Bear Valley Community Healthcare District

Big Bear Lake, CA

Community Health Needs Assessment
and Implementation Strategy

Adopted by Board Resolution November 13, 2019

BEAR VALLEY
COMMUNITY HEALTHCARE DISTRICT

Dear Community Member:

At Bear Valley Community Healthcare District (BVCHD), we have spent more than 40 years providing high-quality compassionate healthcare to the greater Big Bear Lake community. The “2019 Community Health Needs Assessment” identifies local health and medical needs and provides a plan of how BVCHD will respond to such needs. This document illustrates one way we are meeting our obligations to efficiently deliver medical services.

BVCHD will conduct this effort at least once every three years. The report produced three years ago is also available for your review and comment. As you review this plan, please see if, in your opinion, we have identified the primary needs of the community and if you think our intended response will lead to needed improvements.

We do not have adequate resources to solve all the problems identified. Some issues are beyond the mission of the hospital and action is best suited for a response by others. Some improvements will require personal actions by individuals rather than the response of an organization. We view this as a plan for how we, along with other area organizations and agencies, can collaborate to bring the best each has to offer to support change and to address the most pressing identified needs.

I invite your response to this report. As you read, please think about how to help us improve health and medical services in our area. We all live in, work in, and enjoy this wonderful community, and together, we can make our community healthier for every one of us.

Thank You,

John Friel
Chief Executive Officer
Bear Valley Community Healthcare District

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EXECUTIVE SUMMARY

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Bear Valley Community Healthcare District ("BVCHD" or the "Hospital") has performed a Community Health Needs Assessment to determine the health needs of the local community.

Data was gathered from multiple well-respected secondary sources to build an accurate picture of the current community and its health needs. A survey of a select group of Local Experts was performed to review the prior CHNA and provide feedback, and to ascertain whether the previously identified needs are still a priority. Additionally, the group reviewed the data gathered from the secondary sources and determined the Significant Health Needs for the community.

The 2019 Significant Health Needs identified for San Bernardino County are:

1. Affordability
2. Accessibility – 2016 Significant Need
3. Mental Health – 2016 Significant Need
4. Education/Prevention
5. Substance Abuse – 2016 Significant Need
6. Obesity/Overweight

The Hospital developed implementation strategies for these six needs including activities to continue/pursue, community partners to work alongside, and measures to track progress.

APPROACH

APPROACH

A Community Health Needs Assessment (CHNA) is part of the required hospital documentation of "Community Benefit" under the Affordable Care Act (ACA), required of all not-for-profit hospitals as a condition of retaining tax-exempt status. ***While Bear Valley Community Healthcare District is <u>not</u> a not-for-profit hospital, this study is designed to comply with the same standards required of a not-for-profit hospital, and will help ensure the hospital is meeting the health needs of community residents.***

Further explanation and specific regulations are available from Health and Human Services (HHS), the Internal Revenue Service (IRS), and the U.S. Department of the Treasury.

Project Objectives

BVCHD partnered with Quorum Health Resources (Quorum) to:

- Complete a CHNA report, compliant with IRS Guidelines
- Produce the information necessary for the Hospital to issue an assessment of community health needs and document its intended response

Community Health Needs Assessment Subsequent to Initial Assessment

Quorum and CMC followed an established process for the completion of the CHNA and implementation strategy. The goal of the CHNA process it to help the hospital determine the priority health needs of and area and develop and implementation strategy for addressing those needs. The CMC CHNA report consists of the following information:

> *(1) At least one state, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community;*
>
> *(2) members of medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations; and*
>
> *(3) written comments received on the hospital facility's most recently conducted CHNA and most recently adopted implementation strategy.*

To complete a CHNA:

> *"… the final regulations provide that a hospital facility must document its CHNA in a CHNA report that is adopted by an authorized body of the hospital facility and includes:*
>
> *(1) A definition of the community served by the hospital facility and a description of how the community was determined;*
>
> *(2) a description of the process and methods used to conduct the CHNA;*
>
> *(3) a description of how the hospital facility solicited and took into account input received from persons who represent the broad interests of the community it serves;*

(4) a prioritized description of the significant health needs of the community identified through the CHNA, along with a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs; and

(5) a description of resources potentially available to address the significant health needs identified through the CHNA.

Additionally, all CHNAs developed after the very first CHNA received written commentary on the prior Assessment and Implementation Strategy efforts. The Hospital followed the Federal requirements in the solicitation of written comments by securing characteristics of individuals providing written comment but did not maintain identification data.

The methodology takes a comprehensive approach to the solicitation of written comments. Input was obtained from the required three minimum sources and expanded input to include other representative groups. The Hospital asked all participating in the written comment solicitation process to self-identify themselves into any of the following representative classifications, which is detailed in an Appendix to this report. Written comment participants self-identified into the following classifications:

(1) Public Health – Persons with special knowledge of or expertise in public health

(2) Departments and Agencies – Federal, tribal, regional, State, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by the hospital facility

(3) Priority Populations – Leaders, representatives, or members of medically underserved, low income, and minority populations, and populations with chronic disease needs in the community served by the hospital facility. Also, in other federal regulations the term Priority Populations, which include rural residents and LGBT interests, is employed and for consistency is included in this definition

(4) Chronic Disease Groups – Representative of or member of Chronic Disease Group or Organization, including mental and oral health

(5) Broad Interest of the Community – Individuals, volunteers, civic leaders, medical personnel, and others to fulfill the spirit of broad input required by the federal regulations

Other (please specify)

The methodology also takes a comprehensive approach to assess community health needs. Perform several independent data analyses based on secondary source data, augment this with Local Expert Advisor opinions, and resolve any data inconsistency or discrepancies by reviewing the combined opinions formed from local experts. The Hospital relies on secondary source data, and most secondary sources use the county as the smallest unit of analysis. Local expert area residents were asked to note if they perceived the problems or needs identified by secondary sources existed in their portion of the county.

Most data used in the analysis is available from public Internet sources and proprietary data. Any critical data needed to address specific regulations or developed by the Local Expert Advisor individuals cooperating in this study are displayed in the CHNA report appendix.

Data sources include:

Website or Data Source	Data Element	Date Accessed	Data Date
www.countyhealthrankings.org	Assessment of health needs of San Bernardino County compared to all California counties	April 1, 2019	2012-2014
IBM Watson Health (formerly known as Truven Health Analytics)	Assess characteristics of the hospital's primary service area, at a zip code level, based on classifying the population into various socio-economic groups, determining the health and medical tendencies of each group and creating an aggregate composition of the service area according to the proportion of each group in the entire area; and, to access population size, trends and socio-economic characteristics	April 1, 2019	2019
http://svi.cdc.gov	To identify the Social Vulnerability Index value	April 2, 2019	2012-2016
http://www.healthdata.org/us-county-profiles	To look at trends of key health metrics over time	April 2, 2019	2014
www.worldlifeexpectancy.com/usa-health-rankings	To determine relative importance among 15 top causes of death	April 2, 2019	2016

A standard process of gathering community input was developed. In addition to gathering data from the above sources:

- A CHNA survey was deployed to the Hospital's Local Expert Advisors to gain input on local health needs and the needs of priority populations. Local Expert Advisors were local individuals selected according to criteria required by the Federal guidelines and regulations and the Hospital's desire to represent the region's geographically and ethnically diverse population. Community input from 15 Local Expert Advisors was received. Survey responses started May 14, 2019 and ended on May 30, 2019.
- Information analysis augmented by local opinions showed how BVCHD's Service Area and San Bernardino County as a whole relates to its peers in terms of primary and chronic needs and other issues of uninsured persons, low-income persons, and minority groups. Respondents commented on whether they believe certain population groups ("Priority Populations") need help to improve their condition, and if so, who needs to do what to improve the conditions of these groups.
- Local opinions of the needs of Priority Populations, while presented in its entirety in the Appendix, was abstracted in the following "take-away" bulleted comments

- The top three priority populations in the area are low-income groups, residents of rural areas, and older adults
- There should be a focus on accessibility to healthcare and specialty care

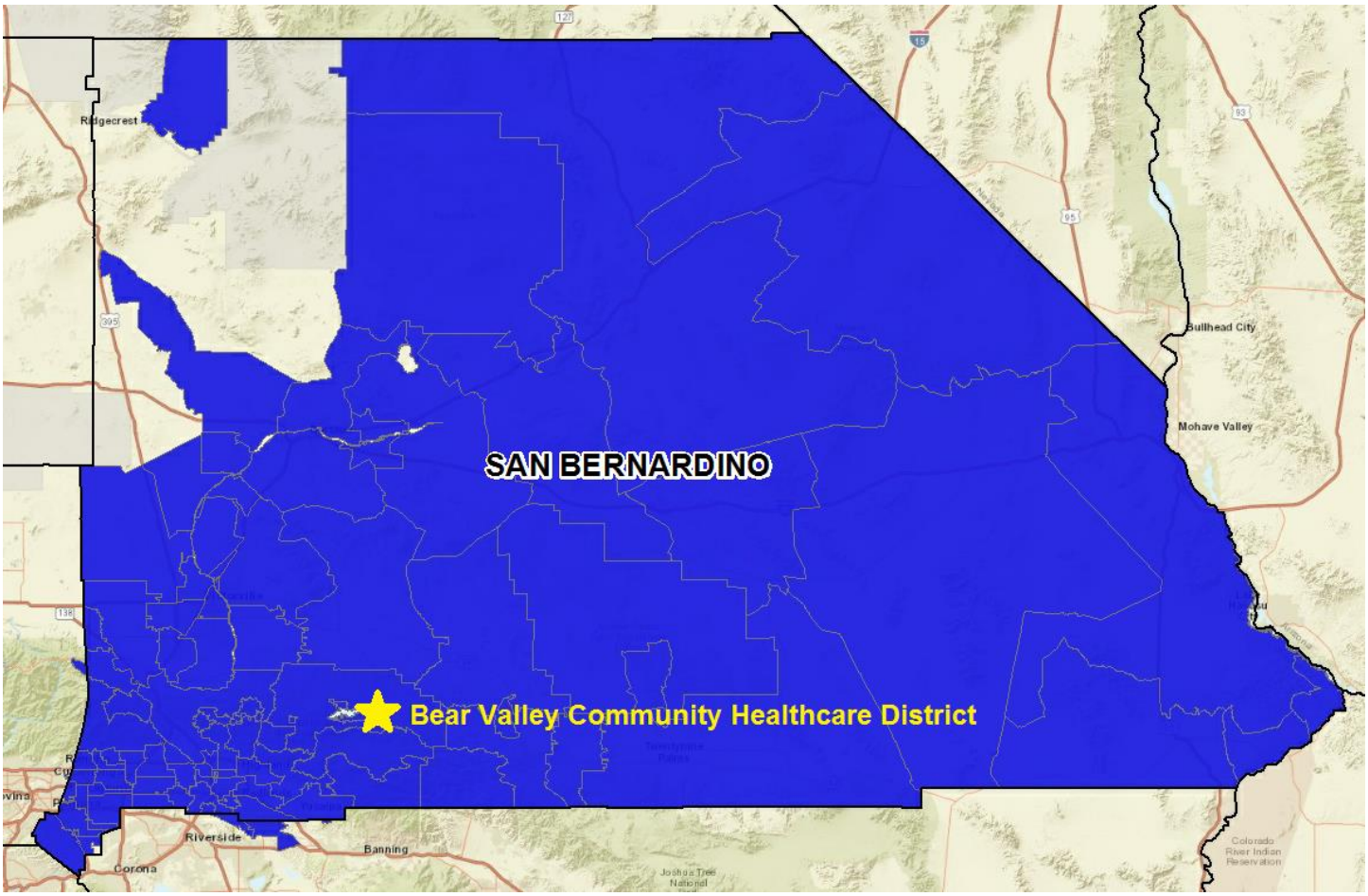
Having taken steps to identify potential community needs, the Local Experts then participated in a structured communication technique called a "Wisdom of Crowds" method. The premise of this approach relies on a panel of experts with the assumption that the collective wisdom of participants is superior to the opinion of any one individual, regardless of their professional credentials.

In the BVCHD process, each Local Expert had the opportunity to introduce needs previously unidentified and to challenge conclusions developed from the data analysis. While there were a few opinions of the data conclusions not being completely accurate, most of the comments agreed with the findings. A list of all needs identified by any of the analyzed data was developed. The Local Experts then allocated 100 points among the list of health needs, including the opportunity to list additional needs that were not identified from the data.

The ranked needs were divided into two groups: “Significant” and “Other Identified Needs.” The Significant Needs were prioritized based on total points cast by the Local Experts in descending order, further ranked by the number of local experts casting any points for the need. By definition, a Significant Need had to include all rank ordered needs until at least fifty percent (60%) of all points were included and to the extent possible, represented points allocated by a majority of voting local experts. The determination of the break point — “Significant” as opposed to “Other” — was a qualitative interpretation where a reasonable break point in rank order occurred.

COMMUNITY CHARACTERISTICS

Definition of Area Served by the Hospital



For the purposes of this study, Bear Valley Community Healthcare District defines its service area as San Bernardino County in California, which includes the following ZIP codes:[2]

91701 – Rancho Cucamonga	91708 – Chino	91709 – Chino Hills	91710 – Chino
91730 – Rancho Cucamonga	91737 – Rancho Cucamonga	91739 – Rancho Cucamonga	91759 – Mt Baldy
91761 – Ontario	91762 – Ontario	91763 – Montclair	91764 – Ontario
91784 – Upland	91786 – Upland	92242 – Earp	92252 – Joshua Tree
92256 – Morongo Valley	92267 – Parker Dam	92277 – Twentynine Palms	
92278 – Twentynine Palms	92280 – Vidal	92284 – Yucca Valley	92285 – Landers
92301 – Adelanto	92304 – Amboy	92305 – Angelus Oaks	92307 – Apple Valley

[2] The map above amalgamates zip code areas and does not necessarily display all county zip codes represented below

92308 – Apple Valley	92309 – Baker	92310 – Fort Irwin	92311 – Barstow
92313 – Grand Terrace	**92314 – Big Bear City**	**92315 – Big Bear Lake**	92316 – Bloomington
92317 – Blue Jay	92318 – Bryn Mawr	92321 – Cedar Glen	92322 – Cedarpines
Park 92324 – Colton	92325 – Crestline	92327 – Daggett	92332 – Essex
92333 – Fawnskin	92335 – Fontana	92336 – Fontana	92337 – Fontana
92338 – Ludlow	92339 – Forest Falls	92341 – Green Valley Lake	92342 – Helendale
92344 – Hesperia	92345 – Hesperia	92346 – Highland	92347 – Hinkley
92350 – Loma Linda	92352 – Lake Arrowhead	92354 – Loma Linda	92356 – Lucerne Valley
92358 – Lytle Creek	92359 – Mentone	92363 – Needles	92364 – Nipton
92365 – Newberry Springs	92368 – Oro Grande	92371 – Phelan	92372 – Pinon Hills
92373 – Redlands	92374 – Redlands	92376 – Rialto	92377 – Rialto
92378 – Rimforest	92382 – Running Springs	92385 – Skyforest	**92386 – Sugarloaf**
92391 – Twin Peaks	92392 – Victorville	92394 – Victorville	92395 – Victorville
92397 – Wrightwood	92399 – Yucaipa	92401 – San Bernardino	92404 – San Bernardino
92405 – San Bernardino	92407 – San Bernardino	92408 – San Bernardino	92410 – San Bernardino
92411 – San Bernardino	93562 – Trona		

In 2017, the Hospital received 85.3% of its patients from San Bernardino County.[3] BVCH receives 78.2% of its patients from zip codes 92315 (Big Bear Lake), 92314 (Big Bear City) and 92386 (Sugarloaf).

NOTE:

The community of Big Bear Lake finds itself a part of the largest county in California, San Bernardino County. Because healthcare and other statistical data is primarily collected at the county level, much of the information in this report focuses on the county as a whole. Where possible, zip code-level data has been included to better focus on the Hospital's primary service area.

Furthermore, Local Experts were specifically selected to represent Big Bear Lake and were asked to review the provided

[3] Truven MEDPAR patient origin data for the hospital

data to determine if it is an accurate reflection of the community. While the data proposes all potential health needs, the Local Experts are ultimately responsible for ranking and prioritizing the significant health needs of the area.

Demographics of the Community [4]

Variable	BVCHD Service Area* 2019	BVCHD Service Area* 2024	BVCHD Service Area* %Change	San Bernardino County 2019	San Bernardino County 2024	San Bernardino County %Change	California 2019	California 2024	California %Change	United States 2019	United States 2024	United States %Change
DEMOGRAPHIC CHARACTERISTICS												
Total Population	18,777	19,306	2.8%	2,181,658	2,268,348	4.0%	39,964,848	41,541,094	3.9%	329,236,175	340,950,067	3.6%
Total Male Population	9,480	9,710	2.4%	1,083,714	1,126,203	3.9%	19,835,923	20,612,014	3.9%	162,097,263	167,921,866	3.6%
Total Female Population	9,297	9,596	3.2%	1,097,944	1,142,145	4.0%	20,128,925	20,929,080	4.0%	167,138,912	173,028,201	3.5%
Females, Child Bearing Age (15-44)	2,887	3,051	5.7%	458,667	469,589	2.4%	8,111,234	8,215,163	1.3%	64,251,309	65,231,610	1.5%
Average Household Income	$77,512			$82,500			$109,975			$89,646		
POPULATION DISTRIBUTION												
Age Distribution												
0-14	3,123	3,177	1.7%	473,827	474,464	0.1%	7,589,418	7,671,053	1.1%	61,258,096	61,645,382	0.6%
15-17	658	704	7.0%	99,560	100,964	1.4%	1,578,610	1,632,021	3.4%	12,813,020	13,319,388	4.0%
18-24	1,503	1,494	-0.6%	229,989	230,504	0.2%	3,796,047	3,813,130	0.5%	31,474,821	32,296,411	2.6%
25-34	2,182	2,347	7.6%	325,210	328,929	1.1%	5,887,935	5,707,583	-3.1%	44,370,805	43,645,423	-1.6%
35-54	4,097	3,929	-4.1%	544,800	564,437	3.6%	10,468,868	10,854,032	3.7%	83,304,733	84,255,193	1.1%
55-64	3,064	2,834	-7.5%	246,402	253,985	3.1%	4,852,799	5,070,344	4.5%	42,525,512	43,333,585	1.9%
65+	4,150	4,821	16.2%	261,870	315,065	20.3%	5,791,171	6,792,931	17.3%	53,489,188	62,454,685	16.8%
HOUSEHOLD INCOME DISTRIBUTION												
Total Households	7,771	7,965	2.5%	647,027	670,247	3.6%	13,477,892	14,007,864	3.9%	125,018,838	129,683,911	3.7%
2019 Household Income												
<$15K	843			64,193			1,180,894			13,139,420		
$15-25K	930			61,201			1,059,597			11,333,086		
$25-50K	1,911			141,823			2,480,075			26,888,001		
$50-75K	1,364			112,023			2,050,850			21,157,116		
$75-100K	832			84,616			1,614,990			15,409,735		
Over $100K	1,891			183,171			5,091,486			37,091,480		
EDUCATION LEVEL												
Pop Age 25+	13,493			1,378,282			27,000,773			223,690,238		
2019 Adult Education Level Distribution												
Less than High School	437			131,178			2,642,776			12,173,720		
Some High School	1,006			160,864			2,124,116			16,245,471		
High School Degree	4,001			364,646			5,566,091			61,068,735		
Some College/Assoc. Degree	5,517			449,362			7,861,277			64,945,355		
Bachelor's Degree or Greater	2,532			272,232			8,806,513			69,256,957		
RACE/ETHNICITY												
2018 Race/Ethnicity Distribution												
White Non-Hispanic	13,172			602,757			14,560,566			197,594,684		
Black Non-Hispanic	102			175,414			2,200,140			40,877,627		
Hispanic	4,537			1,181,204			15,802,979			60,675,779		
Asian & Pacific Is. Non-Hispanic	257			159,479			5,961,131			19,327,168		
All Others	709			62,804			1,440,032			10,760,917		

**BVCHD Service Area includes Big Bear City, Big Bear Lake, Fawnskin and Sugarloaf*

[4] Claritas (accessed through IBM Watson Health)

Consumer Health Service Behavior[5]

Key health services topics for the service area population are presented in the table below. In the second column of the chart, the national average is 100%, so the 'Demand as % of National' shows a community's likelihood of exhibiting a certain health behavior more or less than the national average. The next column shows the percentage of the population that is likely to exhibit those behaviors.

Where BVCHD's Service Area (also included San Bernardino County as a whole) varies more than 5% above or below the national average (that is, less than 95% or greater than 105%), it is considered noteworthy. Items in the table with **red text** are viewed as **adverse** findings. Items with **blue text** are viewed as **beneficial** findings. Items with black text are neither a favorable nor unfavorable finding.

BVCHD's Service Area:

Health Service Topic	Demand as % of National	% of Population Affected	Health Service Topic	Demand as % of National	% of Population Affected
Weight / Lifestyle			**Cancer**		
BMI: Morbid/Obese	107.4%	32.8%	Cancer Screen: Skin 2 yr	74.7%	8.0%
Vigorous Exercise	96.4%	55.0%	Cancer Screen: Colorectal 2 yr	93.6%	19.2%
Chronic Diabetes	103.3%	16.2%	Cancer Screen: Pap/Cerv Test 2 yr	83.4%	40.2%
Healthy Eating Habits	95.7%	22.3%	Routine Screen: Prostate 2 yr	96.1%	27.3%
Ate Breakfast Yesterday	95.8%	75.8%	**Orthopedic**		
Slept Less Than 6 Hours	96.9%	13.2%	Chronic Lower Back Pain	115.6%	35.7%
Consumed Alcohol in the Past 30 Days	85.6%	46.0%	Chronic Osteoporosis	125.6%	12.7%
Consumed 3+ Drinks Per Session	98.4%	27.7%	**Routine Services**		
Behavior			FP/GP: 1+ Visit	104.3%	84.9%
Search for Pricing Info	91.3%	24.6%	NP/PA Last 6 Months	101.0%	41.9%
I am Responsible for My Health	99.6%	90.1%	OB/Gyn 1+ Visit	89.9%	34.4%
I Follow Treatment Recommendations	103.8%	80.1%	Medication: Received Prescription	104.8%	63.5%
Pulmonary			**Internet Usage**		
Chronic COPD	143.8%	7.8%	Use Internet to Look for Provider Info	86.3%	34.5%
Chronic Asthma	95.8%	11.3%	Facebook Opinions	78.4%	7.9%
Heart			Looked for Provider Rating	89.2%	21.0%
Chronic High Cholesterol	106.5%	26.0%	**Emergency Services**		
Routine Cholesterol Screening	95.9%	42.5%	Emergency Room Use	105.3%	38.0%
Chronic Heart Failure	130.5%	5.3%	Urgent Care Use	91.7%	30.2%

Conclusions from Demographic Analysis Compared to National Averages

The following areas were identified from a comparison of BVCHD's Service Area to national averages. **Adverse** metrics impacting more than 30% of the population and statistically significantly different from the national average include:

- 7.4% more likely to have a **BMI of Morbid/Obese**, affecting 32.8%

[5] Claritas (accessed through IBM Watson Health)

- 16.6% less likely to receive **Cervical Cancer Screenings Every 2 Years**, affecting 40.2%
- 15.6% more likely have **Chronic Lower Back Pain**, affecting 35.7%
- 10.1% less likely to receive **Routine OB/Gyn Visit**, affecting 34.4%
- 5.3% more likely to **Visit the Emergency Room (for non-emergent issues)**, affecting 38.0%

Beneficial metrics impacting more than 30% of the population and statistically significantly different from the national average include:

- 14.4% less likely to **Consume Alcohol in the Past 30 Days**, affecting 46.0%

San Bernardino County:

Health Service Topic	Demand as % of National	% of Population Affected	Health Service Topic	Demand as % of National	% of Population Affected
Weight / Lifestyle			**Cancer**		
BMI: Morbid/Obese	105.8%	32.3%	Cancer Screen: Skin 2 yr	103.1%	11.1%
Vigorous Exercise	101.8%	58.1%	Cancer Screen: Colorectal 2 yr	113.6%	23.4%
Chronic Diabetes	129.8%	20.3%	Cancer Screen: Pap/Cerv Test 2 yr	96.8%	46.7%
Healthy Eating Habits	90.3%	21.1%	Routine Screen: Prostate 2 yr	115.2%	32.8%
Ate Breakfast Yesterday	99.1%	78.4%	**Orthopedic**		
Slept Less Than 6 Hours	109.5%	14.9%	Chronic Lower Back Pain	117.6%	36.3%
Consumed Alcohol in the Past 30 Days	102.4%	55.0%	Chronic Osteoporosis	73.5%	7.5%
Consumed 3+ Drinks Per Session	125.0%	35.2%	**Routine Services**		
Behavior			FP/GP: 1+ Visit	101.9%	82.9%
Search for Pricing Info	110.9%	29.9%	NP/PA Last 6 Months	84.4%	35.0%
I am Responsible for My Health	99.9%	90.5%	OB/Gyn 1+ Visit	90.7%	34.8%
I Follow Treatment Recommendations	100.7%	77.5%	Medication: Received Prescription	91.9%	55.7%
Pulmonary			**Internet Usage**		
Chronic COPD	86.8%	4.7%	Use Internet to Look for Provider Info	84.7%	33.7%
Chronic Asthma	108.2%	12.8%	Facebook Opinions	105.3%	10.6%
Heart			Looked for Provider Rating	89.1%	20.9%
Chronic High Cholesterol	105.4%	25.8%	**Emergency Services**		
Routine Cholesterol Screening	105.4%	46.8%	Emergency Room Use	105.3%	39.5%
Chronic Heart Failure	95.3%	3.9%	Urgent Care Use	111.7%	36.8%

The following areas were identified from a comparison of San Bernardino County to national averages. **Adverse** metrics impacting more than 30% of the population and statistically significantly different from the national average include:

- 5.8% more likely to have a **BMI of Morbid/Obese**, affecting 32.3%
- 25.0% more likely to **Consume 3+ Drinks per Session**, affecting 35.2%

- 17.6% more likely have **Chronic Lower Back Pain**, affecting 36.3%
- 15.6% less likely to receive **Routine 6 Month NP/PA Visit**, affecting 35.0%
- 9.3% less likely to receive **Routine OB/Gyn Visit**, affecting 34.8%
- 5.3% more likely to **Visit the Emergency Room (for non-emergent issues)**, affecting 39.5%

Beneficial metrics impacting more than 30% of the population and statistically significantly different from the national average include:

- 5.4% more likely to receive **Routine Cholesterol Screenings**, affecting 46.8%
- 15.2% more likely to receive **Routine Prostate Screening**, affecting 32.8%

Leading Causes of Death[6]

The Leading Causes of Death are determined by official Centers for Disease Control and Prevention (CDC) final death total. California's Top 15 Leading Causes of Death are listed in the table below in San Bernardino's rank order. San Bernardino County was compared to all other California counties, California state average and whether the death rate was higher, lower or as expected compared to the U.S. average.

Cause of Death			Rank among all counties in CA (#1 rank = worst in state)	Rate of Death per 100,000 age adjusted		Observation (San Bernardino County Compared to U.S.)
CA Rank	San Bernardino Rank	Condition		CA	San Bernardino	
1	1	Heart Disease	4 of 58	142.8	229.8	Higher than Expected
2	2	Cancer	17 of 58	136.7	174.1	Higher than Expected
5	3	Lung Disease	9 of 58	32.1	58.9	Higher than Expected
3	4	Stroke	21 of 58	37.6	48.0	Higher than Expected
7	5	Diabetes	4 of 58	22.0	32.5	Higher than Expected
4	6	Alzheimer's	14 of 58	37.0	30.6	As Expected
6	7	Accidents	51 of 58	33.1	29.1	Less than Expected
8	8	Flu - Pneumonia	27 of 58	14.5	18.3	As Expected
10	9	Liver Disease	24 of 58	12.1	14.0	As Expected
9	10	Hypertension	8 of 58	12.7	12.6	As Expected
12	11	Kidney	9 of 58	8.9	11.2	As Expected
11	12	Suicide	38 of 58	10.4	10.6	As Expected
14	13	Homicide	16 of 58	5.1	7.2	As Expected
13	14	Parkinson's	33 of 58	8.0	5.9	As Expected
15	15	Blood Poisoning	40 of 58	3.5	4.1	Less than Expected

[6] www.worldlifeexpectancy.com/usa-health-rankings

Priority Populations

Earlier in the document, a description was provided for Priority Populations, which is one of the groups whose needs are to be considered during the CHNA process. It can be difficult to obtain information about Priority Populations in a hospital's community. The objective is to understand the general trends of issues impacting Priority Populations and to interact with the Local Experts to discern if local conditions exhibit any similar or contrary trends. The following discussion examines findings about Priority Populations from a national perspective.

Begin by analyzing the National Healthcare Quality and Disparities Reports (QDR), which are annual reports to Congress mandated in the Healthcare Research and Quality Act of 1999 (P.L. 106-129). These reports provide a comprehensive overview of the quality of healthcare received by the general U.S. population and disparities in care experienced by different racial, ethnic, and socioeconomic groups. The purpose of the reports is to assess the performance of the Hospital's health system and to identify areas of strengths and weaknesses in the healthcare system along three main axes: **Access to healthcare**, **quality of healthcare**, and **priorities of the National Quality Strategy (NQS)**. The complete report is provided in Appendix C.

A specific question was asked to the Hospital's Local Expert Advisors about unique needs of Priority Populations, and their responses were reviewed to identify if there were any report trends in the service area. Accordingly, the Hospital places a great reliance on the commentary received from the Hospital's Local Expert Advisors to identify unique population needs to which the Hospital should respond. Specific opinions from the Local Expert Advisors are summarized below:[7]

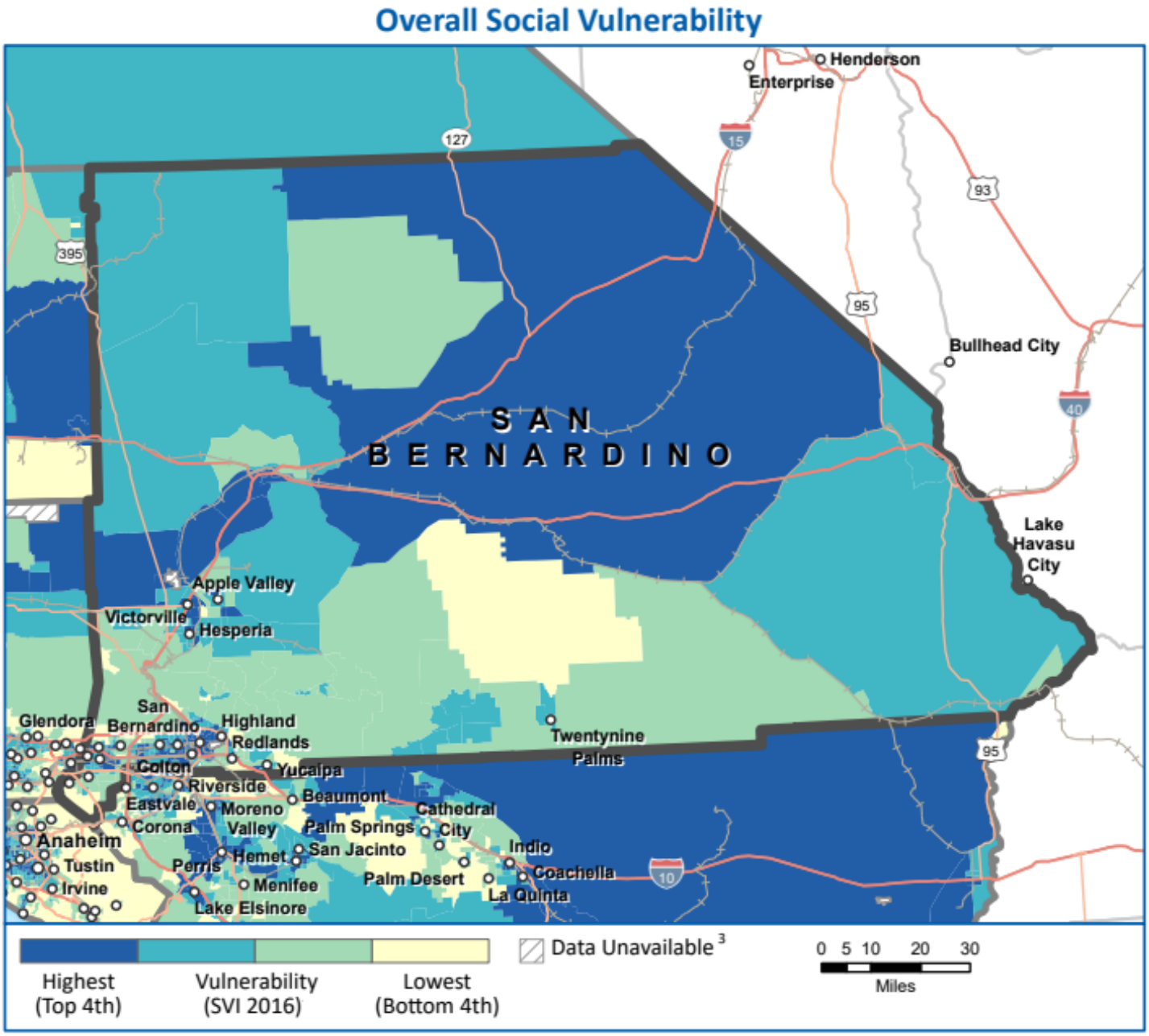
- The top three priority populations in the area are low-income groups, residents of rural areas, and older adults
- There should be a focus on accessibility to healthcare and specialty care

[7] All comments and the analytical framework behind developing this summary appear in Appendix A

Social Vulnerability[8]

Social vulnerability refers to the resilience of communities when confronted by external stresses on human health, such as natural or human-caused disasters, or disease outbreaks.

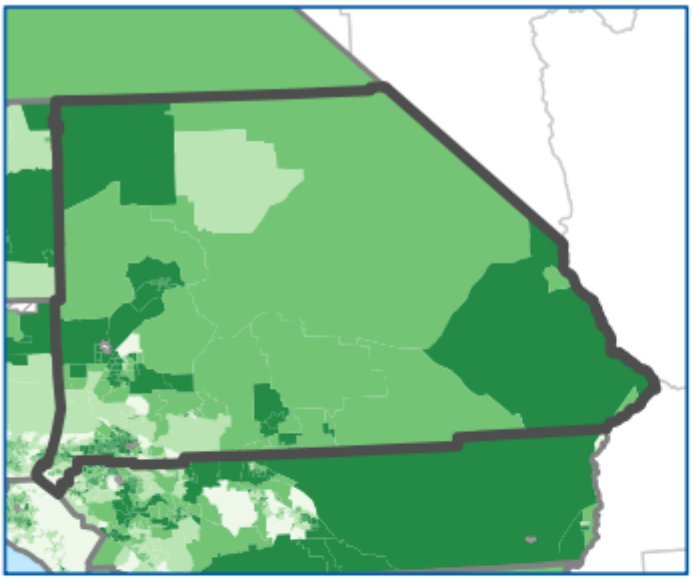
San Bernardino County falls into all four quartiles of social vulnerability. However, the northeast region of the county is in the highest quartile of social vulnerability. The Big Bear Lake region falls into the second lowest quartile:



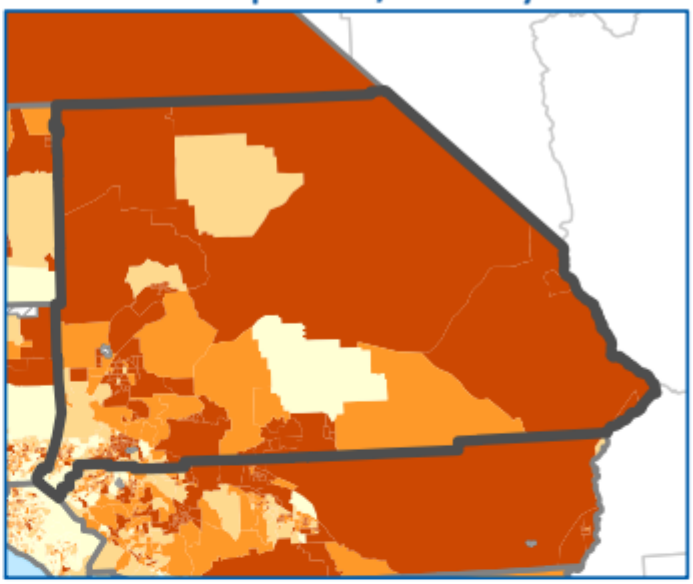
[8] http://svi.cdc.gov

SVI Themes

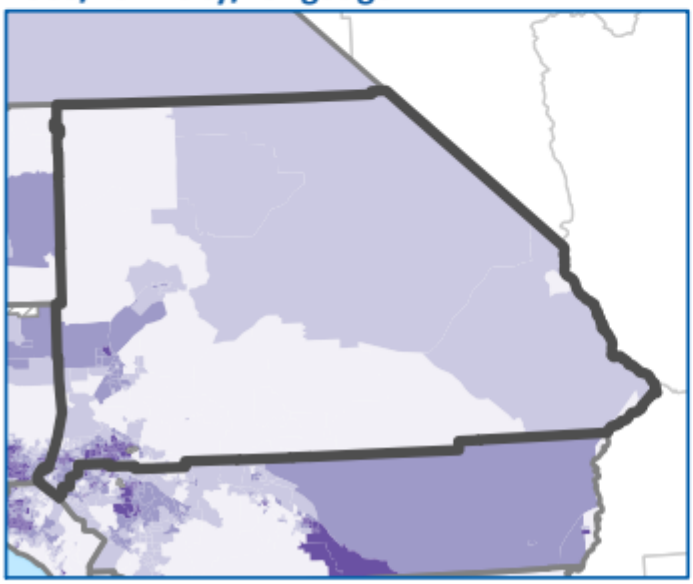
Socioeconomic Status



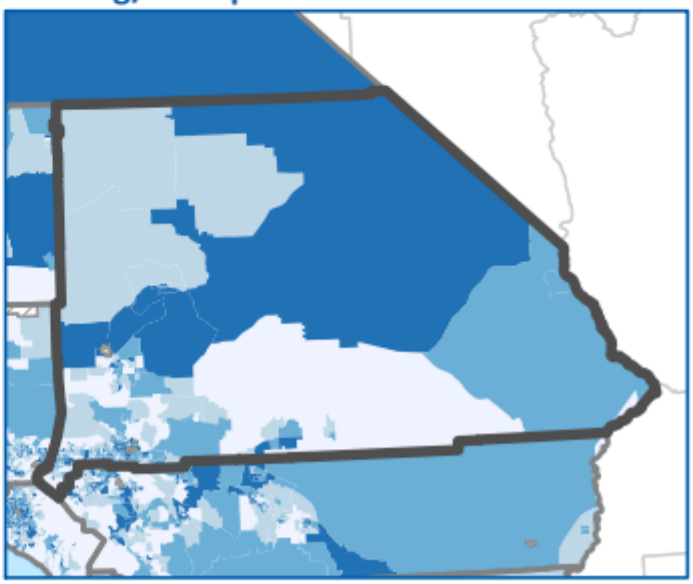
Household Composition/Disability



Race/Ethnicity/Language



Housing/Transportation



Comparison to Other State Counties[9]

To better understand the community, San Bernardino County has been compared to all 58 counties in the state of California across six areas: Length of Life, Quality of Life, Health Behaviors, Clinical Care, Social & Economic Factors, and Physical Environment.

In the chart below, the county's rank compared to all counties is listed along with measures in each area compared to the state average and U.S. Median.

	San Bernardino	California	U.S. Median
Length of Life			
Overall Rank *(best being #1)*	33/58		
- Premature Death*	6,700	5,300	8,100
Quality of Life			
Overall Rank *(best being #1)*	51/58		
- Poor or Fair Health	20%	18%	17%
- Poor Mental Health Days	4.1	3.5	3.9
Health Behaviors			
Overall Rank *(best being #1)*	35/58		
- Adult Smoking	13%	11%	17%
- Adult Obesity	26%	23%	32%
- Physical Inactivity	21%	17%	26%
- Excessive Drinking	18%	18%	17%
- Alcohol-Impaired Driving Deaths	30%	30%	28%
Clinical Care			
Overall Rank *(best being #1)*	56/58		
- Uninsured	9%	8%	10%
- Population to Primary Care Provider Ratio	1,750:1	1,270:1	2,050:1
- Population to Dentist Ratio	1,440:1	1,200:1	2,450:1
- Population to Mental Health Provider Ratio	480:1	310:1	970:1
- Preventable Hospital Stays	4,519	3,507	4,648
- Mammography Screening	30%	36%	40%
- Flu vaccinations	30%	40%	42%
Social & Economic Factors			
Overall Rank *(best being #1)*	32/58		
- Unemployment	4.9%	4.8%	4.4%
- Children in Poverty	23%	18%	21%
- Children in Single-Parent Households	36%	31%	32%
- Violent Crime*	442	421	205
- Injury Deaths*	45	49	82
Physical Environment			
Overall Rank *(best being #1)*	55/58		
- Air Pollution - Particulate Matter	14.9 µg/m³	9.5 µg/m³	9.2 µg/m³
- Severe Housing Problems	27%	27%	14%

Per 100,000 Population

[9] www.countyhealthrankings.org

Conclusions from Other Statistical Data[10]

The Institute for Health Metrics and Evaluation at the University of Washington analyzed all 3,143 U.S. counties or equivalents applying small area estimation techniques to the most recent county information. The below chart compares San Bernardino County statistics to the U.S. average, as well as the trend in each measure over a 34-year span.

San Bernardino County	Current Statistic (2014)	Percent Change (1980-2014)
UNFAVORABLE San Bernardino County measures that are **WORSE** than the U.S. average and had an **UNFAVORABLE**		
- Female Diabetes, Urogenital, Blood, and Endocrine Disease Deaths*	60.1	75.7%
- Male Diabetes, Urogenital, Blood, and Endocrine Disease Deaths*	77.1	76.7%
- Male Mental and Substance Use Related Deaths*	19.5	131.5%
UNFAVORABLE San Bernardino County measures that are **WORSE** than the U.S. average and had a **FAVORABLE** change		
- Female Life Expectancy	80.9	4.9%
- Female Heart Disease*	135.7	-50.1%
- Male Heart Disease*	195.2	-59.9%
- Female Stroke*	49.8	-54.7%
- Female Breast Cancer*	28.6	-14.1%
- Male Transport Injuries Related Deaths*	21.6	-62.4%
- Female Liver Disease Related Deaths*	15.0	-8.8%
- Male Liver Disease Related Deaths*	30.3	-20.0%
DESIRABLE San Bernardino County measures that are **BETTER** than the US average and had an **UNFAVORABLE** change		
- Female Mental and Substance Use Related Deaths*	7.3	75.9%
DESIRABLE San Bernardino County measures that are **BETTER** than the US average and had a **FAVORABLE** change		
- Female Trachel, Bronchus, and Lung Cancer*	36.6	-14.1%
- Male Tracheal, Bronchus, and Lung Cancer*	52.9	-53.9%
- Female Self-Harm and Interpersonal Violence Related Deaths*	6.8	-49.3%
- Male Self-Harm and Interpersonal Violence Related Deaths*	28.9	-38.1%
AVERAGE San Bernardino County measures that are **EQUAL** to the US average and had a **FAVORABLE** change		
- Male Life Expectancy	76.3	9.5%
- Male Stroke*	48.5	-54.7%
- Male Breast Cancer*	0.3	-26.2%
- Female Skin Cancer*	2.0	-17.6%
- Male Skin Cancer*	4.3	-6.4%
- Female Transport Injuries Related Deaths*	8.9	-48.5%

*rate per 100,000 population, age-standardized

[10] http://www.healthdata.org/us-county-profiles

Community Benefit

Community benefit activities or programs seek to achieve a community benefit objective, including improving access to health services, enhancing public health, advancing increased general knowledge, and relief of a government burden to improve health. This includes activities or programs that do the following:

- Are available broadly to the public and serve low-income consumers.
- Reduce geographic, financial, or cultural barriers to accessing health services, and if they ceased would result in access problems (for example, longer wait times or increased travel distances).
- Address federal, state, or local public health priorities such as eliminating disparities in access to healthcare services or disparities in health status among different populations.
- Leverage or enhance public health department activities such as childhood immunization efforts.
- Otherwise would become the responsibility of government or another tax-exempt organization.
- Advance increased general knowledge through education or research that benefits the public.

Activities reported by the Hospital in its implementation efforts and/or its prior year tax reporting (FY2018) included:

- Community Health Fair
- Vaccines for Children Program
- Mom and Dad's Project
- County supplied flu vaccines-Flu shot clinic

IMPLEMENTATION STRATEGY

Significant Health Needs

BVCHD used the priority ranking of area health needs by Local Expert Advisors to organize the search for locally available resources as well as the response to the needs by BVCHD. The Implementation Strategy includes the following:

- Identifies the rank order of each identified Significant Need
- Presents the factors considered in developing the ranking
- Establishes a Problem Statement to specify the problem indicated by use of the Significant Need term
- Identifies BVCHD current efforts responding to the need including any written comments received regarding prior BVCHD implementation actions
- Establishes the Implementation Strategy programs and resources BVCHD will devote to attempt to achieve improvements
- Documents the Leading Indicators BVCHD will use to measure progress
- Presents the Lagging Indicators BVCHD believes the Leading Indicators will influence in a positive fashion, and
- Presents the locally available resources noted during the development of this report as believed to be currently available to respond to this need.

In general, BVCHD is the major hospital in the service area. BVCHD is a 9-bed, acute care medical facility located in Big Bear Lake, CA. The next closest facilities are outside the service area and include:

- Mountains Community Hospital in Lake Arrowhead, CA, 28 miles (54 minutes)
- Desert Valley in Apple Valley/Victorville, CA, 38 miles (52 minutes)
- St. Bernardine's Medical Center in San Bernardino, CA, 39 miles (63 minutes)
- Community Hospital of San Bernardino in San Bernardino, CA, 43 miles (66 minutes)
- Redlands Community Hospital in Redlands, CA, 42 miles (68 minutes)
- Loma Linda University Medical Center in Loma Linda, CA, 42 miles (69 minutes)

All statistics analyzed to determine significant needs are "Lagging Indicators," measures presenting results after a period of time, characterizing historical performance. Lagging Indicators tell you nothing about how the outcomes were achieved. In contrast, the BVCHD Implementation Strategy uses "Leading Indicators." Leading Indicators anticipate change in the Lagging Indicator. Leading Indicators focus on short-term performance, and if accurately selected, anticipate the broader achievement of desired change in the Lagging Indicator. In the QHR application, Leading Indicators also must be within the ability of the hospital to influence and measure.

1. **AFFORDABILITY – Local expert concern; San Bernardino County's uninsured rate is worse than the state average; San Bernardino County's unemployment rate is worse than the state and national averages**

Public comments received on previously adopted implementation strategy:

This was not a significant health need in 2016, so no comments were solicited.

BVCHD services, programs, and resources available to respond to this need include:

- Charity care program available
- Free flu immunizations offered at clinic
- Health Fair provided at the hospital campus offering free glasses, immunizations, chip identification, scoliosis screenings, glucose and cholesterol screenings, and dental exams
- Offering discounted price on mammography screenings through partnership with Soroptomist of Big Bear Valley
- Offer free chronic pain support group
- Offer free smoking cessation classes
- Offer free diabetic education classes
- Dental clinic
- Vaccines for Children Program
- Rural Health Clinic
- Review Private Pay policies for clinic, as well as Financial Assistance Policy
- Offer Reiki, a form of alternative therapy commonly referred to as energy healing
- Free community outreach and education is available including childbirth education, mommy and me classes and parenting classes
- Full time eligibility specialist available
- Prompt discount available for patients that pay on the day of service

Additionally, BVCHD plans to take the following steps to address this need:

- Explore offering inpatient medication detox services through bridge program
- Research funding offerings for community education
- Look into offering training program for certified nursing assistance through grant funding
- Explore partnership with IEHP health networks – to ensure service can be provided to patients with IEHP insurance
- Care collaboration with Riverside Community Hospital to bring in more specialists, patient will receive specialty services local

Anticipated results from BVCHD Implementation Strategy

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	
3. Addresses disparities in health status among different populations	X	
4. Enhances public health activities	X	
5. Improves ability to withstand public health emergency		X
6. Otherwise would become responsibility of government or another tax-exempt organization	X	
7. Increases knowledge; then benefits the public	X	

The strategy to evaluate BVCHD intended actions is to monitor change in the following Leading Indicator:

- Number of mammograms provided
- Number of the blood screenings provided at health fair
- Charity contributions in 2018

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- Medicaid population in the service area county

BVCHD anticipates collaborating with the following other facilities and organizations to address this Significant Need:

Organization	Contact Name	Contact Information
Lions Club of Big Bear	Paul Geiger	
IEHP Health Networks	Samantha Huang, Manager of Provider Contracts	909-386-6440 Huang_s@iehp.org

Organization	Contact Name	Contact Information
Riverside Community Hospital	Brad Smithson, Outreach Coordinator	951-206-6839 Brad.smithson@hcshealthcare.com

Other local resources identified during the CHNA process that are believed available to respond to this need:

Organization	Contact Name	Contact Information
Sorpotomist of Big Bear Valley		

2. ACCESSIBILITY – 2016 Significant Health Need; San Bernardino County's Population to Primary Care Provider and Mental Health Provider Ratio is worse than the state average

Public comments received on previously adopted implementation strategy:

- *See Appendix A for a full list of comments*

BVCHD services, programs, and resources available to respond to this need include:

- Recruited Primary Care provider for clinic; recruiting additional primary care/family practice providers
- Expanded tele-psychology and tele-psychiatry services
- Vaccines for Children program – provides free/low-cost vaccines to children
- Participate in annual health fair to provide screenings and education
- FastTrack program within ED to pair lower acuity cases with midlevel providers
- Provide materials in Spanish and provide Spanish interpretation services
- Active participant in Hospital Association of Southern California (HASC) to help meet local healthcare needs and address issues
- Continue developing Care collaboration agreement with Riverside to expand specialty services and provide cross-training for providers
- Explore opportunity to become provider for IEHP
- Explore avenues to expand insurance contracts and keep services local

Additionally, BVCHD plans to take the following steps to address this need:

- Bring additional providers through – University of California Medical School at Riverside
    - In July 2020, scheduled to have relationship where they will rotate residents into the rural environment – 4 residents in the clinic with 3-month rotations
- Implementing telecommunication that includes visual tele interpreter services
- Individual Health Plan (IHP) exploration from affordability
- Seeking additional specialty services through Riverside partnership
- Implementing Medication Assisted Treatment (MAT) Program
- Explore grant options to help increase access

BVCHD evaluation of impact of actions taken since the immediately preceding CHNA:

- Added a second chiropractor including acupuncture and podiatry services
- Expanded mental health providers
- Upgraded equipment and EHR system in ED to streamline patient flow

- Implemented digital mammography
- Installed new CT scanner
- Added specialties including general surgery and orthopedics
- Reintroduced dental program through Rural Health Clinic

Anticipated results from BVCHD Implementation Strategy

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	
3. Addresses disparities in health status among different populations	X	
4. Enhances public health activities	X	
5. Improves ability to withstand public health emergency		X
6. Otherwise would become responsibility of government or another tax-exempt organization	X	
7. Increases knowledge; then benefits the public	X	

The strategy to evaluate BVCHD intended actions is to monitor change in the following Leading Indicator:

- Number of patients seen in the emergency department
- Increase in number of patients seen at clinic

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- Population-based Net Physician Need

BVCHD anticipates collaborating with the following other facilities and organizations to address this Significant Need:

Organization	Contact Name	Contact Information
Riverside Community Hospital	Brad Smithson, Outreach Coordinator (951) 206-6839	(951) 788-3000 4445 Magnolia Ave, Riverside, CA 92501 www.riversidecommunityhospital.com
Local service organizations (Lion's Club, Rotary, BVCH Auxiliary, BVCHD Foundation, SIBBV)		
Hospital Association of Southern California (HASC)	Kevin Porter	(213) 347-2002 Manu Life Plaza, 515 S Figueroa St, Los Angeles, CA 90071 www.hasc.org
REACH and Mercy Air (helicopter transport)	Mercy Air: Rock Allen (909) 273-9376 Reach Air: James Cisneros (909) 329-9607	

Other local resources identified during the CHNA process that are believed available to respond to this need:

Organization	Contact Name	Contact Information
Mountain Area Regional Transit Authority (MARTA)		(909) 878-5200 41939 Fox Farm Rd, Big Bear Lake, CA 92315 mountaintransit.org/big-bear-routes-and-schedules
Other local physicians		

3. **MENTAL HEALTH – 2016 Significant Need; San Bernardino County's Poor Mental Health Days is worse than the state and national averages; Suicide is the #12 Leading Cause of Death in San Bernardino County; San Bernardino County's Male Mental and Substance Use Related Deaths Rate is worse than the national averages**

Public comments received on previously adopted implementation strategy:

- *See Appendix A for a full list of comments*

BVCHD services, programs, and resources available to respond to this need include:

- Active participant in Bear Valley Mental Health Alliance to bring together multiple local agencies to address mental health in the community
- Implemented Care Navigator to help connect patients to community resources
- Tele-psychology and tele-psychiatry services provided for adults
- Providing Mental Health Alliance booklets on local resources for mental health and substance abuse
- PHQ-9– depression screening
    - Providing resources to patients that test positive – self-care or referring to physicians
- Participating with Mountain Homeless Coalition
- Provide culture of poverty training, efforts to teach empathy and understanding to patients

Additionally, BVCHD plans to take the following steps to address this need:

- Explore adding tele psych services in the emergency department
- Explore adding more support groups for community members that have experienced symptoms of a mental health condition
- Research opportunities for creating a patient advocacy program
- Look into implementing a chaplaincy program
- Explore partnership with behavioral health and other community resources

BVCHD evaluation of impact of actions taken since the immediately preceding CHNA:

- Staff and providers trained in 51-50 (ED physicians and nursing staff trained in Suicide risk assessment)
- Increased tele psych services through adding an LCSW onsite
- Added a third telehealth unit at the clinic and can provide service to pediatric patients
- Participated in de-escalating training through the department of public health
- Increased communication and collaboration with all Alliance members
- Provided Mental Health First Aid Classes to staff through PRIME Project

Anticipated results from BVCHD Implementation Strategy

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	
3. Addresses disparities in health status among different populations		X
4. Enhances public health activities		X
5. Improves ability to withstand public health emergency		X
6. Otherwise would become responsibility of government or another tax-exempt organization	X	
7. Increases knowledge; then benefits the public		X

The strategy to evaluate BVCHD intended actions is to monitor change in the following Leading Indicator:

- Number of mental health visits
- Number of tele psych consults in the emergency department

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- Number of mental health emergency department visits

BVCHD anticipates collaborating with the following other facilities and organizations to address this Significant Need:

Organization	Contact Name	Contact Information
Hospital Association of Southern California (HASC)	Kevin Porter	Manu Life Plaza, 515 S Figueroa St, Los Angeles, CA 90071 www.hasc.org

Organization	Contact Name	Contact Information
Big Bear Mental Health Alliance (LSS, DOVES, Bear Valley Unified School District, Sheriff's Department, Desert Mountain's Children's Collaborative (DMCC), Department of Behavioral Health (DBH))	Eileen Hofer (909) 866-5070	http://bigbearmentalhealthalliance.org/
San Bernardino Sheriff's Department Big Bear Station		(909) 866-0100 477 Summit Blvd., Big Bear Lake
Department of Health Care Services (CA) (PRIME Project)	Citra Downey, DHCS Directors Office	(916) 701-8164 Citra.downey@dhcs.ca.gov
DOVES	Quinton Page Program Manager – DOVES of Big Bear Valley	qpage@doves4help.org 909.866.1546

Other local resources identified during the CHNA process that are believed available to respond to this need:

Organization	Contact Name	Contact Information
Other local physicians		

4. EDUCATION/PREVENTION – Local expert concern

Public comments received on previously adopted implementation strategy:

This was not a significant health need in 2016, so no comments were solicited.

BVCHD services, programs, and resources available to respond to this need include:

- Community Doc Talk put on by BVCHD doctors focusing on health and wellness education
- Mom and Dads project, a parenting education and resource center that offers a variety of classes for parents and caregivers raising children from birth to 18 years of age including:
    - Childbirth classes, parenting style classes, CPR & first aid classes, comprehensive perinatal services program, and more
    - Visit MomAndDadProject.com for full list
- Smoking cessation classes
- CPSP program through the clinic – California Perinatal Services Program – allows pregnant moms to receive additional visits
- Sent nurses out to do education in school systems – substance abuse, smoking cessation, shaking babies, diabetes education, dental navigator
- Drug take back program that allows community members drop off expired, unused or unwanted medications for safe disposal
- Education on alternative therapy for pain management
- Partnership with California Highway Patrol to provide education on drinking and driving
- Teach back and show me method used to improve patient understanding and adherence to patient education
- Implemented Patient Family Advisory Council
- Working with HSAG to provide education and diagnosis education to reduce readmissions
- Participate with readmissions collaborative group

Additionally, BVCHD plans to take the following steps to address this need:

- Diabetic education
- Explore opportunities for grant funding
- Provide additional education on vaping

Anticipated results from BVCHD Implementation Strategy

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	
3. Addresses disparities in health status among different populations	X	
4. Enhances public health activities	X	
5. Improves ability to withstand public health emergency		X
6. Otherwise would become responsibility of government or another tax-exempt organization	X	
7. Increases knowledge; then benefits the public	X	

The strategy to evaluate BVCHD intended actions is to monitor change in the following Leading Indicator:

- Number of health-related screenings/fairs offered
- Number of participates in Mom and Dad projects
- Number of participates in the smoking cessations program
- Number of childbirth classes provided

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- Track health related rates (including obesity, rate of physical activity, etc.)
- Number of childbirths in the emergency department vs in regular care

BVCHD anticipates collaborating with the following other facilities and organizations to address this Significant Need:

Organization	Contact Name	Contact Information
California Highway Patrol		
HSAG	Michelle Pastrano, MSG	(818) 265-4648 mpastrano@hsag.com

Organization	Contact Name	Contact Information
HIIN-Hospital Innovation Improvement Network	Natasha Hanasab, PharmD, MS, Quality Advisor	(818) 265-4689 nhanasab@hsag.com

5. SUBSTANCE ABUSE – 2016 Significant Need; San Bernardino County's Male Mental and Substance Use Related Deaths Rate is worse than the national averages

Public comments received on previously adopted implementation strategy:

- *See Appendix A for a full list of comments*

BVCHD services, programs, and resources available to respond to this need include:

- Offer chiropractic and acupuncture services in clinic as alternative treatment option for chronic pain
- Collaborate with schools and California Highway Patrol to put on "Every 15 Minutes" to show effects of impaired driving
- Providers have access to CURES program to monitor opioid prescriptions
- Provide Mental Health Alliance booklets on local resources for mental health and substance abuse
- Hired a licensed clinical social worker (LCSW)
- Hired a Care navigator to provide patients with personal guidance throughout their course of treatment
- Offer support groups for patients experiencing chronic pain management
- Nurse provides education to parents of local school on substance abuse
- Provides annual open house surrounding alternative therapy options and provide community education as well
- Drug take back program that allows community members drop off expired, unused or unwanted medications for safe disposal
- Tele psych have a DEA X waiver which allows them to prescribe medication assistance treatment for substance abuse and opioid use disorder

Additionally, BVCHD plans to take the following steps to address this need:

- Explore expanding medication assistance program to outpatient setting
- Explore expanding detox program to inpatient setting
- Look into hiring a board-certified addiction specialist

BVCHD evaluation of impact of actions taken since the immediately preceding CHNA:

- Offering Narcan prescription for anyone who is prescribed long term opioids
- Implemented Hospital Association of Southern California's Safe Opioid Prescribing Practices to help manage and control access to narcotics
- Implemented Management of non-malignant Chronic Pain Program (PRIME Project) to encourage use of alternative medicines/modalities to relieve chronic pain
- Expanded chiropractic services in clinic with new provider

Anticipated results from BVCHD Implementation Strategy

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	
3. Addresses disparities in health status among different populations		X
4. Enhances public health activities	X	
5. Improves ability to withstand public health emergency		X
6. Otherwise would become responsibility of government or another tax-exempt organization	X	
7. Increases knowledge; then benefits the public	X	

The strategy to evaluate BVCHD intended actions is to monitor change in the following Leading Indicator:

- Number of patients participating in PRIME project

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- Age-adjusted emergency department rate due to overdose

BVCHD anticipates collaborating with the following other facilities and organizations to address this Significant Need:

Organization	Contact Name	Contact Information
Local Schools		
California Highway Patrol		
Sierra Trust Foundation	Nora Dunlap, Program Officer	916-922-4755 x3213 ndunlap@sierrahealth.org www.sierrahealth.org

6. **OBESITY/OVERWEIGHT – Local Expert Concern; San Bernardino County's Adult Obesity rate is worse than the state average; San Bernardino County's Physical Inactivity rate is worse than the state average; Diabetes is the #5 Leading Cause of Death in San Bernardino County**

Public comments received on previously adopted implementation strategy:

This was not a significant health need in 2016, so no comments were solicited.

BVCHD services, programs, and resources available to respond to this need include:

- Offer diabetic education program
- BVCHD staff trained to be a diabetic peer educator
- Through Meal On Wheels program, BVCHD provides in-home nourishment to the ill, disabled and elderly home bound residents throughout the Big Bear Valley.

Additionally, BVCHD plans to take the following steps to address this need:

- Explore grant options to provide BMI testing and tracking
- BVCHD to explore more options
- Healthy food options in cafeteria
- Explore funding opportunities for employee wellness program
- Explore funding opportunities for weight management program
- Explore opportunities for outpatient nutrition consults

Anticipated results from BVCHD Implementation Strategy

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low income consumers		
2. Reduces barriers to access services (or, if ceased, would result in access problems)		
3. Addresses disparities in health status among different populations	X	
4. Enhances public health activities		
5. Improves ability to withstand public health emergency		

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
6. Otherwise would become responsibility of government or another tax-exempt organization		
7. Increases knowledge; then benefits the public	X	

The strategy to evaluate BVCHD intended actions is to monitor change in the following Leading Indicator:

- Percent of patients receiving BMI screening in primary care offices

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- Ratio of patients with elevated BMI compared to normal BMI
- Adults obesity rate in the county

Other Needs Identified During CHNA Process

7. **Women's Health**
8. **Cancer**
9. **Heart Disease**
10. **Accidents**
11. **Alcohol Use**
12. **Stroke**
13. **Chronic Pain Management**
14. **Hypertension**
15. **Dental**
16. **Diabetes**
17. **Alzheimer's**
18. **Liver Disease**
19. **Assistance to caregivers providing care for chronically ill family members**
20. **Smoking/Tobacco Use**

Overall Community Need Statement and Priority Ranking Score

Significant needs where hospital has implementation responsibility

1. Affordability
2. Accessibility – 2016 Significant Need
3. Mental Health – 2016 Significant Need
4. Education/Prevention
5. Substance Abuse – 2016 Significant Need
6. Obesity/Overweight

Significant needs where hospital did not develop implementation strategy

1. N/A

Other needs where hospital developed implementation strategy

1. N/A

Other needs where hospital did not develop implementation strategy

1. N/A

APPENDIX

Appendix A – Written Commentary on Prior CHNA (Local Expert Survey)

Hospital solicited written comments about its 2016 CHNA. 15 individuals responded to the request for comments. The following presents the information received in response to the solicitation efforts by the hospital. No unsolicited comments have been received.

1. **Please indicate which (if any) of the following characteristics apply to you. If none of the following choices apply to you, please give a description of your role in the community.**

	Yes (Applies to Me)	No (Does Not Apply to Me)	Response Count
1) **Public Health Expertise**	6	6	12
2) **Departments and Agencies** with relevant data/information regarding health needs of the community served by the hospital	7	5	12
3) **Priority Populations**	2	9	11
4) Representative/Member of **Chronic Disease Group** or Organization	2	9	11
5) Represents the **Broad Interest of the Community**	13	0	13
Other			2
Answered Question			15
Skipped Question			0

Congress defines "Priority Populations" to include:

- Racial and ethnic minority groups
- Low-income groups
- Women
- Children
- Older Adults
- Residents of rural areas
- Individuals with special needs including those with disabilities, in need of chronic care, or in need of end-of-life care
- Lesbian Gay Bisexual Transsexual (LGBT)
- People with major comorbidity and complications

2. **Do any of these populations exist in your community, and if so, do they have any unique needs that should be addressed?**

- *Inadequate accessibility of medical and mental health care for all categories esp. for the "working poor" especially specialist medical service needs. Lack of understanding and acceptance of LGBT community members*
- *Our community is somewhat isolated and very "resource poor" so specialty care is a huge struggle for patients due to travel....especially with mental health. Most of our patients don't use mental health services that are not offered here.*
- *Access to health care in our isolated community*

In the 2016 CHNA, there were three health needs identified as "significant" or most important:

1. **Accessibility**
2. **Mental Health**
3. **Substance Abuse**

3. Should the hospital continue to consider and allocate resources to help improve the needs identified in the 2016 CHNA?

	Yes	No	Response Count
Accessibility	15	0	15
Mental Health	15	0	15
Substance Abuse	15	0	15

Comments:

- *N/A*

6. Please share comments or observations about the actions BVCHD has taken to address <u>ACCESSIBILTY</u>.

- *The dental clinic has improved access to oral health care to our underserved, uninsured, and vulnerable populations. The partnership with BVCH and the Soroptimist Club of Big Bear Valley has also been vital in promoting women's health by providing low cost or free mammograms. The offering of digital mammography at our hospital has been instrumental in earlier detection.*
- *All of these action steps make good sense. Part of the problem is letting people know what services are available for them.*
- *Some progress has been made however more is needed*
- *I feel that the fact that their financial situation had stabilized has made the whole situation much better*
- *Yes, this should remain a priority. I was not aware of many of these actions.*
- *LLUMC was not helpful in the least so I am happy to hear about the new Care Collaboration with Riverside Community Hospital. They have always been a pleasure to work with and seem to go out of their way to help wherever we need it. They are always interested in giving back which is also a welcome change. I believe that the ED successfully implemented T-System after 2016. I believe also that RAD upgraded mammography equipment and recently completed a CT upgrade as well. I have heard great things about services after the upgrades. Doctor (surgery) has just begun and is beginning to ramp up for surgeries next month perhaps. We have Doctor and Doctor for Ortho as well. Doctor also sees patients at the clinic which keeps our patients from having to travel off the mountain and keeps the revenue here, so this is a great benefit for those cases he can do locally. The dental program has been wildly successful at the RHC and COH is currently working on expanding services into the FHC. I personally, would like to see the clinics explore managed care options as it is my understanding that Medi-Cal wants to have all patients in some sort of managed care (mostly we hear of patients being switched to IEHP and Molina). This would increase the population that we could see but would also sustain patient volumes for the future if Medi-Cal continues to move away from "straight" Medi-Cal.*
- *Increased access to better technology is a plus*

- *Loma Linda has not demonstrated a commitment to work with us and no further efforts should be spent in trying to affiliate with them*
- *The plan to develop an agreement with Loma Linda has been a complete failure, mostly because Loma Linda doctors did not want to do it. I hope that the hospital will try to develop an association with another hospital to provide these services. I understand Riverside Community Hospital is interested and this would be of great benefit to the community because services could be provided in town without having to go off the hill*

7. Please share comments or observations about the actions BVCHD has taken to address <u>MENTAL HEALTH.</u>

- *Do not know enough to comment*
- *Sensible steps for addressing mental health needs.*
- *some progress has been made however more is needed*
- *Yes, this should remain a priority.*
- *I think that BVCHD has a much bigger presence and awareness with the local collaboratives for mental health services. Of course, there is always room for improvement, but it is already vastly better than a few years ago. Once again, LLUMC was not a useful resource at all, but I know that the clinic has successfully added two tele psychiatrists and the ED is exploring on-demand tele psych consults which I believe will be hugely helpful to the community and staff alike. Transportation continues to be a struggle for many in the community but efforts have been made to provide buss vouchers to assist patients to get to and from the facility and in some cases, even to get to a shelter or other resources off the mountain.*
- *Mental health needs seem to be greater in a rural remote location with winter and resort visitor pressures.*
- *Doing a great job with 4 current providers at the FHC with another coming on shortly.*
- *I am unaware of the actions the hospital has taken with regard to Mental Health*

8. Please share comments or observations about the actions BVCHD has taken to address <u>SUBSTANCE ABUSE</u>.

- *Do not know enough to comment*
- *Encouraging the use of alternative medicines and chiropractic services is a smart, progressive step.*
- *Unaware of any changes*
- *Continue*
- *This continues to be a concern for all ages - Also being a resort town invites more drug involvement*
- *Yes, this should remain a priority. I've noticed growth in this area.*

  I know the HASC prescribing practices were implemented, but I'm not sure how helpful they were for the ED physicians as I do not work with them directly. However, it seems that I do see shorter durations of opioid prescriptions from patients who have been seen in the ED. The PRIME Project for Chronic Pain Management has been very successful at the clinic. It has allowed us to bring on Acupuncture, an additional Chiro provider, Reiki

once a month, etc. The annual Provider Open House has been a wonderful event and a place for alternative care providers in the community to not only highlight what they do, but also to find out more about what we do and find ways we can work together to better our community.

- *Mental health and substance abuse go hand in hand and can be exasperated with the pressures mentioned above*
- *Pain management program*
- *I am unaware of actions the hospital has taken with regard to Substance Abuse*

Appendix B – Identification & Prioritization of Community Needs (Local Expert Survey Results)

Need Topic	Total Votes	Number of Local Experts Voting for Needs	Percent of Votes	Cumulative Votes	Need Determination
Affordability	138	8	13.8%	13.8%	Significant Needs
Accessibility*	133	7	13.3%	27.1%	
Mental Health*	122	9	12.2%	39.3%	
Education/Prevention	90	7	9.0%	48.3%	
Substance Abuse*	69	7	6.9%	55.2%	
Obesity/Overweight	60	6	6.0%	61.2%	
Women's Health	50	5	5.0%	66.2%	Other Identified Needs
Cancer	45	4	4.5%	70.7%	
Heart Disease	45	5	4.5%	75.2%	
Accidents	40	4	4.0%	79.2%	
Alcohol Use	35	4	3.5%	82.7%	
Stroke	33	4	3.3%	86.0%	
Chronic Pain Management	25	3	2.5%	88.5%	
Hypertension	25	3	2.5%	91.0%	
Dental	20	1	2.0%	93.0%	
Diabetes	20	3	2.0%	95.0%	
Alzheimer's	15	2	1.5%	96.5%	
Liver Disease	10	1	1.0%	97.5%	
Points reserved for NEW health needs listed in Question 14 below	10	1	1.0%	98.5%	
Assistance to caregivers providing care for chronically ill family members	10	1	1.0%	99.5%	
Smoking/Tobacco Use	5	1	0.5%	100.0%	
Flu/Pneumonia	0	0	0.0%	100.0%	
Kidney Disease	0	0	0.0%	100.0%	
Lung Disease	0	0	0.0%	100.0%	
Physical Inactivity	0	0	0.0%	100.0%	
Respiratory Infections	0	0	0.0%	100.0%	
Suicide	0	0	0.0%	100.0%	
Total	1000		100.00%		

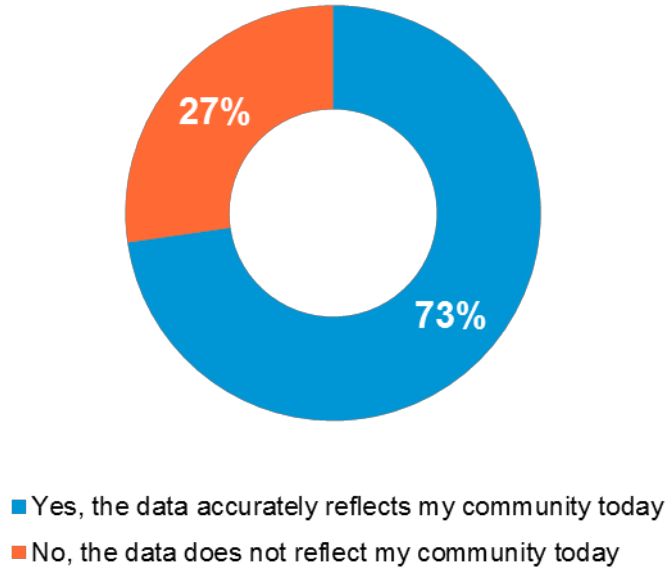
=2016 Significant Needs

Individuals Participating as Local Expert Advisors

	Yes (Applies to Me)	No (Does Not Apply to Me)	Response Count
1) **Public Health Expertise**	6	6	12
2) **Departments and Agencies** with relevant data/information regarding health needs of the community served by the hospital	7	5	12
3) **Priority Populations**	2	9	11
4) Representative/Member of **Chronic Disease Group** or Organization	2	9	11
5) Represents the **Broad Interest of the Community**	13	0	13
Other			2
Answered Question			15
Skipped Question			0

Advice Received from Local Expert Advisors

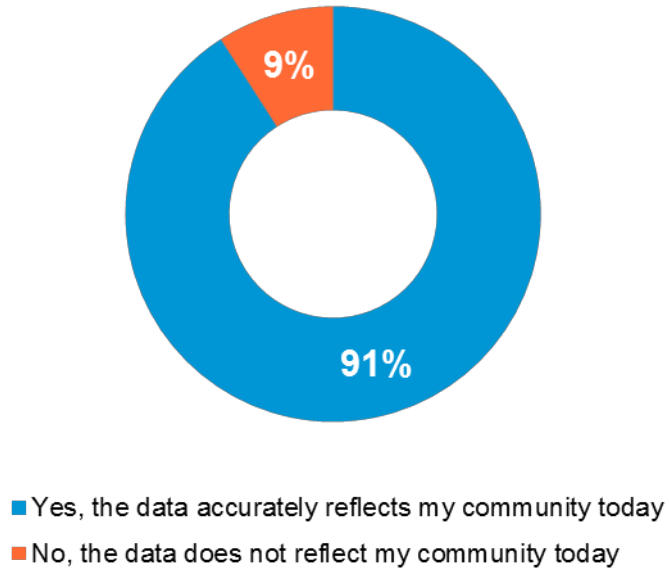
Question: Do you agree with the comparison of San Bernardino County to all other California counties?



Comments:

- *Violent crime and air pollution are incorrect statistics for our population, but I believe that a majority of the statistics are relevant to Big Bear Valley.*
- *Severe housing problems include lack of workforce housing and of full-time rentals. 27% seems very low.*
- *Children in poverty is much higher...70%+ of our kids are on free and reduced school lunch program. Mental Health provider to patient ratio is low. (There are more clients than providers)*
- *Our community is not typical of San Bernardino County so I am not sure how this data sheds light on big bear.*
- *I think that adult smoking, obesity, drinking - all seem higher than the percentages shown above. I also think that the ratio for population: PCP ratio is not that drastic. Also, the ratio for population: Mental Health Provider seems not high enough. There are far less mental health providers in our community than PCPs....these two don't seem right to me.*
- *Our mountain community is not reflective of all of these characteristics. The physical environment and quality of life in the Big Bear Valley are very different and better than other parts of San Bernardino County. With respect to other issues, we have many of the same problems and issues, especially with respect to access to health care, poverty, single parent households, etc.*

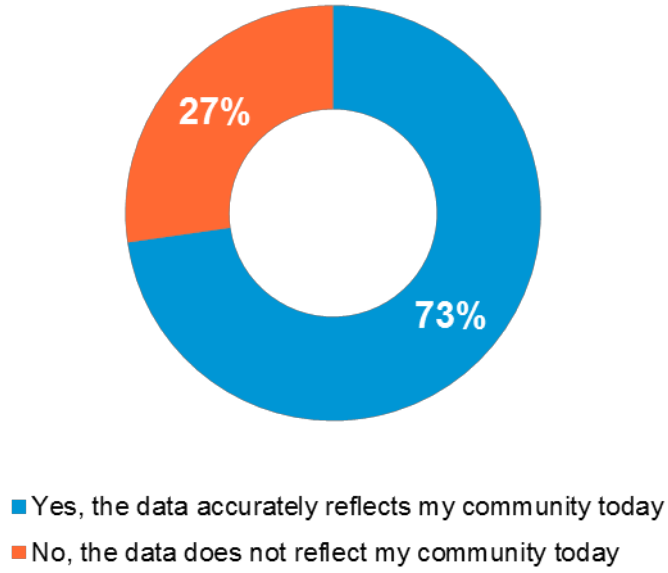
Question: Do you agree with the demographics and common health behaviors of BVCHD Service Area and San Bernardino County?



Comments:

- *OB/GYN services are definitely a need in our community*
- *I can't be certain, but it seems to be what I would expect.*
- *I am not sure the percentage of white to Hispanic population is correct. I would suspect the Hispanic population is actually larger than 23.5%. As to the other statistics they look about right.*

Question: Do you agree with the overall social vulnerability index for San Bernardino County?



Comments:

- *The rural nature of the valley makes up far more vulnerable than this reflects*
- *I can't properly decipher the maps*
- *I don't believe the statistics accurately reflect our community's vulnerability, especially as it relates to our ability to deal with disasters such as wildfires, earthquakes, floods, etc. The community is very isolated and only has 3 ways in and out. All 3 ways are sometimes compromised, and we are at least 45 minutes from any outside help. I don't think second to the lowest adequately accounts for our level of isolation and the threats that the community faces*

Question: Do you agree with the national rankings and leading causes of death?

Comments:

- *From my observation this looks to be fairly accurate*

Question: Do you agree with the health trends in San Bernardino County?

Comments:

- *N/A*

Appendix C – National Healthcare Quality and Disparities Report

The National Healthcare Quality and Disparities Reports (QDR; annual reports to Congress mandated in the Healthcare Research and Quality Act of 1999 (P.L. 106-129)) are based on more than 300 healthcare process, outcome, and access measures, covering a wide variety of conditions and settings. Data years vary across measures; most trend analyses include data points from 2000-2002 to 2012-2015. An exception is rates of uninsured, which we are able to track through 2017. The reports are produced with the support of an HHS Interagency Work Group (IWG) and guided by input from AHRQ's National Advisory Council and the Institute of Medicine (IOM), now known as the Health and Medicine Division of the National Academies of Sciences, Medicine, and Engineering.

For the 15th year in a row, the Agency for Healthcare Research and Quality (AHRQ) has reported on progress and opportunities for improving healthcare quality and reducing healthcare disparities. As mandated by the U.S. Congress, the report focuses on "national trends in the quality of health care provided to the American people" (42 U.S.C. 299b-2(b)(2)) and "prevailing disparities in health care delivery as it relates to racial factors and socioeconomic factors in priority populations" (42 U.S.C. 299a-1(a)(6)).

The 2017 report and chartbooks are organized around the concepts of access to care, quality of care, disparities in care, and six priority areas—including patient safety, person-centered care, care coordination, effective treatment, healthy living, and care affordability. Summaries of the status of access, quality, and disparities can be found in the report.

The report presents information on trends, disparities, and changes in disparities over time, as well as federal initiatives to improve quality and reduce disparities. It includes the following:

- **Overview of Quality and Access in the U.S. Healthcare System** that describes the healthcare systems, encounters, and workers; disease burden; and healthcare costs.
- **Variation in Health Care Quality and Disparities** that presents state differences in quality and disparities.
- **Access and Disparities in Access to Healthcare** that tracks progress on making healthcare available to all Americans.
- **Trends in Quality of Healthcare** that tracks progress on ensuring that all Americans receive appropriate services.
- **Trends in Disparities** that tracks progress in closing the gap between minority racial and ethnic groups and Whites, as well as income and geographic location gaps (e.g., rural/suburban disparities).
- **Looking Forward** that summarizes future directions for healthcare quality initiatives.

Key Findings

Access: An estimated 43% of access measures showed improvement (2000-2016), 43% did not show improvement, and 14% showed worsening. For example, from 2000 to 2017, there were significant gains in the percentage of people who reported having health insurance.

Quality: Quality of healthcare improved overall from 2000 through 2014-2015, but the pace of improvement varied by priority area:

- Person-Centered Care: Almost 70% of person-centered care measures were improving overall.
- Patient Safety: More than two-thirds of patient safety measures were improving overall.
- Healthy Living: More than half of healthy living measures were improving overall.
- Effective Treatment: More than half of effective treatment measures were improving overall.
- Care Coordination: Half of care coordination measures were improving overall.
- Care Affordability: Eighty percent of care affordability measures *did not* change overall.

Disparities: Overall, some disparities were getting smaller from 2000 through 2014-2015; but disparities persist, especially for poor and uninsured populations in all priority areas.

Trends

- Trends show that about 55% percent of quality measures are improving overall for Blacks.[11] However, most recent data in 2014-2015 show that about 40% of quality measures were worse for Blacks compared with Whites.
- Trends show that about 60% of quality measures are improving overall for Asians. However, most recent data in 2014-2015 show that 20% of quality measures were worse for Asians compared with Whites.
- Trends show that almost 35% of quality measures are improving overall for American Indians/Alaska Natives (AI/ANs). However, most recent data in 2014-2015 show that about 30% of quality measures were worse for AI/ANs compared with Whites.
- Trends show that approximately 25% of quality measures are improving overall for Native Hawaiians/Pacific Islanders (NHPIs). However, most recent data in 2014-2015 show that nearly 33% of quality measures were worse for NHPIs compared with Whites.
- Trends show that about 60% of quality measures are improving overall for Hispanics, but in 2014-2015, nearly 33% of quality measures were worse for Hispanics compared with non-Hispanic Whites.
- Variation in care persisted across the urban-rural continuum in 2014-2016, especially in access to care and care coordination.

Looking Forward

The National Healthcare Quality and Disparities Report (QDR) continues to track the nation's performance on healthcare access, quality, and disparities. The QDR data demonstrate significant progress in some areas and identify other areas that merit more attention where wide variations persist. The number of measures in each priority area varies, and some measures carry more significance than others as they affect more people or have more significant consequences. The summary charts are a way to quantify and illustrate progress toward achieving accessible, high-quality, and affordable care at the national level using available nationally representative data. The summary charts are accessible via the link below.

[11] Throughout this report and its appendixes, "Blacks" refers to Blacks or African Americans, and "Hispanics" refers to Hispanics or Latinos. More information is available in the Reporting Conventions section of the Introduction and Methods.

This report shows that while performance for most access measures did not change significantly over time (2000-2014), insurance coverage rates did improve (2000-2016). Quality of healthcare improved in most areas but some disparities persist, especially for poor and low-income households and those without health insurance.

U.S. Department of Health and Human Services (HHS) agencies are working on research and conducting programs in many of the priority areas—most notably opioid misuse, patient safety, effective treatment, and health disparities.

Link to the full report:

https://www.ahrq.gov/sites/default/files/wysiwyg/research/findings/nhqrdr/2017qdr.pdf