 01 – diabetes, short-term complications
PQI 02 – perforated appendix
PQI 03 – diabetes, long-term complications
PQI 05 – COPD or asthma in older adults
PQI 07 - hypertension
PQI 08 – heart failure
PQI 09 – low birthweight
PQI 10 - dehydration
PQI 11 – community-acquired pneumonia
PQI 12 - urinary tract infections
PQI 14 - uncontrolled diabetes
PQI 15 – asthma in younger adults
PQI 16 – diabetes lower-extremity amputation
PQI 90 - overall composite
PQI 91 - acute composite
PQI 92 - chronic composite
PQI 93 - diabetes composite

PQI Number	Indicator Name	Units of Measure
PQI 01	Diabetes Short-Term Complications Admission Rate	Admissions per 100000 population (ages 18+)
PQI 02	Perforated Appendix Admission Rate	Admissions per 100000 population (ages 18+)
PQI 03	Diabetes Long-Term Complications Admission Rate	Admissions per 100000 population (ages 18+)
PQI 05	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate	Admissions per 100000 population (ages 40+)
PQI 07	Hypertension Admission Rate	Admissions per 100000 population (ages 18+)
PQI 08	Heart Failure Admission Rate	Admissions per 100000 population (ages 18+)
PQI 09	Low Birth Weight Rate	Percent of newborns
PQI 10	Dehydration Admission Rate	Admissions per 100000 population (ages 18+)
PQI 11	Community-Acquired Pneumonia Admission Rate	Admissions per 100000 population (ages 18+)
PQI 12	Urinary Tract Infection Admission Rate	Admissions per 100000 population (ages 18+)
PQI 14	Uncontrolled Diabetes Admission Rate	Admissions per 100000 population (ages 18+)
PQI 15	Asthma in Younger Adults Admission Rate	Admissions per 100000 population (ages 18–39)
PQI 16	Diabetes Lower-Extremity Amputation Rate	Admissions per 100000 population (ages 18+)
PQI 90	Overall Composite of All Prevention Quality Indicators	Composite rate per 100000 population (ages 18+)
PQI 91	Acute Composite(includes dehydration, UTI, bacterial pneumonia)	Composite rate per 100000 population (ages 18+)
PQI 92	Chronic Composite (includes diabetes, COPD, hypertension, heart failure)	Composite rate per 100000 population (ages 18+)
PQI 93	Diabetes Composite	Composite rate per 100000 population (ages 18+)

Hospital Utilization Data Methods – Z Codes for Social Determinants of Health

Hospitals track the social needs of their patients using "Z codes," which record non-medical factors that affect health. These include housing, employment, education, family support, and other conditions that shape well-being. Z codes can also point to unmet needs in the community and guide future health investments. Below is a detailed explanation of Z-codes from the Centers for Medicare and Medicaid Services.



Source (including links in illustration):
https://www.cms.gov/files/document/cms-2023-omh-z-code-resource.pdf

IMPROVING THE COLLECTION OF

Social Determinants of Health (SDOH) data with ICD-10-CM Z Codes

Exhibit 1. Recent SDOH Z Code Categories and New Codes

Z55 – Problems related to education and literacy
- Z55.5 – Less than a high school diploma (Added, Oct. 1, 2021)
- NEW Z55.6 – Problems related to health literacy

Z56 – Problems related to employment and unemployment

Z57 – Occupational exposure to risk factors

Z58 – Problems related to physical environment (Added, Oct. 1, 2021)
- Z58.6 – Inadequate drinking-water supply (Added, Oct. 1, 2021)
- NEW Z58.8 – Other problems related to physical environment
  - NEW Z58.81 – Basic services unavailable in physical environment
  - NEW Z58.89 – Other problems related to physical environment

Z59 – Problems related to housing and economic circumstances
- Z59.0 – Homelessness (Updated)
  - Z59.00 – Homelessness unspecified (Added, Oct. 1, 2021)
  - Z59.01 – Sheltered homelessness (Added, Oct. 1, 2021)
  - Z59.02 – Unsheltered homelessness (Added, Oct. 1, 2021)
- Z59.1 – Inadequate Housing (Updated)
  - NEW Z59.10 – Inadequate housing, unspecified
  - NEW Z59.11 – Inadequate housing environmental temperature
  - NEW Z59.12 – Inadequate housing utilities
  - NEW Z59.19 – Other inadequate housing
- Z59.4 – Lack of adequate food (Updated)
  - Z59.41 – Food insecurity (Added, Oct. 1, 2021)
  - Z59.48 – Other specified lack of adequate food (Added, Oct. 1, 2021)
- Z59.8 – Other problems related to housing and economic circumstances (Updated)
  - Z59.81 – Housing instability, housed (Added, Oct. 1, 2021)
    - Z59.811 – Housing instability, housed, with risk of homelessness (Added, Oct. 1, 2021)
    - Z59.812 – Housing instability, housed, homelessness in past 12 months (Added, Oct. 1, 2021)
    - Z59.819 – Housing instability, housed unspecified (Added, Oct. 1, 2021)
  - Z59.82 – Transportation insecurity (Added, Oct. 1, 2022)
  - Z59.86 – Financial insecurity (Added, Oct. 1, 2022)
  - Z59.87 – Material hardship due to limited financial resources, not elsewhere classified (Added, Oct. 1, 2022; Revised, April 1, 2023)
  - Z59.89 – Other problems related to housing and economic circumstances (Added, Oct. 1, 2021)

Z60 – Problems related to social environment

Z62 – Problems related to upbringing
- Z62.2 – Upbringing away from parents
  - NEW Z62.23 – Child in custody of non-parental relative (Added, Oct. 1, 2023)
  - NEW Z62.24 – Child in custody of non-relative guardian (Added, Oct. 1, 2023)
- Z62.8 – Other specified problems related to upbringing (Updated)
  - Z62.81 – Personal history of abuse in childhood
    - NEW Z62.814 – Personal history of child financial abuse
    - NEW Z62.815 – Personal history of intimate partner abuse in childhood
  - Z62.82 – Parent-child conflict
    - NEW Z62.823 – Parent-step child conflict (Added, Oct. 1, 2023)
  - Z62.83 – Non-parental relative or guardian-child conflict (Added Oct. 1, 2023)
    - NEW Z62.831 – Non-parental relative-child conflict (Added Oct. 1, 2023)
    - NEW Z62.832 – Non-relative guardian-child conflict (Added Oct. 1, 2023)
    - NEW Z62.833 – Group home staff-child conflict (Added Oct. 1, 2023)
  - Z62.89 – Other specified problems related to upbringing
    - NEW Z62.892 – Runaway [from current living environment] (Added Oct. 1, 2023)

Z63 – Other problems related to primary support group, including family circumstances

Z64 – Problems related to certain psychosocial circumstance

Z65 – Problems related to other psychosocial circumstances

go.cms.gov/OMH

Source (including links in illustration):
https://www.cms.gov/files/document/cms-2023-omh-z-code-resource.pdf

Hospital Utilization Data Methods – Avoidable ED Visits

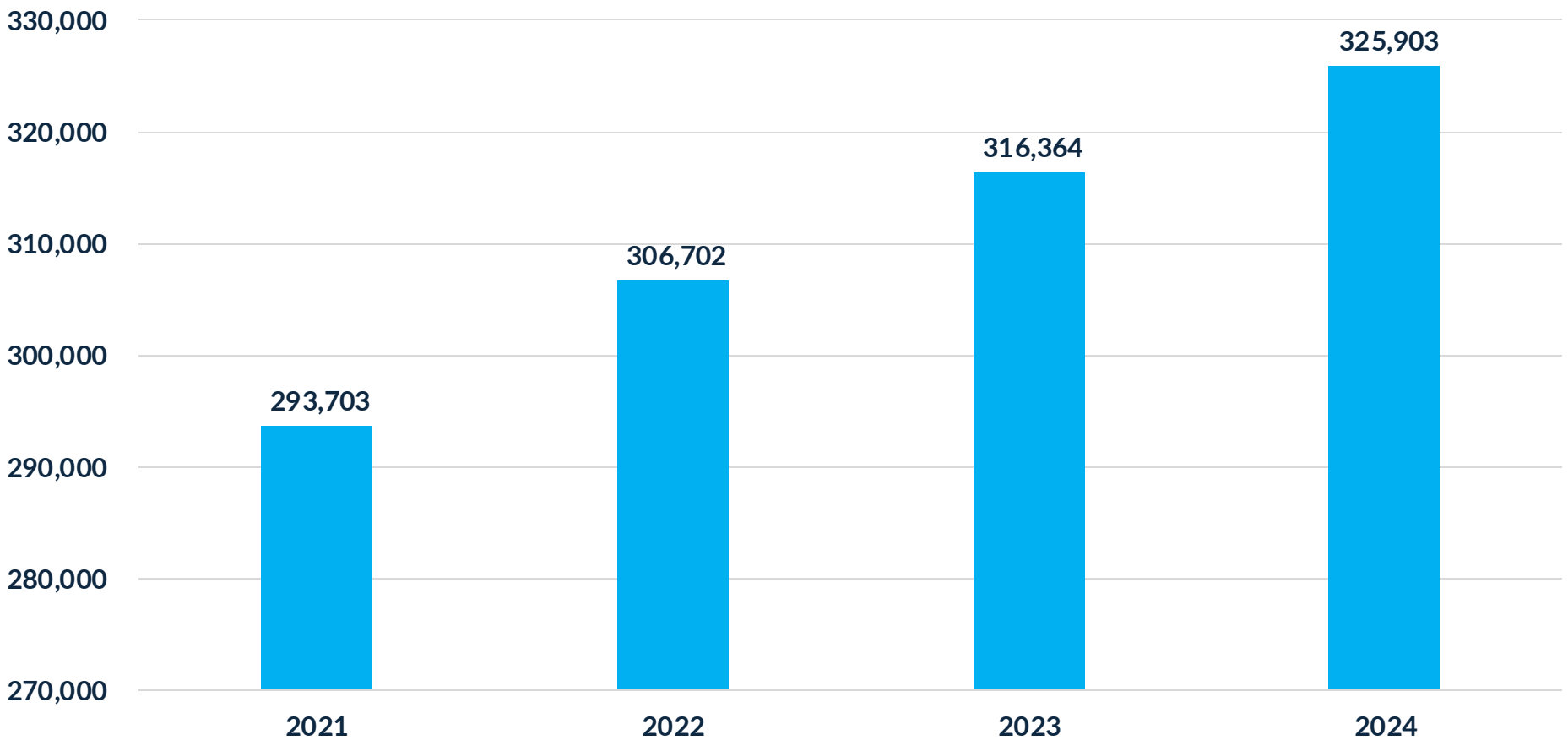
Avoidable Emergency Department Visits

Avoidable emergency department (ED) visits are defined as conditions managed in the ED that likely could have been treated in a primary care setting. When community members visit the ED instead of a primary care doctor, they miss the opportunity for coordinated and comprehensive treatment for their ongoing medical needs.

Avoidable ED visits were calculated using the New York University (NYU) Avoidable Emergency Department Algorithm, a widely used tool that classifies ED visits based on diagnosis codes. The algorithm estimates the proportion of visits that could have been managed in primary care or outpatient settings, providing insight into preventable use of emergency services and gaps in access to care.

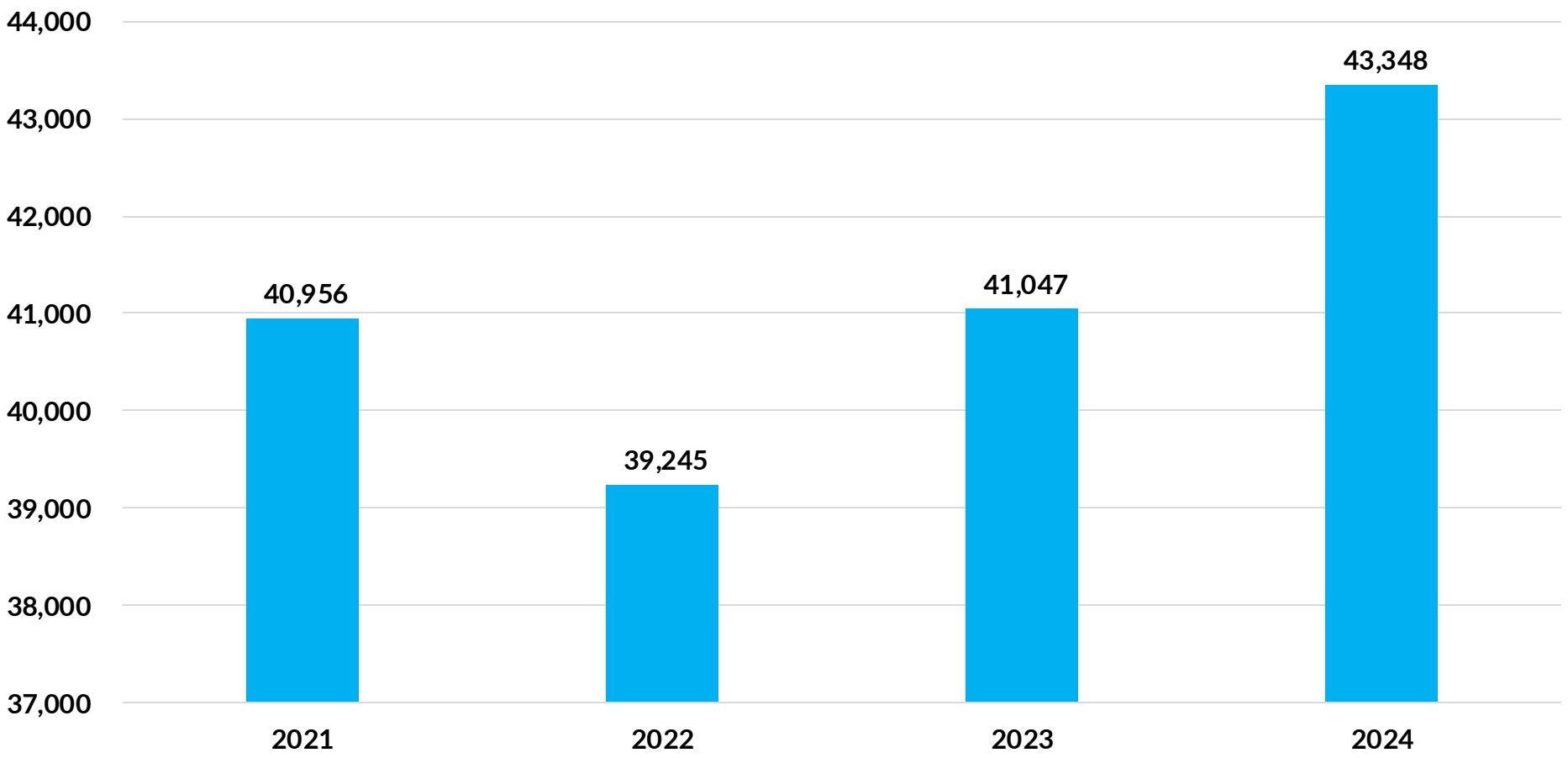
A detailed explanation of the NYU Algorithm, including methodology and limitations, is available in the full reference document here.

Inland Empire General Acute Inpatient Utilization Trend



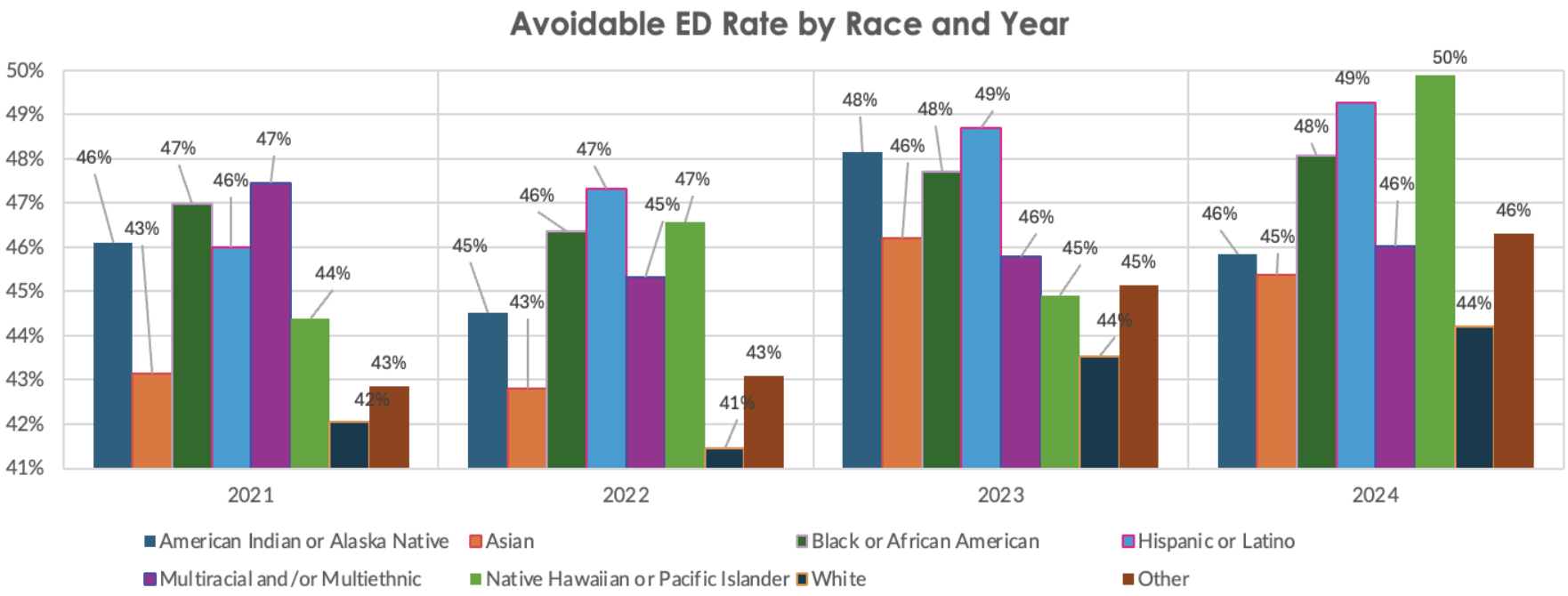
Source:
- California Department of Health Care Access and Information, (https://hcai.ca.gov/data/data-and-reports/)
- Speedtrack (https://speedtrack.com/healthcare/)

Inland Empire General Acute Inpatient Behavioral Health Utilization Trend



Source:
- California Department of Health Care Access and Information, (https://hcai.ca.gov/data/data-and-reports/)
- Speedtrack (https://speedtrack.com/healthcare/)

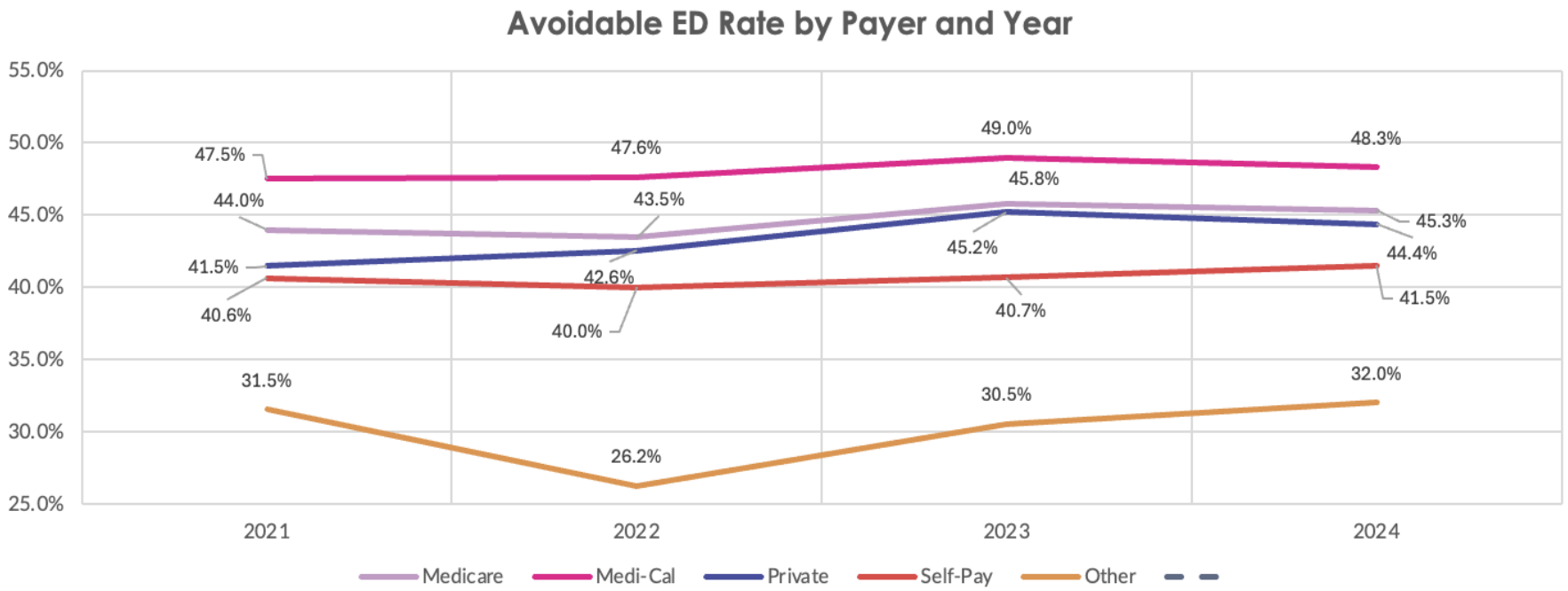
San Antonio Regional Hospital



Source:
- California Department of Health Care Access and Information (https://hcai.ca.gov/data/data-and-reports/)
- Speedtrack (https://speedtrack.com/healthcare/)

Avoidable ED visits refer to visits that are non-emergent or emergent but could have been treated by a primary care provider. Link to Box for a more detailed explanation: https://hc2strategies.box.com/s/781ohnqs90nuy5c7b45re7m4io9bp8l8

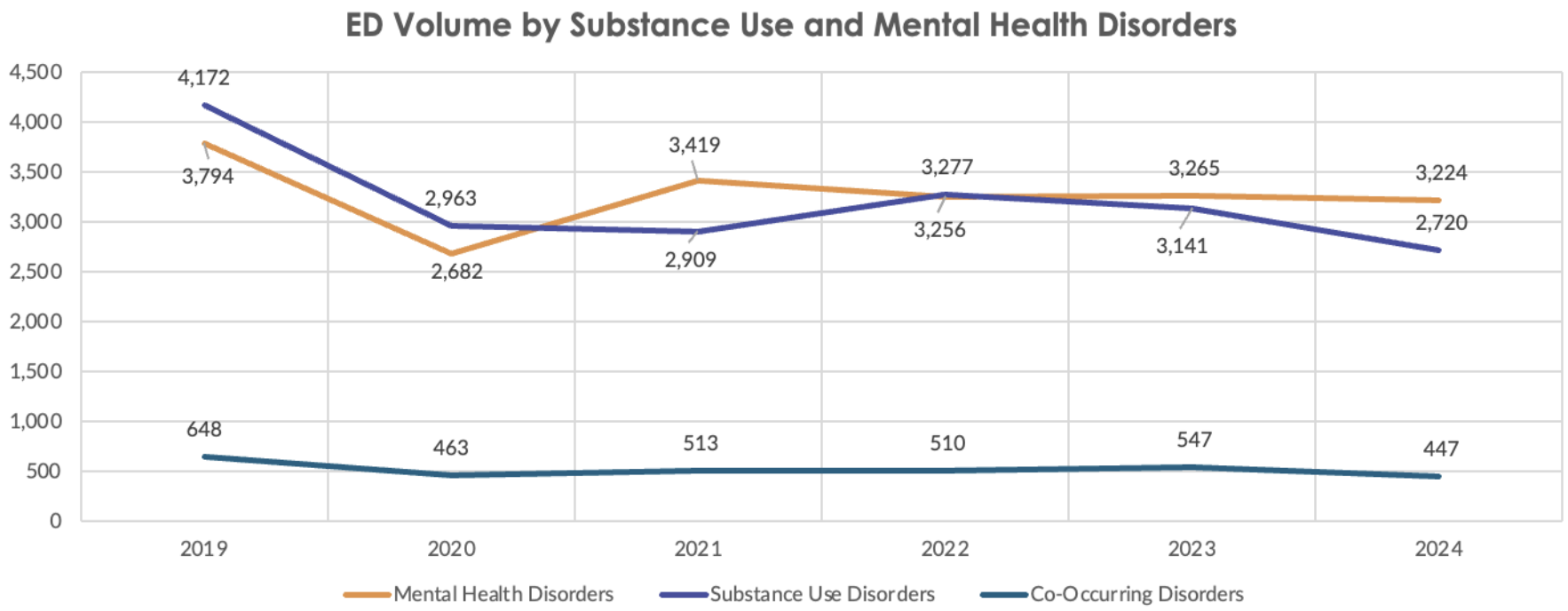
San Antonio Regional Hospital



Source:
- California Department of Health Care Access and Information (https://hcai.ca.gov/data/data-and-reports/)
- Speedtrack (https://speedtrack.com/healthcare/)

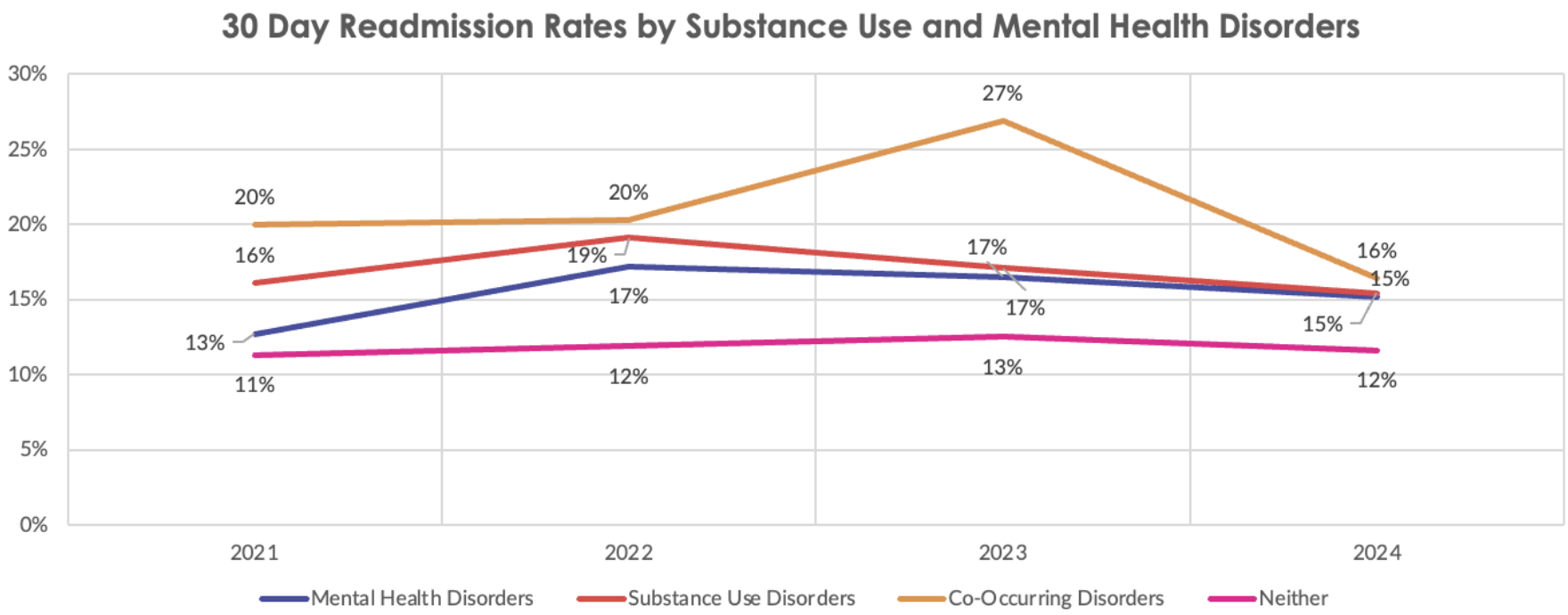
Avoidable ED visits refer to visits that are non-emergent or emergent but could have been treated by a primary care provider. Link to Box for a more detailed explanation:
https://hc2strategies.box.com/s/781ohnqs90nuy5c7b45re7m4io9bp8l8

San Antonio Regional Hospital



Source:
- California Department of Health Care Access and Information (https://hcai.ca.gov/data/data-and-reports/)
- Speedtrack (https://speedtrack.com/healthcare/)

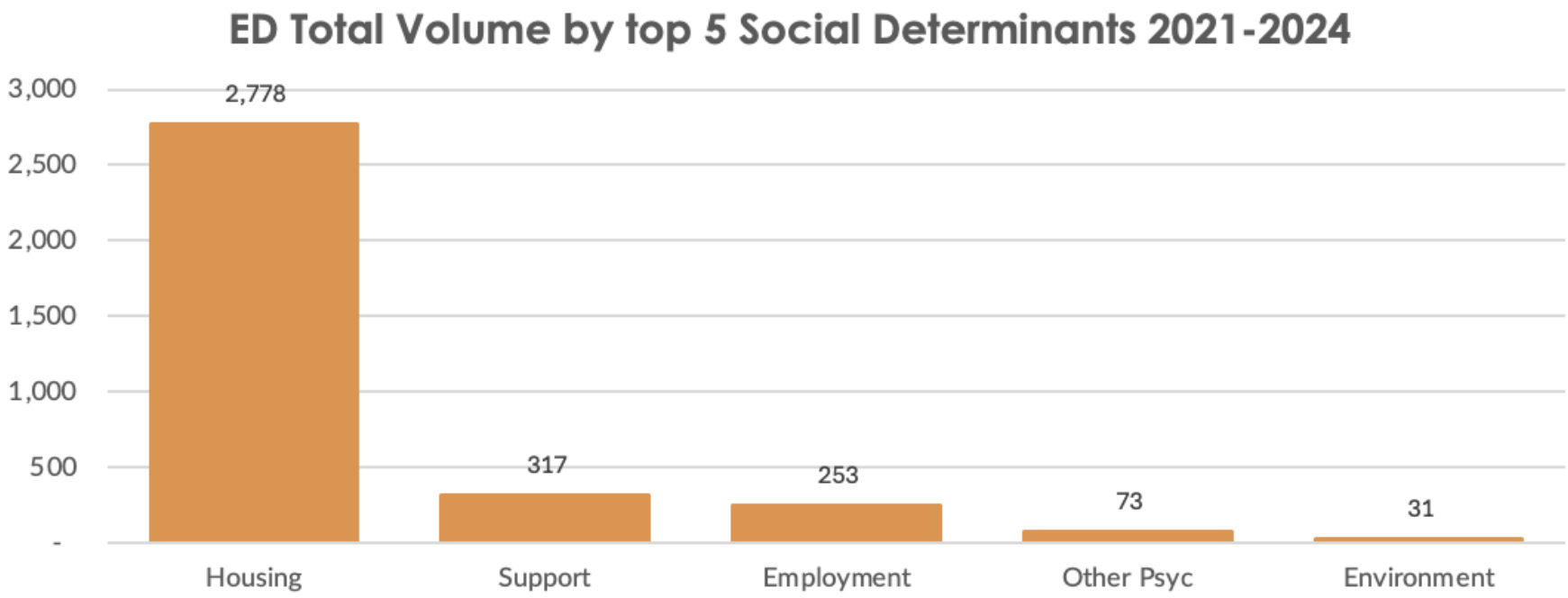
San Antonio Regional Hospital



Source:

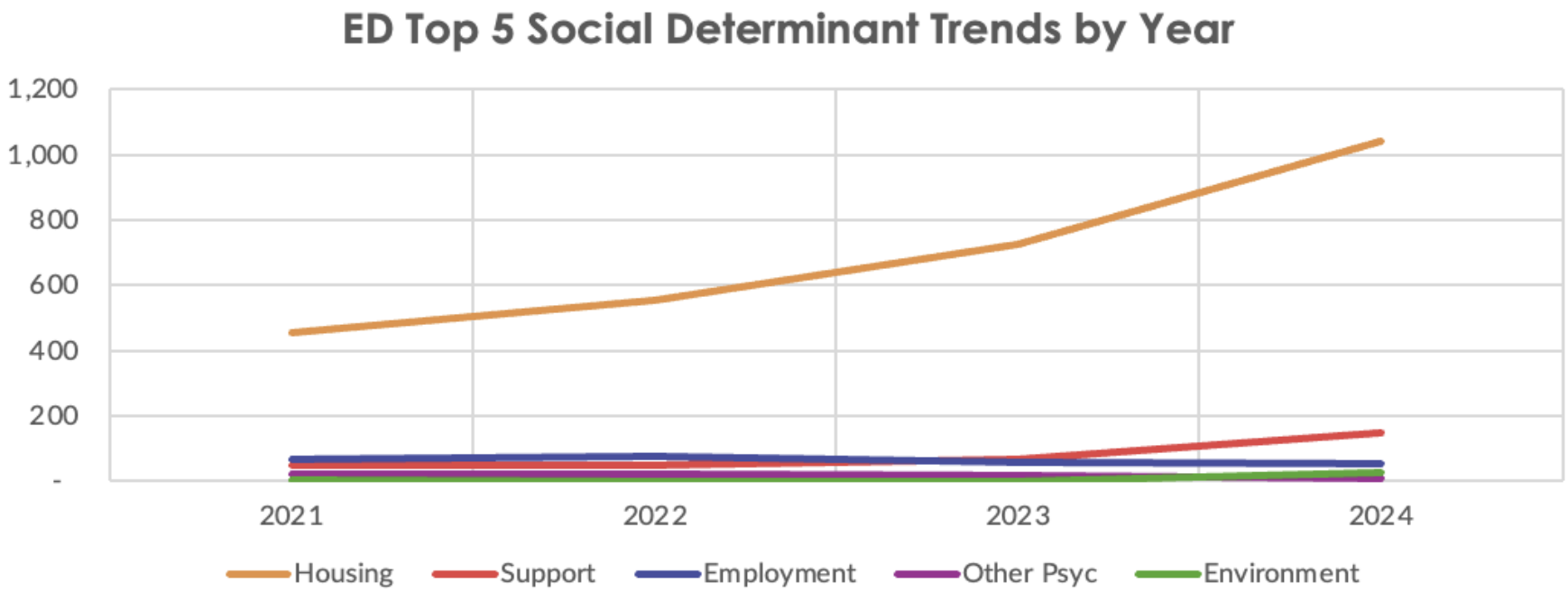
- California Department of Health Care Access and Information (https://hcai.ca.gov/data/data-and-reports/)
- Speedtrack (https://speedtrack.com/healthcare/)

San Antonio Regional Hospital



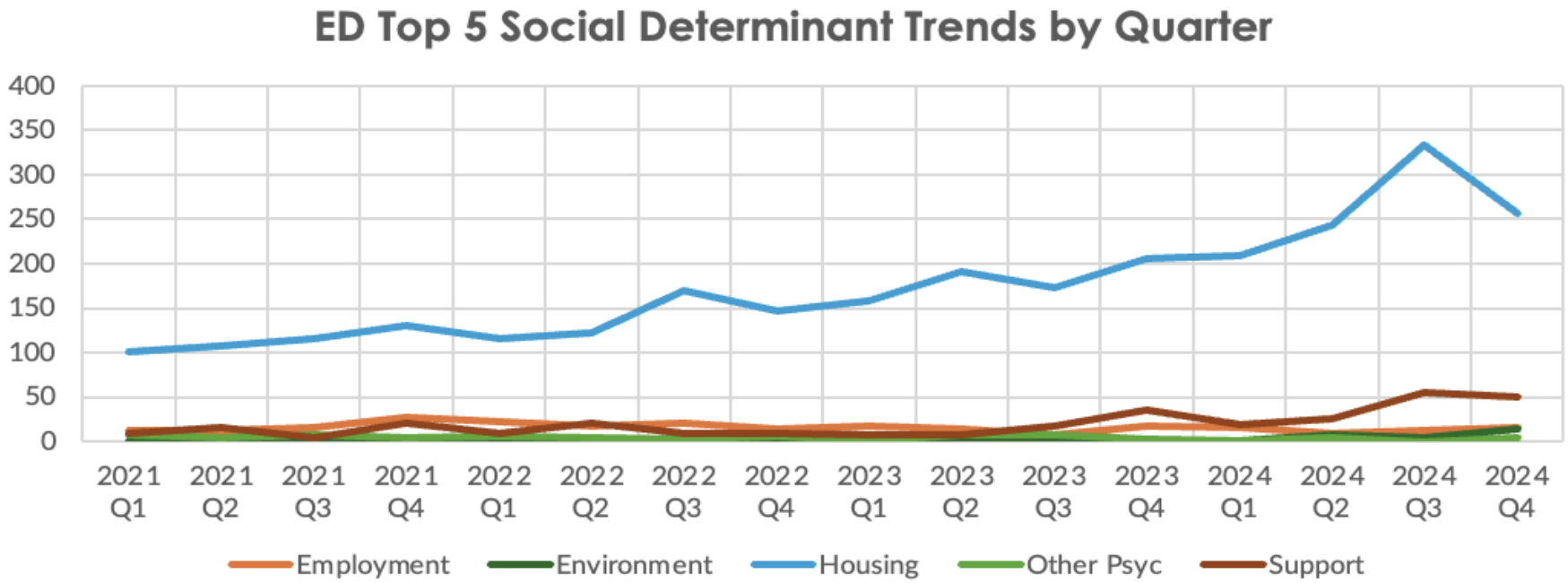
Source:
- California Department of Health Care Access and Information (https://hcai.ca.gov/data/data-and-reports/)
- Speedtrack (https://speedtrack.com/healthcare/)

San Antonio Regional Hospital



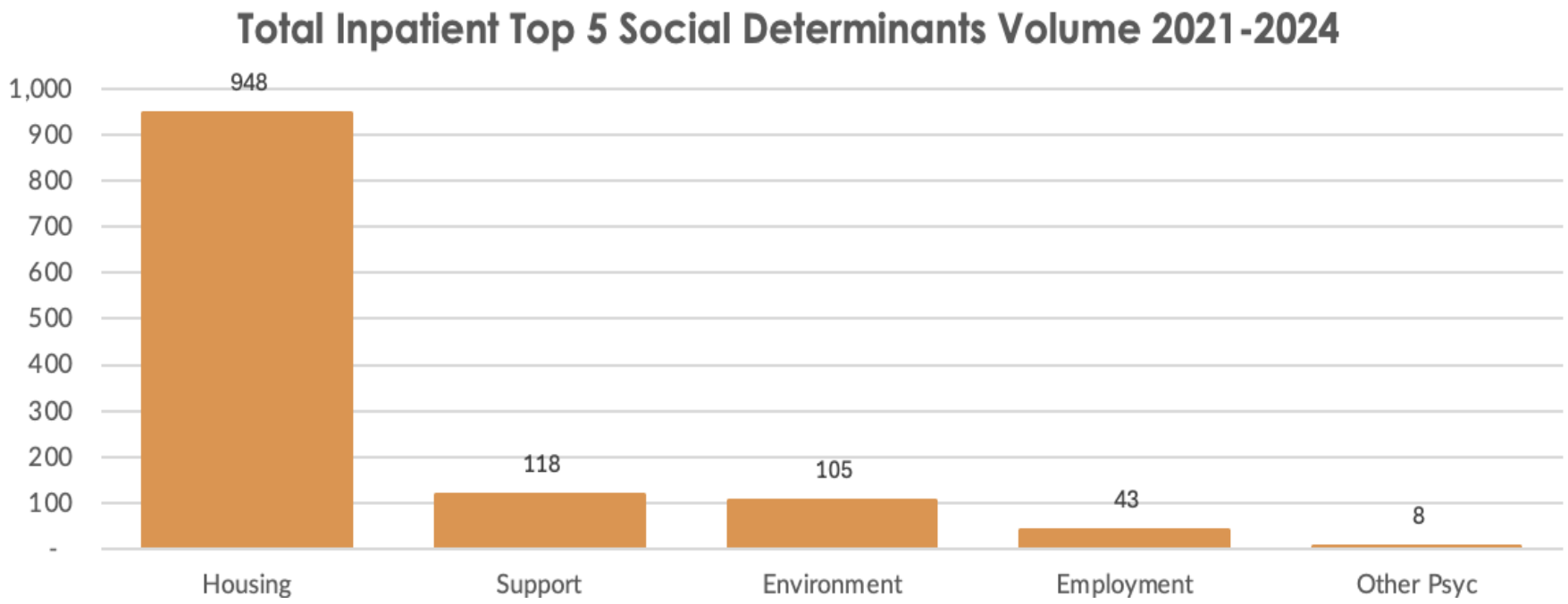
Source:
- California Department of Health Care Access and Information (https://hcai.ca.gov/data/data-and-reports/)
- Speedtrack (https://speedtrack.com/healthcare/)

San Antonio Regional Hospital



Source:
- California Department of Health Care Access and Information (https://hcai.ca.gov/data/data-and-reports/)
- Speedtrack (https://speedtrack.com/healthcare/)

San Antonio Regional Hospital



Source:
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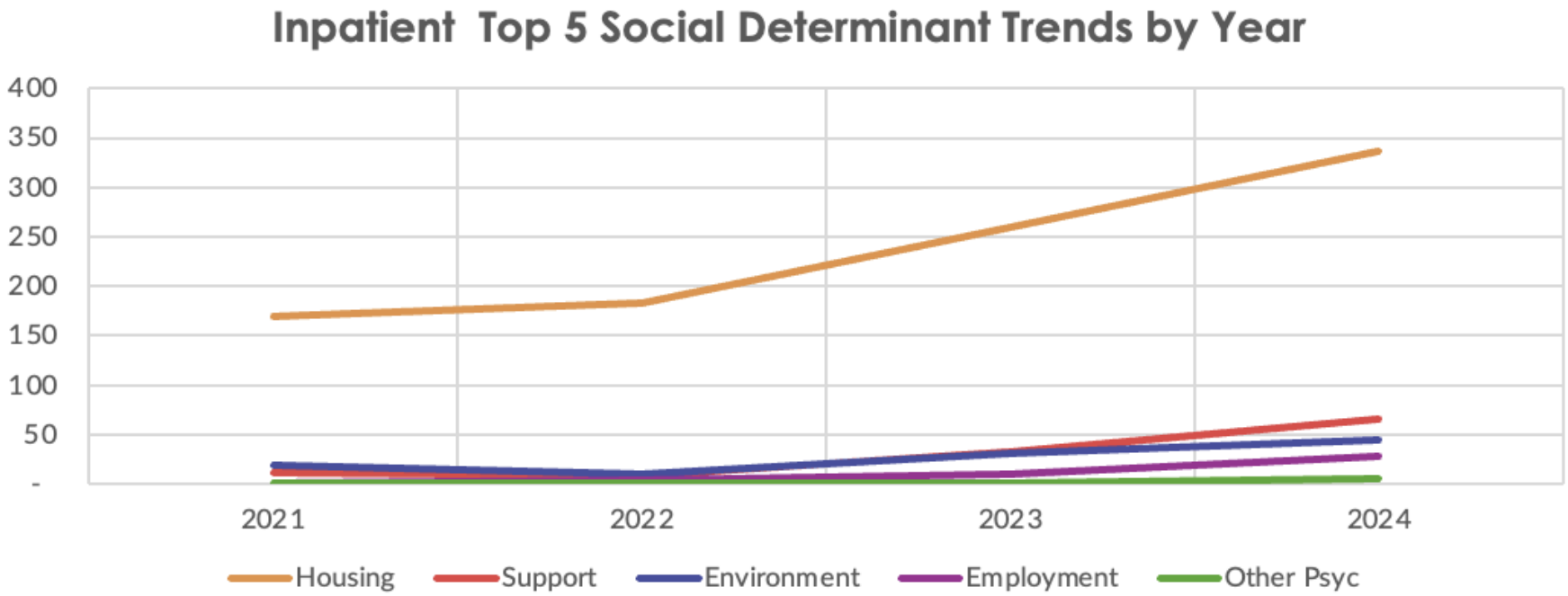
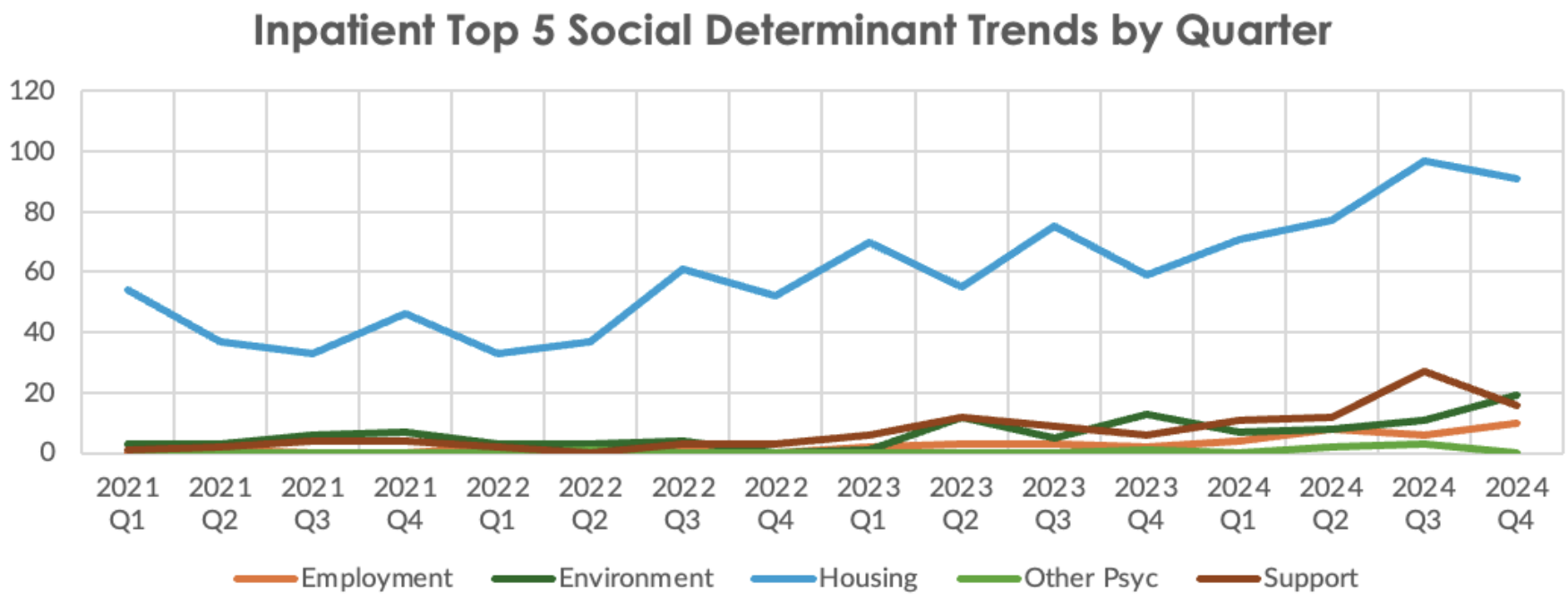
- Speedtrack (https://speedtrack.com/healthcare/)

San Antonio Regional Hospital



Source:
- California Department of Health Care Access and Information (https://hcai.ca.gov/data/data-and-reports/)
- Speedtrack (https://speedtrack.com/healthcare/)

San Antonio Regional Hospital



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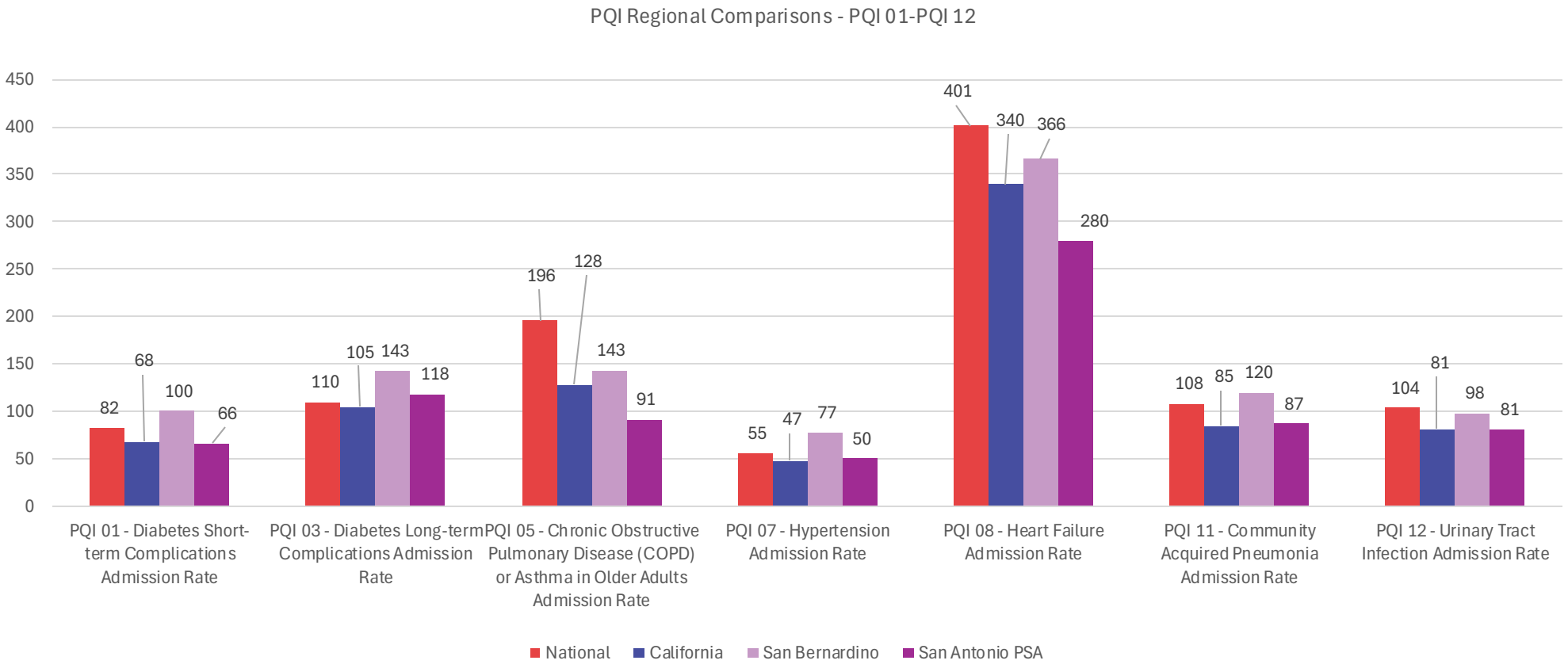
San Antonio Regional Hospital



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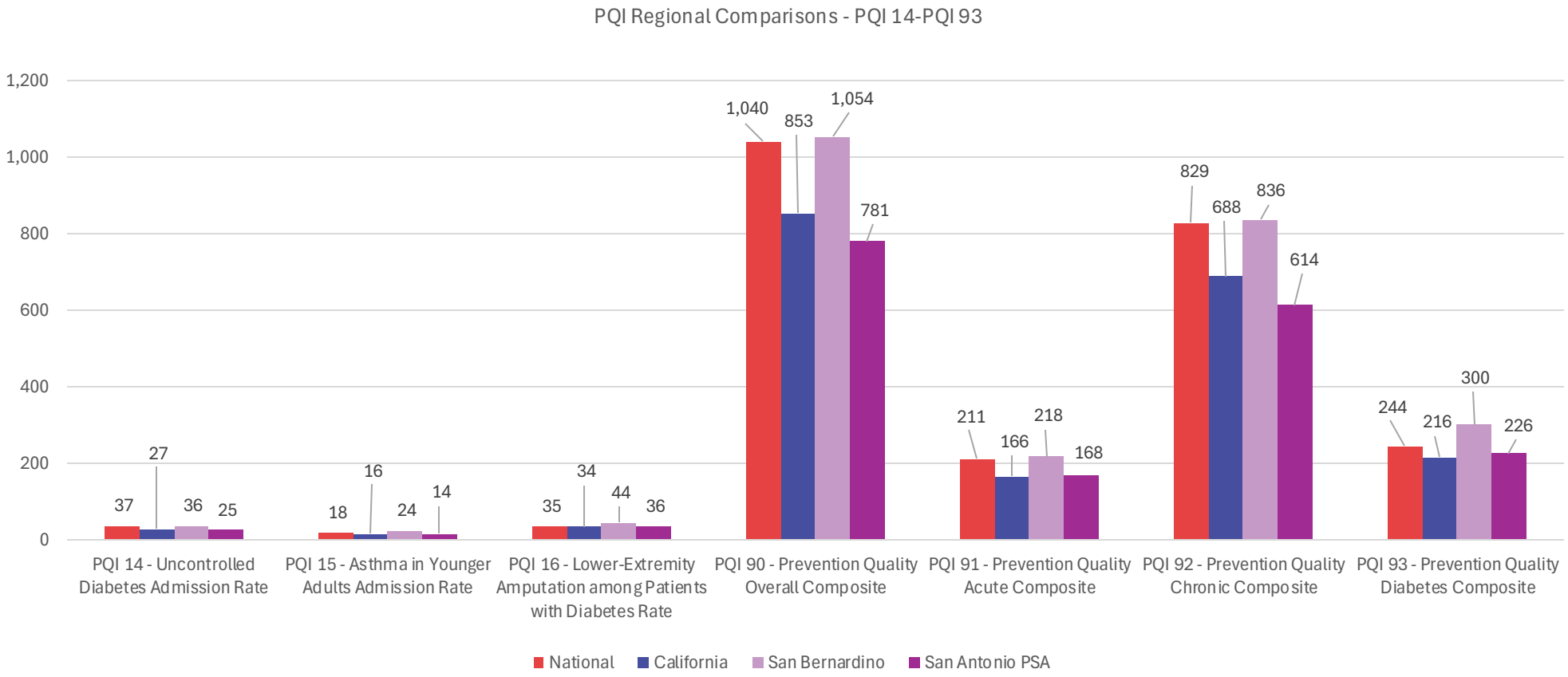
- Speedtrack (https://speedtrack.com/healthcare/)

San Antonio Regional Hospital



Source:

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- Speedtrack (https://speedtrack.com/healthcare/)

Appendix E: Other Inland Empire CHNA/CHA Findings

Other CHA/CHNAs in the Inland Empire Priority Areas

Riverside University Health System Public Health	San Bernardino County CHA	Kaiser (Riverside)	Kaiser (Fontana, Ontario)	Dignity Health - St. Bernardine & Community Hospital of San Bernardino	Loma Linda University Health	St. Mary Medical Center, Apple Valley
Community Survey •RUHS and HARC •November 2022 – February 2023 •40,000 paper surveys were mailed across Riverside County •4,804 local adults, representing a 12% response rate •English and Spanish	**Community Survey** •County-wide community themes and strengths assessment (CTSA) survey • 6,210 community members engaged in the survey, which was available online and on paper in four languages: English, Spanish, Vietnamese, and Mandarin •November 2022 to January 2023	**Key Informant Interviews** •18 key informant interviews •These interviews included both individual and group formats. •April–August 2024	**Key Informant Interviews** •10 key informant interviews •Conducted in June 2024	**Focus Groups** •4 focus groups were conducted in January and February 2025, with a total of 62 community members participating. •2 of the groups were conducted in Spanish. One session was held virtually via Zoom, while the remaining groups were conducted in person. **Key Informant Interviews** •11 community stakeholders took part in a phone interview	**Focus Groups** •21 focus groups were conducted with 150 participants across a range of communities •Sessions were held in both English and Spanish **Key Informant Interviews** •16 in-depth interviews were conducted with regional leaders in public health, education, housing, transportation, behavioral health, nonprofit services, faith-based ministries and local government	**Community Survey** •471 surveys completed **Key Informant Interviews** •46 interviews were conducted from May to November 2023

Other CHA/CHNAs in the Inland Empire Priority Areas

Qualitative Data Themes Expressed in Surveys, Conversations & Key Informant Interviews	
CHA/CHNA	**Key Findings**
Riverside County	• Homelessness and high housing cost • Transportation • Gun violence and property crime • Obesity • Substance use • Poverty • Mental health problems • Health profession shortage • Delays in access to care • Lack of economic diversity and opportunity
San Bernardino County	• Behavioral health • Injury and violence • Chronic disease • Mental health • Poverty • Healthcare access and quality • Unsafe neighborhoods • Racism and discrimination

Kaiser Key Informants (Riverside)	• Lack of access
	  • Health services
	  • Food
	  • Internet
	  • Mental health and substance use treatment
	  • Anxiety, depression, ADHD and addiction
	• Housing affordability
	• Access to housing aid programs
	• Mental health and substance use
	• Support services for LGBTQ individuals
	• Shortages of workforce
	• Culturally competent care
	• Lack of bilingual providers
	• Maternal health

Kaiser Key Informants (San Bernardino)	• Meaningful work and health
	  • Poverty
	  • Need for workforce development
	• Thriving natural world
	  • Geographical disparities
	  • Air pollution
	  • Lack of walkability and green spaces
	  • Prioritize sustainable investment within the community
	• Access to care
	• Healthcare provider shortage
	• Maternal and Infant Health
	• Diabetes
	• Obesity
	• Sickle-cell anemia
	• Respiratory disease
	• Heart disease
	• Humane housing
	  • Affordable housing options for students
	• Belonging and civic muscle
	  • Need for culturally responsive services and care
	  • Inclusion of youth voices in programs and policies
	  • Cultural competency
	  • Support for LGBTQ+ spaces, and quality care without stigma
	• Reliable transportation
	• Basic needs for health and safety
	  • Poor food access
	• Mental and behavioral health
	  • High need for services
	  • The youth are struggling
	• Lifelong learning
	  • Low educational attainment limiting economic diversity

Loma Linda University	• Access to affordable culturally sensitive healthcare • Better mental health services including counseling and peer support • Need affordable housing options for families, seniors, and people in recovery • Safe, clean environments free from neighborhood violence and environmental hazards. • Lifelong learning • Thriving natural world • Belonging and civic muscle • Need for local job creation to reduce long commute times and improve quality of life. • Prevention, lifestyle and managing chronic conditions
Dignity Hospitals	• Access to healthcare services • Cancer and Diabetes • Awareness, education and preventative care needed • Mental health • Nutrition, physical activity and weight • Oral health • Potentially disabling condition • Respiratory disease • Heart disease and stroke • Housing • Sexual health • Substance abuse

Riverside County CHA

Riverside County CHA: Survey Reponses	
IDENTIFIED NEED	**COMMUNITY VOICES**
Racial Equity	• A quarter of participants said they had paid "a lot of attention" to issues of race and racial equity over the past three months. • Another quarter said they'd paid no attention at all. • Opinions were split on whether the amount of attention paid to racial issues in the U.S. was appropriate. • Majority of participants (63%) believe that it it "very important" to educate themselves about the history of racial inequality in the country.
Inflation	• Participants were also asked about how inflation had impacted them. Most described how inflation had affected their life (e.g., increased cost of goods and services without an increase in income). Several said that it had not affected them in any way. However, others said they were trying to fight back by working more (even coming out of retirement to go back to work) and budgeting/minimizing their spending. A common theme was how stressful living on a tight budget can be; some were forced to dip into their savings to make ends meet while others racked up credit card debt.
Great Resignation	• To assess the impact of the "Great Resignation" locally, participants were asked whether they voluntarily quit a job in 2021 or 2022; approximately 11% did, equating to 172,112 adults. The most common reasons for quitting included low pay, being disrespected at work, lacking opportunities for advancement, and lacking flexibility in scheduling.
Neighborhood Quality	• Participants were asked to rate the quality of their neighborhood as it pertained to several different domains. Overall, transportation and the economy have the lowest ratings overall; 15% rate the quality of transportation in their neighborhood as "poor" and 14% rate the quality of the economy in their neighborhood as "poor". In contrast, health/wellness, housing, and the environment are at excellent, with 16.5%, 14.2%, and 13.9%, respectively.
Most important health problems	• Participants were asked to select the five most important health problems that need to be fixed in their community from a list of options, and additional comments were available to write in. Results show that the most important health problems included **mental health, a shortage of healthcare professionals, and delays in access to healthcare.**
Social Issues	• To determine social issues, participants were asked to select the five most important social problems that need to be fixed in their community with an option to fill other concerns. Results show that the most important social problems included **homelessness, and high housing costs (purchase or rental).**

Riverside County CHA

Riverside County CHA: Survey Reponses	
INDENTIFIED NEED	**COMMUNITY VOICES**
General Health	• In general, participants rate their mental health slightly better than their physical health. Approximately 19% rated their physical health as "fair" or "poor", and 16% rated their mental health as "fair" or "poor."

San Bernardino County CHA

San Bernardino County CHA: Survey Responses	
IDENTIFIED NEED	**COMMUNITY VOICES**
Behavioral Health	• Drug overdose deaths as a leading contributor to premature death • Frequent mental distress is a corollary measure to poor mental health days. The percent of adults in San Bernardino County (18+ years) with poor self-reported mental health in the past year was 16.1% in 2021, a significant increase from 12.1% in 2017. In 2020, the average number of self-reported mentally unhealthy days in the past month in San Bernardino County was 4.6 days, higher than in California at 4.0 days. • 21% of the respondents reported having never had an appointment with a mental health professional and 11.0% reported difficulty remembering the last time they had an appointment with a mental health professional. • 35.6% of all CTSA Survey respondents and 52.7% of respondents who identify as a person of color indicated that access to mental health services is one the most important components of improving their health and well-being.
Injury and Violence Prevention	• 29.0% of all CTSA Survey respondents and 48.3% of respondents who identify as a person of color indicated that rape and sexual assault are among the most damaging to the health of their community. • 32.4% of all CTSA Survey respondents and 49.3% of respondents who identify as a person of color indicated that car accidents related to driver behaviors (texting, aggressive, distracted, or impaired driving) are among the most damaging to the health of their community.
Chronic Disease	• 31.6% of all CTSA Survey respondents and 51.0% of respondents who identify as a person of color indicated that chronic health conditions like diabetes, heart disease, and high blood pressure are among the most damaging to the health of their community. • 29.5% of all CTSA Survey respondents and 48.8% of respondents who identify as a person of color indicated that a lack of exercise is among the top five things that are the most damaging to the health of the people in their community.
Economic Stability	• Many residents struggle to afford basic needs • Survey respondents were asked to indicate how often they lack money for living essentials including rent/mortgage, utilities, food, cell phone or other phone, and gas or other transportation.
Healthcare Access and Quality	• Health insurance coverage disparities among Hispanic/Latino residents • Provider shortage • Reports of experiencing access to care. Top 4 most common barriers identified were: lack of evening and/or weekend hours of service, ineligible for services, high out-of-pocket costs/cost too much month, no appointment available or could not get an appointment in a reasonable amount of time • Commute time to doctors office and reliable transportation were also cited as a pressing barrier • A total of 992 reported having experienced rat least one case of racism or discrimination from a healthcare provider • 146 respondents who did not identify as POC reported having experience at least one case of racism or discrimination from a healthcare provider

San Bernardino County CHA

San Bernardino County CHA: Survey Responses	
IDENTIFIED NEED	**COMMUNITY VOICES**
Social and Community Context	• Unsafe neighborhoods: violent crime, aggravated assault/battery and homicide were higher in the County then in California • Higher percentage of respondents who identify as a person of color express feeling unsafe where they live • Juvenile arrest is nearly twice as high as the state
Racism and Discrimination	• Among the CTSA respondents, 81.0% indicate experiencing discrimination because of race, ethnicity, or skin color and 60.0% indicate that groups who are not white experience discrimination.
Mental Health	• 16.1% of adults in 2021 self-reported poor mental health during the past year. The rate has significantly increased since 2017 when it was at 12.1%. The average number of mentally unhealthy days in the past month in San Bernardino County was 4.6 days, higher than in California at 4.0 days • 35.6% of all CTSA Survey respondents and 52.7% of respondents who identify as a person of color indicated that access to mental health services is one the most important components of improving their health and well-being.
Cross cutting themes	• Structural racism

Kaiser Riverside CHA

Kaiser Riverside CHA: Key Informants	
IDENTIFIED NEED	**KEY INFORMANTS**
Basic Needs for Health and Safety	• Increase access to internet connection • Top health challenges are food scarcity, obesity, high blood pressure and poor nutrition • Mobile services • Lack of access to health food, care and education
Lifelong Learning	• Increased access to parenting classes. • Quality education
Humane Housing	• Increased access to affordable housing. • A top health issue is lack of housing and difficulty accessing available housing • Difficulties with housing • Utility assistance • Strict eligibility for housing aid programs
Mental and Behavioral Health	• Top health challenges includes mental health and substance use • Top mental health issues include anxiety, depression, ADHD, and addiction • Some root problems of mental health challenges are trauma, financial burdens, lack of early prevention and awareness and biological ADHD • Instability due to low behavioral health provider capacity • Shift focus to mental health and social emotional learning programs • Need for community-based psychoeducation and early intervention • Mobile mental health unites for clients lacking privacy or transport • One stop support center for LGBTQ+ individuals • Some challenges that impact addressing health needs include misconceptions about mental health
Meaningful Work and Wealth	• A top challenge preventing solutions is the job market's misalignment with housing wages • Unemployment • Instability due to systematic poverty and pandemic-related issues • Hiring from local communities • Assisting patients in finding jobs • There is a workforce shortage and high turnover rate • Expand workforce development • Need for better employment opportunities that pay a living wage • Need to address poverty • Areas most impacted by poverty include Hemet and Coachella Valley because they lack a strong base and education opportunities

Kaiser Riverside CHA

Kaiser Riverside CHA: Key Informants	
IDENTIFIED NEED	**KEY INFORMANTS**
Belonging and Civic Muscle	• Freedom from systematic discrimination and negative experiences with providers • Bias in healthcare • Cultural stigma • Involving youth in community planning • Investing in cultural responsive training, community informed engagement and design programs with the intent of focusing on how it can be for the community, not with. • Need for greater civic participation and public policy engagement, specifically from affected communities and youth
Resource Navigation and Awareness	• Family support is a large issue, not because of a lack of resources, but because people are unaware of how to access the resources. • Major of accessible resources and resource awareness • More care navigators and promotores • Better coordination of care between medical and mental health providers
Thriving Natural World	• Funding is a major issue with a lack of culturally and linguistically appropriate services • Recommends Kaiser should fund community partners who have a flexible investment model • Promote Kaiser's community services and invest in community education • Partner with county agencies, schools, colleges and funders • Focus on multi-year grants to support sustainability, infrastructure support and evaluation of funded initiatives • More funding for different purposes • Community reinvestment
Access to care	• Top health issues is access to quality care • Lack of bilingual providers • Need for more family and social programs that promote community safety • Vision health • Geographic access disparities • Cultural competent care • Creating clinics in underserved areas • Address long wait times and limited local access to care • More preventive care • Physician shortage in the area that has caused problems with access to care • High provider turnover

Kaiser Riverside CHA

Kaiser Riverside CHA: Key Informants	
IDENTIFIED NEED	**KEY INFORMANTS**
Maternal and Infant/Child Health	• Child health outcomes • Women's health • Lower childcare costs • Maternal health as a top health need
Reliable Transportation	• Agreement that transportation and community safety are important
Community Safety	• Emerging need is community safety
Cross cutting themes	• Focus on marginalized groups including LGBTQ individuals, low-income populations, system-impacted individuals, women, children, the elderly, unhoused people and those with limited English proficiency • Address inequities based on race, gender and socioeconomic status • Develop culturally responsive programs with community input • Build community trust between institutions and the community • Strengthen community infrastructure by promoting collaboration between institutions like schools, and invest/support sustainable community-led solutions • Improve access to basic needs like healthy food • Find sustainable funding and work towards more integrated systems to meet health needs effectively • Promote cultural humility within healthcare to tackle cultural stigma

Kaiser San Bernardino CHA

Kaiser San Bernardino CHA: Key Informants	
IDENTIFIED NEED	**KEY INFORMANTS**
Meaningful Work and Wealth	• Supports unemployed and underemployed residents • Poverty as a top health need • Workforce development for youth. More paid internships to support local hiring. • Investing in local workforce development • Economic decline • High desert's lack of economic drivers which forces residents to commute long distances for work • Increase involvement from the business community to invest in employee health and community wellness • Many queer youth struggle with employment due to limited affirming workplaces, lack of mentorship and financial hardships
Access to care	• Limited access to healthcare providers • Limited provider availability, lack of evening/weekend care, broadband issues, billing restrictions and stigma around mental health. Increasing clinic hours to evenings/weekends and enhancing tele-health options can help overcome barriers for working individuals who cannot afford to take a day off work. • Major provider shortages making it hard for patients to access care and get referrals. • High demand for healthcare professionals, mostly nurses and clinical staff. • Recommendations include support skills training and wraparound services • Increase investment in wraparound services and youth development • Make services more accessible • Students lack access to stable healthcare outside of school • Partner with trusted, community-rooted organizations for service delivery • Recommendations to expand tele-health and revising billing policies • Increasing mobile services in transit-poor neighborhoods • There is a regular lack of awareness or access to existing resources among community members, limiting their ability to benefit from available programs • Addressing health needs requires strong partnerships among health departments, hospitals, providers, community-based organizations and health plans to deliver care where people live and reduce access barrier. • Scaling up community health workers and patient navigators is key to educating residents, helping them navigate complex health and social services, and improving cultural responsiveness. • Enhanced coordination between primary care and behavioral health services is needed, including co-locations of services and integrated care models, to address comprehensive health needs effectively. • Provide support services like transportation, childcare and culturally appropriate programming is vital to reduce barriers to care and improve health outcomes.

Kaiser San Bernardino CHA

Kaiser San Bernardino CHA: Key Informants	
IDENTIFIED NEED	**KEY INFORMANTS**
Maternal and Infant Health	• Top health priority includes maternal and infant health • High Black infant mortality • Geographic isolation in the high desert and mountain areas limits access to quality maternal care, including specialized hospital services • LGBTQ+ community lacks visible, inclusive perinatal healthcare resources • Pregnant teens face inconsistent support and insufficient school-based resources across different regions • Black and Indigenous communities experience significant disparities in maternal and infant health outcomes. The Latinx community benefits from protective cultural factors. Expanding culturally reflective, community-based programs, including more midwives and inclusive partner support, can improve outcomes.
Health Problems	• Diabetes • Obesity • Sickle-cell anemia • Respiratory disease • Heart disease
Thriving Natural World	• Geographical equity; high desert and mountain areas face the greatest challenges • Healthiest community assets include Loma Linda, mountain areas like Big Bear and Wrightwood, offering recreational activities such as hiking and mountain biking, and overall large communities with parks and social support networks • Air pollution as a challenge • Lack of walkability and green space • Recommendations for funding trusted community-led programs and grassroots organizations • Sustainable, long-term funding for community organizations is needed to avoid overburdening volunteers and enabling lasting change • Current funding prioritizes short-term projects rather than long-term systemic change or community mobilization, which is necessary to address root causes of health disparities.
Humane Housing	• Housing insecurity, particularly in students remain a significant top health and social need.

Kaiser San Bernardino CHA

Kaiser San Bernardino CHA: Key Informants	
IDENTIFIED NEED	**KEY INFORMANTS**
Belonging and Civic Muscle	• Need for culturally responsive services, programs and organizations, as well as inclusion of youth voices • Invest in the youth • Involve youth in community planning • Mismatch between provider communication and patient expectations is a cultural competency need, along with a need for culturally matched staff and liaisons • Recommendations to increase culturally responsive care, recruit from underserved communities • Participants highlighted that health needs assessments often collect data but fail to translate into concrete policy changes, investments or equitable services in underserved neighborhoods. Recommendations include ensuring direct resource allocation based on CHNA findings. • Black and Caribbean communities, rural residents, older adults, women and transgender individuals face significant health disparities and mistrust in care • Need for geographical equity in the high desert and mountain areas • Empower the community to find their own solutions rather than relying on external programs • Invest in social justice mobilization and influence policymakers to create structural changes • COVID-19 worsened health disparities • Inequities affect mainly Latino populations and certain geographies • Need for culturally competent, affirming communication that treats LGBTQ youth as capable individuals with valid experiences. Professionals must listen actively and engage youth in meaningful conversations about their needs. • Support for LGBTQ+ youth varies widely across school districts. While some actively engage LGBTQ+ youth and host pride events, other remain resistance, reflecting ongoing cultural wars and inconsistent policy implementation. Key local resources include True Evolution, Desert AIDS Project, IE Prism Collective, Planned Parenthood, Clay Counseling Solutions, and others. Grassroots groups and social spaces like Bird Cage Café play vital roles in support and identity affirmation. • Simplifying and normalizing the collection of sexual orientation and gender identity data, ensuring culturally competent care, and increasing access to LGBTQ affirming services are key priorities to reduce health disparities.
Reliable Transportation	• Limited access to transportation
Basic Needs for Health and Safety	• Basic needs remain unmet for many families • Poor food access • Limited access to grocery stores • Recommendations for investment in food access initiatives tied to economic development • Recommendations include implementing zoning reforms to reduce fast food/liquor stores and require health retails • Poor air quality influenced by the Los Angeles basin

Kaiser San Bernardino CHA

Kaiser San Bernardino CHA: Key Informants	
IDENTIFIED NEED	**KEY INFORMANTS**
Mental and Behavioral Health	• Mental health is a number one concern, especially post COVID-19. • Behavioral challenges and lack of coping skills in students remain a top health and social need • High need for mental and behavioral health services • Youth are disconnected and unsure about their future. Barriers to this include lack of mentorship, transportation, and stable employment. Issues like homelessness, violence and social media have worsened youth mental health. • Recommend expanding school-based mental health and health access • LGBTQ+ youth face significant mental health challenges linked to stigma, lack of family support, and systemic barriers • Access to affirming mental health services and trust community organizations is essential
Lifelong Learning	• Teachers and staff are burnt-out and under-resourced. Schools need more social/emotional support staff. • COVID-19 deepened learning loss, trauma and disengagement. Parents also struggled to navigate learning and service systems. • Region has low educational attainment, limiting economic diversity and contributing to over-reliance on logistics and manufacturing jobs with low barriers to entry.
Cross cutting themes	• COVID-19 magnified existing inequalities, community fatigue, isolation, and burnout. • Build institutional trust with the community. Transparency and communication with the community is key. • Need for better inter-count cooperation • Prioritize relationship-building and equity-centered design • Uplift the voices of the youth in policy and program design within the community • Acknowledge health inequities rooted in systemic discrimination

Dignity Health Hospitals CHNA

Dignity Health Hospitals CHNA: Community Voices & Key Informant Interviews	
IDENTIFIED NEED	**COMMUNITY VOICES & KEY INFORMANTS**
Access to Health Care Services	• Contributing factors: long waits for appointments, fragmented healthcare system and the gap in the continuity of care. One major challenge when accessing healthcare services is not having the digital competency to find services, as well as the language barrier. Ability to pay is another barrier. • Access to care/services: there are limited resources in the community. Easy access and availability to mental health support • Social determinants of health: SDOH such as access to primary care, transportation, nutritional food insecurity, green space for physical activity, cultural and linguistically appropriate care and medical illiteracy • Cultural competence: digital competency to find services is an emerging challenge • Awareness/education: knowledge about resources for the community • Income/poverty: economic and social barriers • Health disparities • Vulnerable populations: senior care, Medicare plans do not cover a lot of their healthcare needs
Cancer	• Lifestyle: the risk of all individuals developing or being diagnosed with cancer continues to increase and with the impacts of COVID, certain lifestyle habits have changes or worsened, which may increase risk of being diagnosed with Cancer. • Prevention: many of the most prevalent cancers are preventable. Some has effective screening and prevention programs such as colorectal screening and HPV vaccinations of target groups. • Incidence/Prevalence: stats show that there are many people diagnosed with this terminal illness. • Awareness/Education: people need information about treatment and how to assist people with this disease.
Diabetes	• Diabetes ranked as a top concern • Contributing factors: education and access to care. Food insecurity, poor economic conditions, eating habits, nutrition literacy, lack of regular exercise, lack of access/affordability of medication, and lack of health literacy related to managing their condition. • Awareness/education: people need information about the treatment and how to assist people with this disease. • Access to care: lack of community resources to aid in its management and prevention. • Access to affordable healthy food • Affordable medications/supplies • Diabetes management

Dignity Health Hospitals CHNA

Dignity Health Hospitals CHNA: Community Voices & Key Informant Interviews	
IDENTIFIED NEED	**COMMUNITY VOICES & KEY INFORMANTS**
Mental Health	• Mental Health ranked as a top concern • Access to care/services: access to timely and affordable ongoing mental health services. Biggest challenge is finding mental health providers, especially in the adult population 55+ and accessing psychiatry services. • Homelessness: Mental health issues are a major source of homelessness. The issues range from the lack of proper treatment facilities and management for the homeless. • Contributing factors: Access to care. Social stigma associated with mental health and inadequate access to services or counseling. Lack of culturally and linguistically appropriate therapists. • Affordable care: major lack of resources available to truly meet the needs for those mentally ill. • LGBTQ Populations: lack of health, mental health and social services found in the LGBTQ+ community. • Denial/stigma: not accepting that you have a mental health problem makes the problem worse. • Awareness/Education: people need information about treatment and how to assist people with this disease. • Lack of providers: insufficient mental health professionals
Nutrition, Physical Activity and Weight	• Contributing factors: few parks and less knowledge about the role of nutrition, physical activity, and weight control • Awareness/education: nutritional education. Information about benefits and planning to engage people • Due to COVID-19: post COVID there was a rise in overweight cases, specifically among the youth • Built Environment: lack of space to exercise and access to fast food. • Nutrition: food insecurity, nutrition literacy, commitment to activity. • Access to affordable healthy food
Oral Health	• Oral health ranked as a top concern • Contributing factors: public benefit coverage is minimal, treatments are too costly for people to take on, lack of oral health education, years without treatment, social stigma • Affordable care/services: lack of resources to pay for dental coverage. For the socioeconomic level of the demographic we serve, access to high quality, low-cost oral health care is a major issue. Many of the dental clinics in the area are largely “Medi-Cal” mills and even in the FQHC world adult patients find it difficult to get the level of care that they need. • Awareness and education: lack of knowledge of importance of oral health to overall wellbeing and lack of dental insurance • Insurance coverage: dental care is not fully covered by Medi-Cal and is an expensive out of pocket cost. • Due to COVID-19: due to the pandemic, lack of ability to visit dentists and provider children with necessary checkups.

Dignity Health Hospitals CHNA

Dignity Health Hospitals CHNA: Community Voices & Key Informant Interviews	
IDENTIFIED NEED	**COMMUNITY VOICES & KEY INFORMANTS**
Potentially Disabling Conditions	• Diagnosis/treatment: disability is often overlooked and chronic pain is not often well-managed. • Contributing factors: limited support and care options available. • Awareness/education: people need information about treatment and how to assist people with this disease • Caregiving: lack of support for caregivers
Respiratory Disease (including COVID-19)	• Awareness/education: people need information about treatment and how to assist people with this disease • Co-Occurrences: allergies and asthma • Environmental contributors: the valley is home to multiple freeways and interchanges, air pollution is a problem in all LA. • Contributing factors: the community was disproportionately affected by the pandemic due to socioeconomic factors, the rate of infections were very high. • Vulnerable populations: beliefs, barriers and life circumstances within the community increased their risk of acquiring and suffering from COVID-19 • Awareness and education: people need information about treatment and how toa assist people with the disease. • Incidence/prevalence: COVID-19 is a top health challenge • Isolation: housing and safe places for people to stay posed a challenge in reducing the spread of the virus
Heart Disease and Stroke	• Awareness and education: lack of knowledge and information on lifestyle changes and habit that can prevent a heart attack and stroke. • Contributing factors: due to lack of access to healthy food and access to places of exercise, especially in this time of pandemic. • Incidence/Prevalence: both conditions remain top 10 causes of mortality and morbidity. • Diet: obesity and high cholesterol are prevalent because of poor diets.

Dignity Health Hospitals CHNA

Dignity Health Hospitals CHNA: Community Voices & Key Informant Interviews	
INDENTIFIED NEED	**COMMUNITY VOICES & KEY INFORMANTS**
Housing	• Mental health issues are a major source of homelessness. • Mental health issues have become an escalating problem since March 2020. The issues range form the lack of proper treatment facilities and management for those who were homeless in dire need of treatment to the need for the average person experiencing the stresses and mental health challenges of the isolation and upheaval of the last two years for someone with the proper training to talk to and validate their concerns.
Sexual Health	• Contributing factors: due to the practice of sexual activity at an early age and the lack of communication with people who to speak them with respect and true love. Need for health education and focusing on underlying social issues may be important. Could be better to strengthen contact tracing, treatment and follow-up control measures. • Awareness/education: information/education in accessing services. • Incidence/prevalence. HIV rates are still higher than they should be. PrEP uptake is low. Other STI transmission rates are high.
Substance Abuse	• Substance abuse ranked as a top concern. • Contributing factors: access to help and knowledge about how to assist people with this problem. The greatest barrier is lack of knowledge as to where to go for information for families dealing with these issues. Stigma as well. Services are not readily available. • Lifestyle: someone suffering from this condition has to be ready for treatment. • Access to care/services: timely and affordable access to treatment. Long wait lists, cost prohibitive service plans • Easy access: easy access to prescription medication and drugs • Social norms/community attitude: the community's norms and viers. • Prevention: mental health and substance use should be interconnected. More prevention measures should be in place. • Stress; due to increased stress in families, increased substance abuse is evident
Cross Cutting Themes	• Targeted intervention • Awareness and education • Focus on prevention • Access to more resources

Loma Linda CHNA

Loma Linda CHNA Primary Needs Expressed during Community Conversations & Key Informant Interviews		
IDENTIFIED NEED	**COMMUNITY CONVERSATIONS**	**KEY INFORMANTS**
Basic Needs for Health and Safety	• Access to affordable, culturally sensitive healthcare. • Better mental health services, including counseling and peer support. • Reliable, nutritious food sources (addressing food deserts and affordability). • Health education on prevention, lifestyle, and managing chronic conditions. • Safe, clean environments free from neighborhood violence and environmental hazards.	• Access to affordable, timely healthcare (especially mental health, behavioral health, and specialty care) • Greater health literacy and system navigation support, particularly for immigrant, refugee, and low-literacy populations • Reduction of stigma and cultural barriers, especially around mental health and domestic violence • Increased availability of food assistance, fresh foods, and safe drinking water • Enhanced local disaster preparedness (wildfires, extreme heat, flooding)
Humane Housing	• Affordable housing options for families, seniors, and people in recovery. • Safe, stable living conditions with landlord accountability (mold, pests, repairs). • More transitional housing and shelters for homeless individuals. • Programs to prevent displacement and gentrification. • Opportunities to repurpose vacant or abandoned properties for community use.	• More affordable housing, including family-friendly units and supportive housing • Streamlined zoning and permitting to speed affordable housing development • Anti-displacement protections and renter supports (e.g., rent stabilization, tenant rights) • Housing rehabilitation programs, especially for aging or unsafe manufactured/ mobile homes • Creative models like land trusts, ADUs, and rent-to-own pathways
Meaningful Work and Wealth	• Access to stable, well-paying jobs with advancement opportunities. • Job training, apprenticeships, and certification programs, especially for re-entry and immigrant populations. • Financial assistance and coaching to manage rising costs. • Reforms to address benefit cliffs that discourage earning slightly higher wages.	• Local job creation to reduce long commute times and improve quality of life • Access to safe, dignified, living-wage jobs (not just low-wage, precarious work) • Expansion of financial literacy and access to banking services in underserved communities • Support for small business development and workforce pathways, especially in healthcare and childcare • Addressing wage gaps and economic inequities affecting marginalized communities
Reliable Transportation	• Affordable, reliable public transit connecting neighborhoods, healthcare, and jobs. • Flexible, same-day transportation options (especially for medical needs). • Better information on transportation benefits available through insurance. • Infrastructure improvements to ensure safe walking and biking access.	• Affordable, safe, and reliable public transportation to connect people to jobs, healthcare, and services • Innovative solutions like employer shuttles or community-based transportation • Better integration of housing, jobs, and transit planning to reduce dependence on long commutes • Improved rural and unincorporated area mobility options

Loma Linda CHNA

Loma Linda CHNA: Community Conversations & Key Informant Interviews		
INDENTIFIED NEED	**COMMUNITY CONVERSATIONS**	**KEY INFORMANTS**
Lifelong Learning	• Workforce development and adult education (literacy, English, computer skills). • Youth development programs, including after-school activities and career pathways. • Health and life skills workshops focused on nutrition, mental health, and financial literacy. • Clear, accessible information on how to navigate healthcare and social systems.	• Early childhood development programs, including developmental screenings and preschool access • Trauma-informed schools and culturally competent teaching • Youth leadership, civic engagement, and mentorship programs • College readiness and financial aid navigation, especially for first-generation students • Workforce training and upskilling aligned with local employment opportunities
Thriving Natural World	• Cleaner air and water to reduce chronic health risks. • Access to green spaces, safe parks, and affordable recreational opportunities. • Community cleanup efforts to address illegal dumping and neighborhood blight. • Climate resilience strategies to handle extreme heat and environmental hazards.	• Environmental justice interventions to address air pollution, warehouse impacts, and extreme heat • Green infrastructure investments: shade trees, parks, cooling centers, and clean energy upgrades • Safe, clean drinking water access in agricultural and rural areas • Community education on climate risks and adaptation strategies • Policies to balance economic development (e.g., warehousing) with environmental health
Belonging and Civic Muscle	• Opportunities for meaningful civic engagement and advocacy. • Community spaces for dialogue, organizing, and building trust across groups. • Culturally affirming, inclusive spaces where all voices are heard. • Support for grassroots leaders, Promotoras, and peer advocates.	• Civic engagement training and leadership development for historically excluded groups • Building trust in institutions, including healthcare, schools, and government • Sustained cross-sector collaboratives with shared goals, funding, and metrics • Youth programs and safe community spaces to foster belonging and empowerment • Faith-based, cultural, and grassroots partnerships as bridges to hard-to-reach populations
Cross Cutting Themes	• • Address systemic inequities and structural racism shaping access to services. • Reduce language and information barriers, making systems easier to navigate. • Provide holistic, multi-sector solutions linking health, housing, work, and environment. • Build trust between communities and public systems by demonstrating accountability and cultural respect.	

Appendix F: Well-Being Survey Methods and Results

Well-Being Survey Methods

The Survey Instrument

The Well-Being Survey consisted of 19 questions, offered in both English and Spanish, and was designed to assess multiple dimensions of personal well-being among residents of Riverside and San Bernardino Counties. The Cantril ladder was used as a core measure of life evaluation.

Survey Components

- Life evaluation
- Health assessment (physical and mental)
- Psychosocial factors (e.g., sense of purpose)
- Demographic questions
- National comparison

Core survey questions were adapted from the Institute for Healthcare Improvement (IHI) and Gallup, allowing results to be compared against national well-being benchmarks.

Hospitals also requested supplemental questions. These covered community health issues, where people go for care, and barriers to accessing services.

Distribution and Reach

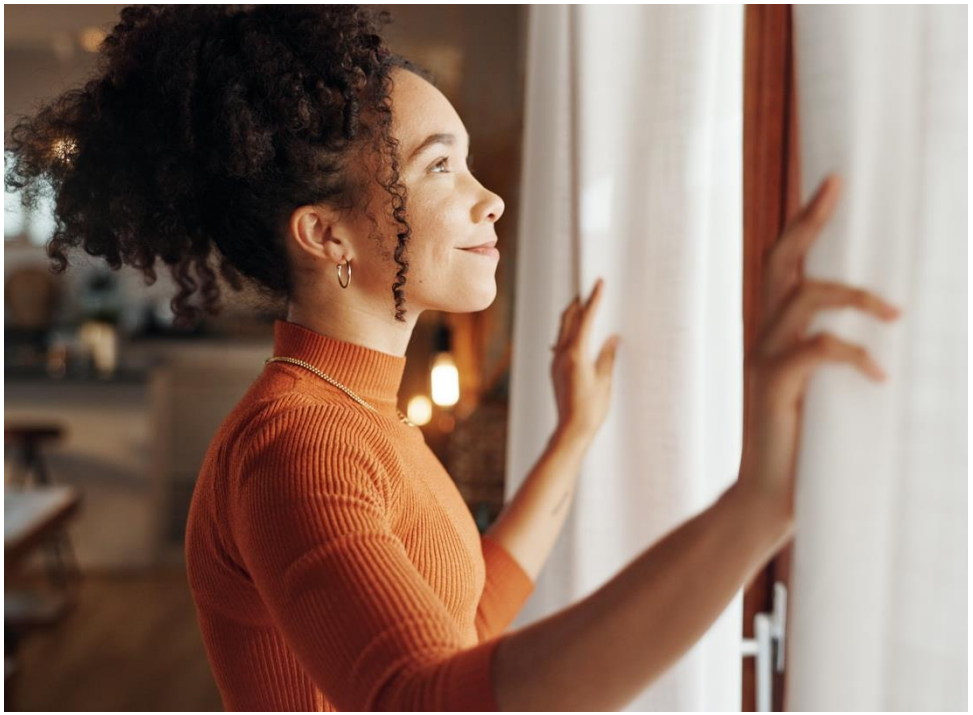
The survey was distributed from May to July 2025 in both paper and online formats, available in English and Spanish. To support outreach, hospitals received a comprehensive communication toolkit that included digital screensavers, flyers, social media posts, and newsletter articles. A total of 319 community members engaged in the survey.

Sources:
Institute for Healthcare Improvement Health and Well-being Measurement Approach and Assessment Guide
Understanding How Gallup Uses the Cantril Scale

Survey Analysis

After excluding responses outside the region, 291 surveys were retained for analysis. Data were cleaned, reverse-coded for consistency, and analyzed by demographics including region, age, race/ethnicity, household income, education, gender, and sexual orientation. Well-being measures included financial stability, health status, functional limitations, sense of purpose, belonging, social support, and emotional health. Answers to the additional questions added by the hospitals were compiled into one list.

Together, these insights were incorporated into the prioritization process to make sure the community's voice guided decisions.



Well-Being Survey Methodology

Process

- Region-wide health and well-being survey May-July 2025
- 319 community members engaged in the survey, which was available online and on paper in two languages: English or Spanish.
- 291 responses were analyzed after cleaning the data.
- Core questions are used by IHI and Gallup, which provides a national benchmark for thriving.

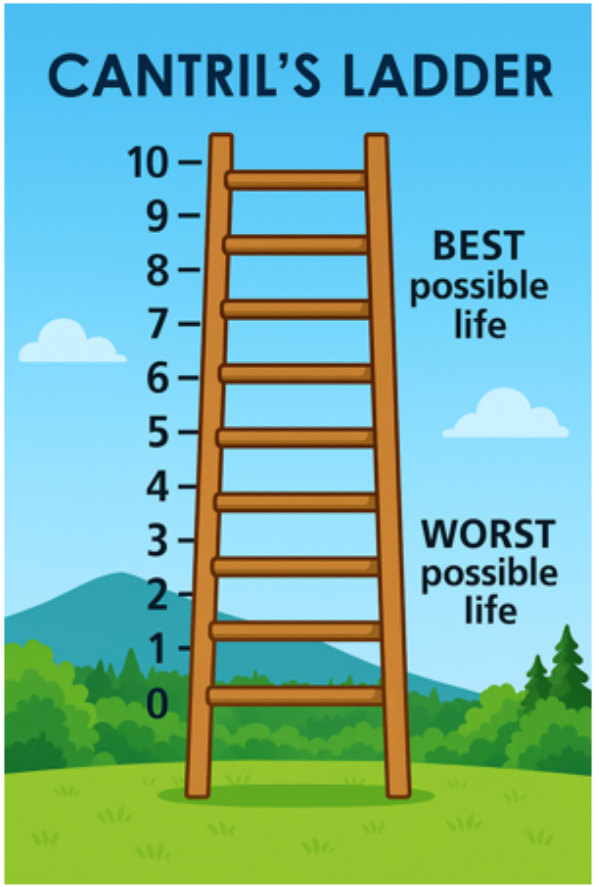
Definitions

Thriving: Well-being that is strong, consistent, and progressing. These respondents have positive views of their present life situation (7+) and positive views of the next five years (8+), using Cantril's Ladder ratings.

Struggling: Well-being that is moderate or inconsistent. These respondents have moderate views of their present life situation OR moderate OR negative views of their future. They are either struggling in the present or expect to struggle in the future.

Suffering: Well-being that is at high risk. These respondents have poor ratings of their current life situation (4 and below) AND negative views of the next five years (4 and below).

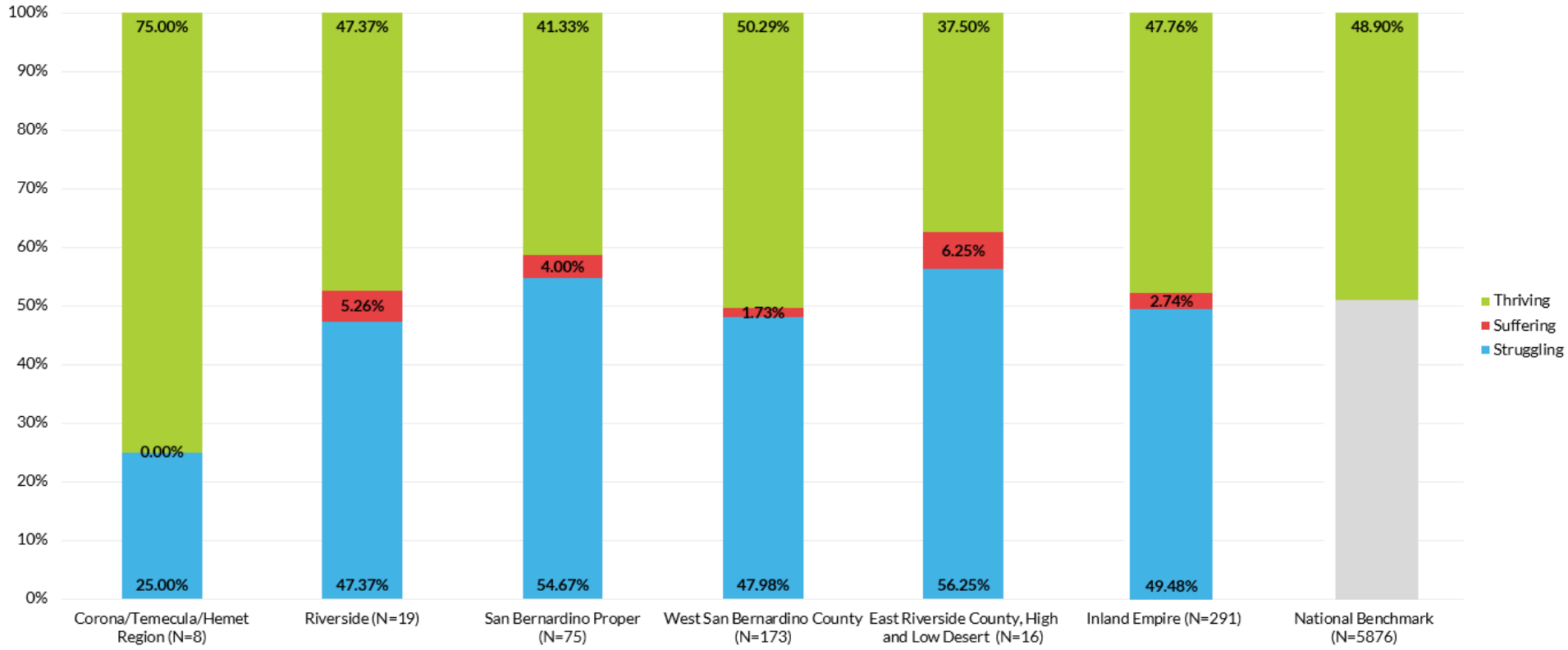
Understanding How Gallup Uses the Cantril Scale



HC² STRATEGIES

COMMUNITIES LIFTING COMMUNITIES®

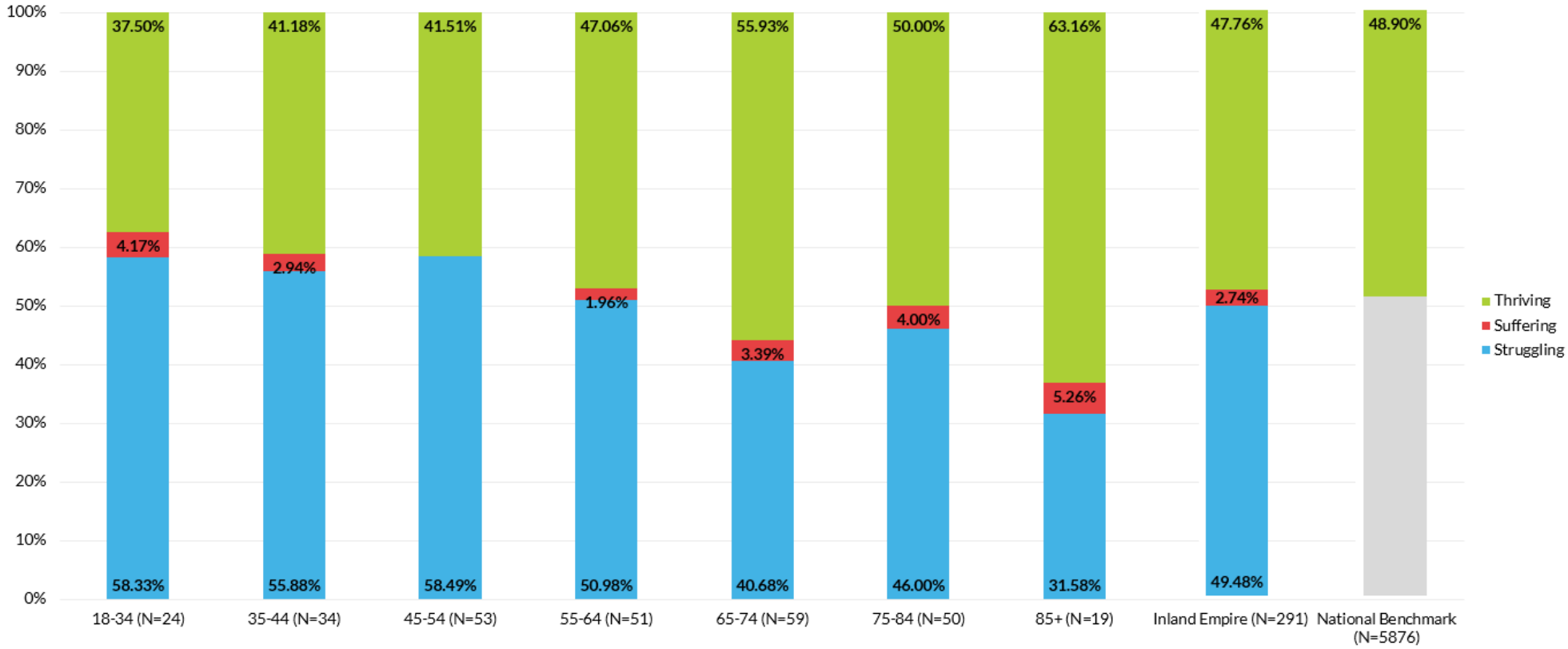
Thriving, Suffering, and Struggling by Region



Source for national benchmark: https://news.gallup.com/poll/658778/americans-life-ratings-slump-five-year-low.aspx

Note: Only thriving data is publicly available for the national benchmark.

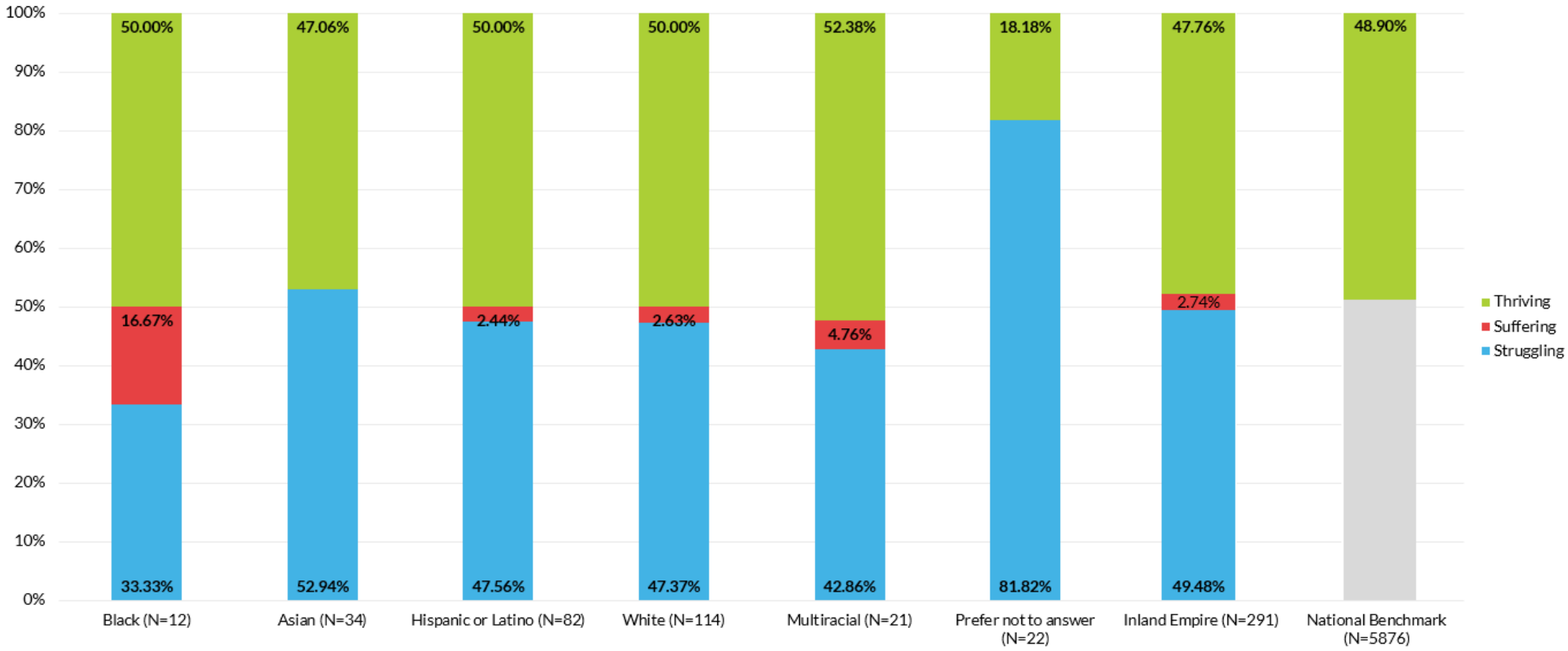
Thriving, Suffering, and Struggling by Age



Source for national benchmark: https://news.gallup.com/poll/658778/americans-life-ratings-slump-five-year-low.aspx

Note: Only thriving data is publicly available for the national benchmark.

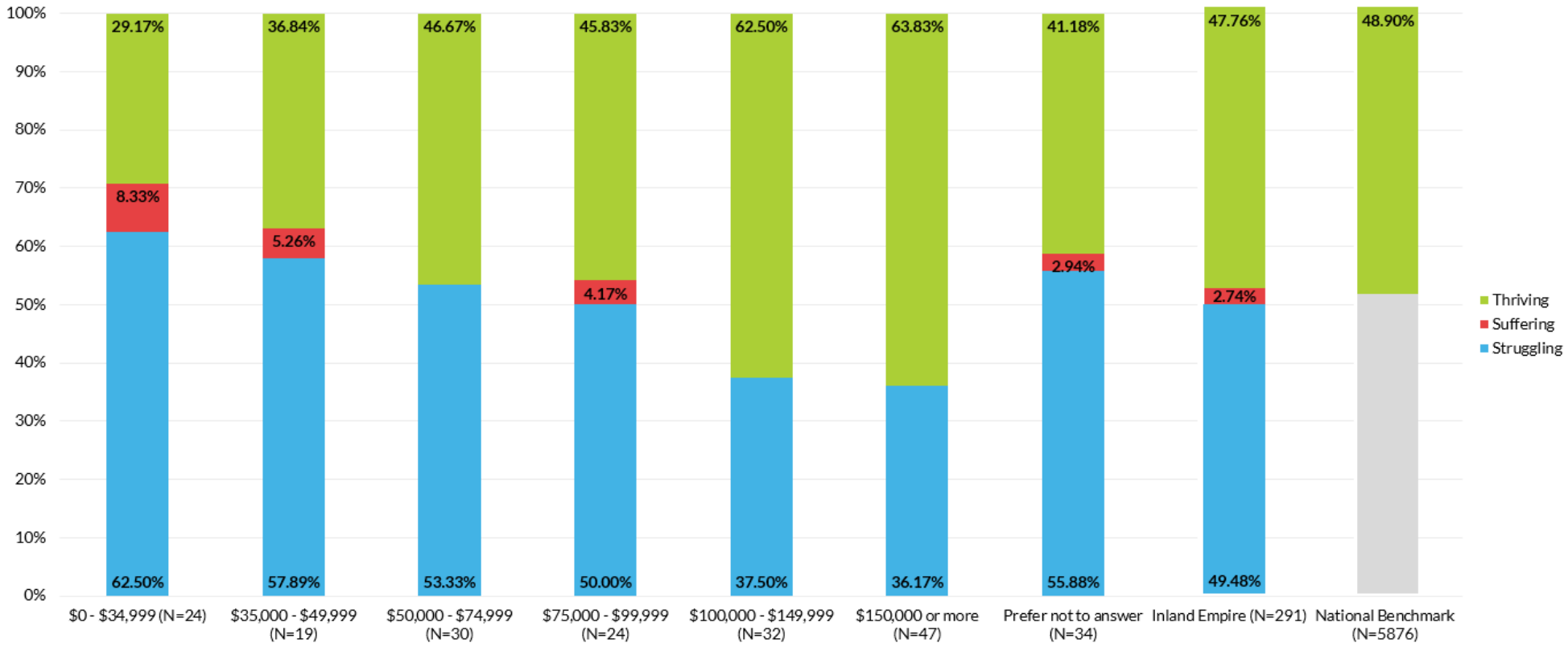
Thriving, Suffering, and Struggling by Race and Ethnicity



Source for national benchmark: https://news.gallup.com/poll/658778/americans-life-ratings-slump-five-year-low.aspx

Note: Only thriving data is publicly available for the national benchmark.

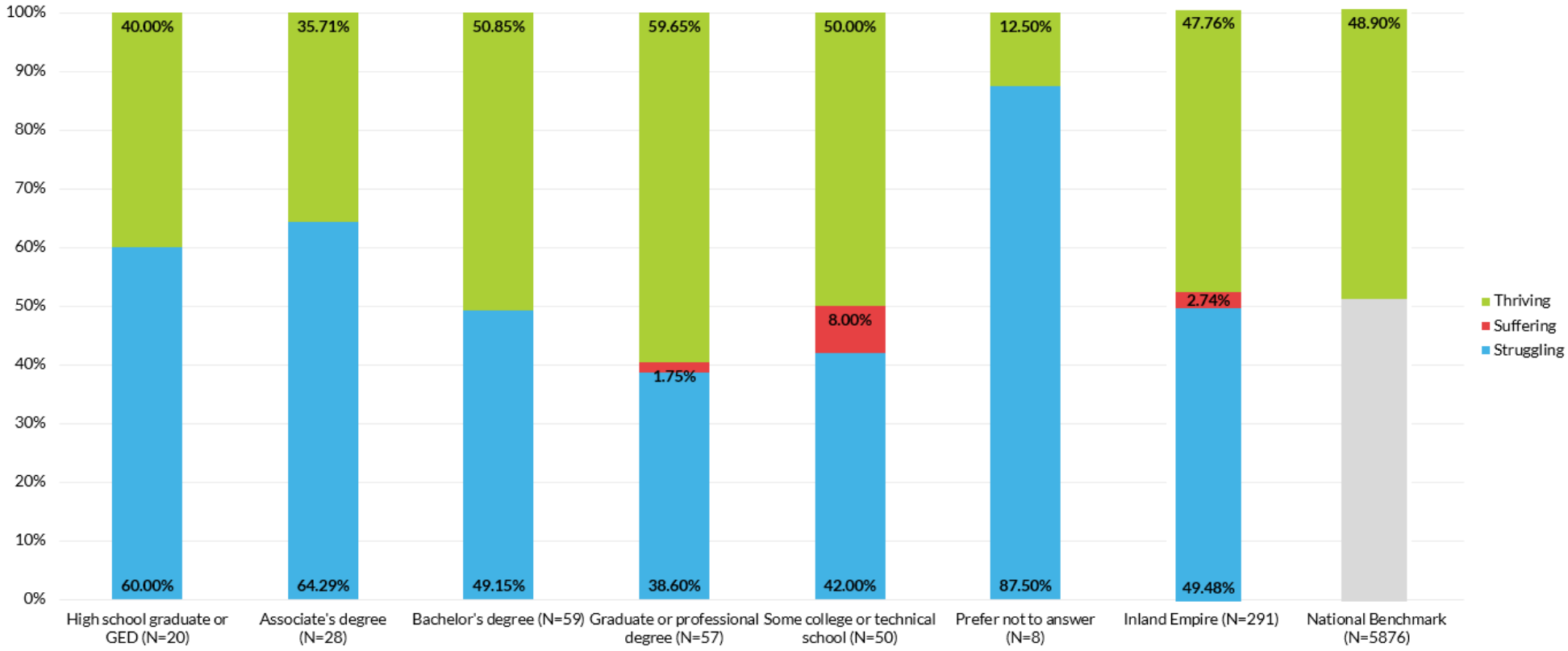
Thriving, Suffering, and Struggling by Household Income



Source for national benchmark: https://news.gallup.com/poll/658778/americans-life-ratings-slump-five-year-low.aspx

Note: Only thriving data is publicly available for the national benchmark.

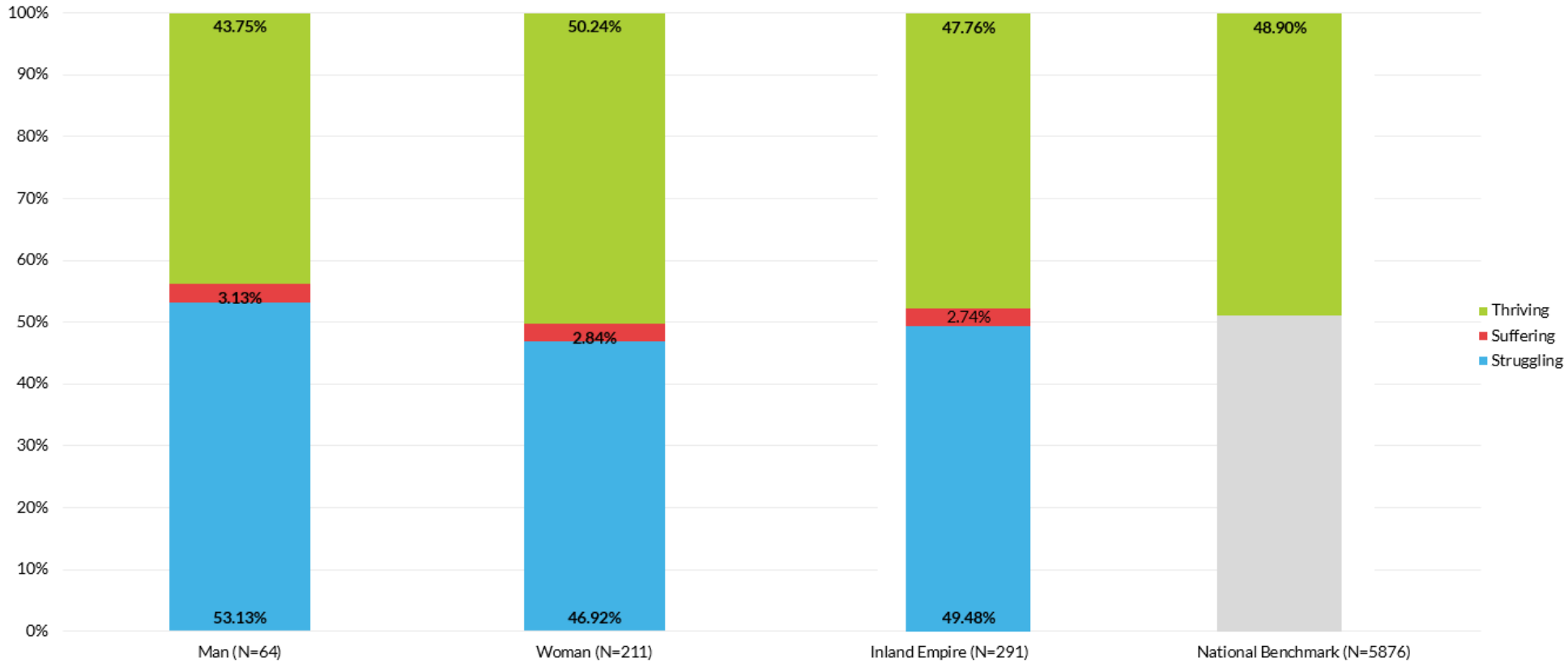
Thriving, Suffering, and Struggling by Educational Attainment



Source for national benchmark: https://news.gallup.com/poll/658778/americans-life-ratings-slump-five-year-low.aspx

Note: Only thriving data is publicly available for the national benchmark.

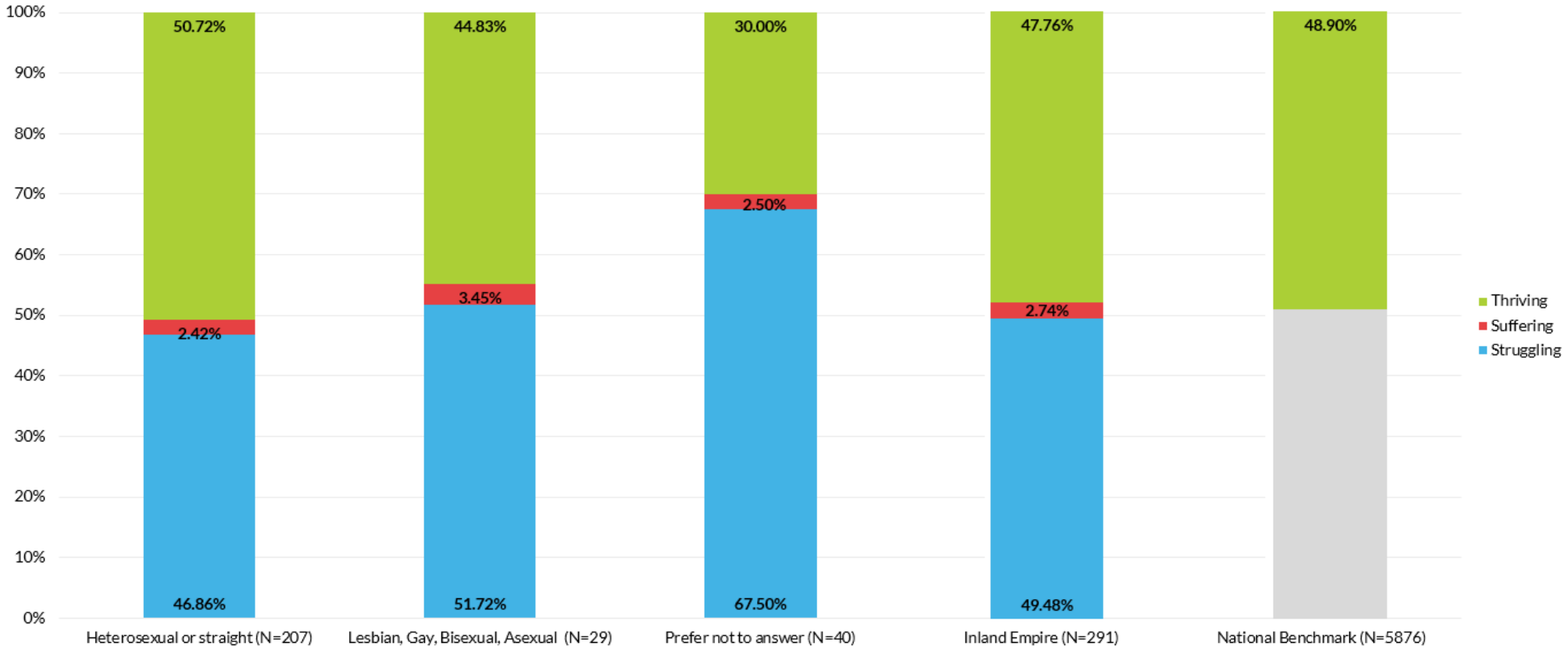
Thriving, Suffering, and Struggling by Gender



Source for national benchmark: https://news.gallup.com/poll/658778/americans-life-ratings-slump-five-year-low.aspx

Note: Only thriving data is publicly available for the national benchmark.

Thriving, Suffering, and Struggling by Sexual Orientation



Source for national benchmark:
https://news.gallup.com/poll/658778/americans-life-ratings-slump-five-year-low.aspx

Note: Only thriving data is publicly available for the national benchmark.

HC² STRATEGIES

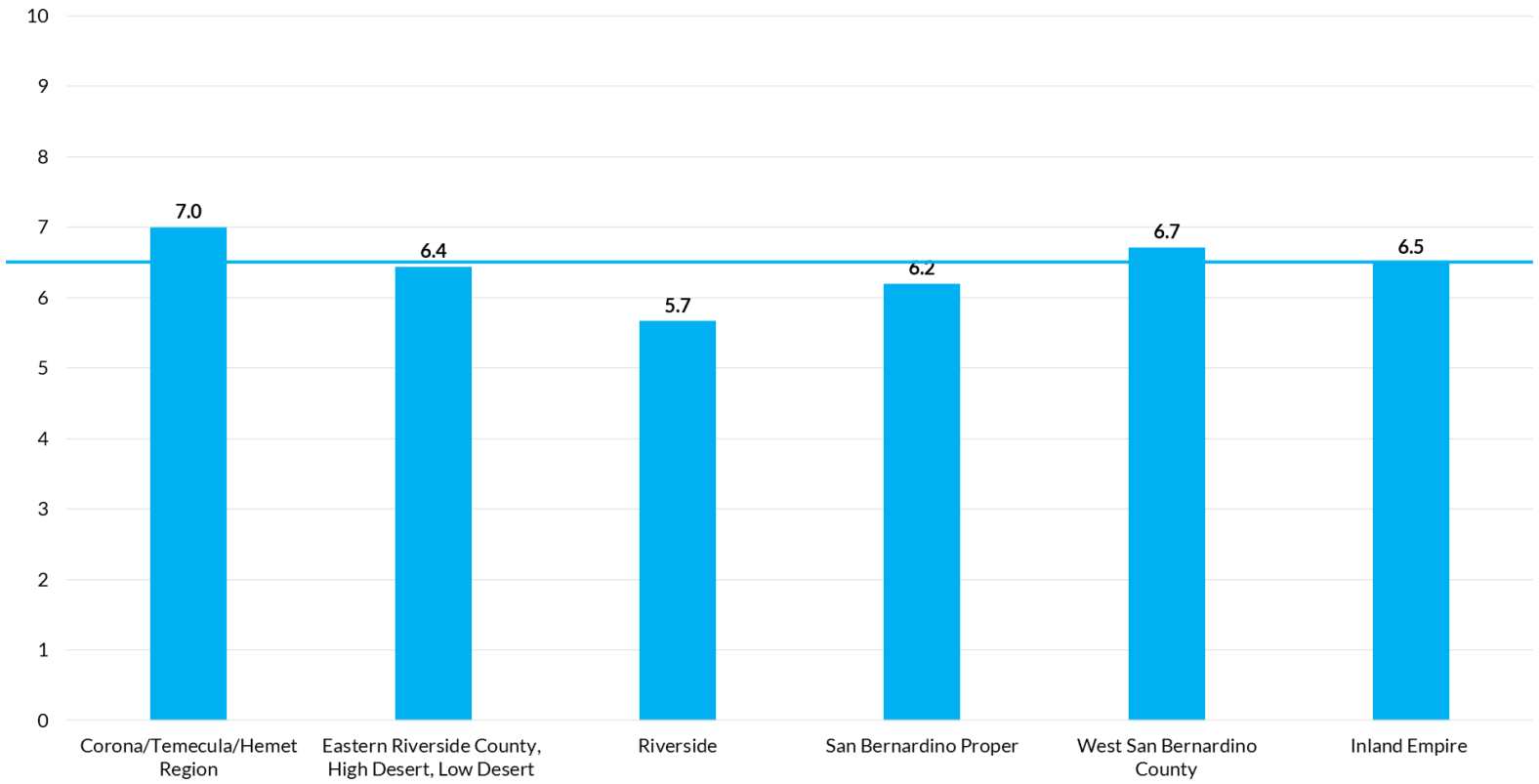
COMMUNITIES LIFTING COMMUNITIES®

Financial Well-Being by Demographic Data

Question: Now imagine the top of the ladder represents the best possible financial situation for you, and the bottom of the ladder represents the worst possible financial situation for you. Please indicate where on the ladder you stand right now.

- Region
- Age
- Race/ethnicity
- Household income
- Educational attainment
- Gender
- Sexual orientation

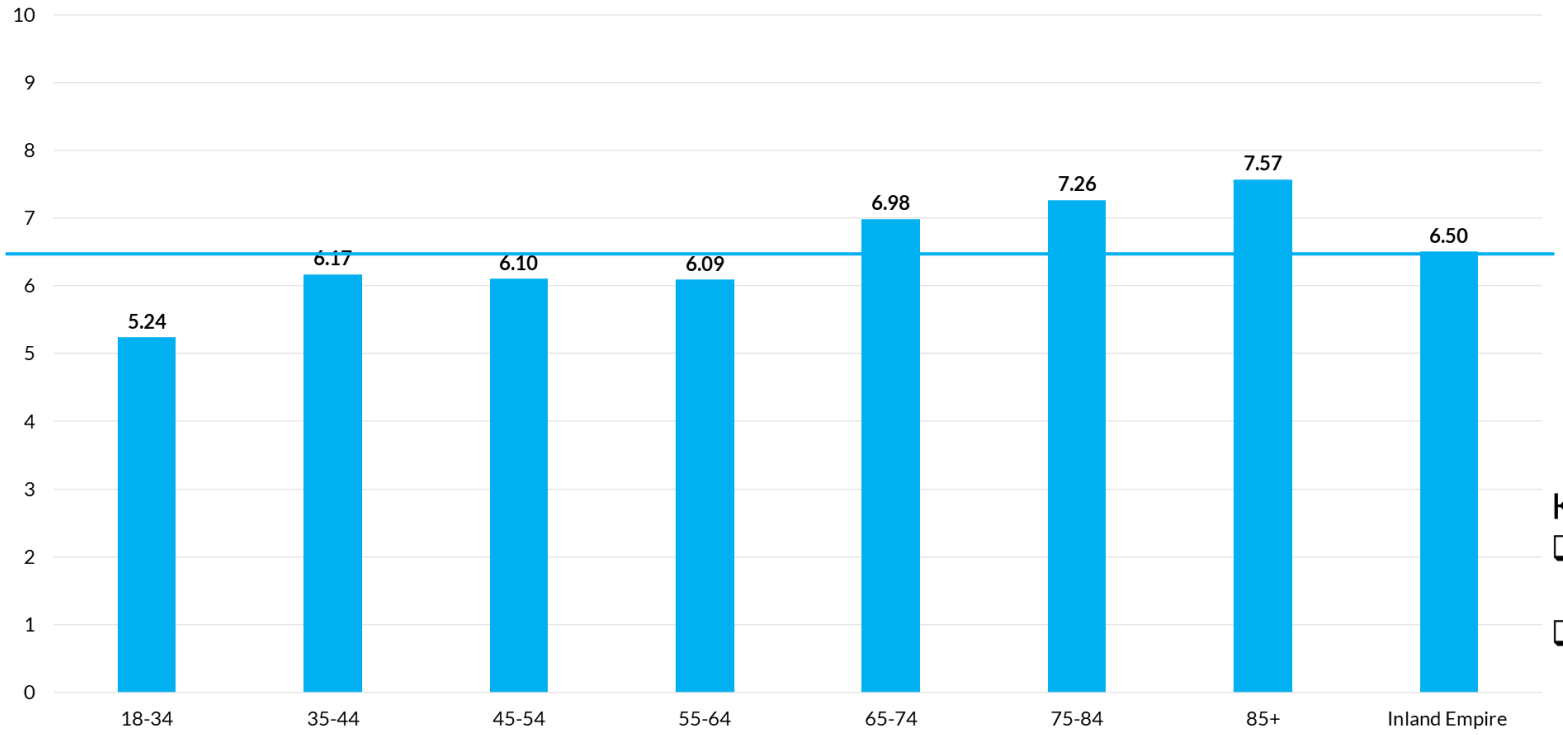
Financial Well-Being by Region



Key:

- ❑ 0 – Worst possible
- ❑ 10 – Best possible

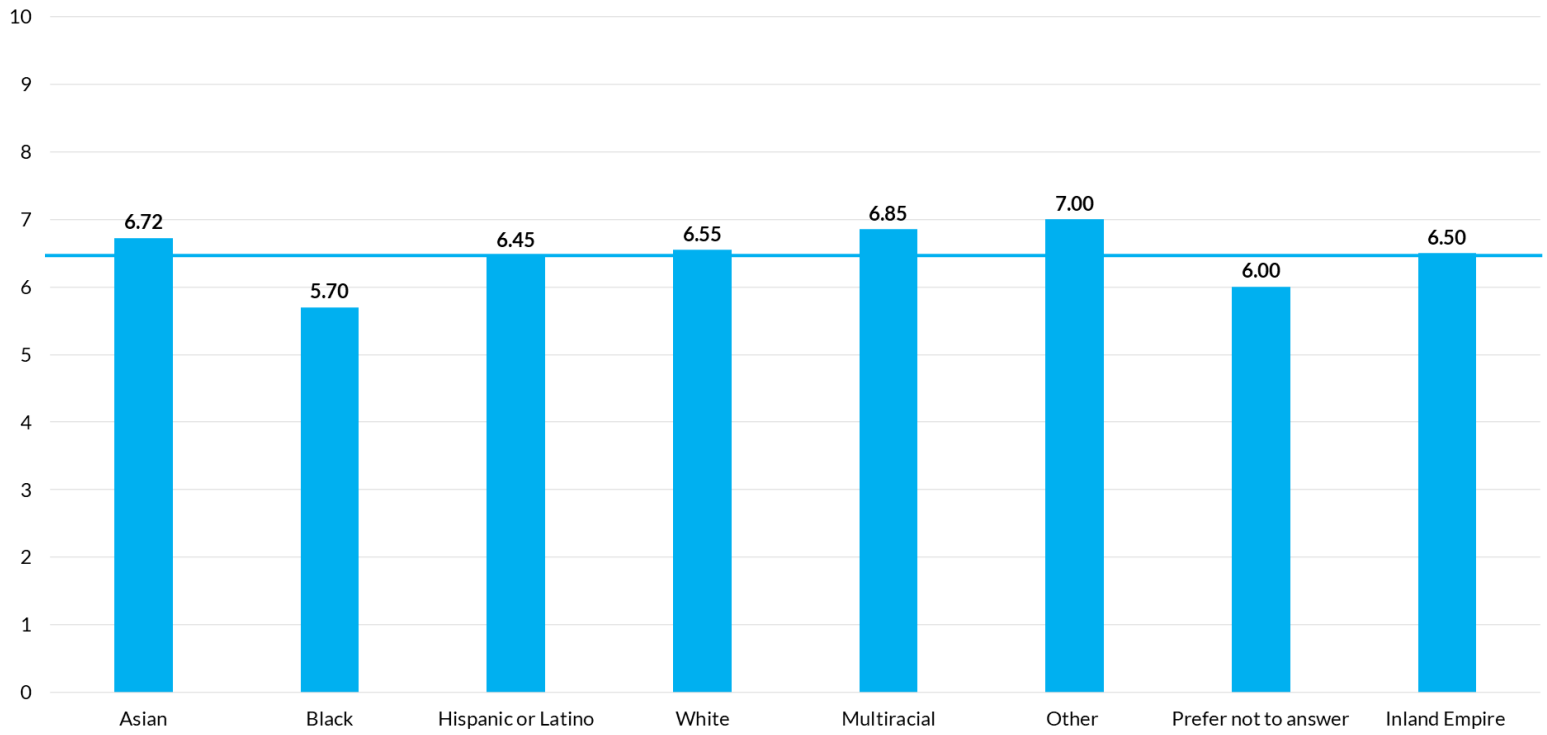
Financial Well-Being by Age



Key:

- 0 – Worst possible
- 10 – Best possible

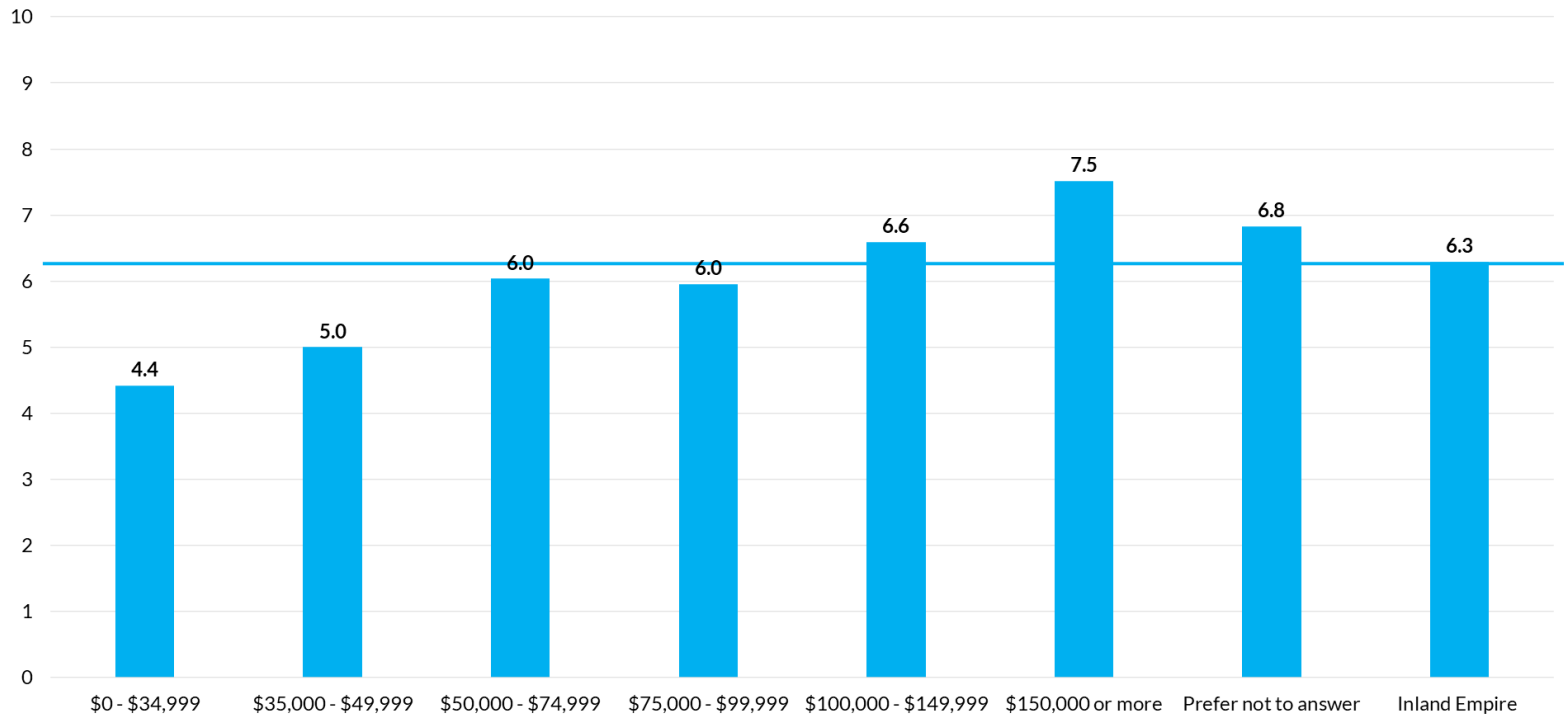
Financial Well-Being by Race/Ethnicity



Key:

- 0 – Worst possible
- 10 – Best possible

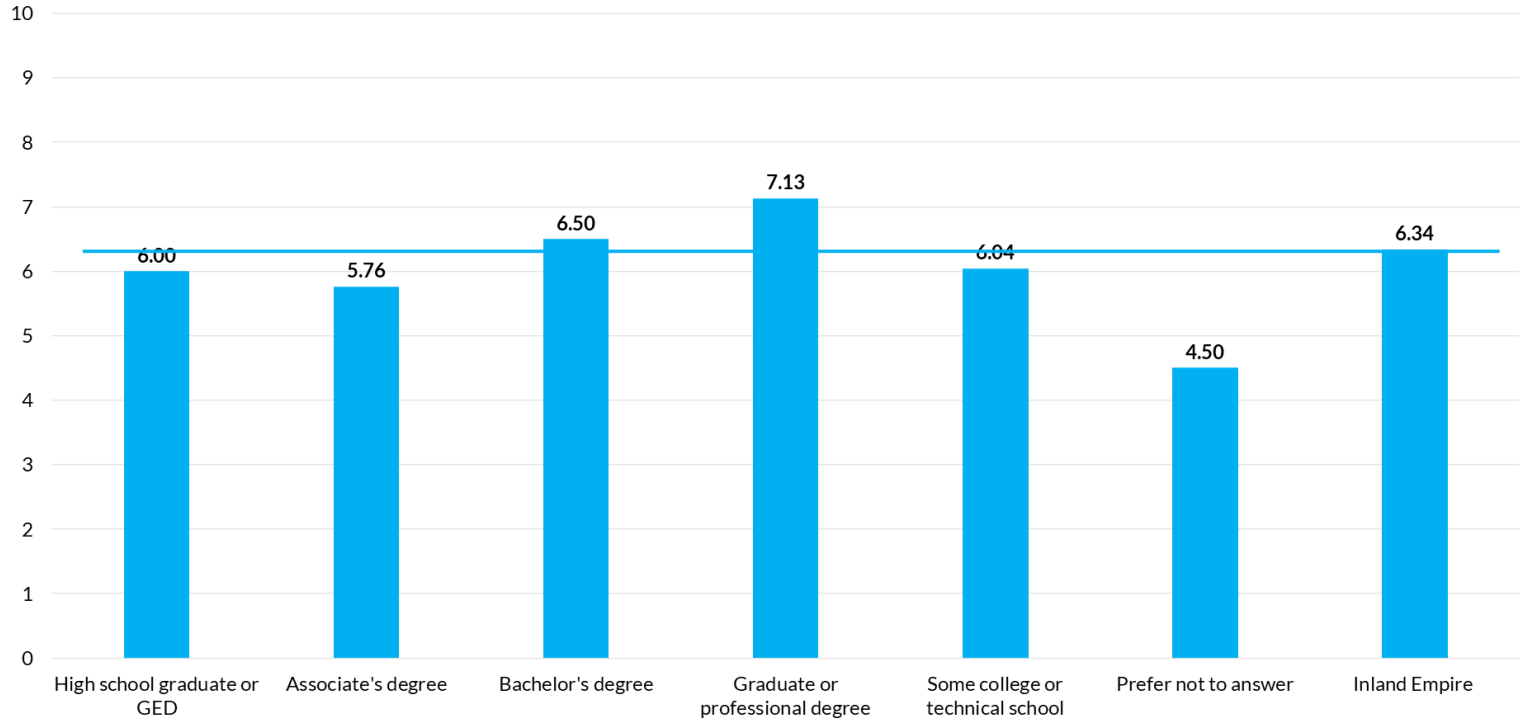
Financial Well-Being by Household Income



Key:

- ❑ 0 – Worst possible
- ❑ 10 – Best possible

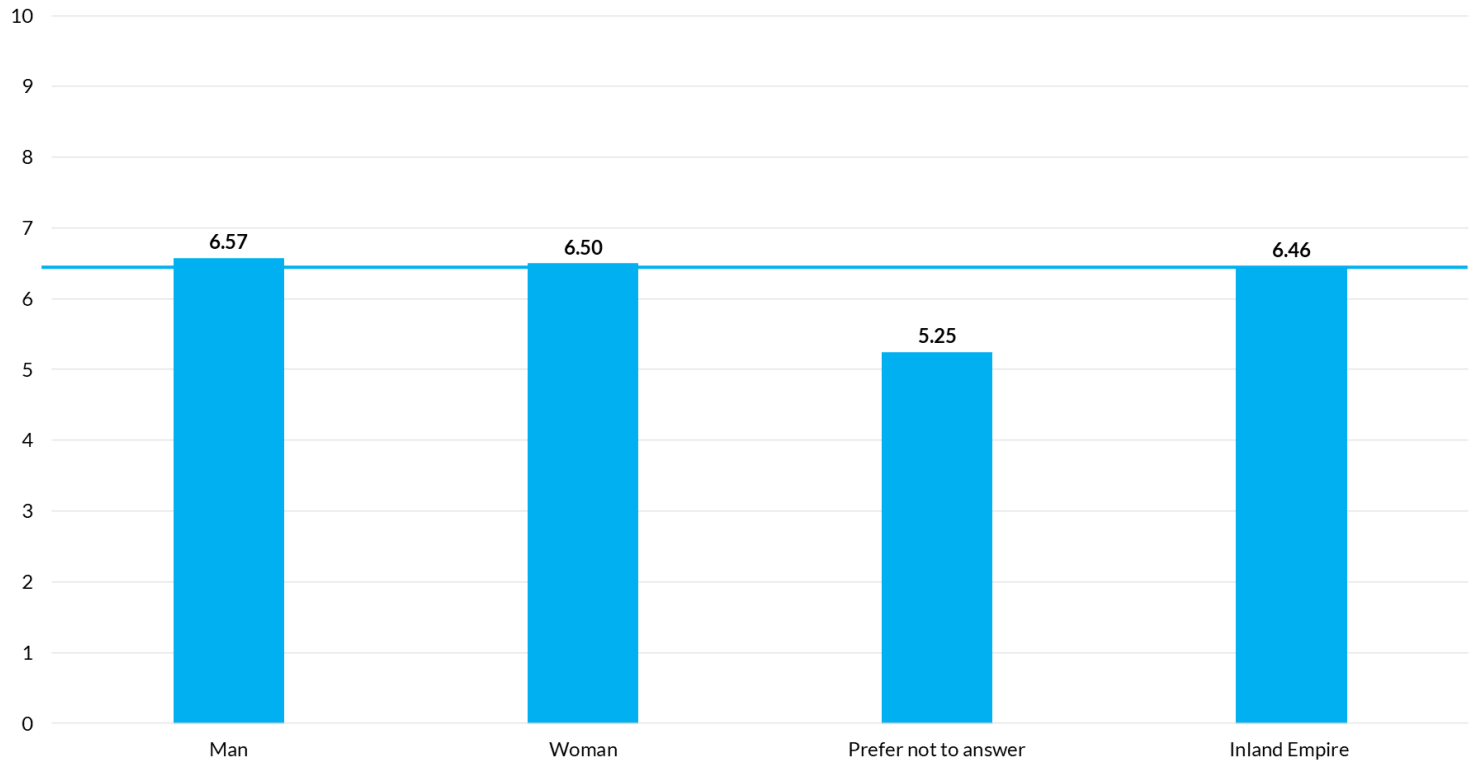
Financial Well-Being by Educational Attainment



Key:

- 0 – Worst possible
- 10 – Best possible

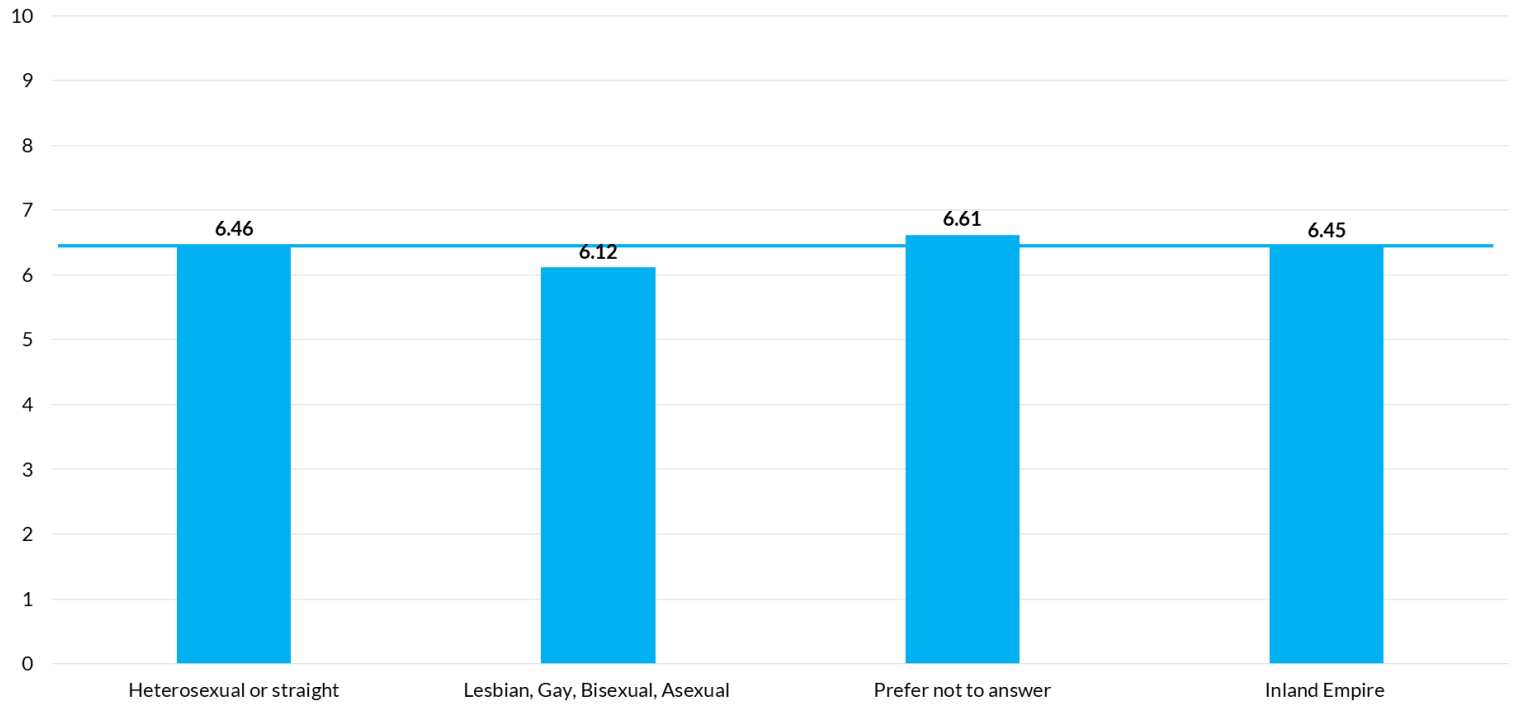
Financial Well-Being by Gender



Key:

- 0 – Worst possible
- 10 – Best possible

Financial Well-Being by Sexual Orientation



Key:

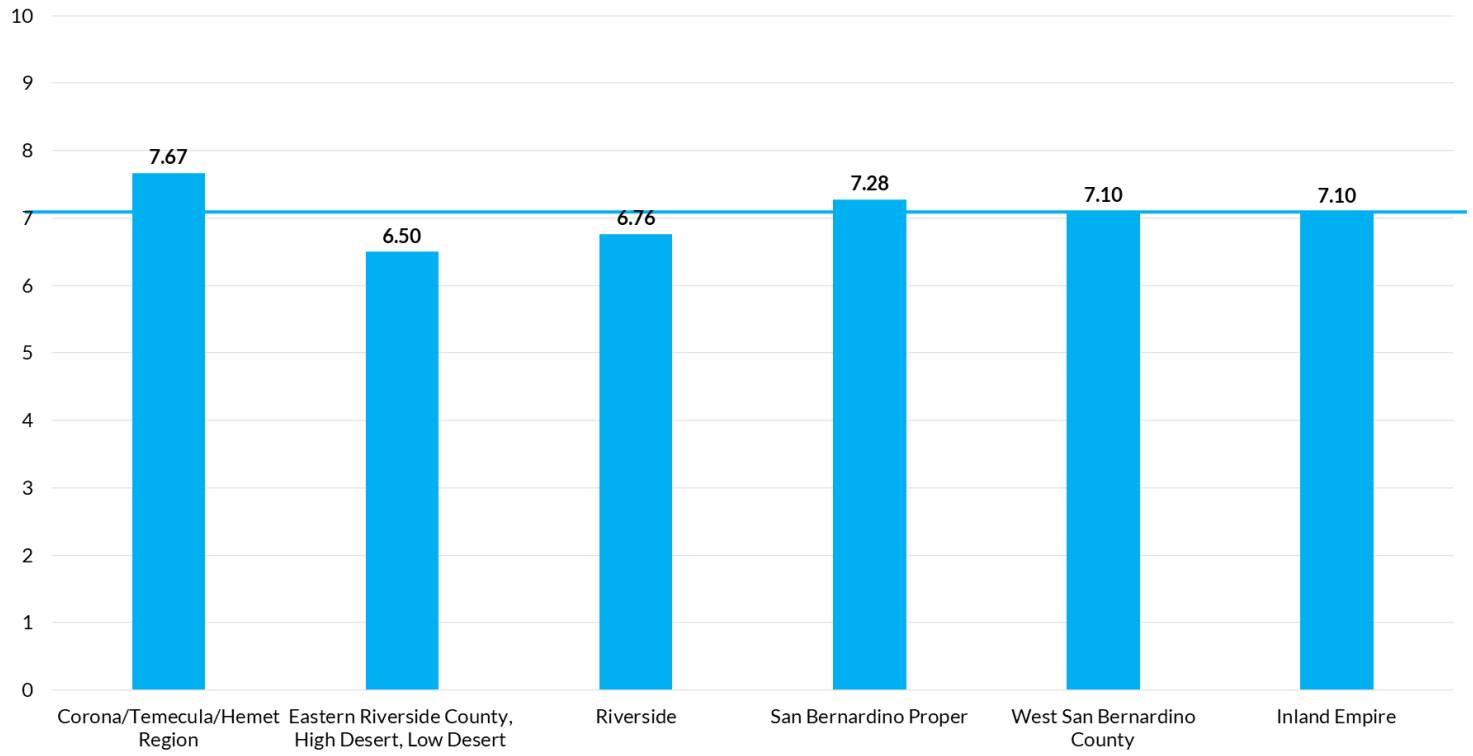
- ❑ 0 – Worst possible
- ❑ 10 – Best possible

Physical Health by Demographic Data

Question: In general, how would you rate your physical health?

- Region
- Age
- Race/ethnicity
- Household income
- Educational attainment
- Gender
- Sexual orientation

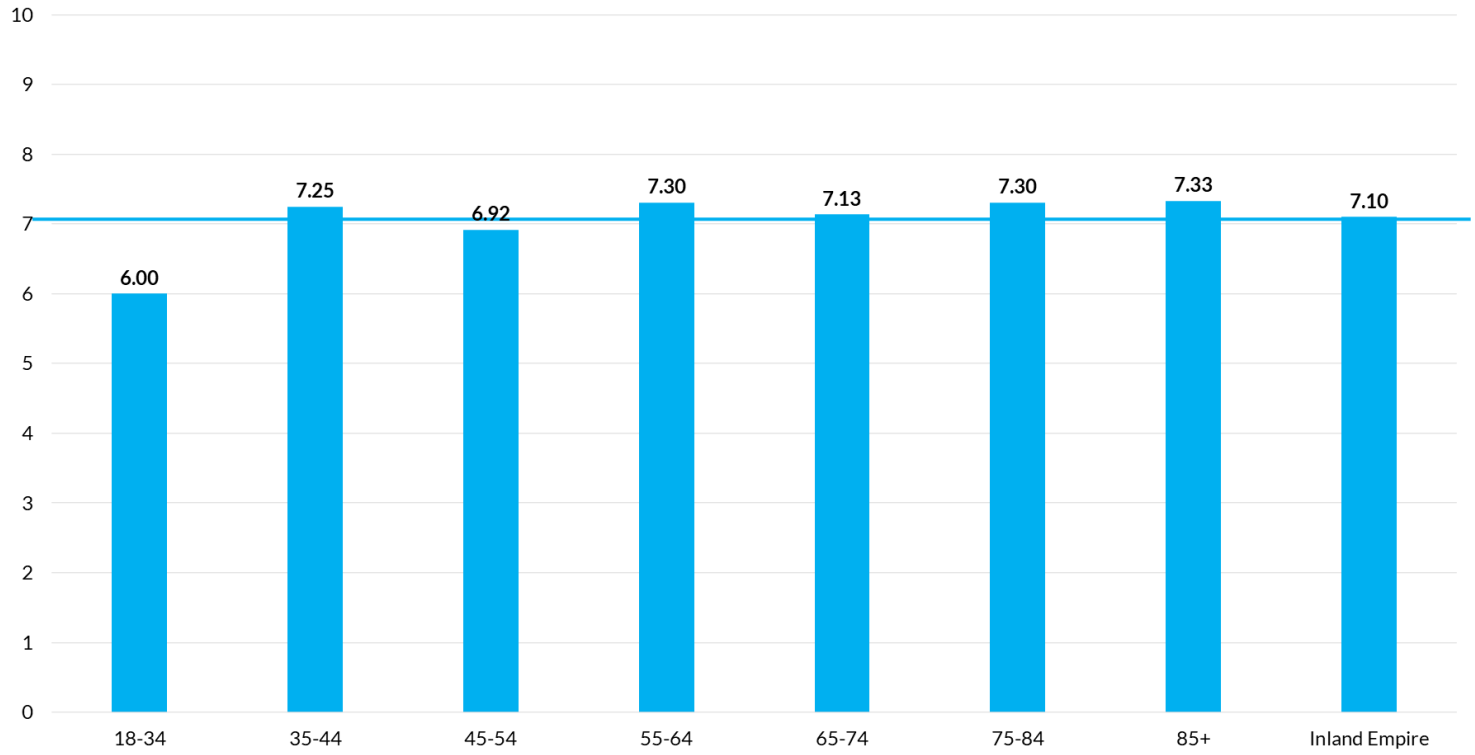
Physical Health by Region



Key:

- ❑ 0 – Poor
- ❑ 10 – Excellent

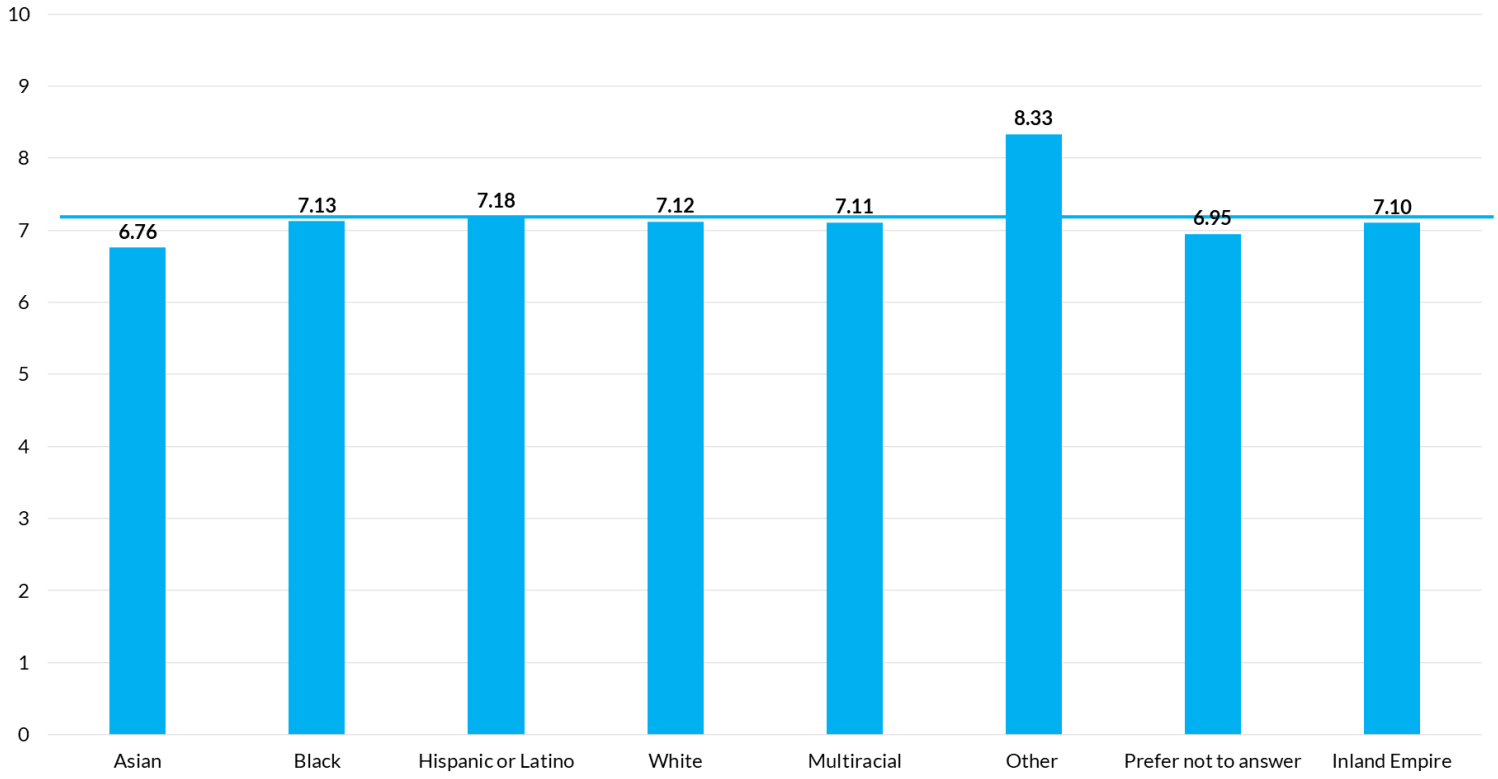
Physical Health by Age



Key:

- 0 – Poor
- 10 – Excellent

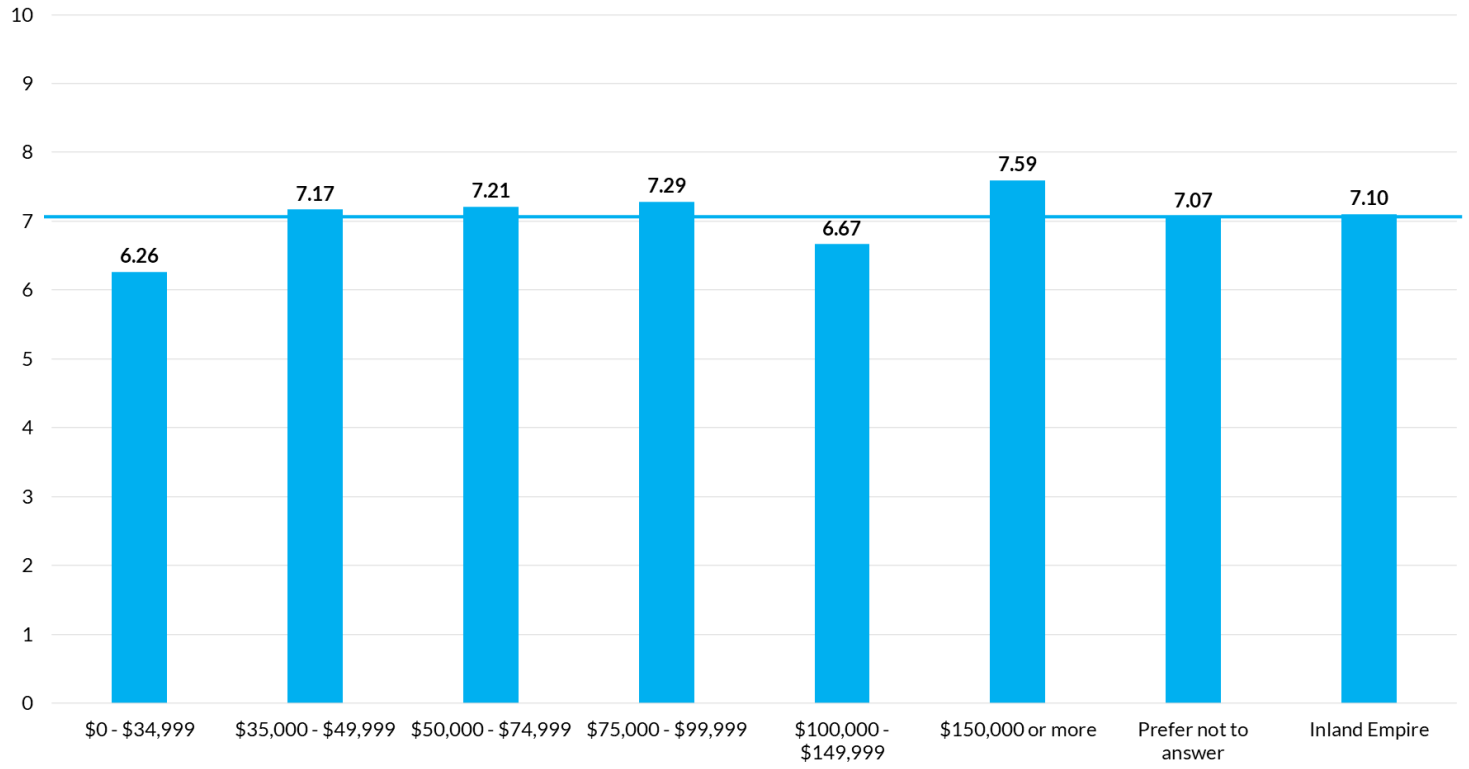
Physical Health by Race/Ethnicity



Key:

- ❑ 0 – Poor
- ❑ 10 – Excellent

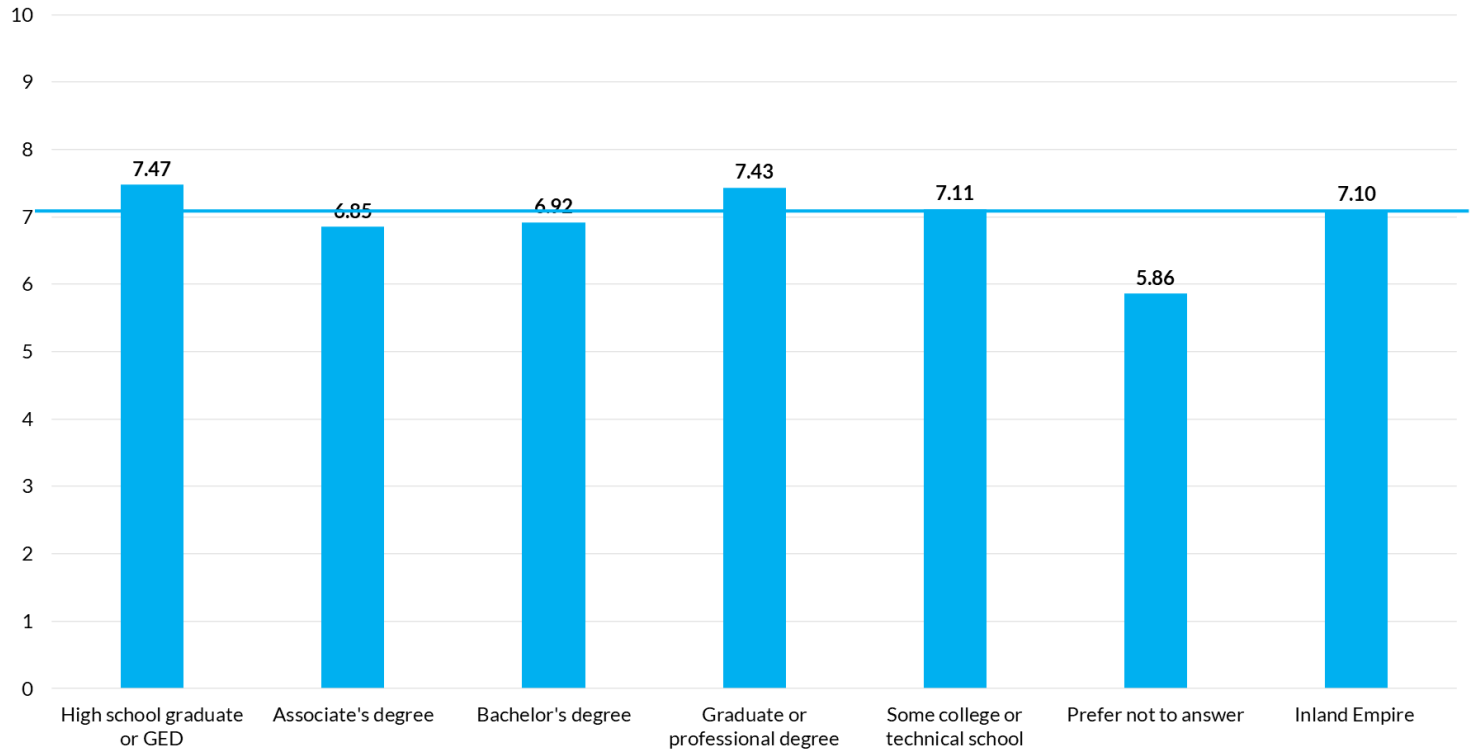
Physical Health by Household Income



Key:

- 0 – Poor
- 10 – Excellent

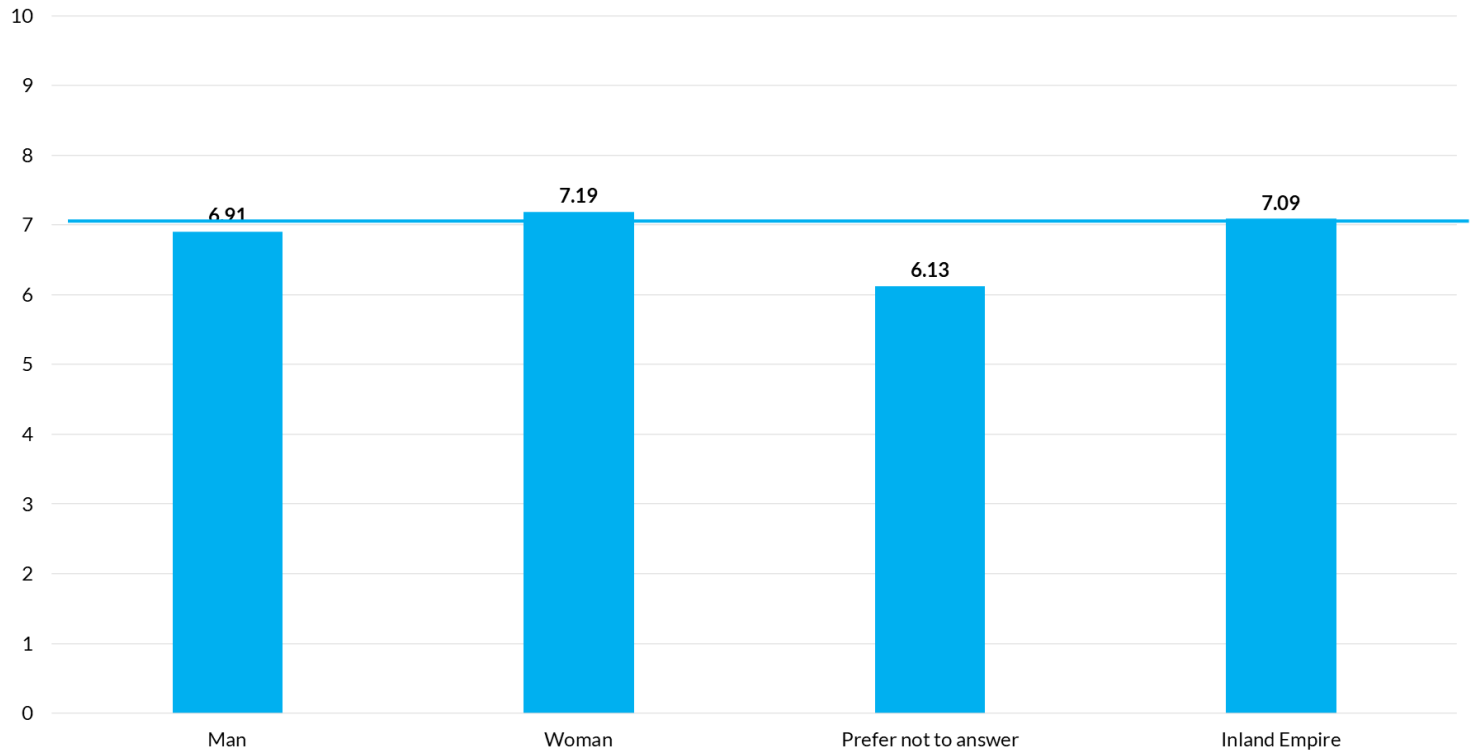
Physical Health by Educational Attainment



Key:

- 0 – Poor
- 10 – Excellent

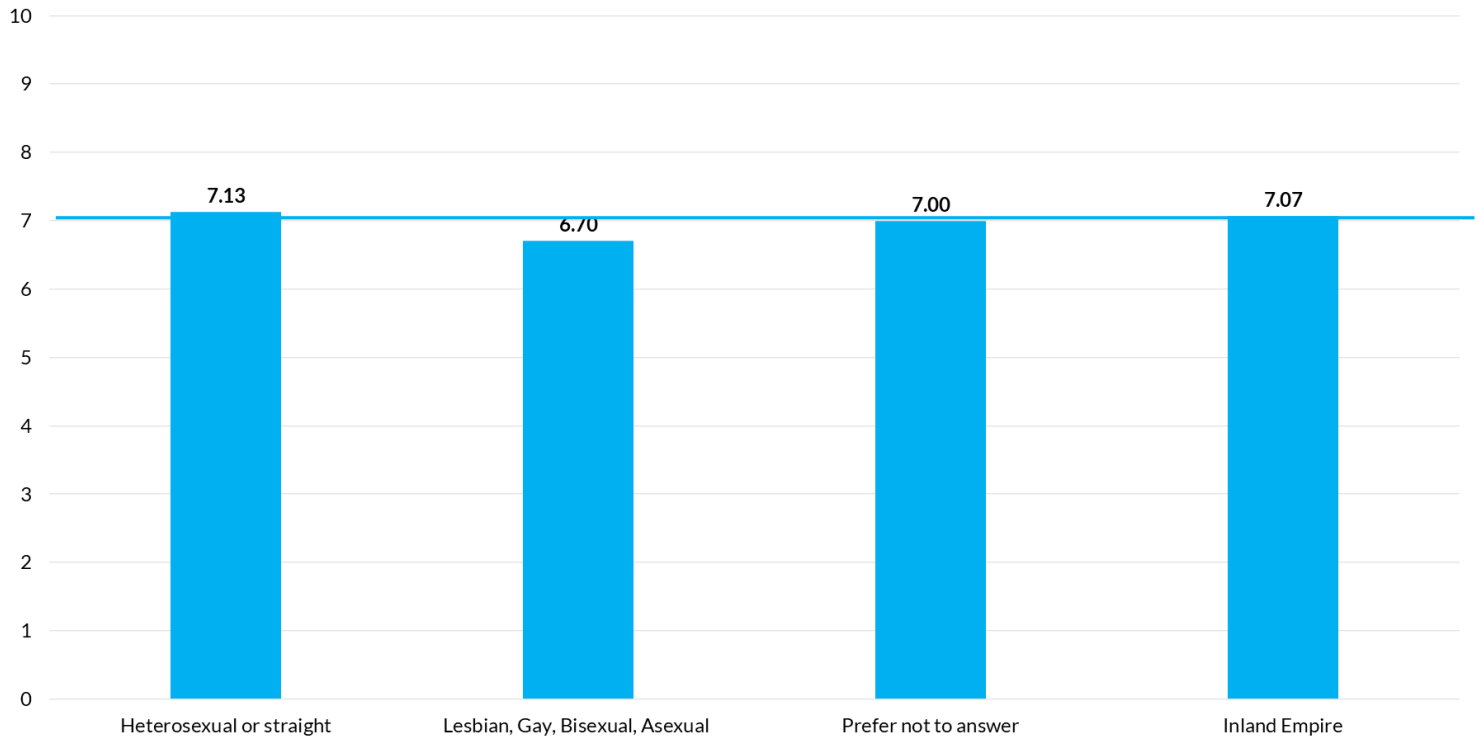
Physical Health by Gender



Key:

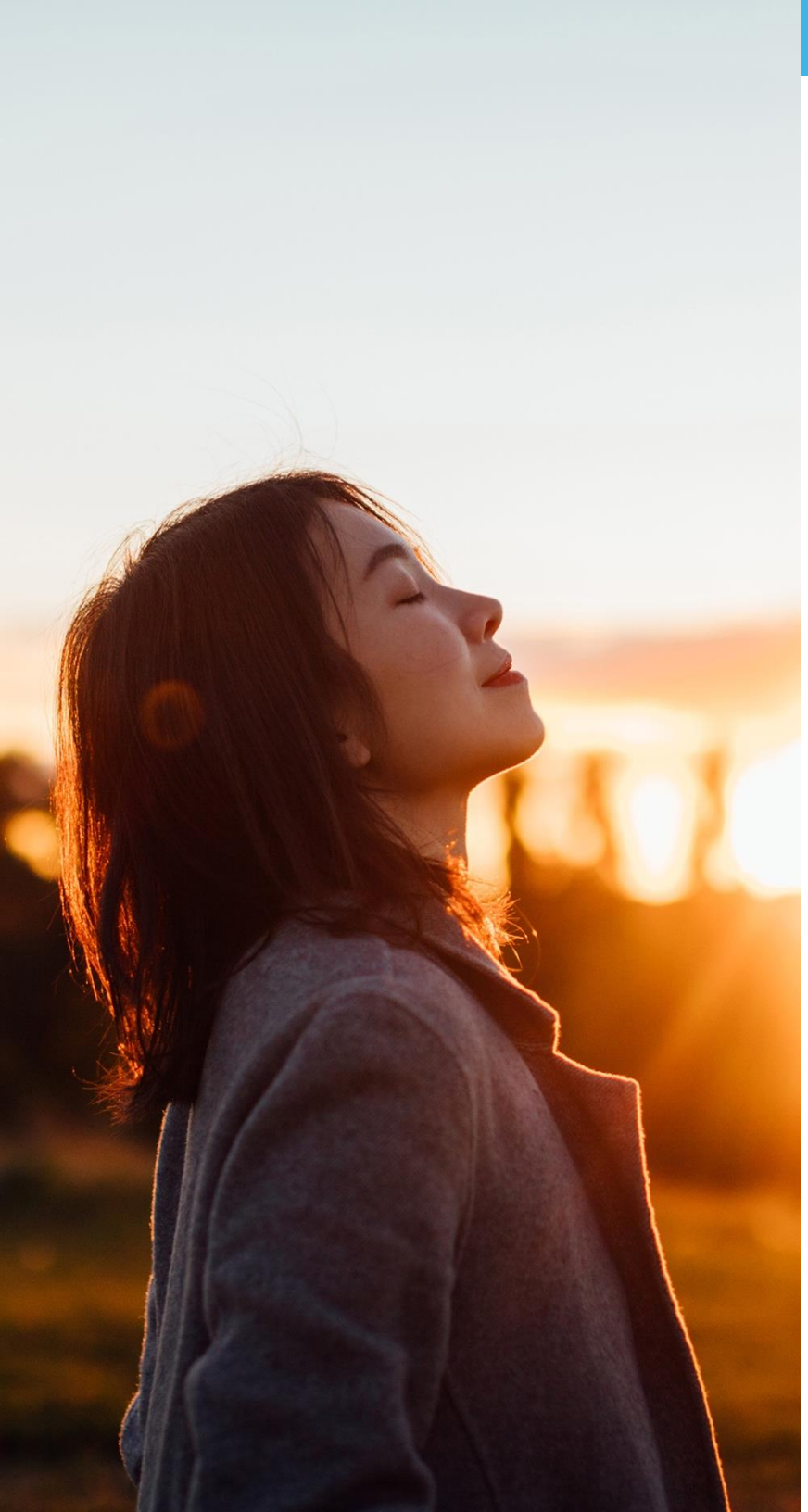
- 0 – Poor
- 10 – Excellent

Physical Health by Sexual Orientation



Key:

- 0 – Poor
- 10 – Excellent

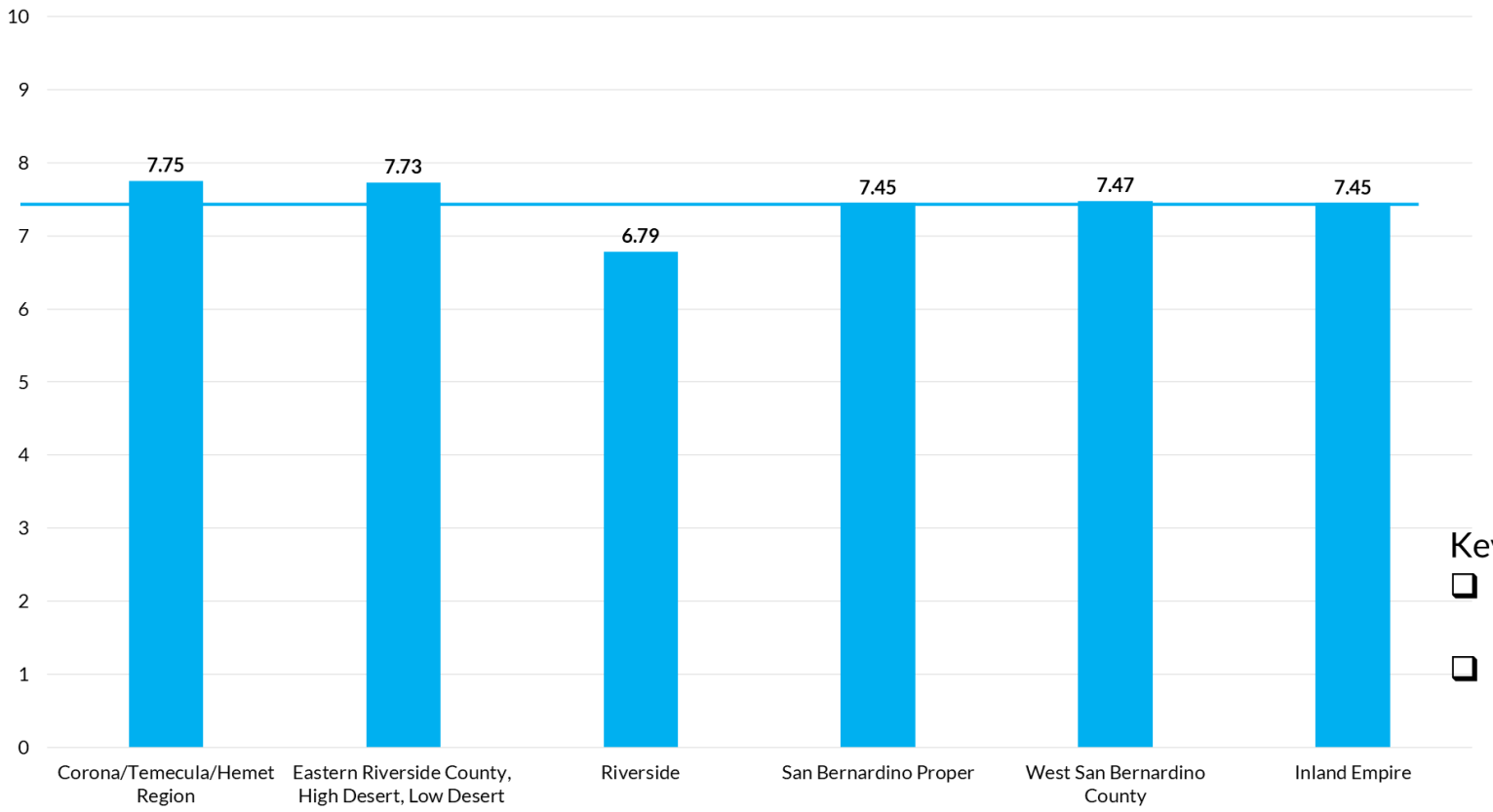


Mental Health by Demographic Data

Question: How would you rate your overall mental health?

- Region
- Age
- Race/ethnicity
- Household income
- Educational attainment
- Gender
- Sexual orientation

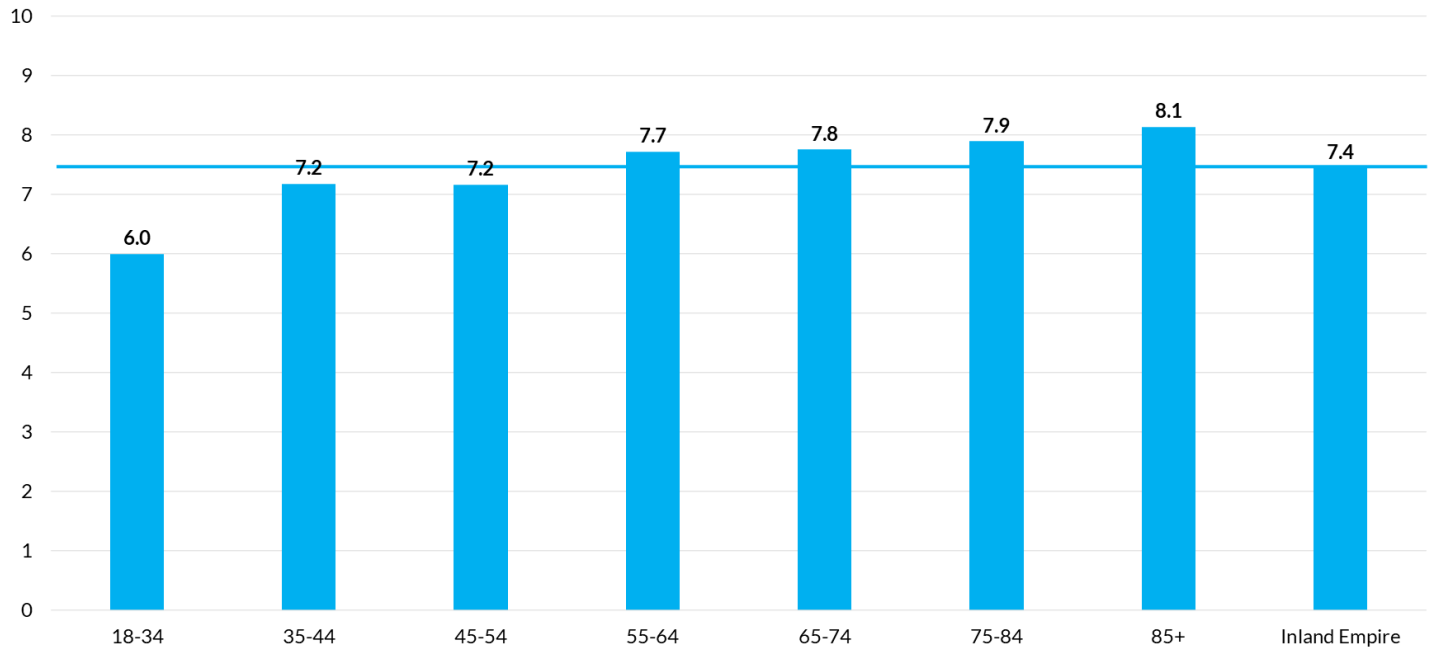
Mental Health by Region



Key:

- ❑ 0 – Poor
- ❑ 10 – Excellent

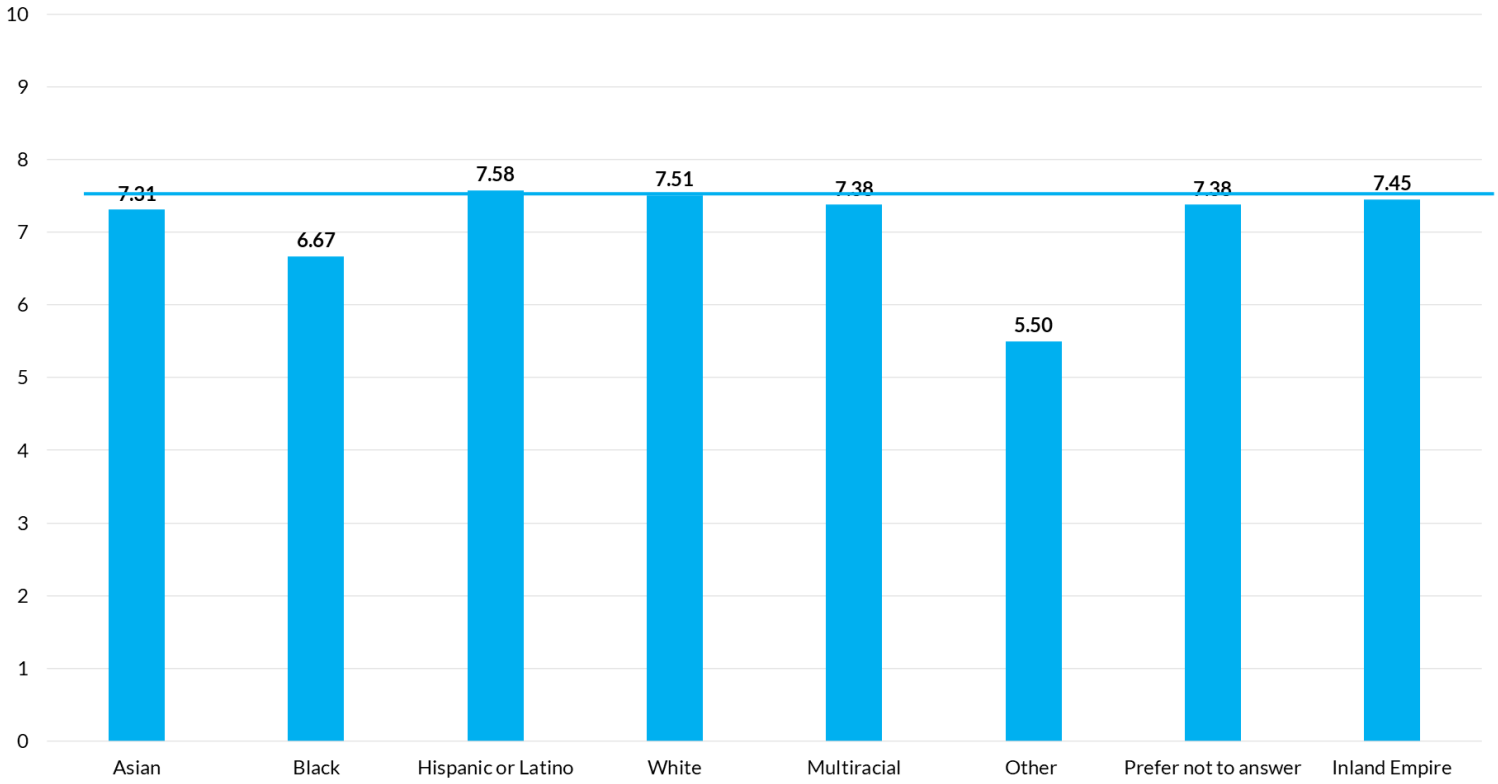
Mental Health by Age



Key:

- ❑ 0 – Poor
- ❑ 10 – Excellent

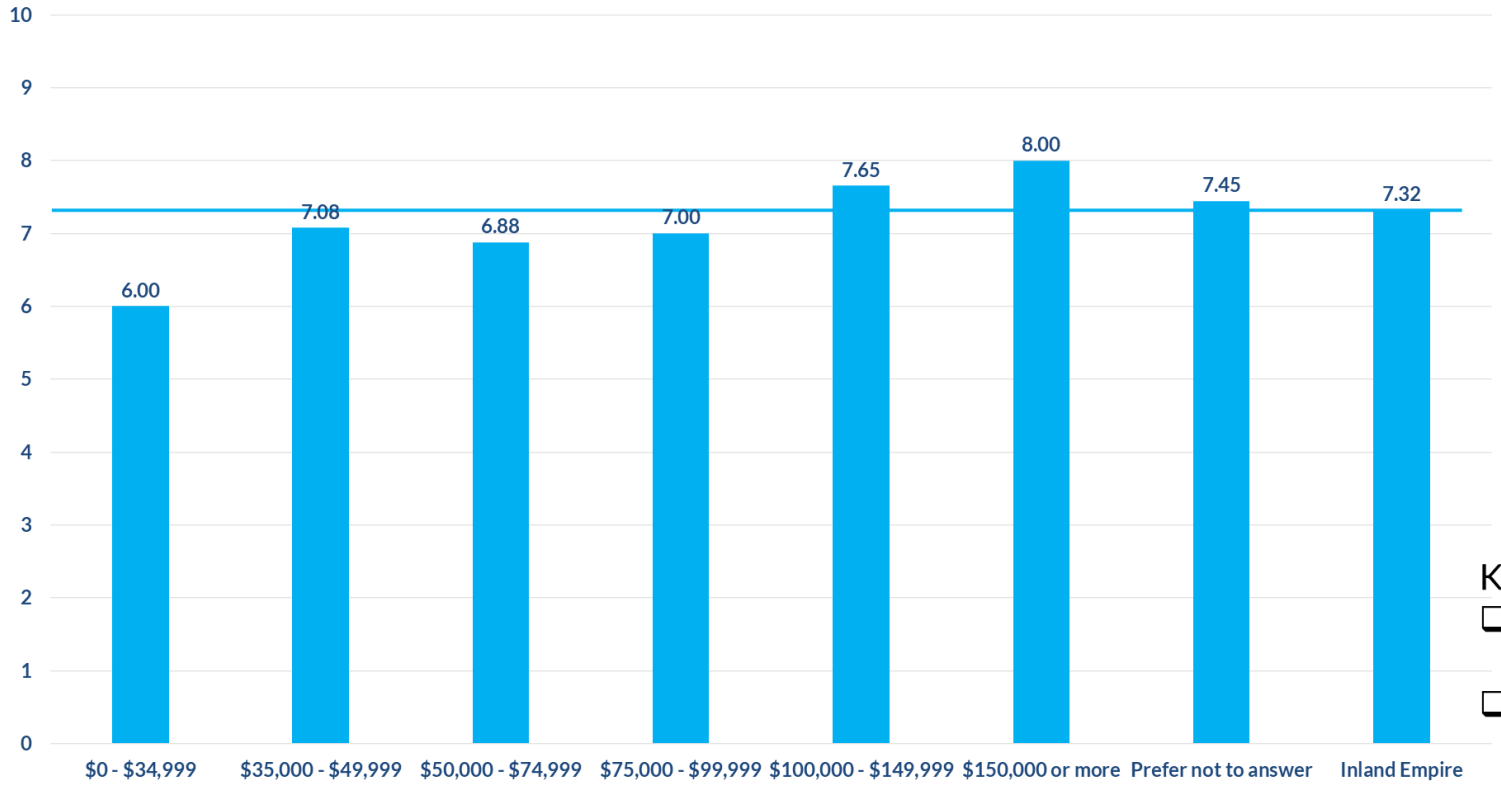
Mental Health by Race/Ethnicity



Key:

- 0 – Poor
- 10 – Excellent

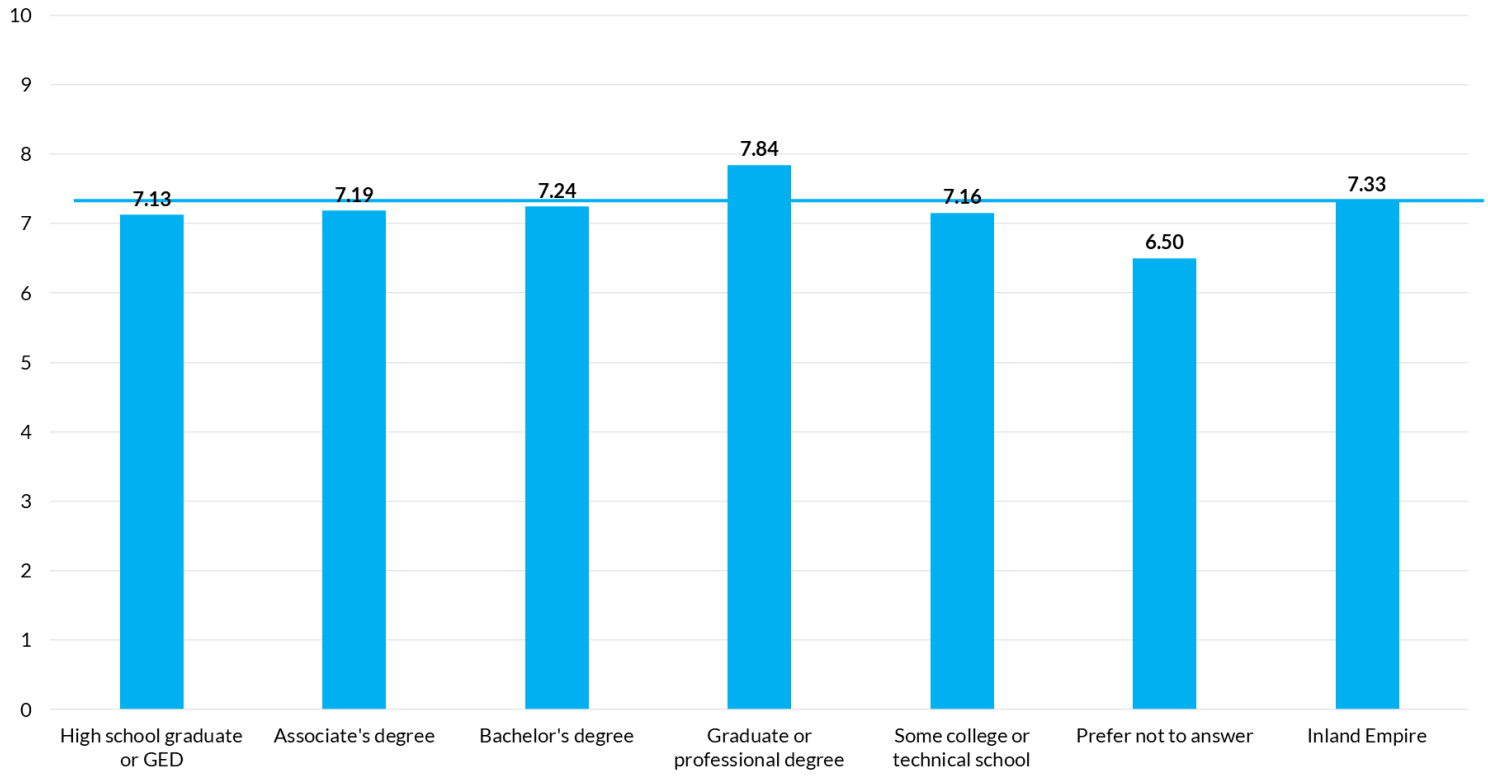
Mental Health by Household Income



Key:

- ❑ 0 – Poor
- ❑ 10 – Excellent

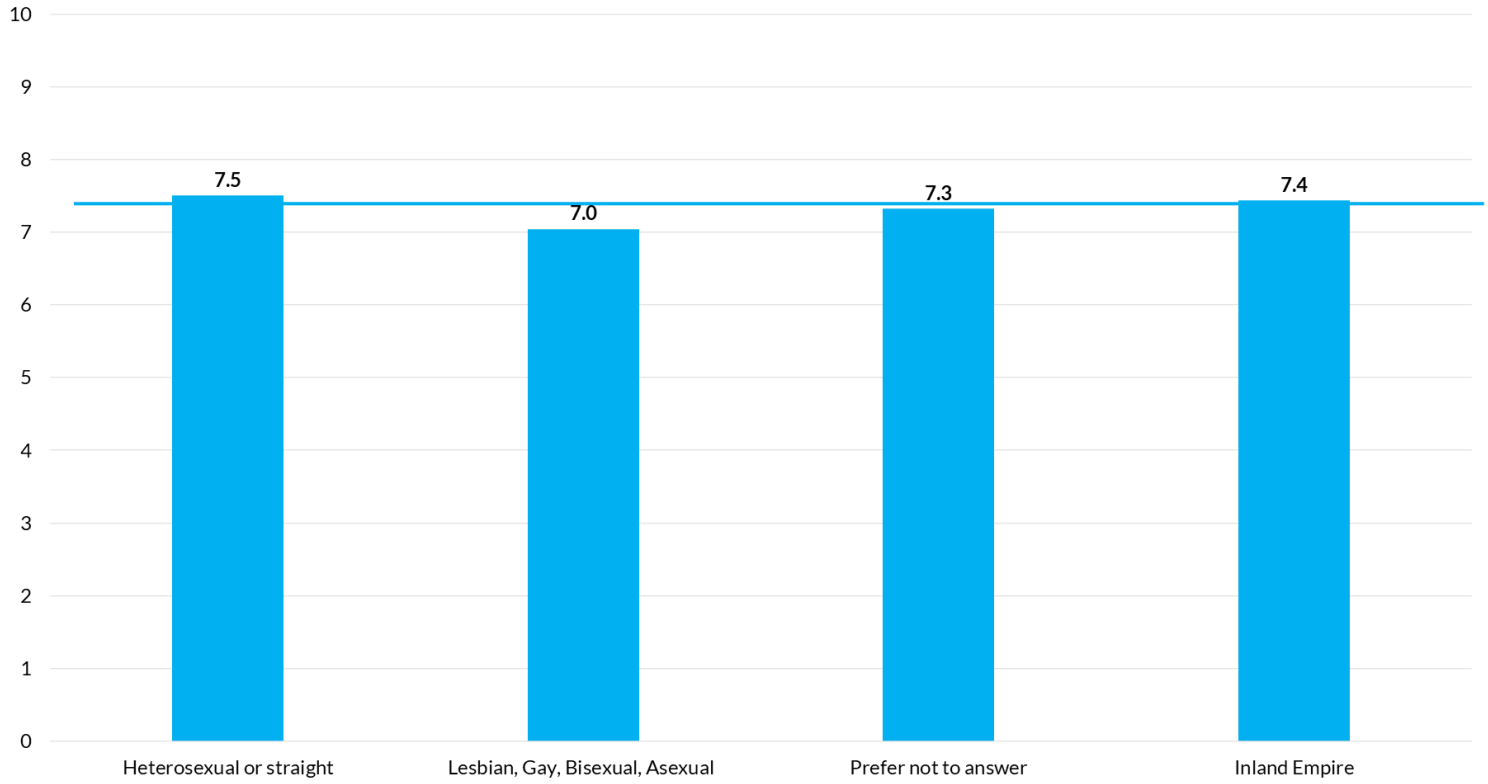
Mental Health by Educational Attainment



Key:

- 0 – Poor
- 10 – Excellent

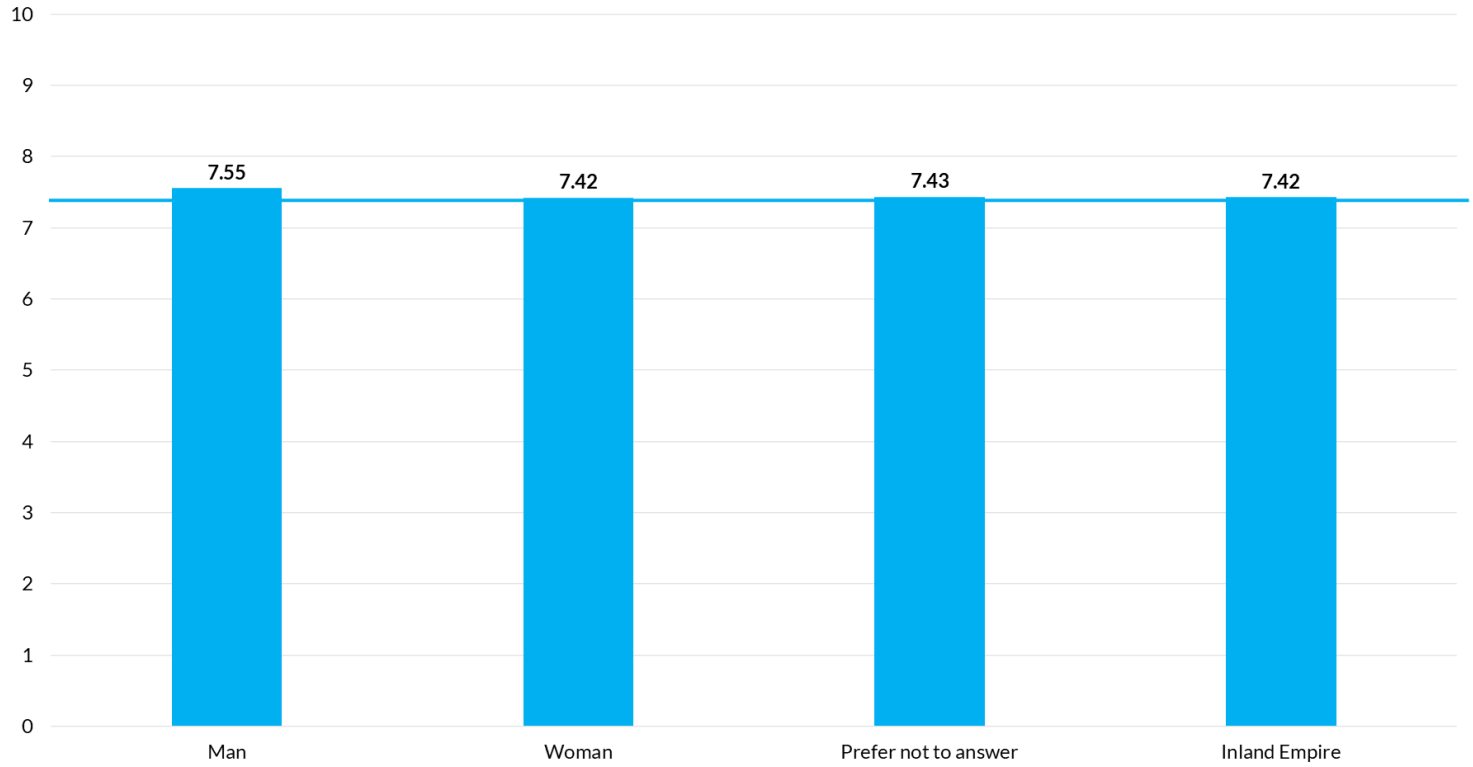
Mental Health by Sexual Orientation



Key:

- 0 – Poor
- 10 – Excellent

Mental Health by Gender



Key:

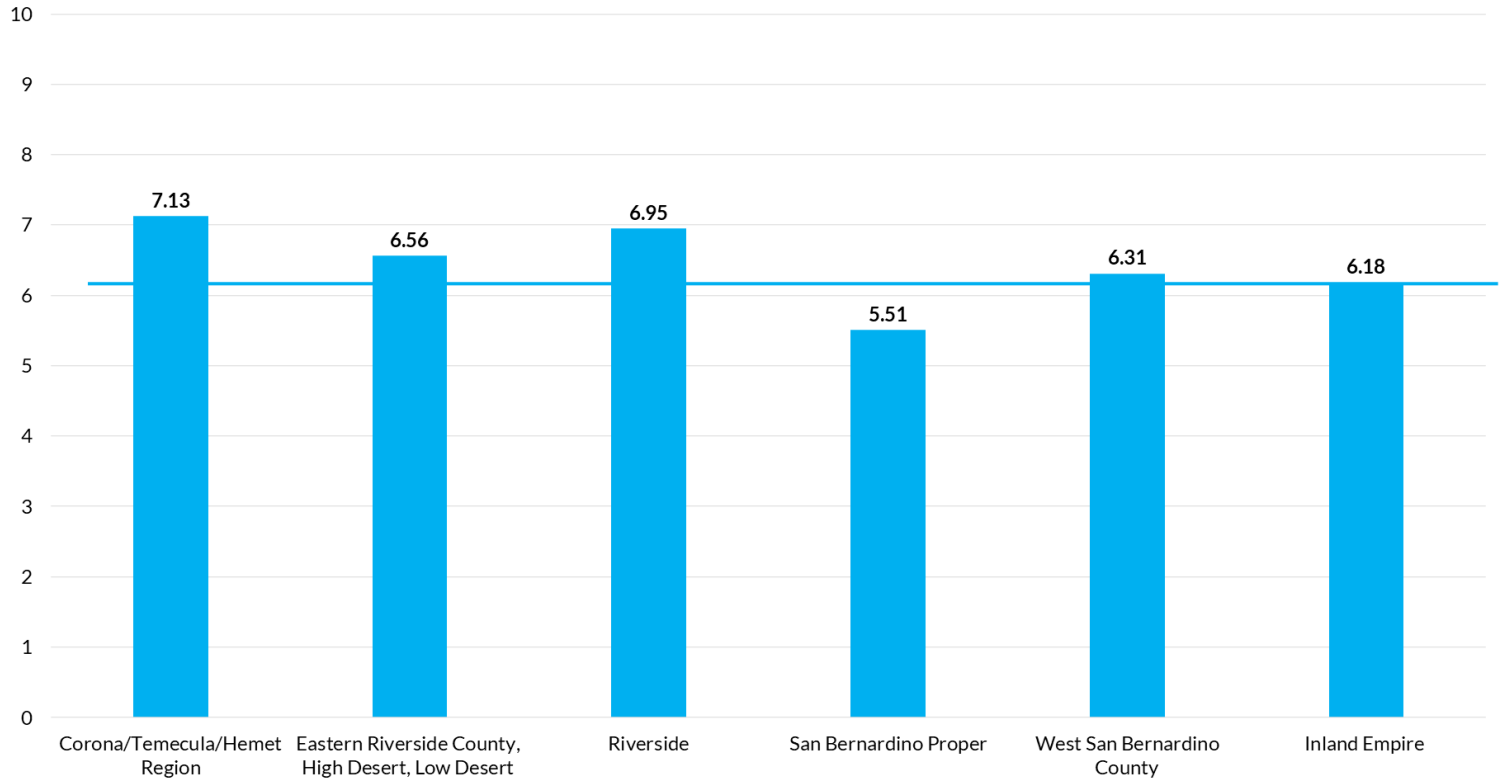
- 0 – Poor
- 10 – Excellent

Physical Limitations by Demographic Data

Question: For at least the past 6 months, to what extent have you been limited because of a health problem in activities people usually do?

- Region
- Age
- Race/ethnicity
- Household income
- Educational attainment
- Gender
- Sexual orientation

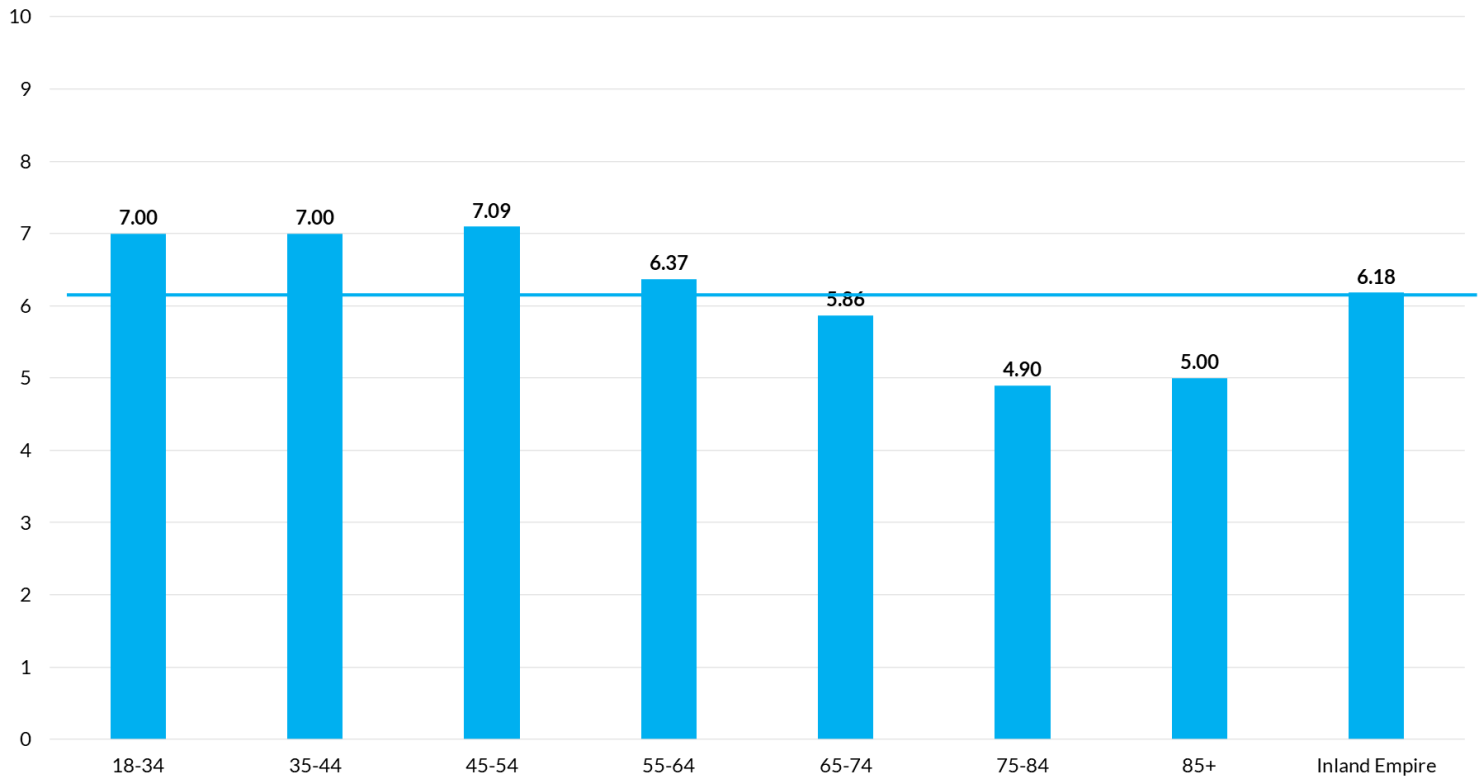
Physical Limitation by Region



Key:

- ❑ 0 – Severely Limited
- ❑ 10 – Not Limited At All

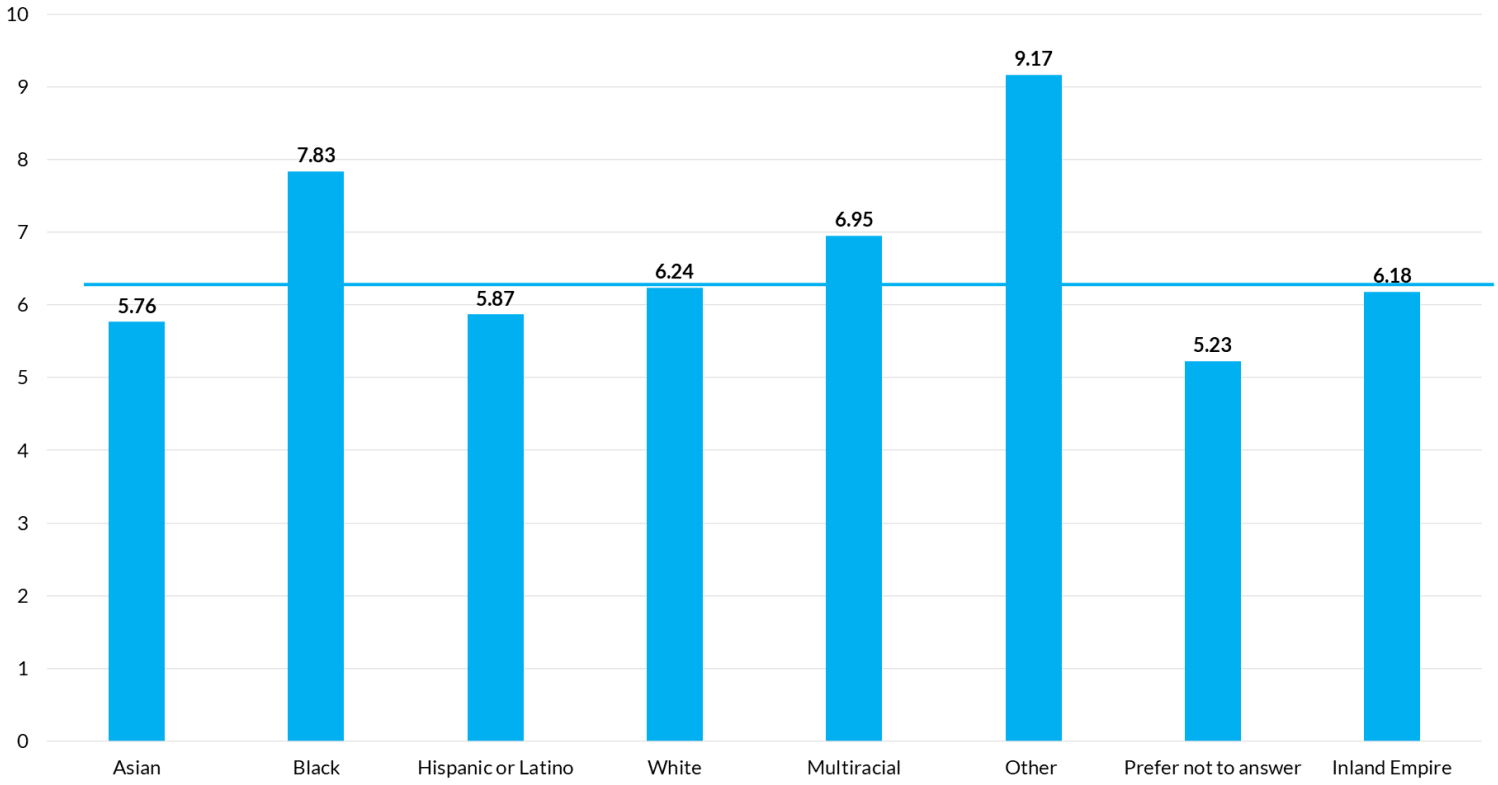
Physical Limitation by Age



Key:

- 0 – Severely Limited
- 10 – Not Limited At All

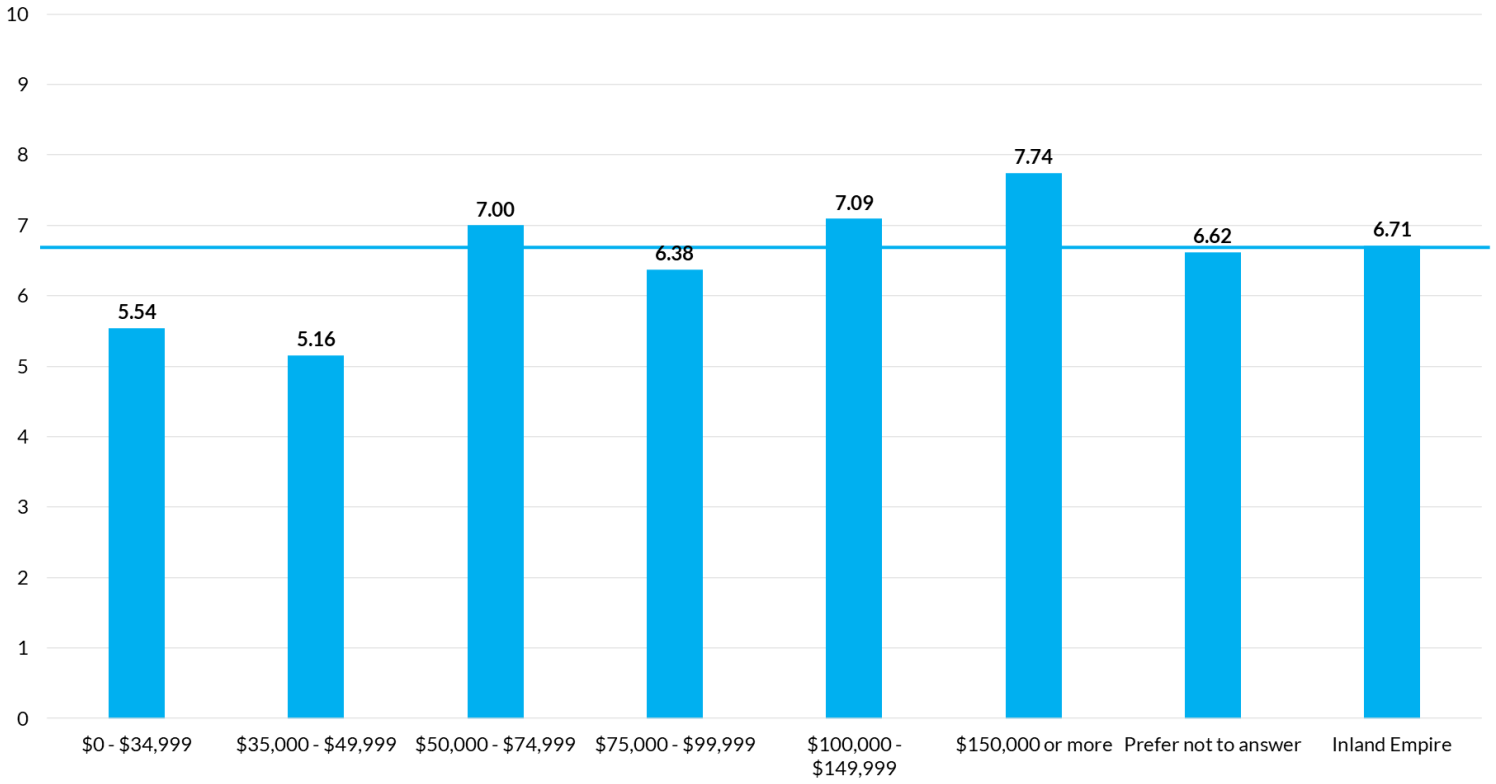
Physical Limitation by Race/Ethnicity



Key:

- 0 – Severely Limited
- 10 – Not Limited At All

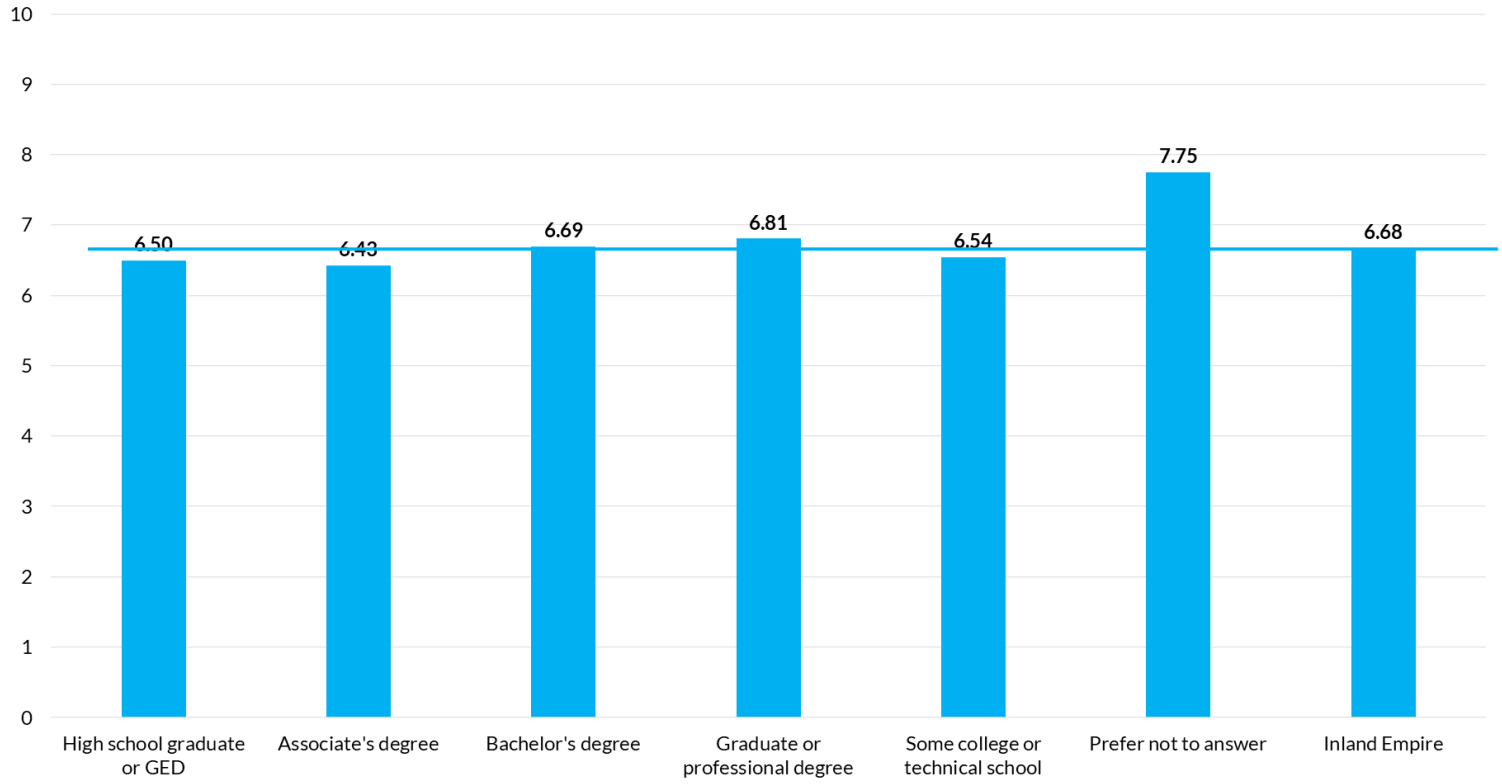
Physical Limitation by Household Income



Key:

- 0 – Severely Limited
- 10 – Not Limited At All

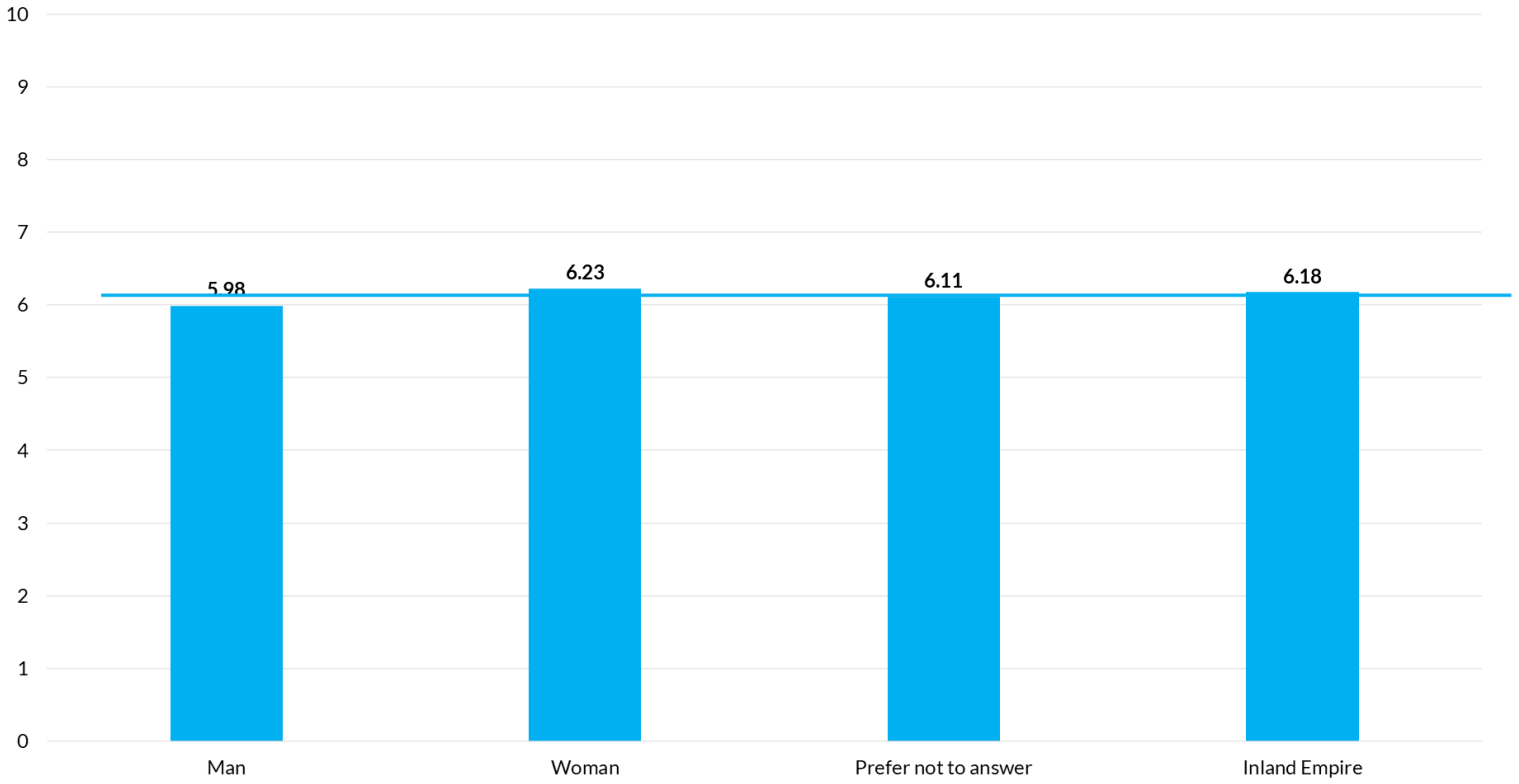
Physical Limitation by Educational Attainment



Key:

- 0 – Severely Limited
- 10 – Not Limited At All

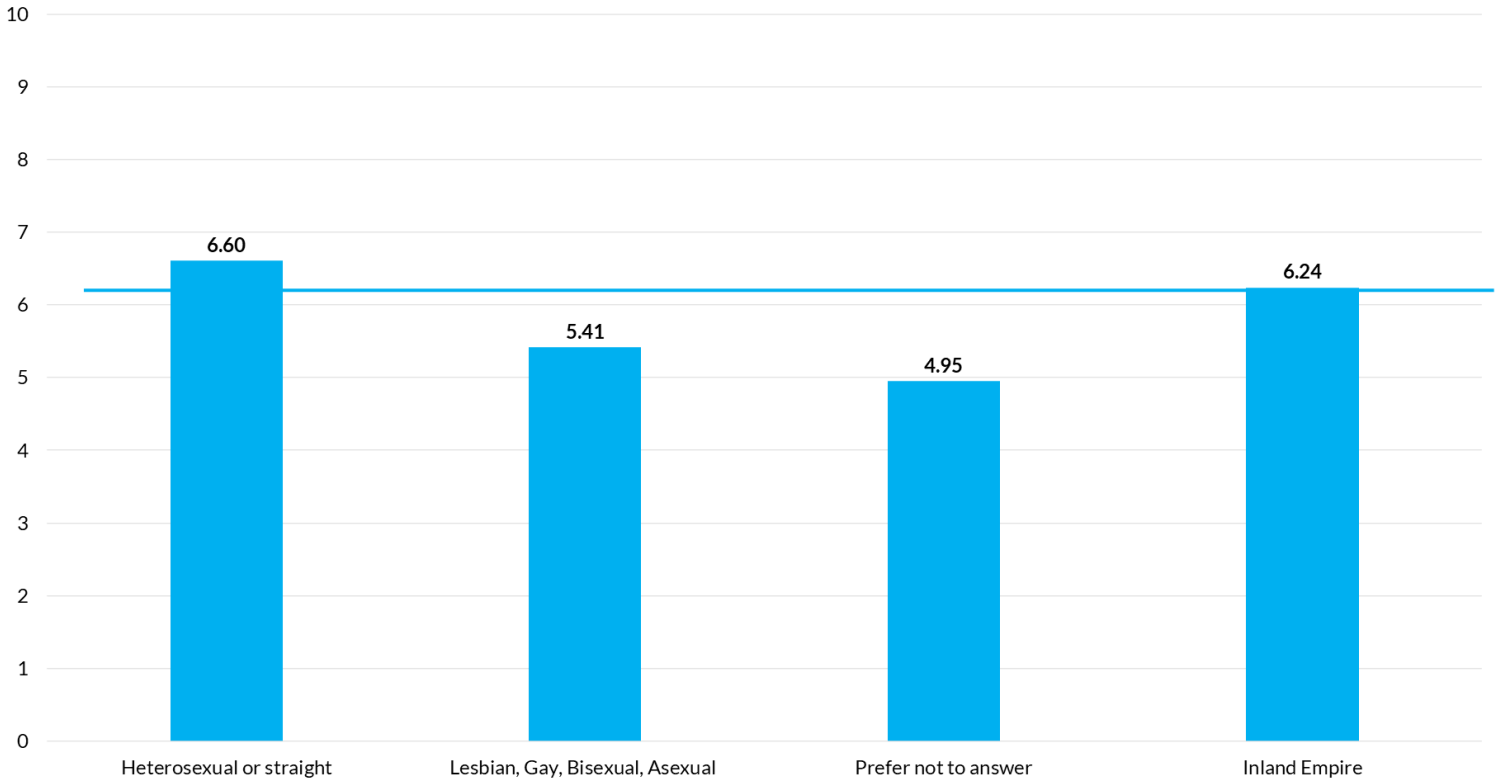
Physical Limitation by Gender



Key:

- 0 – Severely Limited
- 10 – Not Limited At All

Physical Limitation by Sexual Orientation



Key:

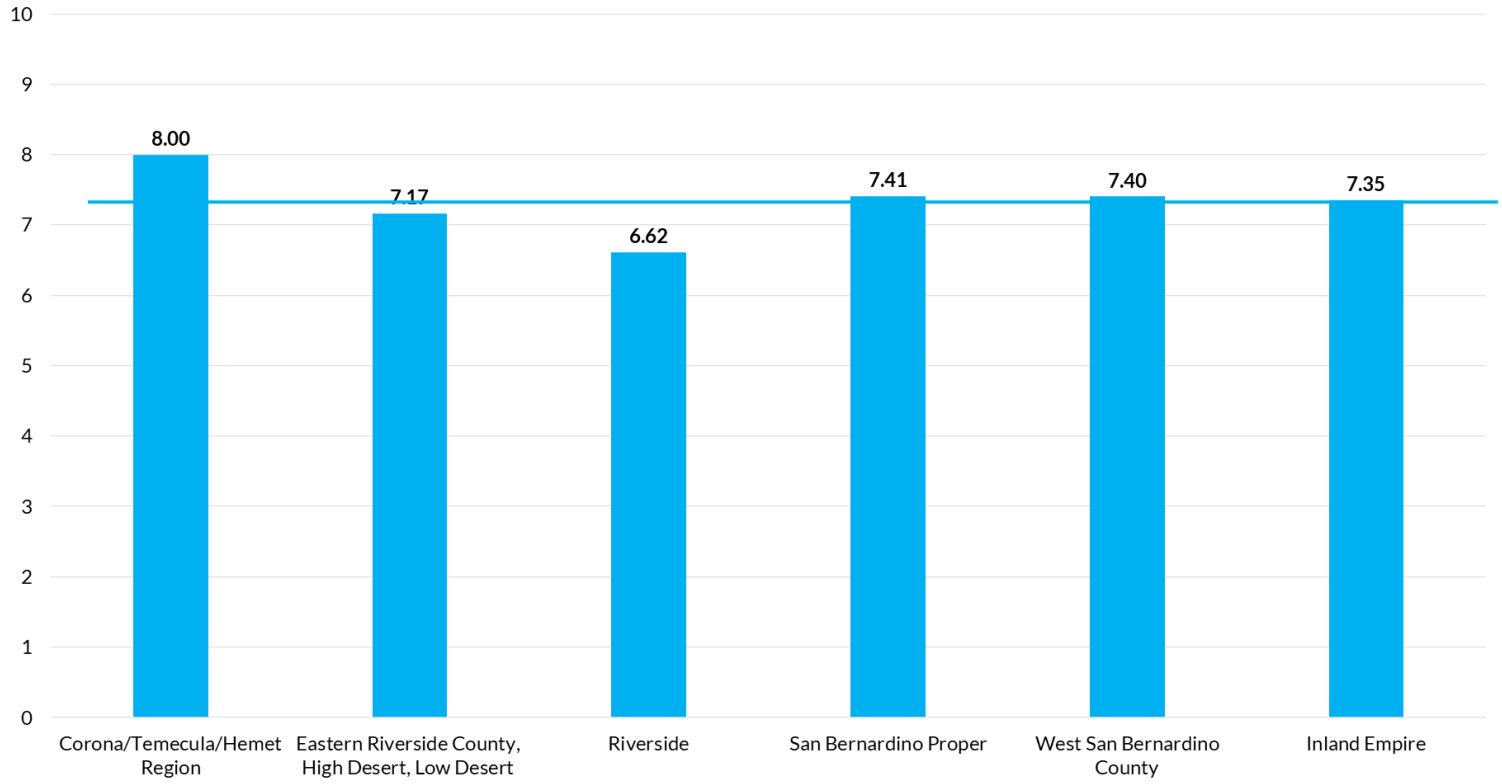
- 0 – Severely Limited
- 10 – Not Limited At All

Sense of Direction and Purpose by Demographic Data

Question: I have a sense of direction and purpose in life.

- Region
- Age
- Race/ethnicity
- Household income
- Educational attainment
- Gender
- Sexual orientation

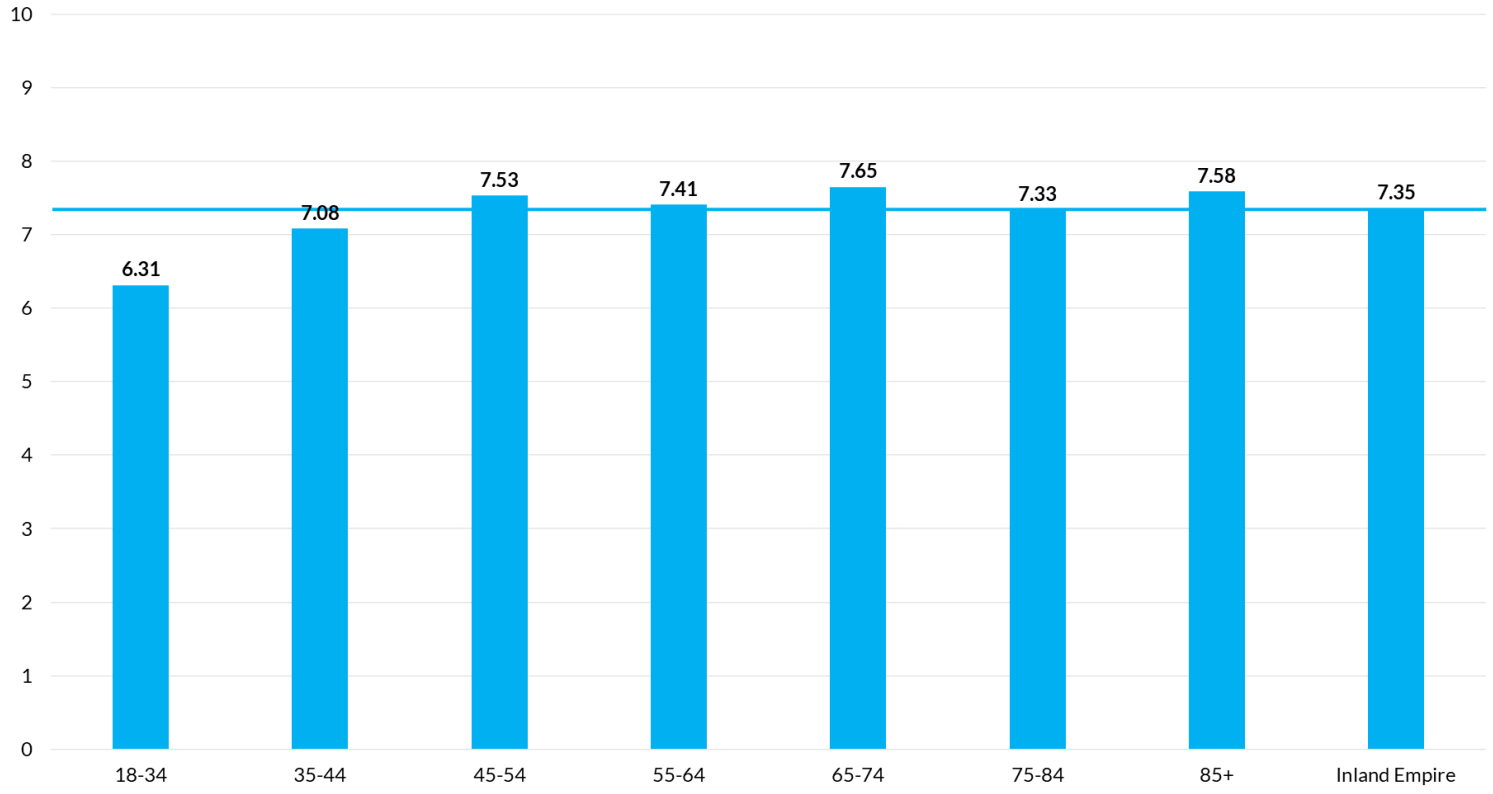
Sense of Direction and Purpose by Region



Key:

- 0 – Strongly Disagree
- 10 – Strongly Agree

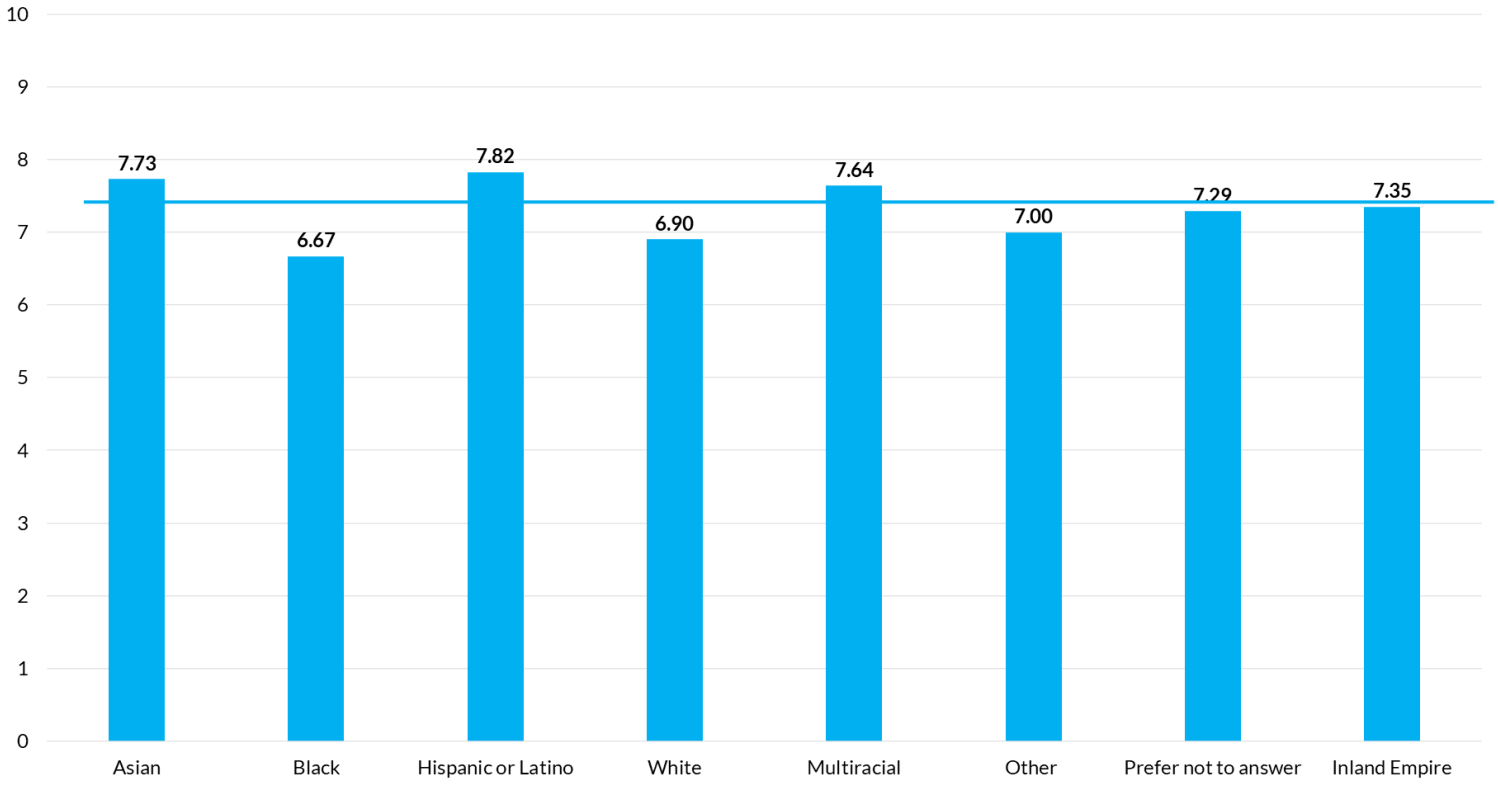
Sense of Direction and Purpose by Age



Key:

- 0 – Strongly Disagree
- 10 – Strongly Agree

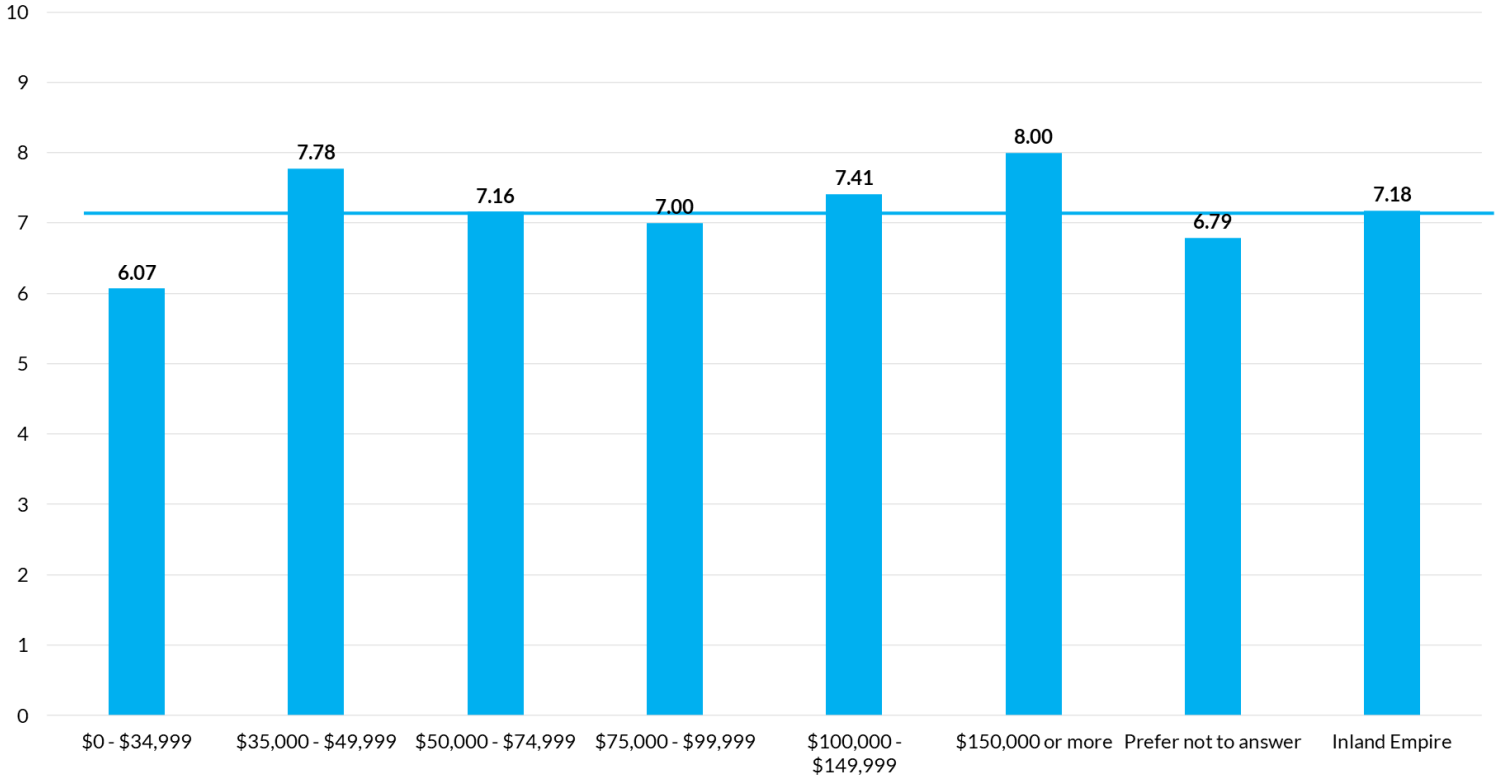
Sense of Direction and Purpose by Race/Ethnicity



Key:

- 0 – Strongly Disagree
- 10 – Strongly Agree

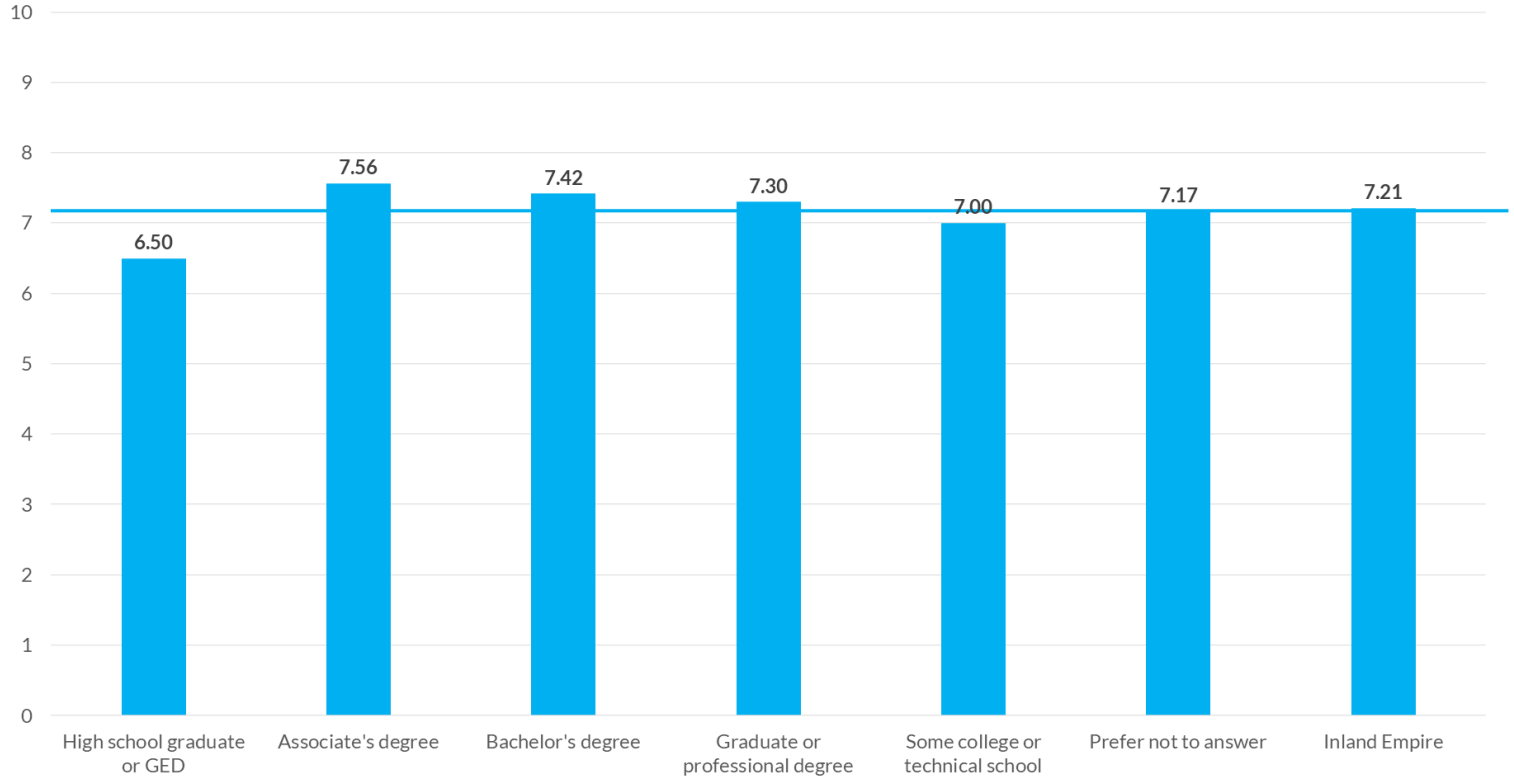
Sense of Direction and Purpose by Household Income



Key:

- ❑ 0 – Strongly Disagree
- ❑ 10 – Strongly Agree

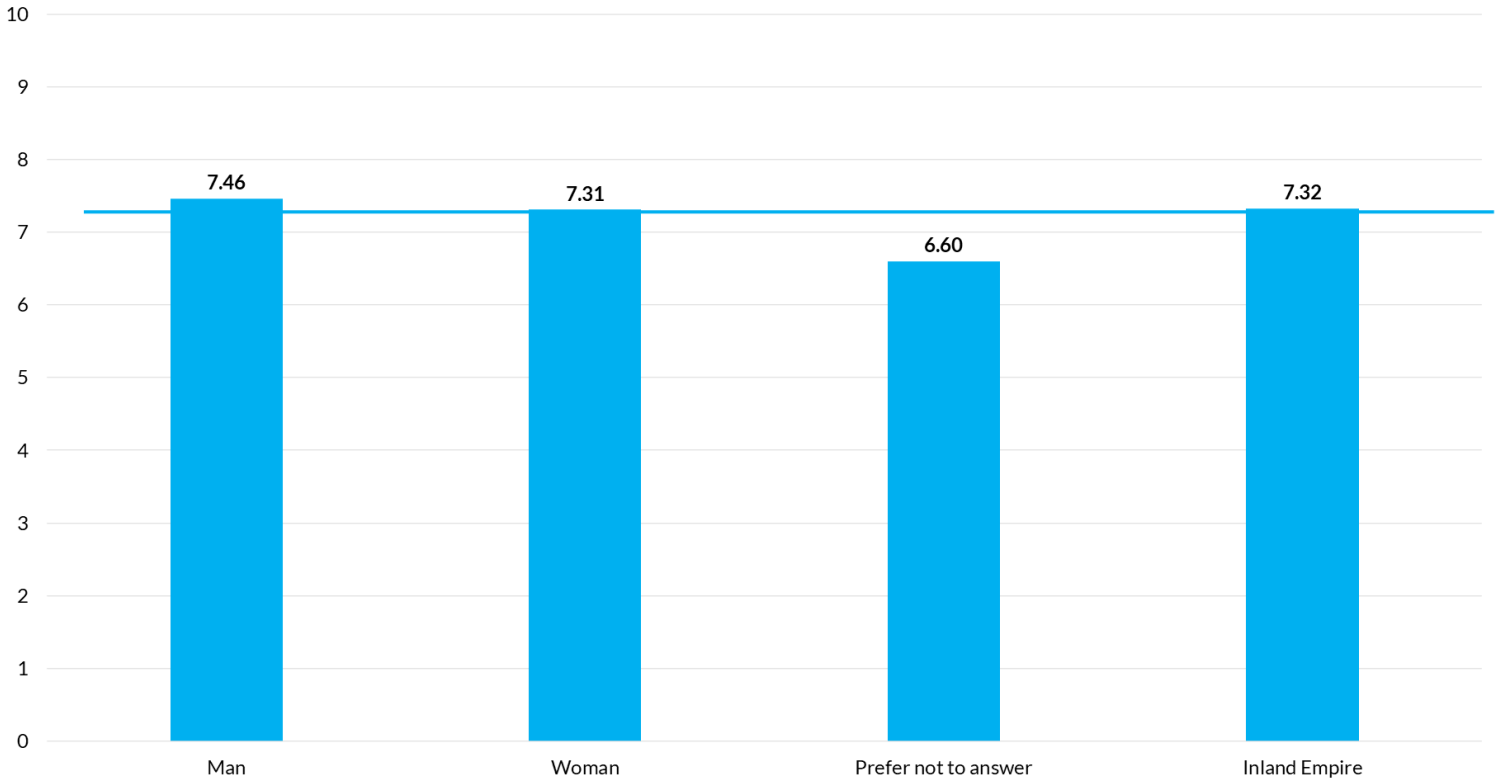
Sense of Direction and Purpose by Educational Attainment



Key:

- 0 – Strongly Disagree
- 10 – Strongly Agree

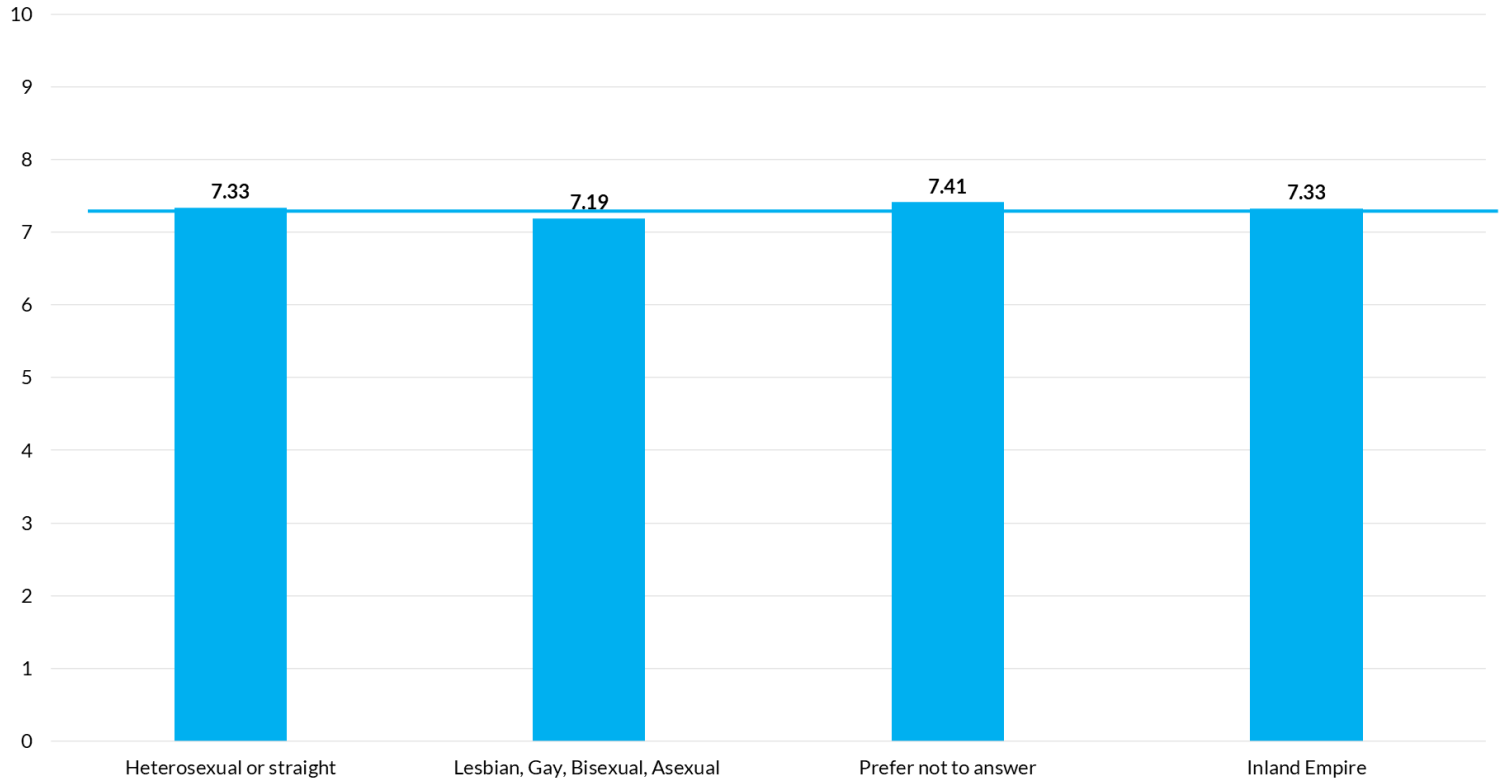
Sense of Direction and Purpose by Gender



Key:

- 0 – Strongly Disagree
- 10 – Strongly Agree

Sense of Direction and Purpose by Sexual Orientation



Key:

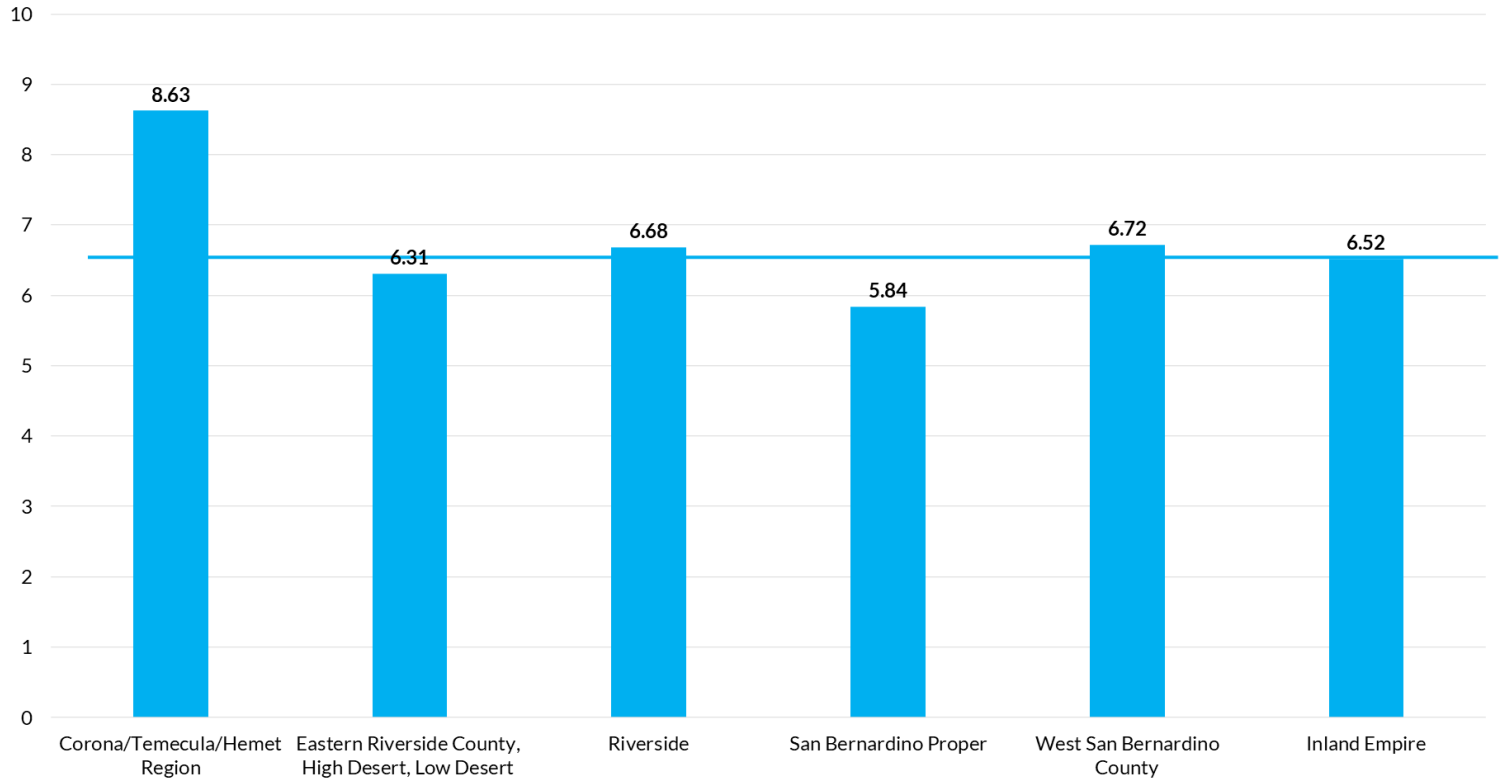
- 0 – Strongly Disagree
- 10 – Strongly Agree

Feelings of Loneliness by Demographic Data

Question: How often do you feel lonely?

- Region
- Age
- Race/ethnicity
- Household income
- Educational attainment
- Gender
- Sexual orientation

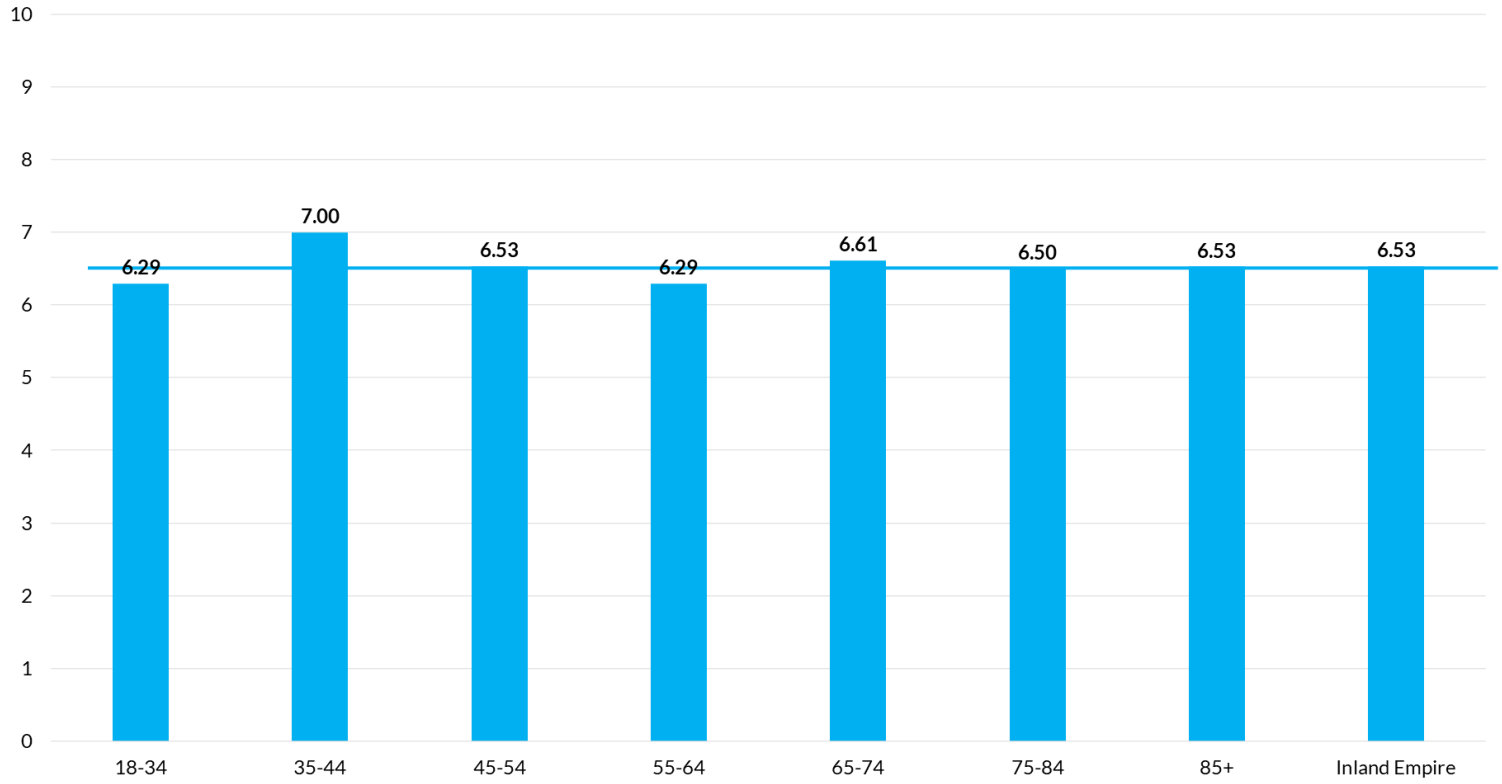
Feelings of Loneliness by Region



Key:

- ❑ 0 – Always
- ❑ 10 – Never

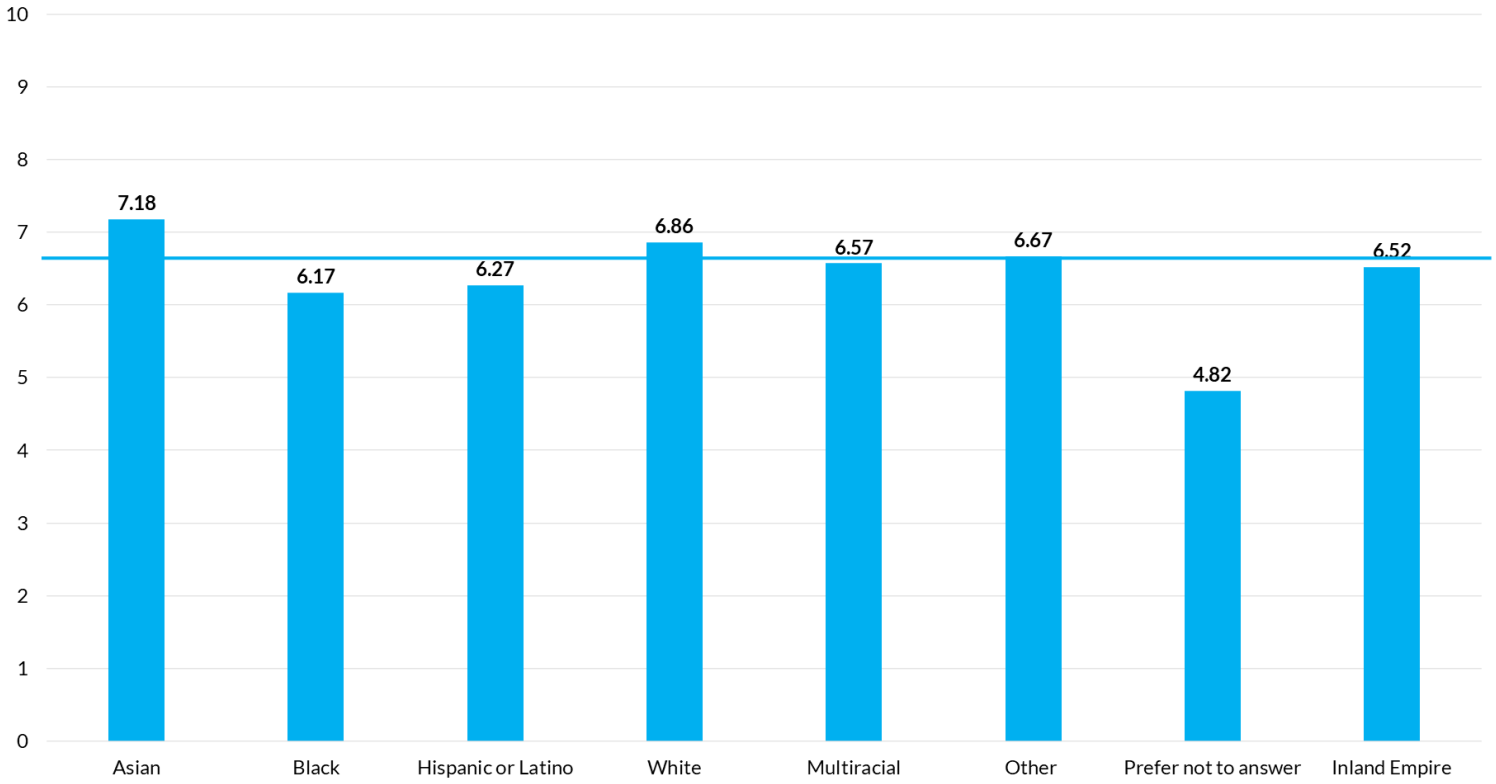
Feelings of Loneliness by Age



Key:

- 0 – Always
- 10 – Never

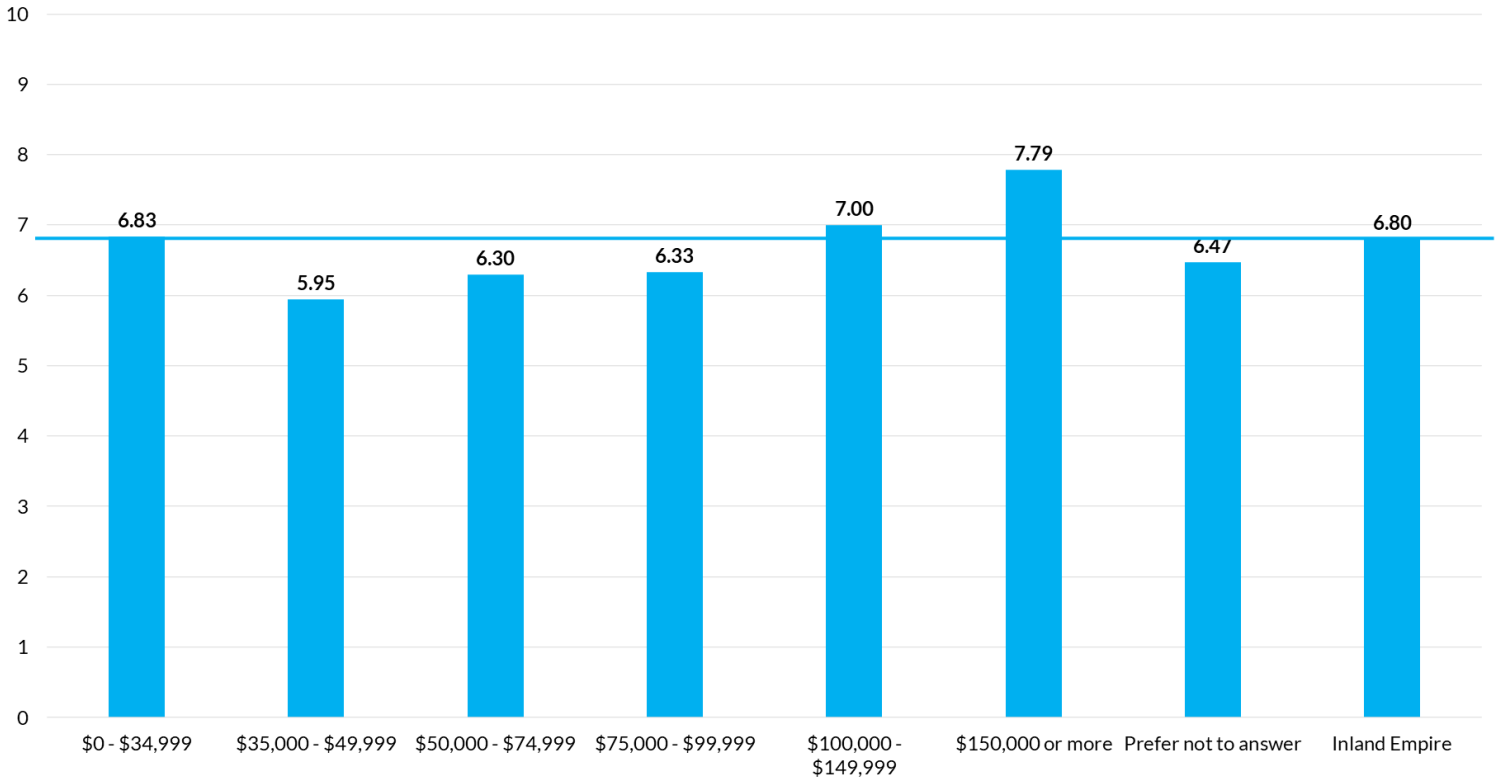
Feelings of Loneliness by Race/Ethnicity



Key:

- 0 – Always
- 10 – Never

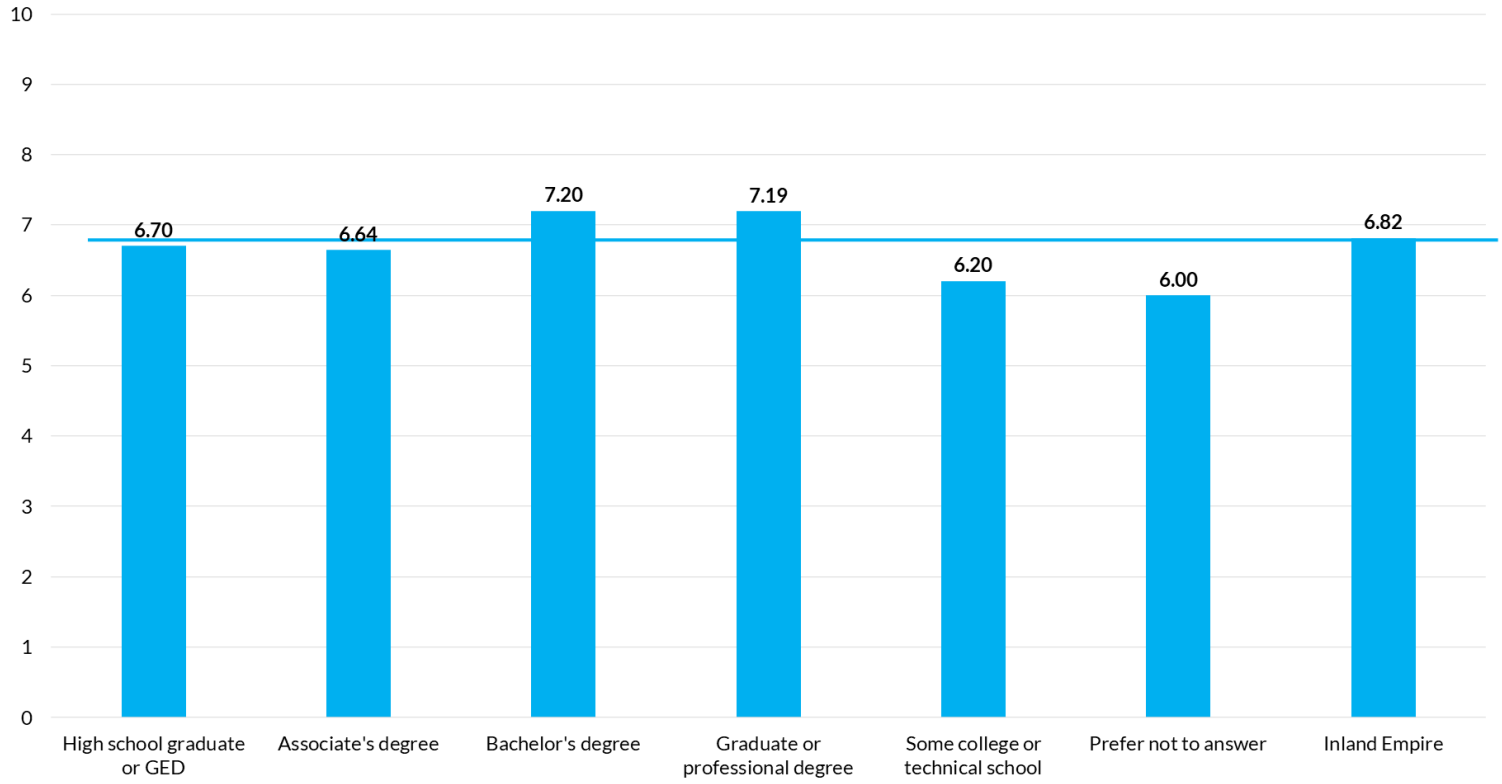
Feelings of Loneliness by Household Income



Key:

- ❑ 0 – Always
- ❑ 10 – Never

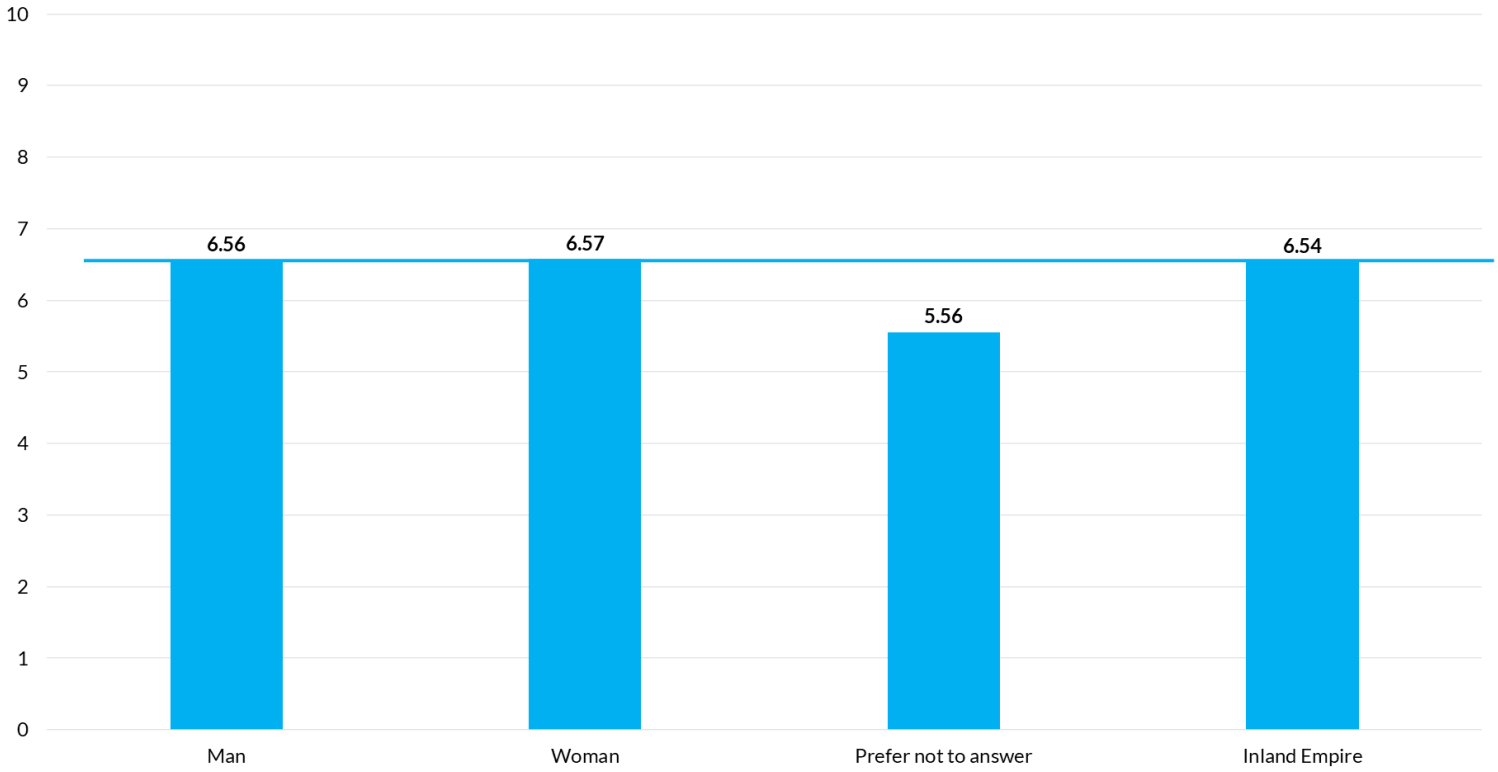
Feelings of Loneliness by Educational Attainment



Key:

- 0 – Always
- 10 – Never

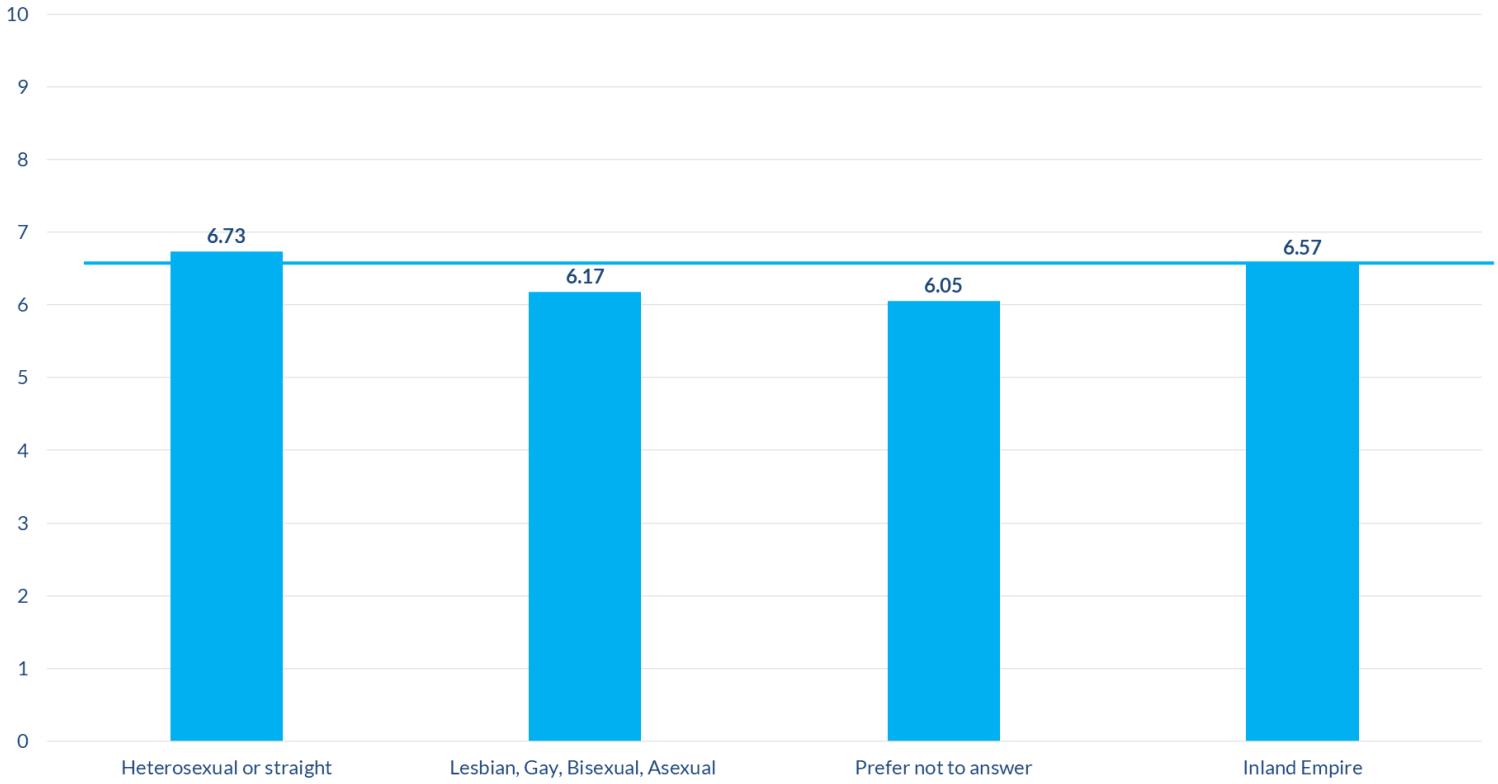
Feelings of Loneliness by Gender



Key:

- 0 – Always
- 10 – Never

Feelings of Loneliness by Sexual Orientation



Key:

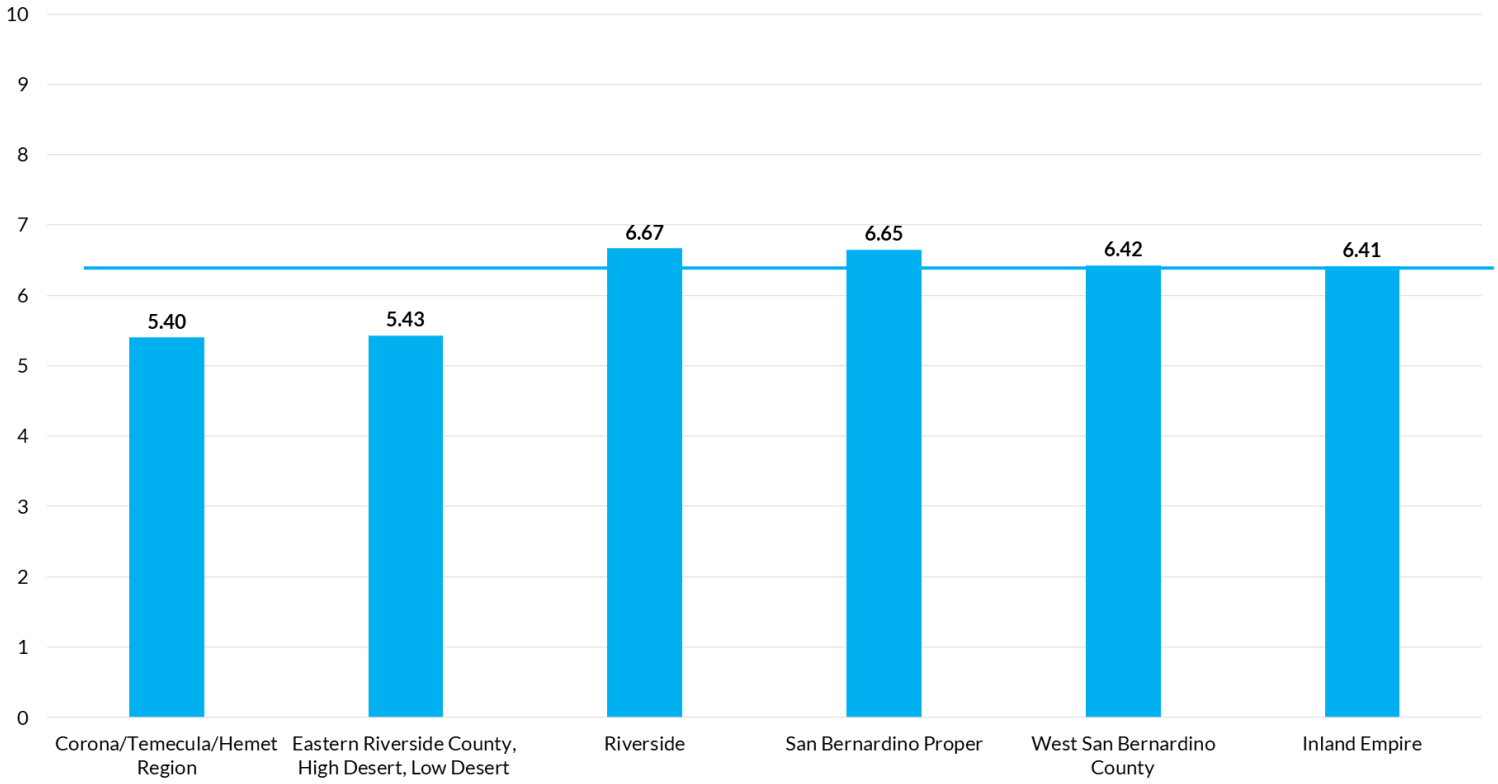
- 0 – Always
- 10 – Never

Sense of Belonging by Demographic Data

Question: How would you describe your sense of belonging to your local community?

- Region
- Age
- Race/ethnicity
- Household income
- Educational attainment
- Gender
- Sexual orientation

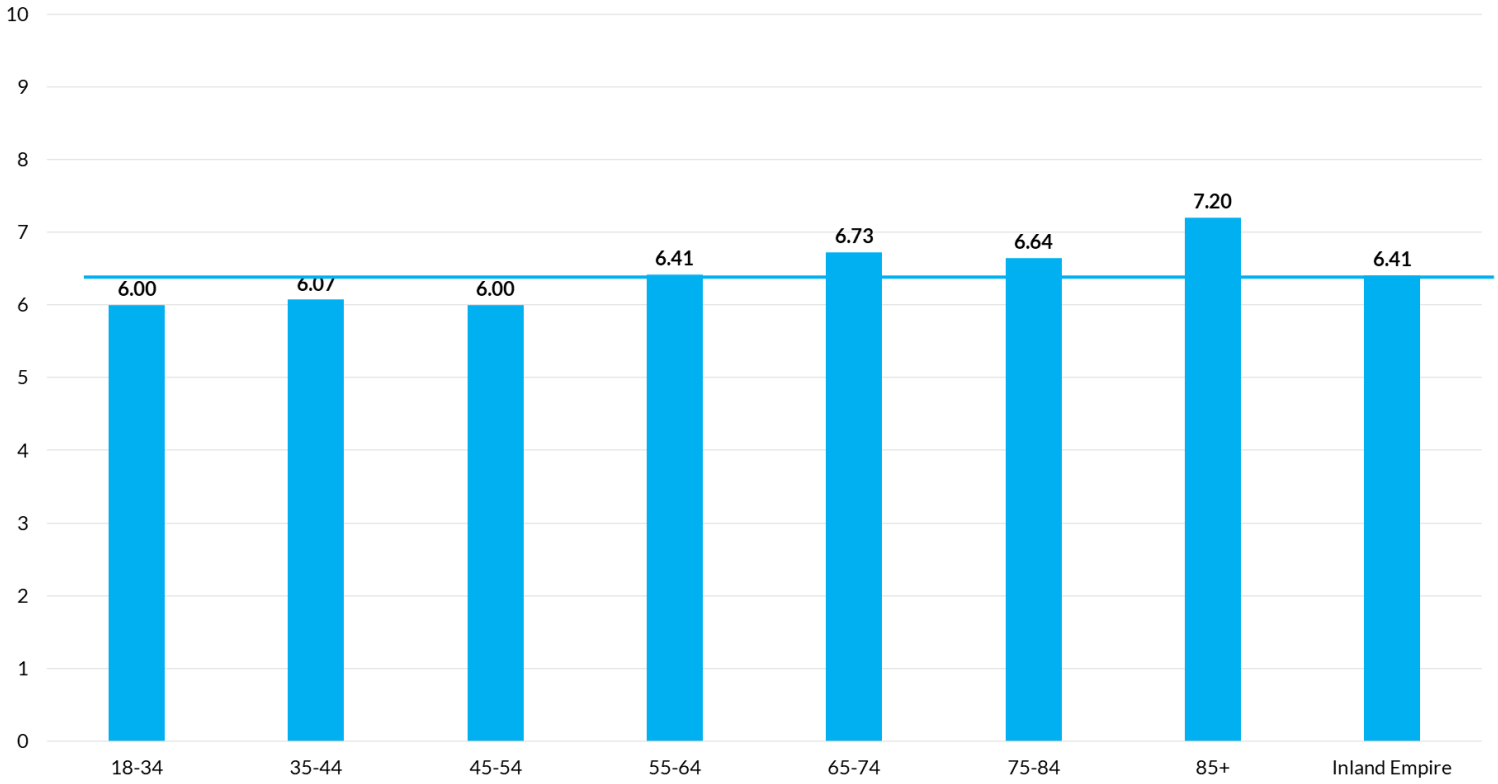
Sense of Belonging by Region



Key:

- 0 – Very Weak
- 10 – Very Strong

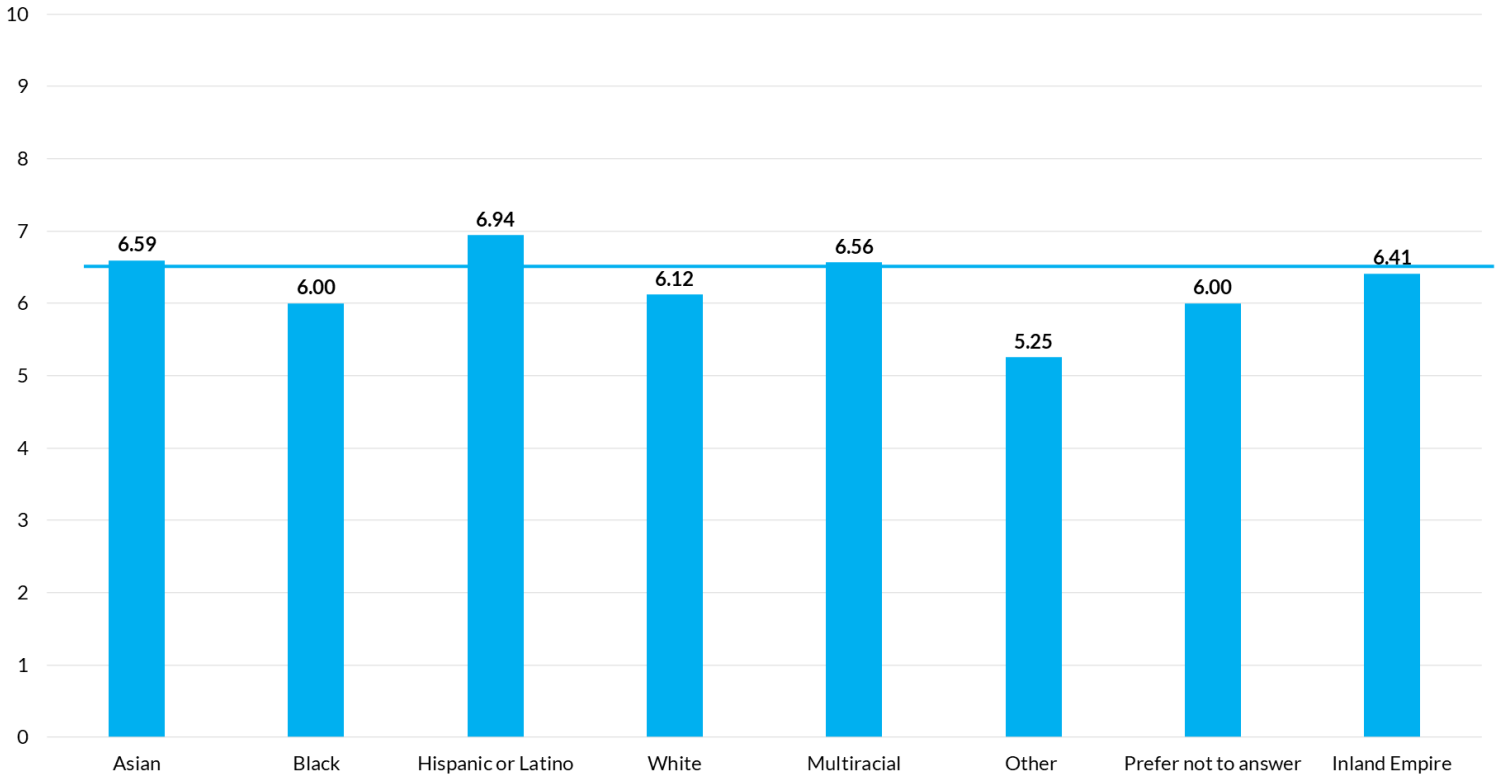
Sense of Belonging by Age



Key:

- 0 – Very Weak
- 10 – Very Strong

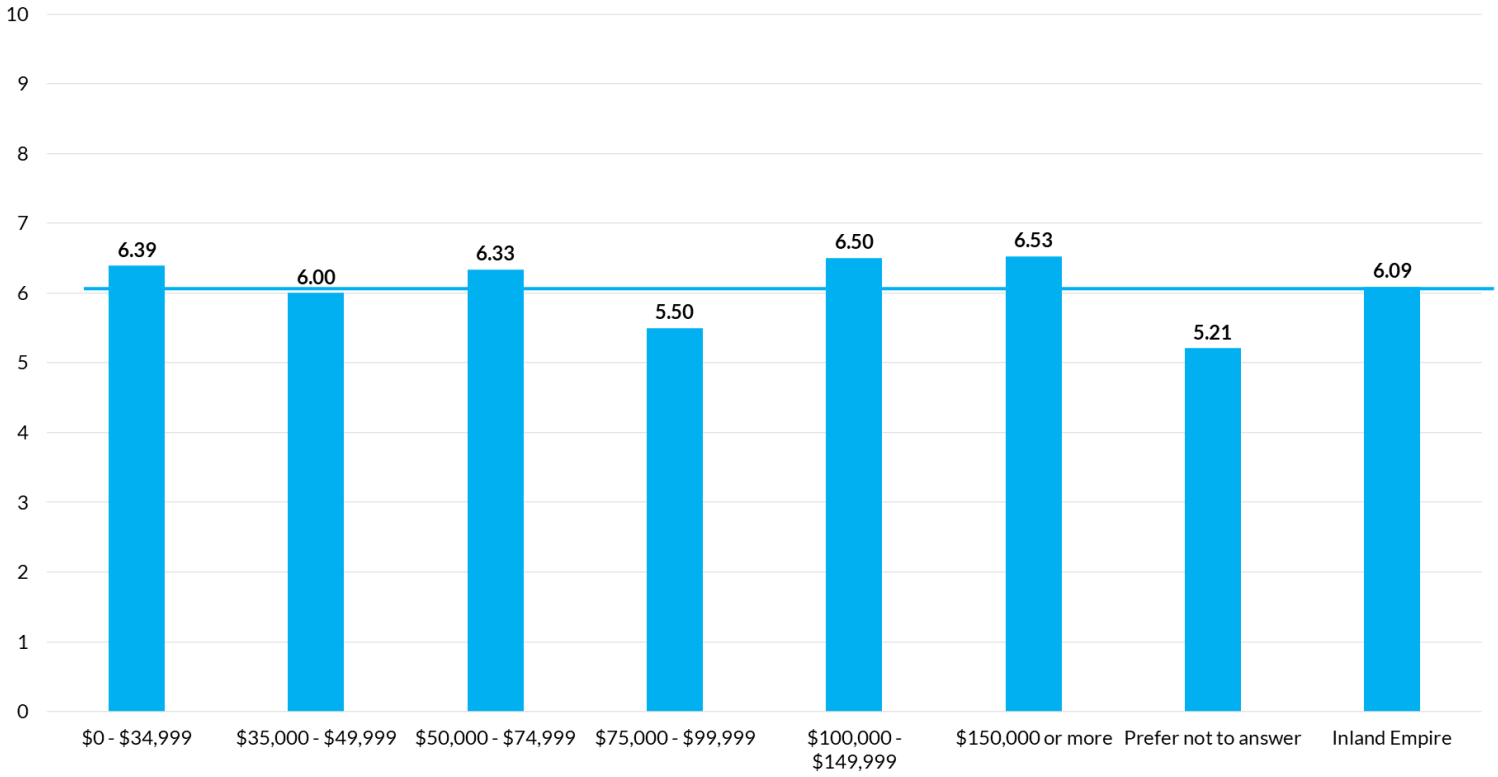
Sense of Belonging by Race/Ethnicity



Key:

- 0 – Very Weak
- 10 – Very Strong

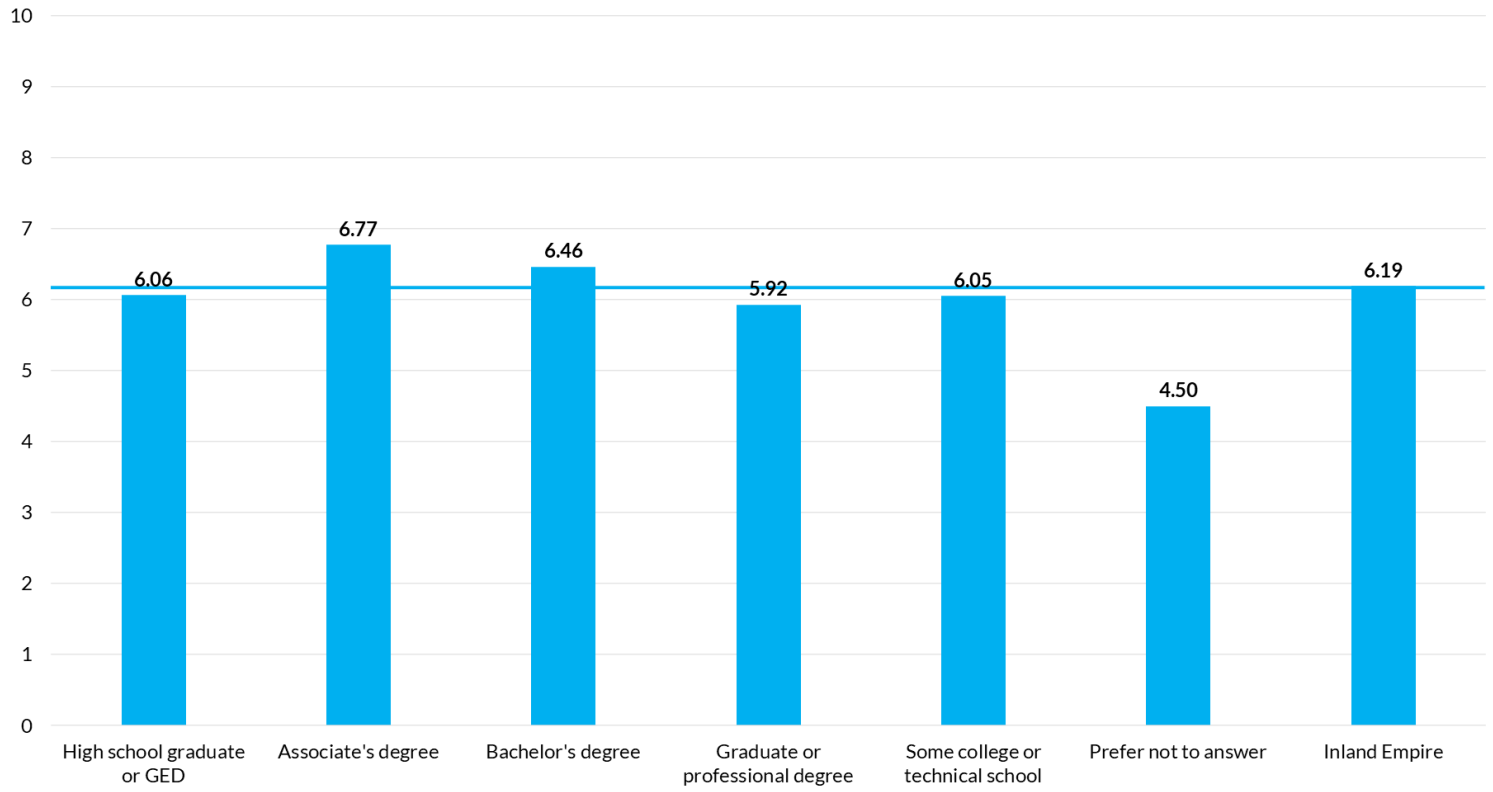
Sense of Belonging by Household Income



Key:

- 0 – Very Weak
- 10 – Very Strong

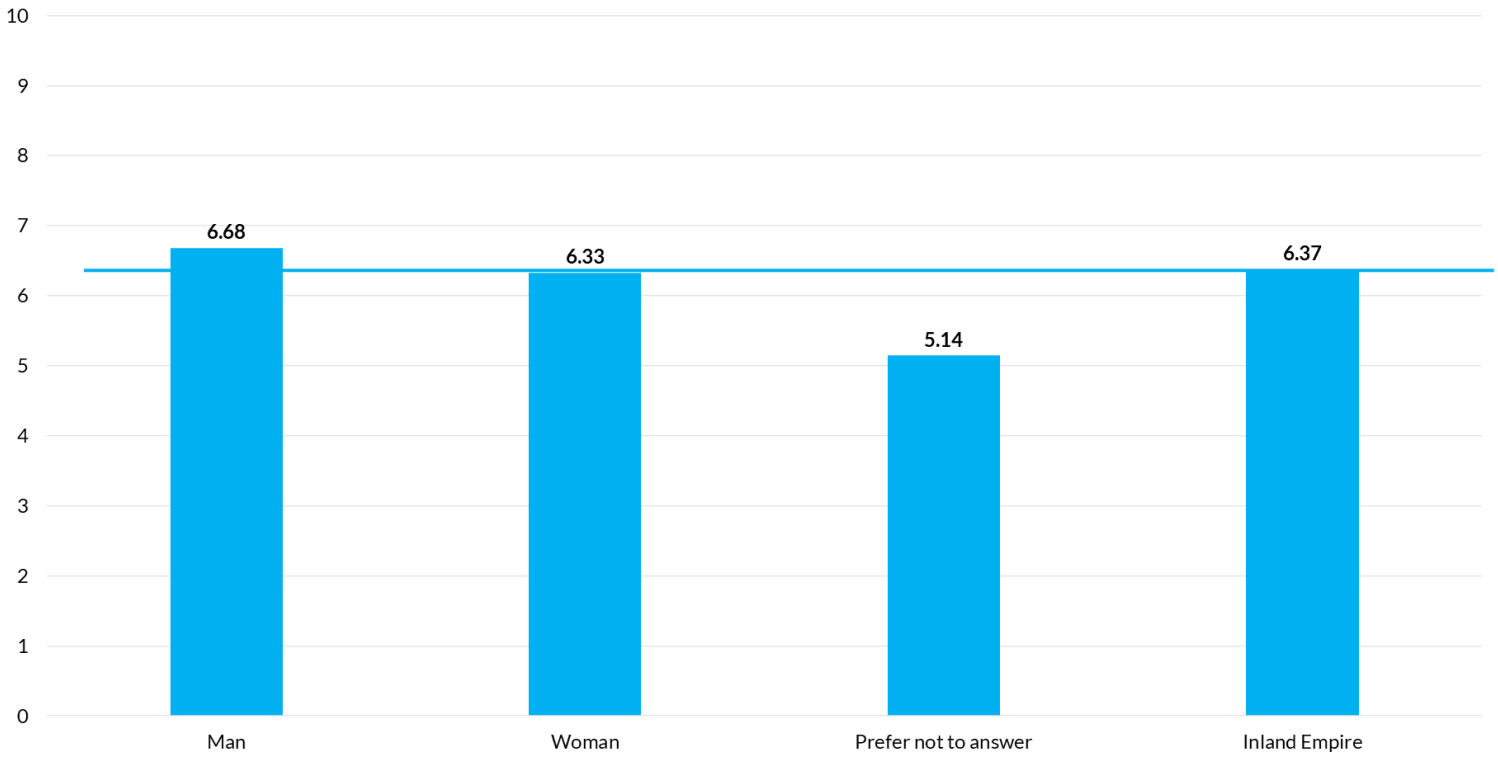
Sense of Belonging by Educational Attainment



Key:

- 0 – Very Weak
- 10 – Very Strong

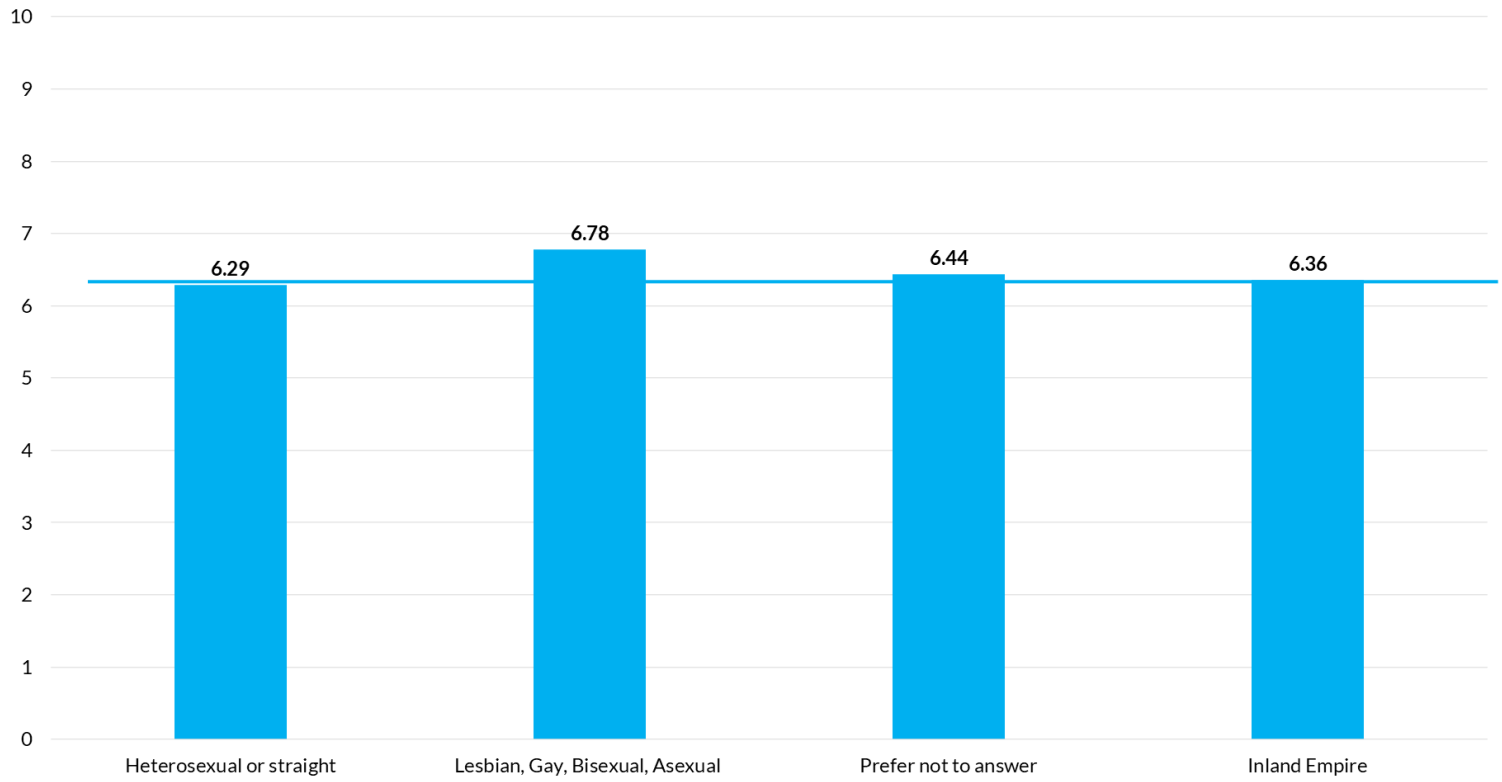
Sense of Belonging by Gender



Key:

- 0 – Very Weak
- 10 – Very Strong

Sense of Belonging by Sexual Orientation



Key:

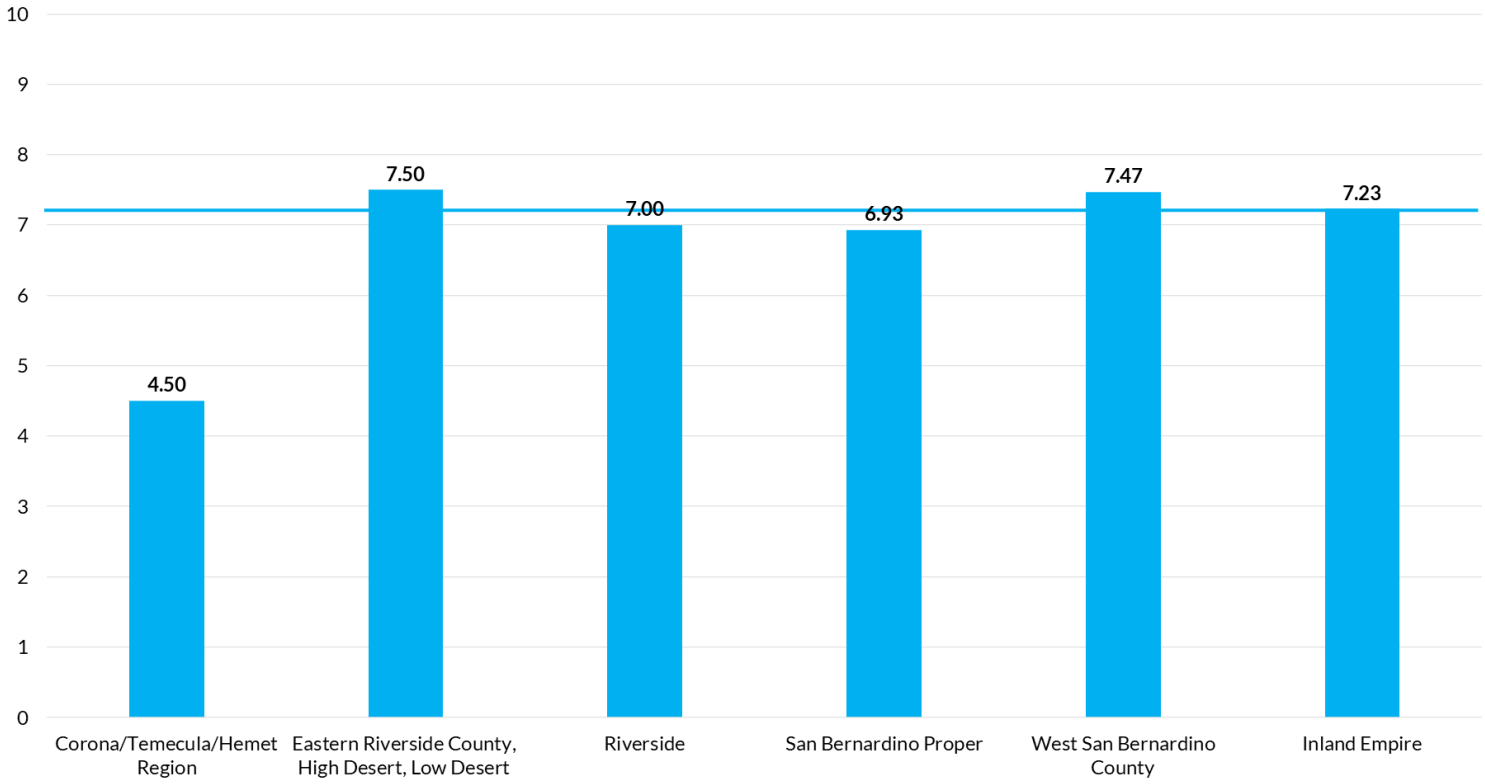
- 0 – Very Weak
- 10 – Very Strong

Someone to Help Me by Demographic Data

Question: If you were in trouble, do you have relatives or friends you could count on to help you whenever you needed them, or not?

- Region
- Age
- Race/ethnicity
- Household income
- Educational attainment
- Gender
- Sexual orientation

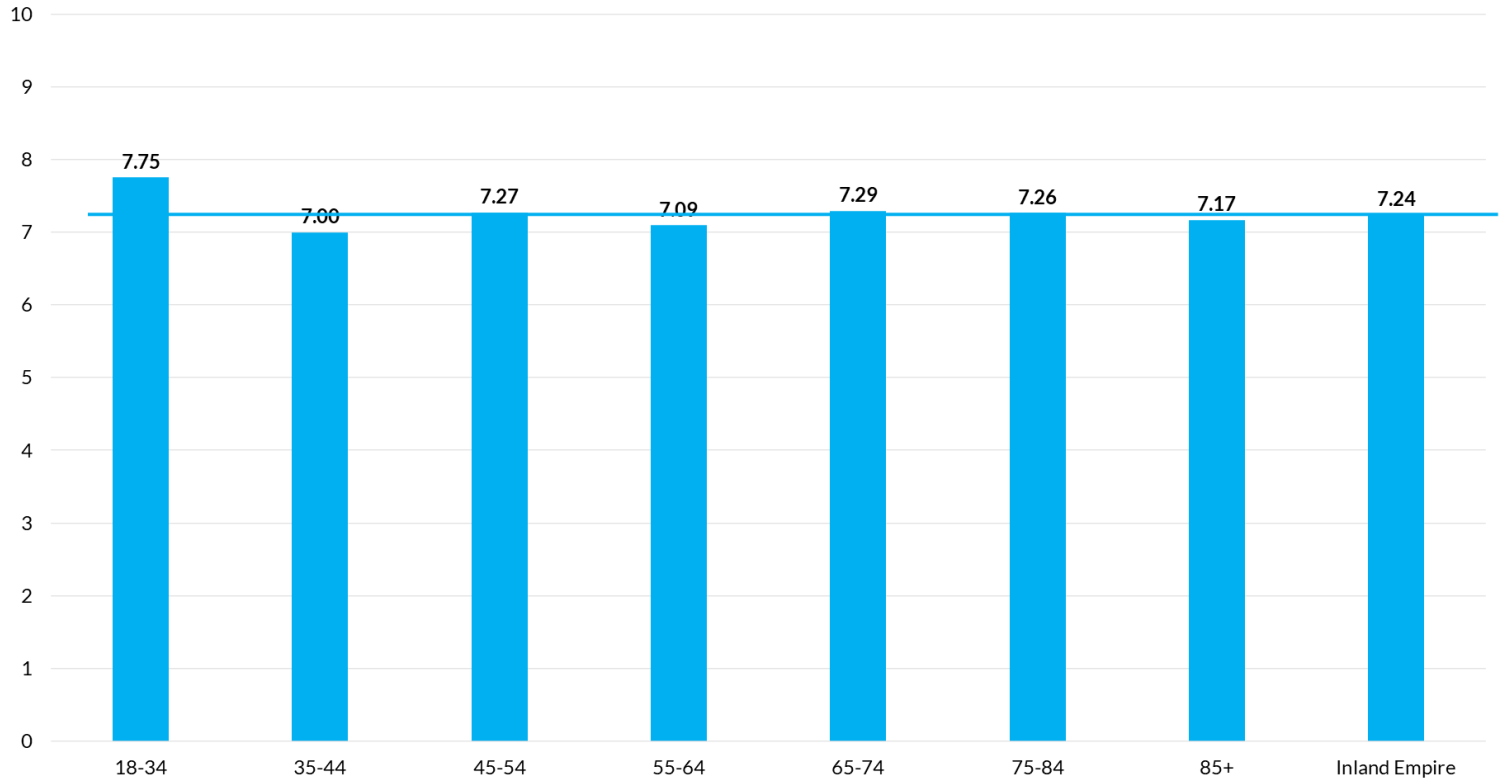
Someone to Help Me by Region



Key:

- ❑ 0 – Never
- ❑ 10 – Always

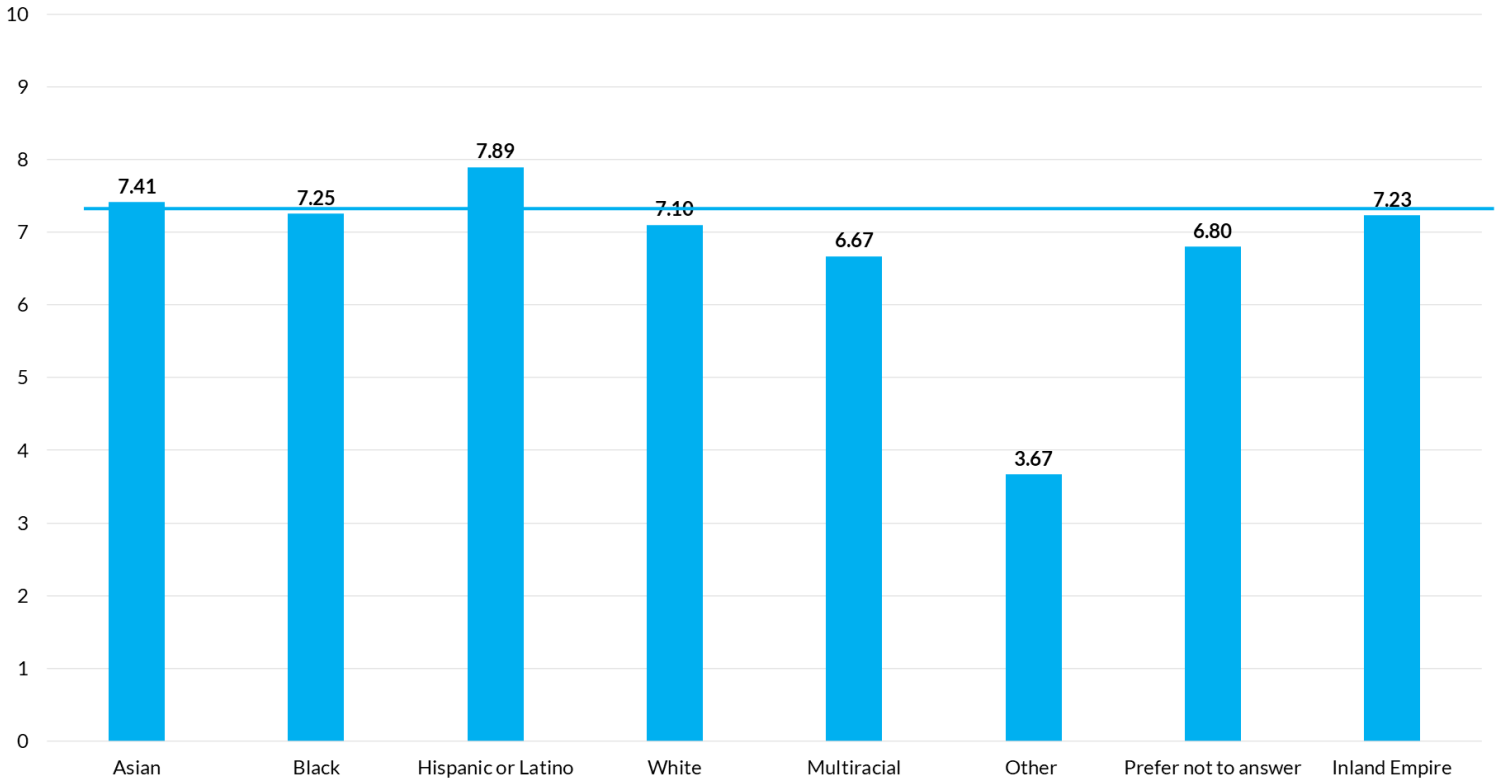
Someone to Help Me by Age



Key:

- ❑ 0 – Never
- ❑ 10 – Always

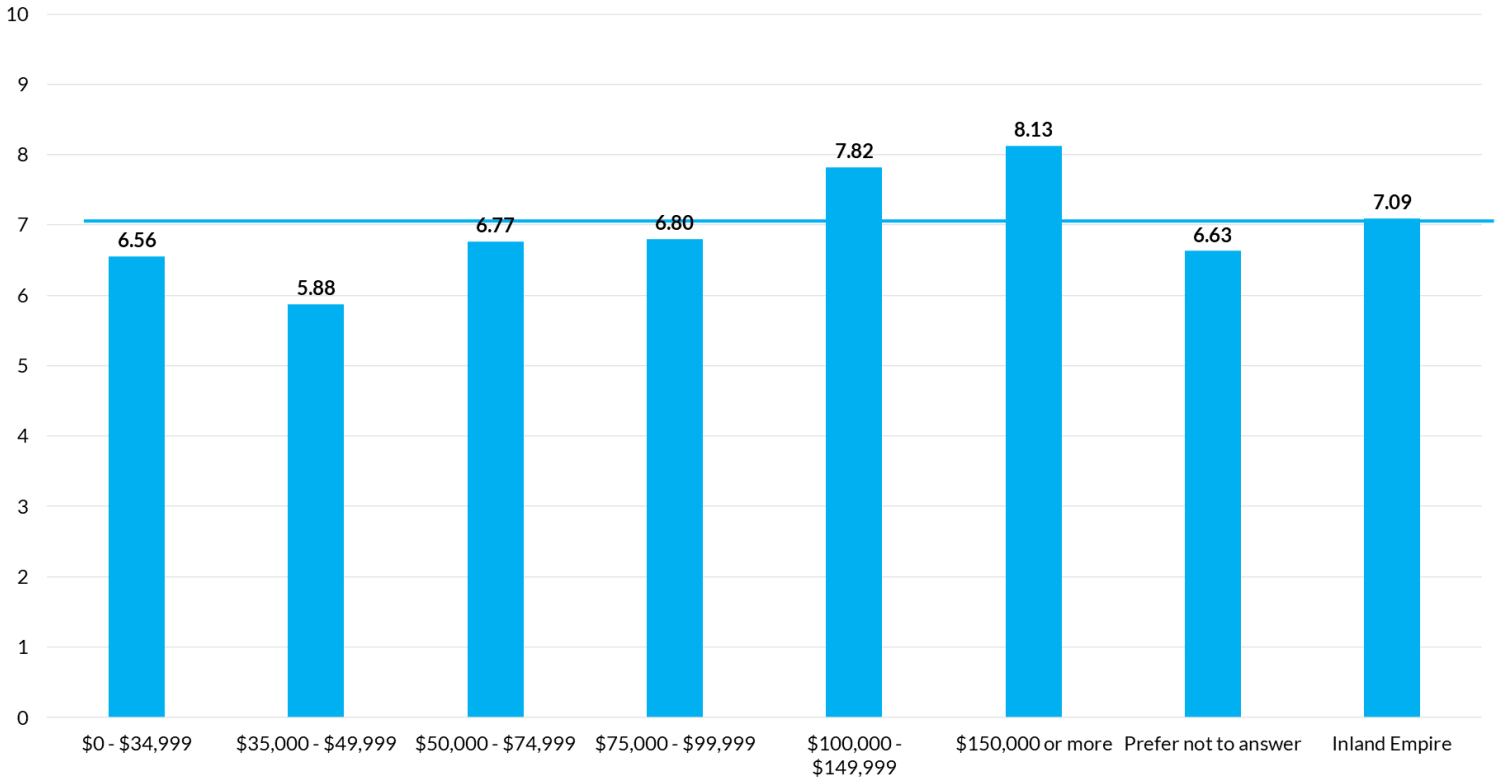
Someone to Help Me by Race/Ethnicity



Key:

- 0 – Never
- 10 – Always

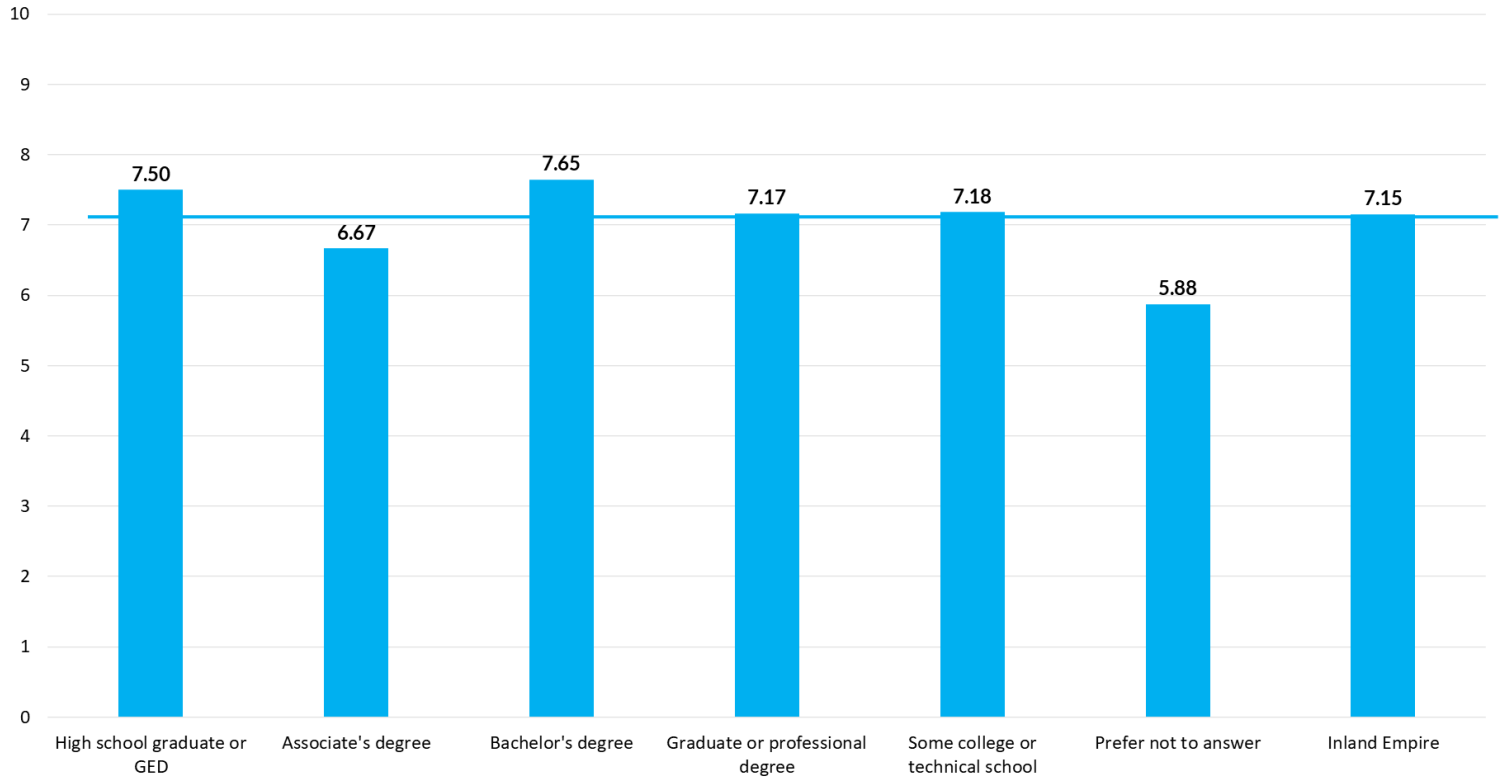
Someone to Help Me by Household Income



Key:

- ❑ 0 – Never
- ❑ 10 – Always

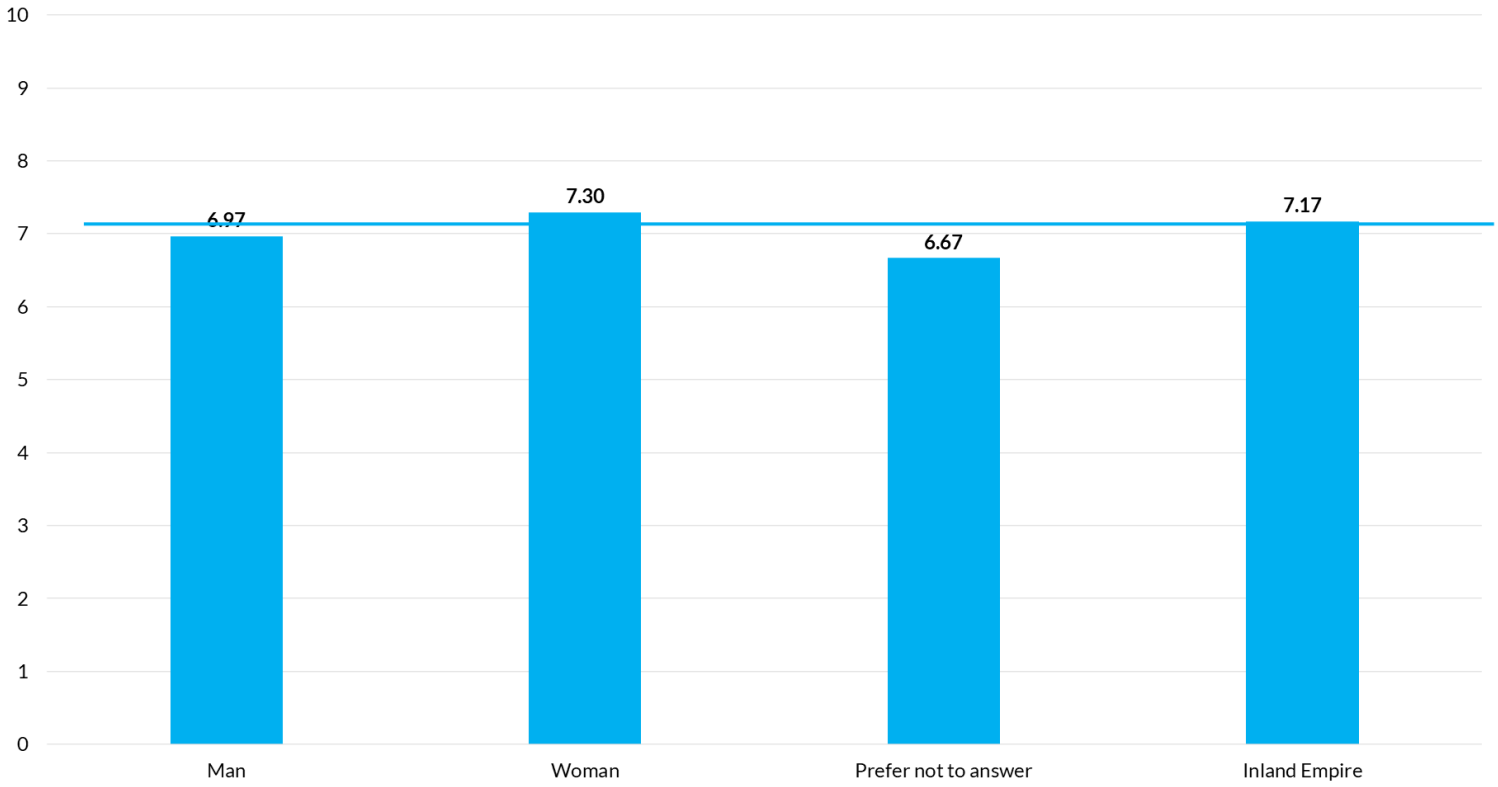
Someone to Help Me by Educational Attainment



Key:

- 0 – Never
- 10 – Always

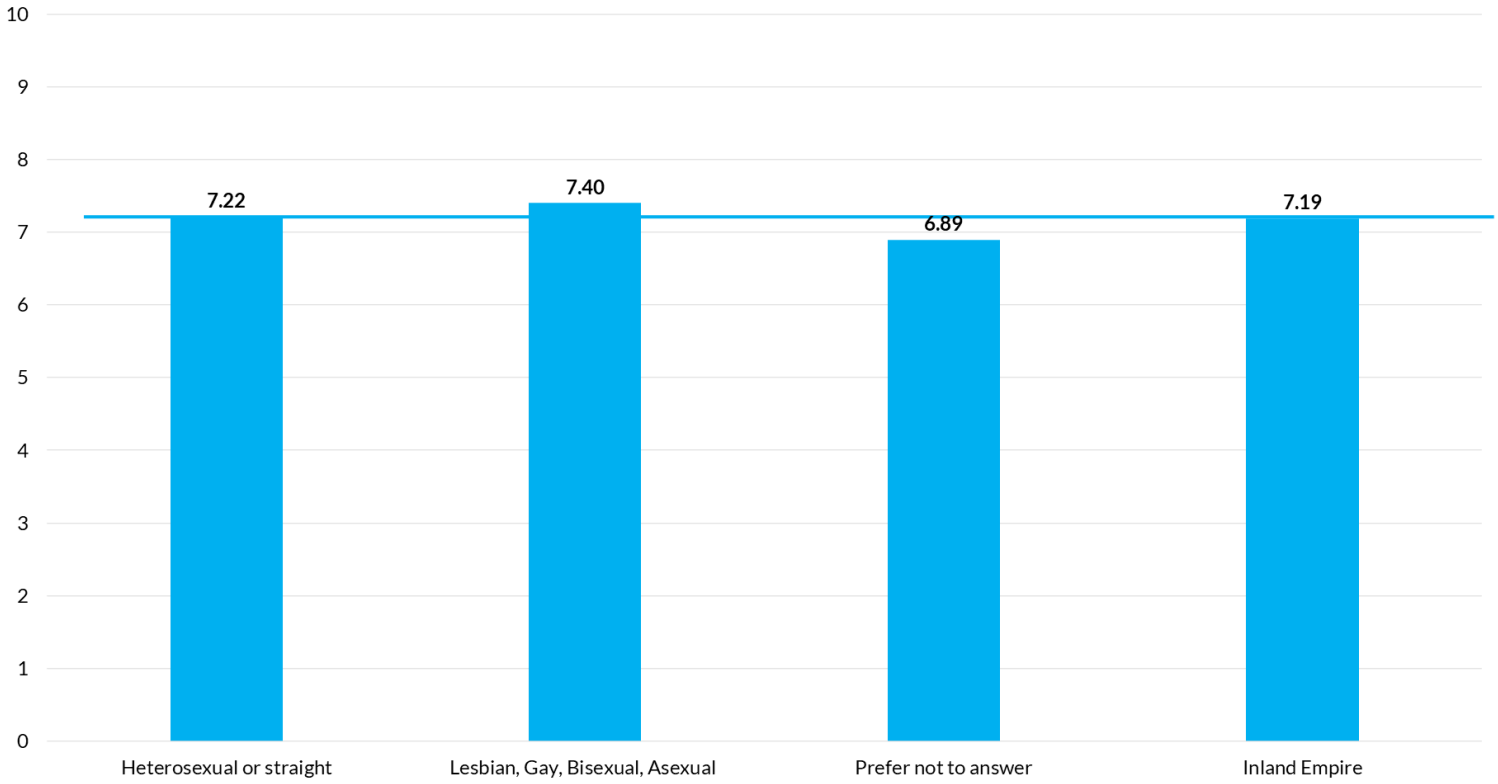
Someone to Help Me by Gender



Key:

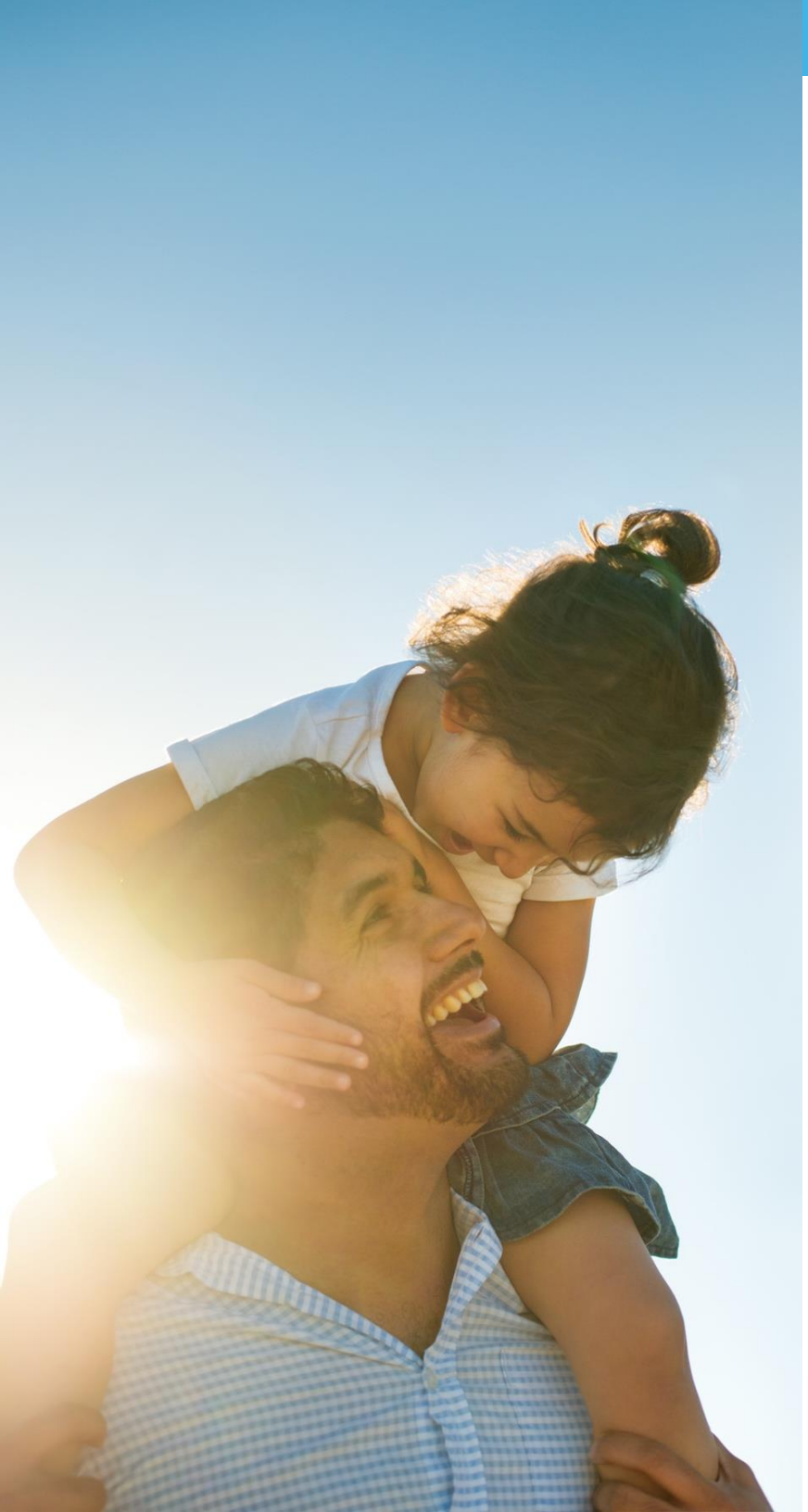
- 0 – Never
- 10 – Always

Someone to Help Me by Sexual Orientation



Key:

- 0 – Never
- 10 – Always

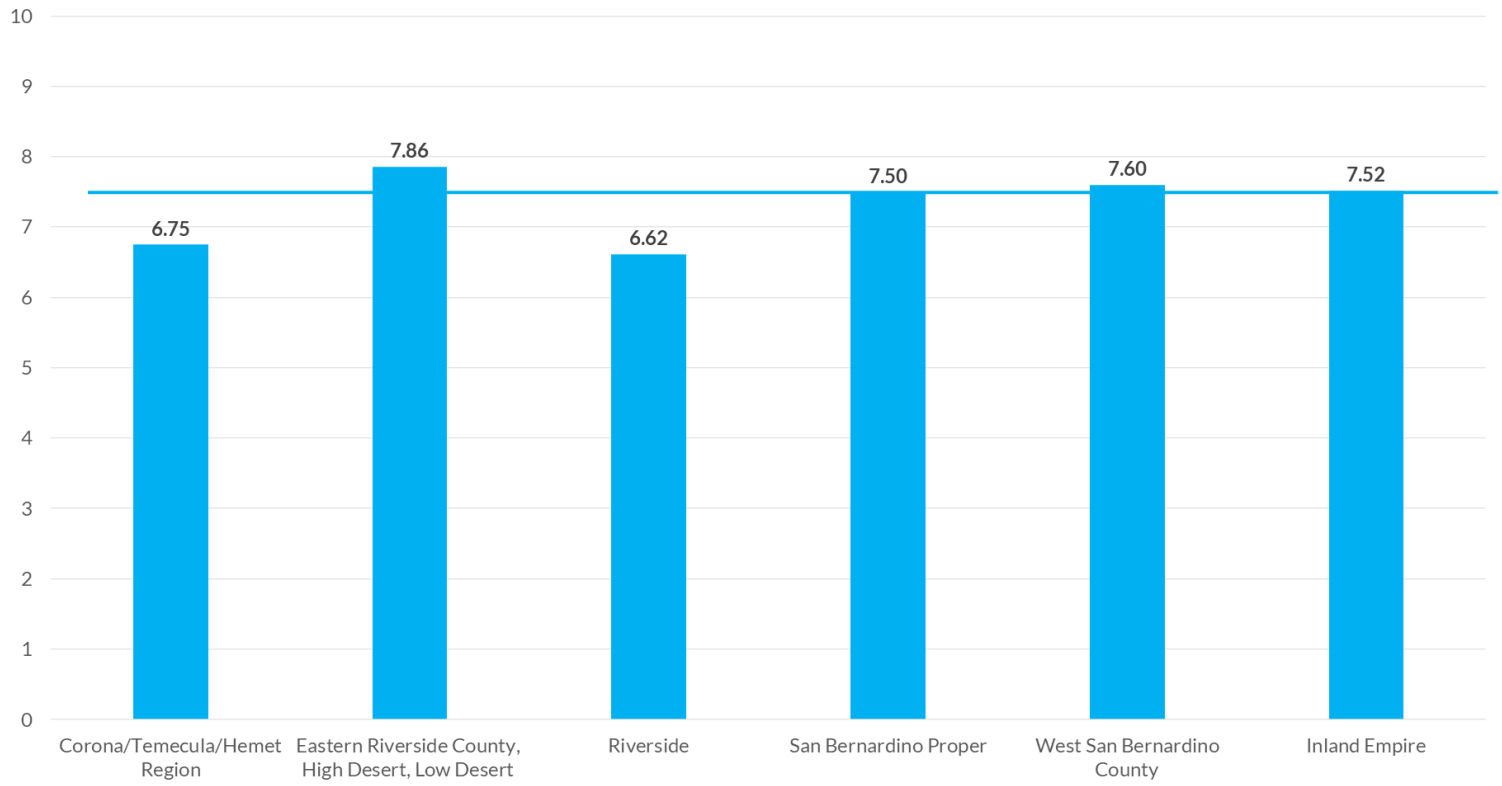


Positive Emotions by Demographic Data

Question: During the past two weeks, how often have you experienced positive emotions such as joy, affection, or hope?

- Region
- Age
- Race/ethnicity
- Household income
- Educational attainment
- Gender
- Sexual orientation

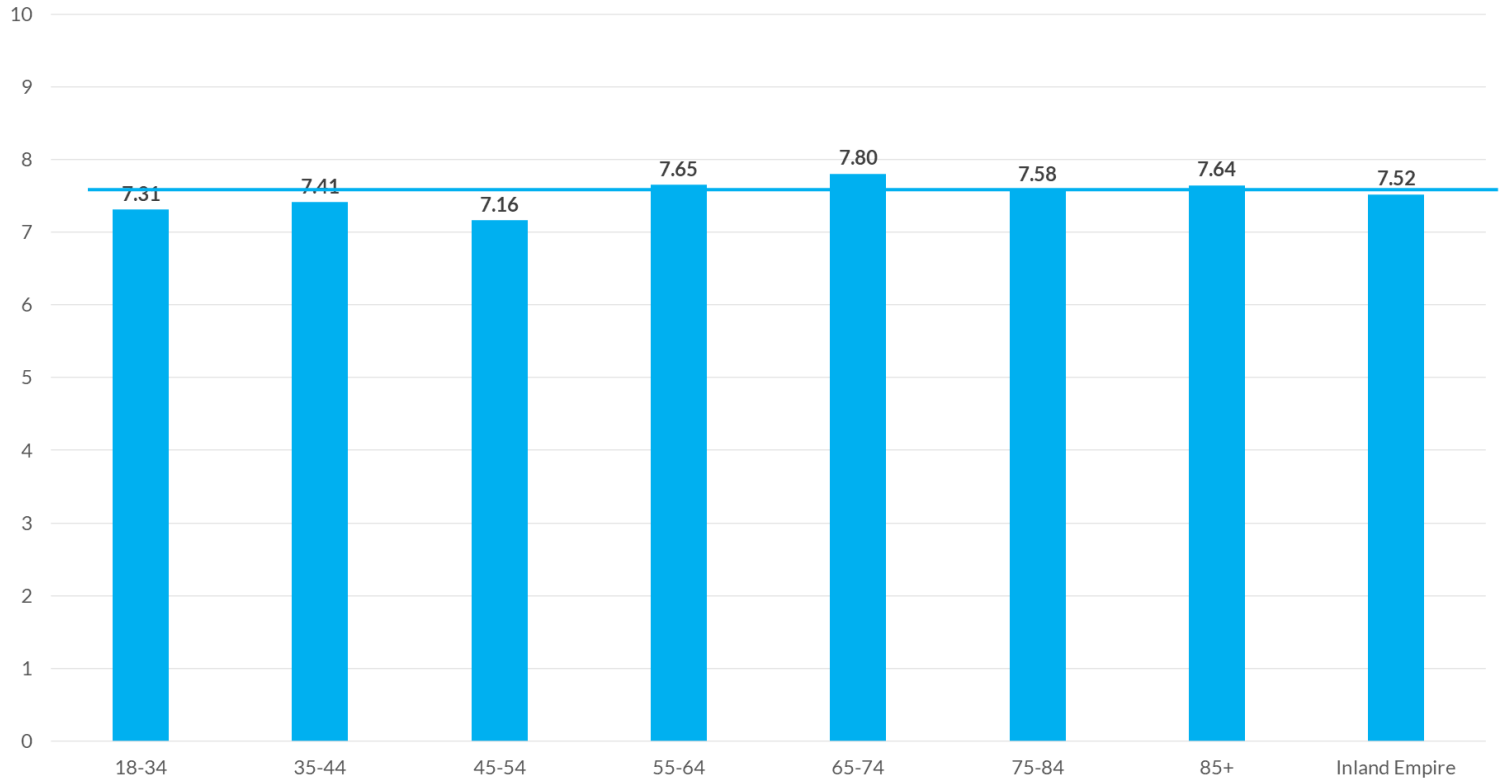
Positive Emotions by Region



Key:

- ❑ 0 – Never
- ❑ 10 – Always

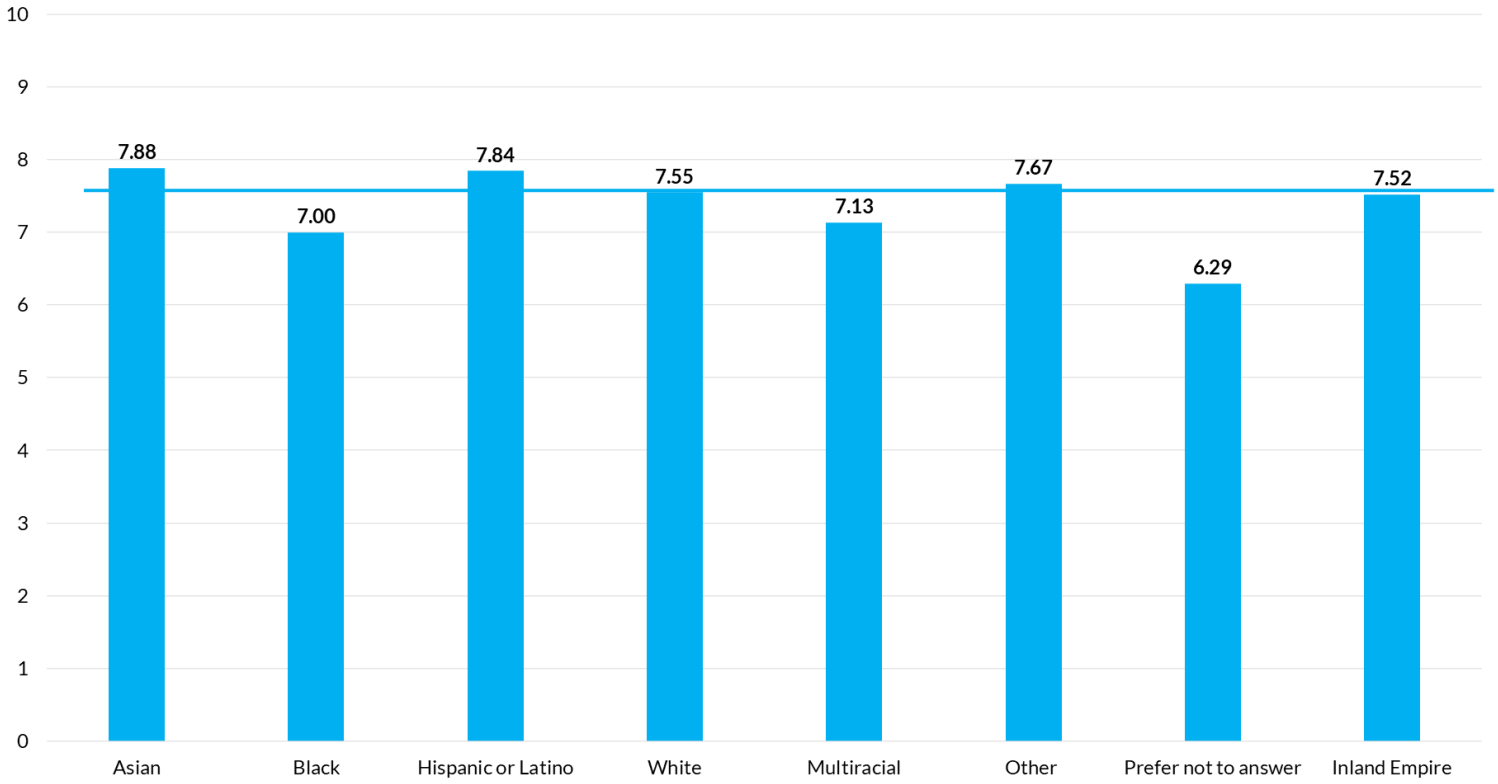
Positive Emotions by Age



Key:

- ❑ 0 – Never
- ❑ 10 – Always

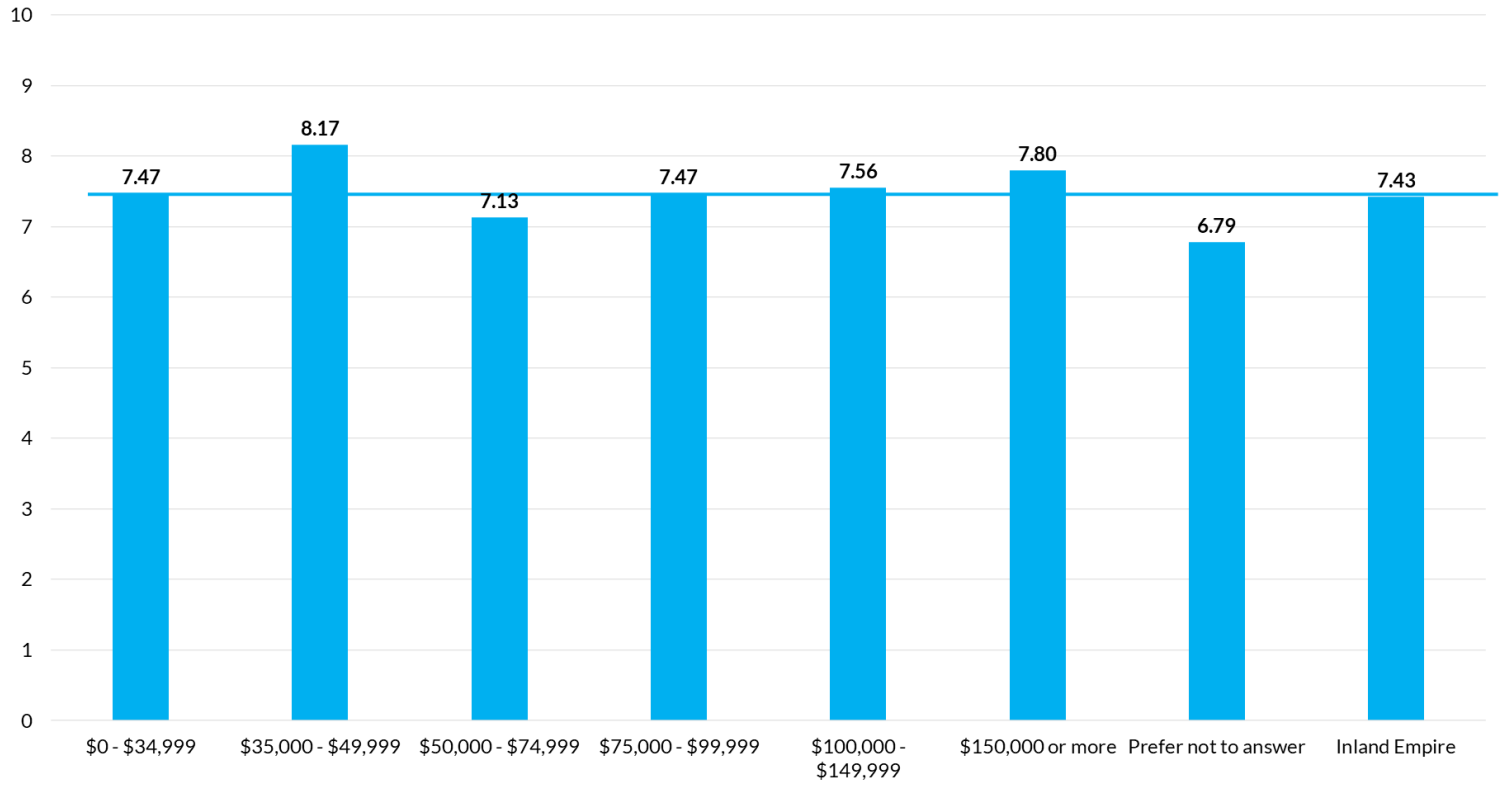
Positive Emotions by Race/Ethnicity



Key:

- 0 – Never
- 10 – Always

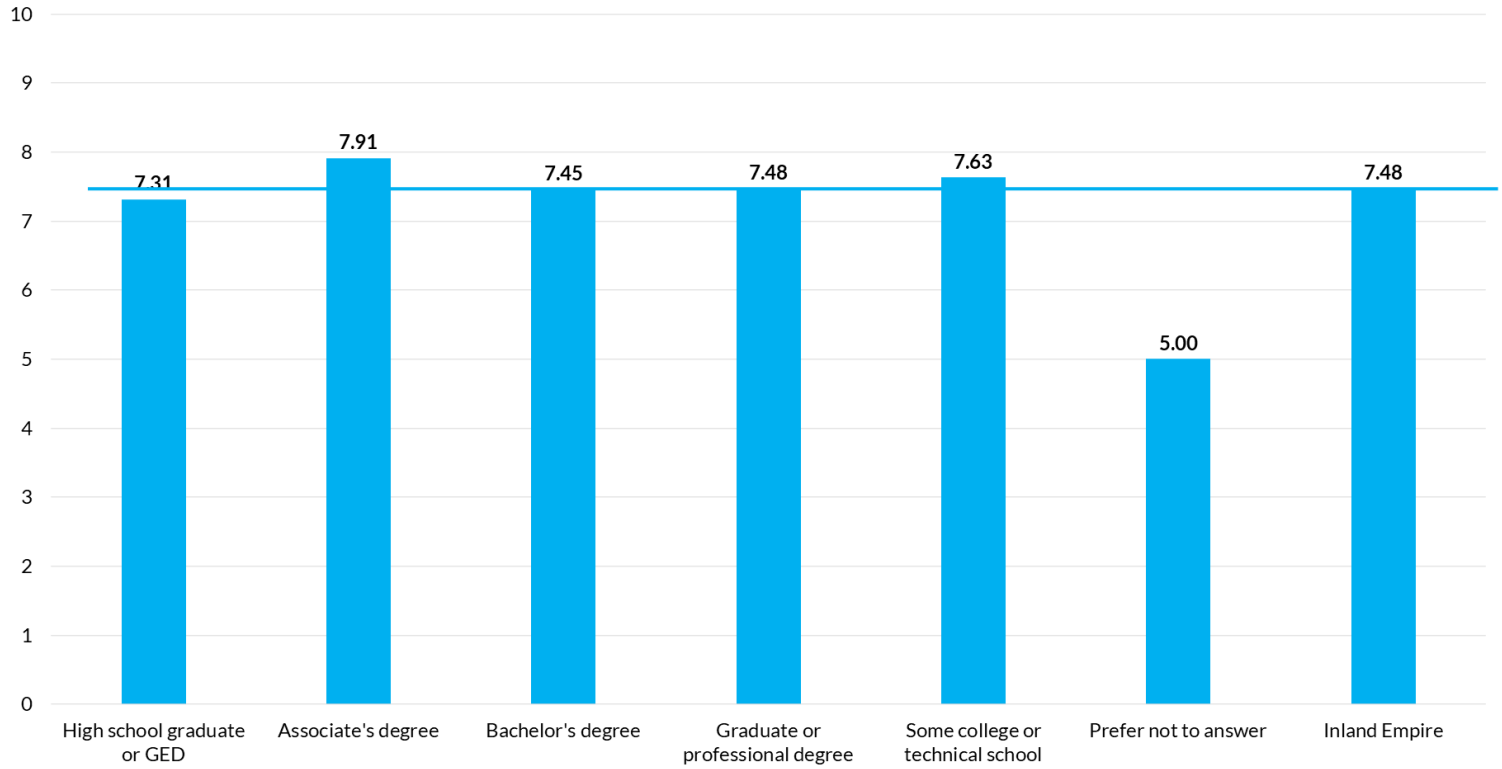
Positive Emotions by Household Income



Key:

- ❑ 0 – Never
- ❑ 10 – Always

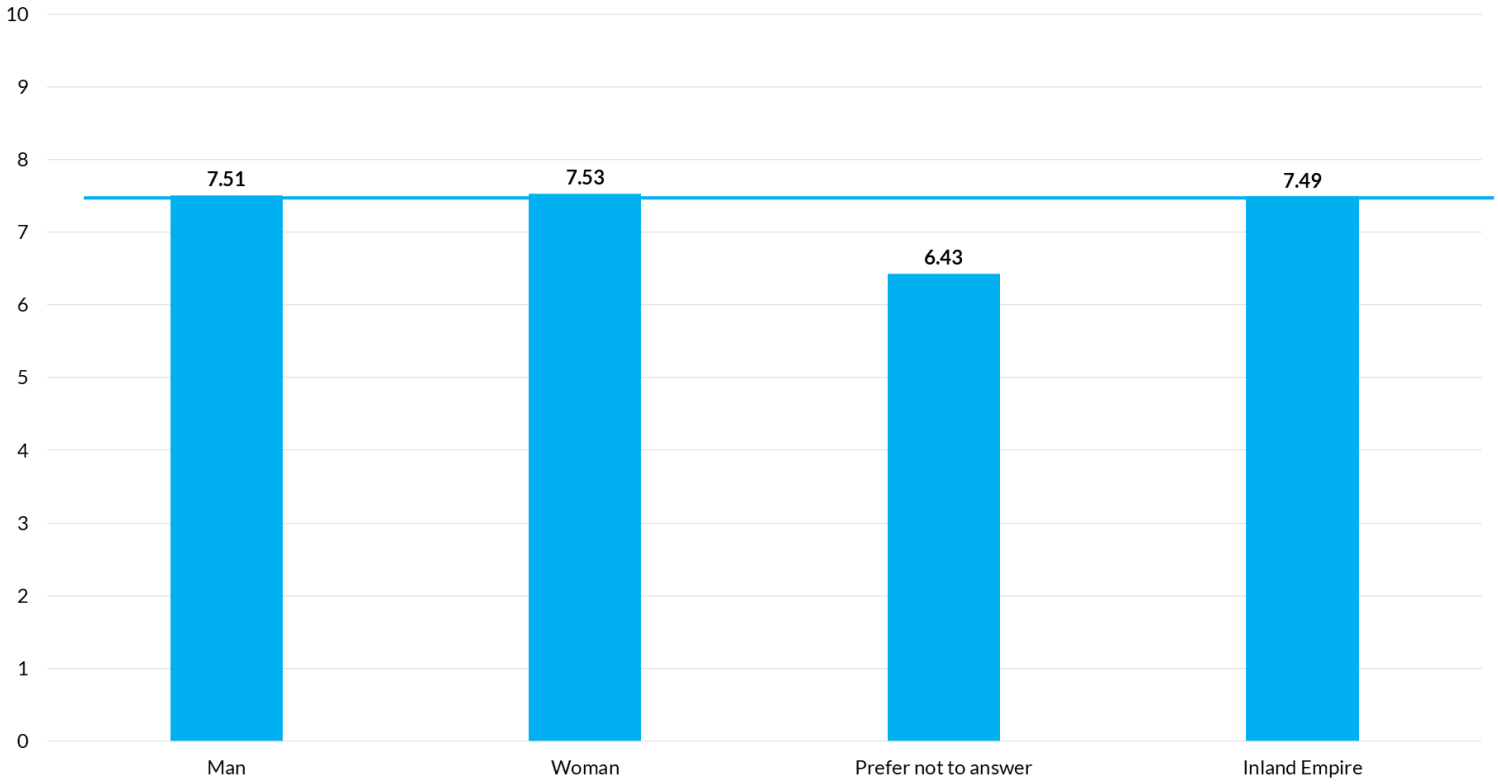
Positive Emotions by Educational Attainment



Key:

- 0 – Never
- 10 – Always

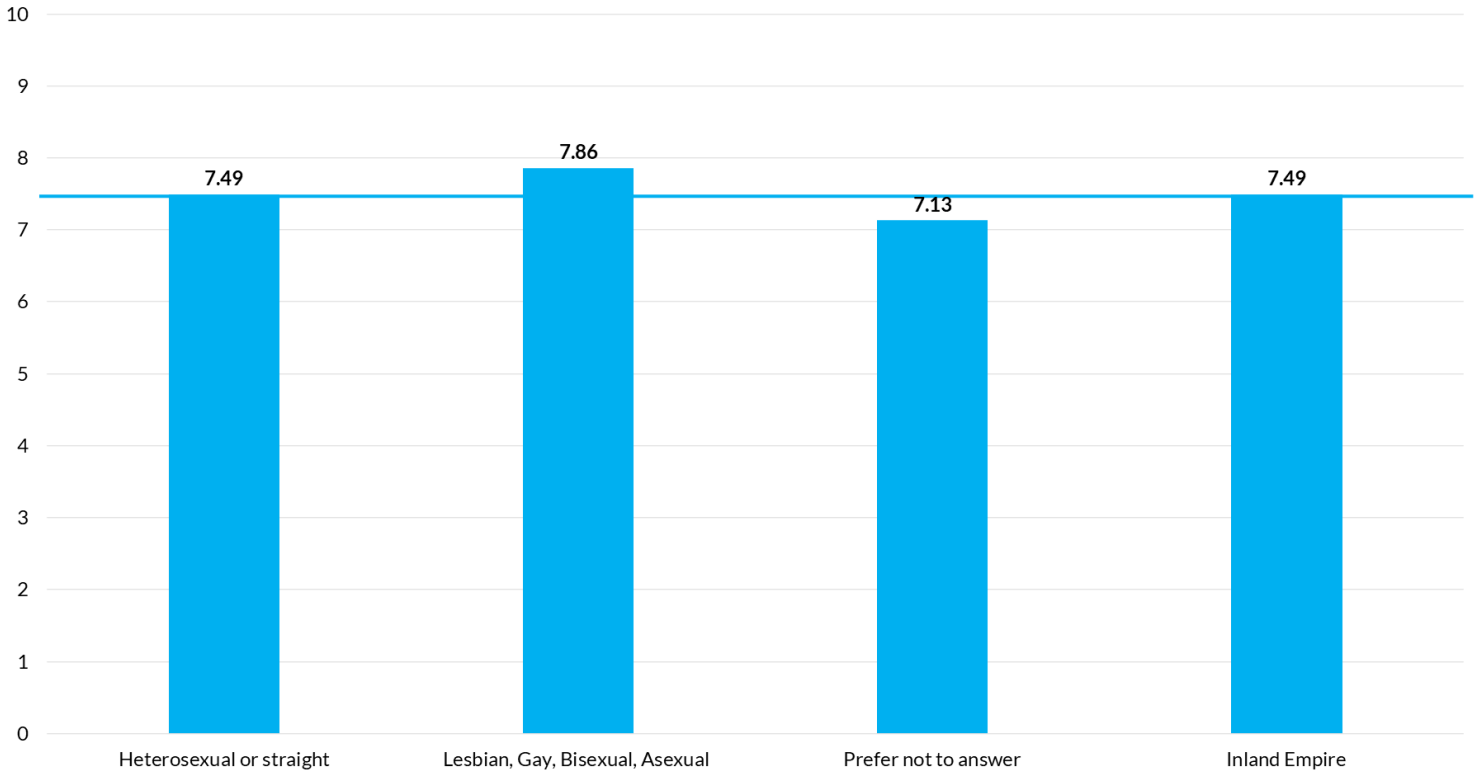
Positive Emotions by Gender



Key:

- 0 – Never
- 10 – Always

Positive Emotions by Sexual Orientation



Key:

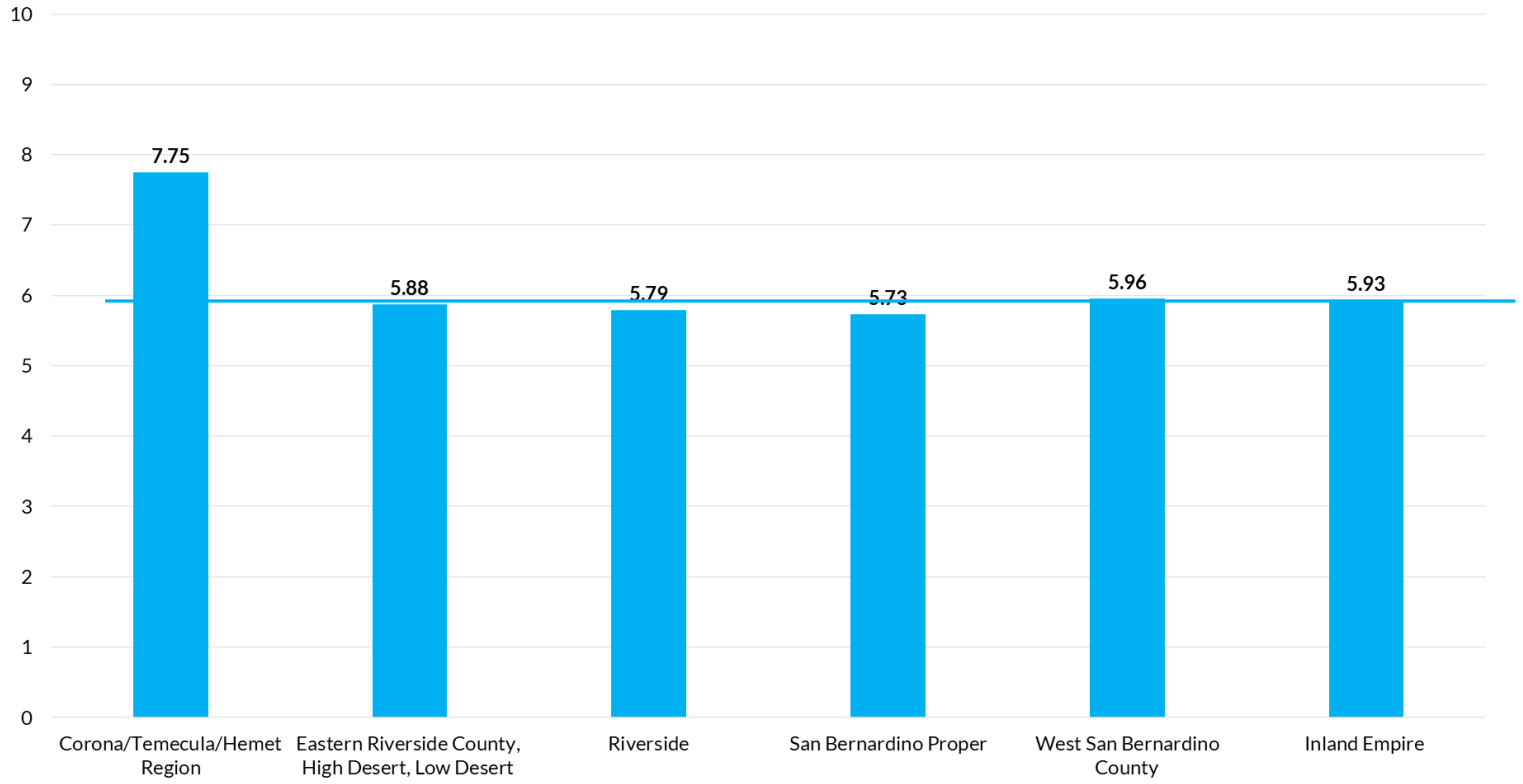
- ❑ 0 – Never
- ❑ 10 – Always

Negative Emotions by Demographic Data

Question: During the past two weeks, how often have you experienced negative emotions such as sadness, worry, or despair?

- Region
- Age
- Race/ethnicity
- Household income
- Educational attainment
- Gender
- Sexual orientation

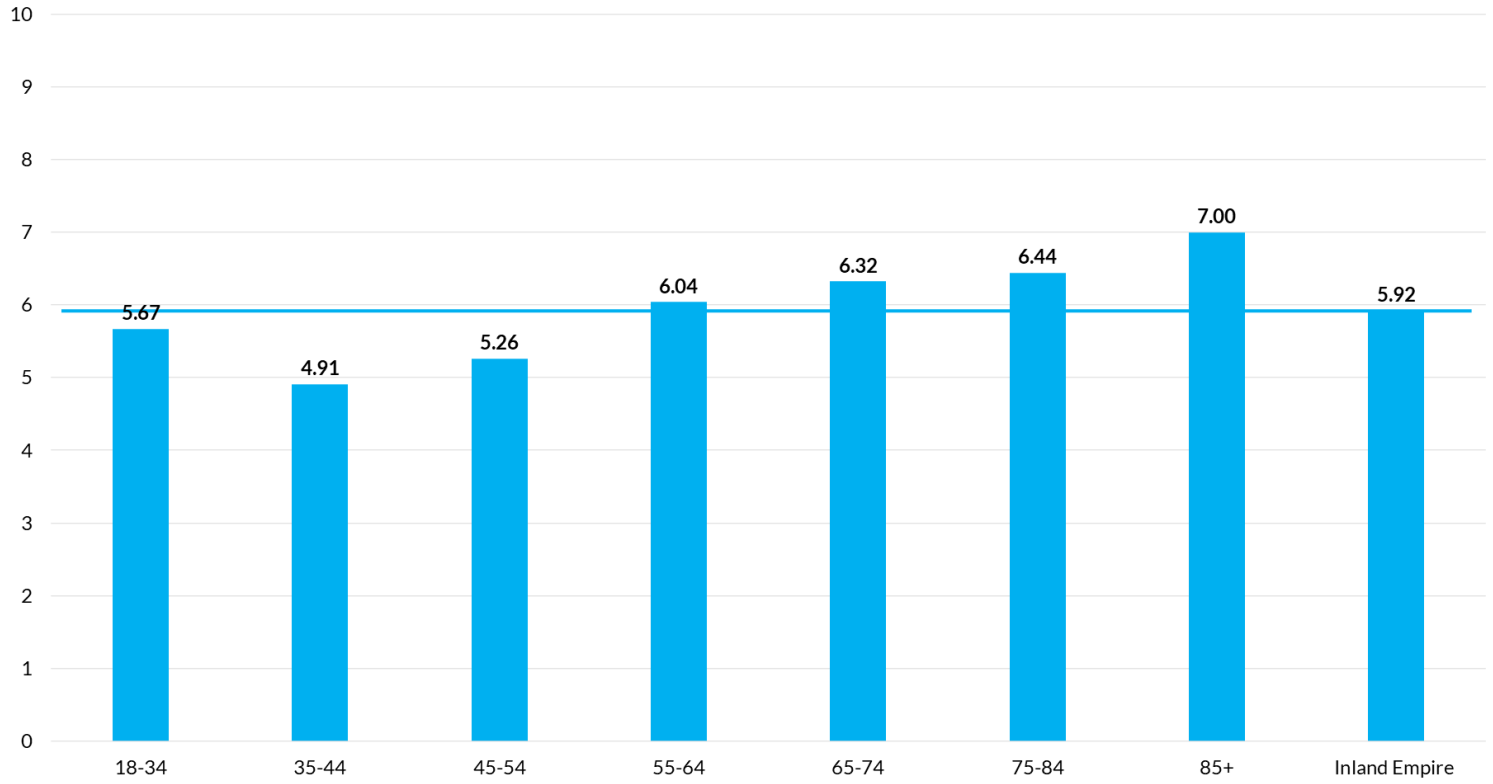
Negative Emotions by Region



Key:

- 0 – Always
- 10 – Never

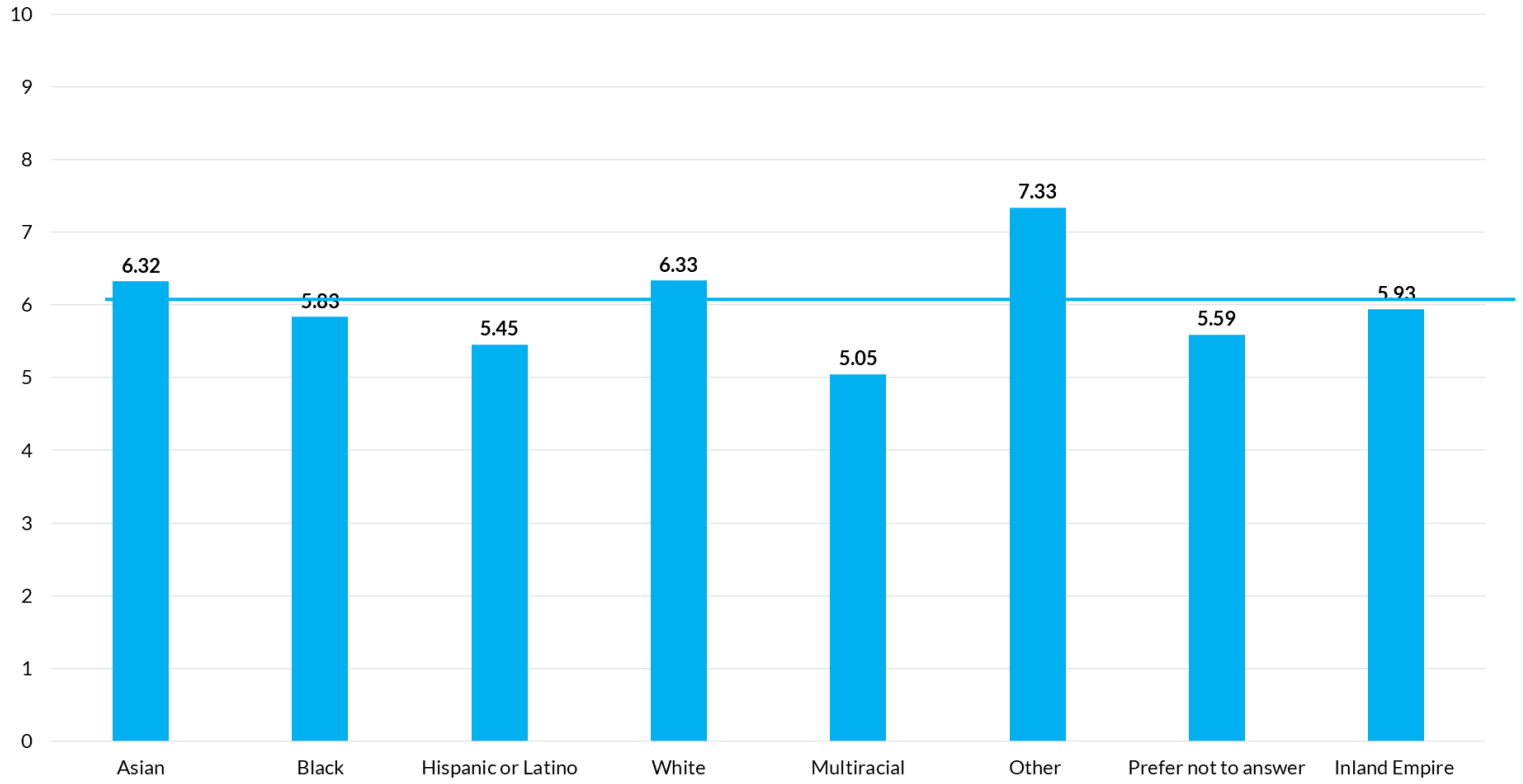
Negative Emotions by Age



Key:

- ❑ 0 – Always
- ❑ 10 – Never

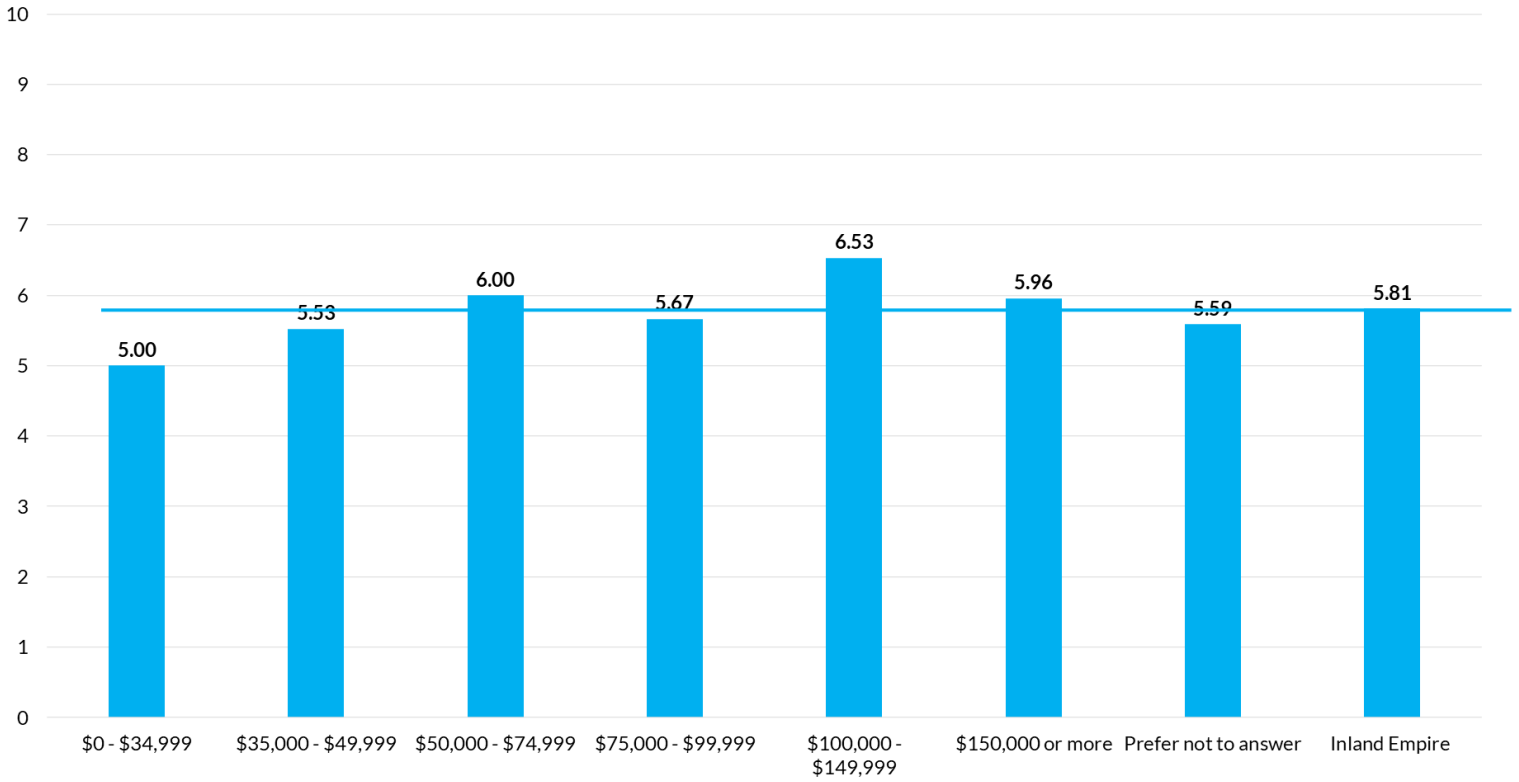
Negative Emotions by Race/Ethnicity



Key:

- 0 – Always
- 10 – Never

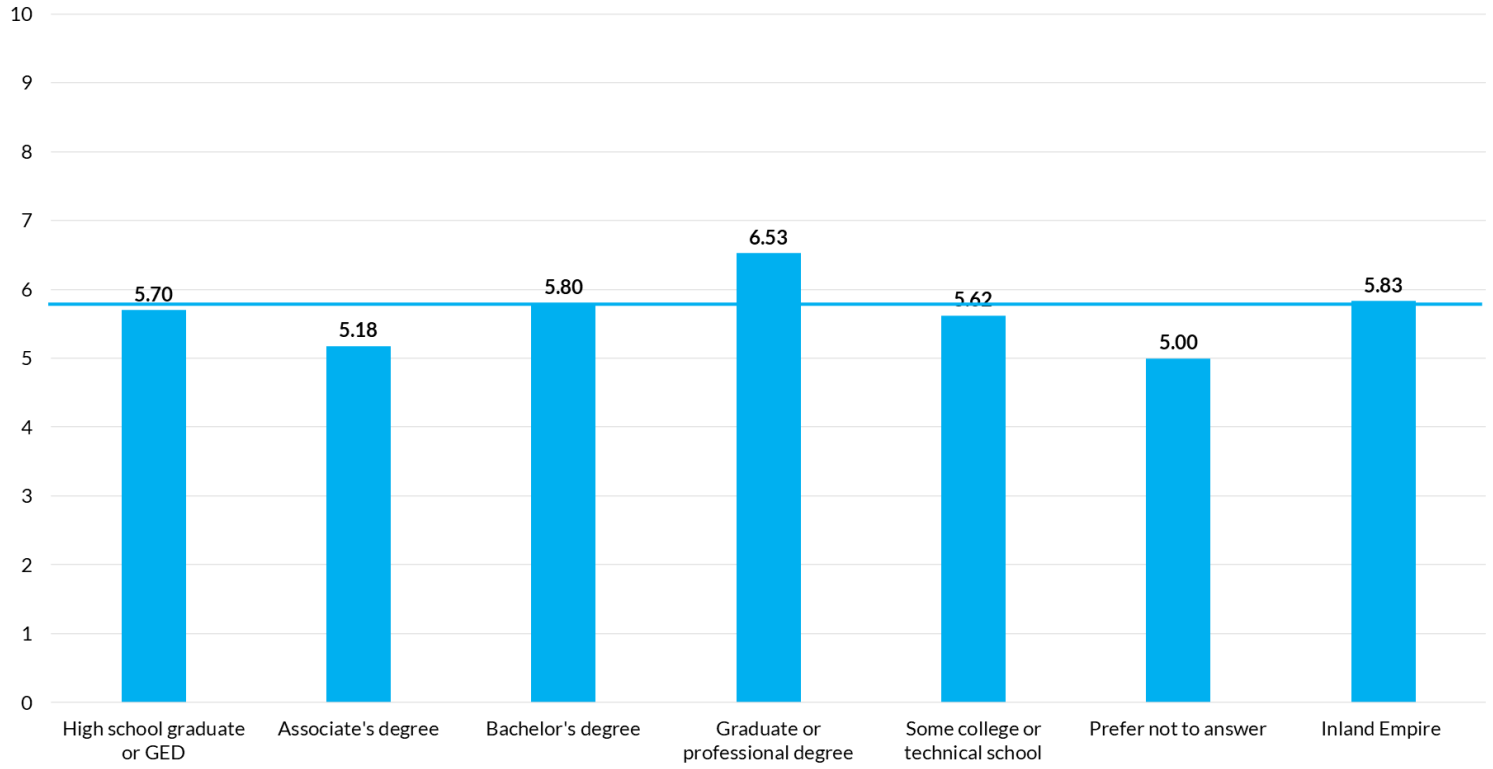
Negative Emotions by Household Income



Key:

- 0 – Always
- 10 – Never

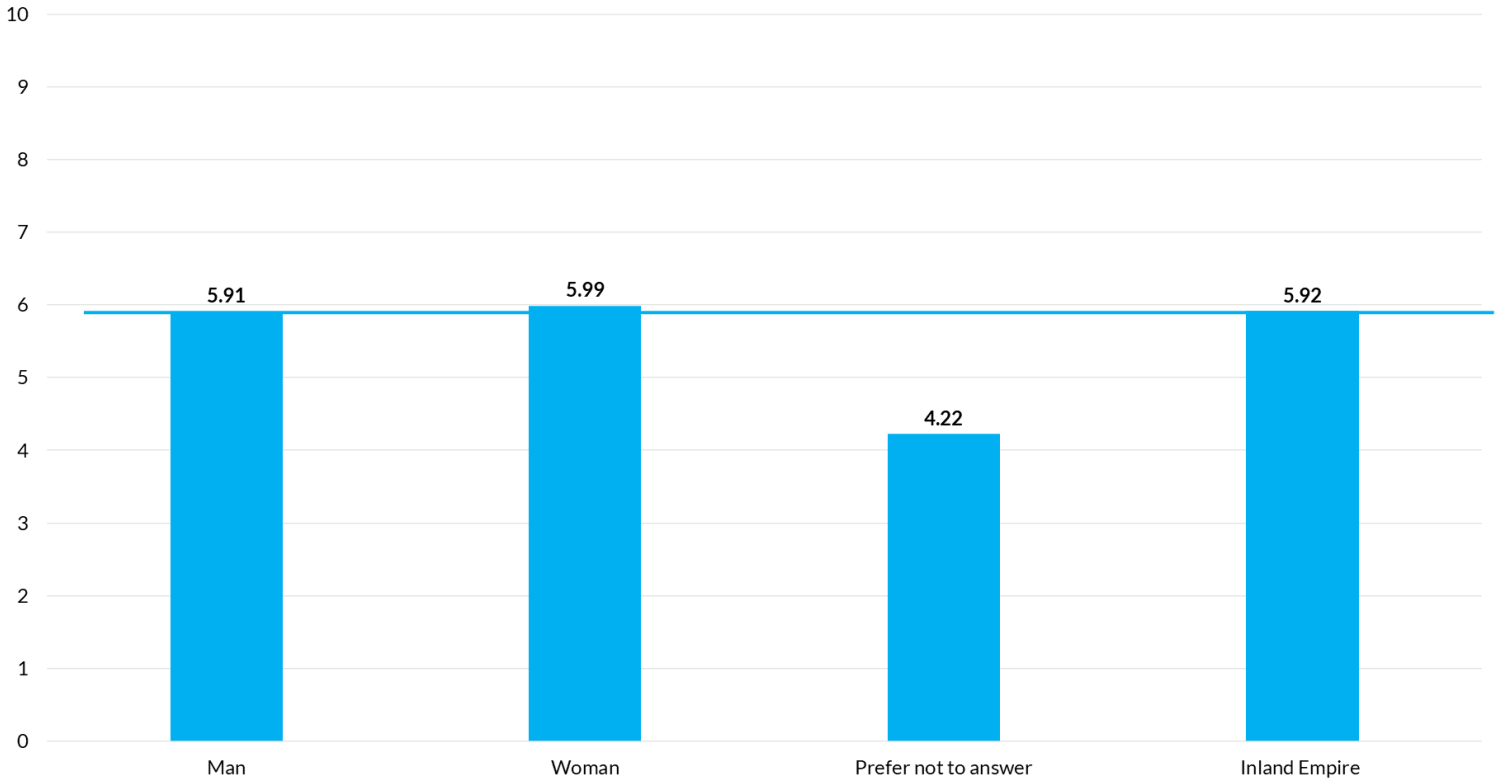
Negative Emotions by Educational Attainment



Key:

- 0 – Always
- 10 – Never

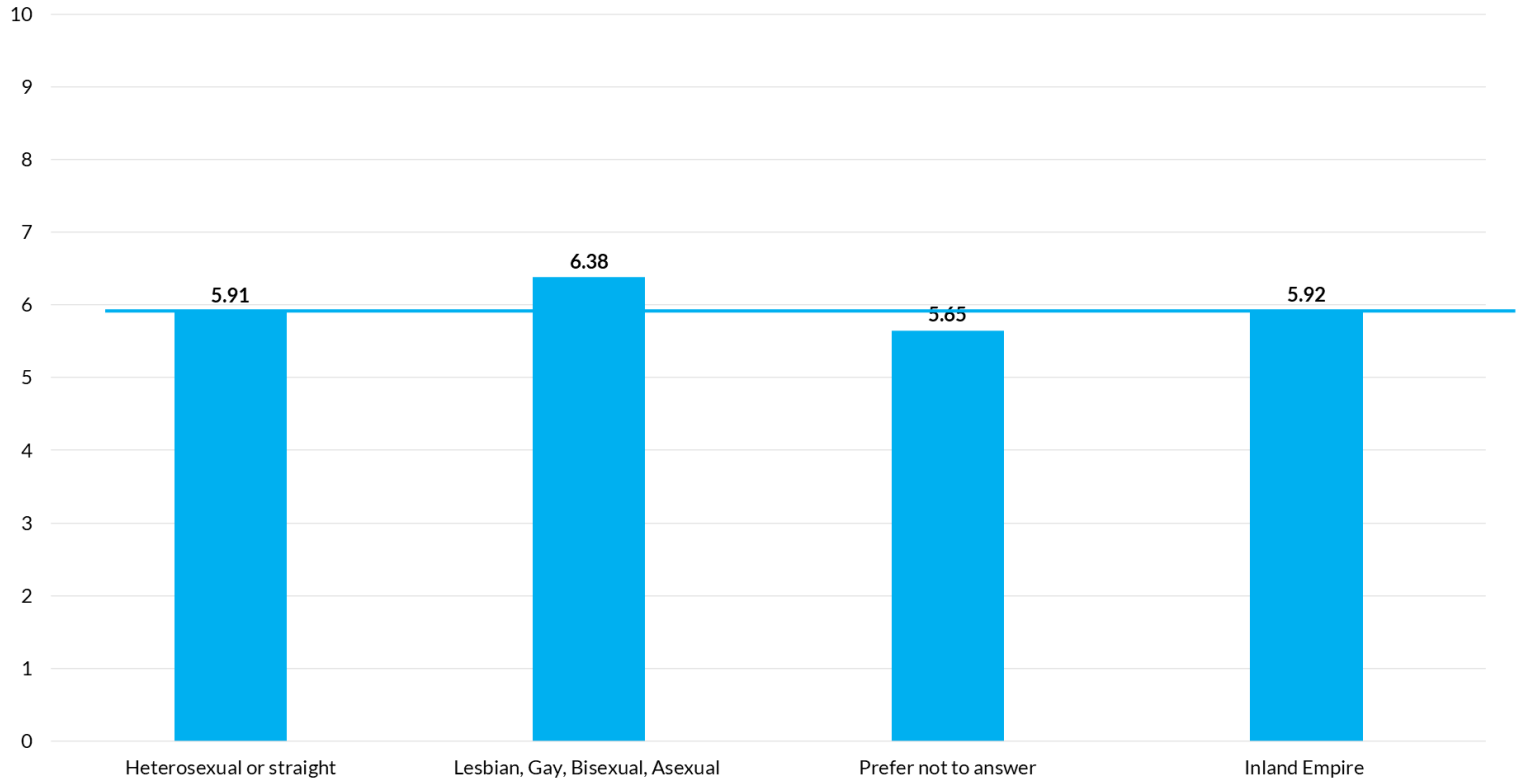
Negative Emotions by Gender



Key:

- 0 – Always
- 10 – Never

Negative Emotions by Sexual Orientation



Key:

- 0 – Always
- 10 – Never

Appendix G: Prioritization Survey Methods and Results

Prioritization Methods

The Prioritization Survey

After reviewing the data, the 2025 Stakeholder Committee used a survey with five questions to select priority areas for collective action in the Inland Empire. Participants were asked to select the top 3 Burden of Disease and top 2 Vital Conditions. In addition, participants were asked the following five questions for each selection:

1. How severe is this health issue in terms of its impact on your community (e.g., mortality, morbidity, quality of life)?

2. Define the level of community interest, energy and organizational capacity to take action on this issue.

3. Rate the level of opportunities to partner with local Medi-Cal managed care plans (MCPs), county agencies, community-based organizations (CBOs), and/or health systems to address this issue.

4. Assess the availability of evidence-based or promising practices to guide community partners in addressing this issue.

5. OPTIONAL: Rate the potential for a measurable return on investment and/or sustainable funding opportunities to address this issue

Additionally, stakeholders were asked to **list up to three populations** that are disproportionately impacted for each priority area.

Prioritization Input

Hospitals distributed the survey to key community partners and collaboratives throughout the Inland Empire. Additional feedback on priorities was gathered through informal conversations and incorporated into the validation and consensus.

Prioritization Methods

Votes for each Burden of Disease and Vital Conditions were counted and totaled. Responses to each of the five questions for each category were averaged, and a total score across all five questions was calculated. Populations were themed based on the following categories: homeless and economically disadvantaged, insurance and access barriers, age, race and ethnicity, identity and social groups, women, other vulnerabilities.

Validation and consensus

Hospitals validated and reached consensus on the final priority areas. The top 3 Burden of Disease and top 2 Vital Conditions with the highest votes were selected as the priority areas. Recognizing diabetes as an emerging concern, Cardiovascular Disease and Diabetes were combined into a single priority area.

Prioritization Results – Votes and Populations

Homeless and Economically Disadvantaged

Includes people with low income, unemployment, unstable housing,
and persons with disabilities living on limited income.

Age

Includes children, youth, young and transitional-age adults, working-age adults, and older adults/seniors (65+), with unique needs across life stages.

Insurance and Access Barriers

Includes uninsured and system navigation barriers

Race and Ethnicity

Responses included Hispanic/Latino, Black/African-American, Asian, White, multiracial, and other communities of color, with older Black communities facing particular challenges.

Identity and Social Groups

Includes people of color, LGBTQ+ communities, and individuals marginalized by gender, sexuality, or single status.

Women

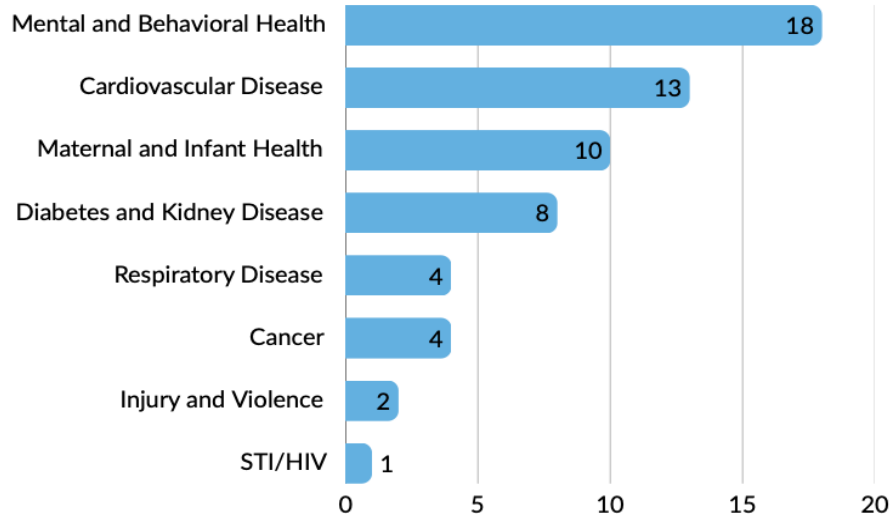
Includes women and females, mothers in their early to mid-20s, families, children, and individuals navigating pregnancy, postpartum, or pregnancy loss.

Other Vulnerabilities

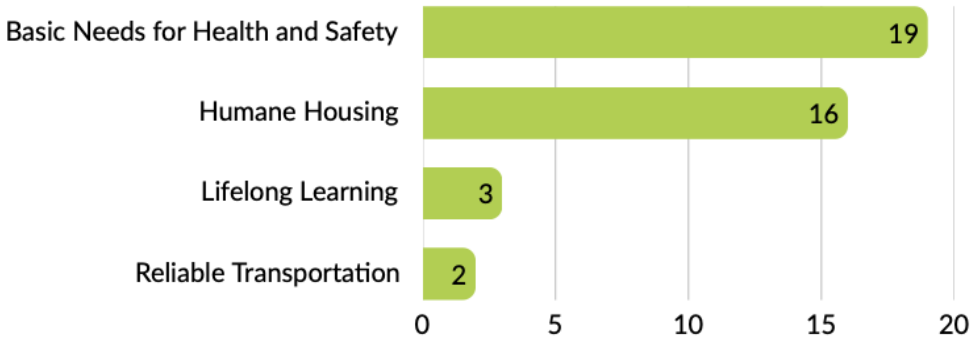
Includes people with disabilities, mental or behavioral health conditions, substance use, or chronic illnesses (e.g., diabetes, obesity). Also includes non-citizens, undocumented immigrants, and underserved populations in rural, urban, mountainous, desert, or warehouse districts.

Prioritization results

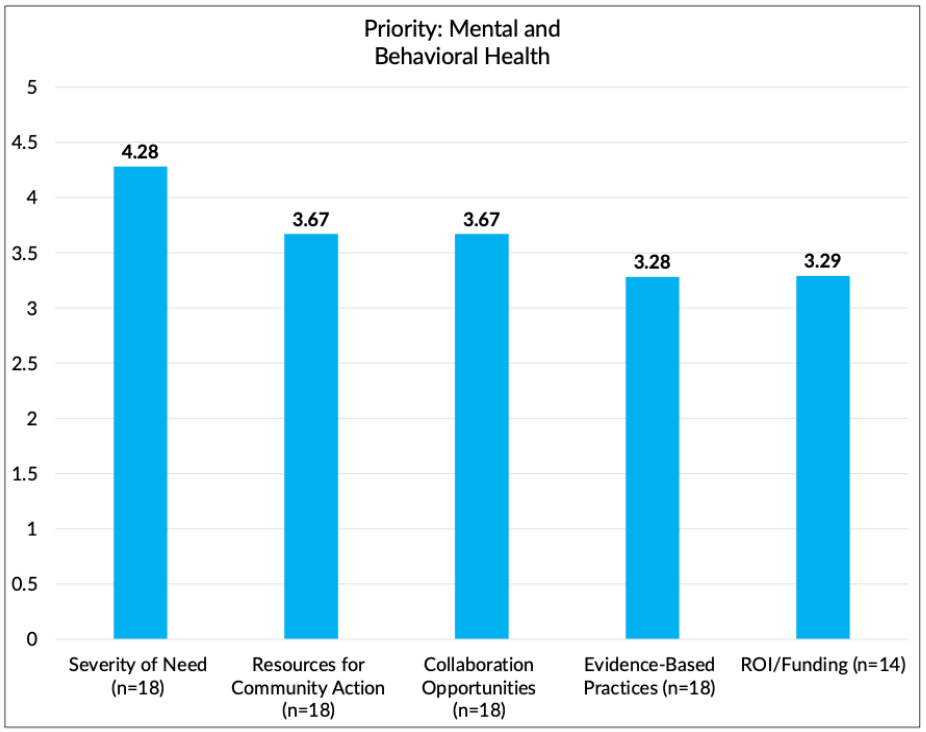
Burden of Disease by Vote:



Vital Conditions by Vote:



Priority 1: Mental Health and Substance Use



Factors contributing to inequities:

Homeless and Economically Disadvantage

Low income/Socioeconomic status (poverty, employment, housing)
Unemployed
Homeless

Insurance and Access Barriers

Uninsured

Age Groups

Older adults/seniors
Adolescents/youth/young adults/transitional age youth (TAY)
Adults

Race and Ethnicity

Hispanic/Latino
Older Black communities
People of color

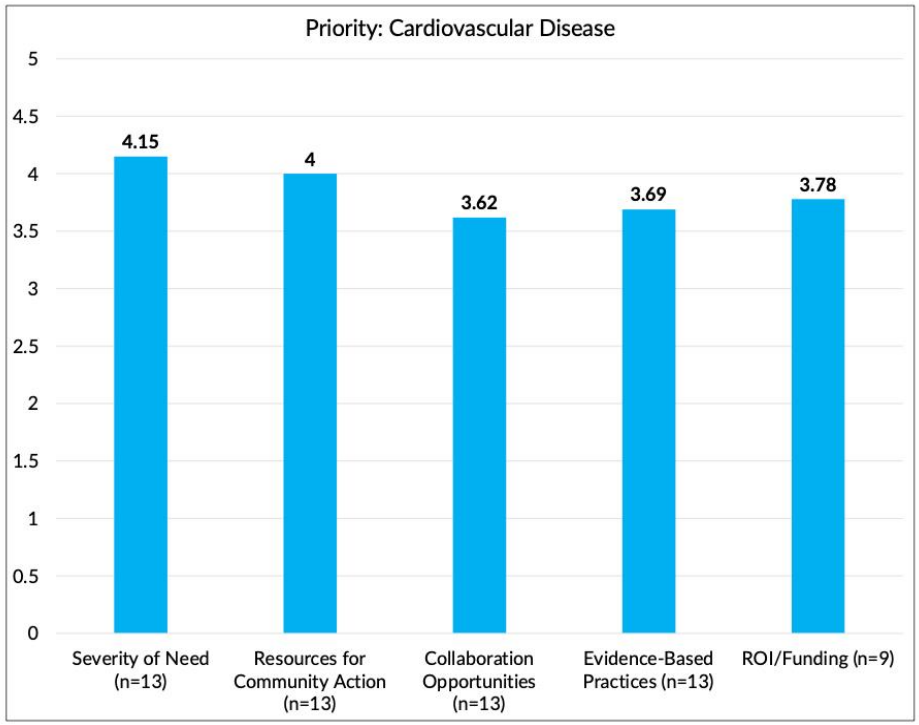
Identity and Social Groups

LGBTQ+
Sexuality
Single females, single males

Other Vulnerabilities

Disability status
Citizenship status (non-citizen, undocumented)
Underserved populations/regions

Priority 2: Cardiovascular Disease



Factors contributing to inequities:

Housing and Economically Disadvantage
- Low income
- Socioeconomic status (poverty, employment, housing)

Insurance and Access Barriers
- People without insurance

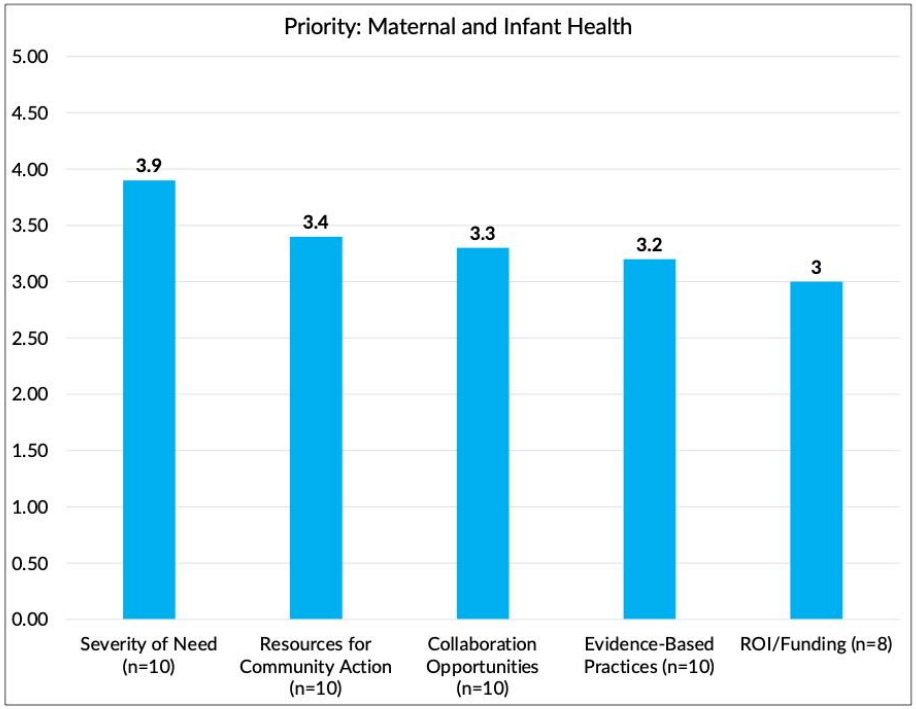
Age Groups
- Elderly/seniors (65+)
- Younger generations
- Age (general)

Race and Ethnicity
- Hispanic/Latino
- Black/African-American
- White
- Most racial and ethnic groups

Identity and Social Groups
- Gender

Other Vulnerabilities
- Obese
- Diabetic
- Underserved/underserved regions
- Commonly overlooked populations

Priority 3: Maternal and Infant Health



Factors contributing to inequities:

Economically Disadvantage

Low socioeconomic status (SES)/fixed income

Insurance and Access

People without insurance/uninsured
Access to professional services

Race and Ethnicity

Black/African-American
Hispanic
Asian

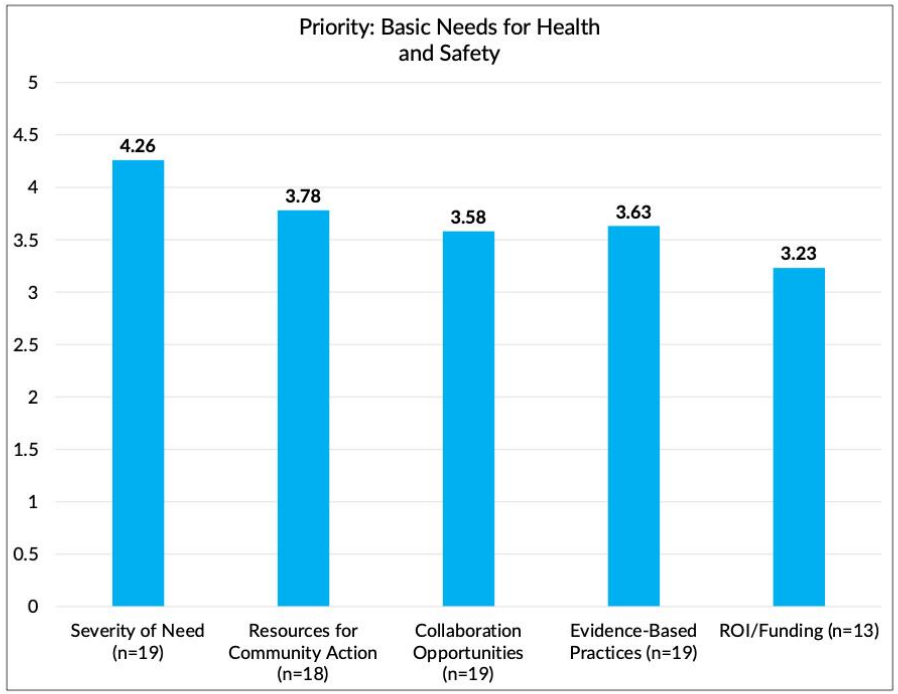
Women/Female

Women/female
Children
Families
Mothers in their early to mid-20s
Individuals trying to become pregnant, are pregnant, have a loss and postpartum

Other Vulnerabilities

Citizenship status
Underserved populations

Priority 4: Basic Needs for Health and Safety



Factors contributing to inequities:

Housing and Economically Disadvantage
- Socioeconomic status (poverty, employment, housing, insurance, cost of living, etc.)
- Low income/economically disadvantaged
- Income vs. cost to live
- Skilled vs. unskilled workers
- Homeless/unhoused
- Disabled persons with low income
- Low-income families

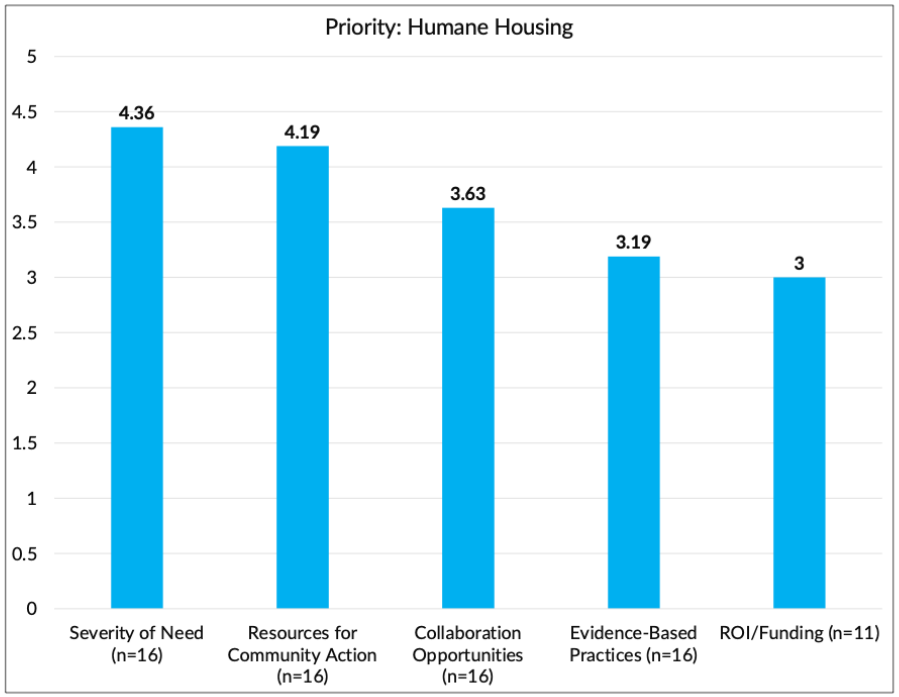
Insurance and Access Barriers
- People without insurance

Race and Ethnicity
- Black/African-American
- Hispanic/Latino
- White
- People of color
- Multiracial/ethnic groups

Other Vulnerabilities
- Non-citizens
- Undocumented populations
- Immigrants
- Underserved regions

Age Groups
- Youth/adolescents
- Age (general)
- Older adults/seniors (65+)
- Senior community

Priority 5: Humane Housing



Factors contributing to inequities:

Housing And Economically Disadvantages

- Socioeconomic status (poverty, employment, housing, insurance, financial means)
- Low income
- Homeless/unhoused
- Those lacking financial means or navigations skills to secure housing

Other Vulnerabilities

- Undocumented populations
- Citizenship status (non-citizen, undocumented, etc.)
- People with mental/behavioral health conditions
- Disability status
- Those using substances
- Underserved populations/regions/communities (including rural, mountainous, desert, urban)

Race and Ethnicity

- White
- Hispanic/Latino
- Black/African American

Age groups

- Older adults/seniors (65+)
- Young adults
- Working adults

Prioritization Survey – Questions and Population Results

Combined Total of the 5 Questions

This number reflects the total score across all five factors: severity, capacity, collaboration, evidence-based practices, and funding.