



# Community Benefit Program

Highlights, Inventory, and  
Economic Valuation

## 2020



**SAN ANTONIO**  
REGIONAL HOSPITAL

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# Introduction

## Mission Statement and Commitment to the Community

### Our Commitment

The leadership at San Antonio has an unwavering commitment to the hospital's mission, vision, values, and strategic plan, which focus on improving the region's overall health by providing quality patient care in a compassionate and caring environment.

### Mission

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

### Vision

*Our vision is to be a leader in creating healthy futures through excellence and compassion.*

### Values

**Patient Centered** - We engage patients as our partners in care.

- **We will:**

- Engage patients/families to understand and exceed their expectations
- Actively listen to patients and families
- Embrace patients and families as part of the care team
- Respect patient and family privacy, dignity, and beliefs
- Genuinely care for patients in the way we want to be treated

**Safety** - We make safety our highest priority for patients, visitors, and our care team.

- **We will:**

- Identify, report, and escalate safety concerns
- Personally practice safety in our daily work
- Safeguard others
- Correct safety hazards
- Provide assistance to patients, visitors, and team members

**Compassion** - We treat everyone with dignity and respect.

- **We will:**

- Energetically engage in actions that enhance patient well-being
- Provide comfort and seek to eliminate anxieties and fear
- Offer encouragement to patients, families, and the care team
- Seek to understand expectations and perceptions
- Advocate for our patients and care team

**Respect** - We value every individual through our words and actions

- **We will:**

- Seek to better understand all people regardless of their background
- Communicate appropriately with others
- Talk with and not about others





- Listen and not judge, carefully select our words, and agreeably disagree
- Acknowledge and consider the variety of perspectives and opinions

**Integrity** - We do the right thing – ethically, legally, and morally.

- **We will:**

- Always be honest in our communication
- Follow through on what we say
- Report any integrity concerns
- Question actions that may be inconsistent with our values
- Take ownership, correct actions, and not blame others

**Excellence** - We embrace the principles of a high reliability organization.

- **We will:**

- Actively pursue high reliability in everything we do
- Proactively identify improvement opportunities
- Embrace behaviors that reduce risk
- Collaborate in activities to improve organizational performance
- Contribute to building/maintaining sustainable processes

## **About San Antonio Regional Hospital**

San Antonio Regional Hospital was founded by Dr. William Howard Craig in 1907 to meet the healthcare needs of local residents. As the community surrounding the hospital grew, it became apparent that larger, more modern facilities were needed. Community leaders rallied to raise the needed capital and the hospital moved to its current location on San Bernardino Road in 1924. Through community support, the hospital grew – from its modest beginning with 18 beds, 5 physicians, and limited staff — to a 373-bed regional medical facility with over 400 volunteers, over 2,400 employees and a medical staff of nearly 600 physicians, representing a wide spectrum of specialties.

On January 6, 2017 the hospital's main campus in Upland opened the largest expansion in its history. The 179,000 square foot addition, which includes a new 52-bed emergency department and 92-bed patient tower, incorporated the latest healthcare architectural design and advanced technological features with the goal of meeting the needs of the growing population in the west end of California's Inland Empire.

In addition to the main campus, the hospital has satellite locations in Rancho Cucamonga, Fontana, and Eastvale. These facilities provide outpatient care in a close, convenient setting for the regions' growing population. Additionally, San Antonio opened a new 60,000 square foot two-story ambulatory care facility directly across the street from the hospital, which includes City of Hope's comprehensive cancer center. The hospital's Women's Breast and Imaging Center, as well as pre-operative and pre-procedure services are located on the second floor. San Antonio also provides services and programs to complement City of Hope's cancer center.

## **Leadership**

San Antonio Regional Hospital is governed by 14-member Board of Trustees. The hospital's Medical Staff President-Elect, President, and Immediate Past President are



members of the board by virtue of their offices. At least two additional physicians are elected from the medical staff, and the remaining members are elected from the community at-large. The Board of Trustees, with physician leaders comprising a significant portion of its membership, sets the direction for the hospital's Community Benefits Program.

The Executive Management Group directs the hospital's strategic planning process and allocates resources for community benefit activities. The Executive Management Group includes the Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Chief Nursing Officer, Chief Strategy Officer, Chief Human Resource Officer, Chief Information Officer, and President of the Hospital Foundation.

## San Antonio Regional Hospital's Community Benefits

Rancho San Antonio  
Medical Plaza



Eastvale San Antonio  
Medical Plaza



Sierra San Antonio  
Medical Plaza



The Scheu Family Building



San Antonio Regional Hospital

### **Caring for Our Community**

Community benefits are more than just numbers. They represent people — children, parents, grandparents, and those who may be both disadvantaged and disenfranchised. This report highlights how San Antonio Regional Hospital goes above and beyond the delivery of essential patient care services to promote healthier lifestyles, early detection of disease, and enhanced access to basic healthcare services.

As a regional healthcare provider, San Antonio is committed to maintaining the highest quality of care for those we serve. As a nonprofit hospital, all of our resources are devoted to providing healthcare services. We strive to provide our community with the best of care by allocating a percentage of hospital operations to use in purchasing new or upgraded equipment, expanding service, and providing care for the vulnerable population.

While the Inland Empire is a maturing economic market, many individuals and families are at significant risk during a medical crisis. Often this is due to an inability to access health insurance or the result of inadequate insurance coverage. The hospital's financial assistance policy provides relief to the families who would otherwise face medical bankruptcy. During 2020, \$1,303,001 in financial assistance was provided for patients entering the hospital's emergency department who were either treated and released or required an inpatient stay. The hospital absorbed \$30,511,035 in unreimbursed costs incurred in providing care and treatment for Medi-Cal patients, while other uncompensated care (bad debts) totaled \$13,444,063 in actual costs incurred by the hospital to treat these patients. In addition to direct medical care, San Antonio Regional Hospital reaches out to its community in a variety of ways that go well beyond the traditional care provided by an acute care hospital. An inventory of these programs and activities is provided later in this report.

In many communities within the hospital's service area, needs far exceed accessible resources. San Antonio understands the power of collaboration and seeks alliances with other health and social service providers to develop community-based programs with defined goals and measurable outcomes. These partnerships help to leverage the community's resources to achieve the maximum benefit for its residents.

### **COVID-19**

On March 4, 2020, Governor Gavin Newsom declares a state of emergency. On March 10, 2020, San Bernardino County declares an emergency and as of December 2020, there were 99,104 confirmed cases in San Bernardino County. San Antonio regional hospital activated a command center and developed incident action plans to better communicate and coordinate all responses regarding COVID-19. For the safety of our patients and care team members, it is required that facemasks must be worn properly while onsite and faces shields are required when in contact with a patient. In addition, all care team members self-monitored for COVID-19 symptoms, including checking their temperatures upon arrival. Care team members that felt or displayed symptoms are required to inform their management and self-quarantine for 14 days of onset of symptoms. Keeping all patients safe and healthy is our top priority and many measures and policies are in place to ensure safety, including social distancing and access to hand sanitizer stations throughout the hospital.

All onsite events were cancelled and limited to no visitation is enforced. San Antonio understands the importance of education even while there is a pandemic. All programs were reevaluated, retooled, and reimagined to fit the needs of the community and meet CDC COVID-19 protocols. Most programs went virtual by either zoom, video, YouTube, or drive-thru events.

### **Cancer Center**

There is 25,000-square-foot cancer center that offers medical oncology and infusion, radiation oncology and general oncology and colorectal cancers. In total, the facility houses nine-cancer specialists, 25 exam rooms, two procedure rooms and 23 infusion chairs — including two infusion chairs in private rooms. Importantly, it also offers phase 2 and phase 3 clinical trials.



A full complement of services is offered on the second floor to provide a one-stop shop for patients who need diagnostic testing and preoperative services. The broad array of outpatient services includes preoperative evaluation, laboratory, and electrocardiogram (EKG) and imaging modalities such as fluoroscopy, ultrasound, PET CT scanning and stereotactic biopsy. A wig salon and boutique with cancer-related support items are available, along with a conference room for cancer education and support groups.

The hospital's well-regarded Women's Breast & Imaging Center is also located in the new outpatient care center. The San Antonio Regional Hospital Cancer Program is accredited by the American College of Surgeons Commission on Cancer. The hospital has often received commendations from the commission for its outstanding programs and services. The collaboration with City of Hope is an important next step in advancing services and programs for cancer patients throughout the region.

### **Community Profile**

A community is seen as having both physical and geographic components, as well as the socioeconomic and psychosocial factors that define a sense of community. Individuals can thus be part of multiple communities - geographic, virtual, and social. The current focus on community-based participatory research in public health has prompted an evaluation of what constitutes a community. In this report, we defined a community as the geographic area served by San Antonio Regional Hospital and the populations it serves.

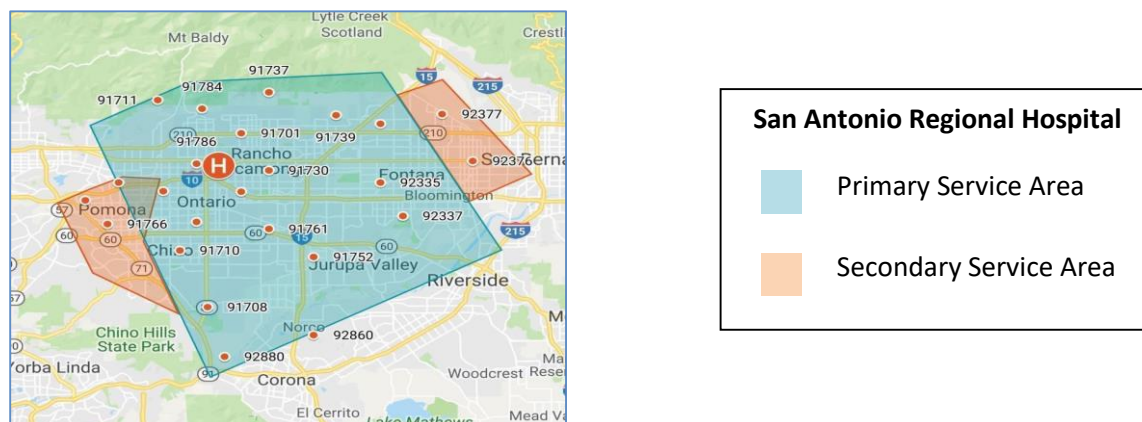
San Antonio Regional Hospital resides in the City of Upland, located in the "West End" of San Bernardino County. However, like many hospitals, San Antonio's service area is defined as the geographic area from which it receives the majority of its hospital admissions. The total service area is divided into "primary" and "secondary" areas, with the primary service area accounting for approximately 80% of the hospital's admissions, and represents the majority of San Antonio's planning efforts. As illustrated on the map below, San Antonio's primary service area, denoted in green, comprises the cities of Chino, Claremont, Eastvale, Fontana, Montclair, Ontario, Rancho Cucamonga, and Upland. San Antonio's secondary service area, shaded in purple, extends to Pomona on the west, Chino Hills to the southwest, Norco on the southeast, and Rialto at the eastern edge of the service area.





## San Antonio Regional Hospital Service Area Map

Figure 1



### Service Area Key Characteristics

The following pages illustrate key characteristics of the hospital's primary service area (PSA) as a whole, as well as each city within the PSA. While many areas across the state and nation are experiencing slow to moderate growth, the hospital's PSA will generate a robust 1.8% growth rate in 2020, although growth rates vary among the cities. Similarly, there is significant variation in the social determinants of health; for example, the median household income in Montclair is \$57,134 compared to \$103,392 in Eastvale, and Claremont's educational attainment is substantially higher than other cities. Social determinants of health play a key role in the hospital's community benefit planning efforts.

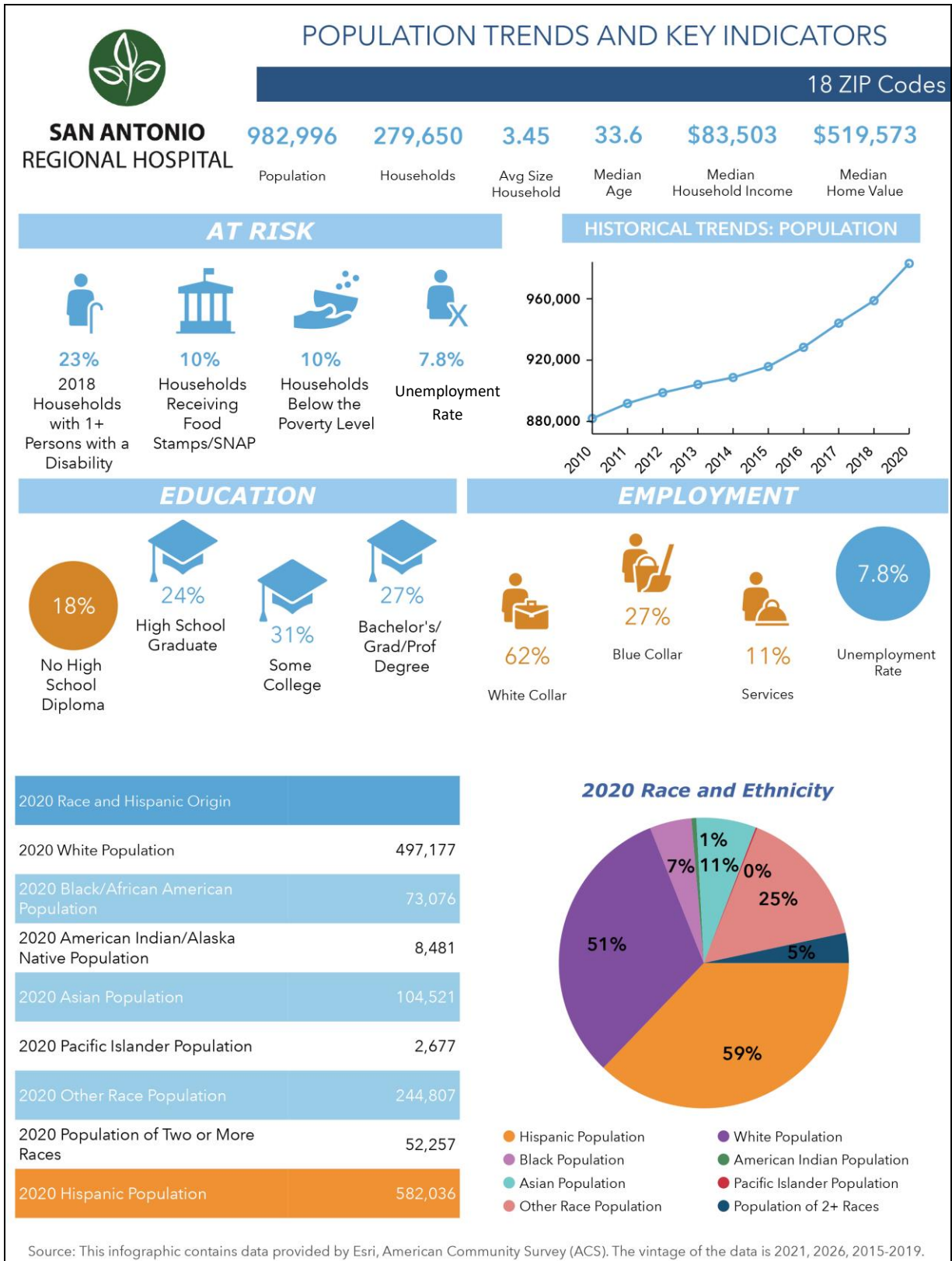
The following infographics were completed using Esri's (Environmental Systems Research Institute) 2020 Community Analyst data.

## San Antonio Regional Community Benefit Service Area

Table 1

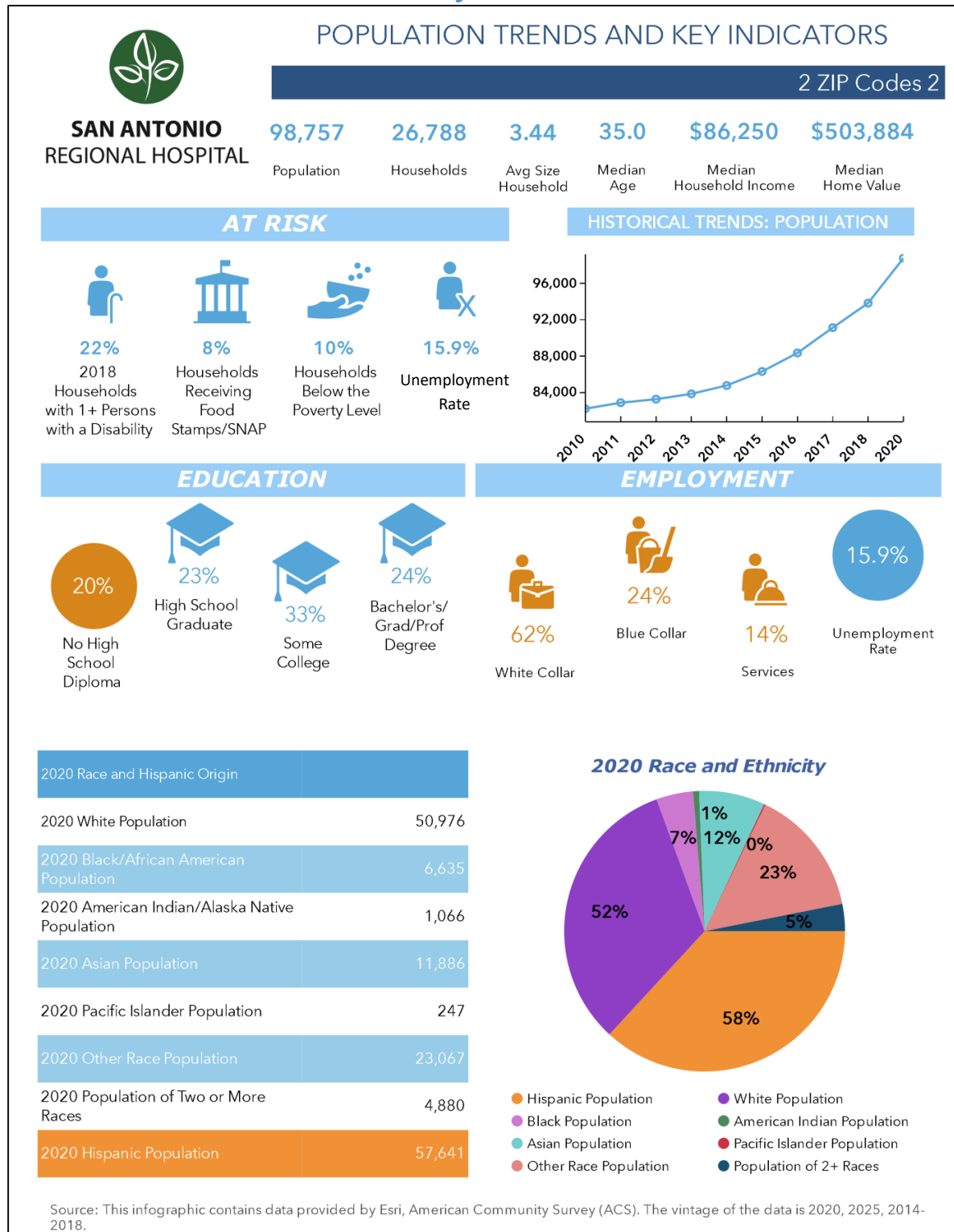
CITY	ZIP CODE
<b>Primary Service Area</b>	
CHINO	91708, 91710
CLAREMONT	91711
EASTVALE	91752, 92880
FONTANA	92335, 92336, 92337
MONTCLAIR	91763
ONTARIO	91758, 91761, 91762, 91764
RANCHO CUCAMONGA	91701, 91730, 91737, 91739
UPLAND	91784, 91785, 91786
<b>Secondary Service Area</b>	
CHINO HILLS	91709
NORCO	92860
POMONA	91766, 91767, 91768
RIALTO	92376, 92377

## San Antonio Regional Hospital Primary Service Area



## Primary Service Area Statistics

### City of Chino



## City of Claremont



### POPULATION TRENDS AND KEY INDICATORS

91711 (Claremont)

**SAN ANTONIO  
REGIONAL HOSPITAL**

**37,295**

Population

**12,189**

Households

**2.60**

Avg Size  
Household

**39.1**

Median  
Age

**\$108,226**

Median  
Household Income

**\$699,958**

Median  
Home Value

#### AT RISK



**22%**

2018  
Households  
with 1+ Persons  
with a Disability



**4%**

Households  
Receiving  
Food  
Stamps/SNAP



**7%**

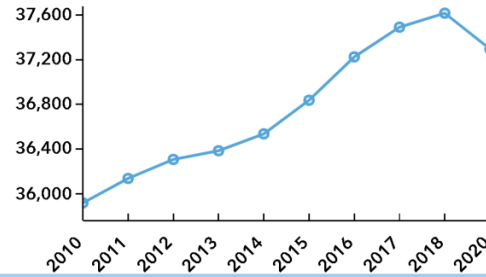
Households  
Below the  
Poverty Level



**13.5%**

Unemployment  
Rate

#### HISTORICAL TRENDS: POPULATION



#### EDUCATION



No High  
School  
Diploma



**11%**

High School  
Graduate



**25%**

Some  
College



**58%**

Bachelor's/  
Grad/Prof  
Degree

#### EMPLOYMENT



**80%**

White Collar



**9%**

Blue Collar



**11%**

Services



Unemployment  
Rate

#### 2020 Race and Hispanic Origin

2020 White Population 25,016

2020 Black/African American Population 1,816

2020 American Indian/Alaska Native Population 188

2020 Asian Population 5,535

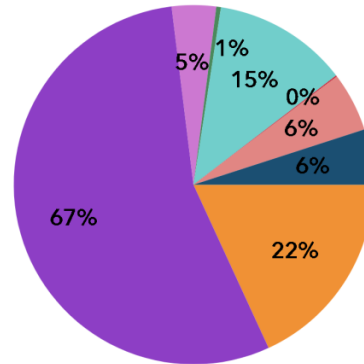
2020 Pacific Islander Population 48

2020 Other Race Population 2,419

2020 Population of Two or More Races 2,273

2020 Hispanic Population 8,259

#### 2020 Race and Ethnicity



● Hispanic Population  
 ● White Population  
 ● Black Population  
 ● American Indian Population  
 ● Asian Population  
 ● Pacific Islander Population  
 ● Other Race Population  
 ● Population of 2+ Races

Source: This infographic contains data provided by Esri, American Community Survey (ACS). The vintage of the data is 2020, 2014-2018.



**SAN ANTONIO  
REGIONAL HOSPITAL**



## City of Eastvale



### POPULATION TRENDS AND KEY INDICATORS

2 ZIP Codes 6

#### SAN ANTONIO REGIONAL HOSPITAL

115,679

Population

30,531

Households

3.78

Avg Size  
Household

32.8

Median  
Age

\$103,392

Median  
Household Income

\$544,342

Median  
Home Value

#### AT RISK



25%

2018  
Households  
with 1+ Persons  
with a Disability



9%

Households  
Receiving  
Food  
Stamps/SNAP



8%

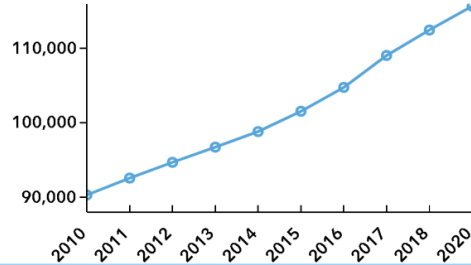
Households  
Below the  
Poverty Level



15.8%

Unemployment  
Rate

#### HISTORICAL TRENDS: POPULATION



#### EDUCATION

14%

No High  
School  
Diploma



24%

High School  
Graduate



32%

Some  
College



30%

Bachelor's/  
Grad/Prof  
Degree

#### EMPLOYMENT



63%

White Collar



22%

Blue Collar



14%

Services

15.8%

Unemployment  
Rate

#### 2020 Race and Hispanic Origin

2020 White Population 51,781

2020 Black/African American Population 8,938

2020 American Indian/Alaska Native Population 818

2020 Asian Population 20,534

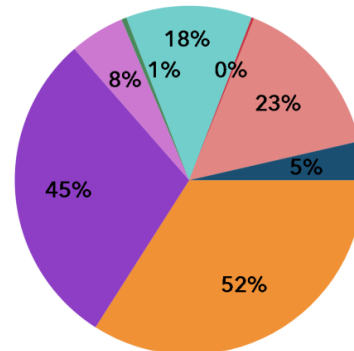
2020 Pacific Islander Population 398

2020 Other Race Population 26,913

2020 Population of Two or More Races 6,297

2020 Hispanic Population 59,681

#### 2020 Race and Ethnicity



● Hispanic Population  
 ● White Population  
 ● Black Population  
 ● Asian Population  
 ● American Indian Population  
 ● Pacific Islander Population  
 ● Population of 2+ Races

Source: This infographic contains data provided by Esri, American Community Survey (ACS). The vintage of the data is 2020, 2025, 2014-2018.



## City of Fontana



### POPULATION TRENDS AND KEY INDICATORS

3 ZIP Codes 2

#### SAN ANTONIO REGIONAL HOSPITAL

242,872

Population

59,005

Households

4.11

Avg Size  
Household

30.4

Median  
Age

\$74,117

Median  
Household Income

\$386,861

Median  
Home Value

#### AT RISK



23%

2018  
Households  
with 1+ Persons  
with a Disability



14%

Households  
Receiving  
Food  
Stamps/SNAP



13%

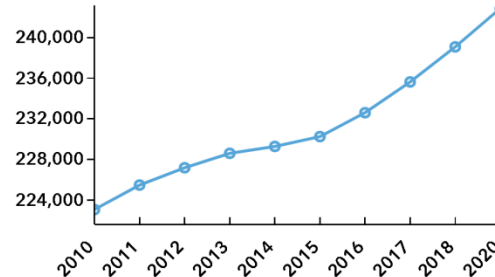
Households  
Below the  
Poverty Level



17.6%

Unemployment  
Rate

#### HISTORICAL TRENDS: POPULATION



#### EDUCATION



No High  
School  
Diploma



29%

High School  
Graduate



28%

Some  
College



17%

Bachelor's/  
Grad/Prof  
Degree



53%

White Collar



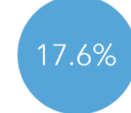
34%

Blue Collar



14%

Services

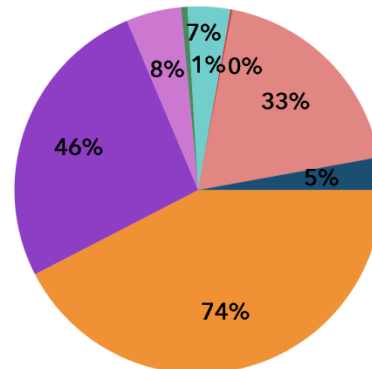


Unemployment  
Rate

#### EMPLOYMENT

2020 Race and Hispanic Origin	
2020 White Population	110,704
2020 Black/African American Population	20,448
2020 American Indian/Alaska Native Population	2,358
2020 Asian Population	15,887
2020 Pacific Islander Population	664
2020 Other Race Population	80,724
2020 Population of Two or More Races	12,087
2020 Hispanic Population	178,843

#### 2020 Race and Ethnicity



- Hispanic Population
- White Population
- Black Population
- American Indian Population
- Asian Population
- Pacific Islander Population
- Other Race Population
- Population of 2+ Races

Source: This infographic contains data provided by Esri, American Community Survey (ACS). The vintage of the data is 2020, 2025, 2014-2018.



## City of Montclair



### SAN ANTONIO REGIONAL HOSPITAL

## POPULATION TRENDS AND KEY INDICATORS

91763 (Montclair)

40,269

Population

10,548

Households

3.78

Avg Size  
Household

32.1

Median  
Age

\$57,134

Median  
Household Income

\$387,346

Median  
Home Value

### AT RISK



25%

2018  
Households  
with 1+ Persons  
with a Disability



14%

Households  
Receiving  
Food  
Stamps/SNAP



16%

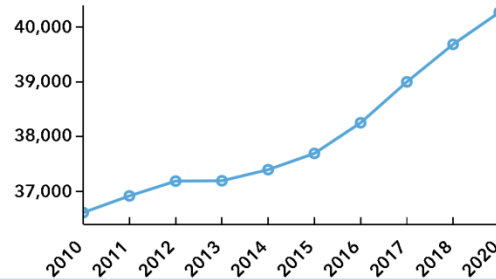
Households  
Below the  
Poverty Level



17.1%

Unemployment  
Rate

### HISTORICAL TRENDS: POPULATION



### EDUCATION



No High  
School  
Diploma



27%

High School  
Graduate



29%

Some  
College



16%

Bachelor's/  
Grad/Prof  
Degree



51%

White Collar



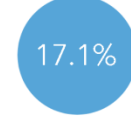
32%

Blue Collar



17%

Services



Unemployment  
Rate

### EMPLOYMENT

#### 2020 Race and Hispanic Origin

2020 White Population 20,343

2020 Black/African American Population 1,908

2020 American Indian/Alaska Native Population 460

2020 Asian Population 3,794

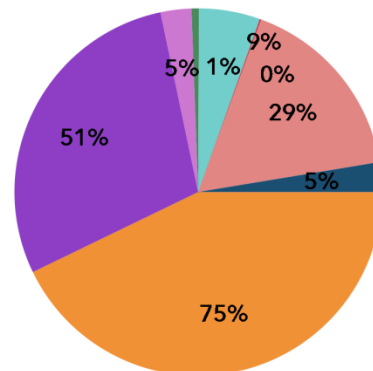
2020 Pacific Islander Population 76

2020 Other Race Population 11,849

2020 Population of Two or More Races 1,839

2020 Hispanic Population 30,158

#### 2020 Race and Ethnicity



● Hispanic Population  
 ● White Population  
 ● Black Population  
 ● American Indian Population  
 ● Asian Population  
 ● Pacific Islander Population  
 ● Other Race Population  
 ● Population of 2+ Races

Source: This infographic contains data provided by Esri, American Community Survey (ACS). The vintage of the data is 2020, 2025, 2014-2018.



## City of Ontario



### POPULATION TRENDS AND KEY INDICATORS

3 ZIP Codes 3

#### SAN ANTONIO REGIONAL HOSPITAL

184,873

Population

51,095

Households

3.60

Avg Size  
Household

31.9

Median  
Age

\$64,737

Median  
Household Income

\$409,298

Median  
Home Value

#### AT RISK



23%

2018  
Households  
with 1+ Persons  
with a Disability



12%

Households  
Receiving  
Food  
Stamps/SNAP



14%

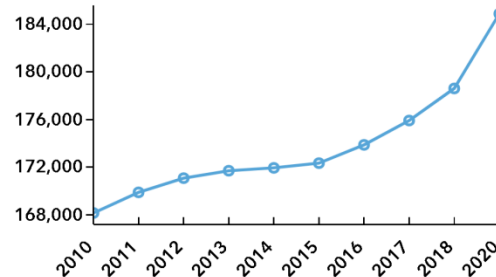
Households  
Below the  
Poverty Level



16.8%

Unemployment  
Rate

#### HISTORICAL TRENDS: POPULATION



#### EDUCATION

25%

No High  
School  
Diploma



27%

High School  
Graduate



30%

Some  
College



18%

Bachelor's/  
Grad/Prof  
Degree

#### EMPLOYMENT



53%

White Collar



32%

Blue Collar



15%

Services

16.8%

Unemployment  
Rate

#### 2020 Race and Hispanic Origin

2020 White Population 89,122

2020 Black/African American Population 11,333

2020 American Indian/Alaska Native Population 1,758

2020 Asian Population 12,533

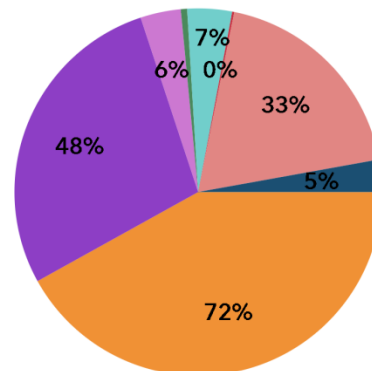
2020 Pacific Islander Population 554

2020 Other Race Population 60,538

2020 Population of Two or More Races 9,035

2020 Hispanic Population 133,555

#### 2020 Race and Ethnicity



Hispanic Population

Black Population

Asian Population

Other Race Population

White Population

American Indian Population

Pacific Islander Population

Population of 2+ Races

Source: This infographic contains data provided by Esri, American Community Survey (ACS). The vintage of the data is 2020, 2025, 2014-2018.





## City of Rancho Cucamonga



### POPULATION TRENDS AND KEY INDICATORS

4 ZIP Codes

**SAN ANTONIO  
REGIONAL HOSPITAL**

**176,870**

Population

**58,562**

Households

**2.97**

Avg Size  
Household

**36.6**

Median  
Age

**\$95,031**

Median  
Household Income

**\$586,032**

Median  
Home Value

#### AT RISK



**21%**

2018  
Households  
with 1+  
Persons with a  
Disability



**7%**

Households  
Receiving  
Food  
Stamps/SNAP



**8%**

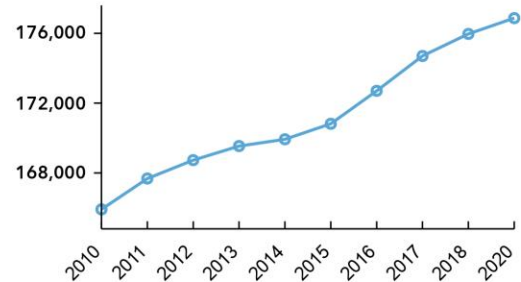
Households  
Below the  
Poverty Level



**6.9%**

Unemployment  
Rate

#### HISTORICAL TRENDS: POPULATION



#### EDUCATION

**8%**

No High  
School  
Diploma



**19%**

High School  
Graduate



**36%**

Some  
College



**37%**

Bachelor's/  
Grad/Prof  
Degree

#### EMPLOYMENT



**73%**

White Collar



**18%**

Blue Collar



**9%**

Services

**6.9%**

Unemployment  
Rate

#### 2020 Race and Hispanic Origin

2020 White Population 99,361

2020 Black/African American Population 16,202

2020 American Indian/Alaska Native Population 1,259

2020 Asian Population 22,796

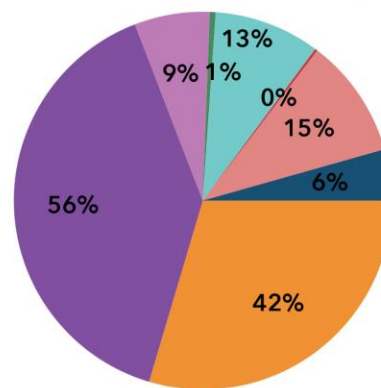
2020 Pacific Islander Population 510

2020 Other Race Population 25,730

2020 Population of Two or More Races 11,012

2020 Hispanic Population 74,352

#### 2020 Race and Ethnicity



● Hispanic Population  
● Black Population  
● Asian Population  
● Other Race Population  
● White Population  
● American Indian Population  
● Pacific Islander Population  
● Population of 2+ Races

Source: This infographic contains data provided by Esri, American Community Survey (ACS). The vintage of the data is 2021, 2026, 2015-2019.



**SAN ANTONIO  
REGIONAL HOSPITAL**

## City of Upland



### SAN ANTONIO REGIONAL HOSPITAL

## POPULATION TRENDS AND KEY INDICATORS

2 ZIP Codes 7

81,851

Population

28,585

Households

2.84

Avg Size  
Household

38.0

Median  
Age

\$76,325

Median  
Household Income

\$565,216

Median  
Home Value

### AT RISK



24%

2018  
Households  
with 1+ Persons  
with a Disability



8%

Households  
Receiving  
Food  
Stamps/SNAP



13%

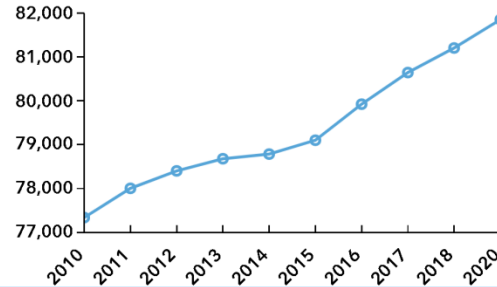
Households  
Below the  
Poverty Level



14.6%

Unemployment  
Rate

### HISTORICAL TRENDS: POPULATION



### EDUCATION



No High  
School  
Diploma



21%

High School  
Graduate



35%

Some  
College



34%

Bachelor's/  
Grad/Prof  
Degree



69%

White Collar



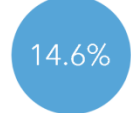
17%

Blue Collar



14%

Services

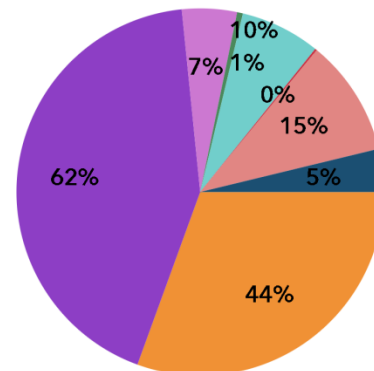


Unemployment  
Rate

### EMPLOYMENT

2020 Race and Hispanic Origin	
2020 White Population	50,491
2020 Black/African American Population	5,702
2020 American Indian/Alaska Native Population	592
2020 Asian Population	8,299
2020 Pacific Islander Population	188
2020 Other Race Population	12,116
2020 Population of Two or More Races	4,463
2020 Hispanic Population	36,008

### 2020 Race and Ethnicity

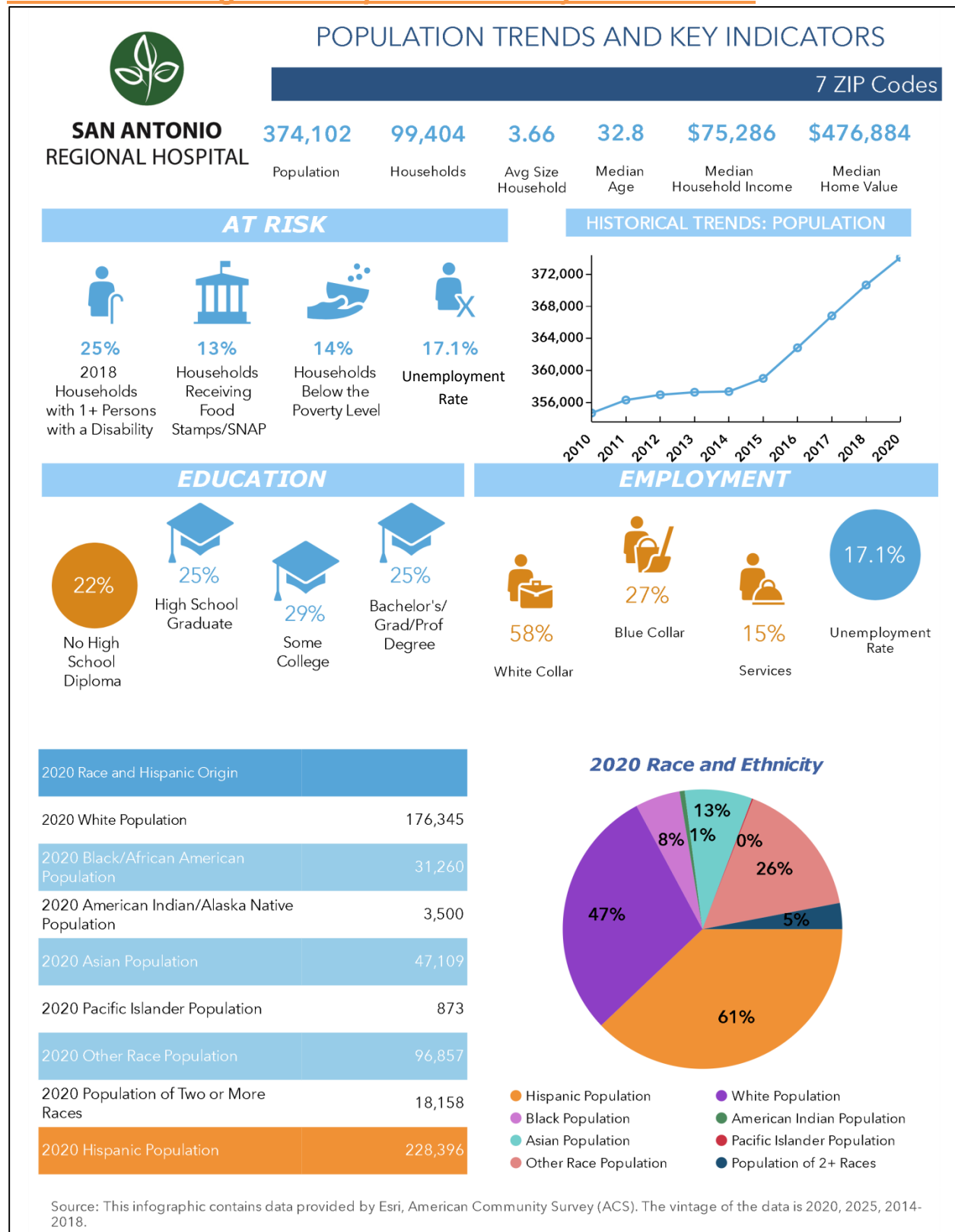


- Hispanic Population
- Black Population
- Asian Population
- Other Race Population
- White Population
- American Indian Population
- Pacific Islander Population
- Population of 2+ Races

Source: This infographic contains data provided by Esri, American Community Survey (ACS). The vintage of the data is 2020, 2025, 2014-2018.



## San Antonio Regional Hospital Secondary Service Area



## City of Chino Hills



### SAN ANTONIO REGIONAL HOSPITAL

## POPULATION TRENDS AND KEY INDICATORS

91709 (Chino Hills)

83,002

Population

25,413

Households

3.26

Avg Size  
Household

37.8

Median  
Age

\$111,836

Median  
Household Income

\$649,359

Median  
Home Value

### AT RISK



18%

2018  
Households  
with 1+ Persons  
with a Disability



2%

Households  
Receiving  
Food  
Stamps/SNAP



7%

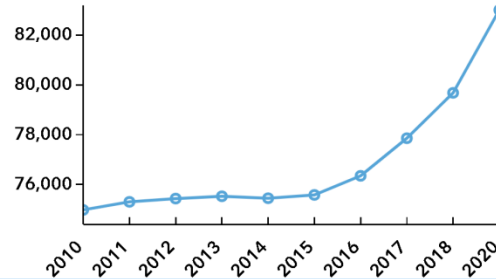
Households  
Below the  
Poverty Level



13.4%

Unemployment  
Rate

### HISTORICAL TRENDS: POPULATION



### EDUCATION



No High  
School  
Diploma



16%

High School  
Graduate



29%

Some  
College



48%

Bachelor's/  
Grad/Prof  
Degree



77%

White Collar



13%

Blue Collar



10%

Services



Unemployment  
Rate

### EMPLOYMENT

#### 2020 Race and Hispanic Origin

2020 White Population 37,537

2020 Black/African American Population 3,626

2020 American Indian/Alaska Native Population 421

2020 Asian Population 28,437

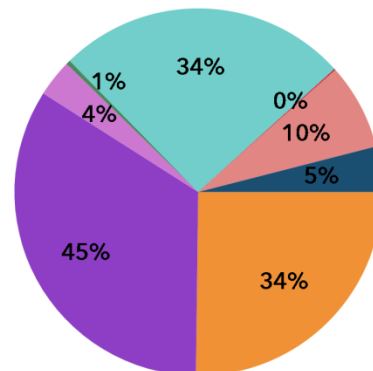
2020 Pacific Islander Population 133

2020 Other Race Population 8,415

2020 Population of Two or More Races 4,433

2020 Hispanic Population 27,965

#### 2020 Race and Ethnicity



Hispanic Population

Black Population

Asian Population

Other Race Population

White Population

American Indian Population

Pacific Islander Population

Population of 2+ Races

Source: This infographic contains data provided by Esri, American Community Survey (ACS). The vintage of the data is 2020, 2025, 2014-2018.



## City of Norco



### POPULATION TRENDS AND KEY INDICATORS

92860 (Norco)

#### SAN ANTONIO REGIONAL HOSPITAL

27,345

Population

7,195

Households

3.23

Avg Size  
Household

39.5

Median  
Age

\$103,215

Median  
Household Income

\$578,140

Median  
Home Value

#### AT RISK



27%

2018  
Households  
with 1+ Persons  
with a Disability



4%

Households  
Receiving  
Food  
Stamps/SNAP



7%

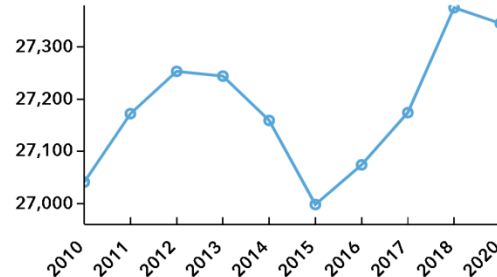
Households  
Below the  
Poverty Level



14.2%

Unemployment  
Rate

#### HISTORICAL TRENDS: POPULATION



#### EDUCATION

14%

No High  
School  
Diploma



29%

High School  
Graduate



37%

Some  
College



20%

Bachelor's/  
Grad/Prof  
Degree

#### EMPLOYMENT



63%

White Collar



24%

Blue Collar



13%

Services

14.2%

Unemployment  
Rate

#### 2020 Race and Hispanic Origin

2020 White Population 19,641

2020 Black/African American Population 1,967

2020 American Indian/Alaska Native Population 251

2020 Asian Population 1,054

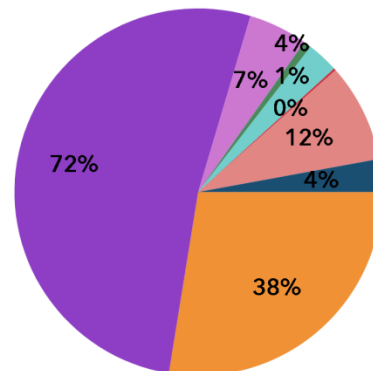
2020 Pacific Islander Population 69

2020 Other Race Population 3,274

2020 Population of Two or More Races 1,089

2020 Hispanic Population 10,404

#### 2020 Race and Ethnicity



Hispanic Population

Black Population

Asian Population

Other Race Population

White Population

American Indian Population

Pacific Islander Population

Population of 2+ Races

Source: This infographic contains data provided by Esri, American Community Survey (ACS). The vintage of the data is 2020, 2025, 2014-2018.





## City of Pomona



### POPULATION TRENDS AND KEY INDICATORS

3 ZIP Codes 5

#### SAN ANTONIO REGIONAL HOSPITAL

160,268

Population

40,747

Households

3.81

Avg Size  
Household

31.0

Median  
Age

\$59,158

Median  
Household Income

\$440,096

Median  
Home Value

#### AT RISK



27%

2018  
Households  
with 1+ Persons  
with a Disability



16%

Households  
Receiving  
Food  
Stamps/SNAP



18%

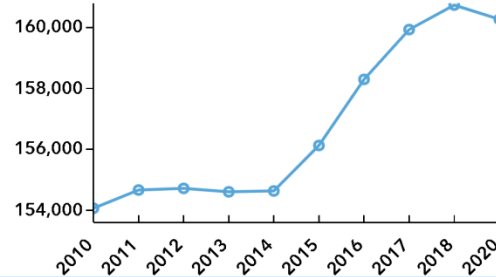
Households  
Below the  
Poverty Level



18.1%

Unemployment  
Rate

#### HISTORICAL TRENDS: POPULATION



#### EDUCATION



No High  
School  
Diploma



25%

High School  
Graduate



27%

Some  
College



20%

Bachelor's/  
Grad/Prof  
Degree



52%

White Collar



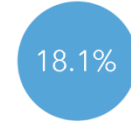
31%

Blue Collar



18%

Services



Unemployment  
Rate

#### EMPLOYMENT

#### 2020 Race and Hispanic Origin

2020 White Population 75,425

2020 Black/African American Population 10,306

2020 American Indian/Alaska Native Population 1,742

2020 Asian Population 14,897

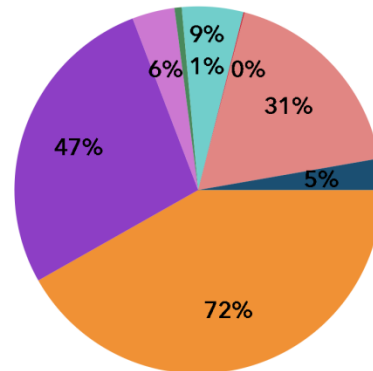
2020 Pacific Islander Population 275

2020 Other Race Population 50,037

2020 Population of Two or More Races 7,586

2020 Hispanic Population 115,142

#### 2020 Race and Ethnicity



● Hispanic Population  
 ● White Population  
 ● Black Population  
 ● American Indian Population  
 ● Asian Population  
 ● Pacific Islander Population  
 ● Other Race Population  
 ● Population of 2+ Races

Source: This infographic contains data provided by Esri, American Community Survey (ACS). The vintage of the data is 2020, 2025, 2014-2018.



## City of Rialto



### POPULATION TRENDS AND KEY INDICATORS

2 ZIP Codes 8

#### SAN ANTONIO REGIONAL HOSPITAL

103,487

Population

26,049

Households

3.95

Avg Size  
Household

30.3

Median  
Age

\$62,451

Median  
Household Income

\$331,614

Median  
Home Value

#### AT RISK



29%

2018  
Households  
with 1+ Persons  
with a Disability



22%

Households  
Receiving  
Food  
Stamps/SNAP



16%

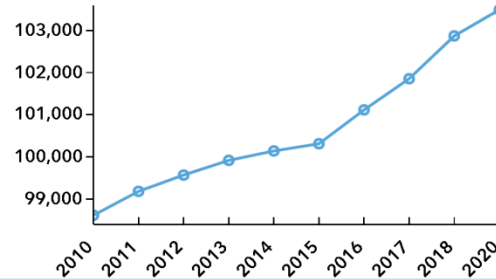
Households  
Below the  
Poverty Level



19.5%

Unemployment  
Rate

#### HISTORICAL TRENDS: POPULATION



#### EDUCATION



No High  
School  
Diploma



31%

High School  
Graduate



28%

Some  
College



12%

Bachelor's/  
Grad/Prof  
Degree



48%

White Collar



36%

Blue Collar



17%

Services



Unemployment  
Rate

#### EMPLOYMENT

#### 2020 Race and Hispanic Origin

2020 White Population 43,742

2020 Black/African American Population 15,361

2020 American Indian/Alaska Native Population 1,086

2020 Asian Population 2,721

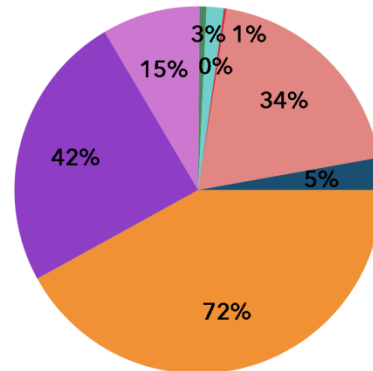
2020 Pacific Islander Population 396

2020 Other Race Population 35,131

2020 Population of Two or More Races 5,050

2020 Hispanic Population 74,885

#### 2020 Race and Ethnicity



● Hispanic Population  
 ● White Population  
 ● Black Population  
 ● American Indian Population  
 ● Asian Population  
 ● Pacific Islander Population  
 ● Other Race Population  
 ● Population of 2+ Races

Source: This infographic contains data provided by Esri, American Community Survey (ACS). The vintage of the data is 2020, 2025, 2014-2018.



# Community Health Needs Assessment (CHNA) Overview

## CHNA Requirements

The Patient Protection and Affordable Care Act (ACA) enacted on March 23, 2010, included new requirements for nonprofit hospitals to maintain their tax-exempt status. The final regulations and guidance on these requirements, which are contained in section 501(r) of the Internal Revenue Code, were published in Internal Revenue Bulletin 2015-5 on February 2, 2015.

Included in the new regulations is a requirement that all nonprofit hospitals conduct a community health needs assessment (CHNA) and develop an implementation strategy to address those needs every three years. In addition, Schedule H was added to nonprofit hospitals' Form 990 annual tax filing submitted to the Internal Revenue Service.

The State of California, through its Office of Statewide Health Planning and Development, implemented the requirements for a community health needs assessment (CHNA), the development of a community benefit plan, and the reporting structure for nonprofit hospitals' community benefit programs as legislated through Senate Bill 697. San Antonio Regional Hospital has conducted a CHNA and developed a Community Benefit Implementation Plan every three years since SB697 became effective in 1995. The CHNA conducted in 2019 informed the hospital's implementation plan for 2020 – 2022. The report that follows presents the inventory and valuation for 2020, highlighting a few of the targeted efforts that have been initiated through the Implementation Plan.

## 2019 Inland Empire Regional CHNA

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

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

In 2016, The Hospital Association of Southern California worked together on the inaugural regional community health needs assessment. This report represents a commitment to continue this crosscutting work, share resources, and collaborate for collective impact.

The 2019 report builds on a collaborative effort through expanded data collection from important voices in our community. This assessment also reaffirms a commitment to serving the needs of the most vulnerable members of our communities.

Participating hospitals in the 2019 Regional Community Health Needs Assessment include:



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

### **Health Needs Reviewed for the Two-County Region**

The regional CHNA was built on the community health improvement process initiated by the San Bernardino County Department of Public Health, Community Vital Signs. As healthcare continues to evolve and systems of care become more complex, the CHNA process is becoming a key component to inform the collective efforts of communities in addressing their most pressing health needs. The CHNA viewed health with a collective lens and included not only health outcomes and clinical care components, but also included social determinants and health indicators from the built environment.

The process for determining community health needs requires collecting reliable public health data or metrics measured against a benchmark (i.e. state averages) and engaging the community to solicit their input on the needs they perceive to be the most pressing in their community. The CHNA process also requires that the community participate in prioritizing health needs and that a hospital identify potential resources available to address those needs. The criteria and process used for prioritizing the health needs is not defined by the IRS, but considerations typically include factors such as the severity of the health need, the number of community members impacted, or the presence of health inequities among segments of the community.

The regional CHNA incorporated three distinct data methodologies that, when interpreted together, provide a deeply rich picture of the health landscape of the communities. The assessment contained a plethora of health indicators (hospitalizations, social determinants of health, maternal and child health, mortality and morbidity) gathered from multiple primary and secondary sources. This quantitative data illustrates the current snapshot of health statistics in the communities that the member hospitals serve and also how they compare across geographical boundaries. The quantitative data was stratified by common public health groupings and service areas allowing a targeted identification of unique challenges and opportunities surrounding health status, quality of life, and risk factors in the region and in each hospital's individual service area.

The full assessment provides a detailed review of health in the Inland Empire with clear similarities and variability across the two counties and hospital service areas. Several health indicators stand out as desirable and others indicate an opportunity for additional study and outreach. The top chronic health conditions identified through data compilation include (in alphabetical order):

- Asthma
- Diabetes
- Cancer
- Heart Disease
- Obesity



## **Voices from the Community**

A CHNA would not be complete without hearing from the local community. Those chosen to provide input, represent the diversity of our community and those who are medically under-served, low-income and minority populations.

From November 12, 2018 to January 18, 2019, multiple focus groups, key informant interviews and surveys were administered. A total of 228 people were surveyed to obtain input from the community in the form of 11 focus groups (with a total of 97 focus group participants), 32 key informant interviews and 99 people responded to the online survey (including a Spanish option). 93% of the survey respondents lived in San Bernardino County, while 6 percent in Riverside. A majority of the respondents live in the 91786, 91701, and 91730 zip codes. The information shared gave insight into some of the concerns individuals had for their community

The focus groups allowed a deep understanding of the issues respondents believe are important. The assessment displays data at the county level and when available several health indicators are provided for each hospital's service area.

Key informant interviews consisted of key leaders in our community from an array of agencies, including those that serve children, homeless populations, veterans, seniors, and Spanish-speaking populations. Other organizations represented included public health agencies, law enforcement, health care organizations, funders, and school districts. The majority of the people interviewed serve residents in San Bernardino County, Riverside, Inland Empire, Murrieta, and Crestline. Pomona, Rancho Cucamonga, Redlands, Lake Arrowhead, Highland, Green Valley Lake, and Cedar Pines Park were among those areas mentioned more than once. Most of the key informants had titles as Director or Executive Director, President or Vice President, or were a part of the medical staff of their organizations. Seven respondents mentioned working for non-profit organizations. Community hospitals, public and/or population health, workforce development, affordable housing, and fire protection services were most frequently stated as services provided.

The focus groups, key informants, and surveys contained questions about the most significant health need in the community. Based on those responses, prioritization was given to issues most frequently mentioned in all three data sources. The top five mentioned below are a combination of all three data sources based on frequency of response. The overarching themes based on the amount of times the issue was mentioned across all three data sources are ranked below:

1. Mental health including substance use and abuse
2. Social issues – i.e. education, transport, housing, nutrition, poverty
3. Chronic diseases - i.e. diabetes, obesity, cancer
4. Access to health care
5. Preventative care

The table below shows the health needs identified in the 2019 CHNA compared to the 2016 CHNA:





**Table 2**

Year	Health Outcomes	Social Determinants	Clinical Care	Built Environment
2019	Mental Health and Alcohol/Drug Substance Abuse  Chronic Diseases <ul style="list-style-type: none"> <li>• Asthma</li> <li>• Cancer</li> <li>• Diabetes</li> <li>• Heart Disease</li> <li>• Obesity</li> </ul>		Access to Health Care <ul style="list-style-type: none"> <li>• Provider shortage</li> <li>• Insurance</li> </ul>	
2016	<ul style="list-style-type: none"> <li>• Diabetes (higher rates among Hispanics)</li> <li>• Behavioral Health</li> <li>• Heart disease and stroke</li> <li>• Chronic Obstructive Pulmonary Disease</li> <li>• Cancer               <ul style="list-style-type: none"> <li>• Colorectal</li> <li>• Lung</li> </ul> </li> <li>• Obesity</li> </ul>	<ul style="list-style-type: none"> <li>• High rates of poverty; lower median incomes</li> <li>• Lower educational attainment</li> </ul>	<ul style="list-style-type: none"> <li>• Poor access to primary care and behavioral health providers</li> <li>• Lack of preventive screenings for cancer</li> <li>• Inadequate prenatal care</li> </ul>	<ul style="list-style-type: none"> <li>• Housing shortages</li> <li>• Lack of access to healthy foods</li> </ul>

Everyone participating in the CHNA recognized that the causes of community health needs are both complex and challenging to articulate. Equally challenging is the task of addressing these needs in meaningful and impactful ways. With the completion of the CHNA and the prioritization process, the San Antonio team embarked on the next step to develop and refine an array of Community Benefit Programs aimed at addressing the health needs identified in the CHNA. During this process, the team developed goals, objectives, and initiatives to address the priority health needs that were identified. Using primary and secondary data from the CHNA, the team offered input regarding opportunities to address health issues, identified potential challenges, and provided insight into established activities and programs that currently address the health priorities. San Antonio's 2020 – 2022 Implementation Strategy and Plan reflects the results of this process.

## 2020–2022 Community Benefit Implementation Strategy and Plan

To complement the 2019 CHNA, a Community Benefit Implementation Plan was created with specific strategies and programs to address identified health needs. The four areas of focus in the 2020-2022 Implementation Plan include: mental health awareness and education, chronic disease management, increasing healthcare access for vulnerable populations, improvement of health through prevention and wellness, improvement of the health environment. The synergy among these five priority areas enabled the hospital to employ the lessons learned through its extensive CHNA to develop a cohesive and effective three-year strategic Community Health Implementation Plan to address the identified health needs.

The Implementation Plan serves as a guiding document for the planning and programming of community benefit activities targeting health issues identified through the CHNA. The plan focuses on community members noted to be most at risk due to existing or impending health conditions, often compounded by one or more social determinants of health, that are likely to result in adverse health outcomes. The implementation plan is closely aligned with San Antonio's strategic plan, mission, and values.

San Antonio is committed to focusing its Community Benefits resources on increasing evidence-based and evidence-informed prevention programs for the community, measuring program impact, and advancing care coordination and service integration.

### Implementation Strategy Matrix

The following matrix identifies the strategic initiatives included in the 2020 – 2022 Implementation Strategy and Plan. Each initiative addresses one or more of the five focus areas derived from the significant health needs identified in the 2019 CHNA.

**Table 3**

Initiative	Significant Health Needs			
	Behavioral Health	Chronic Disease Management	Access to Healthcare	Prevention and Wellness
Mental Health First Aid	X		X	X
<b>CHIP</b> Expansion		X	X	
<b>KYN</b> Expansion			X	X
<b>BUILD</b> Case Management Expansion		X	X	X
<b>wHealth</b> (Workforce Development)	X		X	X

## **2020 Implementation Strategy Accomplishments**

The following table provides a brief description of the major accomplishments achieved in each initiative during 2020.

**Table 4**

Initiatives	Strategies	Accomplishments
Mental Health	Mental Health First Aid	Mental Health was one of the most frequently mentioned health needs in nearly every question by the focus groups key informants, and survey respondents. In 2020, there were online workshops for emotional life skills offered in English and in Spanish. There were a total of 50 participants enrolled throughout the year.
Community Health Improvement Program (CHIP)	Expand <i>CHIP</i> program coaches and participants	In 2020, CHIP successfully recruited 27 students to become health coaches and enrolled 58 patients. 80% of members experienced a decrease in ED visits after nine months in CHIP; percentage is slightly less than last year due to higher than usual “unable to reach” patients during the pandemic year. 83% of members experienced a decrease in Hospitalizations after nine months in CHIP; number slightly less than last year due to higher than usual “unable to reach” patients during the pandemic year. 96% of our members demonstrated an improved health status after six months in CHIP.
Know Your Numbers (KYN)	Increase access to health, prevention and wellness by expanding <i>KYN</i> program participants	In 2020, KYN had 184 participants seen across four locations: De Anza community Center, Dorothy A. Quesada Community Center, Veterans Memorial Park Community Center, and Ontario Health Clinic for 4 health screenings. This number decreased due to COVID-19 restrictions by 539 participants compared to 2019.
Workforce Development ( <i>wHealth</i> )	Expanding <i>wHealth</i> program	HealthCorps curriculum utilized and delivered to high school students in Upland and Chaffey Joint Union High School Districts. In 2020, the <i>wHealth</i> Program was provided to 139 students. This number is significantly lower due to COVID-19 restrictions and stay at home orders. Some schools were put on hold and will resume in the future.


## Community Benefit Program Highlights 2020

The following outreach services and programs serve as examples to highlight the actualization of San Antonio's Implementation Strategy and Plan during 2020.


### Community Lectures

Prior to statewide stay at home orders, San Antonio Regional Hospital hosted monthly in-person community lectures. These lectures were open to the public for the purpose of engaging the community and increasing education related to specific health topics. The hospital's physicians, clinical staff, or community organizations with subject matter expertise typically lead lectures. Community lectures are broadly publicized on social media, through e-blasts, and open to the entire community. Approximately 581 community members registered, viewed, or attended community lectures. Community lecture topics were as follows:

- Understanding the Opioid Epidemic
- Heart Disease: Everything You Wanted to Know But Were Afraid to Ask
- Your Heart's Plumbing: Do You Need a Patch or New Pipes?
- How to Attack A Heart Attack
- A Woman's Heart








**SAN ANTONIO  
REGIONAL HOSPITAL**



**A  
WORK  
OF  
HEART**  
Lecture Series


**HEART DISEASE: Everything You  
Wanted to Know But Were Afraid to Ask**  
TUESDAY, JANUARY 28, 2020 | 6 - 7:30 PM

Heart disease kills more Americans each year than any other disease. With so much information available, it can be hard to separate fact from fiction. Join our award-winning physician panel for a dynamic Q&A session about the causes of heart disease, treatment options, and the best strategies for keeping your heart healthy. Get heart smart and get answers from our experts! *Free heart rate screenings will be offered to attendees.*



**YOUR HEART'S PLUMBING:  
Do You Need a Patch or New Pipes?**  
TUESDAY, FEBRUARY 11, 2020 | 6 - 7:30 PM

When arteries in the heart are narrowed or blocked, an intervention is necessary to clear the blockage and return normal blood flow. Join Nan Wang, MD, Cardiothoracic Surgeon, as he explains how your "heart's plumbing" works, and the differences between stent placements (PCI) and coronary artery bypass surgery (CABG). Learn how doctors determine which procedure is best suited for each patient, as well as the associated risks and benefits. *Free blood pressure screenings will be offered to attendees.*



**Nan Wang, MD**  
Medical Director  
Cardiothoracic Surgery

**RESERVE YOUR SEAT AT SARH.ORG/HEARTEVENTS**  
999 San Bernardino Road | Alta Auditorium | Upland, CA 91786

**50 TOP**  
HOSPITALS



**FREE COMMUNITY WORKSHOP**

**UNDERSTANDING  
THE OPIOID EPIDEMIC**  
TUESDAY, JANUARY 14, 2020 | 6 - 7:30 PM



**Kevin Parks, MD**  
Emergency Medicine

The United States is in the midst of an opioid crisis. Drug overdose is now the leading cause of accidental death in the US, and opioid addiction is driving this epidemic. Overdoses occur in our schools, on the streets, and even in our homes. Join ER physician Kevin Parks, MD as he discusses how this crisis has developed; what parents, friends, and family members need to know; as well as important guidelines for the safe use of prescription opioids for patients who need short-term pain relief. Hear from members of our community who will share how the opioid crisis has affected their lives as well as the importance of removing the stigmas that prevent people from seeking help when needed.


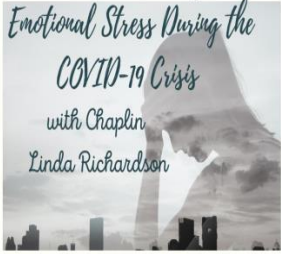
**RESERVE YOUR SEAT AT SARH.ORG/EVENTS**

**SAN ANTONIO  
REGIONAL HOSPITAL** 999 San Bernardino Road  
Upland, CA 91786

As of March 2020, in person community lectures transitioned to a virtual format in order to meet CDC social distancing guidelines. These lectures were prerecorded and emailed to registered community members and partners such as, Healthy Ontario, Healthy Fontana, Healthy Montclair, and other community partners.


- Dealing with Grief
- Stress During the COVID-19 Crisis
- Alzheimer's, Dementia & Memory loss: Is it too late to set up legal docs?
- Can an Estate Plan Help to Pay for Alzheimer's Care?



  
**Virtual Community Lecture**  
*Emotional Stress During the  
 COVID-19 Crisis*  
 with Chaplin  
 Linda Richardson  


Join us at any time until Dec. 31st and learn ways to cope with the current crisis that we are facing.

When: Ongoing until Dec. 31st  
 Duration: 7 mins 42 seconds  
 Where:

<https://www.eventbrite.com/e/132483294099>  


**Are you or a loved one prepared?**  
 IN THE EVENT OF ALZHEIMER'S, DEMENTIA,  
 AND MEMORY LOSS



**Join Attorney Esther Wang from The Elder & Disability Law Firm in a two day one hour live zoom event. Come to one or both.**

<b>Date:</b> November 17th <b>Time:</b> 6:30-7:30 pm <b>Topic:</b> Alzheimer's, dementia & memory loss: When is it too late to set up legal documents? <b>Register at:</b> <a href="https://www.eventbrite.com/e/alzheimers-dementia-memory-loss-is-it-too-late-to-set-up-legal-docs-tickets-128663360575">https://www.eventbrite.com/e/alzheimers-dementia-memory-loss-is-it-too-late-to-set-up-legal-docs-tickets-128663360575</a>	<b>Date:</b> November 19th <b>Time:</b> 6:30-7:30 pm <b>Topic:</b> Can an Estate Plan help to pay for Alzheimer's care? <b>Register at:</b> <a href="https://www.eventbrite.com/e/can-an-estate-plan-help-to-pay-for-alzheimers-care-tickets-128665996459">https://www.eventbrite.com/e/can-an-estate-plan-help-to-pay-for-alzheimers-care-tickets-128665996459</a>
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 **SAN ANTONIO REGIONAL HOSPITAL**

### **Generations Ahead Workshops**

San Antonio understands that healthy habits are vital at every stage of life, but as we age, staying active and well-nourished is even more important. Generations Ahead is the hospital's senior program, which provides targeted programs designed to improve nutritional knowledge and fitness of our senior community. *Generations Ahead* is broadly publicized and open to the entire community.

Prior to COVID-19, San Antonio held in-person healthy eating classes, including cooking demonstrations by our registered dietician, Kayla Keel. Kayla provides health education lectures on various nutrition topics, dietician approved recipes were distributed, and a taste testing of each recipe occurred at the end of every lecture. This program educates and encourages seniors on how to eat nutrient rich meals and make simple lifestyle changes to improve their diet. During 2020, only one in-person event occurred due to the pandemic:

- New year, New You: Understanding Labels and Portions (63 registered)

Prior to COVID-19, seniors participated in on-site fitness activities. Seniors attended free group exercise classes tailored to their needs at the Scheu YMCA in Upland. During 2020, only one class was held prior to mandatory state shutdowns.







\* A senior YMCA instructor leads “Let’s Get Physical” in February.

## Generations Ahead Newsletter

San Antonio staff developed a monthly newsletter in March of 2020 as a way to fill in the void caused by COVID-19. It provided a message from the Community Health Supervisor with updates regarding COVID-19 from our region as well as any other updates targeted to the senior population. The newsletter is comprised of four segments: Nutrition (Cooking with Kayla registration link and recipe card), physical activity (printable and video links), mental health, and upcoming events such as contests and free FluFit drive thru events. The top three contestants received an incentive prize for a free meal from a local establishment. Seven newsletters were shared via email on a monthly basis to 364 recipients totaling 2,548 newsletter emails for 2020.



\*Photo contest submission winner from newsletter #2



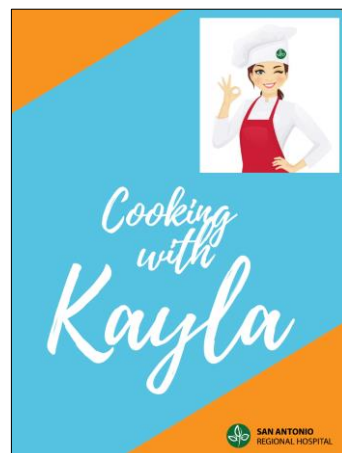




## Cooking with Kayla Video Series

After March, in person events changed to virtual to include cooking series entitled “Cooking with Kayla”. The series released one video per month along with a newsletter including “Cooking with Kayla” recipe card, physical activities (printable or video links), and mental health articles and de-stressing activities. Our cooking activities included:

- Building a Better Smoothie
- White Turkey Chili
- Salmon Burgers
- One Pan Turkey Dinner
- Holiday Special: Baking with Kayla





### **American Cancer Society**

San Antonio Regional Hospital sponsored the American Cancer Society (ACS) Making Strides Against Breast Cancer kick off and drive thru event on October 17<sup>th</sup>. During the drive thru “Pink and Go Seek” event, the community participants received health information and education about colorectal cancer and updated screening information. Additionally, a free colorectal cancer fecal immunochemical test kit are provided for those who qualify. Forty-four breast cancer survivors attended the event and each were received pre filled bags with first aid kits, pens, women and men’s health passports, blankets, water bottles and more. Cancer survivors and everyone in the vehicle received a \$49.95 mammogram voucher for either themselves or for someone they know that needs to be screened regardless of insurance status.

San Antonio’s community outreach is enhanced by a unique transportation grant from ACS, providing patients a resource to get to and from cancer treatment. The San Antonio care team received concierge training in order to arrange transport for community members. Funds are utilized to provide taxis, specialized medical transport, and Lyft rides to and from a patient's residence thereby eliminating a transportation barrier.



### **Breast Cancer Awareness**

During the month of October and November several live zoom events were held where the community was invited to join. Invitations were sent to community partners and was advertised thru social media and direct email. These live zoom events were held



every Tuesday. A special live zoom hosted by community health supervisor and prerecorded by Dr. Natasha Garg, oncologist, from City of Hope, took place on November 23<sup>rd</sup>. A total of 43 participants registered.

The YMCA in Upland hosted a Breast Cancer Awareness event. In which, San Antonio donated 60 prefilled bags that included first aid kits, pens, health passports, blankets, water bottles and more

To complement the hospital's prevention program, a lower cost breast cancer screening program was implemented to address one of the hospital's top five late stage cancer diagnoses, breast cancer. Vouchers are distributed at various events and emails are sent to community partners to encourage breast cancer screening activity.

**Community Lecture on Breast Cancer**  
Presented by Dr. Garg, City of Hope

Join us tonight 11/23/20 from 7:00 pm to 8:00 pm

Registration: <https://www.eventbrite.com/x/breast-cancer-education-special-recording-with-dr-garg-tickets-129069633749>

If you complete our pre and post test, you will be entered into a raffle where one randomly lucky participant will win a limited edition Brighton Bracelet!!!!

City of Hope

**SAN ANTONIO HEALTH**  
Lewis-San Antonio Healthy Communities Institute

**SAN ANTONIO HEALTH**  
Lewis-San Antonio Healthy Communities Institute

**Breast Cancer and Mammogram Education Program**

Are you interested in learning about mammograms and how they can save lives?  
If so, watch this short video!

Through this program, you will learn about the importance of mammograms in breast cancer detection and if it's time for you to contact a primary care physician about getting a mammogram.

**How to Participate**

All you have to do is open your Camera application on your phone and hold the front-facing camera over each QR code.

**Step 1: Watch the Breast Cancer and Mammogram Education Video.**

**Step 2: Take a quick post-video survey.**

**SAN ANTONIO REGIONAL HOSPITAL**

**¿USTED ESTÁ EN ALTO RIESGO DE CONTRA LA GRIPE?**  
**¡OBTENGA SU VACUNA CONTRA LE GRIPE GRATIS**  
(para mayores de 18 años)  
**y kit de detección de cáncer colorrectal!**

Esta vacuna es para la influenza estándar. Cantidades limitadas, por orden de llegar.

**SOLAMENTE POR COCHE - SIN CAMINATAS- se requieren mascarilla.**

• **San Antonio Regional Hospital**  
Edificio de la familia Schewe en frente del hospital (estacionamiento sur)  
14 de noviembre de 2020 de 8:00 am a 10:00 am

**Tiene un alto riesgo de contraer gripe si está:**

Personas de mayor riesgo de influenza grave y contactos cercanos, incluyen:

- Adultos mayores de 65 años
- Personas con determinadas afecciones de salud, como asma, afecciones neurológicas y del neurodesarrollo, trastornos sanguíneos, enfermedad pulmonar crónica, trastornos endocrinos, enfermedades cardíacas, enfermedades renales, trastornos hepáticos, trastornos metabólicos, personas obesas con un índice de masa corporal (IMC) de 40 años o más, sistema inmunológico debilitado o ha tenido un accidente cerebrovascular anterior
- Mujeres embarazadas y mujeres hasta 2 semanas después del final del embarazo
- Las personas de ciertos grupos minoritarios raciales y étnicos tienen un mayor riesgo de hospitalización por gripe, incluidos las personas negras no hispanas, las personas hispanas o latinas y las personas indígenas estadounidenses o nativos de Alaska
- Niños menores de 2 años (Nota: la clínica de la gripe de drive thru no administrará vacunas a niños menores de 18 años. Para obtener información sobre las vacunas para niños, comuníquese con su médico o con el Departamento de Salud Pública, 800.722.4734).

\* Fuente del contenido: Centro para el Control y la Prevención de Enfermedades, Centro Nacional de inmunización y Enfermedades Respiratorias (NCIRD)

**SAN ANTONIO REGIONAL HOSPITAL**  
Lewis-San Antonio Healthy Communities Institute

**Women's Breast & Imaging Center**  
at San Antonio Regional Hospital  
1100 San Bernardino Road, 2nd Floor  
Upland  
California 91786  
909.920.4726

**Rancho San Antonio Medical Plaza**  
Radiology Department  
7777 Milliken Avenue  
Rancho Cucamonga, California 91730  
909.920.4726

**\$49.95 MAMMOGRAM**  
Valid 10.1.2020 to 12.31.2020

**Special Instructions:**

- Do not use powder or deodorant on the day of your test.
- Bring previous mammograms/ultrasounds, if performed at another facility.

☐ **SCREENING MAMMOGRAM**

Patient's Name \_\_\_\_\_ Date \_\_\_\_\_  
DOB \_\_\_\_\_ Appointment Date: \_\_\_\_\_  
Appointment Time: \_\_\_\_\_

Clinical History \_\_\_\_\_  
Symptoms/Reason \_\_\_\_\_  
Physician Signature \_\_\_\_\_ M.D./D.O.  
(Physician Signature Required)





## **Cancer Education**

Cancer community education presentations are given to the City of Rancho Cucamonga Cancer Survivors staff. This event is open to everyone. Attendees included cancer survivors, staff, and friends and loved ones of someone diagnosed with cancer. Due to COVID-19, there were only two in-person cancer presentations occurred. The topics were as followed:

- 8 Goals for Cancer Prevention
- Understanding Kidney Cancer



## **Know Your Numbers**

KYN is a self-management and health education program designed around the health belief model that assumes health-related actions depend on a participants' belief that he/she is susceptible to significant health issues that improve through a prescribed health recommendation. Participants get their lipid panels taken by a licensed phlebotomist and have a consultation with a registered nurse (RN) who explains to the participants their readings (i.e. their biometric screening numbers) and how certain numbers impact their health status. Following the consultation, participants considered high risk are assigned a Clinical Community Health Worker (CCHW) and are provided with a customized program plan to reduce their numbers. All participants are connected with educational resources based on their individual needs, are provided with additional resources through referrals and community programs.

The goal of the program is to reduce chronic disease incidence in impoverished, uninsured, and underinsured populations through screening and health education. KYN provides biometric screenings for the low-income population living in Ontario's "HEAL" (Healthy Eating and Active Living) Zone and surrounding communities. KYN provides health education, social determinant of health assessments, and biometric screenings,

including blood pressure, body mass index (BMI), glucose, and cholesterol through community-based point-of-care testing.

### **Expanding KYN Participation**

KYN took place in the heart of Ontario, but was open to others within the hospital's service area. Over the past years, nearly all participants were predominantly Hispanic and the vast majority women. Women were more likely to participate in case management and Hispanics were also more likely to participate than other ethnicities. In general, participants had low incomes, over a third did not have a high school diploma, and over half were unemployed. Those who were unemployed and who had low education levels were more likely to participate in case management. About half of all participants did not have a primary care physician and about half did not have health insurance. Those without a primary care doctor and health insurance were most likely to participate in case management. This demonstrates the need for increased access within the hospital's service area, and one of the specific successes of the KYN program was increasing access to healthcare services.

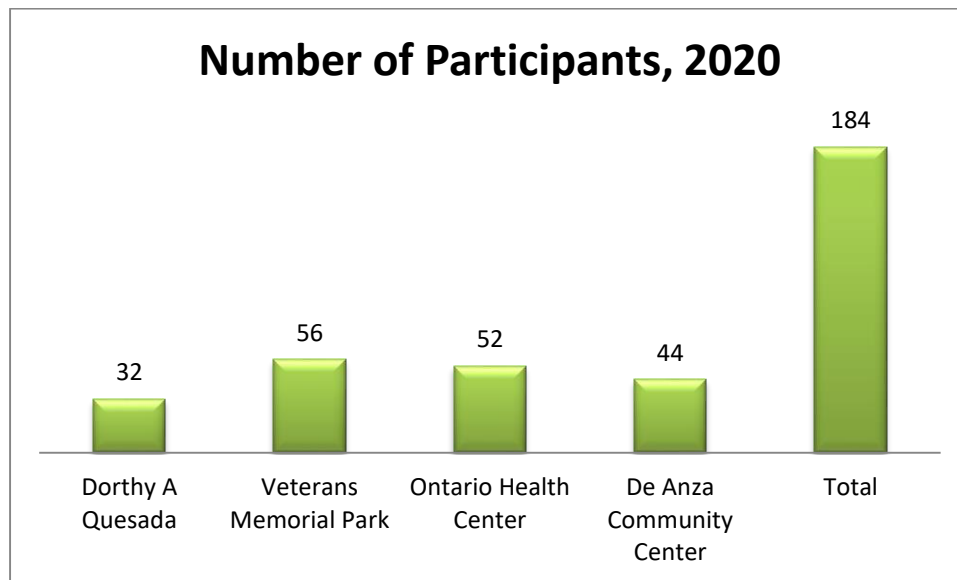
The program's findings demonstrated KYN maintained a steady number of participants, and continued through the support of project sponsors including San Antonio Regional Hospital, the City of Ontario, El Sol Neighborhood Center, and The Social Impact Artists. In 2020, screenings occurred across in four locations: De Anza Community Center, Dorothy A. Quesada Community Center, Veterans Memorial Park Community Center, and County of San Bernardino Department of Public Health-Ontario Health Clinic. Four screenings occurred in January with 184 participants screened. This number decreased by 539 participants as compared to 2019 numbers due to COVID-19 restrictions. Note that in 2019, 35% of the 483 case management participants were still actively involved in the program after a year. Within one year, more than one third of participants returned for a follow-up visit and/or referred to case management.

All community members are invited to participate in this screening regardless of health status, health insurance status, or any other barrier, including healthy, at-risk populations, case management participants, and participants that were not participating in case management. Community members were offered educational materials and encouraged to monitor their health to lower their numbers to prevent chronic disease. Participants with referrals received follow up visits with their assigned Clinical Community Health Workers (CCHW's). Follow-up screenings are encouraged to monitor cholesterol, glucose, blood pressure, LDLs, and HDLs levels. The following charts provide participant overview, biometric overview, as well as a comparison of average compared to participant reading for glucose, total cholesterol, blood pressure, HDLs, and LDLs.



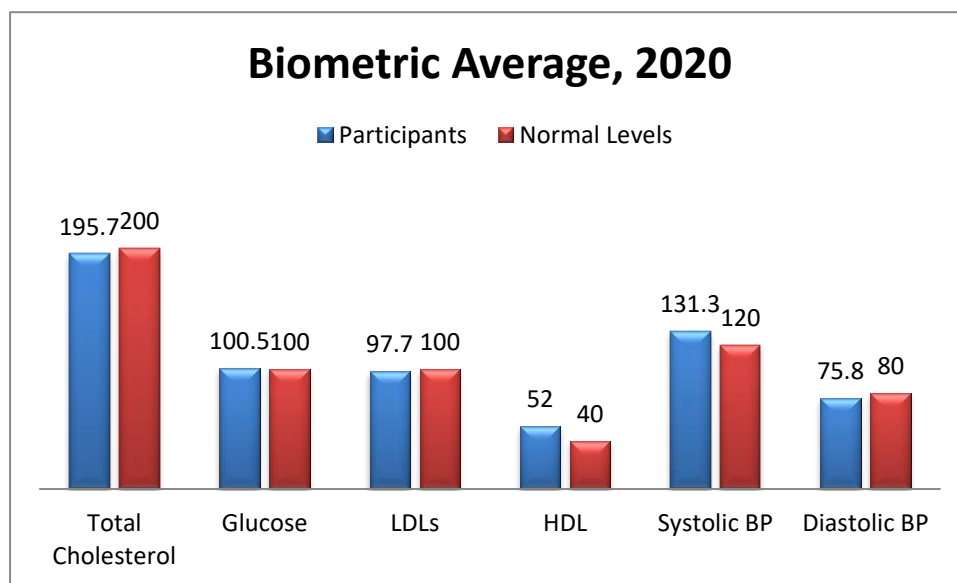
## Number of participants per health hub 2020

Figure 2



## Biometric Averages

Figure 3



The individual graph shows where the participants started in the month of January. The cholesterol levels were an average of 195.7, which is lower than the target of 200. However upon closer look glucose, HDL, and systolic blood pressure were in need of improvement for this group. Due to COVID-19, we were unable to track the progress of these individuals and note the effectiveness of this program. In the past, with the



utilization of KYN, the overall health of the community improved by providing case management to participants with necessary health screenings, education, and tools needed to reduce their risk of chronic illnesses, as well as achieving increased access to healthcare.



### **Colorectal Cancer Screening and Prevention (FIT Testing)**

In 2019, San Antonio Regional Hospital, in collaboration with Claremont Graduate University students, initiated the Colorectal Cancer Screening and Prevention program.

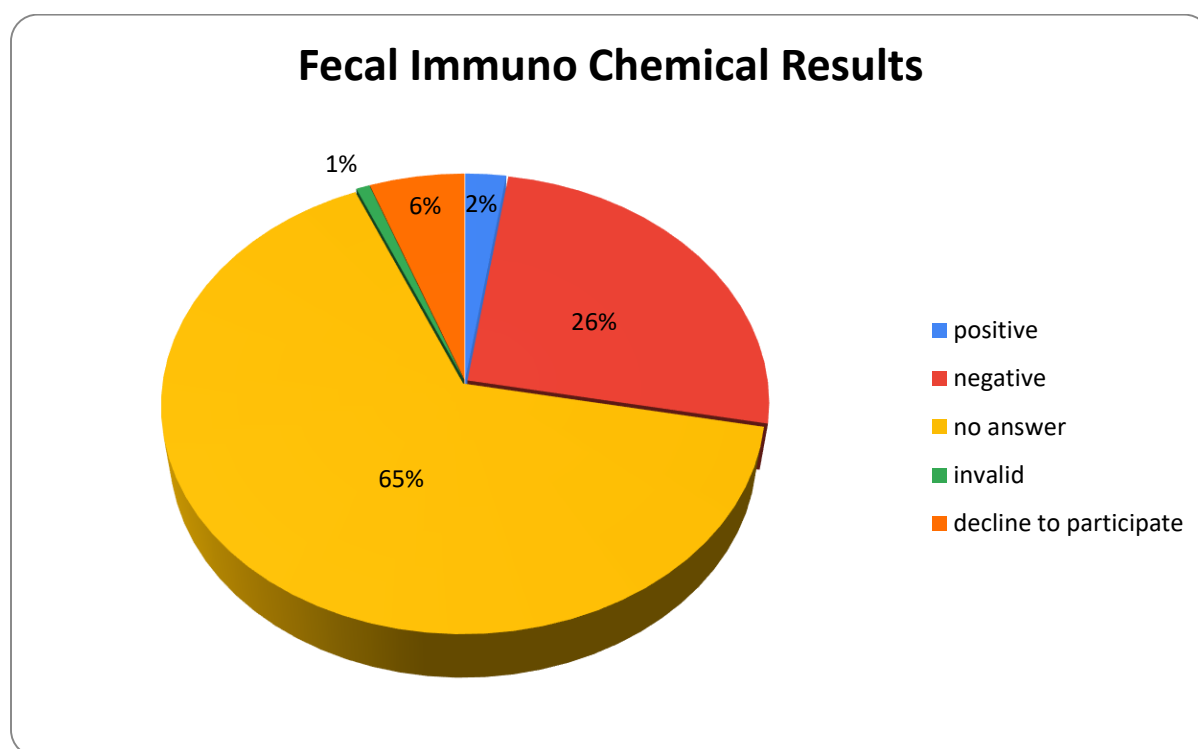


The goal of the program is to reduce colorectal cancer incidence rates with early detection in impoverished, uninsured, and underinsured populations through screening and health education. This program provides Fecal Immunochemical Testing (FIT) for the low-income population within this region and provides health education.

In 2020, this program was transformed from in-person health education and screening to virtual education with FIT kits mailed out to participants. Participants would either call or email their test results.

A total of 125 participants received FIT kits, 29% reported their results, 2% reported positive readings and scheduled a follow up with their primary for a colonoscopy. Twenty-six percent reported negative readings and 1% reported invalid readings. The following graph illustrates the results.

*Figure 4*



### **FluFit**

The FluFit program is an efficient and effective way to increase colorectal cancer screening. Flu shot staff provide participants with a take home FIT kit to all qualified participants that are due for a colorectal cancer screening when they get their annual flu vaccine. Participants that are due for a colorectal cancer screening through this program are 45 and older and have not had a FIT in the past year or a colonoscopy in the past 10 years. The participant completes the FIT by collecting a small stool sample in the privacy of their home and reports their test result to the Community Health Supervisor. The test detects small amounts of stool that may result from colorectal



cancer or precancerous colon polyps. Should their test be positive, participants are directed to seek a colonoscopy with their primary physician. If they do not have a primary physician, they are referred to Ontario Health Center where they will be screened for Medi-Cal eligibility. Due to COVID-19, education and screening occurred via a drive-thru event.

On October 27<sup>th</sup>, San Antonio Regional Hospital partnered with the city of Montclair to host a FluFit drive thru event. The city marketed the event to its most vulnerable community members, specifically targeting low-income seniors. The city provided flu vaccines and meals, and San Antonio provided colorectal cancer education and take home FIT kits.

On November 11<sup>th</sup> and 14<sup>th</sup>, San Antonio provided free flu vaccines and take home FIT kits to community members regardless of health status, health insurance, or any other barrier, including healthy, and at-risk populations. Community members received educational materials regarding colorectal cancer and breast cancer and were provided breast cancer mammogram vouchers (for those who qualified) and hand sanitizers.



## **Community Health Improvement Program (CHIP)**

The Center for Disease Control has reported that six in ten Americans live with at least one chronic disease, like heart disease, cancer, stroke, or diabetes. These and other chronic diseases are the leading causes of death and disability in America, and are a leading driver of healthcare costs. In fact, the CDC has reported that 90% of the nation's \$3.3 trillion in annual healthcare expenditures relate to caring for people with chronic and mental health conditions. The aging population and the continued escalation of patients with chronic conditions is a principal reason San Antonio Regional Hospital developed and implemented the community health improvement program (CHIP) in January 2015.

CHIP is one of the initiatives San Antonio developed to: 1) diminish healthcare gaps, 2) promote the delivery of evidence-based care, and 3) reduce unnecessary emergency room visits and hospitalizations. Coordinated by a dedicated interdisciplinary healthcare team, this program focuses on appropriate patient identification, prevention, evidence-based disease management, and exemplary treatment of individuals with chronic conditions.

Each participating CHIP member is closely monitored in accordance with an individualized Comprehensive Health Profile (CHP), Quality Care Plan (QCP), and longitudinal patient scorecard. A novel stratification scale that assesses socioeconomic status, education/assimilation capacity, mental health history, adherence potential, psychological stress factors, and support is utilized along with data mining and standardized clinical assessments to individualize evidence-based clinical strategies based upon each person's respective needs and capabilities.

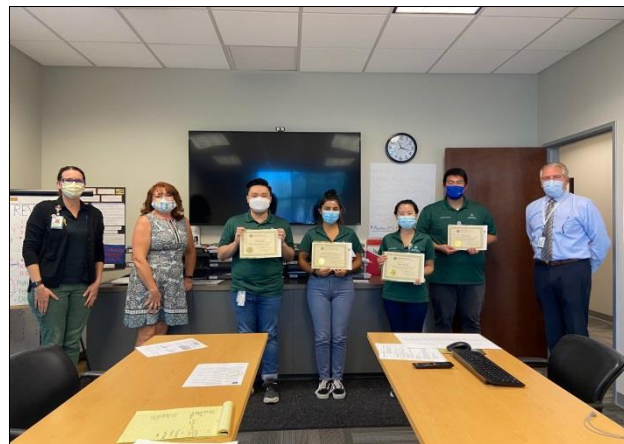
A unique aspect of CHIP is the training and utilization of student health coaches. In addition to the CHIP interdisciplinary clinical team, members are monitored by health coaches trained through an innovative credit-based collaborative educational seminar and internship program with California State University San Bernardino Schools of Public Health, Nursing, Biology, and Kinesiology; Western University of Health Sciences, College of Graduate Nursing; and Cal Poly Pomona Dietitian/ Nutrition students. After appropriate screening, selected students participate in a seminar taught by our interdisciplinary team of healthcare professionals including physicians, nurses, nutritionists, social workers, and hospital administrators. Licensed professionals (registered nurse and physician) oversee the work of the student health coaches, and their scope of activities are consistent with their competence and the training and demonstrated skills provided through the program. Each member is also reassessed with a focus toward achieving health goals during weekly interdisciplinary case reviews. During COVID-19, case reviews were held weekly, but by zoom instead of the standard in person case reviews.

Once trained, student health coaches provide in-home visits and phone interactions. Students engage in the process of educating and motivating at-risk members to take an active and meaningful role in their health and well-being. Beginning March 2020, home visits were suspended due to COVID-19 pandemic. For the safety of all involved, telehealth virtual visits replaced the health coach contacts to the patients. Health coaches contacted their patients either by phone calls or by video calls where available. The primary objectives of the health coach are to foster meaningful interactions for



boosting cooperation and adherence, while helping to resolve non-medical issues (social determinants of health) that impede effective risk factor management and patient care.

In 2020, CHIP successfully recruited 27 students to become health coaches, bringing the grand total to 236 students over the past five years. Due to COVID-19, no students were enrolled for Spring 2020. CHIP enrolled 58 patients in 2020 raising the total number cared for by these health coaches to 360 patients. To date, unnecessary ER visits were reduced by 36% and hospitalizations reduced by 44% among CHIP participants enrolled for nine months.



\*CHIP coaches and care team members.

### **Lewis-San Antonio Healthy Communities Institute**

The Lewis-San Antonio Healthy Communities Institute (HCI) was established in April 2016 to identify opportunities, solutions, and partners to positively impact the health of our region. HCI seeks to address the healthcare worker shortage as well as elements of the educational attainment gap through its wHealth program. The mission is to create a pipeline of students, especially underrepresented populations, who are interested in, engaged, and prepared for college and health related fields. HCI is currently focusing



on three program areas: healthcare workforce, community health and non-clinical healthcare internships.

## Health Care Workforce

### *wHealth*

Southern California's Inland Empire Region includes San Bernardino, the largest US geographical county, and Riverside Counties. This region has poorer health status and a greater shortage of healthcare professionals than surrounding communities. Lewis-San Antonio Healthy Communities Institute (HCI) developed a school-based adolescent program called "*wHealth*" (*wellness + healthcare*) to address these two major needs to build healthier outcomes for the future of the Inland Empire.

*wHealth* supports students in their health career journey by: 1) creating learning opportunities around chronic disease prevention; 2) helping to establish lifelong healthy habits; 3) supporting an interest in healthcare careers; and 4) retaining local students in the region. This program aims to increase knowledge on wellness topics and healthcare professional development training. The *wHealth* curriculum is adapted from HealthCorps Inc., a national nonprofit, aligned to national health education standards focusing on nutrition, fitness, and mental resilience. The *wHealth* program goals include: 1) increasing knowledge in nutrition, physical activity, and mental resilience among junior high and high school participants using HealthCorps curriculum; and 2) increasing professional development training for healthcare career preparedness among high school participants. The curriculum utilizes university students from across the region to instruct high school wellness in eight classroom sessions.

These university students are Master of Public Health students or Bachelor level students in Public Health or Health Sciences. These students are fulfilling their practicum requirement (varies from 120 to 400 hours) for their degree and gaining exposure to public health needs within their own communities. These students fulfill their practicum requirement as interns to instruct high school students, conduct program operations, and collect data in the classroom throughout the program implementation.

Professional development through the widely known "Train-the-Trainer model" is integrated throughout the program along with instruction and mentorship among various educational levels. The university students are instructors on the wellness curriculum and mentors to the high school students as they answer questions on college life, majors, and career planning. Once the high school students complete their eight-week program, they have the opportunity to teach the curriculum to junior high students, while gaining peer-to-peer training and building presentation skills for professional development. Following the eight sessions, high school students are invited to submit applications to the "Trainer Program," which occurs in the second half of the school year.



This portion of the program includes professional skills workshops on resume-building, group interviews, dress for success, social media etiquette, and training sessions for team building and lesson development. The original intent for this model is for the high school students to instruct a simplified version of the wellness lessons to junior high students.

Implementation of the junior high level was completed before the shutdown of schools and “stay at home order” in March 2020, so the program occurred in Vina Danks Middle School to 7th and 8th graders (n= 23) and the entire 7th grade at Foothill Knolls STEM Academy (n= 68). Summer 2020 was devoted to program planning for virtual programming for the new school year. There was much uncertainty with schools in regards to operating virtually or reopening with safety precautions. The team created a complete virtual wHealth Program to occur online with Google Drive and Zoom. In Fall 2020, the online wHealth program was piloted for the first time in October through November with Chaffey High School (n= 139). All wellness education sessions occurred via Zoom instruction within four Anatomy and Physiology classes consisting of juniors and seniors.

All non-clinical internships became remote in mid-March 2020 throughout the rest of the year. Overall, the wHealth Program had 15 Interns from January to December 2020: five undergrad interns in Healthcare Administration and Public Health Education from Cal State San Bernardino, six Loma Linda University Masters of Public Health interns, and four Claremont Graduate University Masters of Public Health interns.

The 2020 school year was successfully implemented, disseminating effective virtual wellness education to high school students. The quality of the program instruction increased. Virtual sessions made it easier for our team to provide instruction in a well-organized and safe manner with our interns teaching from home, mitigating issues of consistently commuting to various schools and physical closeness with others. Although still challenging with navigating the online school system and acclimating to online learning, all materials were given through the online Canvas classroom, providing a variety of creative learning options of PowerPoint presentations, virtual handouts, videos, and links. These appealing and helpful resources to the students, as they had stated in their online program evaluations. The implementation period went smoothly online and was easier to manage for our team.

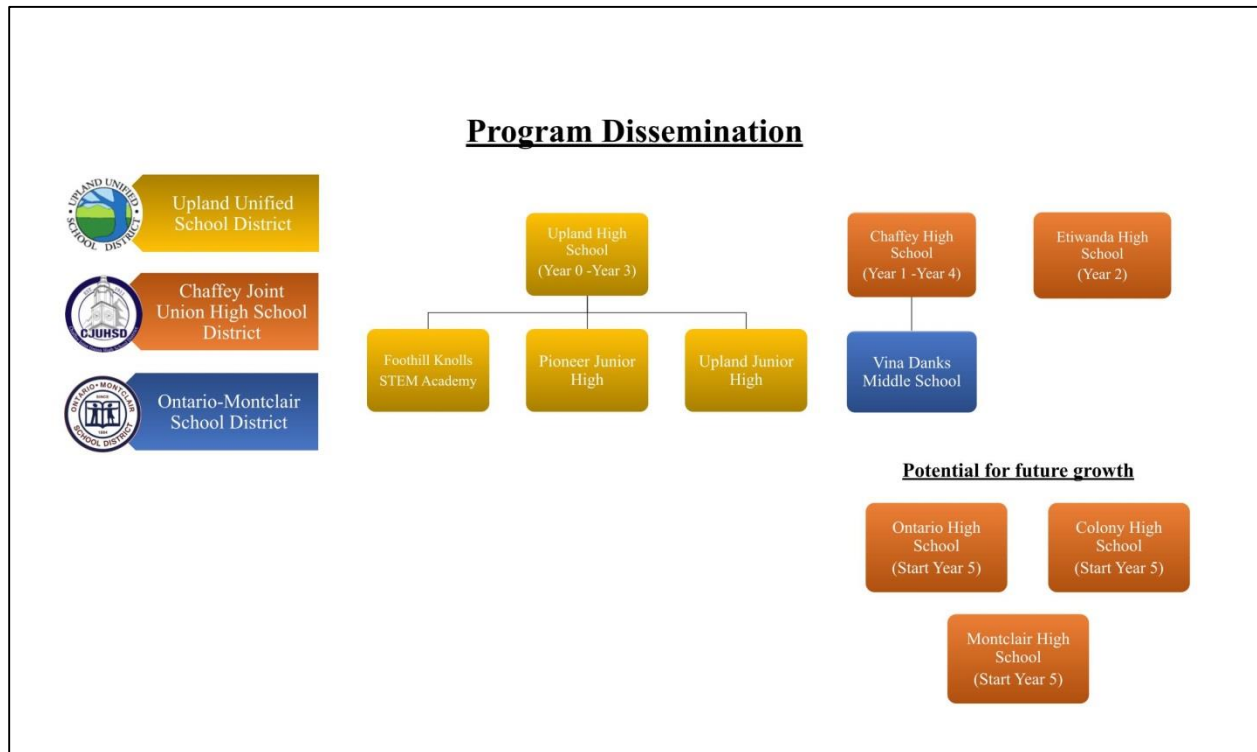
**Table 5**

<b>Ongoing Program Participation</b>			
<b>School Year</b>	<b>High School</b>	<b>High School Trainers</b>	<b>Junior High</b>
<b>2016 - 2017 (Year 0)</b> Pilot Year	<b>165</b> <ul style="list-style-type: none"> <li>· Upland High</li> </ul>	<b>17</b> <ul style="list-style-type: none"> <li>· Upland High</li> </ul>	<b>64</b> <ul style="list-style-type: none"> <li>· Foothill Knolls</li> </ul>
<b>2017 - 2018 (Year 1)</b>	<b>287</b> <ul style="list-style-type: none"> <li>· Upland High</li> <li>· Chaffey High</li> </ul>	<b>33</b> <ul style="list-style-type: none"> <li>· Upland High</li> <li>· Chaffey High</li> </ul>	<b>139</b> <ul style="list-style-type: none"> <li>· Foothill Knolls</li> <li>· Pioneer</li> <li>· Upland</li> <li>· Vina Danks</li> </ul>
<b>2018 - 2019 (Year 2)</b>	<b>486</b> <ul style="list-style-type: none"> <li>· Upland High</li> <li>· Chaffey High</li> <li>· Etiwanda High</li> </ul>	<b>18</b> <ul style="list-style-type: none"> <li>· Upland High</li> <li>· Chaffey High</li> </ul>	<b>91</b> <ul style="list-style-type: none"> <li>· Foothill Knolls</li> <li>· Vina Danks</li> </ul>
<b>2019 - 2020 (Year 3)</b>	<b>315</b> <ul style="list-style-type: none"> <li>· Upland High</li> <li>· Chaffey High</li> </ul>	<b>19</b> <ul style="list-style-type: none"> <li>· Upland High</li> <li>· Chaffey High</li> </ul>	<b>91</b> <ul style="list-style-type: none"> <li>· Foothill Knolls</li> <li>· Vina Danks</li> </ul>
<b>2020 – 2021</b> <b>(Year 4 in progress)</b> (Virtual programming due to Covid-19)	<b>139</b> <ul style="list-style-type: none"> <li>· Chaffey High</li> </ul>	<b>7</b> <ul style="list-style-type: none"> <li>· Chaffey High</li> </ul>	<b>N/A</b> <ul style="list-style-type: none"> <li>· Vina Danks</li> </ul>





## Ongoing Program Dissemination



## 2020 Pictures:



Chaffey High School Trainers in after-school professional development sessions, working alongside Terisha Gamboa (HCI Supervisor), preparing for Vina Danks Middle School program

February 2020





Chaffey High School trainers alongside Terisha Gamboa (HCI Supervisor) and two Health Educator interns

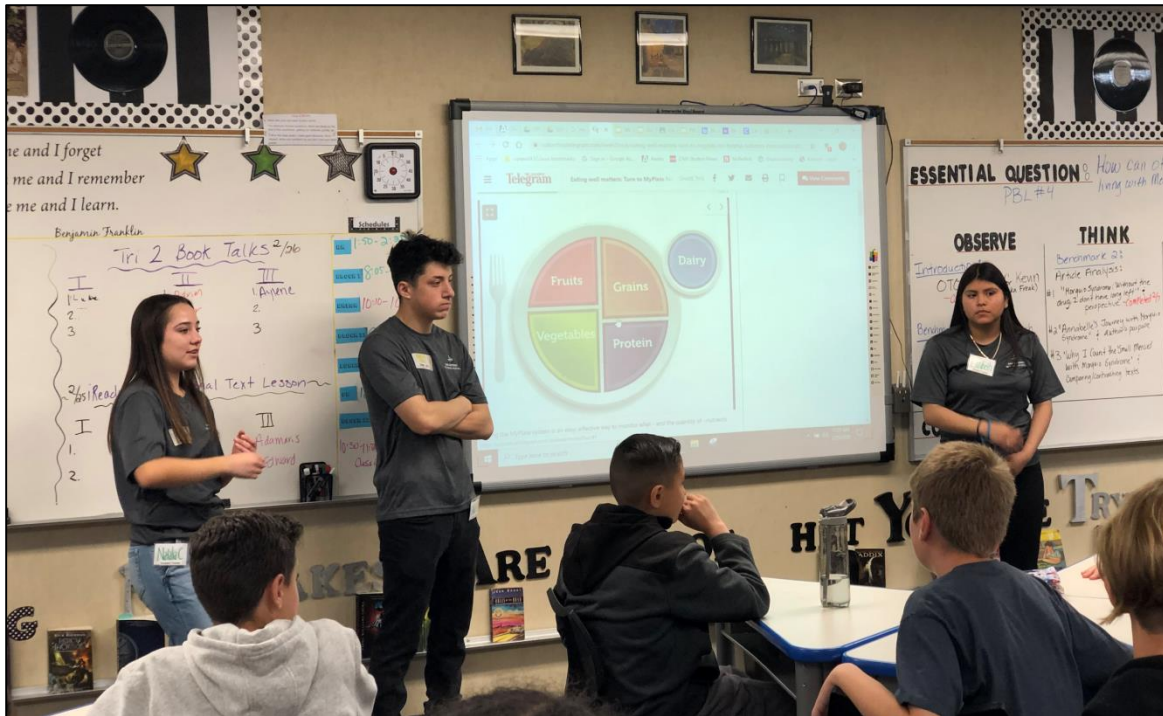
February 2020



Upland High School Trainers teaching Physical Activity at Foothill Knolls Stem Academy

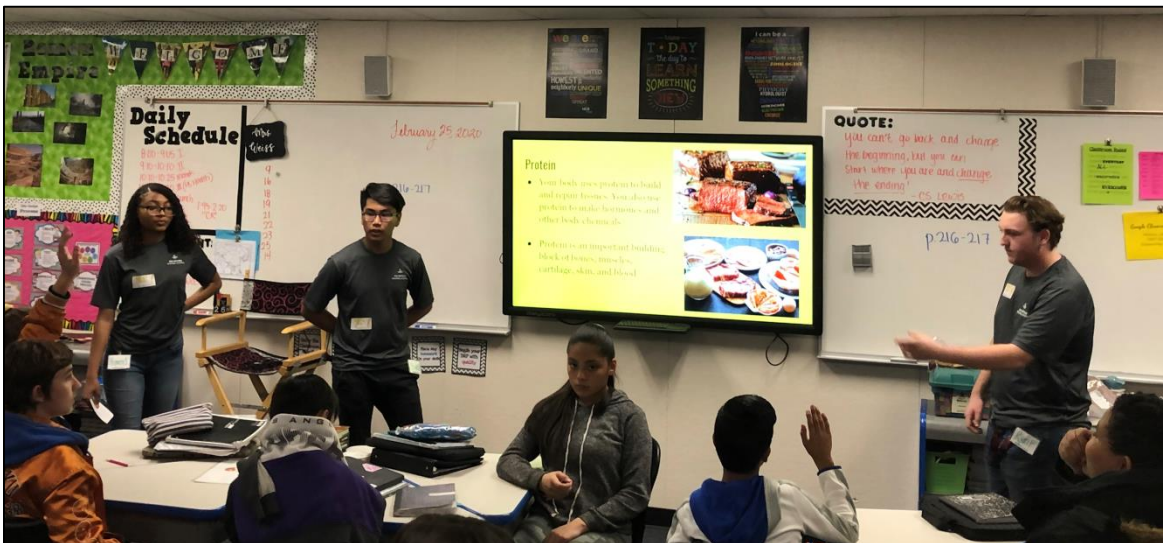
February - March 2020





Upland High School Trainers Teaching Nutrition at Foothill Knolls Stem Academy

February - March 2020



Upland High School Trainers Teaching Nutrition at Foothill Knolls Stem Academy

February - March 2020







Upland High School Trainers on their last day teaching at Foothill Knolls Stem Academy.

March 2020



wHealth Trainer Award box for the trainers from Chaffey and Upland High School for completing the Train-the-Trainer program.

August 2020



Upland High School Trainer with her trainer award.

August 2020 program



Upland High School Trainer receiving his trainer award.

August 2020





Chaffey High School Trainer receiving his trainer award from Terisha Gamboa (HCI Supervisor) at his home.

August 2020

## Financial Summary of Community Benefits

### Inventory

San Antonio Regional Hospital's primary responsibility is to provide healthcare services; however, its mission does not end there. Every effort is made to reach into the community with additional services and programs in response to the community's needs. A summary and valuation of the 2020 community outreach program follows, along with an accounting of the financial losses sustained in providing medical care to uninsured and underinsured patients.

The hospital's community benefit inventory was completed using software developed by the Catholic Hospital Association and VHA, Inc. in partnership with Lyon Software. The Community Benefit Inventory for Social Accountability (CBISA) software allowed San Antonio's activities to be summarized into the broad categories outlined in Senate Bill 697.



## Valuation

The following table summarizes the 2020 community benefit valuation, delineated by major category.

<b>2020 Community Benefit Valuation</b>	
Community Health Improvement Services	
Category	Benefit
<b>Community Health Education and Support</b>	
Breast Cancer Support Group	\$1,473
Breast Feeding Class	448
Cancer Caregiver Support Group	744
Cancer Prevention Education	3,022
Community Education Calendars	12,647
Community Health Lectures	4,928
Diabetes Adult Education Class	209
Diabetes Adult Support	6,859
Generations Ahead	6,240
Healthy Beginnings	230,824
Infant Care Class	755
Medical Minutes	76,884
Mental Health Program	7,000
Mom's Embracing the Moment	510
NICU follow-up Clinic	10,485
Nutrition for Cancer Support	144
Nutrition Counseling	2,117
Pilates for Cancer Health	540
Prepared Childbirth Crash Course	29
Registered Dietician Support	926
Safe Sitter Education	141
Senior Outreach	16
Sibling Classes	55
Women's Health	500
<b>Community Based Clinical Services</b>	
Know Your Numbers Health Screenings	4,282
Influenza Immunization Program	4,700
<b>Healthcare Support Services</b>	
Blood Drive	2,660
Community Health Improvement Program CHIP	428,968
Palliative, Spirituality, & Health	36,809
Taxi Vouchers	5,000





<b>Other Community Needs</b>	
Access to Clinical Care/Physician Shortage	602,862
Community Outreach	9,605
<b>Community Health Improvement Services Total</b>	<b>\$1,462,382</b>
<b>Health Professions Education</b>	
<b>Other Health Professions Education</b>	
Chaffey College Radiology Training	120,808
<b>Health Professions Education Total</b>	<b>\$120,808</b>
<b>Subsidized Health Services</b>	
<b>Emergency and Trauma</b>	
Physician Fees: Indigent Care	\$313,139
<b>Hospital Outpatient Services</b>	
<b>Subsidized Health Services Total</b>	<b>\$313,139</b>
<b>Financial and In-kind Donations</b>	
<b>Cash Donations</b>	
Cash Donations	\$20,000
<b>In-kind Donations</b>	
Meals on Wheels	71,928
Thanksgiving Food Baskets	1,200
<b>Financial and In-kind Donations Total</b>	<b>\$93,128</b>
<b>Community Building Activities</b>	
<b>Community Support</b>	
HCI Community Activities	9,145
<b>Leadership Development</b>	
HCI Strong Workforce	76
<b>Program Development/Operations</b>	
HCI Planning and Operations	196,109
<b>Workforce Development</b>	
HCI Healthcare Workforce	7,842
<b>Community Building Activities Total</b>	<b>\$213,172</b>
<b>Community Benefit Operations</b>	
<b>Other Resources</b>	
Community Outreach Planning and Operations	2,320
<b>Community Benefit Operations Total</b>	<b>\$2,320</b>
<b>Total Community Benefit</b>	<b>\$2,204,949</b>



Unreimbursed Medical Care (based on the fully allocated cost of care)	
<b>Charity Care (care provided at no cost to patients)</b>	\$1,303,001
<b>Medi-Cal Shortfall*</b>	\$30,511,035
<b>Total Community Benefit Including Unreimbursed Medical Care</b>	<b>\$31,814,036</b>
<b>Bad Debt</b>	<b>\$13,444,063</b>
<b>Total Including Bad Debt</b>	<b>\$45,258,099</b>
*Medi-Cal (reimbursement does not cover the fully allocated cost of care)	



### **Contact**

Additional information regarding San Antonio Regional Hospital, its history and its future, is available at [www.sarh.org](http://www.sarh.org). Questions regarding this report or the hospital's community benefit activities should be directed to Angelica Baltazar, Executive Director, Healthy Communities Institute at (909) 920-4773.

