

**2016 CHNA Executive Summary**

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**Selected Health Needs/Profiles**

**Kaiser Foundation Hospitals Fontana and Ontario**

**I. Executive Summary**

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals (KFH), Kaiser Foundation Health Plan (KFHP), and physicians in the Permanente Medical Groups. Community Health Needs Assessments (CHNAs) are essential for understanding community level health outcomes and the social determinants of health that can lead to morbidity and premature mortality.

The **Fontana Medical Center** is located in central San Bernardino County with medical offices located throughout the region in Colton, Redlands, San Bernardino, and Victorville. KFH-Fontana has a geographically expansive service area, encompassing both high-density urban population centers and more rural areas (such as the mountain and high desert communities). The Medical Center Service Area includes the following cities: Angelus Oaks, Apple Valley, Banning (Riverside County), Beaumont (Riverside County), Big Bear City, Big Bear Lake, Bloomington, Bryn Mawr, Calimesa, Colton, Fontana, Forest Falls, Grand Terrace, Hesperia, Highland, Loma Linda, Lytle Creek, Mentone, Phelan, Pinon Hills, Redlands, Rialto, San Bernardino, Victorville, Wrightwood, Yucaipa. In general, health outcomes in this service area are less favorable than those in the KFH-Ontario Medical Center Service Area and there are significant health disparities, which often correspond with specific racial/ethnic populations, geographic regions, and socioeconomic groups.

The **Ontario Medical Center** is located in the West End of San Bernardino County with medical offices located throughout the region in Chino, Claremont, Rancho Cucamonga and Upland. The Medical Center Service Area includes the following cities: Chino, Chino Hills, Claremont, Mira Loma (Riverside County), Montclair, Ontario, Pomona (Los Angeles County), Rancho Cucamonga, and Upland . Though in general, health outcomes in this service area are more favorable than those in the KFH-Fontana Medical Center Service Area, there are significant health disparities, which often correspond with specific racial/ethnic populations and socioeconomic groups.

This report documents the Community Health Needs Assessment (CHNA) conducted for KFH-Fontana/Ontario Medical Center Service Areas. The results of the CHNA will inform the development of implementation strategies developed by KFH- Fontana/Ontario to address the health needs in the community. This executive summary is intended to provide a high level snapshot of the CHNA regulations governing hospitals, the list of prioritized health needs found in the report, the methodology used to identify those health needs, and a summary of the overall assessment.

1. Community Health Needs Assessment (CHNA Background)

The Patient Protection and Affordable Care Act (ACA) enacted on March 23, 2010, included new requirements for nonprofit hospitals in order to maintain their tax exempt status. The provision was the subject of final regulations providing guidance on the requirements of section 501(r) of the Internal Revenue Code. Included in the new regulations is a requirement that all nonprofit hospitals must conduct a community health needs assessment (CHNA) and develop an implementation strategy (IS) every three years (<http://www.gpo.gov/fdsys/pkg/FR-2014-12-31/pdf/2014-30525.pdf>).

While Kaiser Permanente has conducted CHNAs for many years to identify needs and resources in our communities and to guide our Community Benefit plans, these new requirements have provided an opportunity to revisit our needs assessment and strategic planning processes with an eye toward enhancing compliance and transparency and leveraging emerging technologies. The CHNA process undertaken in 2016 and described in this report was conducted in compliance with current federal requirements.

1. Summary of Prioritized Needs

The following are the prioritized health needs for KFH-Fontana/Ontario Medical Center Service Area (MCSA). They are listed below in order of highest priority to lowest priority. These health needs were prioritized by geographically representative groups of stakeholders across a total of three community health needs prioritization sessions: Ontario (January 11, 2016) and Fontana (January 13, and 15, 2016).

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| KFH Fontana MCSA | KFH Ontario MCSA |
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| 1. Economic Security 2. Mental Health 3. Access to Care 4. Violence and Injury Prevention 5. Obesity/HEAL/Diabetes 6. HIV/AIDS/Sexually Transmitted Infections 7. Substance Abuse and Tobacco Use 8. Oral Health 9. Maternal and Infant Health   10.\*\*Asthma  Cancers  Cardiovascular Disease and Stroke  Health and Climate | 1. **Economic Security**  2. **Mental Health**  3. **Access to Care**  4. Obesity/HEAL/Diabetes  5. Substance Abuse and Tobacco Use  6. \*Health and Climate  Oral Health  8.\*\*Cardiovascular Disease and Stroke  HIV/AIDS/Sexually Transmitted Infections  Violence and Injury Prevention  Maternal and Infant Health  12.\*Asthma  Cancer |
| \*Two-way tie; \*\*Four-way tie  Health needs in bold are ranked similarly for both KFH Fontana/Ontario MCSAs | |

1. Summary of Needs Assessment Methodology and Process

Health needs for KFH- Fontana/Ontario were identified using a mixed methods approach that involved a combination of secondary (quantitative) and primary (qualitative) data. Secondary data was gathered from the Kaiser Permanente CHNA Data Platform (www.chna.org/kp), which includes 150 indicators from publically available data sources. Data in the platform is organized based on the Mobilizing Action Toward Community Health (MATCH) framework, a population health model that emphasizes that many factors that, if improved, can help make communities healthier places to live, learn, work and play. These factors include the mortality and morbidity status of the community, and the four key sets of drivers that impact that status: access to health care, behaviors, socio-economic factors, and the physical environment.

Quantitative data was analyzed using Kaiser Permanente’s Community Benefit data analysis tool. This tool organizes the 150 KP common indicators for California by health need labels and demographics to distinguish the health need topics the secondary data set is exploring. For example, indicators related to depression, suicide rates, and poor mental health describe the health need, Mental Health. Each health need topic was assigned a score based on the relative variance of the data values at the KFH-Fontana/Ontario Medical Center Service Areas compared to three benchmarks: the county, state, and Southern California Medical Center Area (S CA MCA) and averaged to create a composite score. The KFH-Fontana/Ontario Medical Center Service Areas estimates represent the aggregate of all data for geographies that fall within the service area boundary (e.g. zip code, census tract, etc.) for a particular indicator. Higher scores indicate greater deviation from the benchmark, while lower scores indicate that an indicator is doing better than or is comparable to the benchmark.

Qualitative data was collected through a series of focus groups and key stakeholder interviews. A total of 10 key informant interviews were conducted between September and November 2015 and a total of four focus groups were facilitated. The significant health needs were identified by comparing quantitative data for the medical center service areas with S CA MCA and state benchmarks and analyzing the content of interviews and focus groups.

The significant health needs identified from analysis of secondary and primary data (as described above) were prioritized using a combination of the Simplex and Nominal Group methods. The Simplex method is a quantitative technique for collecting input from stakeholders through a survey with close-ended questions. The Nominal Group method is a qualitative approach that is used to enhance stakeholders understanding of health needs through reflection and facilitated discussion. Four criteria were used to prioritize the health needs: (1) Severity, which is the extent to which the health need has serious consequences related to morbidity, mortality, and/or economic burden; (2) Community Concern, which is the extent that the community perceives the health need as important; (3) Urgency, which is the extent to which there are serious consequences of delaying action; and (4) Disparities, which is the level at which the health need disproportionately impacts specific subpopulations. The results from the Nominal Group method were used to create the finalized list of health priorities as displayed above. Assets, capacities, and resources to address the health needs were also identified during prioritization.

While the communities served by the KFH-Fontana/Ontario MCSA have diverse needs, their top three health needs identified through prioritization were shared: Economic Security, Mental Health and Access to Care, suggesting that opportunities exist to deploy similar strategies across the two medical center service areas.

1. Implementation Strategy Evaluation of Impact

In the 2013 Implementation Strategy (IS) process, all KFH planned for and drew on a broad array of resources and strategies to improve the health of communities and vulnerable populations, such as grant making, in-kind resources, collaborations and partnerships, as well as several internal KFH programs including, charitable health coverage programs, future health professional training programs, and research. KFH-Fontana/Ontario is monitoring and evaluating progress to date on their 2013 Implementation Strategies for the purpose of tracking the implementation of those strategies as well as to document the impact of those strategies in addressing selected CHNA health needs. Tracking metrics for each prioritized health need include the number of grants made, the number of dollars spent, the number of people reached/served, collaborations and partnerships, and KFH in-kind resources. In addition, KFH-Fontana/Ontario tracks outcomes, including behavior and health outcomes, as appropriate and where available. As of the documentation of this CHNA Report in March 2016, KFH-Fontana/Ontario had evaluation of impact information on activities from 2014 and 2015. While not reflected in this report, KFH-Fontana/Ontario will continue to monitor impact for strategies implemented in 2016.

**II. Kaiser Foundation Hospitals Selected Community Priority Health Needs 2017-2019**

In order to address the overall health of the community in the KFH-Fontana and Ontario service areas, KFH-Fontana and KFH-Ontario plan to address the following health needs (listed in alphabetical order):

1. **Mental and Behavioral Health**: is essential to personal well-being and includes access to affordable and appropriate treatment and care for a range of disorders, such as depression, schizophrenia, and substance abuse, all of which contribute to disability and premature mortality.
2. **Economic Security**: poverty is a primary social determinant of health. Indicators of poverty include lack of education, unemployment, low income, housing instability, and use of public programs. Economic instability creates barriers to access health services, healthy food, safe spaces for physical activities, and other necessities that contribute to good health status.
3. **Access to Care**: includes access to affordable health insurance as well as affordable primary, specialty and emergency care in relatively close proximity to patients.
4. **Obesity/HEAL/Diabetes**: includes chronic conditions such as overweight, obesity, and diabetes, as well as healthy eating/active living strategies that encompass a broad set of behaviors, including physical activity and fruit and vegetable consumption.

**III. Health Need Profiles for Selected Priority Needs**

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| **Access to Care**  **Description and Significance:** Health insurance helps individuals and families access needed primary care, specialists, and emergency care, but does not ensure access on its own—it is also necessary for providers to offer affordable care, be available to treat patients, and be in relatively close proximity to patients. In 2014, approximately 11.5% of Americans were uninsured; and the rate of uninsured 18-64 year olds was higher at 16.3% (National Center for Health Statistics). In California in 2013, 54.2% of physicians accepted new Medi-Cal patients, which is lower than the national average (68.9%; National Center for Health Statistics Data Brief). Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. Limited access to health care impacts people's ability to reach their full potential, negatively affecting their quality of life (Healthy People 2020). Insurance and access to providers ensures that diseases are identified and managed earlier. If diseases are left untreated or unmanaged because of delayed care (cost, access to providers), this could lead to higher rates of hospitalizations and mortality. Residents of the KFH-Fontana/Ontario Medical Center Service Areas (MCSA) lack access to primary care physicians, dentists and mental health care providers relative to the rest of the state. | | | |
| **Health Driver Statistics** | | | |
|  | **Access to Primary Care Physicians (Per 100,000 Population)** | **Access to Dentists**  **(Per 100,000 Population)**  When compared with the rate of dentist for the S CA MCA and the state, residents of the KFH-Fontana/Ontario Medical Center Service Areas are less likely to have access to a dentist.  *Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2013.* | |
| Residents in the KFH-Fontana/Ontario Medical Center Service Area are less likely to have access to a primary care physician relative to the S CA MCA and the state.  *Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2012.* | |
| **Uninsured Population**  A larger percent of residents in the KFH-Fontana/Ontario Medical Center Service Areas are uninsured relative to the state.  *Source: US Census Bureau, American Community Survey. 2010-14.* | | **Access to Mental Health Providers**  **(Per 100,000 Population)**  Residents in the KFH-Fontana/Ontario Medical Center Service Area are less likely to have access to a mental health care provider than the S CA MCA or the state.  *Source: University of Wisconsin Population Health Institute, County Health Rankings. 2014.* | |
| **Population Receiving Medi-Cal**  *Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract* | | A higher percentage of the insured population in the KFH-Fontana Medical Center Service Area is receiving Medi-Cal than in the S CA MCA or the state. The KFH-Ontario Medical Center Service Area has a lower percentage than the S CA MCA and the state. | |
| **Preventable Hospital Events**  There is a higher rate of preventable hospital events in the KFH-Fontana Medical Center Service Area when compared to the S CA MCA and the state. Although, the KFH-Ontario Medical Center Service Area is below the S CA MCA, it is still higher than the state.  *Source:* *California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. Additional data analysis by CARES. 2011. Source geography: ZIP Code* | | **Federally Qualified Health Centers**  The rate of Federally Qualified Health Centers in the KFH-Fontana/Ontario Medical Center Service Areas is higher than the state rate, but lower than the S CA MCA.  *Source:* *US Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider of Services File. Sept. 2015. Source geography: Address* | |
| **Health Professional Shortage Area**  **Primary Care**  *Source:* *US Department of Health & Human Services, Health Resources and Services Administration, Health Resources and Services Administration. March 2015. Source geography: HPSA* | | **Health Professional Shortage Area**  **Dental**   |  |  | | --- | --- | | KFH-Fontana MCSA | 0% | | KFH-Ontario MCSA | 0% | | S CA MCA | 3.1% | | California | 4.9% |   *Source:* *US Department of Health & Human Services, Health Resources and Services Administration, Health Resources and Services Administration. March 2015. Source geography: HPSA* | |
| **Health Disparities** | | |
| **Community Description of Disparities**  Community stakeholders identified health care access as being especially problematic for those living in the **Mountain and Desert regions of the KFH-Fontana Medical Center Service Area;** in these regions people have to travel long distances to access primary and specialty care. During inclement weather, travel can be dangerous or impossible. In the **KFH-Fontana/Ontario Medical Center Service Areas**, undocumented and mixed–status families, the poor and homeless individuals were identified as needing increased access to health care. Despite greater access to insurance through Covered California and the Medi-Cal expansion, many working class families find the cost of health insurance, copays and medication unaffordable to them.   * “Some do not sign up under affordable care [act], as bad as that may be. They are saying that it’s too much for them, they don’t get paid enough to afford healthcare.”-Interviewee | | |
| |  |  | | --- | --- | |  | Native Hawaiian/Pacific Islanders, Hispanic/Latino, and Native American/Alaskan Natives are more likely to be uninsured than other individuals in the KFH-Fontana Medical Center Service Area.  **Uninsured Population, Age-Adjusted Rate (Per 100,000 Population) by Race/Ethnicity** | | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | Non-Hispanic White | Black | | Asian | | Native American / Alaskan Native | | Native Hawaiian / Pacific Islander | Multiple Race | Hispanic/ Latino | | KFH-Fontana MCSA | 12.6% | 14.8% | 16.9% | | 22.9% | | 29.2% | | 15.5% | 26.0% | | KFH-Ontario MCSA | 9.9% | 14.1% | 14.0% | | 18.4% | | 9.8% | | 12.6% | 23.8% | | S CA MCA | 10.2% | 15.2% | 15.3% | | 25.0% | | 17.8% | | 13.8% | 27.6% | | California | 9.6% | 14.2% | 13.1% | | 23.1% | | 18.2% | | 12.6% | 25.9% |   *Source: US Census Bureau, American Community Survey. 2010-14.* | | | | |
| **Assets & Opportunities** | | | |
| **Community Description of the Health Need**  While more people than ever have health insurance, getting timely access to healthcare when its needed is challenging due to increased demand on the system in urban areas and the lack of providers in more outlying regions, such as the Mountains and High Desert communities.   * “We already were under-doctored, under healthcare practitioner-ed before the Affordable Care Act. Now with the ACA, I mean it was almost instantaneous that you added 500,000 to the roles. It is this capacity issue that the region is trying to deal with.” ~Interviewee | | | |
| **Resources**  Community stakeholders identified the following organizations, programs and initiatives as important community resources for potentially addressing access to care during community forums: | | | |
| * Health education * Hospital outreach meetings * Navigation services * Medical Groups * Victor Valley Hospital * Montclair Community collaborative * Employer-sponsored on-site health clinics El Sol Neighborhood Education Centers | | * Ontario-Montclair School District Vans for transportation to medical appointments * Kids Come First * Inland Empire Health Plan * Molina Medical * Kaiser Permanente * Social Action Community Health | |
| **Programs, Policy, Planning, and Collaboration**  **Healthy Cities and Communities:** Nearly all communities within the KFH-Fontana/Ontario Medical Center Service Areas have Healthy Cities and Communities initiatives. These community-based initiatives are focused on improving the overall health and wellbeing of residents. These efforts focus on the unique needs of each community—for example, walking clubs, farmer’s markets, healthy vending machine policies, breastfeeding policies are among some of the programs and policies enacted by Healthy Cities and Communities.  **El Sol Community Health Workers** provide health and mental health education and outreach in the communities where they live. Their work is focused on prevention and early identification of health needs. Community Health Workers help residents connect to health insurance, learn to use their insurance and navigate healthcare systems and connect to providers.  **Partners for Better Health:** This organization administers the Randall Lewis Health Policy Fellows, which places graduate students with expertise in public health to support the work of healthy cities and communities.  The **RIM Community Resource Network** is a collaborative of pubic and community based service providers representing the Mountain Communities. The network includes organizations that provide counseling and case management, and provide health screening and education at fairs and outreach events. | | | |
| Icons from [The Noun Project](https://thenounproject.com/) | | | |

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| **Economic Security**  **Description and Significance:** Economic security includes factors that can impact the overall ability of families or individuals to be healthy such as income, neighborhood environment and access to resources. Many of these factors are social determinants of health which affect a person’s ability to live in a healthy and safe environment and to access health resources within the community. Income allows families and individuals to purchase health insurance and medical care, but also provides options for healthy lifestyle choices. Poor families and individuals are most likely to live in unsafe homes and neighborhoods, often with limited access to healthy foods, employment options, and quality schools. The ongoing stress and challenges associated with poverty can lead to cumulative health damage. Chronic illness is more likely to affect those with the lowest incomes, and children in low income families are sicker than their high income counterparts (CDC, Social Determinants of Health).  Unemployment remains higher in the KFH-Fontana/Ontario Medical Center Service Areas compared to the S CA MCA and the state. Residents in the KFH-Fontana Medical Center Service Area are more likely to live below the federal poverty level (FPL) and to live in households with incomes at or below 200% of the FPL than residents in the KFH-Ontario Medical Center Service Area, the S CA MCA and the state. | | | | |
| **Health Driver Statistics** | | | | |
|  | **Unemployment Rate**  **(Per 100,000 Population)** | | **Income Inequality**   |  |  | | --- | --- | | San Bernardino County | 0.44 | | California | 0.48 |   This indicator reports income inequality using the Gini coefficient. Gini index values range between zero and one. A value of one indicates perfect inequality where only one household has any income. A value of zero indicates perfect equality, where all households have equal income. San Bernardino County has a slightly lower Gini coefficient than the state.  *Source: US Census Bureau,* [*American Community Survey*](http://www.census.gov/acs/www/)*. 2010-14* | |
| |  |  | | --- | --- | | KFH-Fontana MCSA | 6.9 | | KFH-Ontario MCSA | 7.0 | | S CA MCA | 6.7 | | California | 6.8 |   KFH-Ontario Medical Center Service Area has a slightly higher unemployment rate compared to the KFH-Fontana Medical Center Service Area, S CA MCA and state.  *Source: US Department of Labor,* [*Bureau of Labor Statistics*](http://www.bls.gov/)*. 2015 - December.* | | |
| **Individuals below the 100% Federal Poverty Level**  KFH-Fontana Medical Center Service Area has a higher percentage of the population living in households with income below the Federal Poverty Level.  *US Census Bureau, American Community Survey. 2010-14.* | | | **Individuals below the 200% Federal Poverty Level**  KFH-Fontana Medical Center Service Area has a higher percentage of the population living in households with income below 200% of the Federal Poverty Level.  *Source: US Census Bureau, American Community Survey. 2010-14* | |
| **Children below the 100% Federal Poverty Level** | | | This indicator reports the percentage of children age 0-17 living in households with income below the Federal Poverty Level. A higher percentage of children age 0-17 in the KFH-Fontana Medical Center Service Area live in households at or below the Federal Poverty Level.  *Source: US Census Bureau, American Community Survey. 2010-14* | |
| **Free and Reduced Priced Lunch.** This indicator reports the percentage of public school students eligible for free or reduced price lunches. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs. Additionally, when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.  KFH-Fontana Medical Center Service Area has a higher percentage of children eligible for free/reduced price lunch compared to the KFH-Ontario Medical Center Service Area, the S CA MCA and state.  **Percent of Children Eligible for Free/Reduced Price Lunch**   |  |  |  |  | | --- | --- | --- | --- | | KFH-Fontana MCSA | KFH-Ontario MCSA | S CA MCA | California | | 74.0% | 57.9% | 57.8% | 56.3% |   *Source: National Center for Education Statistics, NCES - Common Core of Data. 2013-14.*  **SNAP.** This indicator reports the average percentage of the population receiving the Supplemental Nutrition Assistance Program (SNAP) benefits between the months of July 2010 and July 2011. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment. The KFH-Fontana/Ontario Medical Center Service Areas have a higher percentage of the population receiving SNAP benefits compared to the S CA MCA and state.  **Percent of Population Receiving SNAP Benefits**   |  |  |  |  | | --- | --- | --- | --- | | KFH-Fontana MCSA | KFH-Ontario MCSA | S CA MCA | California | | 16.5% | 15.5% | 10.4% | 10.6% |   *Source: US Census Bureau, Small Area Income and Poverty Estimates. 2011.*  **High School Graduation.** This indicator reports the cohort high school graduation rate, which measures the percentage of students receiving their high school diploma within four years. This indicator is relevant because low levels of education are often linked to poverty and poor health. The KFH-Ontario Medical Center Service Area has a higher graduation rate compared to the KFH-Fontana Medical Center Service Area, S CA MCA and state.  **Cohort Graduation Rate**   |  |  |  |  | | --- | --- | --- | --- | | KFH-Fontana MCSA | KFH-Ontario MCSA | S CA MCA | California | | 80.1 | 87.7 | 82.6 | 80.4 |   *Source: California Department of Education, 2013.*  **Student Reading Proficiency.** This indicator reports the percentage of children in grade 4 whose reading skills tested below the "proficient" level for the CST English Language Arts portion of the California STAR test. Although more recent data suggest lower reading proficiency, these data are still in pilot stages. Therefore, we elected to use older data sources. This indicator is relevant because an inability to read English well is linked to poverty, unemployment, and barriers to healthcare access, provider communications, and health literacy/education. A higher percentage of students in the KFH-Fontana/Ontario Medical Center Service Areas are reading below proficiency compared to the S CA MCA and state.  **Percent of Grade 4 Students Reading Below Proficiency**   |  |  |  |  | | --- | --- | --- | --- | | KFH-Fontana MCSA | KFH-Ontario MCSA | S CA MCA | California | | 14.7% | 15.8% | 11.0% | 10.4% |   *Source: US Census Bureau,* [*American Community Survey*](http://www.census.gov/acs/www/)*. 2010-14.* | | | | |
|  | | **Physical Environment** | | |
| **Assisted Housing.** This indicator reports the total number of HUD-funded assisted housing units available to eligible renters as well as the unit rate (per 10,000 total households). This indicator is relevant because access to affordable housing can impact an individuals' level of economic security, and contribute towards an individual's ability to financially access nutritious foods and health care. Access to affordable housing can also contribute towards reducing stress, improving mental health, and achieving better overall health outcomes. The KFH-Fontana/Ontario Medical Center Service Areas have lower rates of HUD-funded assisted housing units available eligible to renters compared to the S CA MCA and state.  **Rate of Assisted Households (per 10,000 households)**   |  |  |  |  | | --- | --- | --- | --- | | KFH-Fontana MCSA | KFH-Ontario MCSA | S CA MCA | California | | 229.7 | 271.3 | 345.4 | 368.3 |   *Source:* [*US Department of Housing and Urban Development*](http://portal.hud.gov/hudportal/HUD)*. 2013.* | | | | |
| **Substandard Housing.** This indicator reports the number and percentage of owner- and renter-occupied housing units having at least one of the following conditions: 1) lacking complete plumbing facilities, 2) lacking complete kitchen facilities, 3) with 1.01 or more occupants per room, 4) selected monthly owner costs as a percentage of household income greater than 30 percent, and 5) gross rent as a percentage of household income greater than 30 percent. The KFH-Fontana/Ontario Medical Center Service Areas have a slightly higher percentage of substandard households compared to the state.  **Percentage of Substandard Households**   |  |  |  |  | | --- | --- | --- | --- | | KFH-Fontana MCSA | KFH-Ontario MCSA | S CA MCA | California | | 48.6% | 49.2% | 50.4% | 47.5% |   *Source: US Census Bureau,* [*American Community Survey*](http://www.census.gov/acs/www/)*. 2010-14.* | | | | |
| **Cost Burdened Housing.** This indicator reports the percentage of the households where housing costs exceed 30% of total household income. This indicator provides information on the cost of monthly housing expenses for owners and renters. This indicator is relevant because it offers a measure of housing affordability and excessive shelter costs that may prohibit an individual's ability to financially meet basic life needs, such as health care, child care, healthy food purchasing, and transportation costs. KFH-Ontario Medical Center Service Area has a higher percentage of households where housing costs exceed 30% of income compared to the state.  **Percentage of Households where Housing Costs Exceed 30% of Income**   |  |  |  |  | | --- | --- | --- | --- | | KFH-Fontana MCSA | KFH-Ontario MCSA | S CA MCA | California | | 45.2% | 46.9% | 47.3% | 45.0% |   *Source: US Census Bureau, American Community Survey. 2010-14.* | | | | |
| **Health Disparities** | | | | |
| |  |  | | --- | --- | |  | Native American / Alaskan Natives, Blacks and Hispanic/Latinos have higher rates of living under the 100% Federal Poverty Line in the KFH-Fontana Medical Center Service Area, for the S CA MCA, and statewide.  **Population Under the 100% FPL (Per 100,000 Population) by Race/Ethnicity** | | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | White | Black or African American | Native American / Alaska Native | Asian | Native Hawaiian / Pacific Islander | Some Other Race | Multiple Race | Hispanic/Latino | | KFH-Fontana MCSA | 19.3% | 29.1% | 27.0% | 14.6% | 16.1% | 27.1% | 18.8% | 25.5% | | KFH-Ontario MCSA | 12.7% | 15.2% | 14.0% | 9.8% | 15.4% | 20.2% | 11.7% | 17.6% | | S CA MCA | 15.0% | 23.8% | 22.3% | 12.0% | 16.9% | 25.5% | 15.2% | 22.9% | | California | 14.7% | 24.8% | 24.2% | 12.0% | 16.9% | 25.3% | 16.0% | 23.1% |   *Source: US Census Bureau, American Community Survey. 2010-14.* | | | | | | |
| Blacks and Hispanic or Latinos have the lowest high school graduation rates in the KFH-Fontana/Ontario Medical Center Service Areas, for the S CA MCA, and statewide.  **High School Graduation Rate (Per 100,000 Population) by Race/Ethnicity**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | Non-Hispanic White | Black | Asian | Non-Hispanic Other Race | Hispanic or Latino | | KFH-Fontana MCSA | 87.7 | 76.1 | 88.9 | 75.2 | 82.1 | | KFH-Ontario MCSA | 93.9 | 85.4 | 96.4 | 94.0 | 83.9 | | S CA MCA | 91.6 | 77.3 | 94.2 | 89.0 | 80.3 | | California | 87.7 | 68.1 | 91.2 | 85.7 | 75.7 |   *California Department of Education, 2013.* | | | | |
| This indicator reports the percentage of children in grade 4 whose reading skills tested below the "proficient" level for the CST English Language Arts portion of the California STAR test. In the KFH-Fontana Medical Center Service Area, Blacks, Native American/Alaskan Natives and Native Hawaiian/Pacific Islanders have the highest percent of 4th graders with “non- proficient” reading levels. Similar trends are seen at the S CA MCA and state level. In the KFH-Ontario Medical Center Service Area, Hispanic or Latinos and Blacks have the highest percentage of 4th graders with “non-proficient” reading levels.  **Student Reading Scores “Not Proficient” of Worse, by Race/Ethnicity**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | Non-Hispanic White | Black | Asian | Native American / Alaskan Native | Native Hawaiian / Pacific Islander | Hispanic or Latino | | KFH-Fontana MCSA | 28.5% | 50.4% | 22.9% | 57.2% | 50.0% | 46.3% | | KFH-Ontario MCSA | 17.9% | 36.0% | 10.7% | 18.2% | 25.0% | 40.6% | | S CA MCA | 17.5% | 45.1% | 12.8% | 40.9% | 37.7% | 44.2% | | California | 21.0% | 47.0% | 16.0% | 45.0% | 38.0% | 46.0% |   *Source: California, Department of Education, 2012-13.* | | | | |
| **Community Description of Disparities**  Economic instability affects those adult with **low educational attainment** the most since those adults struggle to access jobs that pay a living wage. **Immigrants, non-English speakers, homeless, foster youth, single income families, Latinos, and African Americans** are seen as disproportionately impacted by poverty in these service areas due to low educational attainment and were greatly impacted by job losses in construction and manufacturing that occurred during the recession. The **homeless, veterans and people diagnosed with mental illness** are highly more likely to live in poverty than other groups of people.  While low income households can be found across both the KFH-Fontana/Ontario Medical Center Service Areas, the highest concentrations of poverty can be found in **High Desert, the Rim communities, Adelanto, and central San Bernardino,** due to low educational attainment and lack of jobs. Distance from major urban centers prohibits commuting to find better jobs or results in long (as much as three hours each way) commutes that impact quality of life. | | | | |
| **Assets and Opportunities** | | | | |
| **Community Description of the Health Need**  To community leaders, the connection between economic factors and health outcomes is clear. In the long run, health needs cannot be adequately addressed without also addressing the need for access to well-paying jobs. Educational attainment and high quality job training will increase access to economic resources which will ultimately positively impact health.   * “Our perspective is that job creation is the key to the financial success and stability of this region. We all put that educational attainment level in front of us because it keeps us from being able to participate in the innovation economy—because we don’t have people with bachelor’s degrees, let alone the graduate degrees that companies in Silicon Valley are looking for. We are at a disadvantage to begin with.” * “What is the biggest need is access to [better paying] jobs. We’ve be relegated to the logistics and warehouse, middle collar [jobs]. We need to shift that.” | | | | |
| **Resources**  Community stakeholders identified the following organizations, programs and initiatives as important community resources for potentially addressing economic security: | | | | |
| * Cal Fresh/SNAP * California State University, San Bernardino * County Superintendent of Schools, African American Task Force * Department of Public Social Services * Hope Through Housing Foundation * Housing Authority | | | | * Jobs in the logistics and warehouse industry, including Amazon, Walmart * Mercy House * San Bernardino Valley College * Transitional Assistance Department * University of California, Riverside School of Medicine * Victor Community Support Services |
| **Programs**  **United Way 211:** Hotline that connects people to resources and services.  **El Sol Neighborhood Educational Centers:** Family strengthening and case management services  **Foothill AIDS Project:** Housing services for individuals with HIV/AIDS  **Inland Empire Community Collaborative:** A coaltion of service providers that include health, family strengthening, mental health, job training and employment services. While member agencies are located throughout the San Bernardino and Riverside County areas, their services are especially important in the Mountain communities where resources are limited.  **Family Resource Centers:** A number of agencies provide case management services for low-income families, such as Victor Community Support Services, Reach Out, RIM Family Services, Ontario/Montclair School District and Hearts & Lives. These centers connect families to resources to meet acute needs and have case management services to help meet longer term needs, such as education (GED, college entry), ESL classes and connections to job training.  **Policy, Planning, and Collaboration**  **The Inland Empire Economic Partnership:** This coalition of business and government leaders is dedicated to bringing jobs, economic opportunities and a better quality of life to the residents of San Bernardino and Riverside counties. The Inland Empire Economic Partnership is the Inland Empire’s largest economic development agency, founded more than 30 years ago as a means to enhance the economic climate of the region and grow job creation in Riverside and San Bernardino counties. IEEP is focused on improving the overall quality of life in the Inland Empire by raising the standard of living, by improving education, transportation, health care and communication in the area, and by giving the region a unified voice across California. | | | | |
| Icons from [The Noun Project](https://thenounproject.com/) | | | | |

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| **Mental Health**  **Description and Significance:** Mental health includes emotional, behavioral, and social well-being. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental health disorders are the leading cause of disability in the United States, accounting for 25% of all years of life lost to disability and premature mortality (Health People 2020). In the United States in 2014, 3.1% of adults reported having serious psychological distress in the past 30 days (National Center for Health Statistics). | | | | | | |
| **Health Outcome Statistics** | | | | | | |
|  | | | **Percentage with Poor Mental Health** | | The average number of mentally unhealthy days (during past 30 days) for the Ontario and KFH-Fontana Medical Center Service Areas is slightly lower than for the S CA MCA and the state.  *Source: University of California Center for Health Policy Research, California Health Interview Survey. 2013-14. Source geography: County (Grouping)* | |
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| **Poor Mental Health Days**  The chart above reflects the percentage of adults who self-report that there was ever a time during the past 12 months when they felt that they might need to see a professional because of problems with their mental health, emotions, nerves, or use of alcohol or drugs. Both the KFH-Fontana/Ontario Medical Center Service Areas fare worse than the S CA MCA and the state on this indicator.  *Centers for Disease Control and Prevention,*[*Behavioral Risk Factor Surveillance System*](http://www.cdc.gov/brfss/)*. Accessed via the* [*Health Indicators Warehouse*](http://healthindicators.gov/)*. 2006-12. Source geography: County* | | | | | **Medicare Beneficiaries with Depression**  The percentage of the Medicare fee-for-service population with depression in the KFH-Fontana/Ontario Medical Center Service Area is lower than in the S CA MCA. However it is slightly higher than the state for the KFH-Fontana Medical Center Service Area.  *Source:* [*Centers for Medicare and Medicaid Services*](http://www.cms.gov/)*. 2012. Source geography: County* | |
| **Health Disparities** | | | | | | |
| |  |  | | --- | --- | |  | Non-Hispanic Whites and Native Hawaiian/Pacific Islanders have higher rates of suicide mortality in the KFH-Fontana/Ontario Medical Center Service Areas, for the S CA MCA, and statewide. | | **Suicide Mortality, Age-Adjusted Rate (Per 100,000 Population) by Race/Ethnicity**   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | Non-Hispanic White | Black | Asian | Native American /Alaskan Native | Native Hawaiian /Pacific Islander | Multiple Race | Hispanic or Latino | | KFH-Fontana MCSA | 17.6 | 6.5 | 5.3 | 4.8 | 11.9 | 5.7 | 4.9 | | KFH-Ontario MCSA | 16.7 | 6.4 | 4.9 | 5.2 | 11.0 | 5.4 | 4.6 | | S CA MCA | 14.2 | 6.4 | 6.1 | 5.7 | 9.2 | 4.5 | 3.7 | | California | 14.8 | 6.4 | 6.8 | 5.9 | 9.7 | 5.8 | 4.0 |   *Source: University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, CDPH - Death Public Use Data. 2010-12. Source geography: ZIP Code* | | | | | | | | |
| **Community Description of Disparities**  Community members reported that mental illness impacts the **homeless, veterans and people of color** disproportionately more than members of other groups. They note the findings of a recent comprehensive report that examined disparities in the prevalence of mental health problems and barriers to accessing services among Blacks in California as being highly relevant (Woods et al., 2012). Via focus groups and interviews with a wide variety of stakeholders (including mental health professionals, clients, family members of clients, leaders from the faith-based community, and scholars) four primary areas of disparity were identified. This included: Stress, perceived discrimination, insurance coverage, financial resources, communication, racism, stigma, and lack of African American providers.  Mental health professionals pointed to the links between poverty, stress and mental health as being an important determinate in the prevalence of mental health issues in the KFH-Fontana/Ontario Medical Center Service Areas. Low educational attainment, high rates of un- and under-employment lead to poverty and subsequent stress.   * “Because sometimes that culture of poverty leaves people with such levels of despair that they can’t see anything different than they already have.” ~Interviewee   Woods, V.D., King, N.J., Hanna, S.M., & Murray C. (2012). We Ain’t Crazy, Just Coping With A Crazy System: Pathways Into The Black Population For Eliminating Mental Health Disparities. California Reducing Disparities Project | | | | | | |
| **Key Health Drivers** | | | | | | |
|  | | | **Lack of Social Support.** Social and emotional support is critical for navigating the challenges of daily life as well as for good mental health. Social and emotional support is also linked to educational achievement and economic stability. The percentage of adults aged 18 and older who self-report that they receive insufficient social and emotional support all or most of the time in the KFH-Ontario Medical Center Service Area is slightly higher than in the S CA MCA or state. | | | |
| **Adults Without Adequate Social/Emotional Support (Age-Adjusted)**   |  |  |  |  | | --- | --- | --- | --- | | KFH-Fontana MCSA | KFH-Ontario MCSA | S CA MCA | California | | 25.8% | 26.4% | 25.8% | 24.6% |   *Source: Centers for Disease Control and Prevention,*[Behavioral Risk Factor Surveillance System](http://www.cdc.gov/brfss/)*. Accessed via the*[Health Indicators Warehouse](http://healthindicators.gov/)*. US Department of Health & Human Services,*[Health Indicators Warehouse](http://healthindicators.gov/)*. 2006-12. Source geography: County* | | | | | | |
| **Mental Health Care Provider Rate (Per 100,000 Population)**   |  |  | | --- | --- | | KFH-Fontana MCSA | 94.6 | | KFH-Ontario MCSA | 105.4 | | S CA MCA | 133.7 | | California | 157 |   There is a lower rate of mental health care providers in the KFH-Fontana/Ontario Medical Center Service Areas than in the S CA MCA and the state  *Source: University of Wisconsin Population Health Institute, County Health Rankings. 2014. Source geography: County* | | | | | | |
| **Assets and Opportunities** | | | | | | |
|  | | **Community Description of the Need**  Community members observed that there is greater community awareness of mental health and the stigma surrounding mental health issues. Community forum participants observed an increase in mental health services. However, access to mental health services and shortage of mental health providers were seen as barriers to addressing this health need. There is growing community awareness that mental health is an underlying driver for other health needs such as homelessness and substance abuse, specifically within vulnerable populations such as the youth and the elderly. However, access to mental health services, a shortage of mental health providers, and culturally competent care were seen as barriers to addressing this health need.   * “The stigma associated with mental health is too much. In some cultures there is a lot of stigma attached to mental health. No family wants it to be known that a member of their family has mental issues…People see it like, ‘That family is weird.’”~Interviewee | | | | |
| **Resources**  Community stakeholders identified the following as potential important community resources for mental health: | | | | | | |
| **KFH-Ontario Medical Center Service Area**   * Department of Behavioral Health (DBH) * El Sol Neighborhood Education Centers * Inland Empire Health Plan (IEHP) Behavioral Health * Kaiser Permanente Behavioral Health * Mission City Community Clinics * Molina Healthcare Behavioral Health * National Alliance on Mental Illness (NAMI) * Ontario/Montclair School District | | | | **KFH-Fontana Medical Center Service Area**   * Catholic Charities * Cedar House Recovery Center * DBH Crisis Clinics * El Sol Neighbohood Education Centers * Family Resource Centers * Fonzell Center * Hearts & Lives (Mountains Region) * Inland Communities Recovery Center * Inland Temporary Housing * Inland Valley Recovery Services * Lutheran Social Services * NAMI * RIM Family Services * Time for Change Resource Center | | |
| **Strategies, Programs and Opportunities**    **Efforts to reducing stigma**: In the **Central Region**, there has been a concerted effort to increase community awareness about mental health issues and reduce stigma in the community. Community forum participants mentioned an increase in educational commercials that contribute to reducing the perception of mental health as a taboo topic. Thus, empowering community members to seek health services to help them cope with symptoms.  **Telemedicine to reduce wait-times:** The **West End** is experiencing a lack of service providers and is currently unable to meet the mental health service demand. Consequently, some providers are utilizing telemedicine as a means of linking individuals to care in order to address the 3 month average wait time to be seen by a mental health care provider. Telemedicine services are offered in both English and Spanish. Although this is an innovate means of circumventing the mental health provider shortage, transportation to the clinic that offers this service still remains a barrier to receiving care for some individuals.  **Cedar House Life Change Center** provides in-patient substance abuse treatment for adults and a special program to meet the needs of pregnant women. Financial assitance is available for low-income individuals and through some specialized programs.  **Inland Valley Recovery Services** provides detox and recovery programs for adults and youth. Services include both residental and outpatient services. Specialized care is available for those with dual diagnoses of mental health and substance abuse issues.  **Foothill AIDS Project** provides integrated mental health and substance abuse services at their centers. Services include support groups and individual counseling. Staff are able to make referrals to more intensive treatment when requried.  **Collaborations**  The **RIM Community Resource Network** is a collaborative of pubic and community based service providers representing the Mountain Communities. The network includes organizations that provide counseling and case management and can make referrals to substance abuse treatment when necessary.  The **Inland Empire Community Collaborative (IECC)** is the result of two years of 13 non-profit agencies working together to strengthen our organizations and improve outcomes for individuals and communities throughout San Bernardino County. Each member organization in the IECC participated in a yearlong capacity building academy (CBA), including ongoing technical assistance and coaching. Each of the members has a sustainability plan which directly responds to the needs and priorities of our target audiences and local communities. Many member organizations provide mental health counseling and case management services to community members at free or low-cost.  **Community Education**  The **Diocese of San Bernardino** is hosts a multi-faith conference themed “Spirituality and Behavioral Health – A call to Awareness, Assessment and Advocacy.” The conference includes a number of public and private partners including Loma Linda University Medical Center; California State University, San Bernardino; Catholic Charities San Bernardino-Riverside; San Bernardino County Behavioral Health; Riverside County Behavioral Health; Christian Counseling Services, Redlands and National Alliance for Mental Illness (NAMI). The goal of the conference is to raise awareness about mental illness and treatment resources among clergy and those who work closely with them.   * “That’s the good thing in our community right now that the mental health experts are working with spiritual leaders.” ~Interviewee   **Education:** NAMI, Tri-City, and El Sol Neighborhood Education Centers offer free mental health promotion services for community members. | | | | | | |
| **Icons from** [**The Noun Project**](https://thenounproject.com/) | | | | | | |

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| **Obesity/HEAL/Diabetes**  **Description and Significance:** Overweight and obesity are defined using a person’s Body Mass Index (BMI) which is a ratio of a person’s weight to height. In the United States in 2011-2014, the prevalence of obesity was just over 36% in adults and 17% in youth (National Center for Health Statistics). Obesity is one of the biggest drivers of preventable chronic diseases in the U.S. with poor diet and lack of physical activity contributing to obesity. Being overweight or obese increases the risk for many health conditions, including type 2 diabetes, heart disease, stroke, hypertension, and cancer (County Health Rankings). Certain indicators, such as access to grocery stores and proximity to fast food restaurants, are important environmental factors when considering rates of overweight and obesity.  Diabetes occurs when the body cannot produce or respond appropriately to insulin. Insulin is a hormone that the body needs to absorb and use glucose (sugar) as fuel for the body’s cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications. Diabetes affects an estimated 23.6 million people in the United States and is the 7th leading cause of death (Healthy People 2020). In California, diabetes was the seventh leading cause of death (California's Leading Causes of Death, 2013). | | | | |
| **Health Outcome Statistics** | | | | |
|  | **Adult Obesity and Overweight** | | | The KFH-Fontana/Ontario Medical Center Service Areas have higher adult obesity rates compared to the S CA MCA and state. A similar percentage of adults in the service areas, the S CA MCA and state are considered overweight. |
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| *Obesity Source: Centers for Disease Control and Prevention,* [*Behavioral Risk Factor Surveillance System*](http://www.cdc.gov/brfss/)*. Additional data analysis by* [*CARES*](http://cares.missouri.edu)*. 2011-12.*  *Overweight Source: Centers for Disease Control and Prevention,* [*National Center for Chronic Disease Prevention and Health Promotion*](http://www.cdc.gov/nccdphp/dnpao/index.html)*. 2012.* | | | |
| **Youth Obesity and Overweight**   |  |  |  | | --- | --- | --- | |  | Obesity | Overweight | | KFH-Fontana MCSA | 22.0% | 19.0% | | KFH-Ontario MCSA | 19.7% | 18.6% | | S CA MCA | 19.7% | 19.1% | | California | 19.0% | 19.3% |   KFH-Fontana Medical Center Service Area has a higher youth obesity rate compared to KFH-Ontario Medical Center Service Area, the S CA MCA and state. KFH-Ontario Medical Center Service Area has a lower percentage of overweight youth compared to the S CA MCA and state.  *Source: California Department of Education, FITNESSGRAM® Physical Fitness Testing. 2013-14.* | | | | **Diabetes Prevalence**  The KFH-Fontana/Ontario Medical Center Service Areas have higher diabetes prevalence than the S CA MCA and state.  *Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012.* |
| **Health Disparities** | | | | |
| |  |  | | --- | --- | |  | Hispanic or Latinos have higher percentages of youth obesity in the KFH-Fontana/Ontario Medical Center Service Areas, compared to the S CA MCA, and statewide.  **Youth Obesity , Age-Adjusted by Race/Ethnicity** | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | Non-Hispanic White | Black | Asian | Multiple Race | Hispanic or Latino | | KFH-Fontana MCSA | 14.6% | 19.1% | 12.5% | 21.7% | 24.8% | | KFH-Ontario MCSA | 12.6% | 16.2% | 9.2% | 14.9% | 23.5% | | S CA MCA | 10.9% | 19.4% | 8.3% | 13.5% | 24.7% | | California | 11.5% | 19.8% | 9.0% | 14.5% | 24.4% |   *Source: California Department of Education,* [*FITNESSGRAM® Physical Fitness Testing*](http://www.cde.ca.gov/ta/tg/pf/)*. 2013-14.*  Hispanic or Latinos, Blacks and Multiple races have higher percentages of youth physical inactivity in the KFH-Fontana Medical Center Service Area compared to the S CA MCA and state.  **Youth Physical Inactivity, Age-Adjusted by Race/Ethnicity**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | Non-Hispanic White | Black | Asian | Multiple Race | Hispanic or Latino | | KFH-Fontana MCSA | 34.8% | 47.4% | 30.9% | 44.7% | 47.6% | | KFH-Ontario MCSA | 28.3% | 33.1% | 22.6% | 28.0% | 38.1% | | S CA MCA | 25.1% | 42.1% | 20.7% | 26.9% | 42.6% | | California | 27.0% | 43.2% | 21.4% | 32.2% | 42.2% | | |   *Source: California Department of Education,* [*FITNESSGRAM® Physical Fitness Testing*](http://www.cde.ca.gov/ta/tg/pf/)*. 2013-14.*  Non-Hispanic other races have the highest percentages of children eating less than 5 servings of fruit and vegetables in the KFH-Fontana Medical Center Service Area.  **Children Eating Less Than 5 Servings of Fruits and Vegetables by Race / Ethnicity**   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | Non-Hispanic White | Black | Non-Hispanic Other Race | Hispanic or Latino | | KFH-Fontana MCSA | 43.4% | 40.0% | 62.4% | 48.2% | | KFH-Ontario MCSA | 45.9% | 38.2% | 44.0% | 46.2% | | S CA MCA | 46.8% | 36.8% | 44.8% | 46.5% | | California | 49.1% | 31.2% | 63.7% | 46.8% |   *Source: University of California Center for Health Policy Research,* [*California Health Interview Survey*](http://www.chis.ucla.edu/)*. 2011-12.* | | | | |
| **Community Description of Disparities**  Community leaders report that individuals living in **low-income households, seniors, African Americans and Latinos** are at greater risk for obesity and subsequently diabetes, due to poor diet and lack of physical activity. While poverty plays a role in limiting food choices, there is also the need for culturally sensitive approaches to providing education about healthy diet and food preparation. Geographically, access to fresh fruits and vegetables is more challengeing in the the **Mountains and High Desert regions of the** KFH-Fontana Medical Center Service Area, especially in Joshua Tree, Yucca Valley and 29 Palms where there are few afforadable grocery outlets. | | | | |
| **Key Health Drivers** | | | | |
|  | | **Health Behaviors** | | |
| **Fruit and Vegetable Consumption.** This indicator reports the percentage of adults age 18 and older who self-report consuming less than 5 servings of fruits and vegetables each day. This indicator is relevant because current behaviors are determinants of future health, and because unhealthy eating habits may illustrate a cause of significant health issues, such as obesity and diabetes. A slightly higher percentage of adults in the KFH-Fontana/Ontario Medical Center Service Areas have inadequate fruit/vegetable consumption compared to the S CA MCA and state.  **Adults with Inadequate Fruit / Vegetable Consumption (Age-Adjusted)**   |  |  |  |  | | --- | --- | --- | --- | | KFH-Fontana MCSA | KFH-Ontario MCSA | S CA MCA | California | | 73.1% | 73.0% | 72.2% | 71.5% |   *Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2005-09.*  **Physical Activity.** This indicator reports the percentage of adults age 20 and older who self-report that they perform no leisure time activity, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?". This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health. A higher percentage of adults in the KFH-Fontana/Ontario Medical Center Service Areas have no leisure time physical activity.  **Adults with no Leisure Time Physical Activity (Age-Adjusted)**   |  |  |  |  | | --- | --- | --- | --- | | KFH-Fontana MCSA | KFH-Ontario MCSA | S CA MCA | California | | 18.8% | 18.5% | 17.0% | 16.6% |   *Source: Centers for Disease Control and Prevention,* [*National Center for Chronic Disease Prevention and Health Promotion*](http://www.cdc.gov/nccdphp/dnpao/index.html)*. 2012.*  **Walking, Biking, and Skating to School.** This indicator reports the percentage of children and teens who reported that they walked, biked, or skated to school in the past week (at the time of the interview). This indicator is relevant because an active commute to school is associated with improvements in physical activity levels and obesity prevention among youth. Active transportation is also a climate change mitigation strategy. A lower percentage of children and teens in the KFH-Fontana/Ontario Medical Center Service Areas engaged in active transport to school compared to the state.  **Children and Teens who Walked, Biked or Skated to School**   |  |  |  |  | | --- | --- | --- | --- | | KFH-Fontana MCSA | KFH-Ontario MCSA | S CA MCA | California | | 38.3% | 40.4% | 38.5% | 44.5% |   *Source: University of California Center for Health Policy Research,* [*California Health Interview Survey*](http://www.chis.ucla.edu/)*. 2011-12* | | | | |
|  | | | **Physical Environment** | |
| **Food Environment – Fast Food Restaurants.** This indicator reports the number of fast food restaurants per 100,000 population. Fast food restaurants are defined as limited-service establishments primarily engaged in providing food services (except snack and nonalcoholic beverage bars) where patrons generally order or select items and pay before eating. This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors. KFH-Ontario Medical Center Service Area has a higher rate of fast food restaurants per 100,000 population than KFH-Fontana Medical Center Service Area, the S CA MCA and state.  **Fast Food Establishment Rate per 100,000 Population**   |  |  |  |  | | --- | --- | --- | --- | | KFH-Fontana MCSA | KFH-Ontario MCSA | S CA MCA | California | | 62.0 | 83.1 | 77.4 | 74.5 |   *Source: US Census Bureau,* [*County Business Patterns*](http://www.census.gov/econ/cbp/)*. Additional data analysis by* [*CARES*](http://cares.missouri.edu)*. 2011.*  **Park Access.** This indicator reports the percentage of population living within 1/2 mile of a park. This indicator is relevant because access to outdoor recreation encourages physical activity and other healthy behaviors. KFH-Fontana Medical Center Service Area has a lower percentage of the population with a park in walking distance compared to KFH-Ontario Medical Center Service Area, the S CA MCA and state.  **Percent Population Within 1/2 Mile of a Park (Age-Adjusted)**   |  |  |  |  | | --- | --- | --- | --- | | KFH-Fontana MCSA | KFH-Ontario MCSA | S CA MCA | California | | 40.8% | 66.9% | 61.3% | 58.6% |   *Source: US Census Bureau, Decennial Census. ESRI Map Gallery. 2010.* | | | | |
| **Assets and Opportunities** | | | | |
| **Community Description of the Health Need**  Obesity is on the rise among both children and adults primarily to poor diets and lack of physical activity. The prevalence of fast food restaurants which offer low-cost food to families trying to stretch their budgets makes it an attractive choice. Poor lifestyle choices lead to obesity and diabetes. Parents need access to healthy food and strategies and education about to stretch their budgets to include more healthy food. Children need safe places to play so they can get the physical activity they need.   * “I think it’s been really clear that diabetes is a health issue that is on the rise and is something that is going to require some very critical thinking and maybe even an introduction of some policies.” ~Interviewee * “The car-centricity and lack of walkability throughout the community—you look at the communities that are real walkable, you have better health.” ~Interviewee   “There is need to encourage people to maybe cook at home once in a while. Encouraging people to cook at home, that would help them cut down on junk.” ~Interviewee | | | | |
| **Resources**  Community stakeholders identified the following organization, programs, and initiatives as important resources for potentially addressing health needs related to obesity, HEAL, and diabetes:   |  |  | | --- | --- | | * Cal Fresh/SNAP * Community Gardens * Community Supported Agriculture (CSA) * El Sol Neighborhood Educational Center * Employee wellness programs * Farmers’ Markets * Healthy Cities and Communities | * Pacific Electric Trail * Parks and Recreation Departments * Santa Ana River Trails * School nutrition programs * YMCA | | | | | |
| **Policy, Planning, and Collaboration**  **Community Vital Signs:** This countywide collaborative is bringing together leaders from all sectors to take on issues of health outcomes and social determinants of health. Obesity, access to healthy food, and creating enviroments that support physical activity are all key strategies that are being addressed through this effort.  **Healthy Cities and Communities:** Nearly all communities and cities within the KFH-Fontana/Ontario Medical Center Service Areas are part of this initiative designed to improve health and wellness. Different communities use tailored approaches to improve health, including programs and services like Farmer’s Markets, walking clubs, health screenings and development of policy, such as healthy vending machines and lactation support.  **Safe Routes to School:** This nationally funded effort is dedicated to creating safe routes for children and parents to use active modes of transportation when traveling to and from school. | | | | |
| Icons from [The Noun Project](https://thenounproject.com/) | | | | |