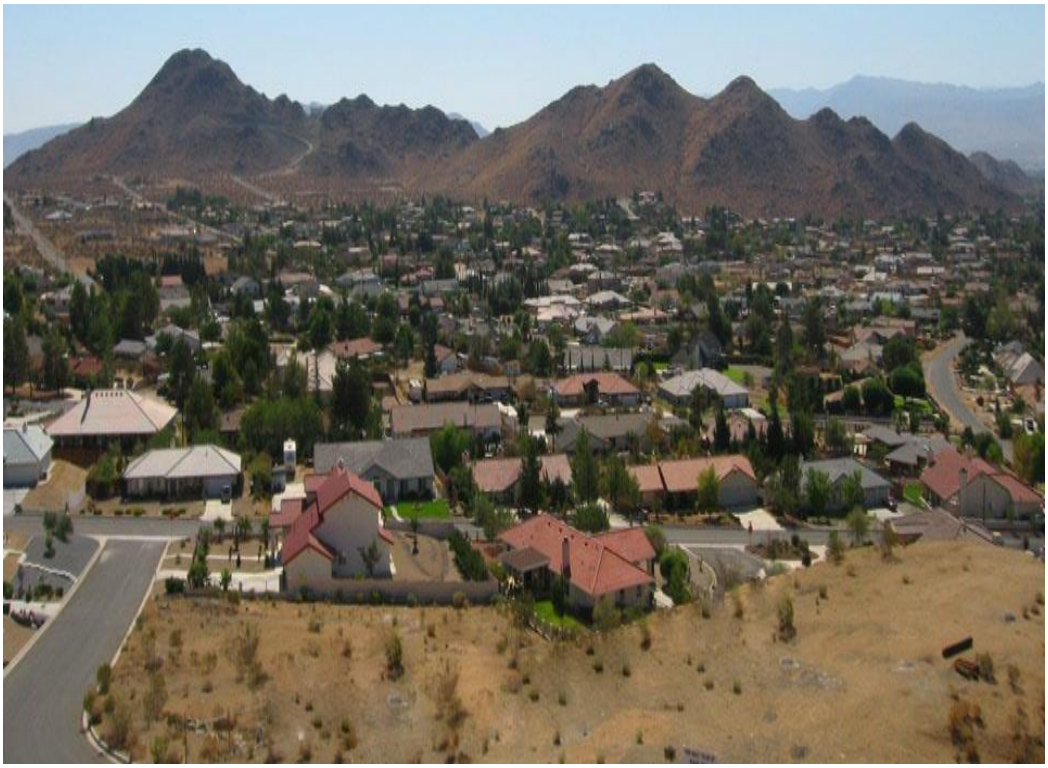

ST. MARY MEDICAL CENTER

2017 Community Health Assessment Report

To provide feedback about this Community Health Needs Assessment, email Kevin Mahany at Kevin.Mahany@stjoe.org

St. Joseph Health
St. Mary

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[1] A community benefit is an initiative, program or activity that provides treatment or promotes health and healing as a response to identified community needs and meets at least one of the following community benefit objectives:

a. Improves access to health services;
b. Enhances public health;
c. Advances increased general knowledge; and/or
d. Relieves government burden to improve health.

Community benefit includes both services to the poor and broader community.

[2] To be reported as a community benefit initiative or program, **community need must be demonstrated**. Community need can be demonstrated through the following: 1) community health needs assessment developed by the ministry or in partnership with other community organizations; 2) documentation that demonstrates community need and/or a request from a public agency or community group was the basis for initiating or continuing the activity or program; 3) or the involvement of unrelated, collaborative tax-exempt or government organizations as partners in the community benefit initiative or program.

ATTACHMENTS:

Appendix 1: Community Need Index Data

Appendix 2A: Secondary Data/Publicly Available Data

Appendix 2B: Secondary Data/Publicly Available Data Appendix

Appendix 3: Community Input

a) **Focus Group and Community Forum Participant**
b) **List of Stakeholder Focus Group Participants and Organizations**
c) **Focus Group and Community Forum Report**
d) **Protocols and Demographic Questionnaire**

Appendix 4: Prioritization Protocol and Criteria/Worksheets

Appendix 5: Health Facilities within Service Area

Appendix 6: St. Mary Medical Center Community Benefit Committee Roster

ACKNOWLEDGEMENTS

For 60 years St. Joseph Health, St. Mary has extended the healing ministry of Jesus in the tradition of the Sisters of St. Joseph of Orange to Victor Valley communities. Our efforts back then continue to this day – to improve health and the quality of life of the people we serve. What started as a 12-bed hospital in 1956 has evolved over the years to today's extensive outreach including fixed clinics, mobile medical units and programs crisscrossing the region.

With passage of federal health reform and the corresponding implementation of Covered California in October 2013, St. Mary's 2017 Community Health Needs Assessment reflects changes in healthcare especially increasing access to mental health and furthering health promotion such as nutrition education and physical fitness. I'm especially pleased St. Mary's outreach will increase meeting the health needs of the poor and broader community so more people live longer and healthier lives.

The effort and resources of improving the well-being of the Victor Valley is beyond the reach of one entity. As such, I'd like to express appreciation to residents and leaders from local schools, law enforcement, government and faith communities who voiced how health and social needs impact the region. Their input and our assessments are reflected in this 2017 Community Health Needs Assessment including three priorities to expand access to resources and address mental health and obesity in a 2018 to 2020 Community Benefit Plan/Improvement Plan.

I look forward to the next three years knowing the hospital's work more fully expresses our motto of addressing the mind, body and spirt in pursuit of creating healthy communities.

Sincerely,

Paul Gostanian
Board of Trustees
Chair of CBC Committee

EXECUTIVE SUMMARY

St. Joseph Health, St. Mary an acute-care hospital founded in 1956, is located at 18300 Highway 18 Apple Valley, CA. It became a member of St. Joseph Health in 1994. The facility has 212 licensed beds, 212 of which are currently available. St. Joseph Health, St. Mary has a staff of more than 1,751 and professional relationships with more than 300 local physicians. Major programs and services include cardiac care, critical care, diagnostic imaging, emergency medicine and obstetrics.

In response to identified unmet health-related needs in the community needs assessment, during FY18-FY20 St. Joseph Health, St. Mary will focus on: access to health services, mental health and obesity for the broader and underserved members of the surrounding community.

OVERVIEW OF COMMUNITY HEALTH NEEDS ASSESSMENT

St. Joseph Health, St. Mary developed a Community Health Needs Assessment (CHNA) planning process in partnership with the corporate Strategy and Community Partnership departments of St. Joseph Health. Both primary and secondary health data was collected from local, state and national sources including, but not limited to: The 2010 US Census, internal hospital data, AskCHIS, and HTSA and CNI community profile mapping. A consulting firm named the Olin Group provided facilitation assistance during community input and data analysis.

Community input was obtained by hosting five (5) resident focus groups and stakeholder meetings. Meetings were held in the Hospital's Primary and Secondary Service areas including meets in low income communities with a least one meeting conducted in Spanish. Health data collected for the CHNA was prioritized in community meetings and at the hospital's Community Benefit Committee meetings. A criterion for rating and weighing the 15 health and socioeconomic needs was applied. The hospital's Community Benefit Committee reviewed the prioritized list and ratings and selected three priorities for the hospital's FY18 to FY20 Community Benefit Plan.

COLLABORATING ORGANIZATIONS

Numerous community partners assisted St. Joseph Health, St. Mary in completing the CHNA. Many of these partners serve key roles helping address health and social needs in the region. These include, but are not limited to: The Apple Valley and Hesperia Unified School Districts which offered locations to host resident focus groups in low income communities. These school partners also recruited parents to attend focus group meetings.

Additionally, Another Level for Women in Adelanto and Victor Lutheran Church in old-town Victorville hosted resident focus groups. Academy Go and San Bernardino County Department of Education provided staff and meeting space where leaders of local non-profits and government agencies discussed health and social needs and provided input on prioritizing community issues. These organizations included, but are not limited to: Inland Empire United

Way, Inland Empire Health Plan, St. John of God Healthcare Services, San Bernardino County of Public Health, Azusa Pacific University, Faith Communities Active in Community Transformation, Broken Heart Ministries, High Desert Community Outreach, San Bernardino County Department of Education, San Bernardino County Workforce Development, San Bernardino County Sheriff Department (Adelanto office), and the offices of County Supervisor Robert Lovingood and Congressman Paul Cook.

COMMUNITY INPUT

The hospital developed a community engagement plan in consultation with St. Joseph Health's Community Partnership Fund and the Olin Group. Health and socio-economic data was collected for the hospital's Primary and Secondary Service Areas including mapping of high needs identified at the zip code level. Identification of neighborhoods with multiple unmet health and socio economic needs informed selecting partners and neighborhoods to host resident focus groups in Adelanto, Apple Valley, Hesperia and Victorville. Key partners included Another Level for Women (north Adelanto – Spanish resident focus group), Apple Valley Unified School District (Phoenix Academy – parent focus group) Hesperia Unified School District (Hesperia Family Resource Center – parent focus group) and Victor Lutheran Church (a resident leader group meeting in old town Victorville). Finally, Academy Go assisted in contacting leaders of non-profit agencies and government agencies for a large stakeholder meeting held in Apple Valley. Academy Go is the region's authority working with non-profit organizations on capacity building and fund raising. This larger meeting of local leaders enabled the hospital to obtain feedback from community stakeholders as to how health and socioeconomic issues impact their programs.

Facilitators from the Olin Group led all resident and stakeholder meetings. Input from each resident meeting identified barriers accessing resources and economic instability as key concerns with mental health and obesity also cited. Adelanto residents voiced concerns over crime and public safety while Apple Valley residents discussed the political will of the community addressing homelessness. All groups discussed access to affordable, healthy foods as barriers with north Adelanto residents urging additional supermarkets be built. Concerns over walkability and street safety were discussed especially among residents of the Hesperia focus group. Concerns about drug use in public areas like parks were identified during discussions about mental health. One the next page is a list of the 15 significant health needs as well as the list of three (3) prioritized issues.

SIGNIFICANT HEALTH NEEDS

Significant Health Need	Health Category
1. Access to Resources	Clinical Care
2. Mental Health	Health Outcome
3. Obesity	Health Behavior
4. Diabetes	Health Outcome
5. Food and Nutrition	Health Behavior
6. Substance Abuse	Health Behavior
7. Lack of Exercise	Health Behavior
8. Education	Socioeconomic
9. Economic Insecurity	Socioeconomic
10. Walkability	Physical Environment
11. Homelessness	Socioeconomic
12. Insurance and Cost of Care	Clinical Care
13. Housing Concerns	Physical Environment
14. Pollution and Air Quality	Physical Environment
15. Crime and Safety	Physical Environment

PRIORITY HEALTH NEEDS

Significant Health Need	Health Category
1. Access to Resources	Clinical Care
2. Mental Health/Substance Abuse	Health Outcome
3. Obesity	Health Behavior

INTRODUCTION

WHO WE ARE AND WHY WE EXIST

As a ministry founded by the Sisters of St. Joseph of Orange, St. Joseph Health, St. Mary lives out the tradition and vision of community engagement set out hundreds of years ago. The Sisters of St. Joseph of Orange trace their roots back to 17th century France and the unique vision of a Jesuit Priest named Jean-Pierre Medaille. Father Medaille sought to organize an order of religious women who, rather than remaining cloistered in a convent, ventured out into the community to seek out "the Dear Neighbors" and minister to their needs.

The congregation managed to survive the turbulence of the French Revolution and eventually expanded not only throughout France but throughout the world. In 1912, a small group of the Sisters of St. Joseph traveled to Eureka, California, at the invitation of the local Bishop, to establish a school. A few years later, the great influenza epidemic of 1918 caused the sisters to temporarily set aside their education efforts to care for the ill. They realized immediately that the small community desperately needed a hospital. Through bold faith, foresight and flexibility, in 1920, the Sisters opened the 28 bed St. Joseph Hospital Eureka and the first St. Joseph Health ministry.

In 2016 (FY16) St. Mary invested $18, 081,168 in community benefit and an unpaid cost of Medicare of $ 13,245,067.

MISSION, VISION, VALUES AND STRATEGIC DIRECTION

Our Mission

To extend the healing ministry of Jesus in the tradition of the Sisters of St. Joseph of Orange by continually improving the health and quality of life of people in the communities we serve.

Our Vision

We bring people together to provide compassionate care, promote health improvement and create healthy communities.

Our Values

The four core values of St. Joseph Health -- Service, Excellence, Dignity and Justice -- are the guiding principles for all we do, shaping our interactions with those whom we are privileged to serve.

St. Joseph Health St. Mary has been meeting the health and quality of life needs of the local community for 60 years since it was founded in 1956. A member of St. Joseph Health since 1994,

the facility has 212 licensed beds. It serves the communities of Adelanto, Apple Valley, Hesperia and Victorville and numerous unincorporated areas including Helendale, Lucerne Valley and Phelan-Oak Hills.

St. Joseph Health, St. Mary is an acute care hospital that provides quality care in the areas of Breast Cancer, Cardiac Care, Diabetes, Emergency Services, Imaging Center, Maternity, Outpatient Testing, Rehabilitation, Respiratory Services, Stroke, Surgery Center, Surgical Services, Vascular Services Women and Children, and Wound Care. With 1,751 employees committed to realizing the mission, St. Joseph Health, St. Mary is one of the largest employers in the region.

Strategic Direction

As we move into the future, St. Joseph Health, St. Mary is committed to furthering our mission and vision while transforming healthcare to a system that is health-promoting and preventive, accountable in its inevitable rationing decisions, integrated across a balanced network of care and financed according to its ability to pay. To make this a reality, over the next five years St. Joseph Health and St. Mary Medical Center are strategically focused on two key areas to which the Community Benefit (CB) Plan strongly align: population health management and network of care.

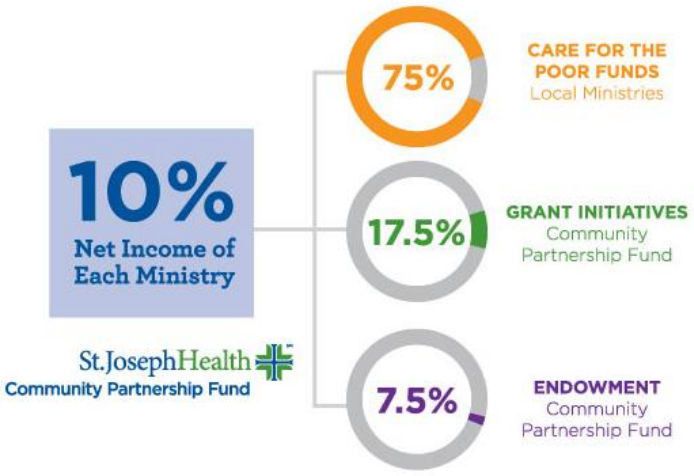
OUR COMMITMENT TO COMMUNITY

Organizational Commitment

St. Joseph Health, St. Mary dedicates resources to improve the health and quality of life for the communities it serves, with special emphasis on the needs of the economically poor and underserved.

In 1986, St. Joseph Health created the St. Joseph Health Community Partnership Fund (SJH CPF) (formerly known as the St. Joseph Health System Foundation) to improve the health of low-income individuals residing in local communities served by SJH hospitals.

Figure 1. Fund distribution



Each year St. Joseph Health, St. Mary allocates 10% of its net income (net unrealized gains and losses) to the St. Joseph Health Community Partnership Fund. (See Figure 1). 75% of the contributions are used to support local hospital Care for the Poor programs. 17.5% is used to support SJH Community Partnership Fund grant initiatives. The remaining 7.5% is designated

toward reserves, which helps ensure the Fund's ability to sustain programs into the future that assist low-income and underserved populations.

Furthermore, St. Joseph Health, St. Mary will endorse local non-profit organization partners to apply for funding through the St. Joseph Health Community Partnership Fund. Local non-profits that receive funding provide specific services and resources to meet the identified needs of underserved communities throughout St. Joseph Health hospitals' service areas.

Community Benefit Governance

St. Joseph Health, St. Mary further demonstrates organizational commitment to the community benefit process through the allocation of staff time, financial resources, participation and collaboration. The Vice President of Mission Integration and Director of Community Services are responsible for coordinating implementation of California Senate Bill 697 provisions and Federal 501r requirements as well as providing the opportunity for community leaders and internal hospital Executive Management Team members, physicians and other staff to work together in planning and implementing the Community Benefit Plan.

The Community Benefit (CB) Management Team provides orientation for all new Hospital employees on Community Benefit programs and activities, including opportunities for community participation.

A charter approved in 2007 establishes the formulation of the St. Joseph Health, St. Mary Community Benefit Committee. The role of the Community Benefit Committee is to support the Board of Trustees in overseeing community benefit issues. The Committee acts in accordance with a Board-approved charter. The Community Benefit Committee is charged with developing policies and programs that address identified needs in the service area particularly for underserved populations, overseeing development and implementation of the Community Health Needs Assessment and Community Benefit Plan/Implementation Strategy Reports, and overseeing and directing the Community Benefit activities.

The Community Benefit Committee has a minimum of eight members including three members of the Board of Trustees. Current membership includes four members of the Board of Trustees and three community members. A majority of members have knowledge and experience with the populations most likely to have disproportionate unmet health needs. The Community Benefit Committee generally meets quarterly.

Roles and Responsibilities

Senior Leadership

- CEO and other senior leaders are directly accountable for CB performance.

Community Benefit Committee (CBC)

- CBC serves as an extension of trustees to provide direct oversight for all charitable program activities and ensure program alignment with "Advancing the State of the Art of Community Benefit" (ASACB) Five Core Principles. It includes diverse community stakeholders. Trustee members on CBC serve as 'board level champions'.
- The committee provides recommendations to the Board of Trustees regarding budget, program targeting and program continuation or revision.

Community Benefit (CB) Department

- Manages CB efforts and coordination between CB and Finance departments on reporting and planning.
- Manages data collection, program tracking tools and evaluation.
- Develops specific outreach strategies to access identified Disproportionate Unmet Health Needs (DUHN) populations.
- Coordinates with clinical departments to reduce inappropriate ER utilization.
- Advocates for CB to senior leadership and invests in programs to reduce health disparities.

Local Community

- Partnership to implement and sustain collaborative activities.
- Formal links with community partners.
- Provide community input to identify community health issues.
- Engagement of local government officials in strategic planning and advocacy on health related issues on a city, county, or regional level.

OUR COMMUNITY

Description of Community Served

St. Joseph Health, St. Mary provides San Bernardino County's Victor Valley communities with access to advanced care and advanced caring. The hospital's service area extends from Apple Valley in the north, Hesperia in the south, Lucerne Valley in the east and Adelanto in the west. Our Hospital Total Service Area includes the cities of Adelanto, Apple Valley, Hesperia and Victorville along with the rural communities of Lucerne Valley and Helendale. This includes a population of approximately 372,642 people, an increase of 13% from the prior assessment.

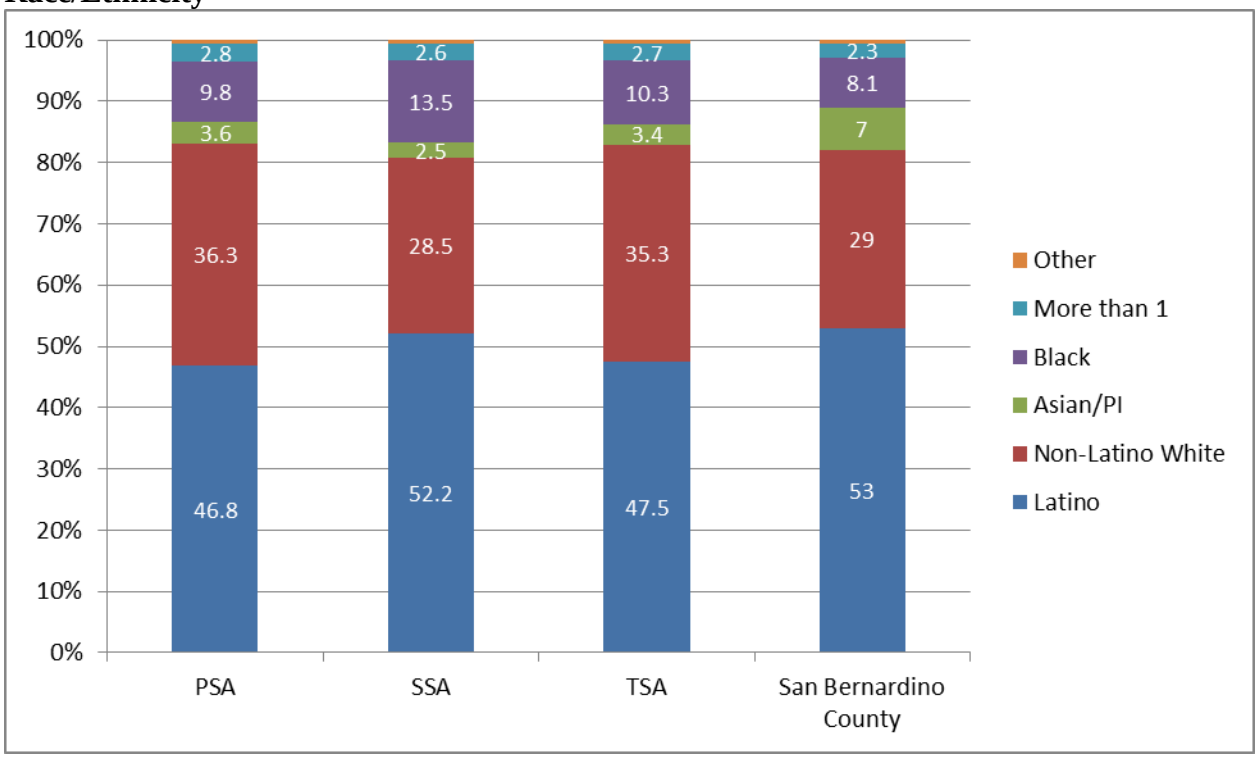
Community Profile

The table and graph below provide basic demographic and socioeconomic information about the St. Joseph Health, St. Mary Medical Center Service Area and how it compares to San Bernardino County and the state of California. The Total Service Area (TSA) of St. Mary Medical Center has almost 375,000 people, with a median household income of approximately $50,000. Compared to California, the service area has more Latinos and African-Americans and fewer Asian/Asian-Americans. Compared to the county and, particularly, the state, the service area is less prosperous, with lower median incomes and greater poverty.

Service Area Demographic Overview

Indicator	PSA	SSA	TSA	San Bernardino County	California
Total Population	323,674	48,968	372,642	2,118,866	38,986,171
Under Age 18	28.1%	30.2%	28.4%	27.0%	23.6%
Age 65+	12.1%	10.5%	11.8%	10.5%	13.2%
Speak only English at home	71.9%	64.0%	70.9%	58.9%	56.2%
Do not speak English "very well"	9.7%	14.1%	10.3%	16.2%	19.1%
Median Household Income	$51,555	$41,253	$50,500	$55,726	$62,554
Households below 100% of FPL	18.3%	27.8%	19.4%	15.3%	12.3%
Households below 200% FPL	39.5%	51.3%	40.9%	36.0%	29.8%
Children living below 100% FPL	30.7%	44.1%	32.5%	26.4%	22.7%
Older adults living below 100% FPL	12.0%	13.9%	12.2%	11.5%	10.2%

Race/Ethnicity



Race/Ethnicity data is based on self-reported responses in accordance with US Census categories.

Hospital Total Service Area

The community served by the Hospital is defined based on the geographic origins of the Hospital's inpatients. The Hospital Total Service Area is comprised of both the Primary Service Area (PSA) as well as the Secondary Service Area (SSA) and is established based on the following criteria:

- PSA: 70% of discharges (excluding normal newborns)

- SSA: 71%-85% of discharges (draw rates per ZIP code are considered and PSA/SSA are modified accordingly)
- Includes ZIP codes for continuity
- Natural boundaries are considered (i.e., freeways, mountain ranges, etc.)
- Cities are placed in PSA or SSA, but not both

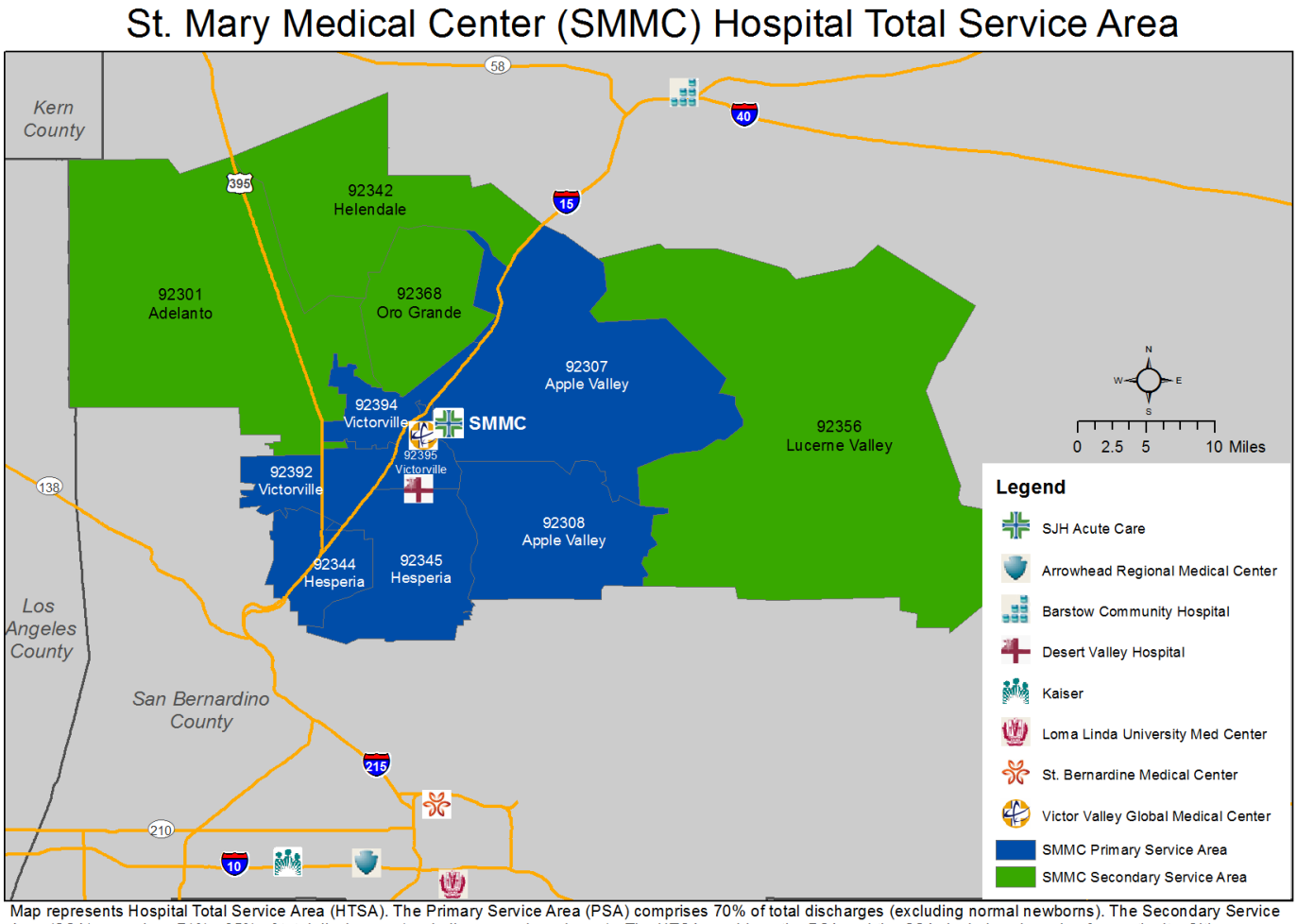
The Primary Service Area ("PSA") is the geographic area from which the majority of the Hospital's patients originate. The Secondary Service Area ("SSA") is where an additional population of the Hospital's inpatients reside. The PSA is comprised of Apple Valley, Hesperia and Victorville. The SSA is comprised of the city of Adelanto, and rural communities including Helendale, Lucerne Valley and Oro Grande.

Table 1. Cities and ZIP codes

Cities/ Communities	ZIP Codes	PSA or SSA
Adelanto	92301	SSA
Apple Valley	93307, 92308	PSA
Helendale	92342	SSA
Hesperia	92344, 92345	PSA
Lucerne Valley	92356	SSA
Oro Grande	92368	SSA
Victorville	92392, 92394, 92395	PSA

Figure 1 (below) depicts the Hospital's PSA and SSA. It also shows the location of the Hospital as well as the other hospitals in the area that are a part of St. Joseph Health.

Figure 1. Hospital Total Service Area



Map represents Hospital Total Service Area (HTSA). The Primary Service Area (PSA) comprises 70% of total discharges (excluding normal newborns). The Secondary Service Area (SSA) comprises 71% - 85% of total discharges (excluding normal newborns). The HTSA combines the PSA and the SSA. Includes zip codes for continuity. Cities are placed in either PSA or SSA, but not both.
Prepared by the St. Joseph Health Strategic Services Department, April 2016.

Community Need Index (Zip Code Level) Based on National Need

The Community Need Index (CNI) was developed by Dignity Health (formerly known as Catholic Healthcare West (CHW)) and Truven Health Analytics. The Community Needs Index (CNI) identifies the severity of health disparity for every zip code in the United States and demonstrates the link between community need, access to care, and preventable hospitalizations.

CNI aggregates five socioeconomic indicators that contribute to health disparity (also known as barriers):

- Income Barriers (Elder poverty, child poverty and single parent poverty)
- Culture Barriers (non-Caucasian limited English)
- Educational Barriers (% population without HS diploma)

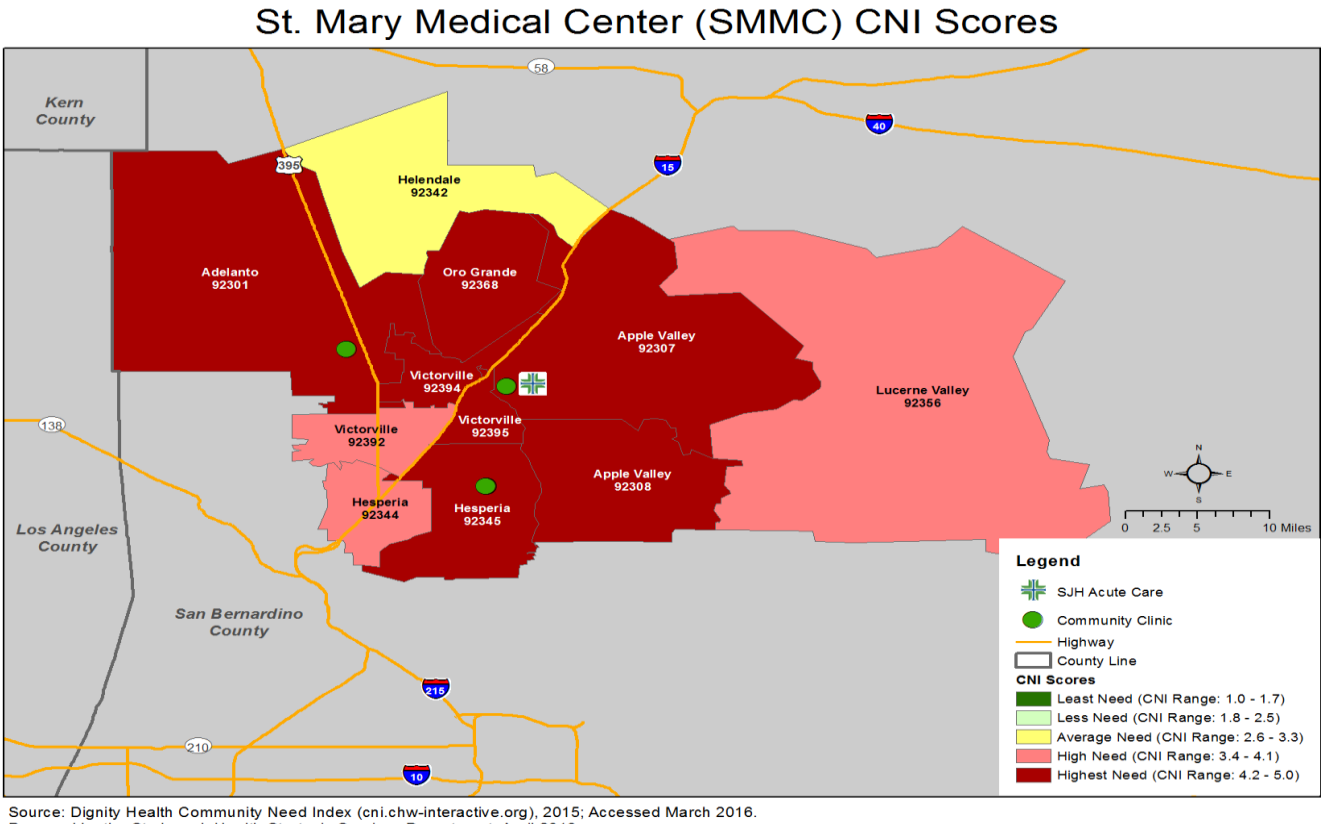
- Insurance Barriers (Insurance, unemployed and uninsured)
- Housing Barriers (Housing, renting percentage)

This objective measure is the combined effect of five socioeconomic barriers (income, culture, education, insurance and housing). A score of 1.0 indicates a zip code with the fewest socioeconomic barriers, while a score of 5.0 represents a zip code with the most socioeconomic barriers. Residents of communities with the highest CNI scores were shown to be twice as likely to experience preventable hospitalizations for manageable conditions such as ear infections, pneumonia or congestive heart failure compared to communities with the lowest CNI scores. (*Ref (Roth R, Barsi E., Health Prog. 2005 Jul-Aug; 86(4):32-8.)* The CNI is used to a draw attention to areas that need additional investigation so that health policy and planning experts can more strategically allocate resources.

For example, the ZIP code 92301 on the CNI map is scored 5.0, making it a High Need community.

Figure 2 (below) depicts the Community Need Index for the ***hospital's geographic service area based on national need***. It also shows the location of the Hospital as well as the other hospitals in the area that are a part of St. Joseph Health.

Figure 2. St. Joseph Health, St. Mary Community Need Index (Zip Code Level)

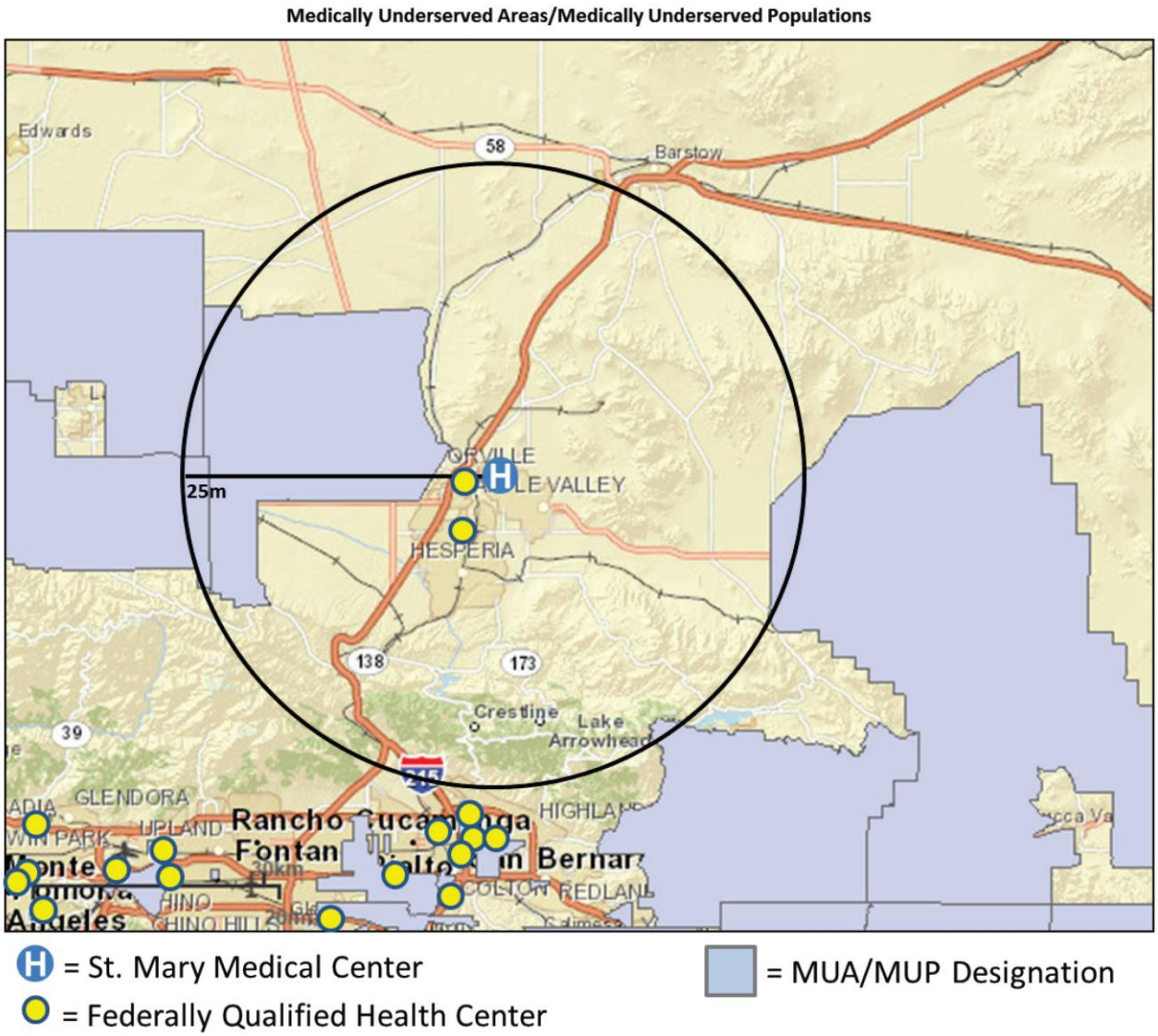


Source: Dignity Health Community Need Index (cni.chw-interactive.org), 2015; Accessed March 2016.
Prepared by the St. Joseph Health Strategic Services Department, April 2016.

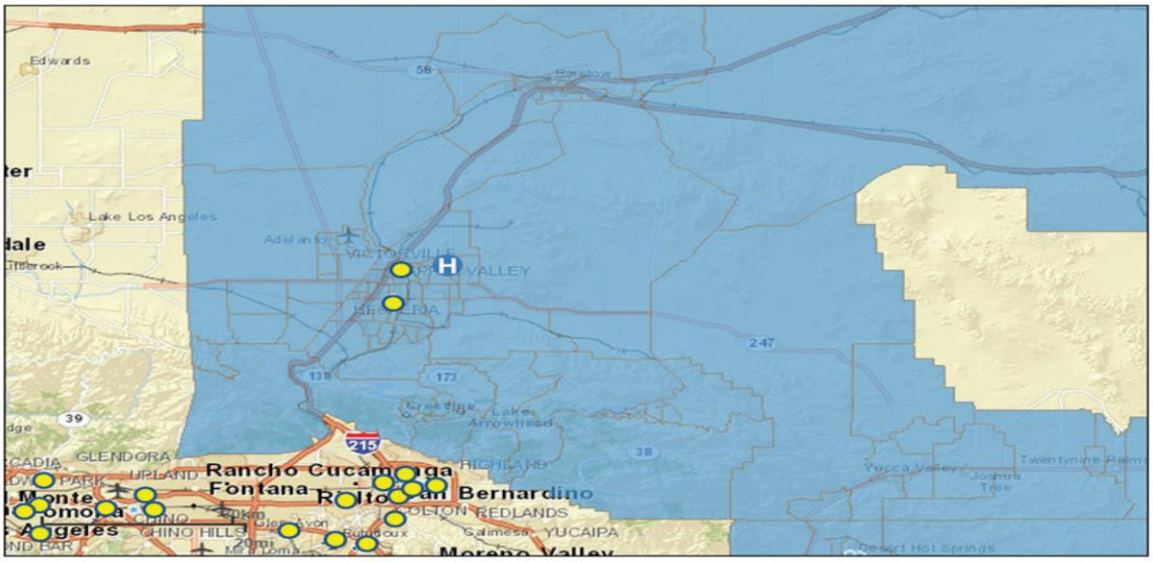
See Appendix 1: Community Needs Index data

Medically Underserved Areas (MUA) and Health Professions Shortage Areas – Mental, Dental, Other

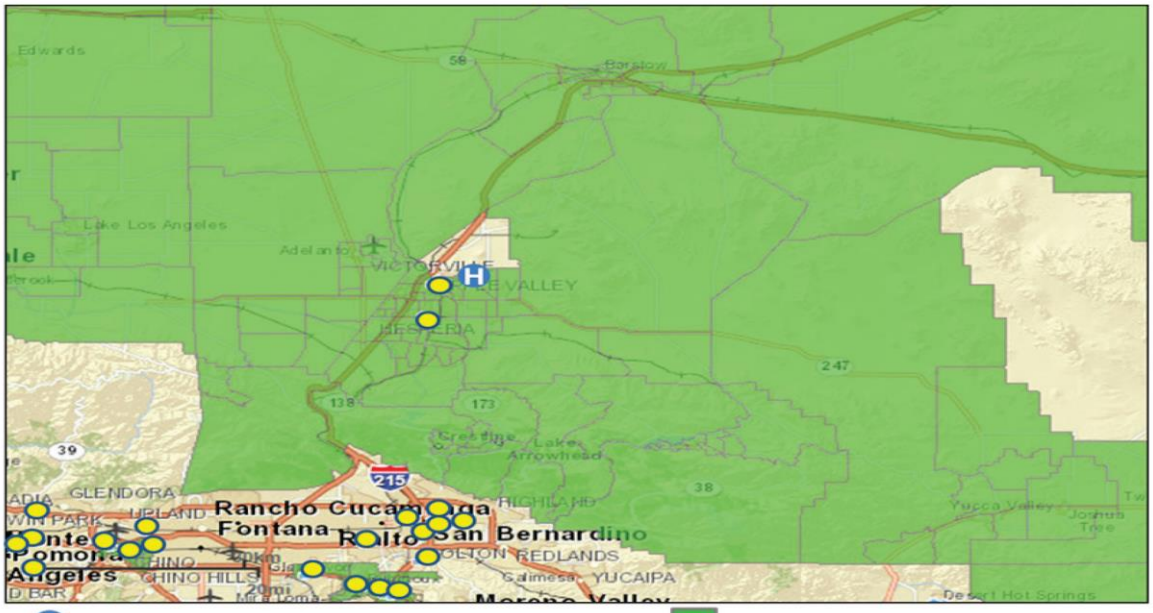
The Federal Health Resources and Services Administration designates Medically Underserved Areas (MUAs) and Health Professional Shortage Areas (HPSA) as areas with a shortage of primary medical care, dental care, or mental health providers. They are designated according to geography (i.e., service area), demographics (i.e., low-income population), or institutions (i.e., comprehensive health centers). The area west of the hospital including portions of Victorville and Adelanto are designed as MUAs and HPSA Populations. The entire service area of St. Joseph Health, St. Mary is located in a HPSA with large portions of the service area needing increased access to primary care and mental health.



Health Professional Shortage Areas



= St. Mary Medical Center
= Federally Qualified Health Center
= HPSA: Mental Care



= St. Mary Medical Center
= Federally Qualified Health Center
= HPSA: Primary Care

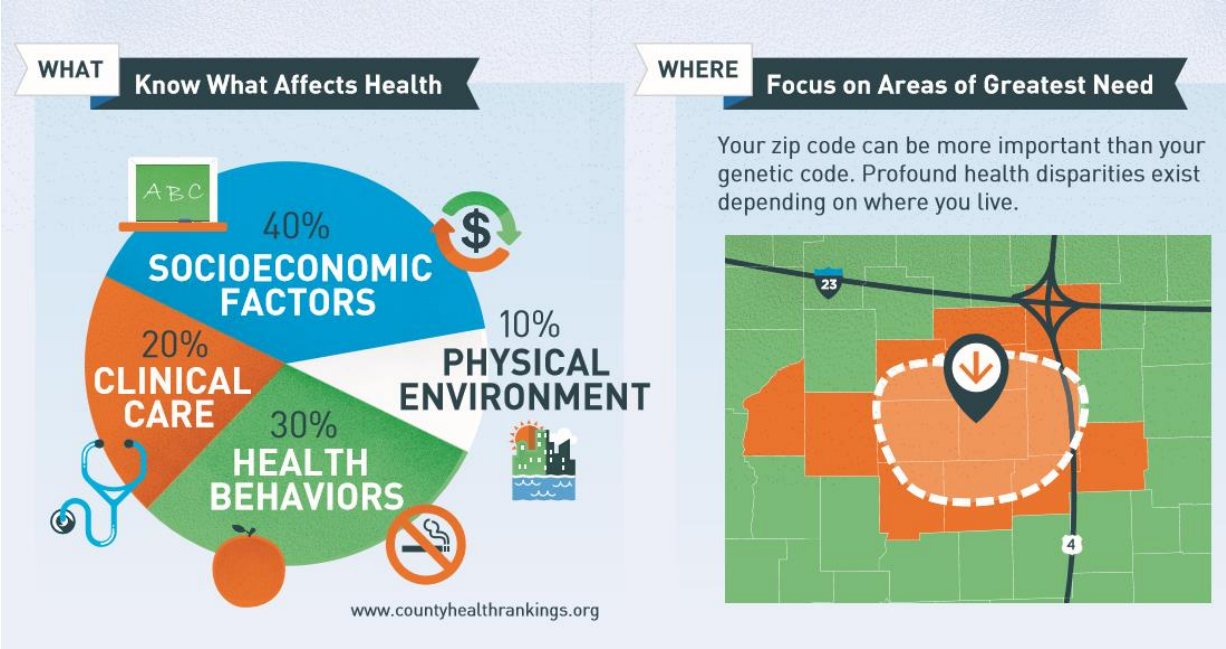
OVERVIEW OF THE CHNA PROCESS

Overview and Summary of the Health Framework Guiding the CHNA

The Community Health Needs Assessment (CHNA) process was guided by the fundamental understanding that much of a person and community's health is determined by the conditions in which they "live, work, play and pray." In gathering information on the communities served by the hospital, we looked not only at the health conditions of the population, but also at socioeconomic factors, the physical environment, health behaviors, and the availability of clinical care. This framework, depicted in the graphic below from County Health Rankings and

Roadmaps, focuses attention on the social determinants of health to learn more about opportunities for intervention that will help people become and stay healthy within their community.

In addition, we recognized that where people live tells us a lot about their health and health needs, and that there can be pockets within counties and cities where the conditions for supporting health are substantially worse. When data was publicly available, it was collected at the zip code level to show the disparities in health and the social determinants of health that occur within the hospital service area.



Examples of the types of information that was gathered, by health factor, are:

Socioeconomic Factors – income, poverty, education, and food insecurity

Physical Environment – crowded living situations, cost of rent relative to incomes, long commutes, and pollution burden

Health Behaviors – obesity[3], sugary drink consumption, physical exercise, smoking, and substance abuse

Clinical Care – uninsured, prenatal care, and the number of people per physician or mental health worker

[3] Per County Health Rankings obesity is listed under the health behavior category of diet and exercise. http://www.countyhealthrankings.org/our-approach/health-factors/diet-and-exercise

In addition to these determinants of health, we also looked at the health outcomes of the people living in the service area, by zip code whenever possible. The health conditions that were examined included:

Health Outcomes – overall health condition, asthma, diabetes, heart disease, cancer, and mental health

METHODOLOGY

Collaborative Partners

The Olin Group is a socially conscious consulting firm working across nonprofit, public, private, and philanthropic sectors to bring about community transformation. Based in Santa Ana, California, The Olin Group has 15 years of experience working on evaluation, planning, assessment, fundraising, communication, and other services for nonprofit organizations, and had previously supported the CHNA process of multiple hospitals in the St. Joseph Health system. The Olin Group served as the lead consultant in the CHNA process, coordinating the quantitative and qualitative data collection processes and assisting in the prioritization and selection of health needs.

Other Collaborative Partners:

1. St. Joseph Health Community Partnerships Department and Strategic Services
2. Academy Go
3. Another Level for Women
4. Apple Valley Unified School District, Phoenix Academy Family Resource Center
5. Community Health Action Network
6. San Bernardino County Department of Public Health
7. San Bernardino County Department of Behavioral Health
8. Stars Behavioral Health
9. United Way 211
10. Community Action Partnership of San Bernardino County
11. Faith Advisory Council for Community Transformation
12. City of Victorville
13. Hesperia Unified School District, Hesperia Family Resource Center
14. Broken Hearts Ministry
15. St. John of God healthcare Services
16. Adelanto Sheriff Department
17. San Bernardino County Workforce development
18. Family Assist
19. Congressman Paul Cook's office
20. Victorville Lutheran Church

21. Victor Community College

Community Partners

St. Mary Medical Center partnered with the following community groups to recruit for and host the Focus Groups and Forums.

Academy for Grassroots Organizations, Victorville. Academy GO works to improve the quality of life in the High Desert Region by supporting and strengthening the social service sector. They provide a variety of resources and nonprofit learning opportunities throughout the region and serve a network of more than 1,000 nonprofit professionals and volunteers. Academy GO supported and hosted the stakeholder focus group held in Apple Valley.

Another Level for Women, Adelanto. Another Level for Women is a faith-based nonprofit organization dedicated to providing financial, emotional, and educational support services for women in the High Desert community, particularly extremely low-income women with children. Another Level for Women recruited for and hosted a resident focus group conducted in Spanish in Adelanto.

Hesperia Unified School District Family Resource Center, Hesperia. The Family Resource Center (FRC) serves families in Hesperia and beyond with such services as educational classes, a lending library, a technology center, and emergency food and clothing resources. The FRC recruited for and hosted a resident focus group.

Phoenix Academy, Apple Valley. Part of the Apple Valley Unified School District, Phoenix Academy serves approximately 1,500 Kindergarten through 8th grade students. Phoenix Academy recruited for and hosted a resident focus group for the Vista Loma and Yucca Loma neighborhoods of Apple Valley.

Trinity Lutheran Church, Victorville. Trinity Lutheran Church, part of the Evangelical Lutheran Church in America, serves the spiritual needs of the Victorville area and beyond. The Church hosted and supported the Community Forum located in the old town section of Victorville.

Secondary Data/Publicly Available Data

Within the guiding health framework for the CHNA, publicly-available data was sought that would provide information about the communities (at the city and zip code level when available) and people within our service area. In addition, comparison data was gathered to show how the service area communities are faring compared to the county or state. Indicators were chosen if they were widely accepted as valid and appropriate measures[4] and would readily communicate the health needs of the service area.

[4] https://wwwn.cdc.gov/CommunityHealth/PDF/Final_CHAforPHI_508.pdf

Preference was given to data that was obtained in the last 5 years and was available at the zip code level. The data sources used are highly regarded as reliable sources of data (e.g., ESRI Business Analyst Online, US Census Bureau American FactFinder, and California Health Interview Survey Neighborhood Edition). In total, 81 indicators were selected to describe the health needs in the hospital's service area. Appendix 2 includes a complete list of the indicators chosen, their sources, the year the data was collected, and details about how the information was gathered.

If an indicator had zip code level data available, data was pooled to develop indicator values for the Total Service Area (TSA), Primary Service Area (PSA), and Secondary Service Area (SSA) of the hospital. This enabled comparisons of zip code level data to the hospital service area and comparisons of the hospital service area to county and state measures.

After the data was gathered, the zip code level data was compared to the Total Service area values and color coded light pink to dark red depending on how much worse a zip code area was compared to the TSA value. This made it easier to visualize the geographic areas with greater health needs. The criteria for color-coding the zip code level data is explained in the spreadsheets in Appendix 2.

Community Input

The process of collecting qualitative community input took three main forms: Community Resident Focus Groups, a Nonprofit and Government Stakeholder Focus Group, and a Community Forum. Each group was designed to capture the collected knowledge and opinions of people who live and work in the communities served by St. Mary Medical Center. We developed a protocol (noted in Appendix 3b) for each group to ensure consistency across individual focus groups, although the facilitators had some discretion on asking follow-up questions or probes as they saw fit. Invitation and recruitment procedures varied for each type of group. Appendix 3 includes a full report of the community input process and findings along with descriptions of the participants.

Resident Focus Groups

For Community Resident Groups, Community Benefit staff, in collaboration with their committees and the system office, identified geographic areas where data suggested there were significant health, physical environment, and socioeconomic concerns. This process also identified the language needs of the community, which determined the language in which each focus group was conducted. Community Benefit staff then partnered with community-based organizations that serve those areas to recruit for and host the focus groups. The community-based organization developed an invitation list using their contacts and knowledge of the area. Participants received a $25 gift card for their time. Two consultants staffed each focus group,

serving as facilitators and note takers. These consultants were not directly affiliated with the ministry to ensure candor from the participants.

Nonprofit and Government Stakeholder Focus Group

For the Nonprofit and Government Stakeholder Focus Group, Community Benefit staff developed a list of leaders from organizations that serve diverse constituencies within the hospital's service area. Ministry staff sought to invite organizations with which they had existing relationships, but also used the focus group as an opportunity to build new relationships with stakeholders. Participants were not given a monetary incentive for attendance. As with the resident focus groups, this group was facilitated by outside consultants without a direct link to St. Joseph Health.

Resident Community Forum

Recruitment for the Community Resident Forum was much broader to encourage as many people as possible to attend the session. Community Benefit staff publicized the event through flyers and emails using their existing outreach networks, and also asked their partner organizations to invite and recruit participants. No formal invitation list was used for the forums and anyone who wished to attend was welcomed. The forum was conducted by an outside consultant in English, with simultaneous Spanish language translation for anyone who requested it.

While the focus groups followed a similar protocol to each other in which five to six questions were asked of the group, the forum followed a different process. The lead facilitator shared the health needs that had emerged from the CHNA process so far and asked the participants to comment on them and add any other concerns. Once the discussion was complete, the participants engaged in a cumulative voting process using dots to indicate their greatest concerns. Through this process, the forum served as something of a "capstone" to the community input process.

Data Limitations and Information Gaps

While care was taken to select and gather data that would tell the story of the hospital's service area, it is important to recognize the limitations and gaps in information that naturally occur.

- Not all desired health-related data was available. As a result proxy measures were used when available. For example, there is limited community or zip code level data on the incidence of mental health, or many health behaviors such as substance abuse.
- Data that is gathered through interviews and surveys may be biased depending on who is willing to respond to the questions and whether they are representative of the population as a whole.

- The accuracy of data gathered through interviews and surveys depends on how consistently the questions are interpreted across all respondents and how honest people are in providing their answers.
- While most indicators are relatively consistent from year to year, other indicators are changing quickly (such as rates of uninsured) and the most recent data available is not a good reflection of the current state.
- Zip code areas are the smallest geographic regions for which many health outcomes and health behavior indicators are publicly available. It is recognized that even within zip codes, there can be populations that are disproportionately worse off. For example, within smaller geographic areas, such as census tracts, socio-economic data provides a more granular understanding of disparity at the neighborhood level. As previously mentioned census tract health outcome and health behavior data was not publicly available to paint a complete picture of community level need.
- Data for zip codes with small populations (below 2000) is often unreliable, especially when the data is estimated from a small sample of the population. Oro Grande (92368) is the only zip code in the service area with fewer than 2000 people.
- Information gathered during focus groups and community forums is dependent on who was invited and who showed up for the event. Efforts were made to include people who could represent the broad interests of the community and/or were members of communities of greatest need.
- Fears about deportation kept many undocumented immigrants from participating in focus groups and community forums and made it more difficult for their voice to be heard.

Process for gathering comments on previous CHNA

St. Joseph Health, St. Mary shared community health data and community feedback with San Bernardino County Public Health's Community Vital Signs and Healthy Communities programs. Information was requested to assist in developing a 2015-2020 San Bernardino County Transformation Plan focused in four (4) areas: Economy, Education, Health and Wellness and Safety. The hospital is also a member of a health planning workgroup attempting to expand access to care county-wide. Finally, the hospital shared CHNA findings with local non-profit partners (to assist in grant writing) and regionally with member hospitals of a Community Benefit workgroup led by the Hospital Association of Southern California – Inland Empire region. In addition, on the St. Mary Medical Center website, the contact information of the SMMC Community Benefit Lead was provided to enable the public to comment on the prior FY14 CHNA and FY15-FY17 CB Plan/Implementation Strategy Reports.

Summary of any comments received

No written comments received.

SELECTED HEALTH INDICATORS: SECONDARY DATA

Selected Health Indicators

For each set of indicators shown below, there are two types of tables. The first table shows the values for the Primary Service Area (PSA), the Secondary Service Area (SSA), the Total Service Area (TSA), the counties that have communities in the service area, and California. The second table shows the areas of greatest need by zip code. For the second table type, the cells are colored red, orange, yellow, or white based on how much worse the indicator value is for that zip code compared to the TSA. The specific definitions for the color coding are shown in the table below.

Indicator	Much Worse	Moderately Worse	Slightly Worse	Not Worse
Household Income	80% or more below the TSA median household income	80.1% - 90% below the TSA median household income	90.1%-95% below the TSA median household income	No color means the value is about the same as, or better than, the TSA
Any indicator shown as a percent	4.0 or more percentage points worse than the TSA value	2-3.9 percentage points worse than the TSA value	1-1.9 percentage points worse than the TSA value	
Pollution Burden	4 or more higher than the TSA value	2-3.999 higher than the TSA value	1-1.999 higher than the TSA value	
Violent Crime	40% or more above the value for the county in which the city is located	20%-39% above the value for the county in which the city is located	10%-19% above the value for the county in which the city is located	

Socioeconomic Indicators

The Total Service Area compares poorly to California and county averages on almost every socioeconomic measure. The city of Adelanto, which comprises 70% of the population of the SSA, and sections of Victorville, in the PSA, have even greater socioeconomic challenges than the TSA.

Indicator	PSA	SSA	TSA	San Bernardino County	California
Socioeconomic Indicators					
Median Household Income	$51,555	$41,253	$50,500	$55,726	$62,554
Households below 100% of FPL	18.3%	27.8%	19.4%	15.3%	12.3%
Households below 200% FPL	39.5%	51.3%	40.9%	36.0%	29.8%
Children living below 100% FPL	30.7%	44.1%	32.5%	26.4%	22.7%
Older adults living below 100% FPL	12.0%	13.9%	12.2%	11.5%	10.2%

Indicator	PSA	SSA	TSA	San Bernardino County	California
Age 25+ and no HS diploma	19.6%	24.8%	20.2%	21.7%	18.5%
Enrolled in Medi-Cal	28.2%	40.1%	29.7%	24.3%	20.3%
Low-income food insecurity	9.3%	13.6%	9.7%	8.5%	8.1%

Areas of Greatest Concern – Cities/communities that are much worse than the Total Service Area average on at least two of the eight socioeconomic indicators shown above.

Indicator	Victorville	Victorville	Adelanto	Oro Grande
	92394	92395	92301	92368
Median Household Income				
Households below 100% of FPL				
Households below 200% FPL				
Children living below 100% FPL				
Older adults living below 100% FPL				
Age 25+ and no HS diploma				
Enrolled in Medi-Cal				
Low-income food insecurity				

Physical Environment

Overcrowded housing is an issue for Adelanto (and the small community of Oro Grande), while rent costs are high for the entire service area. However, this is due more to low incomes than high housing prices. Pollution burden is comparatively high for the service area, and worst in Adelanto.

Indicator	PSA	SSA	TSA	San Bernardino County	California
Physical Environment Indicators					
More than 1 occupant per room	6.5%	9.8%	6.9%	8.8%	8.2%
Renters pay more than 30% of household income for rent	62.7%	73.3%	64.0%	60.6%	57.2%
Pollution Burden	27.901	34.623	30.345	29.709	25.312
Violent crimes (rate per 100,000 inhabitants)	NA	NA	NA	398.4	397.8

Areas of Greatest Concern - Cities/communities that are much worse than the Total Service Area average on at least one of the physical environment indicators shown.

Indicator	Victorville	Adelanto	Lucerne Valley	Oro Grande
	92395	92301	92356	92368
More than 1 occupant per room				

Renters pay more than 30% of household income for rent				
Pollution Burden				
Violent Crime (city level)				

Health Outcomes

The TSA has slightly higher rates of asthma than California, and much higher rates of diabetes compared to the county and state. There also are a higher percentage of disabled individuals than state or county averages. Nearly one quarter of adults report their health as fair or poor in the TSA, which is a higher rate than either the county or state. The rates of fair or poor health are even higher in parts of Victorville, Adelanto, and Oro Grande.

Indicator	PSA	SSA	TSA	San Bernardino County	California
Health Outcome Indicators					
Fair or poor health (ages 0-17)	3.0%	NA	2.9%	2.8%	5.2%
Fair or poor health (ages 18-64)	23.1%	27.8%	23.7%	20.1%	19.2%
Fair or poor health (ages 65+)	28.1%	29.1%	28.2%	28.6%	27.8%
Disabled population (all ages)	12.6%	12.3%	12.5%	10.9%	10.3%
Asthma in children (ages 1-17)	16.1%	14.4%	15.9%	16.0%	14.6%
Asthma in adults (ages 18+)	14.6%	14.9%	14.6%	13.8%	13.9%
Diabetes in adults (ages 18+)	13.1%	13.6%	13.1%	11.2%	8.8%
Heart disease (Ages 18+)	6.0%	5.7%	6.0%	5.2%	5.9%
Serious psychological distress (ages 18+)	8.3%	9.0%	8.4%	8.0%	8.1%

Areas of Greatest Concern - Cities/communities that are much worse than the Total Service Area average on at least one of the health outcome indicators shown.

Indicator	Apple Valley	Victorville	Adelanto	Lucerne Valley	Oro Grande
	92308	92392	92301	92356	92368
Fair or poor health (ages 0-17)			NA	NA	NA
Fair or poor health (ages 18-64)					
Fair or poor health (ages 65+)				NA	NA
Disabled population (all ages)					
Asthma in children (ages 1-17)				NA	NA
Asthma in adults (ages 18+)					
Diabetes in adults (ages 18+)					
Heart disease (Ages 18+)					
Serious psychological distress (ages 18+)					

Health Behaviors

Obesity in adults is more than 10 percentage points higher in the TSA than in the state, and five percentage points higher in teens. The gap in obesity between the TSA and the county is smaller. Rates of sugary drink consumption and regular exercise among adults are worse than state averages.

Indicator	PSA	SSA	TSA	San Bernardino County	California
Health Behavior Indicators					
Overweight (ages 2-11)	21.2%	21.5%	21.2%	19.9%	13.3%
Overweight or obese (ages 12-17)	38.4%	37.0%	38.2%	36.2%	33.1%
Obese (ages 18+)	36.5%	37.3%	36.6%	35.0%	25.8%
Sugary drink consumption (ages 18+)	24.9%	30.1%	25.5%	24.6%	17.4%
Regular physical activity (ages 5-17)	23.8%	27.0%	24.2%	23.9%	20.7%
Walked at least 150 minutes (ages 18+)	28.6%	27.3%	28.4%	29.3%	33.0%
Births per 1,000 teens (ages 15-19)	NA	NA	NA	29.2	23.2

Areas of Greatest Concern - Cities/communities that are much worse than the Total Service Area average on at least one of the health behavior indicators shown.

Indicator	Hesperia	Victorville	Adelanto	Oro Grande
	92344	92394	92301	
Overweight (ages 2-11)				NA
Overweight or obese (ages 12-17)	NA			NA
Obese (ages 18+)				
Sugary drink consumption (ages 18+)	NA			NA
Regular physical activity (ages 5-17)				NA
Walked at least 150 minutes (ages 18+)				

Clinical Care

On the clinical care measures shown below, the TSA is slightly worse in uninsured adults than California, and has lower rates of prenatal care. The SSA is worse than the PSA in both of these metrics. While data about the number of people per provider is not available at the zip code level, note that the county's rates for physicians, dentists, and mental health providers are much worse than the state, indicating a possible shortage of providers.

Indicator	PSA	SSA	TSA	San Bernardino County	California
Clinical Care Indicators					
Uninsured (ages 0-17)	2.1%	NA	2.2%	2.3%	3.2%
Uninsured (ages 18-64)	20.0%	22.7%	20.3%	21.3%	19.3%
First trimester prenatal care	79.9%	73.5%	79.0%	83.4%	83.8%

Indicator	PSA	SSA	TSA	San Bernardino County	California
# of people per primary care physician	NA	NA	NA	1,740:1	1,274:1
# of people per non-physician primary care provider	NA	NA	NA	2,014:1	2,192:1
# of people per dentist	NA	NA	NA	1,543:1	1,264:1
# of people per mental health provider	NA	NA	NA	563:1	356:1

Areas of Greatest Concern - Cities/communities that are much worse than the Total Service Area average on at least one of the clinical care indicators shown.

Indicator	Adelanto	Lucerne Valley	Oro Grande
	92301	92356	92368
Uninsured (ages 0-17)	NA	NA	NA
Uninsured (ages 18-64)			
First trimester prenatal care			

See Appendix 2: Secondary Data /Publicly available data

SUMMARY OF COMMUNITY INPUT

To better understand the community's perspective, opinions, experiences, and knowledge, St. Joseph Health, St. Mary held five sessions in which community members and nonprofit and government stakeholders discussed the issues and opportunities of the people, neighborhoods, towns, and cities of the service area. Below is a high-level summary of the findings of these sessions; full details on the protocols, findings, and attendees are available in Appendix 3. These sessions were scheduled as follows:

Session	City	Date	Language
Community Resident Focus Group	Adelanto	2/24/17	Spanish
Community Resident Focus Group	Apple Valley	3/1/17	English *
Community Resident Focus Group	Hesperia	3/2/17	English
Nonprofit/Government Stakeholder Focus Group	Apple Valley	3/2/17	English
Community Resident Forum	Victorville	3/9/17	English with simultaneous interpretation in Spanish

* This session was primarily conducted in English, but there were several people who were not comfortable in English, so a participant translated the session into Spanish for them.

The following concerns were identified as important by both the community resident and nonprofit and government stakeholder focus groups:

Access to Resources: Discussions about access to resources included both health care, educational, and other support services. There are not enough providers, particularly

specialists such as pediatricians, dentists, and orthopedists in the area, which leads to long wait times or people traveling out of the area for treatment. Transportation was often cited as an issue: many services are not close to public transportation, so it can take hours to get there. Many people work long hours, clinics and doctor's offices and pharmacies are often closed at times when individuals are able to visit. For those not fluent in English, language barriers could also be an impediment to access.

Homelessness: Homelessness was discussed as an issue in Apple Valley and Hesperia, as well as at the stakeholder meeting. In Apple Valley, focus group participants felt it was a growing problem and the town government was not giving it adequate attention. There was also expressed concern for how homeless children were being affected by the adverse experience. In Hesperia, they felt that the town did recognize it but did not have all the necessary resources to address the problem.

Crime and Safety was discussed broadly. Both Adelanto residents and the stakeholders thought crime was a particular issue in that city, but it was also raised in Apple Valley. In most cases, residents talked about how crime prevented them from accessing resources or using facilities such as parks.

Walkability in the area was also a consistent theme. The design of the cities was faulted frequently-- few areas had sidewalks, crosswalks, or street lights. The large distances between locations also made it difficult to walk to get anywhere, worsening access issues. High-speeds and busy streets also present significant barriers to walkers.

Insurance and Cost of Care: While the Affordable Care Act has reduced the number of uninsured individuals, it has not eliminated all problems around cost of care. Some people do not fully understand how to use their insurance, and even if they do, co-pays and prescription costs can often be high enough to constitute a significant barrier for lower-income individuals.

Mental Health: Mental health was discussed frequently, particularly in the form of stress or depression. It was linked to many other issues such as economic challenges and housing. There was also discussion about the effect of adverse childhood experiences on child development.

Food and Nutrition: Challenges around eating healthy was a major discussion point in all of the focus groups. Because healthy food is more expensive and time-consuming to prepare, when faced with a lack of time and money, families often opt to purchase cheaper, quicker, and less healthy options. Supermarket availability and quality was also frequently discussed. Some stakeholders felt that this issue still came down to a matter of choice for residents.

Economic Insecurity: Residents shared their challenges with finding jobs that pay a living wage and the stress of living in poverty or near poverty. Participants saw this as a root cause linked to many other issues.

Obesity: Discussions around obesity centered on its root causes, such as difficulty eating a healthy diet and finding time to exercise. There was also specific discussion about obesity in children.

Lack of Exercise: The challenges around walkability combined with a lack of exercise facilities and a lack of free time led to residents feeling they could not exercise as much as they need. This was a particularly strong theme in Hesperia.

Substance Abuse: Residents were concerned about the effects of substance abuse, both on those using the drugs and the broader community. Drug use often centered in parks, making them less usable by residents.

The following concerns were identified as concerns for the community by the community resident focus groups but were not discussed extensively at the nonprofit/government stakeholder focus group.

Programming and Places for Youth: Residents spoke about the need for places for children to play and develop their skills, as well as the need for planned programming for youth. Parks were not available, poorly maintained, or havens for illegal activity. The cost of activities, particularly organized sports teams, was also an issue.

Vermin: In Apple Valley, focus group participants complained about mice, bed bugs, and other vermin possibly spreading disease.

Weather: At each focus group, the residents complained that the extremes in temperature caused health concerns, and also prevented people from going outside to exercise. It also makes it difficult to garden for those who want to grow their own food.

The following concern was identified by the nonprofit/government stakeholder focus group but was not discussed extensively at the community resident focus groups.

Housing Concerns: While housing may be less expensive here than in other parts of the state, relative to the income levels of the service area, it is still not affordable for many individuals. The low incomes and lack of jobs often lead people to live in crowded, multi-family settings or in lower quality houses.

The following concerns received the most support from the Community Forum. The concern listed here is how the idea was presented for the group voting process. In some cases, the idea has been reclassified or reworded into categories used for this report; this is noted in parentheses

- **Education, including vocational training and higher education**
- **Community Education, such as healthy behaviors, nutrition, exercise, gardening**

- **Walkability**
- **Jobs and Salaries (Economic Insecurity)**
- **Too Few Specialists (Access to Resources)**
- **Homelessness**
- **Mental health and Stress**
- **Safe Houses for Teens**
- **No Major Medical Center (Access to Resources)**
- **Lack of Exercise**

See Appendix 3: Community Input

COMMUNITY ASSETS AND RESOURCES

Significant Health Need and Assets Summary
Communities with Disproportionate Unmet Health Needs (DUHN) are communities defined by zip codes where there is a higher prevalence or severity for a particular health concern than the general population within St. Joseph Health, St. Mary Service Area.

Communities with DUHN generally meet one of two criteria: *either* there is a high prevalence or severity for a particular health concern to be addressed by a program activity, or there is evidence that community residents are faced with multiple health problems and have limited access to timely, high quality health care.

The following table lists the DUHN communities/groups and identified significant health needs and community resources/assets.

Significant Health Need	Target Population	Geographic Area (City, Zip Code, County)	Community Resources (Name of Organization(s)
Access to Resources	Low income persons and broader community; residents of rural communities	Parts of PSA and SSA Adelanto, Phelan, Oro Grande, old-town Victorville and Lucerne Valley	San Bernardino County Public Health Dept. San Bernardino County Department of Behavioral Health, local school districts, Victor Valley Transit Authority
Mental Health	Low income and broader community	Parts of PSA and SSA Adelanto, Apple Valley, Phelan, old-town Victorville, Oro Grande and Lucerne Valley	San Bernardino County Department of Behavioral Health, Family Service Agency of San Bernardino, Mission Community Clinic, National Alliance for Mental Health,

Mental Health continued			(NAMI) Stars Behavioral Health Walk-in Center, Sunset Hills Children's Foundation, Special Education counseling services (SELPA)
Obesity	Low income persons and broader community	Parts of PSA and SSA Adelanto, Apple Valley, Hesperia, Phelan, old-town Victorville, Oro Grande and Lucerne Valley	San Bernardino County's Vision2Be Active and Nutrition Department's Communities of Excellence, Health & Soul and Retail programs, Healthy City campaigns of Adelanto, Apple Valley, Hesperia, Snowline and Victorville, Summer Meals Program, Heritage Victor Valley Medical Group
Diabetes	Low income persons and broader community	Parts of PSA and SSA Adelanto, Apple Valley, Hesperia, Phelan, old-town Victorville, Oro Grande and Lucerne Valley	St. Mary High Desert Medical Group, Heritage Victor Valley Medical Group
Food and Nutrition	Low income persons and broader community	Parts of PSA and SSA Adelanto, Apple Valley, Hesperia, Phelan, old-town Victorville, Oro Grande and Lucerne Valley	Community Action Partnership- High Desert Food Collaborative, Food Forward, Broken Hearts Ministry, Lords Table, Another Level for Women, Victor Rescue Mission, High Desert Outreach, Squash4Friends, Community Health Action Network, Summer Meals program and schools hosting
Substance Abuse	Low income persons	Parts of PSA and SSA Adelanto, old-town Victorville, Oro Grande, Phelan and Lucerne Valley	San Bernardino County Department of Behavioral Health, AEGIS, Mission City Clinic, St. John of God Healthcare Services, Family Service Agency of San Bernardino County, Stars

			Behavioral Health Walk-in Center, No Drugs America
Lack of Exercise	Low income persons and broader community	Parts of PSA and SSA Adelanto, old-town Victorville, , Oro Grande, Phelan and Lucerne Valley	Healthy City recreation programs, Free Zumba initiatives in Adelanto and old-town Victorville, Adelanto School District(summer pool), City of Adelanto,(new Richardson Park walking path) City of Victorville and Town of Apple Valley (installing sections of Mojave River Walk), Town of Apple Valley's "Vantastic" mobile play program
Education	Low income persons and Broader Communities	Parts of PSA and SSA Adelanto, Lucerne Valley, Phelan and old-town Victorville	Adelanto School District, Lucerne Valley School District, Snowline School District, Victor Community College, Alliance For Education, Millionaire Mind Kids, California State University, San Bernardino, Don Ferrarese Charitable Foundation, SELPA education programs
Economic Insecurity	Low income persons and Broader Communities	Parts of PSA and SSA Adelanto, Apple Valley, Hesperia, Lucerne Valley, Phelan and old-town Victorville	Local city Economic Development Departments, San Bernardino County Department of Economic Development and Workforce Development
Walkability	Low income persons and Broader Communities	Parts of PSA and SSA	City planning and economic development departments, Southern California Association of Governments, Mojave Air Quality Management District
Homelessness	Chronically ill homeless (e.g., severe brain	Parts of PSA, old-town Victorville	San Bernardino County Department of Behavioral Health (office of homeless

	disease, substance abuse, criminal record, pedophilia), families in crisis (without housing), runaway youth, foster youth		services), City of Victorville, High Desert Homeless Services, Orinda Foundation, Azusa Pacific Nursing Program, San Bernardino County Sheriff (HOPE program) Step Up
Insurance and Cost of Care	Low income persons	Parts of PSA and SSA Adelanto, Apple Valley, Hesperia, Lucerne Valley, Phelan and old-town Victorville	Covered California, San Bernardino County Community Clinic Association, San Bernardino County Public Health and Department of Behavioral Health, Inland Empire Health Plan, Molina, Mission City, Azusa Pacific University Nursing Program, St. John of God Healthcare Services, Clinica Familia
Housing Concerns	Low income persons and Broader Communities	Parts of PSA and SSA Adelanto, Apple Valley, Hesperia, Lucerne Valley, Phelan and old-town Victorville	Low income housing stabilization programs of Adelanto, Apple Valley, Hesperia and Victorville, Housing Authority of San Bernardino County and Transitional Assistance Department, Housing Partners I Inc.
Pollution and Air Quality	Low income persons and Broader Communities	PSA – old town Victorville SSA - Adelanto	Mojave Air Quality Management District, San Bernardino County Department of Environmental Health, Community Action Partnership (lead paint abatement of residential housing)
Crime and Safety	Low income persons and Broader Communities	PSA – Vista Loma and Yucca Loma neighborhoods of Apple Valley, old town	Sheriff departments of Adelanto, Apple Valley, Hesperia and Victorville, local school districts of Adelanto,

		Victorville, main street Hesperia – old town SSA – north Adelanto	Apple Valley, Hesperia and Victorville.

Please see resources below:
San Bernardino: http://sanbernardino.networkofcare.org/mh/
http://cms.sbcounty.gov/cao-vision/Home.aspx
http://wp.sbcounty.gov/vision2bactive/
http://www.sbcounty.gov/uploads/dph/publichealth/documents/2015-SBC-DPH-Strategic-Plan.pdf

Existing Health care Facilities in the Community

See Appendix 5: Existing Health care Facilities in the Community

SIGNIFICANT HEALTH NEEDS

The graphic below depicts both how the compiled quantitative community-level data and community input (focus group and community forum data) were analyzed to generate the list of significant health needs, as well as the prioritization process that allowed the selection of three significant health needs around which St. Mary Medical Center will build its FY18-FY20 Community Benefit/Implementation Report. Details of the selection and prioritization process are provided in the sections that follow and in Appendix 4.

Who	**2 external raters**	**2 external raters**	**Community Benefit Lead and internal Work group**	**Community Benefit Lead**	**Community Benefit Committee**
What	A comprehensive review of data & community input	Apply the following criteria per significant health need	Apply the following criteria per significant health need	Review through two filters	Review List of issues and narrow to 1-3 priority areas for FY18-FY20 CB Plan/ Implementation Strategy Report
Criteria	All sources were analyzed for severity of the problem and level of community concern.	1. Seriousness of the problem 2. Scope of the problem – # of people affected 3. Scope of the problem –compared to other areas 4. Health disparities among population groups 5. Importance to the community 6. Potential to affect multiple health issues (root cause) 7. Implications for not proceeding	1. Sustainability of impact 2. Opportunities for coordination/ partnership 3. Focus on prevention 4. Existing efforts on the problem 5. Organizational competencies	1. Is it aligned with the Mission of St. Joseph Health? 2. Does it adhere to the Catholic Ethical and Religious Directives?	1. Is the health need relevant to the ministry? 2. Is there potential to make meaningful progress on the issue? 3. Is there a meaningful role for the ministry on this issue? 4. Where do we want to invest our time and resources over the next three years?
Scale	**Multiple**	**1-5 scale**	**1-5 scale**	**Yes or No**	**CB Committee Dialogue**

Selection Criteria and Process

Evaluators from The Olin Group performed a rigorous review of the publicly-available data and community input to identify 15 significant health needs for St Mary Medical Center.

The selection process began with the development of a general list of potential health needs, derived from a broad review of the indicator data, focus group findings, and literature around health concerns and social determinants of health. The goal of the selection process was to analyze the wide variety and large quantity of information obtained through the quantitative and qualitative processes in a consistent manner. Each source of input was considered as follows:

- Quantitative Data: Weighting was based on how the service area compared to California and county averages and how individual cities and zip codes compared to the service area averages. Note that for some health needs, such as walkability of neighborhoods, data was not readily available.
- Resident Focus Groups: Focus Group transcripts and notes were reviewed and considered both at the individual focus group level and collectively across focus groups. Weighting was related to how often and how extensively an issue was discussed by the participants.

- Stakeholder Focus Group: Weighting for the stakeholder group was based on how strongly the problem was discussed by the participants and the extent of agreement among the participants about the problem.
- Community Resident Forum: The Community Forum was designed to measure the importance of an issue to attendees. The forum ended with "dot voting" on significant health issues allowing all participants to have a voice in indicating which issues were most important to them. Issues that received more votes were considered to be more important to the community.

In developing the list of significant health needs, the quantitative data was given equal weight to the community input. After reviewing and rating all the available information, the list of potential health needs was ranked from greatest to lowest need for the ministry and the top 15 were recommended by The Olin Group for further consideration.

Before the final selection of significant health needs, two reviews took place. First, The Olin Group reviewed the list to determine if there were needs that were identified as priorities through the community process but not highlighted by the data, or for which no data was available. In some cases, a significant health need may have been added to the list due to this review. In the second review, the Community Benefit Lead examined the list, using his ministry-specific knowledge to determine if the significant health needs should be consolidated or added. Once the review was completed, the list was finalized for prioritization.

PRIORITY HEALTH NEEDS

Prioritization Process and Criteria

To rank order the list of significant health needs and ultimately select the three health needs to be addressed by St. Mary Medical Center, a four-step process was followed that incorporated the experience, expertise, and perspective of both internal and external stakeholders of the ministry. The criteria and rating scales can be found in Appendix 4.

Step 1: Using criteria that were developed in collaboration with the St. Joseph Health System Office and the Community Benefit Lead, The Olin Group Evaluation Team scored each health need on seven criteria.

- Seriousness of the Problem: The degree to which the problem leads to death, disability, and impairs one's quality of life
- Scope of the Problem 1: The number of people affected, as a percentage of the service area population
- Scope of the Problem 2: The difference between the percentage of people affected in the service area compared to regional and statewide percentages
- Health Disparities: The degree to which specific socioeconomic or demographic groups are affected by the problem, compared to the general population
- Importance to the Community: The extent to which participants in the community engagement process recognized and identified this as a problem

- Potential to Affect Multiple Health Issues: Whether or not this issue is a root cause, and the extent to which addressing it would affect multiple health issues
- Implications for Not Proceeding: The risks associated with exacerbation of the problem if it is not addressed at the earliest opportunity

Step 2: The Community Benefit Lead for St. Mary Medical Center convened a working group of internal and external stakeholders to complete the second stage of prioritization. This working group applied 4 criteria to each need.

- Sustainability of Impact: The degree to which the ministry's involvement over the next 3 years would add significant momentum or impact, which would remain even if funding or ministry emphasis on the issue were to cease.
- Opportunities for Coordination and Partnership: The likelihood that the ministry could be part of collaborative efforts to address the problem.
- Focus on Prevention: The existence of effective and feasible prevention strategies to address the issue.
- Existing Efforts on the Problem: The ability of the ministry to enhance existing efforts in the community.

The Community Benefit Staff participating in the working group also considered a fifth criterion:

- Organizational Competencies: The extent to which the ministry has or could develop the functional, technical, behavioral, and leadership competency skills to address the need.

Step 3: Two final criteria were considered by the Community Benefit Lead for each health need.

- Relevance to the Mission of St. Joseph Health: Is this area relevant to or aligned with the Mission of St. Joseph Health?
- Adherence to Ethical and Religious Directives: Does this area adhere to the Catholic Ethical and Religious Directives?

If the answer was "No" to either question, the health need was dropped from further consideration. None of the needs were dropped at this step.

Step 4: The final step of prioritization and selection was conducted by the St. Mary Medical Center Community Benefit Committee, which reviewed the list of identified health needs rank-ordered by the results of the first three steps of the prioritization process. The Committee discussed each need and its relevance to the ministry, the potential for progress on the issue, and the potential role of the ministry in addressing the need. After extensive discussion, the Committee selected three priorities for inclusion in the plan.

Rank-ordered significant health needs

The matrix below shows the 15 health needs identified through the selection process, and their final prioritized scores. The check marks indicate each source of input and whether this issue was identified as a need by that input process.

Significant Health Need	Health Category	Total Rank Score	Community Data	Resident Focus Groups (FG)	Non-profit/ Govt. Stakeholder FG	Community Forum
Access to Resources	Clinical Care	42.2	✓	✓	✓	✓
Mental Health	Health Outcome	41.8	✓	✓	✓	✓
Obesity	Health Behavior	41.4	✓	✓	✓	
Diabetes	Health Outcome	38.8	✓			
Food and Nutrition	Health Behavior	38.5	✓	✓	✓	
Substance Abuse	Health Behavior	38.0	✓	✓	✓	
Lack of Exercise	Health Behavior	37.4	✓	✓	✓	✓
Education	Socioeconomic	37.0	✓	✓		✓
Economic Insecurity	Socioeconomic	35.1	✓	✓	✓	✓
Walkability	Physical Environment	33.6	✓	✓	✓	✓
Homelessness	Socioeconomic	32.9		✓	✓	✓
Insurance and Cost of Care	Clinical Care	32.6	✓	✓	✓	✓
Housing Concerns	Physical Environment	30.8	✓		✓	
Pollution and Air Quality	Physical Environment	29.6	✓			
Crime and Safety	Physical Environment	29.1	✓	✓	✓	

Definitions:

Access to Resources: Includes most barriers to accessing health care services and other necessary resources, such as transportation, a shortage of providers, particularly specialists such as pediatricians, dentists, and orthopedists, language barriers, and resources being unavailable outside of working hours.

Mental Health: Covers all areas of emotional, behavioral, and social well-being for all ages. Includes issues of stress, depression, coping skills, as well as more serious health conditions such as mental illness and Adverse Childhood Experiences.

Obesity: Primarily defined as the health condition in which individuals are sufficiently overweight as to have detrimental effects on their overall health. This does not include issues of exercise or food choices, which are listed as separate issues.

Diabetes: Specifically focused on the health condition of diabetes, and awareness and prevention of it.

Food and Nutrition: Concerns about healthy eating habits, nutrition knowledge, and challenges of cost and availability of healthy options.

Substance Abuse: Pertains to the misuse of all drugs, including alcohol, marijuana, opiates, prescription medication, and other legal or illegal substances. It does not encompass cigarette smoking, which was considered separately and not identified as a significant health need.

Lack of Exercise: In addition to the behavior itself, it also includes issues around access to places to exercise and people not having enough time to exercise.

Economic Insecurity: Identified as a root cause of other health issues, this issue covers the effects of poverty and economic concerns as well as difficulties around finding jobs that pay livable salaries.

Education: Includes both formal education goals and attainment, including job training, and community-based education around issues such as exercise, nutrition, health access, and finances.

Walkability: The lack of walkable areas and streets, including the lack of sidewalks, crosswalks, street lights, as well as the long distances necessary to go places and the prevalence of high-speed busy streets.

Homelessness: Primarily focused on the condition of homelessness, including helping homeless individuals, prevention of homelessness, and mitigating its impact on communities.

Insurance and Cost of Care: Encompasses both those who do not have health insurance, but also those for whom the cost of services is a barrier even though they have insurance.

Housing Concerns: Includes affordability, availability, overcrowding, and quality of housing.

Pollution and Air Quality: Includes industrial pollution but also vermin, trash, and dust due to dryness and a lack of paved roads.

Crime and Safety: Encompasses the incidence of crime and violence as well as the fear of it, which prevents people from using open space or enjoying their community.

PRIORITY HEALTH NEEDS

St. Mary Medical Center will address the following priority areas as part of its FY18-FY20 CB Plan/Implementation Strategy Report:

- Access to Resources
- Mental Health/Substance Abuse
- Obesity

Access to Resources emerged as a consistent priority throughout the CHNA process. It was a major discussion point in every focus group and received substantial support in the community forum. The indicator data shows that the county has relatively few physicians and dentists compared to California averages. The issue was identified as a top priority through steps 1 and 2 of the prioritization process, and was endorsed by the Community Benefit Committee. The committee discussed how the hospital was in a unique position to expand services having made progress over the past three years expanding programs and clinic visits to the poor.

Mental Health and Substance Abuse were originally considered as separate issues but combined by the Community Benefit Committee. Committee members also discussed that mental health will be a priority focus of Providence St. Joseph Health over the next ten years. Mental Health was a frequent theme in the focus groups and forum, particularly focusing on the stresses caused by economic insecurity, the challenges faced by children and teens, and the lack of providers. The lack of providers is supported by county-wide data. It was the second highest priority through the first steps of the prioritization process. Substance Abuse was the sixth highest priority, and was also a strong theme across all focus groups.

Obesity was an issue initially highlighted by the indicator data, which shows an obesity rate in adults of 37%, compared to a state rate of 26%. In teens, the rate for the service area is 38%, compared to 33% for the state. Obesity was frequently discussed in the focus groups, particularly in conjunction with root causes such as nutrition and lack of exercise. Food and Nutrition was a major theme in all focus groups, and Lack of Exercise also emerged as an issue in the community process. Challenges with Walkability also were frequent themes in the process. Indicator data shows that only 28% of adults in the service area walk regularly, compared to 33% for California. Obesity was identified as the third highest priority after steps 1 and 2 of the process. The committee discussed the progress it has made with nutrition and exercise campaigns including efforts expanding student nutrition and fitness campaigns in local schools.

See Appendix 4: Prioritization protocol and criteria / worksheets

EVALUATION OF IMPACT ON FY15-FY17 CB PLAN/IMPLEMENTATION STRATEGY REPORT: FY16 ACCOMPLISHMENTS

Planning for the Uninsured and Underinsured - Patient Financial Assistance Program

Our mission is to provide quality care to all our patients, regardless of ability to pay. We believe that no one should delay seeking needed medical care because they lack health insurance. That is why we have a **Patient Financial Assistance Program**[5] that provides free or discounted services to eligible patients.

One way, St. Joseph Health, St. Mary informs the public of the Patient Financial Assistance Program is by posting notices. Notices are posted in high volume inpatient and outpatient service areas. Notices are also posted at locations where a patient may pay their bill. Notices include contact information on how a patient can obtain more information on financial assistance as well as where to apply for assistance. These notices are posted in English and Spanish and any other languages that are representative of 5% or greater of patients in the hospital's service area. All patients who demonstrate lack of financial coverage by third party insurers are offered an opportunity to complete the Patient Financial Assistance application and are offered information, assistance, and referral as appropriate to government sponsored programs for which they may be eligible. In FY16, the St. Joseph Health, St. Mary ministry, provided $2,165,374 free (charity care) and discounted care and 6,612 encounters.

For information on our Financial Assistance Program click: http://www.stmaryapplevalley.com/Patients-Visitors/For-Patients/Billing-and-Payment/Patient-Financial-Assistance.aspx

Medicaid (Medi-Cal) and Other Local Means-Tested Government Programs St. Joseph Health, St. Mary provided access to the uninsured and underinsured by participating in Medicaid, also known as Medi-Cal in California, and other local means-tested government programs. In FY16, St. Joseph Health, St. Mary ministry, provided $10,079,268 in Medicaid (Medi-Cal) shortfall.

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[5] *Information about* St. Joseph Health, St. Mary's *Financial Assistance Program is available* *http://www.stmaryapplevalley.com/Patients-Visitors/For-Patients/Billing-and-Payment/Patient-Financial-Assistance.aspx*

Addressing the Needs of the Community: FY15 –17 Key Community Benefit Plan
FY16 Accomplishments

Initiative (community need being addressed): Access to Health Care

Goal (anticipated impact): Through an integrated network of care, increase access to health care services for the most vulnerable members of the Victor Valley

Outcome Measure	Baseline	FY16 Target	FY16 Result
Total clinical encounters to poor and low income patients in Adelanto, Apple Valley, Hesperia and Victorville and at hospital with enrollment, and transportation care.	29,885 (FY15)	30,000 total clinical encounters 22,000 community clinic encounters	32,453 28,764

Strategy(ies)	Strategy Measure	FY15 Baseline	FY16 Target	FY16 Result
Secure second mobile medical van serving poor neighborhoods and rural communities	# of units obtained	0	1	1
Re-open Hesperia fixed clinic serving poor	# of days clinic open per week	0	3 days	3 days
Health insurance enrollment of poor and uninsured	# of persons insured	2,442	2,400	2,449

Data Sources: FY15 & FY16 Clinical Trackers, FY16 Integrated Strategic Financial Plan

Key Community Partners: Mission Hospital (mobile van donation); Town of Apple Valley (host of mobile clinic at Michael Martin Gymnasium); St. Joan of Arc Catholic Church (host of mobile clinic in old-town Victorville and referral partner of poor and undocumented served at food pantry) Diversified Healthcare Resources (enroller of uninsured patients at hospital) Emergency room employees (enrollers of uninsured patients into emergency Medi-Cal) Adelanto Senior Center (host of nutrition, physical activity, diabetes and heart education for uninsured and undocumented), Community Health Action Network, (and African American led referral of patients and developer of faith partners: St. Mary High Desert Medical Group campus (host of Hesperia community clinic), Apple Valley and Hesperia School Districts (referral partner of adults and children health services and host of health education programs at school based Family Resource Centers)

FY16 Accomplishments: Implemented improved process for tracking and reporting clinical encounters for all hospital programs serving poor, and uninsured with goal of improved tracking of "unduplicated patients" provided community health care. Obtained donated medical van from Mission Hospital to be renovated and placed into service. Re-opened Hesperia clinic and provided 243 clinical encounters and added additional mobile van site (Phoenix Academy school site in Apple Valley). Started a faith health initiative and recruited 20 churches that: (1) increases referral of patients needing care, (2) allows for church-based health education and clinical care and (3) targets services to vulnerable populations including African Americans (Burning Bush Baptist Church in old town Victorville). Hospital staff started meeting in Lucerne Valley to discuss resident access to health services.

Addressing the Needs of the Community: FY15 –17 Key Community Benefit Plan
FY16 Accomplishments

Initiative (community need being addressed): Diabetes

Goal (anticipated impact): provide diabetes education, counseling, support and self-care techniques with an emphasis on uninsured and low income patients

Outcome Measure	Baseline	FY16 Target	FY16 Result
Clinical encounters for Diabetes Care across all services	1,842 (FY15)	1,500	2,126

Strategy(ies)	Strategy Measure	FY15 Baseline	FY16 Target	FY16 Result
Provide diabetes education to uninsured and underinsured persons in community settings	# of encounters provided	1,025	No Target established for FY16	778
Provide diabetes care to patients of community health clinic including patients with gestational diabetes	# of encounters provided	755	No Target established for FY16	636
Education and self-care with support group serving poor patients with uncontrolled A1C	# of encounters provided	38	No Target established for FY16	134

levels				
Diabetic Educator Visits	# of encounters provided	24 (reported from a hospital-based Diabetes Education Center program relocated to Community Health Clinic in FY16)	No Target established for FY16	578

Data Sources: FY15 & FY16 Clinical Trackers, FY16 Integrated Strategic Financial Plan

Key Community Partners: St. Mary High Desert Medical Group, Inland Empire Health Plan, community referral partners including Community Health Action Network, faith partners, school partners including nurses and staff of family resource centers at Adelanto, Apple Valley and Hesperia school districts.

FY16 Accomplishments: The hospital's Diabetes program remains the only American Diabetes Association certified program in the hospital's Total Service Area. The program expands nutritional and certified diabetes trained staff from hospital-based diabetes and child obesity programs. Program staff began participating in a SJH regional diabetes workgroup sharing best practices. A referral relationship was established from physicians of St. Mary High Desert Medical Group. The targeting of diabetes education in neighborhoods with poor and uninsured persons and populations has increased through introduction to residents of communities of excellence program nutrition and physical activity campaign. Efforts to discuss diabetes screening during food pantry giveaways started.

Addressing the Needs of the Community: FY15 –17 Key Community Benefit Plan
FY16 Accomplishments

Initiative (community need being addressed): Mental Health

Goal (anticipated impact): provide mental health services to the uninsured and low income youth and adults

Outcome Measure	Baseline	FY16 Target	FY16 Result
Total clinical encounters providing mental health care to poor and uninsured.	627 (FY15)	450	2,229

Strategy(ies)	Strategy Measure	FY15 Baseline	FY16 Target	FY16 Result
Family counseling through Bridges For Families program	# of sessions	214	No Target established	486
Counseling to at-risk youth at Fam Spot drop-in center	# of sessions	_	Program starts FY16: Assist 100 teens and 100 parents	813
Grief Recovery Care provided as a support group	# of sessions	340	No Target established	231
Mental health care to addicts of a 90 day treatment program	# of sessions	-	Program starts FY16: 1152 clinical encounters with 144 unduplicated	741

			patients provided individual treatment plans	

Data Sources: FY15 & FY16 Clinical Trackers, FY16 Integrated Strategic Financial Plan

Key Community Partners: Referral partners from community, Victor Counseling Services, Family Assist, St. John of God Healthcare Services, Mission City Clinic, San Bernardino County Department of Behavioral Health, Sunset Hills Mortuary and Sunset Hills Children Foundation, Stars Behavioral Health operator of local Crisis Walk-In Center, San Bernardino County Law Enforcement, The Hospital Association of Southern California – Inland Region, Family Service Agency of San Bernardino.

FY16 Accomplishments: Hospital starts grant funding two partners providing counseling to: (1) at-risk teens at a local youth rescue center and (2) persons in recovery at 90-day drug and alcohol center. Hospital leadership begin advocacy with San Bernardino County Department of Behavioral Health to innovate mental health services. Focus includes care for suicidal patients needing inpatient and outpatient services (5150 patients). Hospital and County collaboration lead to state grants to integrate mental health workers into law enforcement and to build area's first 16-bed crisis residential treatment center.

Additionally, San Bernardino County Department of Behavioral Health awards contract for a mental health contractor to operate in the low income community of Adelanto. The contractor is providing counseling and access to medication to populations suffering complex socioeconomic and mental health crisis. The hospital continues conversations with Sunset Hills on improving a child grief program.

Addressing the Needs of the Community: FY15 –17 Key Community Benefit Plan
FY16 Accomplishments

Initiative (community need being addressed): Achieve reduction in obesity by implementing a nutrition and physical activity campaigns in low income communities of Adelanto, Apple Valley, Hesperia and Victorville.

Goal (anticipated impact): provide nutrition education and physical activity for persons in low income communities.

Outcome Measure	Baseline	FY16 Target	FY16 Result
Total number of encounter provided with nutrition and physical fitness in low income communities	5,202 (FY15)	2,000 (unduplicated persons)	5,289

Strategy(ies)	Strategy Measure	FY15 Baseline	FY16 Target	FY16 Result
Zumba sessions and walking programs in low income communities	# of persons enrolled	_	No Target established	3,000
Nutrition presentations	# of persons enrolled	703	No Target established	426
Fitness programs targeting seniors	# of persons enrolled	1,811	No Target established	1,684
Body Mass Index measures of persons engaged in weight loss programs	# of persons enrolled	121 (adults & children)	150 (adults & children)	114 unduplicated adults in Zumba and weight loss campaigns; 45 adults lose weight

Data Sources: FY15 & FY16 Clinical Trackers, FY16 Integrated Strategic Financial Plan

Key Community Partners: San Bernardino County Department of Nutrition Services, Healthy City Campaigns of

Adelanto, Apple Valley, Hesperia and Victorville, Community Health Action Network, Broken Heart Ministries, Adelanto Senior Center, St. Mary High Desert Medical Group, City of Victorville Park and Program, Apple Valley Unified School District, Adelanto, Apple Valley and Hesperia Mayor Weight Loss Challenges, Adelanto Code Enforcement, Hesperia Unified School District, Cottonwood Elementary, Happy Healthy Kids.

FY16 Accomplishments: Zumba programs added to nutrition campaigns in low income communities of Adelanto and Victorville. Mayor weight loss challenges start in Adelanto, Apple Valley and Hesperia. Residents engaged in Zumba and Mayor Weight loss challenges begin self-reporting improved health status. Healthy City campaigns continue focus expanding park and recreation services including Mojave Riverwalk between Apple Valley and Victorville. Food Forward recruited to provide donations of fruits and vegetables to local food pantries operated in Adelanto, Apple Valley, Phelan and Victorville. Community Action Partnership receives a planning grant to begin developing a timeline for opening a local office that would include a small food bank. Hospital forms agreement with Cottonwood Elementary School (Hesperia) and Happy Healthy Kids to pilot physical activity promotion using a activity tracker named SCORD.

FY16 Other Community Benefit Program Accomplishments

Initiative (community need being addressed):	Community Benefit Category	Program	Description	FY16 Accomplishments
Health Education and Chronic Disease Management	Community Health Improvement Services	Mended Hearts	Support Groups	1,133 clinical encounters provided in Cardiovascular and Stroke support groups
Breast Cancer Support Group in English and Spanish	Community Health Improvement Services		Support Group	104 persons
Access to Care	Subsidized Health Services	Patient Transportation	Services connecting patients to ongoing	1,046 persons

			sources of care including community health clinics	
Health Careers	Health Professions Education	Clinical education of students	Workforce Development of health careers – college and high school students	138 students

GOVERNANCE APPROVAL

This FY17 Community Health Needs Assessment Report was approved at the May 24 meeting of the Community Benefit Committee a sub-Committee of the Board of Trustees.

Paul Graham

Community Benefit Committee Chair's Signature confirming approval of St. Joseph Health, St. Mary FY17 Community Health Needs Assessment Report

6/29/17

Date

See Appendix 6: Ministry Community Benefit Committee

Appendix 1: Community Needs Index data

Community Need Index (CNI) Scores

St. Mary Medical Center Hospital Total Service Area (HTSA)

ZIP Code[1]	Service Area[2]	CNI Score[3]	Population	City	County	State
92395	PSA	5.0	45,811	Victorville	San Bernardino	California
92301	SSA	5.0	36,409	Adelanto	San Bernardino	California
92394	PSA	4.8	37,946	Victorville	San Bernardino	California
92368	SSA	4.8	1,102	Oro Grande	San Bernardino	California
92345	PSA	4.6	83,154	Hesperia	San Bernardino	California
92308	PSA	4.4	42,274	Apple Valley	San Bernardino	California
92307	PSA	4.2	39,370	Apple Valley	San Bernardino	California
92392	PSA	4.0	59,527	Victorville	San Bernardino	California
92356	SSA	4.0	6,842	Lucerne Valley	San Bernardino	California
92344	PSA	3.6	23,239	Hesperia	San Bernardino	California
92342	SSA	2.8	7,152	Helendale	San Bernardino	California
92340	PSA	PO Box	N/A	Hesperia	San Bernardino	California
92393	PSA	PO Box	N/A	Victorville	San Bernardino	California

1. CNI scores are not calculated for non-populated ZIP codes, including such areas as PO boxes, national parks, public spaces, state prisons, and large unoccupied buildings.

2. PSA = primary service area; SSA = secondary service area.

3. CNI scores are sorted from highest to lowest. A CNI score of 1 represents the lowest need nationally, while a score of 5 indicates the highest need nationally.

Source: Dignity Health Community Need Index (cni.chw-interactive.org), 2015; Accessed March 2016.

Appendix 2: Secondary Data /Publicly Available data

Appendix 2A: Secondary Data/Publicly Available Data

http://www.stmaryapplevalley.com/About-Us/Community-Benefit.aspx

Appendix 2B: Secondary Data/Publicly Available Appendix

http://www.stmaryapplevalley.com/About-Us/Community-Benefit.aspx

Appendix 3: Community Input

Appendix 3a: Focus Group and Community Forum Participants

Residents who participated in focus groups and community forums completed an anonymous survey to allow reporting on demographics of the participants. In the table below, the number and percentages are shown for the focus groups, community forums, and then for all participants in both the focus groups and community forums. Percentages were calculated using the number of respondents for each question, which may be less than the total number of respondents because people could choose to leave a question unanswered.

St. Mary Medical Center	Resident Focus Groups	Community Forum Participants	ALL Community Members	Resident Focus Groups	Community Forum Participants	ALL Community Members
Number of Respondents	38	31	69	38	31	69
Gender						
Female	34	24	58	100%	77%	89%
Male	0	7	7	0%	23%	11%

Race/Ethnicity*						
Hispanic/Latino	32	10	42	86%	32%	62%
Non-Latino White	3	12	15	8%	39%	22%
Black/African American	2	6	8	5%	19%	12%
Native American	1	1	2	3%	3%	3%
Native Hawaiian or Pacific Islander	0	1	1	0	3%	1%
Other – Arab / North African	0	2	2	0%	6%	3%
Chronic Conditions						
Person with chronic conditions or a leader or representative of individuals with chronic conditions	8	12	20	24%	44%	33%
Age						
0-17 years	0	3	3	0%	10%	4%
18-44 years	22	11	33	58%	35%	48%
45-64 years	14	13	27	37%	42%	39%
65-74 years	2	3	5	5%	10%	7%
75 years or older	0	1	1	0%	3%	1%
Total Household Income before Taxes						
Less than $20,000	12	6	18	34%	23%	30%
$20,000 to $34,999	14	3	17	40%	12%	28%
$35,000 to $49,999	1	5	6	3%	19%	10%
$50,000 to $74,999	7	6	13	20%	23%	21%
$75,000 to $99,999	0	2	2	0%	8%	3%
$100,000 or more	1	4	5	3%	15%	8%
Decline to answer	2	3	5	Decline to Answer responses were not included in the calculation of percentages		
Number of People in Household						
Average	4.5	3.2	3.9	NA	NA	NA
Median	4	2.5	4	NA	NA	NA
Range	2-8	2-8	2-8	NA	NA	NA

Appendix 3b. List of Stakeholder Focus Group Participants and Organizations

The Non-profit/Government Stakeholder Focus Group was held on **March 2, 2017 in Victorville**. The list of participants is presented in the table below, along with information about the population served by the non-profit or government organization.

Name	Title	Organization	Public Health Dept.	The organization serves people who:			
				Have Chronic Conditions	Are from Minority Communities	Are Medically Underserved	Have Low Incomes
Vici Nagel	Executive Director	Academy for Grassroots Organizations					x
Julie Ryan	Heathy Hesperia	City of Hesperia					x
Brandon Romano	Manager Food Bank	Community Action Partners of San Bernardino County			x		x
Theresa Vaughan	Program Staff	Desert/Mountain Children's Center		x	x	x	x
Linda Llamas	Program Staff	Desert/Mountain Children's Center		x	x	x	x
Sandy Bannister	Deputy Chief	Dept. of Public Health, County of SB	x	x	x	x	x
Darryl Evey	Executive Director	Family Assist Program		x	x	x	x
Stephanie Pazarin		Global Institute for Public Strategies		x	x	x	x
Charlie Johnson	Healthy Snowline	Healthy Snowline		x		x	x
Marci Aguirre	Director, Outreach	Inland Empire Health Plan-IEHP		x	x	x	x
LuAnna Jauregui	Manager, Outreach	Inland Empire Health Plan-IEHP		x	x	x	x
Gary Madden	Executive Director	Inland Empire United Way				x	x
Cari Thomas	Director	Inland Empire United Way Desert Communities Region			x	x	x
Laura Villa	Representative	Office of SB. Supervisor Lovingood		x	x	x	x
Tony Mize	Executive Director	National Core			x		x
Rosy Olvera	Organizer, old town	ROOT			x	x	x
Marcelino Garza	Special Representative	S.B Co. Superintendent of Schools-Apple Valley		x	x	x	x
Miguel McQueen	Director	S.B. Co Workforce Development Department-V.V.		x	x		x
Pam Hoffman	Public Info. Officer	Sheriff Department, Adelanto			x		x
Thomas Solas	Program Manager	St. John of Good Healthcare Services		x	x	x	x
Brittney Hardy	Program Manager	Stars Crisis Walk-In Center		x	x	x	x
Cecelia Marzullo	Program staff	Stars Crisis Walk-In Center		x	x	x	x
Aaron Moore	Manager, Mobility	Victor Valley Transit Authority		x	x		x

Appendix 3c. Focus Group and Community Forum Report

Community Focus Groups

St. Mary Medical Center held 3 Community Resident Focus Groups in 3 different towns and cities around the High Desert: Adelanto, Apple Valley, and Hesperia. The session in Adelanto was conducted in Spanish, while the others were scheduled to be in English. However, several people who attended the session in Apple Valley were more comfortable speaking Spanish, so one of the other participants translated for them during the session.

The chart below shows basic information about each session

Location	Date and Time	Language	Attendees
Adelanto	2/24/17, 10 AM	Spanish	15
Apple Valley	3/1/17, 2:30 PM	English with Spanish translation	14
Hesperia	3/2/17, 5:00 PM	English	12

Every attendee was female, and 86% identified as Latino. 74% said they earned less than $35,000/annually. More detailed demographic information is listed in Appendix 3a.

Participants generally seemed very engaged and interested in discussing both their immediate health concerns but also the social determinants of health. They understood the purpose and structure of the sessions. In all three sessions, the majority of participants knew each other already, which, in some ways, aided the positive atmosphere. However, this may have had the unintended consequence of diminishing the participation of those who did not know the rest of the participants. Facilitators attempted to mitigate this effect as best as they were able.

In the Apple Valley session, the impromptu spontaneous translation had the effect of dividing the room into two groups. Upon hearing questions, the Spanish speaking participants often had side discussions among themselves before the translator shared their thoughts. This dynamic, combined with the comfort level of the participants with each other, led to a somewhat less structured group with a great deal of crosstalk. The facilitators were able to adjust and still have a successful group.

Identified Health Challenges

Food and Nutrition was widely discussed in all focus groups. While most participants understood the benefits of healthy eating, they shared their challenges in doing so. Healthy food is more expensive, and often more time-consuming to prepare. When faced with a lack of time and money, families often opted to purchase cheaper, quicker options which are less healthy. Supermarket availability is also a major issue. In Apple Valley, there was the sense that the more affordable supermarkets are far away. Those in the Adelanto group had a similar perspective, which was exacerbated by the spread-out nature of the city. Finding quality fresh produce also seemed to be an issue. All focus groups wanted more farmers' markets, food carts, and "Mexican groceries" since the prices tend to be lower and quality higher there. The lack of quality school lunches was also noted as a problem.

Another consistently discussed issue across the focus groups was **Access to Resources.** Discussions covered such topics as health care resources, but also educational and other support services. There was a consistent theme that it is difficult to get medical appointments due to supply not equaling demand. Specialists, including pediatricians, dentists, and orthopedists were of particular concern. Many residents reported needing to go to Riverside or Orange County to receive treatment, which can be time-consuming and expensive. Transportation was often cited as an issue: many services are not close to public transportation, so it can take hours to get to them. This is particularly significant given the long distances in the area – St. Mary Medical Center is relatively far from Hesperia and Adelanto, for example. Language barriers can sometimes exist for Spanish monolingual individuals as well. Beyond health care concerns, Adelanto residents complained about city services such as police and fire essentially shutting down at 5 PM, leading to potentially dangerous situations. There was also discussion about a lack of high speed internet services, particularly in Adelanto.

Substance Abuse was a strong concern in all three focus groups. Participants reported frequent cases of illegal drugs being used in open spaces such as parks. This raises safety and comfort concerns causing residents to avoid these locations. Because parks may be unusable, children have fewer places to play.

The lack of **Walkability** in the area was also a consistent theme. Few areas had sidewalks, crosswalks, or street lights, meaning that many did not feel safe walking to places or for exercise. The large distances between locations also made it difficult to walk to get to anywhere, worsening access issues. All over the area, but particularly in Adelanto, there are many large high-speed and busy streets that present significant barriers to walkers.

Homelessness was discussed as an issue in Apple Valley and Hesperia. In Apple Valley, participants felt it was a growing problem but the town government is not giving it adequate attention. There was also expressed concern for how homeless children were being affected by the adverse experience. In Hesperia, they felt that the town recognizes it but does not have all the necessary resources to address the problem.

Mental Health was a major issue in the focus groups, although discussion usually took the form of stress or depression. There was extensive discussion about the stresses brought on by financial and other challenges. In Apple Valley, there was a special focus on anxiety among young people and the effects of living in poverty. The perceived lack of resources for mental health was also discussed.

Economic Insecurity was a major topic in Adelanto and Apple Valley. Many attendees deal with poverty, and they spoke of how difficult it is to find jobs. There are few well-paying jobs available, and there is intense competition for them. This can lead to stress and complicates other issues, such as Access to Resources. Economic Insecurity also is a major complicating factor in Housing Concerns Food and Nutrition. It should be noted that, according to the demographic survey of focus group participants, Adelanto and Apple Valley's participants had lower incomes than Hesperia's.

Crime and Safety was discussed in both Adelanto and Apple Valley. In Apple Valley, the community focused on the effects of crime in preventing them from accessing services. For example, violence and drug sales prevented them from using parks, and 24-hour businesses such as pharmacies do not exist due to fear of robberies. In Adelanto, there was a similar worry about drug sales in parks, and frustration that the relative lack of police services, especially at night, led to slow response times and little deterrence.

Obesity was a topic in Adelanto and Hesperia, although in both cases it was connected to food, nutrition and exercise. In Hesperia, there was particular concern about growing obesity in children.

There was discussion in the focus groups about the growth of the **Underground Marijuana Industry,** specifically the belief that there is a significant portion of land in the area being sold to outsiders in order to cultivate marijuana.

In the Apple Valley focus group, there was a great deal of frustration about the **Political Structure** in the area. They expressed a sense of separation between government officials and the people in their community. They felt that the political leadership held an outdated vision of the town (for example, as the home of Roy Rogers and Dale Evans) that has not kept up with current realities. They also sensed that being connected politically was helpful, if not necessary, for getting services and attention.

Weather was mentioned at each focus group, and discussed more extensively at Hesperia. The residents complained that the extremes in temperature caused health concerns, and also prevented people from going outside to exercise. Weather, walkability, and crime concerns combine with a lack of free time due to economic stresses to contribute to a general **Lack of Exercise,** which was also discussed in multiple groups. The weather also makes it difficult to garden for those who would like to grow their own vegetables.

Vermin: At Apple Valley, people complained about mice, bed bugs, and other vermin possibly spreading disease. This issue is linked to pollution and trash; the data indicates pollution burden in this area is very high.

Programming and Places for Youth were a consistent issue in Apple Valley and Hesperia, and there was a wish for more (or safer) parks and new recreation centers where children could play. Often, cost was a barrier for existing programming such as sports leagues. As a related theme, the need for more **Community Education Programs** was discussed in Hesperia. There was interest in programming around cooking and healthy eating, healthy behaviors, and gardening. Participants noted that the Family Resource Center hosting the focus group had some such programs, but there were not enough of them, many people did not know about them, and that non-Hispanics tended not to come to the Center.

Insurance and Cost of Care was raised in Apple Valley, in conjunction with economic stress and insecurity. Participants pointed to the challenges of paying for health care services and prescriptions amidst limited resources.

Community Assets and Advantages

In addition to asking about issues facing the community, the facilitators explored what helps people stay healthy in the community. In general, participants were less enthusiastic in offering the positives, often turning their responses into further discussion of an identified issue. (For example, in Adelanto, when asked about what helped people in the community stay healthy, the first response was "eating healthy." When probed with a question about what in Adelanto helps people to eat healthy, the response was "there's nothing here.")

The participants in Hesperia probably had the easiest time responding to this question, citing their quiet and tight-knit community and the Family Resource Center hosting the event. In Apple Valley, again the participants pointed to the host site (Phoenix Academy) and its programming, as well as the community around it.

Exercise was often cited as a way to stay healthy; many attendees participated in Zumba or other organized activities. Many of the participants in Adelanto had come directly from an exercise class. All groups expressed a wish for there to be more such classes.

Gardening was also cited as a positive experience that had health benefits, both for the health food that is grown and the activity itself. Again, however, people focused on some of the negatives of this issue, citing a lack of knowledge about how to garden, and challenges in growing gardens in the local weather and with poor soil conditions.

Stakeholder Focus Group

The Stakeholder Focus Group was held in Apple Valley at the Desert/Mountain Charter Special Education Local Plan Area offices. 22 people attended the group (a complete list of participants is available in Appendix 3b). Attendees were very engaged in the discussion; there was energetic conversation and frequent disagreements. The notes below attempt to capture places where there was general consensus while highlighting places where group members had different experiences or opinions.

Identified Health Challenges

Substance Abuse was a very common discussion point among the stakeholder group. Many saw drug and alcohol abuse as far too frequent and extending to teens. The connection between substance abuse and mental health, crime, prostitution, and poverty was often discussed, and some felt that the services did not incorporate addiction treatment effectively. There was also a sense from some stakeholders that **Smoking** rates were very high for teens and adults, although the data does not support this view.

Mental Health was often linked to substance abuse, but was also discussed extensively on its own. The lack of mental health services, particularly for children, was raised as a community-wide problem. The strong stigma around seeking treatment was seen as a complicating factor, and there was discussion of the links between the lack of jobs and depression and stress.

While **Housing** was only briefly mentioned in the resident group, it was discussed extensively in the stakeholder focus group. Housing may be less expensive than other parts of the state, relative to the income levels of the service area, but it is still not affordable. The low incomes and lack of jobs often lead people to live in crowded, multi-family settings or in lower quality houses.

Crime and Safety was raised as a concern, particularly in parts of Adelanto. This issue was closely tied to **Walkability,** as one of the reasons why people did not walk anywhere. As with the community groups, other issues such as lack of sidewalks and long distances were raised. Long commute times were also raised as an issue that prevented people from exercising.

Access to Resources was a major community concern that was echoed in the stakeholder groups. Transportation was the most commonly cited problem, but a lack of supermarkets and health care services (particularly mental health) were also discussed. There was disagreement about whether internet access was a problem, with some saying that many communities did not have access to the internet while others felt this was not an issue. Adelanto, and more remote areas such as Phelan, seemed to suffer from these problems the most.

Insurance and Cost of Care was discussed, particularly in relation to Emergency Room use. People often go to the emergency room for care because it is more convenient and just as inexpensive as a doctor or clinic under certain insurance plans. Also, many who are newly insured may not know how to use their insurance and need education.

Food and Nutrition was a frequent discussion point, and one about which there was some debate. While many participants agreed with challenges that were raised by the community, such as the cost and availability of healthy food, others seemed to advocate for more personal responsibility on the part of individuals, implying that their poor dietary and health choices were their own fault.

Community Assets and Advantages

Much like in the resident focus groups, the facilitator asked participants what helped community members stay healthy, and similarly, participants often discussed challenges, or used the opportunity to discuss changes or initiatives that they thought would be good for the area. This "visioning" centered around housing, transportation, and jobs. However, some existing items were identified as beneficial to the community.

Some participants identified collaborative efforts around health, particularly the "Healthy High Desert" collaborative, and transportation to providers. Bike trails in Apple Valley and Hesperia were also identified as assets, along with parks.

Community Forums

After all of the focus groups concluded, a community forum was held in Victorville on March 9th. The session was conducted in English with Spanish simultaneous interpretation, although only one person required the interpretation. Approximately 30 people attended the forum. About half of the attendees worked for a local nonprofit or government agency.

At the beginning of the forum, the participants viewed a short PowerPoint presentation with an overview of the CHNA framework, the hospital service area, and the health needs that had emerged from the data and preceding focus groups. The health needs also were written on poster paper taped to the walls of the room. After the presentation, participants were invited to share their perspectives on the health needs in the community – to confirm, clarify, or add to items on the list. New items and clarifications were written on the poster paper. After the discussion, each person was given four adhesive dots and asked to place their dots on the health needs of greatest concern to them, applying only one dot per health need.

Education arose as a strong theme in the forum. The concept of "community education" had been presented in the presentation, based on feedback from the focus groups. However, the participants made a distinction between less formal community education on such areas as gardening, nutrition, and healthy behaviors, and more formal education that leads to degrees or credentials. There was a sense that more formal education was necessary, particularly job training and vocational school. These two types of education received the most support in the group voting. Walkability, programming for children, jobs and salaries, and access to resource issues also received substantial support in the forum.

After the forum concluded, some participants spoke to the facilitators privately with the concern that several stakeholders at the forum were closely affiliated with government agencies, which may have prevented certain concerns from being raised. In particular, they were concerned that the challenges faced by the local undocumented community were worsening but were not being discussed. The facilitators agreed that these concerns would be noted even though they did not receive votes.

Below are the ideas which received the most votes in the forum. The labels provided are the headings that were listed on the poster paper, with the number of votes received following.

Health Need	# of Votes
Education (Professional training, job skills, higher education)	17
Education (e.g. gardening, healthy food, how to be healthy)	14
Can't walk anywhere (sidewalks, crosswalks, long distances no lighting)	12
No programs or places for kids	10
Jobs and Salaries	9
Too few specialists (dental , vision, orthopedics, mental health, after care)	8
Homelessness	7
Mental stress (stigma, children and adults)	6
Safe houses for teens	6
No major medical center	5
Lack of exercise (need equipment at parks)	5

Appendix 3d: Focus Group and Community Forum Protocols and Demographic Survey

Community Resident Focus Group Protocol

Introduction:

Hello everyone and thank you for agreeing to be part of this focus group. We appreciate your time and willingness to participate.

We are doing this focus group as part of St. Mary Medical Center Community Health Needs Assessment. This is an every three years process in which non-profit hospitals such as St. Mary explore community needs with input from the local community to better respond to the unmet needs. My name is _____ and I'll be running the focus group along with my colleague _____. We do not work for the hospital as they wanted to have an outside partner to help run the process. This focus group is one of many that St. Mary Medical Center is holding to hear directly from its communities' residents.

A focus group is a great way to get information and to capture people's ideas, opinions, and experiences. It's a structured conversation where we have some scripted questions and look to you to respond and take the discussion where it needs to go.

We need your input and want you to share your honest and open thoughts with us. Your responses will be anonymous. While we will be reporting in broad terms what is said during this focus group, we will not be attributing it to any person or organization. And we ask the same of you—that if you discuss this focus group outside of this room, you do not connect anyone to anything specific that was said.

Ground Rules:

1. There are no right or wrong answers. It's ok to respectfully disagree with someone else's opinion as that leads to dialogue and a better understanding of everyone's position and thoughts. Every opinion counts, and it is perfectly fine to have a different opinion than others in the group, and you are encouraged to share your opinion even if it is different.

2. We have a list of questions to ask, but we want YOU to do the talking. We would like everyone to participate, so we may call on people who have been particularly quiet.
3. We would like to record our conversation. Our note taker will be taking notes so that we remember what people have to say, but we'd also like to record the conversation to ensure we have the most accurate information possible. Is that okay?

This session should take 90 minutes. If you need to get up to use the restroom or grab refreshments, feel free to do so.

Any questions before we begin?

OK, then a couple other things before we get into the questions. First of all, can we please go around the room and introduce ourselves and say where we live and say something you like about your community.

Focus Group Questions

1. What are the biggest health issues affecting you, your family and friends in the community?
    a. Prompt – health issues refers to specific health conditions like heart problems, diabetes, obesity, cancer, asthma, or depression, and health behaviors refers to exercising, smoking, unhealthy eating, and drug use

Now, I'd like to ask you to look at the graphic that we're handing out right now. This was made by the United States Center for Disease Control and Prevention, a federal agency whose mission it is to help our country be healthy. The visual shows the many things that contribute to community health. Note that this graphic, and your own introductions, show that there is a lot more to "health" than just medical concerns. Let's keep that in mind as we go to our next questions.

2. What are the things in your community that help you stay healthy?
    a. Prompt – if you were to tell a friend about some of the good things in this community that help people live a good life here, what would you tell them?
    b. Prompt – This could include safe places to walk, clean air, enough doctors, easy access to health care, caring community, affordable housing, good-paying jobs, etc.
3. What are some of the challenges to staying healthy in this community?
    a. Prompt – if you were to tell a friend about some of the things that make it difficult to live a good life here, what would you tell them?
    b. Prompt – This could include no nearby grocery stores with fresh produce, no place to get exercise, overcrowded housing, low incomes, no doctors that take your insurance, poor air quality, gangs, etc.
4. Thinking about all the concerns discussed today, which do you think are the biggest concerns needing the most immediate attention?
5. What would you like to see in the communities to address these top concerns? How can some of the positive aspects of your community help?

Closing:

I wanted to thank you on behalf of the hospital for spending your time with us and sharing your wisdom and experiences. I wanted to stress that this meeting has been one very important part of the Needs Assessment process for St. Mary Medical Center. I also wanted to be clear that everything that was said today will be recorded, reported, and considered. But some of what was said may not find its way into the final plan, because the hospital has to pull together everything they've learned in the process and make decisions about priorities. What I can say is that the final plan will be publicly available, and if you read it, you should see the key themes from today's meeting in there. Thank you again, and have a good evening.

Government/Non-Profit Stakeholders Focus Group

Hello everyone and thank you for agreeing to be part of this focus group. We appreciate your willingness to participate.

We are doing this focus group as part of St. Mary Medical Center Community Health Needs Assessment. This is an every three years process in which non-profit hospitals such as St. Mary study their communities' needs in order to become even better at serving those needs. My name is _____ and I'll be running the focus group along with my colleague _____. We do not work for the hospital as they wanted to have an outside partner to help run the process. This focus group is one of other focus groups that are being conducted with community residents.

A focus group is a great way to get information and to capture people's ideas, opinions, and experiences. It's a structured conversation where we have some scripted questions and look to you to respond and inform the discussion to where it needs to go.

We need your input and want you to share your honest and open thoughts with us. Your responses will be anonymous. While we will be reporting in broad terms what is said here today, we will not be attributing it to any person or organization. And we ask the same of you—that if you discuss this focus group outside of this room, you do not connect anyone to anything specific that was said.

Ground Rules:

1. We have a list of questions to ask, but we want YOU to do the talking. We would like everyone to participate, so we may call on people who have been particularly quiet. But answering any question is optional.
2. There are no right or wrong answers. It's ok to respectfully disagree with someone else's opinion. In fact, we encourage it because it leads to dialogue and a better understanding of everyone's position and thoughts.
3. _____ will be taking notes, but we also will be recording the group in order to capture everything you have to say. We are doing this for our own notes and reporting, but again, we won't share the recording or identify anyone by name in our report. You will remain anonymous.

Facilitator shows presentation focusing on high level findings from quantitative data. During the presentation, use the BARHII visual as an icebreaker to get people to talk about what factors influence a community's health, while answering the question "Please tell us your name, organization, and referring to the visual (provided in the PowerPoint), which area does your organization focus on or address in the upstream or downstream factors that influence community health?

After concluding the presentation, ask the following questions:

1. What are the biggest health issues facing our community?
    a. Prompt – health issues refers to specific health conditions like heart problems, diabetes, obesity, cancer, asthma, or depression, and health behaviors refers to exercising, smoking, unhealthy eating, and drug use
2. What helps our community stay healthy?
    a. Prompt – if you were to tell a friend or colleague about some of the good things in this community that help people live a good life here, what would you tell them?
    b. Prompt – This could include safe places to walk, clean air, enough doctors, easy access to health care, caring community, affordable housing, good-paying jobs, etc.

3. What are the challenges to staying healthy in our community?

a. Prompt – if you were to tell a friend or colleague about some of the things that make it difficult for people to live a good life here, what would you tell them?
b. Prompt – This could include no nearby grocery stores with fresh produce, no place to get exercise, overcrowded housing, low incomes, no doctors that take residents' insurance, poor air quality, gangs, etc.

4. What are the opportunities in our community to improve and maintain health?
5. What are the biggest health concerns needing immediate attention?

Closing: Thank the participants and talk about next steps.

Community Resident Forum Process/Protocol:

Hello everyone and thank you for agreeing to be part of this forum. We appreciate your willingness to participate.

We are doing this forum as part of St. Mary Medical Center Community Health Needs Assessment. This is an every three years process in which hospitals such as St. Mary study their communities' needs in order to become even better at serving those needs. My name is _____ and I'll be running the focus group along with my colleague _____. We do not work for the hospital as they wanted to have an outside partner to help run the process. This forum is one of many that St. Mary Medical Center is holding to hear directly from its community residents.

The purpose of this forum is to get a sense of what you think are the needs, issues, and opportunities in your communities. We need your input and want you to share your honest and open thoughts with us. Your responses will be anonymous. While we will be reporting in broad terms what is said to the hospital, we will not be attributing comments made to any person or organization.

Ground Rules:

1. We have a process in mind today, but it will only be as successful as you all make it; this session is for you. So please, feel free to be candid. Answering any question is optional; we won't be calling on anyone.
2. There are no right or wrong answers. It's ok to respectfully disagree with someone else's opinion.

3. _____ will be taking notes, but we also will be recording the group in order to capture everything you have to say. We are doing this for our own notes and reporting, but again, we won't share the recording or identify anyone by name in our report. You will remain anonymous

Provide context: Facilitator: Be sure to provide context and how the information will be used up front

1. There will be two 5-10 minute presentations of findings from the community-based data and focus groups with questions in between. One presentation will focus on socioeconomic factors and physical environment; the other on health outcomes, health behaviors, and clinical care.
2. Point out the poster paper headings around the room, on which we list the areas of concern we have already seen on socioeconomic and physical environment and health needs that were identified through the quantitative data and qualitative process
3. After the first presentation on context and socioeconomic factors and physical environment, ask the following questions:
    a. Do you have any questions about the information you just saw or the poster paper headings?
    b. What did you see that matches with what you know about your community?
    c. What surprised you?
    d. What's missing? What's happening in your community that was not mentioned in the presentations?

4. After the second presentation on health outcomes, health behaviors and clinical care:

    a. Do you have any questions about the information you just saw or the poster paper headings?
    b. What did you see that matches with what you know about your community?
    c. What surprised you?
    d. What's missing? What's happening in your community that was not mentioned in the presentations?

5. Write down issues that are new or not already represented on the poster paper
6. Add explanation to the poster paper issues as provided from participants
7. Keep a parking lot for issues that are important but not necessarily related to the task at hand
8. Explain the process that participants will use to identify the most pressing areas of concern. Each participant will receive 4 dots to specify what they view as the most significant health issues; no more than one dot may be assigned to a health issue. Allow 10-15 minutes to complete this process
9. Review the results and facilitate discussion about the results – ask for more input on why some issues received more dots than others

10. Explain what will happen next with this information
11. Thank everyone for their time

Demographic Survey

Thank you for taking time to participate in our focus group today. Please take a few moments to complete the demographic survey below. Your identity will be kept confidential and anonymous. We'd like to gather some demographic data to reflect the individuals who participated in the focus groups or community forums. Please complete the survey and submit to the facilitator. Thank you for your time.

1. **Please check the box next to the description that best describes you:**

☐ Community Member who does not work for a local health or social services provider (skip to question 3)
☐ Community Member employed by:
- ☐ Community-based Org/Nonprofit
- ☐ County/Government Agency
- ☐ Foundation/Funder
- ☐ Health Care/Hospital/Clinic
- ☐ University
- ☐ Other (please provide): _____

2. **If applicable, please check the box next to the role that most closely matches your position/role within the organization:**

- ☐ Administrative Staff
- ☐ Board Member
- ☐ Executive Director
- ☐ Medical Professional
- ☐ Program Manager/Staff
- ☐ University/Faculty/Researcher
- ☐ Volunteer
- ☐ Other (please provide): _____

3. **Please check the box next to your current gender identity:**

- ☐ Female
- ☐ Male
- ☐ Other (please provide): _____
- ☐ Decline to answer

4. **What race/ethnicity do you identify as (Please select all that apply)**

- ☐ Black/African American
- ☐ Non-Latino White
- ☐ Asian or Pacific Islander:
  - ☐ Vietnamese
  - ☐ Filipino
  - ☐ Chinese
  - ☐ Japanese
  - ☐ Korean
  - ☐ Indian
- ☐ Hispanic/Latino
- ☐ Native American
- ☐ Native Hawaiian or Pacific Islander
- ☐ Other: _____

5. **Do you identify as a person with chronic conditions, or a leader or representative of individuals with chronic conditions (such as diabetes, arthritis, or cancer)?**

- ☐ Yes
- ☐ No
- ☐ Decline to answer

6. **What is your age group?**

- ☐ 0 - 17 years
- ☐ 18 - 44 years
- ☐ 45 – 64 years
- ☐ 65 - 74 years
- ☐ 75 years or older

7. **How much total combined money did all members of your HOUSEHOLD earn last year before taxes?**

- ☐ Less than $20,000
- ☐ $20,000 to $34,999
- ☐ $35,000 to $49,999
- ☐ $50,000 to $74,999
- ☐ $75,000 to $99,999
- ☐ $100,000 or more
- ☐ Decline to answer

8. **How many people live in your household, including you?**

Please enter a number _____

Appendix 4: Prioritization Protocol Worksheets

Step 1 Criteria and Score Definitions

#	Criteria	Criteria Definition	Score Definitions				
Step 1			1	2	3	4	5
1	**Seriousness of the problem**	Degree to which the problem leads to death, disability, and impairs one's quality of life.	For most people with the problem, the consequences are mild and not life threatening		Most people with the problem have some impairment of their quality of life; only some people die from the problem		For most people with the problem, the consequences are lethal or extremely debilitating
2	**Scope of the problem - Part 1**	Number of persons affected	Affects very few people		Affects about half the population		Affects much of the population
3	**Scope of the problem - Part 2**	Take into account the variance between regional benchmark data and targets and/or statewide averages. (for example, the prevalence of the problem in the primary service area compared to Target 2020 goals and/or prevalence in the county or state.)	The region is doing much better than targets or county/statewide averages		The region is on par with targets or county/statewide averages		The region is doing much worse than targets or county/statewide averages
4	**Health disparities**	Degree to which specific groups are affected by the problem	There are no differences in prevalence or severity of the problem across demographic or socioeconomic groups		One or more demographic or socioeconomic groups are doing moderately worse than the average in the service area		One or more demographic or socioeconomic groups are doing much worse on the health problem than the average in the service area
5	**Importance to the community**	Community members recognize this as a problem; it is important to diverse community stakeholders	Community input did not identify this area as a problem		Community input showed a moderate amount of concern about this problem		Community input showed a high level of concern about this problem
6	**Potential to affect multiple health issues**	Affects residents' overall health status; addressing this issue would impact multiple health issues.	Addressing this issue would not affect any other health issue		Addressing this issue would affect a few other health issues		Addressing this issue would impact many health issues - it is a root problem
7	**Implications for not proceeding**	Risks associated with exacerbation of problem if not addressed at the earliest opportunity	There is no risk that this problem will get worse if we don't address it now		There is a moderate risk that the problem will get worse if we don't address it now		This problem will definitely get worse if we don't address it now

These criteria were applied by raters from The Olin Group Evaluation Team to all identified health needs.

Step 2 Criteria and Score Definitions

#	Criteria	Criteria Definition	Score Definitions				
Step 2			1	2	3	4	5
8	**Sustainability of impact**	The ministry's involvement over next 3 years would add significant momentum or impact that would remain even if funding or ministry emphasis were to cease	Ministry involvement would likely yield little to no momentum or impact that would remain after 3 years of funding		Ministry involvement would likely yield moderate momentum or impact that would remain after 3 years of funding		Ministry involvement would likely yield significant momentum or impact that would remain after 3 years of funding
9	**Opportunities for coordination/ partnership**	Ability to be part of collaborative efforts	There is not much opportunity for the ministry to be part of collaborative efforts		There is some opportunity for the ministry to be part of collaborative efforts		There are many opportunities for the ministry to be part of collaborative efforts
10	**Focus on prevention**	Effective and feasible primary and/or secondary prevention is possible	There are no or few effective and feasible prevention strategies with which the ministry could be involved		There are a moderate number of effective and feasible prevention strategies with which the ministry could be involved		There are many effective and feasible prevention strategies with which the ministry could be involved
11	**Existing efforts on the problem**	Ability to enhance existing efforts in the community	There is so much work being done on this problem that our contribution would be meaningless		The problem is already being addressed by others and our contribution would be only moderately meaningful		We could make a very meaningful contribution to enhance the work of others in addressing this problem
12	**Organizational competencies (only CB Staff complete)**	Ministry has or could develop the functional/technical, behavioral (relationship building) and leadership competency skills to address significant health need	The ministry does not have and could not develop the competencies to address the issue		The ministry has some of the competencies or could develop them to address the issue		The ministry has or could easily develop strong organizational competencies to address the issue

These criteria were applied by raters from the St. Mary Medical Center Health Needs Assessment Prioritization Working Group to all identified health needs.

Step 3 Criteria

Criteria	Criteria Definition	Responses		
Step 3		**Yes**		**No**
Relevance to Mission of St. Joseph Health	Is this area relevant or aligned with the Mission of St. Joseph Health?	Proceed to the next set of criteria		No further consideration of this health problem is necessary
Adheres to ERD's	Does this area adhere to the Catholic Ethical and Religious Directives?	Proceed to the next set of criteria		No further consideration of this health problem is necessary

These criteria were applied by the Community Benefit Staff of St. Mary Medical Center to all identified health needs.

Public Health Representative

Name	Title	Organization
Sandy Bannister	Deputy Chief, Community Health Services	San Bernardino County Department of Public Health

Appendix 5: Existing Health care Facilities in the Community

Name	Address	Description of Services Provided
Desert Valley Hospital	16850 Bear Valley Road Victorville, CA	148 bed acute care hospital
Desert Valley Medical Group	12401 Hesperia Road Victorville, CA	Primary medical care services
Victor Global Medical Center	15248 11th Street Victorville, CA	101 bed acute care hospital
Choice Medical Group	18564 Highway 18 Apple Valley, CA	Primary medical care services
St. Mary High Desert Medical Group	19333 Valley Road Apple Valley, CA 17073 Main Street Hesperia, CA 12550 Hesperia Road Victorville, CA	Primary, specialty care and urgent care services Primary, specialty care and urgent care services
Heritage Victor Valley Medical Group	12408 Hesperia Road Victorville, CA	Primary and specialty care services and urgent care
La Salle Medical Associates	16455 Main Street Hesperia, CA	Primary care services
Mission City Community Network	15201 11st Street Victorville, CA	Primary care, dental and mental health

St. John of God Healthcare Services	13333 Palmdale Road Victorville, CA	Addiction recovery and mental health counseling
Hesperia Clinica Medica Familiar	15888 Main Street Hesperia, CA	Primary care services
Familia Clinica	14960 Bear Valley Road Victorville, CA	Primary care services
Aegis Treatment Center	11776 Mariposa Road Hesperia, CA	Opiate recovery services
Valley Star Crisis Walk-in Center	12240 Hesperia Road Victorville, CA	Crisis mental health services
Family Service Agency of San Bernardino	11424 Chamberlaine Way Adelanto, CA	Mental health services
First Step Recovery Center	12402 Industrial Blvd Victorville, CA	Alcohol and addiction recovery
Molina Healthcare	11965 Cactus Road Adelanto, CA 14544 7th Street Victorville, CA	Primary care services Primary services and mental health
San Bernardino County Department of Public Health – Health Centers	11366 Bartlett Ave. Adelanto, CA 16453 Bear Valley Road Hesperia, CA	Primary care services Primary care, dental and mental health
Planned Parenthood	15403 Park Ave. Victorville, CA	Reproductive health services
Dr. Mike's Walk-In Centers	12143 Navajo Road Apple Valley, CA	Primary care and urgent care

	15791 Bear Valley Road Hesperia, CA 15626 Hesperia Road Victorville, CA	
Victor Community Support Services	15400 Cholame Road Victorville, CA	Mental health, family and community services provided to adults and youth
Meridian Urgent Care	18522 Highway 18 Apple Valley, CA 12821 Main Street Hesperia, CA	Urgent care and occupational health
Arrowhead Regional Medical Center – Breathmobile	400 North Pepper Ave. Colton, CA Monthly scheduled visits to High Desert schools	Asthma services for children

Appendix 6: Ministry Community Benefit Committee

Name	Title	Affiliation or Organization
Margaret Cooker, RN retired	Community Member	Victorville health advocate
Sister Paulette Deters, CSJ	Board Member	Sisters of St. Joseph of Orange
Alan Garrett	Board Member	President and Chief Executive Officer
Charley Glasper	Community Member	Adelanto City Council Member

Paul Gostanian	Committee Chair, Board Member	High Desert Church, Pastor
Sister Theresa LaMetterey, CSJ	Board Member	Sisters of St. Joseph of Orange
Sister Mary Elizabeth Nelsen	Board Member	Sisters of St. Joseph of Orange
John Perring Mulligan, Ph.D	Community Member	Family Assistance, Board Member
Regina Weatherspoon-Bell	Board Member	1st District County Supervisor Robert Lovingood, Director

SMMC DEMOGRAPHIC PROFILE

Indicators	PSA	SSA	TSA	San Bernardino County	California
Total population[1]	323,674	48,968	372,642	2,118,866	38,986,171
Female (%)	50.2%	48.8%	50.0%	50.2%	50.2%
Male (%)	49.8%	51.2%	50.0%	49.8%	49.8%
Median age[1]	32.5	30.0	32.2	32.5	35.8
Age (%)[1]					
0 to 5	9.5%	10.3%	9.6%	9.1%	7.8%
6 to 17	18.7%	19.9%	18.8%	17.8%	15.8%
18 to 44	37.2%	38.0%	37.3%	39.2%	38.4%
45 to 64	22.6%	21.3%	22.4%	23.3%	24.8%
65 to 74	7.1%	6.6%	7.1%	6.5%	7.6%
75+	4.9%	3.8%	4.8%	4.0%	5.5%
Race/ethnicity (%)[1]					
Latino	46.8%	52.2%	47.5%	53.0%	39.4%
White (non-Latino)	36.3%	28.5%	35.3%	29.0%	37.3%
Black (non-Latino)	9.8%	13.5%	10.3%	8.1%	5.6%
Asian (non-Latino)	3.2%	2.0%	3.1%	6.7%	13.9%
Pacific Islander (non-Latino)	0.3%	0.5%	0.3%	0.3%	0.4%
American Indian/Alaska Native (non-Latino)	0.5%	0.5%	0.5%	0.4%	0.4%
Other race (non-Latino)	0.2%	0.2%	0.2%	0.2%	0.2%
Multiple races (non-Latino)	2.8%	2.6%	2.7%	2.3%	2.9%

1. Esri Business Analyst Online, 2016

Notes:

= Data not available

PSA = primary service area; SSA = secondary service area; TSA = total service area

See Appendix for complete indicator details

CHIS NE

SMMC SOCIO-ECONOMIC PROFILE

Indicators	PSA	SSA	TSA	San Bernardino County	California
Median household income[1]	$51,555	$41,253	$50,500	$55,726	$62,554
Children (ages 0-17) living below 100% of the federal poverty level (FPL) (%)[2]	30.7%	44.1%	32.5%	26.4%	22.7%
Older adults (ages 65+) living below 100% of the FPL (%)[2]	12.0%	13.9%	12.2%	11.5%	10.2%
Households living below 100% of the FPL (%)[2]	18.3%	27.8%	19.4%	15.3%	12.3%
Households living below 200% of the FPL (%)[2]	39.5%	51.3%	40.9%	36.0%	29.8%
Unemployment rate (%)[2]	15.8%	23.0%	16.6%	13.9%	11.0%
Population ages 25+ with less than high school diploma (%)[2]	19.6%	24.8%	20.2%	21.7%	18.5%
Gini coefficient (measure of income inequality)				0.436	0.478
Low-income food insecurity (ages 18+)	9.3%	13.6%	9.7%	8.5%	8.1%
Population enrolled in Medi-Cal (%)[2]	28.2%	40.1%	29.7%	24.3%	20.3%
Language spoken at home (%)[2]					
Only English	71.9%	64.0%	70.9%	58.9%	56.2%
Language spoken at home - other than English and speaks English less than "very well" (%)[2]					
Spanish	8.4%	13.0%	9.0%	13.3%	12.6%
Other languages*	1.3%	1.1%	1.3%	2.9%	6.5%
Percent of population ages 0 to 17 that is non-citizen (%)[2]	1.7%	3.1%	1.9%	3.1%	4.4%
Percent of population ages 18+ that is non-citizen (%)[2]	10.0%	15.1%	10.6%	15.0%	17.2%
Veteran population (%)[2]	8.8%	9.9%	9.0%	6.9%	6.4%

1. Esri Business Analyst Online, 2016

2. U.S. Census Bureau American FactFinder, 2010-2014

*Includes Tagalog, Korean, and Vietnamese among other languages

Notes:

= Data not available

PSA = primary service area; SSA = secondary service area; TSA = total service area

See Appendix for complete indicator details

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SMMC PHYSICAL ENVIRONMENT PROFILE

Indicators	PSA	SSA	TSA	San Bernardino County	California
Housing					
Households with more than one occupant per room (%)[1]	6.5%	9.8%	6.9%	8.8%	8.2%
Renters who pay 30% or more of household income on rent (%)[1]	62.7%	73.3%	64.0%	60.6%	57.2%

1. U.S. Census Bureau American FactFinder, 2010-2014

Indicators	PSA	SSA	TSA	San Bernardino County	California
Transportation					
Among workers who commute in their car alone, the percentage that commute 30 minutes or more (%)[1]	41.5%	48.1%	42.3%	39.8%	37.7%

1. U.S. Census Bureau American FactFinder, 2010-2014

Indicators	PSA	SSA	TSA	San Bernardino County	California
Environmental					
Pollution burden	27.901	34.623	30.345	29.709	25.312
Ozone ratio	0.304	0.146	0.246	0.452	0.109
Particulate matter (PM2.5) ug/m3	8.924	7.018	8.231	9.288	9.081

Notes:

= Data not available

PSA = primary service area; SSA = secondary service area; TSA = total service area

See Appendix for complete indicator details

SMMC CITY LEVEL INDICATORS

Indicators	Adelanto	Apple Valley	Helendale	Hesperia	Lucerne Valley	Oro Grande
Socio-Economic Factors						
Violent crimes, rate per 100,000 inhabitants[1]	594.8	300.4		322.6		
Domestic violence calls for assistance, rate per 1,000 residents[2]						
Number of domestic violence calls for assistance[2]	213	203		334		
Child abuse allegations, rate per 1,000 children[3]						
Substantiated child abuse allegations, rate per 1,000 children[3]						

1. California Department of Justice, 2014
2. Kidsdata.org, 2014
3. California Child Welfare Indicators Project (CCWIP), 2015

Indicators	Adelanto	Apple Valley	Helendale	Hesperia	Lucerne Valley	Oro Grande
Physical Environment						
Percent of population living within half mile of transit (%)[1]	0.0%	0.0%		0.0%	0.0%	
Percent of residents within half mile of a park, beach, or open space (%)[1]	14.7%	23.9%		22.1%	21.6%	

1. California Department of Public Health, 2012

Notes:

= Data not available

PSA = primary service area; SSA = secondary service area; TSA = total service area

See Appendix for complete indicator details

1-1.9 percentage points worse than the County value
2-3.9 percentage points worse than the County value
4.0 or more percentage points worse than the County value

SMMC CITY LEVEL INDICATORS

Indicators	Victorville	San Bernardino County	California
Socio-Economic Factors			
Violent crimes, rate per 100,000 inhabitants[1]	536.8	398.4	397.8
Domestic violence calls for assistance, rate per 1,000 residents[2]		5.7	6.0
Number of domestic violence calls for assistance[2]	493	7,919	155,965
Child abuse allegations, rate per 1,000 children[3]		67.9	54.7
Substantiated child abuse allegations, rate per 1,000 children[3]		9.1	9.1

1. California Department of Justice, 2014
2. Kidsdata.org, 2014
3. California Child Welfare Indicators Project (CCWIP), 2015

Indicators	Victorville	San Bernardino County	California
Physical Environment			
Percent of population living within half mile of transit (%)[1]	0.0%	5.1%	
Percent of residents within half mile of a park, beach, or open space (%)[1]	47.5%	57.9%	73.8%

1. California Department of Public Health, 2012

Notes:

= Data not available

PSA = primary service area; SSA = secondary service area; TSA = total service area

See Appendix for complete indicator details

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SMMC HEALTH OUTCOMES PROFILE

Indicators	PSA	SSA	TSA	San Bernardino County	California
Morbidity					
Fair or poor health (ages 0-17)	3.0%		2.9%	2.8%	5.2%
Fair or poor health (ages 18-64)	23.1%	27.8%	23.7%	20.1%	19.2%
Fair or poor health (ages 65+)	28.1%	29.1%	28.2%	28.6%	27.8%
Poor physical health days[1]				4.3	4.0
Disabled population (%)[2]	12.6%	12.3%	12.5%	10.9%	10.3%
Percent of population ages 0-4	0.7%	0.7%	0.7%	0.6%	0.7%
Percent of population ages 5-17	5.4%	7.7%	5.7%	4.5%	4.0%
Percent of population ages 18-64	11.6%	11.3%	11.6%	9.6%	8.0%
Percent of population ages 65+	40.7%	44.3%	41.1%	40.8%	36.4%
Low-birth weight (< 2500 grams) (%)[3]	7.9%	9.5%	8.2%	7.3%	6.7%

1. County Health Rankings & Roadmaps, 2016
2. U.S. Census Bureau American FactFinder, 2010 - 2014
3. California Department of Public Health, 2012

Indicators	PSA	SSA	TSA	San Bernardino County	California
Chronic Conditions					
Ever diagnosed with asthma (ages 1-17)	16.1%	14.4%	15.9%	16.0%	14.6%
Ever diagnosed with asthma (ages 18+)	14.6%	14.9%	14.6%	13.8%	13.9%
Ever diagnosed with diabetes (ages 18+)	13.1%	13.6%	13.1%	11.2%	8.8%
Pre-diabetes (ages 18+) (%)[1]				45.0%	46.0%
Ever diagnosed with heart disease (ages 18+)	6.0%	5.7%	6.0%	5.2%	5.9%

1. UCLA Center for Health Policy Research, 2013-2014

Indicators	PSA	SSA	TSA	San Bernardino County	California
Cancer Rates (Age-adjusted rates per 100,000)[1]					
Breast cancer incidence (females only)				114.3	121.7
White (non-Latino)				126.1	139.9
Black (non-Latino)				136.8	129.0
Latino				92.0	89.2
Asian/Pacific Islander (non-Latino)				91.1	98.7
Cervical cancer incidence				9.1	7.5
White (non-Latino)				9.9	6.7
Black (non-Latino)				8.3	8.1
Latino				9.5	9.3
Asian/Pacific Islander (non-Latino)				5.9	6.7
Colorectal cancer incidence				43.0	38.3
White (non-Latino)				45.7	39.0
Black (non-Latino)				54.1	50.6
Latino				37.7	33.5
Asian/Pacific Islander (non-Latino)				32.3	35.7
Lung and Bronchus cancer incidence				49.6	46.6
White (non-Latino)				64.7	53.9
Black (non-Latino)				52.6	61.1
Latino				26.6	26.7
Asian/Pacific Islander (non-Latino)				30.0	36.7
Oral Cavity and Pharynx cancer incidence				9.8	10.4
White (non-Latino)				13.0	12.7
Black (non-Latino)				6.8	9.0
Latino				6.6	6.4
Asian/Pacific Islander (non-Latino)				6.7	7.6
Prostate cancer incidence				130.3	119.0
White (non-Latino)				128.1	119.2
Black (non-Latino)				200.0	187.7
Latino				107.9	104.6
Asian/Pacific Islander (non-Latino)				74.2	67.2

1. Cancer Incidence and Mortality Inquiry System, 2009-2013

Indicators	PSA	SSA	TSA	San Bernardino County	California
Mental Health					
Youth suicidal ideation (student reported) - grades 9th, 11th, and non-traditional students (%)[1]				N/R*	18.5%
9th grade				N/R*	19.3%
11th grade				N/R*	17.5%
Non-traditional				N/R*	19.4%
Youth suicidal ideation (student reported) - grades 9th, 11th, and non-traditional students, by race/ethnicity (%)[1]					
African American/Black				N/R*	17.1%
American Indian/Alaska Native				N/R*	18.4%
Asian				N/R*	18.3%
Latino				N/R*	18.1%
Native Hawaiian/Pacific Islander				N/R*	22.0%
White				N/R*	17.7%
Multiracial				N/R*	22.1%
Other				N/R*	19.7%
Suicide rate per 100,000 youth (ages 15-24)[1]				8.3	7.7
Number of youth suicides (ages 15-24), by race/ethnicity[1]				31	452
African American/Black				5	30
American Indian/Alaska Native				0	4
Asian				0	47
Latino				18	161
White				8	189
Multiracial				0	21
Poor mental health days (age-adjusted)[2]				3.8	3.6
Suicidal ideation (ages 18+)				5.6%	7.8%
Adults with likely serious psychological stress (ages 18+)	8.3%	9.0%	8.4%	8.0%	8.1%

1. Kidsdata.org, 2011-2013

2. County Health Rankings & Roadmaps, 2016

*N/R indicates that the sample is too small to be representative

Indicators	PSA	SSA	TSA	San Bernardino County	California
Emergency Room (ER) Utilization - Mental Health					
Adult age-adjusted ER rate due to mental health (rate per 10,000)[1]					
American Indian/Alaska Native					
Asian/Pacific Islander					
Black/African American					
Latino, any race					
White, non-Latino					

1. Orange County's Healthier Together, 2011-2013

Indicators	PSA	SSA	TSA	San Bernardino County	California
Mortality					
Age-Adjusted Death Rate per 100,000 population due to any cause (2011-2013)[1]				750.8	641.1

1. Orange County's Healthier Together , 2011-2013

Notes:

= Data not available

PSA = primary service area; SSA = secondary service area; TSA = total service area

See Appendix for complete indicator details

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SMMC HEALTH BEHAVIORS PROFILE

Indicators	PSA	SSA	TSA	San Bernardino County	California
Overweight for ages 2-11 (weight ≥ 95th percentile)	21.2%	21.5%	21.2%	19.9%	13.3%
Overweight or obese (BMI ≥ 85th percentile) (ages 12-17)	38.4%	37.0%	38.2%	36.2%	33.1%
Obese (BMI ≥ 30) (ages 18+)	36.5%	37.3%	36.6%	35.0%	25.8%
Food environment index[1]				7.5	7.7
Sugary drink consumption 1 or more times per day (ages 18+)	24.9%	30.1%	25.5%	24.6%	17.4%
Regular physical activity (ages 5-17)	23.8%	27.0%	24.2%	23.9%	20.7%
Walked at least 150 minutes (ages 18+)	28.6%	27.3%	28.4%	29.3%	33.0%
Number of newly diagnosed chlamydia cases per 100,000 population[1]				527	440
Percentage of births delivered by mother's ages <20 (%)[2]	10.4%	12.1%	10.6%		
Number of births per 1000 teens ages 15-19[3]				29.2	23.2

1. County Health Rankings & Roadmaps, 2016
2. California Department of Public Health, 2012
3. Kidsdata.org 2013

Indicators	PSA	SSA	TSA	San Bernardino County	California
Alcohol, Tobacco, and Substance Use					
Current smoker (ages 18+)	10.2%	11.1%	10.3%	10.0%	12.6%
Percentage of adults reporting binge or heavy drinking (%)[1]				17.5%	17.2%
Alcohol impaired driving deaths (%)[1]				29.6%	30.0%
Youth alcohol/drug use in the past month (student reported) - grades 7th, 9th, 11th, and non-traditional students (%)[2]				N/R*	27.8%
7th grade				N/R*	14.5%
9th grade				N/R*	25.9%
11th grade				N/R*	38.3%
Non-traditional				N/R*	65.3%
Youth alcohol/drug use in the past month (student reported) - grades 7th, 9th, 11th, and non-traditional students, by race/ethnicity (%)[2]					
African American/Black				N/R*	28.1%
American Indian/Alaska Native				N/R*	28.8%
Asian				N/R*	13.5%
Latino				N/R*	31.4%
Native Hawaiian/Pacific Islander				N/R*	22.8%
White				N/R*	27.7%
Multiracial				N/R*	25.7%
Other				N/R*	23.8%

1. County Health Rankings & Roadmaps, 2016
2. Kidsdata.org, 2011-2013

*N/R indicates that the sample is too small to be representative

Notes:

= Data not available

PSA = primary service area; SSA = secondary service area; TSA = total service area

See Appendix for complete indicator details

CHIS NE

SMMC CLINICAL CARE PROFILE

Indicators	PSA	SSA	TSA	San Bernardino County	California
Access to Care					
Has usual source of care					
Yes - All races/ethnicities				84.3%	85.8%
Yes - All races/ethnicities-and is currently insured				90.1%	89.7%
Yes - All races/ethnicities-and NOT currently insured				46.8%	56.8%
Latino					
Yes - All				82.2%	80.6%
Yes - and is currently insured				89.1%*	85.6%
Yes - and is NOT currently insured				47.5%	59.2%
White (non-Latino)					
Yes - All				89.6%	91.2%
Yes - and is currently insured				91.7%*	93.3%
Yes - and is NOT currently insured				69.7%*	59.1%
Asian (non-Latino)					
Yes - All				90.2%*	83.3%
Yes - and is currently insured					87.8%
Yes - and is NOT currently insured					45.6%
Two or More Races (non-Latino)					
Yes - All					89.5%
Uninsured (ages 0-17) (%)	2.1%		2.2%	2.3%	3.2%
Uninsured (ages 18-64) (%)	20.0%	22.7%	20.3%	21.3%	19.3%
First trimester prenatal care (%)[1]	79.9%	73.5%	79.0%		
Ratio of population to primary care physicians[2]				1,740:1	1,274:1
Visited the dentist (ages 2-11)				86.5%	91.6%
Ratio of population to dentists[2]				1,543:1	1,264:1
Ratio of population to mental health providers[2]				563:1	356:1
Ratio of population to PCPs other than physicians[2]				2,014:1	2,192:1
Delay prescriptions or medical services (ages 0-17)	7.7%	6.2%	7.5%	9.2%	9.1%
Delay prescriptions or medical services (ages 18+)	23.7%	22.0%	23.5%	22.1%	21.2%
Preventable hospital stays[2]				52.4	40.7
Mammogram screening history (ages 30+)					
Two years or less				67.0%	65.1%
More than two years				13.3%	12.3%
Never had a mammogram				19.7%	22.7%
Mammogram screening history (ages 30+)-Insured					
Two years or less				70.8%	69.1%
More than two years				14.9%	11.0%
Never had a mammogram				14.2%	19.9%
Mammogram screening history (ages 30+)-Uninsured					
Two years or less				51.6%	40.3%
More than two years				6.5%*	20.0%
Never had a mammogram				41.9%*	39.7%
Mammography screenings, female Medicare enrollees (ages 67-69) (%)[2]				51.0%	59.0%

1. California Department of Public Health, 2012
2. County Health Rankings & Roadmaps, 2016

* Statistically unstable

Notes:

= Data not available

PSA = primary service area; SSA = secondary service area; TSA = total service area

See Appendix for complete indicator details

SMMC DEMOGRAPHIC PROFILE - DETAIL	PSA						
Indicators	**92307 Apple Valley**	**92308 Apple Valley**	**92344 Hesperia**	**92345 Hesperia**	**92392 Victorville**	**92394 Victorville**	**92395 Victorville**
Total population[1]	39,718	41,061	21,846	81,053	56,256	39,372	44,368
Female (%)	50.3%	51.1%	50.2%	50.2%	50.9%	45.9%	52.1%
Male (%)	49.7%	48.9%	49.8%	49.8%	49.1%	54.1%	47.9%
Median age[1]	37.8	39.2	31.8	31.6	30.0	30.2	32.0
Age (%)[1]							
0 to 5	7.7%	8.1%	9.6%	9.7%	10.2%	10.2%	10.3%
6 to 17	17.2%	17.0%	19.8%	19.0%	20.2%	18.6%	18.5%
18 to 44	32.7%	30.8%	38.2%	37.2%	39.8%	44.9%	36.5%
45 to 64	26.3%	24.1%	23.8%	22.8%	21.4%	19.5%	21.3%
65 to 74	9.5%	11.2%	6.1%	6.8%	5.4%	4.3%	7.1%
75+	6.7%	8.8%	2.6%	4.4%	3.1%	2.4%	6.3%
Race/ethnicity (%)[1]							
Latino	31.6%	34.1%	49.3%	53.7%	51.9%	52.9%	46.7%
White (non-Latino)	52.6%	50.7%	37.2%	37.2%	26.6%	19.3%	33.8%
Black (non-Latino)	8.6%	7.9%	6.2%	4.7%	13.1%	19.0%	11.8%
Asian (non-Latino)	2.9%	3.4%	4.4%	1.6%	4.4%	4.1%	3.6%
Pacific Islander (non-Latino)	0.4%	0.4%	0.3%	0.2%	0.3%	0.4%	0.3%
American Indian/Alaska Native (non-Latino)	0.5%	0.5%	0.4%	0.4%	0.4%	0.9%	0.5%
Other race (non-Latino)	0.2%	0.1%	0.2%	0.2%	0.2%	0.2%	0.2%
Multiple races (non-Latino)	3.3%	2.9%	2.0%	2.0%	3.1%	3.1%	3.1%

1. Esri Business Analyst Online, 2016

Greatest percent of the population for this indicator
Second greatest percent of the population for this indicator
Third greatest percent of the population for this indicator

Notes:

= Data not available

PSA = primary service area; SSA = secondary service area; TSA = total service area

See Appendix for complete indicator details

SMMC DEMOGRAPHIC PROFILE - DETAIL	SSA			
Indicators	**92301 Adelanto**	**92342 Helendale**	**92356 Lucerne Valley**	**92368 Oro Grande**
Total population[1]	34,577	6,602	6,738	1,051
Female (%)	48.9%	50.1%	48.0%	45.4%
Male (%)	51.1%	49.9%	52.0%	54.6%
Median age[1]	26.5	45.8	45.0	37.9
Age (%)[1]				
0 to 5	11.9%	6.9%	6.1%	7.8%
6 to 17	21.7%	15.1%	15.3%	18.1%
18 to 44	42.1%	27.1%	28.5%	32.5%
45 to 64	18.4%	26.7%	30.7%	26.4%
65 to 74	4.0%	13.8%	12.6%	10.3%
75+	2.0%	10.4%	6.8%	4.9%
Race/ethnicity (%)[1]				
Latino	61.8%	24.4%	30.0%	54.6%
White (non-Latino)	15.4%	62.9%	60.8%	38.6%
Black (non-Latino)	17.5%	5.3%	2.9%	1.4%
Asian (non-Latino)	1.7%	3.8%	1.6%	1.7%
Pacific Islander (non-Latino)	0.6%	0.3%	0.1%	0.1%
American Indian/Alaska Native (non-Latino)	0.3%	0.5%	1.5%	0.9%
Other race (non-Latino)	0.3%	0.1%	0.0%	0.2%
Multiple races (non-Latino)	2.5%	2.6%	3.1%	2.5%

1. Esri Business Analyst Online, 2016

Notes:

= Data not available

PSA = primary service area; SSA = secondary service area; TSA = total servi

See Appendix for complete indicator details

SMMC SOCIO-ECONOMIC PROFILE - DETAIL	PSA				
Indicators	**92307 Apple Valley**	**92308 Apple Valley**	**92344 Hesperia**	**92345 Hesperia**	**92392 Victorville**
Median household income[1]	$54,097	$46,263	$66,214	$45,701	$64,694
Children (ages 0-17) living below 100% of the federal poverty level (FPL) (%)[2]	27.6%	31.2%	13.5%	31.2%	29.8%
Older adults (ages 65+) living below 100% of the FPL (%)[2]	6.2%	10.2%	15.8%	14.0%	15.8%
Households living below 100% of the FPL (%)[2]	15.4%	16.5%	11.6%	19.2%	15.8%
Households living below 200% of the FPL (%)[2]	30.7%	36.6%	23.8%	44.7%	36.0%
Unemployment rate (%)[2]	13.4%	15.0%	15.8%	17.8%	16.3%
Population ages 25+ with less than high school diploma (%)[2]	11.7%	14.9%	16.7%	24.1%	18.6%
Gini coefficient (measure of income inequality)	0.451	0.468	0.372	0.424	0.392
Low-income food insecurity (ages 18+)	6.0%	6.5%		10.3%	10.5%
Population enrolled in Medi-Cal (%)[2]	22.2%	26.6%	22.3%	29.9%	25.3%
Language spoken at home (%)[2]					
Only English	87.4%	84.4%	71.2%	70.5%	66.6%
Language spoken at home - other than English and speaks English less than "very well" (%)[2]					
Spanish	3.0%	3.1%	6.1%	9.7%	10.1%
Other languages*	0.8%	1.4%	2.2%	0.8%	1.6%
Percent of population ages 0 to 17 that is non-citizen (%)[2]	0.0%	0.2%	0.3%	1.8%	2.8%
Percent of population ages 18+ that is non-citizen (%)[2]	3.8%	5.0%	8.5%	10.4%	10.8%
Veteran population (%)[2]	12.8%	11.4%	9.2%	7.7%	7.7%

1. Esri Business Analyst Online, 2016

2. U.S. Census Bureau American FactFinder, 2010-2014

*Includes Tagalog, Korean, and Vietnamese among other languages

Notes:

= Data not available

PSA = primary service area; SSA = secondary service area; TSA = total service area

See Appendix for complete indicator details

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SMMC SOCIO-ECONOMIC PROFILE - DETAIL			SSA			
Indicators	**92394 Victorville**	**92395 Victorville**	**92301 Adelanto**	**92342 Helendale**	**92356 Lucerne Valley**	**92368 Oro Grande**
Median household income[1]	$51,834	$42,240	$37,995	$65,348	$36,242	$39,542
Children (ages 0-17) living below 100% of the federal poverty level (FPL) (%)[2]	31.2%	40.4%	48.9%	22.0%	25.4%	28.5%
Older adults (ages 65+) living below 100% of the FPL (%)[2]	8.6%	14.1%	20.3%	5.5%	13.5%	9.5%
Households living below 100% of the FPL (%)[2]	25.0%	23.7%	36.1%	8.7%	14.3%	21.9%
Households living below 200% of the FPL (%)[2]	49.2%	48.2%	61.6%	21.2%	41.6%	54.5%
Unemployment rate (%)[2]	14.2%	15.0%	26.0%	10.0%	25.9%	13.0%
Population ages 25+ with less than high school diploma (%)[2]	26.5%	20.8%	31.3%	9.4%	15.6%	30.4%
Gini coefficient (measure of income inequality)	0.392	0.452	0.426	0.357	0.442	0.428
Low-income food insecurity (ages 18+)	12.5%	11.0%	16.0%	5.0%	8.2%	13.0%
Population enrolled in Medi-Cal (%)[2]	32.2%	35.5%	47.5%	14.3%	30.9%	35.7%
Language spoken at home (%)[2]						
Only English	59.2%	66.0%	55.4%	88.7%	82.3%	58.5%
Language spoken at home - other than English and speaks English l						
Spanish	14.0%	10.3%	17.0%	1.5%	4.2%	18.7%
Other languages*	2.2%	1.2%	1.1%	2.0%	0.2%	0.0%
Percent of population ages 0 to 17 that is non-citizen (%)[2]	1.9%	2.5%	3.4%	0.0%	1.6%	8.7%
Percent of population ages 18+ that is non-citizen (%)[2]	19.2%	13.0%	19.2%	6.2%	6.5%	20.2%
Veteran population (%)[2]	6.9%	7.2%	6.6%	18.0%	15.3%	9.7%

1. Esri Business Analyst Online, 2016

2. U.S. Census Bureau American FactFinder, 2010-2014

*Includes Tagalog, Korean, and Vietnamese among other languages

Notes:

= Data not available

PSA = primary service area; SSA = secondary service area; TSA = total service area

See Appendix for complete indicator details

SMMC PHYSICAL ENVIRONMENT PROFILE - DETAIL	PSA				
Indicators	**92307 Apple Valley**	**92308 Apple Valley**	**92344 Hesperia**	**92345 Hesperia**	**92392 Victorville**
Housing					
Households with more than one occupant per room (%)[1]	3.3%	4.3%	4.6%	9.1%	7.6%
Renters who pay 30% or more of household income on rent (%)[1]	67.3%	64.7%	53.6%	64.5%	56.7%

1. U.S. Census Bureau American FactFinder, 2010-2014

	PSA				
Indicators	**92307 Apple Valley**	**92308 Apple Valley**	**92344 Hesperia**	**92345 Hesperia**	**92392 Victorville**
Transportation					
Among workers who commute in their car alone, the percentage that commute 30 minutes or more (%)[1]	36.8%	34.9%	63.7%	45.5%	43.9%

1. U.S. Census Bureau American FactFinder, 2010-2014

	PSA				
Indicators	**92307 Apple Valley**	**92308 Apple Valley**	**92344 Hesperia**	**92345 Hesperia**	**92392 Victorville**
Environmental					
Pollution burden	25.955	19.103	30.046	28.119	24.459
Ozone ratio	0.171	0.412	0.435	0.479	0.253
Particulate matter (PM2.5)	7.440	8.426	10.419	9.807	9.355

Notes:

= Data not available

PSA = primary service area; SSA = secondary service area; TSA = total service area

See Appendix for complete indicator details

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SMMC PHYSICAL ENVIRONMENT PROFILE - DETAIL

Indicators	92394 Victorville	92395 Victorville	SSA 92301 Adelanto	92342 Helendale	92356 Lucerne Valley	92368 Oro Grande
Housing						
Households with more than one occupant per room (%)[1]	7.2%	6.6%	13.3%	1.1%	6.6%	10.0%
Renters who pay 30% or more of household income on rent (%)[1]	67.9%	60.4%	76.5%	60.9%	72.0%	52.1%

1. U.S. Census Bureau American FactFinder, 2010-2014

Indicators	92394 Victorville	92395 Victorville	SSA 92301 Adelanto	92342 Helendale	92356 Lucerne Valley	92368 Oro Grande
Transportation						
Among workers who commute in their car alone, the percentage that commute 30 minutes or more (%)[1]	37.6%	30.8%	41.9%	59.5%	57.0%	50.4%

1. U.S. Census Bureau American FactFinder, 2010-2014

Indicators	92394 Victorville	92395 Victorville	SSA 92301 Adelanto	92342 Helendale	92356 Lucerne Valley	92368 Oro Grande
Environmental						
Pollution burden	30.37	37.255	37.215	31.429	28.467	41.382
Ozone ratio	0.163	0.216	0.144	0.064	0.280	0.095
Particulate matter (PM2.5)	8.338	8.684	7.908	7.006	6.176	6.983

Notes:

= Data not available

PSA = primary service area; SSA = secondary service area; TSA = total service area

See Appendix for complete indicator details

CHIS NE

SMMC HEALTH OUTCOMES PROFILE - DETAIL	PSA						
Indicators	92307 Apple Valley	92308 Apple Valley	92344 Hesperia	92345 Hesperia	92392 Victorville	92394 Victorville	92395 Victorville
Morbidity							
Fair or poor health (ages 0-17)	2.1%	2.7%	3.2%	3.2%	3.3%	2.9%	2.8%
Fair or poor health (ages 18-64)	18.1%	17.6%	23.3%	22.6%	28.2%	27.5%	22.9%
Fair or poor health (ages 65+)	22.5%	23.4%		29.5%	33.7%		
Poor physical health days[1]							
Disabled population (%)[2]	14.5%	17.5%	9.6%	12.8%	9.1%	11.9%	12.4%
Percent of population ages 0-4	2.5%	0.0%	0.0%	1.0%	0.0%	0.0%	1.1%
Percent of population ages 5-17	5.5%	8.1%	6.6%	4.7%	4.6%	7.4%	3.3%
Percent of population ages 18-64	13.6%	14.9%	9.4%	12.0%	8.7%	11.7%	11.2%
Percent of population ages 65+	35.3%	42.0%	29.8%	44.2%	34.5%	44.6%	47.0%
Low-birth weight (< 2500 grams) (%)[3]	8.3%	5.9%	7.5%	8.7%	7.6%	9.1%	7.5%

1. County Health Rankings & Roadmaps, 2016
2. U.S. Census Bureau American FactFinder, 2010 - 2014
3. California Department of Public Health, 2012

	PSA						
Indicators	92307 Apple Valley	92308 Apple Valley	92344 Hesperia	92345 Hesperia	92392 Victorville	92394 Victorville	92395 Victorville
Chronic Conditions							
Ever diagnosed with asthma (ages 1-17)	17.5%	16.6%	13.0%	16.7%	14.8%	15.1%	18.1%
Ever diagnosed with asthma (ages 18+)	14.4%	15.9%	9.9%	14.9%	13.6%	15.5%	16.1%
Ever diagnosed with diabetes (ages 18+)	10.8%	13.2%	11.0%	13.3%	13.5%	14.1%	14.3%
Pre-diabetes (ages 18+) (%)[1]							
Ever diagnosed with heart disease (ages 18+)	7.0%	7.6%	4.9%	5.8%	4.8%	5.3%	6.3%

1. UCLA Center for Health Policy Research, 2013-2014

	PSA						
Indicators	92307 Apple Valley	92308 Apple Valley	92344 Hesperia	92345 Hesperia	92392 Victorville	92394 Victorville	92395 Victorville
Cancer Rates (Age-adjusted rates per 100,000)[1]							
Breast cancer incidence (females only)							
White (non-Latino)							
Black (non-Latino)							
Latino							
Asian/Pacific Islander (non-Latino)							
Cervical cancer incidence							
White (non-Latino)							
Black (non-Latino)							
Latino							
Asian/Pacific Islander (non-Latino)							
Colorectal cancer incidence							
White (non-Latino)							
Black (non-Latino)							
Latino							
Asian/Pacific Islander (non-Latino)							
Lung and Bronchus cancer incidence							
White (non-Latino)							
Black (non-Latino)							
Latino							
Asian/Pacific Islander (non-Latino)							
Oral Cavity and Pharynx cancer incidence							
White (non-Latino)							
Black (non-Latino)							
Latino							
Asian/Pacific Islander (non-Latino)							
Prostate cancer incidence							
White (non-Latino)							
Black (non-Latino)							
Latino							
Asian/Pacific Islander (non-Latino)							

1. Cancer Incidence and Mortality Inquiry System, 2009-2013

Indicators	PSA						
	92307 Apple Valley	92308 Apple Valley	92344 Hesperia	92345 Hesperia	92392 Victorville	92394 Victorville	92395 Victorville
Mental Health							
Youth suicidal ideation (student reported) - grades 9th, 11th, and non-traditional students (%)[1]							
9th grade							
11th grade							
Non-traditional							
Youth suicidal ideation (student reported) - grades 9th, 11th, and non-traditional students, by race/ethnicity (%)[1]							
African American/Black							
American Indian/Alaska Native							
Asian							
Latino							
Native Hawaiian/Pacific Islander							
White							
Multiracial							
Other							
Suicide rate per 100,000 youth (ages 15-24)[1]							
Number of youth suicides (ages 15-24), by race/ethnicity[1]							
African American/Black							
American Indian/Alaska Native							
Asian							
Latino							
White							
Multiracial							
Poor mental health days (age-adjusted)[2]							
Suicidal ideation (ages 18+)							
Adults with likely serious psychological stress (ages 18+)	8.0%	7.4%	9.5%	8.2%	9.4%	8.4%	7.3%

1. Kidsdata.org, 2011-2013
2. County Health Rankings & Roadmaps, 2016

Indicators	PSA						
	92307 Apple Valley	92308 Apple Valley	92344 Hesperia	92345 Hesperia	92392 Victorville	92394 Victorville	92395 Victorville
Emergency Room (ER) Utilization - Mental Health							
Adult age-adjusted ER rate due to mental health (rate per 10,000)[1]							
American Indian/Alaska Native							
Asian/Pacific Islander							
Black/African American							
Latino, any race							
White, non-Latino							

Notes:
= Data not available
PSA = primary service area; SSA = secondary service area; TSA = total service area
See Appendix for complete indicator details

SMMC HEALTH OUTCOMES PROFILE - DETAIL	SSA			
Indicators	**92301 Adelanto**	**92342 Helendale**	**92356 Lucerne Valley**	**92368 Oro Grande**
Morbidity				
Fair or poor health (ages 0-17)				
Fair or poor health (ages 18-64)	29.9%	17.1%	23.0%	28.4%
Fair or poor health (ages 65+)	37.0%			
Poor physical health days[1]				
Disabled population (%)[2]	10.7%	12.3%	20.2%	12.1%
Percent of population ages 0-4	0.0%	6.3%	0.0%	0.0%
Percent of population ages 5-17	8.0%	5.5%	7.2%	6.0%
Percent of population ages 18-64	10.4%	7.6%	17.9%	10.6%
Percent of population ages 65+	49.2%	33.6%	52.7%	31.0%
Low-birth weight (< 2500 grams) (%)[3]	9.7%	10.0%	7.3%	8.3%

1. County Health Rankings & Roadmaps, 2016
2. U.S. Census Bureau American FactFinder, 2010 - 2014
3. California Department of Public Health, 2012

	SSA			
Indicators	**92301 Adelanto**	**92342 Helendale**	**92356 Lucerne Valley**	**92368 Oro Grande**
Chronic Conditions				
Ever diagnosed with asthma (ages 1-17)	14.6%	13.7%		
Ever diagnosed with asthma (ages 18+)	15.0%	13.9%	15.4%	13.6%
Ever diagnosed with diabetes (ages 18+)	14.2%	10.6%	12.9%	15.1%
Pre-diabetes (ages 18+) (%)[1]				
Ever diagnosed with heart disease (ages 18+)	4.8%	8.6%	8.0%	7.4%

1. UCLA Center for Health Policy Research, 2013-2014

	SSA			
Indicators	**92301 Adelanto**	**92342 Helendale**	**92356 Lucerne Valley**	**92368 Oro Grande**
Cancer Rates (Age-adjusted rates per 100,000)[1]				
Breast cancer incidence (females only)				
White (non-Latino)				
Black (non-Latino)				
Latino				
Asian/Pacific Islander (non-Latino)				
Cervical cancer incidence				
White (non-Latino)				
Black (non-Latino)				
Latino				
Asian/Pacific Islander (non-Latino)				
Colorectal cancer incidence				
White (non-Latino)				
Black (non-Latino)				
Latino				
Asian/Pacific Islander (non-Latino)				
Lung and Bronchus cancer incidence				
White (non-Latino)				
Black (non-Latino)				
Latino				
Asian/Pacific Islander (non-Latino)				
Oral Cavity and Pharynx cancer incidence				
White (non-Latino)				
Black (non-Latino)				
Latino				
Asian/Pacific Islander (non-Latino)				
Prostate cancer incidence				
White (non-Latino)				
Black (non-Latino)				
Latino				
Asian/Pacific Islander (non-Latino)				

1. Cancer Incidence and Mortality Inquiry System, 2009-2013

Indicators	SSA			
	92301 Adelanto	92342 Helendale	92356 Lucerne Valley	92368 Oro Grande
Mental Health				
Youth suicidal ideation (student reported) - grades 9th, 11th, and non-traditional students (%)[1]				
9th grade				
11th grade				
Non-traditional				
Youth suicidal ideation (student reported) - grades 9th, 11th, and				
African American/Black				
American Indian/Alaska Native				
Asian				
Latino				
Native Hawaiian/Pacific Islander				
White				
Multiracial				
Other				
Suicide rate per 100,000 youth (ages 15-24)[1]				
Number of youth suicides (ages 15-24), by race/ethnicity[1]				
African American/Black				
American Indian/Alaska Native				
Asian				
Latino				
White				
Multiracial				
Poor mental health days (age-adjusted)[2]				
Suicidal ideation (ages 18+)				
Adults with likely serious psychological stress (ages 18+)	9.5%	6.4%	8.7%	8.4%

1. Kidsdata.org, 2011-2013
2. County Health Rankings & Roadmaps, 2016

Indicators	SSA			
	92301 Adelanto	92342 Helendale	92356 Lucerne Valley	92368 Oro Grande
Emergency Room (ER) Utilization - Mental Health				
Adult age-adjusted ER rate due to mental health (rate per 10,000)[1]				
American Indian/Alaska Native				
Asian/Pacific Islander				
Black/African American				
Latino, any race				
White, non-Latino				

Notes:

= Data not available

PSA = primary service area; SSA = secondary service area; TSA = total service area

See Appendix for complete indicator details

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SMMC HEALTH BEHAVIORS PROFILE - DETAIL	PSA						
Indicators	**92307 Apple Valley**	**92308 Apple Valley**	**92344 Hesperia**	**92345 Hesperia**	**92392 Victorville**	**92394 Victorville**	**92395 Victorville**
Overweight for ages 2-11 (weight ≥ 95th percentile)	19.2%	18.8%	22.8%	21.3%	22.4%	21.4%	20.6%
Overweight or obese (BMI ≥ 85th percentile) (ages 12-17)	34.9%	33.4%		37.9%	41.3%	38.1%	37.1%
Obese (BMI ≥ 30) (ages 18+)	31.6%	34.2%	32.4%	39.2%	37.3%	38.9%	37.8%
Food environment index[1]							
Sugary drink consumption 1 or more times per day (ages 18+)	22.5%			25.0%		30.2%	23.8%
Regular physical activity (ages 5-17)	27.3%	24.8%	25.0%	20.9%	25.2%	23.8%	22.7%
Walked at least 150 minutes (ages 18+)	28.5%	29.0%	23.8%	29.8%	27.2%	27.8%	30.6%
Number of newly diagnosed chlamydia cases per 100,000 population[1]							
Percentage of births delivered by mother's ages <20 (%)[2]	10.4%	11.2%	6.7%	10.2%	10.9%	10.3%	11.0%

1. County Health Rankings & Roadmaps, 2016

2. California Department of Public Health, 2012

	PSA						
Indicators	**92307 Apple Valley**	**92308 Apple Valley**	**92344 Hesperia**	**92345 Hesperia**	**92392 Victorville**	**92394 Victorville**	**92395 Victorville**
Alcohol, Tobacco, and Substance Use							
Current smoker (ages 18+)	12.1%	10.9%	8.9%	9.4%	10.4%	9.0%	10.3%
Percentage of adults reporting binge or heavy drinking (%)[1]							
Alcohol impaired driving deaths (%)[1]							
Youth alcohol/drug use in the past month (student reported) - grades 7th, 9th, 11th, and non-traditional students (%)[2]							
7th grade							
9th grade							
11th grade							
Non-traditional							
Youth alcohol/drug use in the past month (student reported) - grades 7th, 9th, 11th, and non-traditional students, by race/ethnicity (%)[2]							
African American/Black							
American Indian/Alaska Native							
Asian							
Latino							
Native Hawaiian/Pacific Islander							
White							
Multiracial							
Other							

1. County Health Rankings & Roadmaps, 2016

2. Kidsdata.org, 2011-2013

Notes:

= Data not available

PSA = primary service area; SSA = secondary service area; TSA = total service area

See Appendix for complete indicator details

SMMC HEALTH BEHAVIORS PROFILE - DETAIL	SSA			
Indicators	**92301 Adelanto**	**92342 Helendale**	**92356 Lucerne Valley**	**92368 Oro Grande**
Overweight for ages 2-11 (weight ≥ 95th percentile)	22.1%			
Overweight or obese (BMI ≥ 85th percentile) (ages 12-17)	37.7%			
Obese (BMI ≥ 30) (ages 18+)	38.8%	26.5%	37.5%	41.2%
Food environment index[1]				
Sugary drink consumption 1 or more times per day (ages 18+)	32.6%	20.8%	25.4%	
Regular physical activity (ages 5-17)	26.1%			
Walked at least 150 minutes (ages 18+)	27.2%	28.5%	27.6%	26.3%
Number of newly diagnosed chlamydia cases per 100,000 population[1]				
Percentage of births delivered by mother's ages <20 (%)[2]	12.6%		18.2%	25.0%

1. County Health Rankings & Roadmaps, 2016
2. California Department of Public Health, 2012

	SSA			
Indicators	**92301 Adelanto**	**92342 Helendale**	**92356 Lucerne Valley**	**92368 Oro Grande**
Alcohol, Tobacco, and Substance Use				
Current smoker (ages 18+)	11.0%	10.5%	12.0%	12.1%
Percentage of adults reporting binge or heavy drinking (%)[1]				
Alcohol impaired driving deaths (%)[1]				
Youth alcohol/drug use in the past month (student reported) - grades 7th, 9th, 11th, and non-traditional students (%)[2]				
7th grade				
9th grade				
11th grade				
Non-traditional				
Youth alcohol/drug use in the past month (student reported) - grades 7th, 9th, :				
African American/Black				
American Indian/Alaska Native				
Asian				
Latino				
Native Hawaiian/Pacific Islander				
White				
Multiracial				
Other				

1. County Health Rankings & Roadmaps, 2016
2. Kidsdata.org, 2011-2013

Notes:

= Data not available

PSA = primary service area; SSA = secondary service area; TSA = total service area

See Appendix for complete indicator details

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SMMC CLINICAL CARE PROFILE - DETAIL	PSA						
Indicators	92307 Apple Valley	92308 Apple Valley	92344 Hesperia	92345 Hesperia	92392 Victorville	92394 Victorville	92395 Victorville
Access to Care							
Usual source of care							
Latino							
Yes							
No							
White (non-Latino)							
Yes							
No							
Asian (non-Latino)							
Yes							
No							
Two or More Races (non-Latino)							
Yes							
No							
Uninsured (ages 0-17) (%)		2.3%	2.3%	2.3%			
Uninsured (ages 18-64) (%)	16.9%	16.8%	20.3%	20.8%	21.2%	23.4%	20.8%
First trimester prenatal care (%)[1]	78.7%	81.5%	89.1%	79.2%	80.4%	78.0%	77.9%
Ratio of population to primary care physicians[2]							
Visited the dentist (ages 2-11)	85.9%	86.0%		87.0%	87.4%	86.9%	86.0%
Ratio of population to dentists[2]							
Ratio of population to mental health providers[2]							
Ratio of population to PCPs other than physicians[2]							
Delay prescriptions or medical services (ages 0-17)	8.5%	8.4%		8.7%	5.9%	7.3%	8.9%
Delay prescriptions or medical services (ages 18+)	24.4%	22.6%	29.0%	22.1%	26.3%	20.0%	21.9%
Preventable hospital stays[2]							
Mammography screenings (ages 30+)							
Mammography screenings, female Medicare enrollees (ages 67-69) (%)[2]							

1. California Department of Public Health, 2012
2. County Health Rankings & Roadmaps, 2016

Notes:

= Data not available

PSA = primary service area; SSA = secondary service area; TSA = total service area

See Appendix for complete indicator details

1-1.9 percentage points worse than the TSA value
2-3.9 percentage points worse than the TSA value
4.0 or more percentage points worse than the TSA value

SMMC CLINICAL CARE PROFILE - DETAIL	SSA			
Indicators	**92301 Adelanto**	**92342 Helendale**	**92356 Lucerne Valley**	**92368 Oro Grande**
Access to Care				
Usual source of care				
Latino				
Yes				
No				
White (non-Latino)				
Yes				
No				
Asian (non-Latino)				
Yes				
No				
Two or More Races (non-Latino)				
Yes				
No				
Uninsured (ages 0-17) (%)		2.4%		
Uninsured (ages 18-64) (%)	24.7%	15.6%	16.4%	20.3%
First trimester prenatal care (%)[1]	73.7%	78.6%	69.1%	50.0%
Ratio of population to primary care physicians[2]				
Visited the dentist (ages 2-11)	88.0%			
Ratio of population to dentists[2]				
Ratio of population to mental health providers[2]				
Ratio of population to PCPs other than physicians[2]				
Delay prescriptions or medical services (ages 0-17)	6.2%	5.4%		
Delay prescriptions or medical services (ages 18+)	21.3%	24.2%	23.9%	22.3%
Preventable hospital stays[2]				
Mammography screenings (ages 30+)				
Mammography screenings, female Medicare enrollees (ages 67-69) (%)[2]				

1. California Department of Public Health, 2012
2. County Health Rankings & Roadmaps, 2016

Notes:

= Data not available

PSA = primary service area; SSA = secondary service area; TSA = total servi

See Appendix for complete indicator details

SMMC CLINICAL CARE PROFILE - DETAIL

Indicators
Access to Care
Usual source of care
Latino
Yes
No
White (non-Latino)
Yes
No
Asian (non-Latino)
Yes
No
Two or More Races (non-Latino)
Yes
No
Uninsured (ages 0-17) (%)
Uninsured (ages 18-64) (%)
First trimester prenatal care (%)[1]
Ratio of population to primary care physicians[2]
Visited the dentist (ages 2-11)
Ratio of population to dentists[2]
Ratio of population to mental health providers[2]
Ratio of population to PCPs other than physicians[2]
Delay prescriptions or medical services (ages 0-17)
Delay prescriptions or medical services (ages 18+)
Preventable hospital stays[2]
Mammography screenings (ages 30+)
Mammography screenings, female Medicare enrollees (ages 67-69) (%)[2]

1. California Department of Public Health, 2012
2. County Health Rankings & Roadmaps, 2016

Notes:

= Data not available

PSA = primary service area; SSA = secondary service area; TSA = total servi

See Appendix for complete indicator details

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Secondary Data Appendix

Note: All data accessed by SJH Strategic Services Department in April-July 2016

Indicators	Geographic Level	Primary Data Source	Data Retrieved From	Actual Indicator Name	Notes
DEMOGRAPHIC					
Total population	State (CA), County, TSA, SSA, PSA, Zip code	Esri (2016)	Esri Business Analyst Online (2016)	2016 Total Population	Forecasting change in the size and distribution of the household population begins at the county level with several sources of data. Esri begins with earlier county estimates from the US Census Bureau. Because testing has revealed improvement in accuracy by using a variety of different sources to track county population trends, Esri also employs a time series of county-to-county migration data from the Internal Revenue Service, building permits and housing starts, plus residential postal delivery counts. Finally, local data sources that tested well against Census 2010 are reviewed. The end result balances the measures of growth from a variety of data series.
Female (%)	State (CA), County, TSA, SSA, PSA, Zip code	Esri (2016)	Esri Business Analyst Online (2016)	2016 Female Population (Esri) (%)	The population by sex is projected via a cohort survival model that separately calculates the components of population change by age and sex. Applying survival rates specific to the cohort carries the 2010 population forward.
Male (%)	State (CA), County, TSA, SSA, PSA, Zip code	Esri (2016)	Esri Business Analyst Online (2016)	2016 Male Population (Esri) (%)	The population by sex is projected via a cohort survival model that separately calculates the components of population change by age and sex. Applying survival rates specific to the cohort carries the 2010 population forward.
Median age	State (CA), County, TSA, SSA, PSA, Zip code	Esri (2016)	Esri Business Analyst Online (2016)	2016 Median Age	
Age (%)	State (CA), County, TSA, SSA, PSA, Zip code	Esri (2016)	Esri Business Analyst Online (2016)	Numerator(s): Custom age variables: -2016 Both Ages less than 5 -2016 Both Ages 6 to 17 -2016 Both Ages 18 to 44 -2016 Both Ages 45 to 64 -2016 Both Ages 65 to 74 -2016 Both Ages 75+ Denominator(s): 2016 Total Population	The population by age is projected via a cohort survival model that separately calculates the components of population change by age and sex. Applying survival rates specific to the cohort carries the 2010 population forward.
Race/ethnicity (%)	State (CA), County, TSA, SSA, PSA, Zip code	Esri (2016)	Esri Business Analyst Online (2016)	Numerator(s): -2016 Hispanic Population -2016 White Non-Hispanic Population -2016 Black/African American Non-Hispanic Population -2016 Asian Non-Hispanic Population -2016 Pacific Islander Non-Hispanic Population -2016 American Indian/Alaska Native Non-Hispanic Population -2016 Other Race Non-Hispanic Population -2016 Multiple Races Non-Hispanic Population Denominator(s): 2016 Total Population	- All references to "Hispanic" in indicator names were changed to "Latino". - Historical trends in race and ethnicity combined with the most current data sources by race and Hispanic origin, including population estimates by county and state from the Census Bureau and survey data from the ACS, are analyzed to establish county population by race and Hispanic origin.
SOCIO-ECONOMIC					
Median household income	State (CA), County, TSA, SSA, PSA, Zip code	Esri (2016)	Esri Business Analyst Online (2016)	2016 Median Household Income	
Children (ages 0-17) living below 100% of the federal poverty line (FPL) (%)	State (CA), County, TSA, SSA, PSA, Zip code	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	Table: S1701: POVERTY STATUS IN THE PAST 12 MONTHS Numerator(s): Below poverty level; Estimate; AGE - Under 18 years Denominator(s): Total; Estimate; AGE - Under 18 years	Poverty statistics presented in ACS reports and tables adhere to the standards specified by the Office of Management and Budget in Statistical Policy Directive 14. Following the Office of Management and Budget's (OMB) Statistical Policy Directive 14, the Census Bureau uses a set of money income thresholds that vary by family size and composition to determine who is in poverty. If a family's total income is less than the family's threshold, then that family and every individual in it is considered in poverty. The official poverty thresholds do not vary geographically, but they are updated for inflation using Consumer Price Index (CPI-U). The official poverty definition uses money income before taxes and does not include capital gains or noncash benefits (such as public housing, Medicaid, and food stamps). For individuals who do not live with family members, their own income is compared with the appropriate threshold.

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Indicators	Geographic Level	Primary Data Source	Data Retrieved From	Actual Indicator Name	Notes
Older adults (ages 65+) living below 100% of the FPL (%)	State (CA), County, TSA, SSA, PSA, Zip code	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	Table: S1701: POVERTY STATUS IN THE PAST 12 MONTHS Numerator(s): Below poverty level; Estimate; AGE - 65 years and over Denominator(s): Total; Estimate; AGE - 65 years and over	Poverty statistics presented in ACS reports and tables adhere to the standards specified by the Office of Management and Budget in Statistical Policy Directive 14. Following the Office of Management and Budget's (OMB) Statistical Policy Directive 14, the Census Bureau uses a set of money income thresholds that vary by family size and composition to determine who is in poverty. If a family's total income is less than the family's threshold, then that family and every individual in it is considered in poverty. The official poverty thresholds do not vary geographically, but they are updated for inflation using Consumer Price Index (CPI-U). The official poverty definition uses money income before taxes and does not include capital gains or noncash benefits (such as public housing, Medicaid, and food stamps). For individuals who do not live with family members, their own income is compared with the appropriate threshold.
Households living below 100% of the FPL (%)	State (CA), County, TSA, SSA, PSA, Zip code	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	Table: B17026: RATIO OF INCOME TO POVERTY LEVEL OF FAMILIES IN THE PAST 12 MONTHS Numerator(s) Sum of: Estimate; Total: - Under .50 Estimate; Total: - .50 to .74 Estimate; Total: - .75 to .99 Denominator(s): Estimate; Total:	- Universe = Families (A group of two or more people who reside together and who are related by birth, marriage, or adoption) - Poverty statistics presented in ACS reports and tables adhere to the standards specified by the Office of Management and Budget in Statistical Policy Directive 14. Following the Office of Management and Budget's (OMB) Statistical Policy Directive 14, the Census Bureau uses a set of money income thresholds that vary by family size and composition to determine who is in poverty. If a family's total income is less than the family's threshold, then that family and every individual in it is considered in poverty. The official poverty thresholds do not vary geographically, but they are updated for inflation using Consumer Price Index (CPI-U). The official poverty definition uses money income before taxes and does not include capital gains or noncash benefits (such as public housing, Medicaid, and food stamps). For individuals who do not live with family members, their own income is compared with the appropriate threshold. - The ratio of income to poverty is a family's or person's income divided by their poverty threshold. Income-to-poverty ratio categories represent variations of the poverty level. Frequently-used ratios include: Ratios below 1.00 (below 100 percent of poverty) are below the official poverty definition, while ratios of 1.00 or greater (100 percent of poverty or greater) indicate income above the poverty level. Ratios below 0.50 (50 percent of poverty, that is, income less than half of the poverty threshold) have sometimes been described as "severe poverty", while those with ratios at/or above 1.00 percent by less than 1.25 percent have been described as "near poverty". - A family includes a householder and one or more people living in the same household who are related to the householder by birth, marriage, or adoption. All people in a household who are related to the householder are regarded as members of his or her family. A family household may contain people not related to the householder, but those people are not included as part of the householder's family. Thus, the number of family households is equal to the number of families, but family households may include more members than do families. Not all households contain families since a household may comprise a group of unrelated people or one person living alone.
Households living below 200% of the FPL (%)	State (CA), County, TSA, SSA, PSA, Zip code	U.S. Census Bureau American FactFinder, 2010 - 2014 (2014 ACS 5-year estimates) (factfinder.census.gov)	U.S. Census Bureau American FactFinder, 2010 - 2014 (2014 ACS 5-year estimates) (factfinder.census.gov)	Table: B17026: RATIO OF INCOME TO POVERTY LEVEL OF FAMILIES IN THE PAST 12 MONTHS Numerator(s) Sum of: - Estimate; Total: - Under .50 - Estimate; Total: - .50 to .74 - Estimate; Total: - .75 to .99 - Estimate; Total: - 1.00 to 1.24 - Estimate; Total: - 1.25 to 1.49 - Estimate; Total: - 1.50 to 1.74 - Estimate; Total: - 1.75 to 1.84 - Estimate; Total: - 1.85 to 1.99 Denominator(s): - Estimate; Total:	

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Indicators	Geographic Level	Primary Data Source	Data Retrieved From	Actual Indicator Name	Notes
Unemployment rate (%)	State (CA), County, TSA, SSA, PSA, Zip code	U.S. Census Bureau American FactFinder, 2010 - 2014 (2014 ACS 5-year estimates) (factfinder.census.gov)	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	Table: B23025: EMPLOYMENT STATUS FOR THE POPULATION 16 YEARS AND OVER Numerator(s): Estimate; In labor force: - Civilian labor force: - Unemployed Denominator(s): Estimate; In labor force: - Civilian labor force:	- All civilians 16 years old and over are classified as unemployed if they (1) were neither "at work" nor "with a job but not at work" during the reference week, and (2) were actively looking for work during the last 4 weeks, and (3) were available to accept a job. Also included as unemployed are civilians who did not work at all during the reference week, were waiting to be called back to a job from which they had been laid off, and were available for work except for temporary illness.
Population ages 25+ with less than high school diploma (%)	State (CA), County, TSA, SSA, PSA, Zip code	U.S. Census Bureau American FactFinder, 2010 - 2014 (2014 ACS 5-year estimates) (factfinder.census.gov)	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	Table: DP02: SELECTED SOCIAL CHARACTERISTICS IN THE UNITED STATES Numerator(s) Sum of: - Estimate; EDUCATIONAL ATTAINMENT - Population 25 years and over - Less than 9th grade - Estimate; EDUCATIONAL ATTAINMENT - Population 25 years and over - 9th to 12th grade, no diploma Denominator(s): Estimate; EDUCATIONAL ATTAINMENT - Population 25 years and over	
Gini coefficient (measure of income inequality)	State (CA), County, Zip code	California Health Interview Survey-Neighborhood Edition - 2014	California Health Interview Survey-Neighborhood Edition - 2014	Income Inequality (GINI) (0+)	The Gini coefficient measures the income distribution of an area's residents. A Gini coefficient of zero expresses perfect equality, where, for example, everyone has the same income. A Gini coefficient of 1 (or 100%) expresses maximal inequality among values (e.g., for a large number of people, only one person has all the income or consumption, and all others have none).
Low-income food insecurity (ages 18+)	State (CA), County, TSA, SSA, PSA, Zip code	California Health Interview Survey-Neighborhood Edition - 2014	California Health Interview Survey-Neighborhood Edition - 2014	Low-Income food insecurity (18+)	Provides information on whether the respondent has consistent ability to afford enough food. Asked of adults ages 18+ with an income < 200% FPL. Those not asked are considered to be food secure.
Population enrolled in Medi-Cal (%)	State (CA), County, TSA, SSA, PSA, Zip code	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	Table: S2701: HEALTH INSURANCE COVERAGE STATUS Numerator(s): Number Insured by Coverage Type; Estimate; HEALTH COVERAGE BY TYPE - Medicaid/means-tested public coverage Denominator(s): Total; Estimate; Total civilian noninstitutionalized population	- Universe: Total civilian noninstitutionalized population - *Medicaid or other means-tested public coverage* = coverage through Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability
Language spoken at home (%) Only English	State (CA), County, TSA, SSA, PSA, Zip code	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	Table: B16001: LANGUAGE SPOKEN AT HOME BY ABILITY TO SPEAK ENGLISH FOR THE POPULATION 5 YEARS AND OVER Numerator(s): Estimate; Total: - Speak only English Denominator(s): Estimate; Total:	The language currently used by respondents at home, either "English only" or a non-English language which is used in addition to English or in place of English.

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Indicators	Geographic Level	Primary Data Source	Data Retrieved From	Actual Indicator Name	Notes
Language spoken at home - other than English and speaks English less than "very well" (%)		L	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*		- Universe: Population 5 years and over - Methodology: In accordance to the language requirement for 501r for financial assistance policy plan language summary translation, languages with a threshold of 1,000 individuals or more of the respective ministries' total service area who speak a language other than English and speaks English less than "very well" at home are listed as a separate language group. Any language in which less than 1,000 individuals spoke a language other than English at home and spoke English less than "very well" that did not meet the threshold was added into the "Other languages" group. The top three highest language groups that did not meet the threshold have been outlined in the footnote. - More information regarding the 39 language groups may be found here: http://www.census.gov/topics/population/language-use/about.html Language Groups Language Code List
Spanish	State (CA), County, TSA, SSA, PSA, Zip code	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	Table: B16001: LANGUAGE SPOKEN AT HOME BY ABILITY TO SPEAK ENGLISH FOR THE POPULATION 5 YEARS AND OVER Numerator(s): Estimate; Total: - Spanish or Spanish Creole: - Speak English less than "very well" Denominator(s): Estimate; Total	Spanish = Spanish, Ladino, Pachuco
French	State (CA), County, TSA, SSA, PSA, Zip code	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	Table: B16001: LANGUAGE SPOKEN AT HOME BY ABILITY TO SPEAK ENGLISH FOR THE POPULATION 5 YEARS AND OVER Numerator(s): Estimate; Total: - French (incl. Patois, Cajun): - Speak English less than "very well" Denominator(s): Estimate; Total	French = French, Provencal, Patois, Cajun
French Creole	State (CA), County, TSA, SSA, PSA, Zip code	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	Table: B16001: LANGUAGE SPOKEN AT HOME BY ABILITY TO SPEAK ENGLISH FOR THE POPULATION 5 YEARS AND OVER Estimate; Total: - French Creole: - Speak English less than "very well" Denominator(s): Estimate; Total	
Italian	State (CA), County, TSA, SSA, PSA, Zip code	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	Table: B16001: LANGUAGE SPOKEN AT HOME BY ABILITY TO SPEAK ENGLISH FOR THE POPULATION 5 YEARS AND OVER Numerator(s): Estimate; Total: - Italian: - Speak English less than "very well" Denominator(s): Estimate; Total	
Portuguese	State (CA), County, TSA, SSA, PSA, Zip code	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	Table: B16001: LANGUAGE SPOKEN AT HOME BY ABILITY TO SPEAK ENGLISH FOR THE POPULATION 5 YEARS AND OVER Numerator(s): Estimate; Total: - Portuguese or Portuguese Creole: - Speak English less than "very well" Denominator(s): Estimate; Total	Portuguese = Portuguese, Papia Mentae

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Indicators	Geographic Level	Primary Data Source	Data Retrieved From	Actual Indicator Name	Notes
German	State (CA), County, TSA, SSA, PSA, Zip code	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	Table: B16001: LANGUAGE SPOKEN AT HOME BY ABILITY TO SPEAK ENGLISH FOR THE POPULATION 5 YEARS AND OVER Numerator(s): Estimate; Total: - German: - Speak English less than "very well" Denominator(s): Estimate; Total	German = German, Luxembourgian
Yiddish	State (CA), County, TSA, SSA, PSA, Zip code	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	Table: B16001: LANGUAGE SPOKEN AT HOME BY ABILITY TO SPEAK ENGLISH FOR THE POPULATION 5 YEARS AND OVER Numerator(s): Estimate; Total: - Yiddish: - Speak English less than "very well" Denominator(s): Estimate; Total	
Other West Germanic Languages	State (CA), County, TSA, SSA, PSA, Zip code	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	Table: B16001: LANGUAGE SPOKEN AT HOME BY ABILITY TO SPEAK ENGLISH FOR THE POPULATION 5 YEARS AND OVER Numerator(s): Estimate; Total: - Other West Germanic languages: - Speak English less than "very well" Denominator(s): Estimate; Total	Other West Germanic Languages = Pennsylvania Dutch, Dutch, Afrikaans, Frisian
Scandinavian languages	State (CA), County, TSA, SSA, PSA, Zip code	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	Table: B16001: LANGUAGE SPOKEN AT HOME BY ABILITY TO SPEAK ENGLISH FOR THE POPULATION 5 YEARS AND OVER Numerator(s): Estimate; Total: - Scandinavian languages: - Speak English less than "very well" Denominator(s): Estimate; Total	Scandinavian languages = Swedish, Danish, Norwegian, Icelandic, Faroese
Greek	State (CA), County, TSA, SSA, PSA, Zip code	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	Table: B16001: LANGUAGE SPOKEN AT HOME BY ABILITY TO SPEAK ENGLISH FOR THE POPULATION 5 YEARS AND OVER Numerator(s): Estimate; Total: - Greek: - Speak English less than "very well" Denominator(s): Estimate; Total	
Russian	State (CA), County, TSA, SSA, PSA, Zip code	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	Table: B16001: LANGUAGE SPOKEN AT HOME BY ABILITY TO SPEAK ENGLISH FOR THE POPULATION 5 YEARS AND OVER Numerator(s): Estimate; Total: - Russian: - Speak English less than "very well" Denominator(s): Estimate; Total	
Polish	State (CA), County, TSA, SSA, PSA, Zip code	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	Table: B16001: LANGUAGE SPOKEN AT HOME BY ABILITY TO SPEAK ENGLISH FOR THE POPULATION 5 YEARS AND OVER Numerator(s): Estimate; Total: - Polish: - Speak English less than "very well" Denominator(s): Estimate; Total	
Serbo-Croatian	State (CA), County, TSA, SSA, PSA, Zip code	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	Table: B16001: LANGUAGE SPOKEN AT HOME BY ABILITY TO SPEAK ENGLISH FOR THE POPULATION 5 YEARS AND OVER Numerator(s): Estimate; Total: - Serbo-Croatian: - Speak English less than "very well" Denominator(s): Estimate; Total	Serbo-Croatian = 649 Serbocroatian 650 Croatian 651 Serbian

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Indicators	Geographic Level	Primary Data Source	Data Retrieved From	Actual Indicator Name	Notes
Other Slavic languages	State (CA), County, TSA, SSA, PSA, Zip code	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	Table: B16001: LANGUAGE SPOKEN AT HOME BY ABILITY TO SPEAK ENGLISH FOR THE POPULATION 5 YEARS AND OVER Numerator(s): Estimate; Total: - Other Slavic languages: - Speak English less than "very well" Denominator(s): Estimate; Total	Other Slavic languages = Bielorussian, Ukrainian, Czech, Kashubian, Lusatian, Slovak, Bulgarian, Macedonian, Slovene
Armenian	State (CA), County, TSA, SSA, PSA, Zip code	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	Table: B16001: LANGUAGE SPOKEN AT HOME BY ABILITY TO SPEAK ENGLISH FOR THE POPULATION 5 YEARS AND OVER Numerator(s): Estimate; Total: - Armenian: - Speak English less than "very well" Denominator(s): Estimate; Total	
Persian	State (CA), County, TSA, SSA, PSA, Zip code	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	Table: B16001: LANGUAGE SPOKEN AT HOME BY ABILITY TO SPEAK ENGLISH FOR THE POPULATION 5 YEARS AND OVER Numerator(s): Estimate; Total: - Persian: - Speak English less than "very well" Denominator(s): Estimate; Total	
Gujarati	State (CA), County, TSA, SSA, PSA, Zip code	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	Table: B16001: LANGUAGE SPOKEN AT HOME BY ABILITY TO SPEAK ENGLISH FOR THE POPULATION 5 YEARS AND OVER Numerator(s): Estimate; Total: - Gujarati: - Speak English less than "very well" Denominator(s): Estimate; Total	
Hindi	State (CA), County, TSA, SSA, PSA, Zip code	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	Table: B16001: LANGUAGE SPOKEN AT HOME BY ABILITY TO SPEAK ENGLISH FOR THE POPULATION 5 YEARS AND OVER Numerator(s): Estimate; Total: - Hindi: - Speak English less than "very well" Denominator(s): Estimate; Total	
Urdu	State (CA), County, TSA, SSA, PSA, Zip code	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	Table: B16001: LANGUAGE SPOKEN AT HOME BY ABILITY TO SPEAK ENGLISH FOR THE POPULATION 5 YEARS AND OVER Numerator(s): Estimate; Total: - Urdu: - Speak English less than "very well" Denominator(s): Estimate; Total	
Other Indic languages	State (CA), County, TSA, SSA, PSA, Zip code	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	Table: B16001: LANGUAGE SPOKEN AT HOME BY ABILITY TO SPEAK ENGLISH FOR THE POPULATION 5 YEARS AND OVER Numerator(s): Estimate; Total: - Other Indic languages: - Speak English less than "very well" Denominator(s): Estimate; Total	Other Indic languages = India (not elsewhere classified)., Bengali, Panjabi, Marathi, Bihari, Rajasthani, Oriya, Assamese, Kashmiri, Nepali, Sindhi, Pakistan (not elsewhere classified), Sinhalese, Romany
Other Indo-European languages	State (CA), County, TSA, SSA, PSA, Zip code	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	Table: B16001: LANGUAGE SPOKEN AT HOME BY ABILITY TO SPEAK ENGLISH FOR THE POPULATION 5 YEARS AND OVER Numerator(s): Estimate; Total: - Other Indo-European languages: - Speak English less than "very well" Denominator(s): Estimate; Total	Other Indo-European languages = Jamaican Creole, Krio, Hawaiian Pidgin, Pidgin, Gullah, Saramacca, Catalonian, Romanian, Rhaeto-Romanic, Welsh, Breton, Irish Gaelic, Scottic Gaelic, Albanian, Lithuanian, Latvian, Pashto, Kurdish, Balochi, Tadzhik, Ossete

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Chinese	State (CA), County, TSA, SSA, PSA, Zip code	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	Table: B16001: LANGUAGE SPOKEN AT HOME BY ABILITY TO SPEAK ENGLISH FOR THE POPULATION 5 YEARS AND OVER Numerator(s): Estimate; Total: - Chinese: - Speak English less than "very well" Denominator(s): Estimate; Total	
Japanese	State (CA), County, TSA, SSA, PSA, Zip code	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	Table: B16001: LANGUAGE SPOKEN AT HOME BY ABILITY TO SPEAK ENGLISH FOR THE POPULATION 5 YEARS AND OVER Numerator(S): Estimate; Total: - Japanese: - Speak English less than "very well" Denominator(s): Estimate; Total	
Korean	State (CA), County, TSA, SSA, PSA, Zip code	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	Table: B16001: LANGUAGE SPOKEN AT HOME BY ABILITY TO SPEAK ENGLISH FOR THE POPULATION 5 YEARS AND OVER Numerator(s): Estimate; Total: - Korean: - Speak English less than "very well" Denominator(s): Estimate; Total	
Mon-Khmer, Cambodian	State (CA), County, TSA, SSA, PSA, Zip code	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	Table: B16001: LANGUAGE SPOKEN AT HOME BY ABILITY TO SPEAK ENGLISH FOR THE POPULATION 5 YEARS AND OVER Numerator(s): Estimate; Total: - Mon-Khmer, Cambodian: - Speak English less than "very well" Denominator(s): Estimate; Total	
Hmong	State (CA), County, TSA, SSA, PSA, Zip code	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	Table: B16001: LANGUAGE SPOKEN AT HOME BY ABILITY TO SPEAK ENGLISH FOR THE POPULATION 5 YEARS AND OVER Numerator(s): Estimate; Total: - Hmong: - Speak English less than "very well" Denominator(s): Estimate; Total	
Thai	State (CA), County, TSA, SSA, PSA, Zip code	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	Table: B16001: LANGUAGE SPOKEN AT HOME BY ABILITY TO SPEAK ENGLISH FOR THE POPULATION 5 YEARS AND OVER Numerator(s): Estimate; Total: - Thai: - Speak English less than "very well" Denominator(s): Estimate; Total	
Laotian	State (CA), County, TSA, SSA, PSA, Zip code	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	Table: B16001: LANGUAGE SPOKEN AT HOME BY ABILITY TO SPEAK ENGLISH FOR THE POPULATION 5 YEARS AND OVER Numerator(s): Estimate; Total: - Laotian: - Speak English less than "very well" Denominator(s): Estimate; Total	
Vietnamese	State (CA), County, TSA, SSA, PSA, Zip code	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	Table: B16001: LANGUAGE SPOKEN AT HOME BY ABILITY TO SPEAK ENGLISH FOR THE POPULATION 5 YEARS AND OVER Numerator(s): Estimate; Total: - Vietnamese: - Speak English less than "very well" Denominator(s): Estimate; Total	
Other Asian languages	State (CA), County, TSA, SSA, PSA, Zip code	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	Table: B16001: LANGUAGE SPOKEN AT HOME BY ABILITY TO SPEAK ENGLISH FOR THE POPULATION 5 YEARS AND OVER Numerator(s): Estimate; Total: - Other Asian languages: - Speak English less than "very well" Denominator(s): Estimate; Total	Other Asian languages = Chuvash, Karakalpak, Kazakh, Kirghiz, Karachay, Uighur, Azerbaijani, Turkish, Turkmen, Yakut, Mongolian, Tungus, Caucasian, Basque, Dravidian, Brahui, Gondi, Telugu, Kannada, Malayalam, Tamil, Kurukh, Munda, Burushaski, Tibetan, Burmese, Karen, Kachin, Mien, Paleo-Siberian, Muong

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Tagalog	State (CA), County, TSA, SSA, PSA, Zip code	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	Table: B16001: LANGUAGE SPOKEN AT HOME BY ABILITY TO SPEAK ENGLISH FOR THE POPULATION 5 YEARS AND OVER Numerator(s): Estimate; Total: - Tagalog: - Speak English less than "very well" Denominator(s): Estimate; Total	
Other Pacific Island languages	State (CA), County, TSA, SSA, PSA, Zip code	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	Table: B16001: LANGUAGE SPOKEN AT HOME BY ABILITY TO SPEAK ENGLISH FOR THE POPULATION 5 YEARS AND OVER Numerator(s): Estimate; Total: - Other Pacific Island languages: - Speak English less than "very well" Denominator(s): Estimate; Total	Other Pacific Island languages = Buginese, Moluccan, Indonesian, Achinese, Balinese, Cham, Javanese, Madurese, Malagasy, Malay, Minangkabau, Sundanese, Bisayan, Sebuano, Pangasinan, Ilocano, Bikol, Pampangan, Gorontalo, Micronesian, Carolinian, Chamorro, Gilbertese, Kusaiean, Marshallese, Mokilese, Mortlockese, Nauruan, Palau, Ponapean, Trukese, Ulithean, Woleai-Ulithi, Yapese, Melanesian, Polynesian, Samoan, Tongan, Niuean, Tokelauan, Fijian, Marquesan, Rarotongan, Maori, Nukuoro, Hawaiian
Navajo	State (CA), County, TSA, SSA, PSA, Zip code	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	Table: B16001: LANGUAGE SPOKEN AT HOME BY ABILITY TO SPEAK ENGLISH FOR THE POPULATION 5 YEARS AND OVER Numerator(s): Estimate; Total: - Navajo: - Speak English less than "very well" Denominator(s): Estimate; Total	
Other Native North American languages	State (CA), County, TSA, SSA, PSA, Zip code	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	Table: B16001: LANGUAGE SPOKEN AT HOME BY ABILITY TO SPEAK ENGLISH FOR THE POPULATION 5 YEARS AND OVER Numerator(s): Estimate; Total: - Other Native North American languages: - Speak English less than "very well" Denominator(s): Estimate; Total	Other Native Northern American languages (800-863, 865-955, 959-966, 977-982) = Eskimo-Aleut languages (800-805) Algonquian languages (806-827) Wakashan languages (829-832) Salish languages (833-845, 981-982) 846 Haida Athapascan-Eyak languages except Navajo (847-862, 865, 977-980) 866 Tlingit Penutian languages (867-884, 964-965) Hokan languages (885-901) Siouan languages (904-914) Muskogean languages (915-920) Iroquian languages (925-933) Caddoan languages (934-937) Uto-Aztecan languages (938-955) Tanoan languages (863, 959-963) 966 American Indian 981 Kalispel (Salish) 982 Spokane (Salish)
Hungarian	State (CA), County, TSA, SSA, PSA, Zip code	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	Table: B16001: LANGUAGE SPOKEN AT HOME BY ABILITY TO SPEAK ENGLISH FOR THE POPULATION 5 YEARS AND OVER Numerator(s): Estimate; Total: - Hungarian: - Speak English less than "very well" Denominator(s): Estimate; Total	
Arabic	State (CA), County, TSA, SSA, PSA, Zip code	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	Table: B16001: LANGUAGE SPOKEN AT HOME BY ABILITY TO SPEAK ENGLISH FOR THE POPULATION 5 YEARS AND OVER Numerator(s): Estimate; Total: - Arabic: - Speak English less than "very well" Denominator(s): Estimate; Total	

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Hebrew	State (CA), County, TSA, SSA, PSA, Zip code	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	Table: B16001: LANGUAGE SPOKEN AT HOME BY ABILITY TO SPEAK ENGLISH FOR THE POPULATION 5 YEARS AND OVER Numerator(s): Estimate; Total: - Hebrew: - Speak English less than "very well" Denominator(s): Estimate; Total	
African languages	State (CA), County, TSA, SSA, PSA, Zip code	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	Table: B16001: LANGUAGE SPOKEN AT HOME BY ABILITY TO SPEAK ENGLISH FOR THE POPULATION 5 YEARS AND OVER Numerator(s): Estimate; Total: - African languages: - Speak English less than "very well" Denominator(s): Estimate; Total	African languages = 780 Amharic, 781 Berber, 782 Chadic, 783 Cushite, 784 Sudanic, 785 Nilotic, 786 Nilo-hamitic, 787 Nubian, 788 Saharan, 789 Nilo-sharan, 790 Khoisan, 791 Swahili, 792 Bantu, 793 Mande, 794 Fulani, 795 Gur, 796 Kru, Ibo, Yoruba, 797 Efik, 798 Mbum (and Related), 799 African (not further specified)
Other languages	State (CA), County, TSA, SSA, PSA, Zip code	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	Table: B16001: LANGUAGE SPOKEN AT HOME BY ABILITY TO SPEAK ENGLISH FOR THE POPULATION 5 YEARS AND OVER Numerator(s): Estimate; Total: - Other and unspecified languages: - Speak English less than "very well" + [Language group(s) with less than 1,000 individuals who speak a language other than English at home and speak English less than "very well"] Denominator(s): Estimate; Total	Other languages = 679 Finnish (OTHER) 680 Estonian (OTHER) 681 Lapp (OTHER)683 Other Uralic Lang. (OTHER) 696 Caucasian (OTHER) 697 Basque (OTHER) 779 Syriac 956 Aztecan(Cent/South America) 957 Sonoran, nec(Cent/So America) 958 Indian (Not on the edited file) 967 Misumalpan 968 Mayan Languages 969 Tarascan (Penutian) 970 Mapuche 971 Oto - Manguen 972 Quechua 973 Aymara 974 Arawakian 975 Chibchan 976 Tupi-guarani 983-997 Not used (On the edited file only) 998 Specified Not Listed 999 Not Specified + Any language in which less than 1,000 individuals spoke a language other than English at home and spoke English less than "very well" that did not meet the threshold was added into the "Other languages" group. The top three highest language groups that did not meet the threshold have been outlined in the footnote.
Percent of population ages 0 to 17 that is non-citizen (%)	State (CA), County, TSA, SSA, PSA, Zip code	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	Table: B05003: SEX BY AGE BY NATIVITY AND CITIZENSHIP STATUS Numerator(s) Sum of: - Estimate; Male: - Under 18 years: - Foreign born: - Not a U.S. citizen - Estimate; Female: - Under 18 years: - Foreign born: - Not a U.S. citizen Denominator(s) Sum of: - Estimate; Male: - Under 18 years: - Estimate; Female: - Under 18 years:	- People who indicate that they were born in the United States, Puerto Rico, a U.S. Island Area, or abroad of a U.S. citizen parent(s) are citizens. - People who indicate that they are U.S. citizens through naturalization are also citizens. - Naturalized citizens are foreign-born people who identify themselves as naturalized. Naturalization is the conferring, by any means, of citizenship upon a person after birth.

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Percent of population ages 18+ that is non-citizen (%)	State (CA), County, TSA, SSA, PSA, Zip code	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	Table: B05003: SEX BY AGE BY NATIVITY AND CITIZENSHIP STATUS Numerator(s) Sum of: Estimate; Male: - 18 years and over: - Foreign born: - Not a U.S. citizen Estimate; Female: - 18 years and over: - Foreign born: - Not a U.S. citizen Denominator(s): Estimate; Male: - 18 years and over: Estimate; Female: - 18 years and over:	- People who indicate that they were born in the United States, Puerto Rico, a U.S. Island Area, or abroad of a U.S. citizen parent(s) are citizens. - People who indicate that they are U.S. citizens through naturalization are also citizens. - Naturalized citizens are foreign-born people who identify themselves as naturalized. Naturalization is the conferring, by any means, of citizenship upon a person after birth.
Veteran population (%)	State (CA), County, TSA, SSA, PSA, Zip code	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	Table: DP02:SELECTED SOCIAL CHARACTERISTICS IN THE UNITED STATES Numerator(s): Estimate; VETERAN STATUS - Civilian population 18 years and over - Civilian veterans Denominator(s): Estimate; VETERAN STATUS - Civilian population 18 years and over	Definition: A "civilian veteran" is a person 18 years old or over who has served (even for a short time), but is not now serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard, or who served in the U.S. Merchant Marine during World War II. People who served in the National Guard or military Reserves are classified as veterans only if they were ever called or ordered to active duty, not counting the 4-6 months for initial training or yearly summer camps. All other civilians 16 years old and over are classified as nonveterans.
PHYSICAL ENVIRONMENT					
Housing					
Households with more than one occupant per room (%)	State (CA), County, TSA, SSA, PSA, Zip code	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	Table: DP04: SELECTED HOUSING CHARACTERISTICS Numerator(s) Sum of: - Estimate; OCCUPANTS PER ROOM - Occupied housing units - 1.01 to 1.50 - Estimate; OCCUPANTS PER ROOM - Occupied housing units - 1.51 or more Denominator(s): Estimate; OCCUPANTS PER ROOM - Occupied housing units	
Renters who pay 30% or more of household income on rent (%)	State (CA), County, TSA, SSA, PSA, Zip code	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	Table: DP04: SELECTED HOUSING CHARACTERISTICS Numerator(s) Sum of: - Estimate; GROSS RENT AS A PERCENTAGE OF HOUSEHOLD INCOME (GRAPI) - Occupied units paying rent (excluding units where GRAPI cannot be computed) - 30.0 to 34.9 percent - Estimate; GROSS RENT AS A PERCENTAGE OF HOUSEHOLD INCOME (GRAPI) - Occupied units paying rent (excluding units where GRAPI cannot be computed) - 35.0 percent or more Denominator(s): - Estimate; GROSS RENT AS A PERCENTAGE OF HOUSEHOLD INCOME (GRAPI) - Occupied units paying rent (excluding units where GRAPI cannot be computed)	
Transportation					

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Among workers who commute in their car alone, the percentage that commute 30 minutes or more (%)	State (CA), County, TSA, SSA, PSA, Zip code	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	U.S. Census Bureau American FactFinder, 2010 - 2014 (2014 ACS 5-year estimates) (factfinder.census.gov)	Table: B08134: MEANS OF TRANSPORTATION TO WORK BY TRAVEL TIME TO WORK Numerator(s) Sum of: - Estimate; Total: - Car, truck, or van: - Drove alone: - 30 to 34 minutes - Estimate; Total: - Car, truck, or van: - Drove alone: - 35 to 44 minutes - Estimate; Total: - Car, truck, or van: - Drove alone: - 45 to 59 minutes - Estimate; Total: - Car, truck, or van: - Drove alone: - 60 or more minutes Denominator(s): Estimate; Total: - Car, truck, or van: - Drove alone:	Universe: Workers 16 years and over who did not work at home
Environmental					
Pollution burden	State (CA), County, TSA, SSA, PSA, Zip code	California Health Interview Survey-Neighborhood Edition - 2008 - 2012	California Health Interview Survey-Neighborhood Edition - 2014	Pollution Burden (0+)	CalEnviroScreen Score: California Communities Environmental Health Screening Tool.
Ozone ratio	State (CA), County, TSA, SSA, PSA, Zip code	California Health Interview Survey-Neighborhood Edition - 2009 - 2011	California Health Interview Survey-Neighborhood Edition - 2014	Ozone Ratio (0+)	Amount of daily maximum 8-hour ozone concentration over the California 8-hour standard (0.070 ppm).
Particulate matter (PM2.5)	State (CA), County, TSA, SSA, PSA, Zip code	California Health Interview Survey-Neighborhood Edition - 2009 - 2011	California Health Interview Survey-Neighborhood Edition - 2014	Particulate Matter (PM2.5) (0+)	Annual mean PM 2.5 concentration (average of quarterly means), ug/m3
CITY LEVEL INDICATORS					
Socio-Economic Factors					
Violent crimes, rate per 100,000 inhabitants	State (CA), County, City	*For violent crime* : State of California Department of Justice, 2014	State of California Department of Justice (2014) *http://oag.ca.gov/crime/cjsc/stats/crimes-clearances*	Numerator (from CA Department of Justice): Violent_sum Denominator (from ACS): *Table B01003: Total Population* - Estimate; Total Calculation: (Violent_sum x 100,000)/(Estimate; Total)	- Calculation for Violence Crime rate: A crime rate describes the number of crimes reported to law enforcement agencies for every 100,000 persons within a population. A crime rate is calculated by dividing the number of reported crimes by the total population. The result is then multiplied by 100,000. - Violent crime = the sum of homicide, rape, robbery, and aggravated assault.
		For population : U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates)	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*		
Domestic violence calls for assistance, rate per 1,000 residents	State (CA), County	California Dept. of Justice, Criminal Justice Statistics Center, Domestic Violence-Related Calls for Assistance Database (1998-2003) and Online Query System (Aug. 2015)	Kidsdata.org, A Program of Lucile Packard Foundation for Children's Health (2014)	Domestic Violence Calls for Assistance	According to California Penal Code 13700, domestic violence is defined as "abuse committed against an adult or a fully emancipated minor who is a spouse, former spouse, cohabitant, former cohabitant, or person with whom the suspect has had a child or is having or has had a dating or engagement relationship." Data include both cases where an arrest was made and those where circumstances did not warrant an arrest.
Number of domestic violence calls for assistance	State (CA), County, City	California Dept. of Justice, Criminal Justice Statistics Center, Domestic Violence-Related Calls for Assistance Database (1998-2003) and Online Query System (Aug. 2015)	Kidsdata.org, A Program of Lucile Packard Foundation for Children's Health (2014)	Domestic Violence Calls for Assistance, by City	
Child abuse allegations, rate per 1,000 children	State (CA), County	Child Welfare Services/Case Management System (CWS/CMS), California Department of Social Services (2015 Quarter 4 extract)	California Child Welfare Indicators Project (CCWIP) (2015 Quarter 4 extract) *http://cssr.berkeley.edu/ucb_childwelfare/entries.aspx*	California Child Population (0-17) and Children with Child Maltreatment Allegations, Substantiations, and Entries Incidence per 1,000 Children Column: %	

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Indicators	Geographic Level	Primary Data Source	Data Retrieved From	Actual Indicator Name	Notes
Substantiated child abuse allegations, rate per 1,000 children	State (CA), County	Child Welfare Services/Case Management System (CWS/CMS), California Department of Social Services (2015 Quarter 4 extract)	California Child Welfare Indicators Project (CCWIP) (2015 Quarter 4 extract) *http://cssr.berkeley.edu/ucb_childwelfare/entries.aspx*	California Child Population (0-17) and Children with Child Maltreatment Allegations, Substantiations, and Entries Incidence per 1,000 Children Column: %	
Physical Environment					
Percent of population living within half mile of transit (%)	County, City	- The Southern California Association of Governments (2012) *www.scag.ca.gov* - The Metropolitan Transportation Commission (2012) *www.mtc.ca.gov* ; - Transit Stops from the Sacramento Council of Governments (2008) *www.sacog.org* - Block-level population data by race and ethnicity from the U.S. Census Bureau: California State Data Center at the California Department of Finance (2010)	California Department of Public Health (2012)	*Public Transit Access: Percent of population residing within ½ mile of a major transit stop* Column: p_trans_acc	- Definition: Proportion of the population that resides within a ½ mile of a transit stop with a headway of 15 minutes or less during peak commute hours - Transit stops included those served by one or more fixed route transit service with a frequency of 15 minutes or less during peak hours (6-9AM, 3-6PM). For the SCAG and MTC regions, stops with multiple routes whose average frequency was 15 minutes or less were included (e.g. 2 different bus routes with 30 minute frequencies each). Geospatial software (ArcMAP 10.1) was used to identify census blocks with centroids inside ½ mile buffers of the transit stops. Block-level 2010 Census redistricting data (100% counts by race/ethnicity) was merged with blocks inside the transit access area, and population counts were aggregated by census tract, city/town, county, and region. - Strength and Limitations: Transit stops and service are subject to change and this analysis may not reflect recent changes. Census blocks are designated as inside or outside of transit buffers based on block centroids, which may result in small under- or overestimates of the population within buffer areas. The population data are from a slighter earlier time period (2010) than the transit data (2012), which may introduce a small error if the population numbers or demographics have changed. This indicator measures geographic access; however, other characteristics of public transit, such as affordability and personal safety (e.g. crime), also impact transit use.
Percent of residents within half mile of a park, beach, or open space (%)	State (CA), County, City	California Protected Areas Database (CPAD version 1.8, 2012), maintained by GreenInfo Network, accessed September, 2012 from CALANDS website at http://www.calands.org/ . 2010 block-level population data by race and ethnicity from the U.S. Census Bureau (provided by California State Data Center at the California Department of Finance)	California Department of Public Health (2010) *https://www.cdph.ca.gov/programs/Pages/HealthyCommunityIndicators.aspx#DataIndAv*	*Access to Parks: Percent of residents within ½ mile of a park, beach, or open space* Column: p_parkacc	- Definition: Percent of population within 1/2 mile of park, beach, open space, or coastline - The California Protected Areas Database (updated 2012) was obtained as a shape file from the CALANDS website. The database includes open space lands including parks, as well as open space lands with other uses, including: recreation, forestry, historical/cultural, habitat conservation, water supply, scenic areas, flood control, agricultural/ranching, and general open space. Parks greater than 1 acre with 'Open Access' designation were selected for analysis. Half mile buffers were created around parks. Census blocks with centroids inside the parks buffer area were selected. 2010 block-level Census redistricting data (100% count by race/ethnicity) were merged with blocks inside the parks buffer area. Block data were aggregated by census tract, city/town, county, region, and state. The percent of residents' access to parks were calculated for each geographic level and for race/ethnicity strata. Regions were based on counties of metropolitan transportation organizations (MPO) regions as reported in the 2010 California Regional Progress Report (http://www.dot.ca.gov/hq/tpp/offices/orip/Collaborative%20Planning/Files/CARegionalProgress_2-1-2011.pdf). Standard errors, relative standard errors, and 95% upper and lower confidence intervals were calculated. - Limitations: The California Protected Areas Database does not include tribal lands, lands used for active military purposes, and properties protected through easements. The indicator takes into account the travel distance to park borders, but does not take into account points of entry. The indicator does not take into account the quality of park facilities, level of maintenance, specific amenities and services offered, or safety issues. While the indicator only measures "walkable" distance, transportation to parks through private or public transit was not considered. Census blocks are designated as inside or outside of park buffers based on block centroids, which can result in some misclassification of population within buffer areas. The indicator does not include "mini parks" or "pocket parks", sometimes defined as less than 1 acre. The indicator only includes beach and coastline areas that are part CPAD, and known to be accessible to the public.
PARKSCORE INDEX					
ParkScore® index	City	The Trust for Public Land (2016) *http://parkscore.tpl.org/*	The Trust for Public Land (2016) *http://parkscore.tpl.org/*	ParkScore® index	The ParkScore® index measures how well the 100 largest U.S. cities are meeting the need for parks.
HEALTH OUTCOMES					
Morbidity					

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Indicators	Geographic Level	Primary Data Source	Data Retrieved From	Actual Indicator Name	Notes
Fair or poor health (ages 0-17)	State (CA), County, TSA, SSA, PSA, Zip code	California Health Interview Survey-Neighborhood Edition - 2014	California Health Interview Survey-Neighborhood Edition - 2014	Fair or poor health (0-17)	Child and teen respondents ages 0-17 with fair or poor health.
Fair or poor health (ages 18-64)	State (CA), County, TSA, SSA, PSA, Zip code	California Health Interview Survey-Neighborhood Edition - 2014	California Health Interview Survey-Neighborhood Edition - 2014	Fair or poor health (18-64)	Adult respondents ages 18-64 with fair or poor health.
Fair or poor health (ages 65+)	State (CA), County, TSA, SSA, PSA, Zip code	California Health Interview Survey-Neighborhood Edition - 2014	California Health Interview Survey-Neighborhood Edition - 2014	Fair or poor health (65+)	Older respondents ages 65+ with fair or poor health.
Poor physical health days	State (CA) & County	Behavioral Risk Factor Surveillance System	County Health Rankings & Roadmaps (2016)	Poor physical health days	Average number of physically unhealthy days reported in past 30 days (age-adjusted)
Disabled population (%)	State (CA), County, TSA, SSA, PSA, Zip code	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	U.S. Census Bureau American FactFinder, (2014 ACS 5-year estimates: 2010 - 2014) *factfinder.census.gov*	Table: S1810: DISABILITY CHARACTERISTICS Numerator: With a disability; Estimate; Total civilian noninstitutionalized population Denominator(s): Total; Estimate; Total civilian noninstitutionalized population	Disability = A long-lasting physical, mental, or emotional condition. This condition can make it difficult for a person to do activities such as walking, climbing stairs, dressing, bathing, learning, or remembering. This condition can also impede a person from being able to go outside the home alone or to work at a job or business.
Percent of population ages 0-4	State (CA), County, TSA, SSA, PSA, Zip code	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	Table: S1810: DISABILITY CHARACTERISTICS Numerator: With a disability; Estimate; Population under 5 years Denominator(s): Total; Estimate; Population under 5 years	
Percent of population ages 5-17	State (CA), County, TSA, SSA, PSA, Zip code	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	Table: S1810: DISABILITY CHARACTERISTICS Numerator: With a disability; Estimate; Population 5 to 17 years Denominator(s): Total; Estimate; Population 5 to 17 years	

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Indicators	Geographic Level	Primary Data Source	Data Retrieved From	Actual Indicator Name	Notes
Percent of population ages 18-64	State (CA), County, TSA, SSA, PSA, Zip code	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	Table: S1810: DISABILITY CHARACTERISTICS Numerator: With a disability; Estimate; Population 18 to 64 years Denominator(s): Total; Estimate; Population 18 to 64 years	
Percent of population ages 65+	State (CA), County, TSA, SSA, PSA, Zip code	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	U.S. Census Bureau American FactFinder (2010-2014 American Community Survey 5-Year Estimates) *factfinder.census.gov*	Table: S1810: DISABILITY CHARACTERISTICS Numerator: With a disability; Estimate; Population 65 years and over Denominator(s): Total; Estimate; Population 65 years and over	
Low-birth weight (< 2500 grams) (%)	State (CA) , TSA, SSA, PSA, Zip code	California Department of Public Health (2012)	California Department of Public Health (2012)	Numerator(s) Sum of: - Birthweight <1500 grams - Birthweight 1500-2499 grams Denominator(s): Total Births	
Chronic Conditions					
Ever diagnosed with asthma (ages 1-17)	State (CA), County, TSA, SSA, PSA, Zip code	California Health Interview Survey-Neighborhood Edition - 2014	California Health Interview Survey-Neighborhood Edition - 2014	Ever diagnosed with asthma (1-17)	Child and teen respondents ages 1-17 who were ever diagnosed with asthma by a doctor.
Ever diagnosed with asthma (ages 18+)	State (CA), County, TSA, SSA, PSA, Zip code	California Health Interview Survey-Neighborhood Edition - 2014	California Health Interview Survey-Neighborhood Edition - 2014	Ever diagnosed with asthma (18+)	Adult respondents ages 18+ who were ever diagnosed with asthma by a doctor.
Ever diagnosed with diabetes (ages 18+)	State (CA), County, TSA, SSA, PSA, Zip code	California Health Interview Survey-Neighborhood Edition - 2014	California Health Interview Survey-Neighborhood Edition - 2014	Ever diagnosed with diabetes (18+)	Adult respondents ages 18+ who were ever diagnosed with diabetes by a doctor.
Pre-diabetes (ages 18+) (%)	State (CA), County	Population: California Health Interview Survey (CHIS) (2013-2014) Pre-diabetes Estimates: National Center for Health Statistics (NHANES) (2009-2012)	UCLA Center for Health Policy Research (2013-2014)	Prediabetes and Diabetes by County	- Prediabetes estimates include adults with undiagnosed diabetes. - Estimates of prediabetes are based on predictive models developed using 2009-2012 NHANES data and applied to CHIS 2013-14 data.
Ever diagnosed with heart disease (ages 18+)	State (CA), County, TSA, SSA, PSA, Zip code	California Health Interview Survey-Neighborhood Edition - 2014	California Health Interview Survey-Neighborhood Edition - 2014	Ever diagnosed with heart disease (18+)	Adult respondents ages 18+ who were ever diagnosed with heart disease by a doctor.
Cancer Rates (Age-adjusted rates per 100,000)					
Breast cancer incidence (females only)	State (CA), County	California Cancer Registry (2009-2013)	Cancer Incidence and Mortality Inquiry System (2009-2013) *www.Cancer-rates.info*	Cancer Site: Breast (Female)	- Age-Adjusted to the 2000 U.S. Standard Population. All rates per 100,000 population - All references to "Hispanic" in indicator names were changed to "Latino"
Cervical cancer incidence	State (CA), County	California Cancer Registry (2009-2013)	Cancer Incidence and Mortality Inquiry System (2009-2013) *www.Cancer-rates.info*	Cancer Site: Cervix Uteri	- Age-Adjusted to the 2000 U.S. Standard Population. All rates per 100,000 population - All references to "Hispanic" in indicator names were changed to "Latino"
Colorectal cancer incidence	State (CA), County	California Cancer Registry (2009-2013)	Cancer Incidence and Mortality Inquiry System (2009-2013) *www.Cancer-rates.info*	Cancer Site: Colon and Rectum	- Age-Adjusted to the 2000 U.S. Standard Population. All rates per 100,000 population - All references to "Hispanic" in indicator names were changed to "Latino"
Lung and Bronchus cancer incidence	State (CA), County	California Cancer Registry (2009-2013)	Cancer Incidence and Mortality Inquiry System (2009-2013) *www.Cancer-rates.info*	Cancer Site: Lung and Bronchus	- Age-Adjusted to the 2000 U.S. Standard Population. All rates per 100,000 population - All references to "Hispanic" in indicator names were changed to "Latino"

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Indicators	Geographic Level	Primary Data Source	Data Retrieved From	Actual Indicator Name	Notes
Oral Cavity and Pharynx cancer incidence	State (CA), County	California Cancer Registry (2009-2013)	Cancer Incidence and Mortality Inquiry System (2009-2013) *www.Cancer-rates.info*	Cancer Site: Oral Cavity and Pharynx	- Age-Adjusted to the 2000 U.S. Standard Population. All rates per 100,000 population - All references to "Hispanic" in indicator names were changed to "Latino"
Prostate cancer incidence	State (CA), County	California Cancer Registry (2009-2013)	Cancer Incidence and Mortality Inquiry System (2009-2013) *www.Cancer-rates.info*	Cancer Site: Prostate	- Age-Adjusted to the 2000 U.S. Standard Population. All rates per 100,000 population - All references to "Hispanic" in indicator names were changed to "Latino"
Mental Health					
Youth suicidal ideation (student reported) - grades 9th, 11th, and non-traditional students (%)	State (CA), County	California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd)	Kidsdata.org, A Program of Lucile Packard Foundation for Children's Health (2011-2013)	Suicidal Ideation (Student Reported), by grade level	- Percentage of public school students in grades 9, 11, and non-traditional students who reported seriously considering attempting suicide in the past 12 months - The 2011-2013 time period reflects data from school years 2011-12 and 2012-13. District- and county-level figures are weighted proportions from the 2011-13 California Healthy Kids Survey, and state-level figures are weighted proportions from the 2011-13 California Student Survey. The grade levels included in school district data depend on the grades offered in each district; for example, high school districts do not include 7th grade data. "Non-Traditional" students are those enrolled in Community Day Schools or Continuation Education; according to Ed-Data, these schools make up about 10% of all public schools in California. N/A indicates that the survey was not administered in that period or that data are not available for that group. LNE (Low Number Event) indicates that for a specific answer there were fewer than 25 respondents. N/R indicates that the sample is too small to be representative.
Youth suicidal ideation (student reported) - grades 9th, 11th, and non-traditional students, by race/ethnicity (%)	State (CA), County	California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd)	Kidsdata.org, A Program of Lucile Packard Foundation for Children's Health (2011-2013)	Suicidal Ideation (Student Reported), by race/ethnicity	- Percentage of public school students in grades 9, 11, and non-traditional students who reported seriously considering attempting suicide in the past 12 months. - All references to "Hispanic" in indicator names were changed to "Latino" - The 2011-2013 time period reflects data from school years 2011-12 and 2012-13. District- and county-level figures are weighted proportions from the 2011-13 California Healthy Kids Survey, and state-level figures are weighted proportions from the 2011-13 California Student Survey. The grade levels included in school district data depend on the grades offered in each district; for example, high school districts do not include 7th grade data. "Non-Traditional" students are those enrolled in Community Day Schools or Continuation Education; according to Ed-Data, these schools make up about 10% of all public schools in California. N/A indicates that the survey was not administered in that period or that data are not available for that group. LNE (Low Number Event) indicates that for a specific answer there were fewer than 25 respondents. N/R indicates that the sample is too small to be representative.
Suicide rate per 100,000 youth (ages 15-24)	State (CA), County	California Department of Public Health, Death Statistical Master Files; CDC, Mortality data on WONDER (Apr. 2015); California Department of Finance, Race/Ethnic Population with Age and Sex Detail, 1990-1999, 2000-2010, 2010-2060 (Apr. 2015)	Kidsdata.org, A Program of Lucile Packard Foundation for Children's Health (2011-2013)	Youth Suicide Rate	Figures are presented as rates (per 100,000 youth ages 15-24) over three-year periods.
Number of youth suicides (ages 15-24), by race/ethnicity	State (CA), County	California Dept. of Public Health, Death Statistical Master Files; CDC, Mortality data on WONDER (Apr. 2015)	Kidsdata.org, A Program of Lucile Packard Foundation for Children's Health (2013)	Number of Youth Suicides, by race/ethnicity	Number of suicides by children/youth ages 5-24, by age group.
Poor mental health days (age-adjusted)	State (CA), County	Behavioral Risk Factor Surveillance System (2014)	County Health Rankings & Roadmaps (2016)	Poor mental health days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted).
Suicidal Ideation (ages 18*)	State (CA), County	California Health Interview Survey-2014	ask.chis.ucla.edu	Ever seriously thought about committing suicide	Survey respondents ages 18+ were asked: "Have you ever seriously thought about commiitting sucide?"
Adults with likely serious psychological stress (ages 18+)	State (CA), County, TSA, SSA, PSA, Zip code	California Health Interview Survey-Neighborhood Edition - 2014	California Health Interview Survey-Neighborhood Edition - 2014	Serious psychological distress (18+)	Constructed using the Kessler 6 series for adults ages 18+ who reported serious psychological distress in the past 12 months (K6 score ≥ 13).
Emergency Room (ER) Utilization - Mental Health					
Adult age-adjusted ER rate due to mental health (rate per 10,000)	County (Orange County only), Zip code (Orange County only)	California Office of Statewide Health Planning and Development (2011-2013)	Orange County's Healthier Together (2011-2013) *www.ochealthiertogether.org*	Age-Adjusted ER Rate due to Mental Health	All references to "Hispanic" in indicator names were changed to "Latino."
Mortality					

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Indicators	Geographic Level	Primary Data Source	Data Retrieved From	Actual Indicator Name	Notes
Age-Adjusted Death Rate per 100,000 population due to any cause (2011-2013)	State, County, City (Orange County only); Zip code (Orange County only)	Orange County Master Death Files; California Department of Public Health, 2011-2013, Death Statistical Master Files	Orange County's Healthier Together for city data; County Health Status Profiles 2015 for county and state data	Age-Adjusted Death Rate per 100,000 population due to any cause (2011-2013)	Orange County city and zip code level data: http://www.ochealthiertogether.org/index.php?module=indicators&controller=index&action=view&indicatorId=5283&localeTypeId=3 County Level data: http://www.cdph.ca.gov/programs/ohir/Documents/OHIRProfiles2015.pdf
HEALTH BEHAVIORS					
Overweight for ages 2-11 (weight ≥ 95th percentile)	State (CA), County, TSA, SSA, PSA, Zip code	California Health Interview Survey-Neighborhood Edition - 2014	California Health Interview Survey-Neighborhood Edition - 2014	Overweight for age (weight ≥ 95th percentile) (2-11)	This variable assigns overweight for age to children, and is constructed using sex, age (in months) and weight (does NOT factor in height). For more information, seehttp://bit.ly/wtageinf andhttp://bit.ly/wtage.
Overweight or obese (BMI ≥ 85th percentile) (ages 12-17)	State (CA), County, TSA, SSA, PSA, Zip code	California Health Interview Survey-Neighborhood Edition - 2014	California Health Interview Survey-Neighborhood Edition - 2014	Overweight or obese (BMI ≥ 85th percentile) (12-17)	Teen respondents ages 12-17 who ranked higher than the 85th percentile in the CDC 2010 recommendations on assigning body mass index (BMI).
Obese (BMI ≥ 30) (ages 18+)	State (CA), County, TSA, SSA, PSA, Zip code	California Health Interview Survey-Neighborhood Edition - 2014	California Health Interview Survey-Neighborhood Edition - 2014	Obese (BMI ≥ 30) (18+)	Adult respondents ages 18+ who had a body mass index (BMI) of 30.0 or above. BMI was calculated using respondent's self-reported weight and height.
Food environment index	State (CA), County	USDA Food Environment Atlas - Map the Meal Gap (2013)	County Health Rankings & Roadmaps (2016)	Food environment index	Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)
Sugary drink consumption 1 or more times per day (ages 18+)	State (CA), County, TSA, SSA, PSA, Zip code	California Health Interview Survey-Neighborhood Edition - 2014	California Health Interview Survey-Neighborhood Edition - 2014	Sugary drink consumption 1+ times per day (18+)	Adult respondents aged 18+ who consumed soda or sugar sweetened beverages at least 1 time per day.
Regular physical activity (ages 5-17)	State (CA), County, TSA, SSA, PSA, Zip code	California Health Interview Survey-Neighborhood Edition - 2014	California Health Interview Survey-Neighborhood Edition - 2014	Regular physical activity (5-17)	Children and teens ages 5-17 who engaged in at least 60 minutes of physical activity daily in the past week, excluding physical education.
Walked at least 150 minutes (ages 18+)	State (CA), County, TSA, SSA, PSA, Zip code	California Health Interview Survey-Neighborhood Edition - 2014	California Health Interview Survey-Neighborhood Edition - 2014	Walked at least 150 minutes (18+)	Adults ages 18+ who walked for transportation or leisure for at least 150 minutes in the past week.
Number of newly diagnosed chlamydia cases per 100,000 population	State (CA), County	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, (2013)	County Health Rankings & Roadmaps (2016)	Sexually transmitted infections	
Percentage of births delivered by mothers ages <20	State (CA), TSA, SSA, PSA and Zip code	California Department of Public Health (2012)	California Department of Public Health (2012)	Numerator(s): -Mother's Age at Delivery <20 Denominator(s): Total Births	
Number of births per 1000 teens ages 15-19	State (CA), County	California Department of Finance, California Department of Public Health, Center for Health Statistics, Birth Statistical Master Files	Kidsdata.org, 2013	Teen Births	http://www.kidsdata.org/
Alcohol, Tobacco, and Substance Use					
Current smoker (ages 18+)	State (CA), County, TSA, SSA, PSA, Zip code	California Health Interview Survey-Neighborhood Edition - 2014	California Health Interview Survey-Neighborhood Edition - 2014	Current smoker (18+)	Adult respondents ages 18+ were asked a series of smoking-related questions to obtain a current smoker status.
Percentage of adults reporting binge or heavy drinking	State (CA), County	Behavioral Risk Factor Surveillance System (2014)	County Health Rankings & Roadmaps (2016)	Excessive drinking	
Alcohol impaired driving deaths (%)	State (CA), County	Fatality Analysis Reporting System (2010-2014)	County Health Rankings & Roadmaps (2016)	Alcohol-impaired driving deaths	- Percentage of driving deaths with alcohol involvement. - Each year's data are weighted equally.
Youth alcohol/drug use in the past month (student reported) - grades 7th, 9th, 11th, and non-traditional students (%)	State (CA), County	California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd) (2011-2013)	Kidsdata.org, A Program of Lucile Packard Foundation for Children's Health (2011-2013)	Alcohol/Drug Use in Past Month (Student Reported), by grade level	Percentage of public school students in grades 7, 9, 11, and non-traditional students reporting whether they used alcohol or any illegal drug (excluding tobacco) in the past 30 days.
Youth alcohol/drug use in the past month (student reported) - grades 7th, 9th, 11th, and non-traditional students, by race/ethnicity (%)	State (CA), County	California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd) (2011-2013)	Kidsdata.org, A Program of Lucile Packard Foundation for Children's Health (2011-2013)	Alcohol/Drug Use in Past Month (Student Reported), by race/ethnicity	Percentage of public school students in grades 7, 9, 11, and non-traditional students reporting whether they used alcohol or any illegal drug (excluding tobacco) in the past 30 days.
CLINICAL CARE					

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Indicators	Geographic Level	Primary Data Source	Data Retrieved From	Actual Indicator Name	Notes
Access to Care					
Usual source of care	State (CA), County	California Health Interview Survey-2014	ask.chis.ucla.edu	Have usual place to go to when sick or need health advice	Indicates whether or not respondents have a usual source of care. This variable was created by consolidating the multiple yes/no questions about usual source of care in the questionnaire items.
Uninsured (ages 0-17) (%)	State (CA), County, TSA, SSA, PSA, Zip code	California Health Interview Survey-Neighborhood Edition - 2014	California Health Interview Survey-Neighborhood Edition - 2014	Currently uninsured (0-17)	Constructed using various health insurance questions for children & teens ages 0-17. Currently uninsured at time of interview.
Uninsured (ages 18-64) (%)	State (CA), County, TSA, SSA, PSA, Zip code	California Health Interview Survey-Neighborhood Edition - 2014	California Health Interview Survey-Neighborhood Edition - 2014	Currently uninsured (18-64)	Constructed using various health insurance questions for adults ages 18-64. Currently uninsured at time of interview.
First trimester prenatal care (%)	State (CA) , TSA, SSA, PSA, Zip code	California Department of Public Health (2012)	California Department of Public Health (2012)	Numerator(s): -Trimester Prenatal Care Began in the First Trimester Denominator(s): Total Births	
Ratio of population to primary care physicians	State (CA), County	Area Health Resource File/American Medical Association (2013)	County Health Rankings & Roadmaps (2016)	Primary care physicians	
Visited the dentist (ages 2-11)	State (CA), County, TSA, SSA, PSA, Zip code	**California Health Interview Survey-Neighborhood Edition - 2014**	**California Health Interview Survey-Neighborhood Edition - 2014**	**Visited dentist (2-11)**	Dental visits in the past year for children ages 2-11 who have teeth
Ratio of population to dentists	State (CA), County	Area Health Resource File/National Provider Identification file (2014)	County Health Rankings & Roadmaps (2016)	Dentists	
Ratio of population to mental health providers	State (CA), County	CMS-National Provider Identifier file (2015)	County Health Rankings & Roadmaps (2016)	Mental health providers	
Ratio of population to PCPs other than physicians	State (CA), County	CMS-National Provider Identifier file (2015)	County Health Rankings & Roadmaps (2016)	Other primary care providers	
Delay prescriptions or medical services (ages 0-17)	State (CA), County, TSA, SSA, PSA, Zip code	California Health Interview Survey-Neighborhood Edition - 2014	California Health Interview Survey-Neighborhood Edition - 2014	Delayed prescriptions/medical services (0-17)	Children or teens ages 0-17 delayed or not getting needed prescription drugs or medical services past 12 months.
Delay prescriptions or medical services (ages 18+)	State (CA), County, TSA, SSA, PSA, Zip code	California Health Interview Survey-Neighborhood Edition - 2014	California Health Interview Survey-Neighborhood Edition - 2014	Delayed prescriptions/medical services (18+)	Adults ages 18+ delayed or not getting needed prescription drugs or medical services past 12 months.
Preventable hospital stays	State (CA), County	Dartmouth Atlas of Health Care (2013)	County Health Rankings & Roadmaps (2016)	Preventable hospital stays	Number of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees.
Mammography screenings (ages 30+)	State (CA), County	California Health Interview Survey-2012	ask.chis.ucla.edu	Mammography screening history	Respondents were asked: "Have you EVER had a mammogram?", if yes, asked "How long ago did you have your most recent mammogram?" The question is asked only of women 30 years or older.
Mammography screenings, female Medicare enrollees (ages 67-69) (%)	State (CA), County	Dartmouth Atlas of Health Care (2013)	County Health Rankings & Roadmaps (2016)	Mammography screening	Percentage of female Medicare enrollees ages 67-69 that receive mammography screening.