PATIENT CENTERED RESPECT COMPASSION SAFETY



Community Benefit Report | 2021

EXCELLENCE INTEGRITY



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Introduction

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 363-bed regional medical facility with 2,200 employees, over 400 volunteers, and a medical staff of nearly 600 physicians representing a wide spectrum of medical and surgical 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 to meet 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, and will soon add a fourth urgent care in the City of Fontana. These facilities provide outpatient care in a close, convenient setting for the region's growing population. Additionally, San Antonio opened a new 60,000-square-foot two-story ambulatory care facility directly across the street from the hospital in 2019. The Scheu Building houses City of Hope's comprehensive cancer center on the first floor and the hospital's outpatient services and programs on the second floor. The Women's Breast and Imaging Center, pre-operative and pre-procedure services, and targeted programs to complement City of Hope's cancer center are among the hospital's offerings in this location.

<u>Leadership</u>

San Antonio Regional Hospital is governed by a 13-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

Caring for Our Community

San Antonio Regional Hospital is committed to improving the health and wellness of the residents that it serves. As such, we do our best to build partnerships with other organizations that share our values and mission. We understand that community benefits are more than just numbers. They represent people — children, parents, grandparents, and those who may be marginalized, disadvantaged, and disenfranchised. This report highlights how San Antonio Regional Hospital understands that each community it serves also has its distinctive challenges, but also opportunities by delivering 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 Regional Hospital 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 by purchasing new or upgraded equipment, expanding services, and providing care for the vulnerable population with free or low-cost screenings, services, and health education to prevent chronic diseases and improve health outcomes.

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. In 2021, \$1,454,613 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 \$34,920,980 in unreimbursed costs incurred in providing care and treatment for Medi-Cal patients, while other uncompensated care (bad debts) totaled \$13,340,290 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 Regional Hospital 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.





SAN ANTONIO REGIONAL HOSPITAL

999 San Bernardino Road, Upland, California 91786

Services at this facility:

- 24-Hour Emergency Department
- Cancer Center
- Critical Care
- Endoscopy (G.I. Lab)
- Heart Institute
- Laboratory
- Maternity
- Neonatal Intensive Care
- Orthopedic Institute
- Radiology
- Rehabilitation Services
- Respiratory Care
- Surgery Inpatient & Outpatient



RANCHO SAN ANONTIO MEDICAL PLAZA

7777 Milliken Avenue, Rancho Cucamonga, California 91730

Services at this facility:



- Urgent Care
- Diagnostic Services (Lab and Radiology)
- Rehabilitation Services (Managed with Care by Casa Colina Centers for Rehabilitation)
- Retail Pharmacy
- Community Blood Drives
- Physician Offices



SIERRA SAN ANTONIO MEDICAL PLAZA

16465 Sierra Lakes Parkway, Fontana, California 92336

Services at this facility:

- Urgent Care
- Rehabilitation Services (Managed with Care by Casa Colina Centers for Rehabilitation)
- Retail Pharmacy
- Physician Offices



EASTVALE SAN ANTONIO MEDICAL PLAZA

12442 Limonite Avenue, Eastvale, CA 91752

Services at this facility:



- Urgent Care
- Community Blood Drives (in future)
- Physician Offices

Cancer Center

San Antonio Regional Hospital's 25,000-square-foot state-of-the-art cancer center and outpatient care center offers medical oncology and infusion, radiation oncology and general oncology. The facility houses nine-cancer specialists, 25 exam rooms, two procedure rooms and 23 infusion chairs — including two infusion chairs in private rooms.

A full complement of services provides a one-stop-shop for patients who need diagnostic testing and preoperative services. The broad array of outpatient services includes preoperative evaluation, laboratory, 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 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

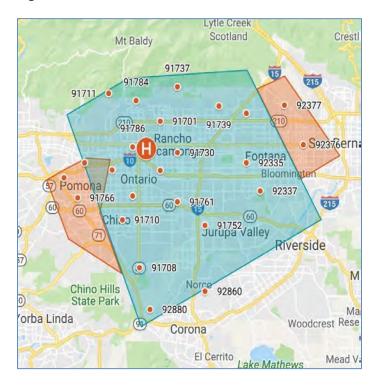
San Antonio Regional Hospital sees a community as having both physical and geographic components, as well as the socioeconomic and psychosocial factors that define a sense of community. Individuals can thus be part of multiple communities - geographic, virtual, and social. The current focus on community-based 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 population it serves.

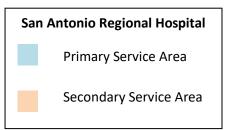
San Antonio Regional Hospital is located in the City of Upland, in the "West End" of San Bernardino County. However, like many hospitals, San Antonio Regional Hospital's service area is defined as the geographic area from which it receives the majority of its hospital admissions. The total service area consists of "primary and secondary" service areas, with the primary service area accounting for approximately 80% of the hospital's admissions, and representing the majority of San Antonio's planning efforts. As illustrated on the map below, San Antonio Regional Hospital's primary service area, denoted in green, comprises the cities of Chino, Claremont, Eastvale, Fontana, Montclair, Ontario, Rancho Cucamonga, and Upland. San Antonio Regional Hospital'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

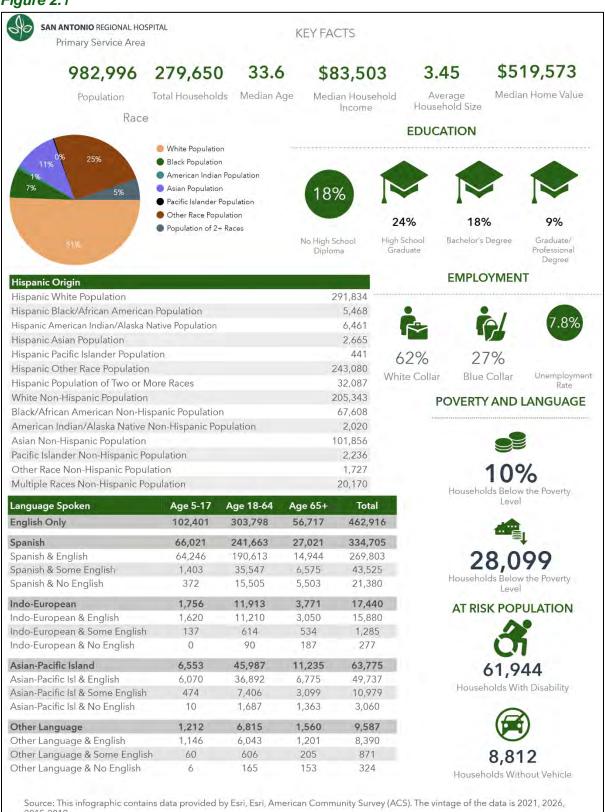
The following pages illustrate key characteristics of the hospital's primary service area (PSA) as a whole, as well as each city within the PSA. There is significant variation in the social determinants of health; for example, the median household income in Montclair is \$62,579 compared to \$105,309 in Eastvale, and Claremont's educational attainment is substantially higher than in other cities. Social determinants of health play a key role in the hospital's community benefit planning efforts.

The following infographics utilize ESRI's (Environmental Systems Research Institute) 2021 Community Analyst data.

San Antonio Regional Community Benefit Service Area



San Antonio Regional Hospital Primary Service Area

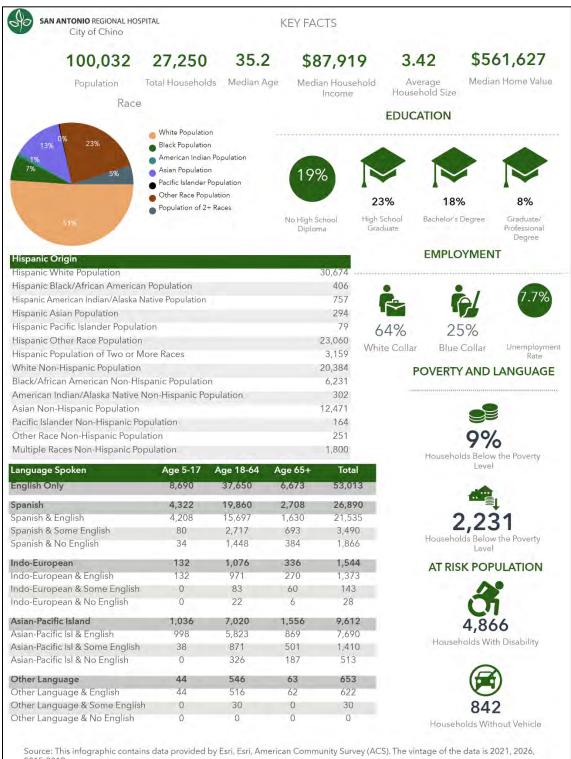




Primary Service Area Statistics

City of Chino

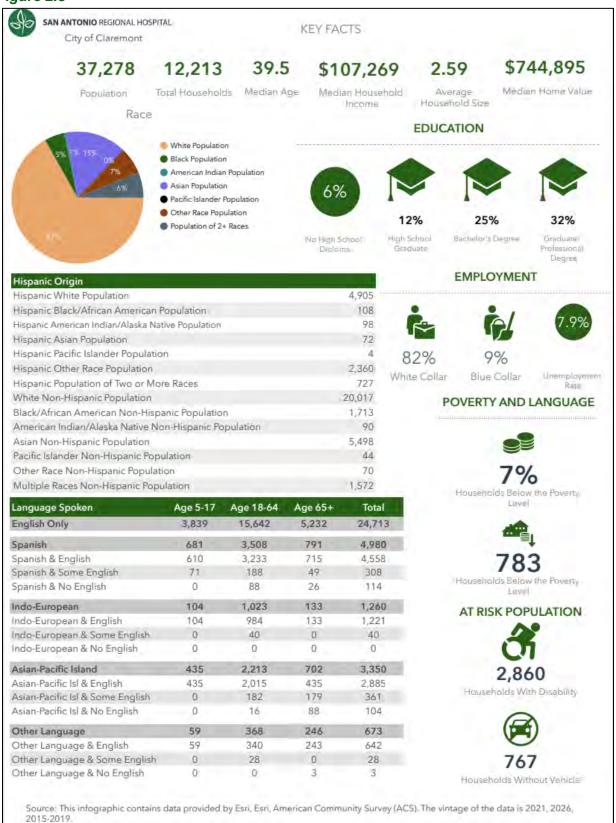
Figure 2.2





City of Claremont

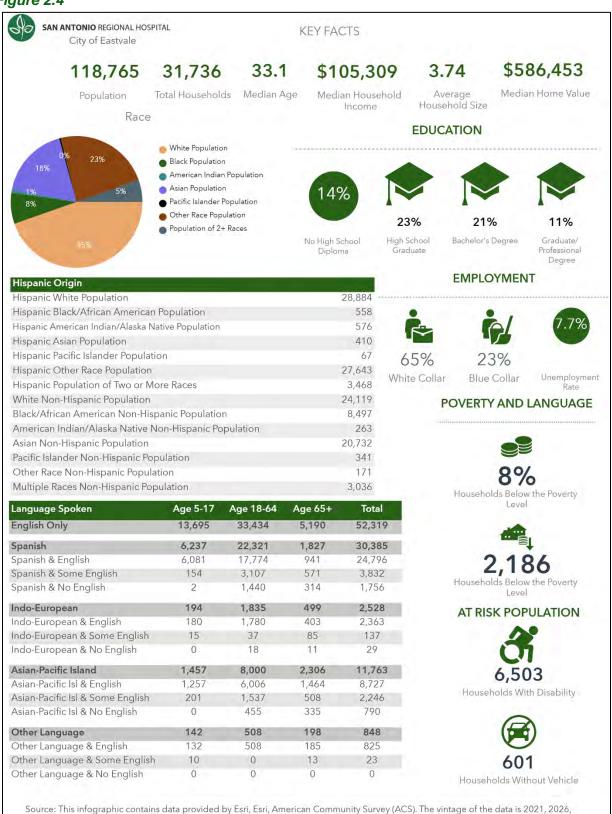
Figure 2.3





City of Eastvale

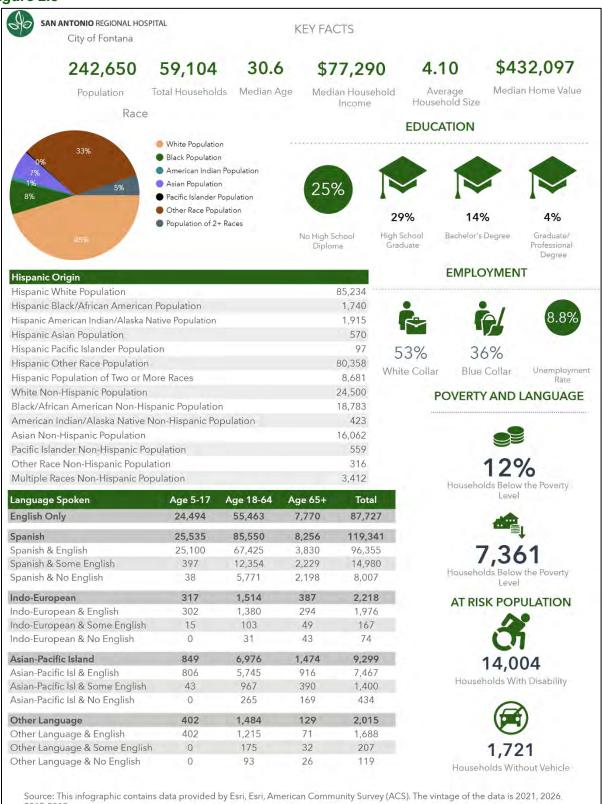
Figure 2.4





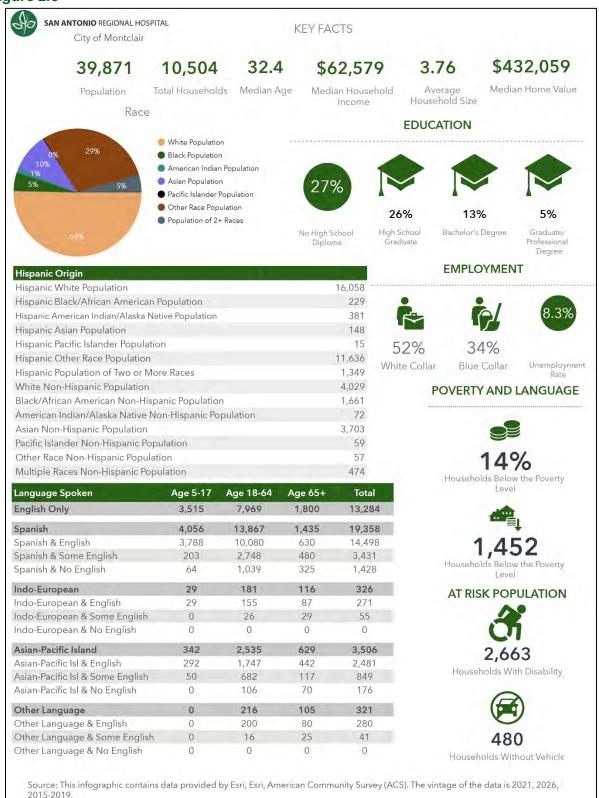
2015-2019.

City of Fontana



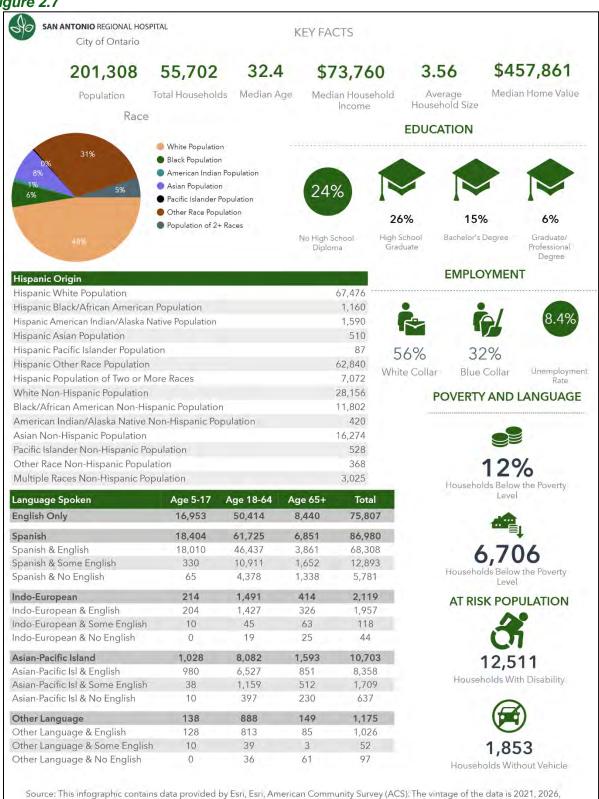


City of Montclair



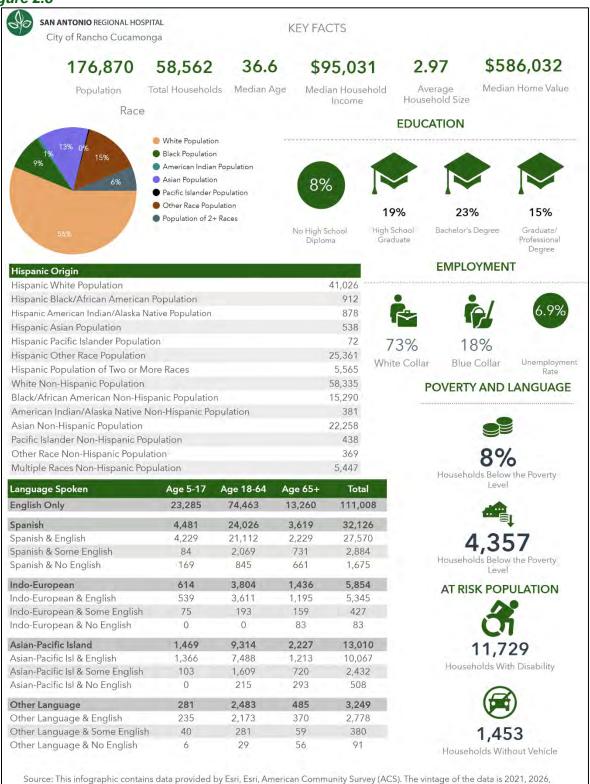


City of Ontario





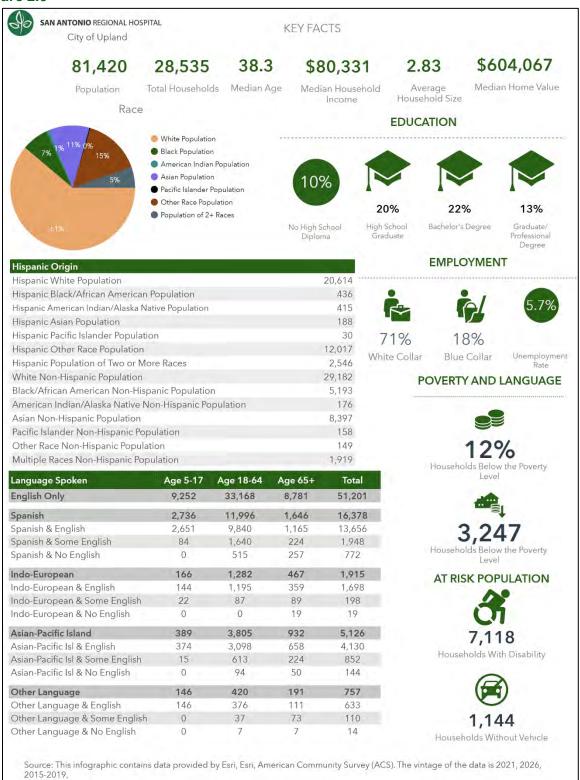
City of Rancho Cucamonga





City of Upland

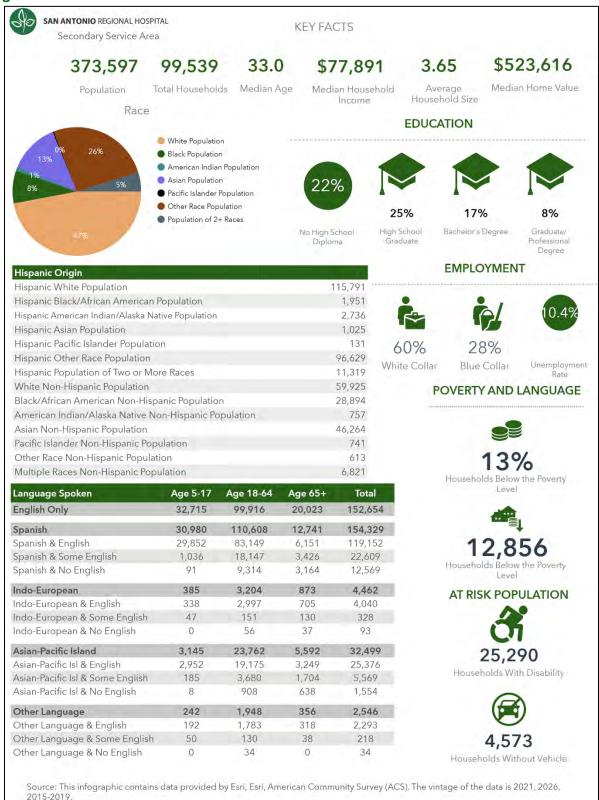
Figure 2.9





San Antonio Regional Hospital Secondary Service Area

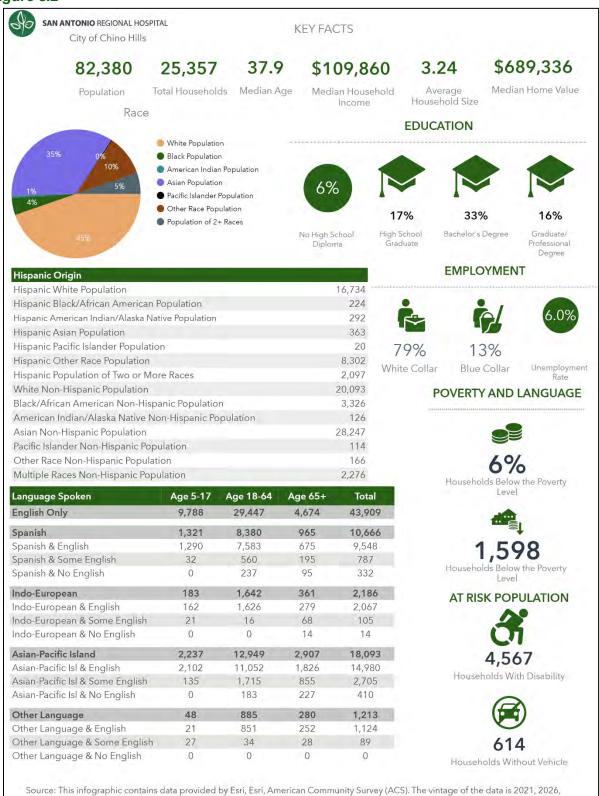
Figure 3.1





City of Chino Hills

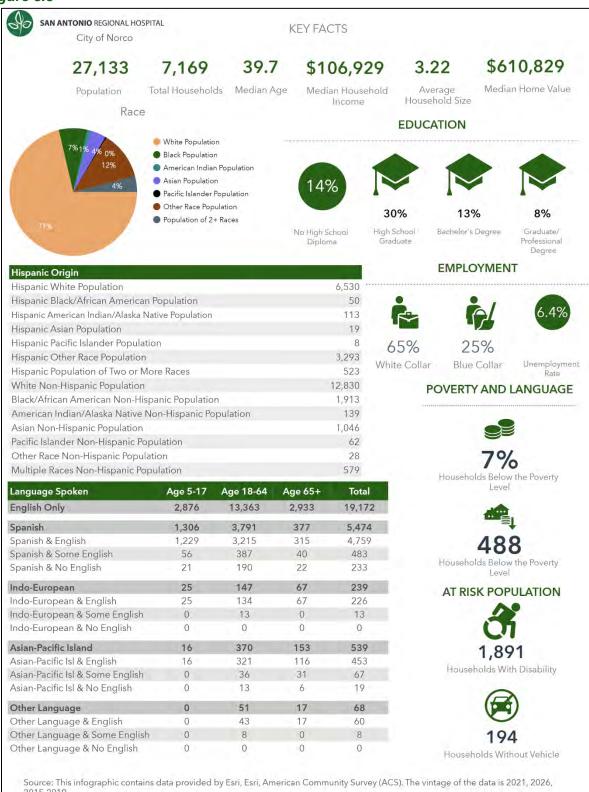
Figure 3.2





City of Norco

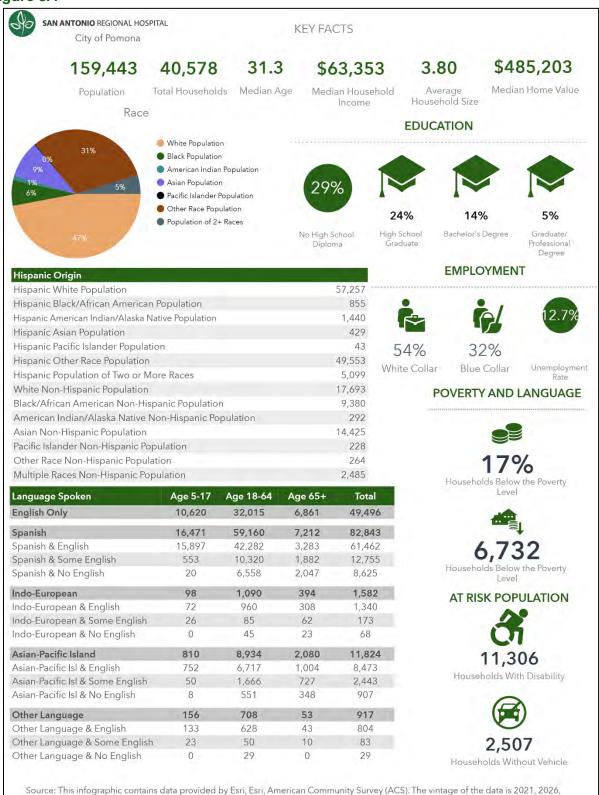
Figure 3.3





City of Pomona

Figure 3.4





City of Rialto

Figure 3.5





Community Health Needs Assessment (CHNA) Overview

CHNA Requirements

The Patient Protection and Affordable Care Act (the ACA), enacted on March 23, 2010, added new requirements codified under Section 501(r) for organizations that operate one or more hospital facilities (hospital organizations) to be described in Section 501(c)(3), as well as new reporting requirements and a new excise tax are available on https://www.irs.gov/charities-non-profits/charitable-organizations/requirements-for-501c3-hospitals-under-the-affordable-care-act-section-501r.

Included in the 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 incorporates nonprofit hospitals' Form 990 annual tax filing submitted to the Internal Revenue Service (IRS).

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 benefits 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 2021, highlighting a few of the targeted efforts 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. 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 builds on the community health improvement process initiated by the San Bernardino County Department of Public Health, Community Vital Signs. As health care 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 IRS does not define the criteria and processing for prioritizing the health needs, but considerations typically include factors such as the severity of the health need, the number of community members affected, 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 within the communities, that the member hospitals serve, and how they compare across geographical boundaries. The quantitative data is 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 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
- Chronic obstructive pulmonary disease
- Mental illness
- Obesity
- Substance abuse



Voices from the Community

An online survey in English and Spanish was created and distributed for greater community input. It should be noted that the survey results were not based on a stratified random sample of residents throughout Riverside and San Bernardino counties. The perspectives captured in this data simply represent the community members who agreed to participate and have an interest in healthcare. In addition, the assessment relied on several national and state entities with publicly available data. All limitations inherent in these sources were present for the assessment.

Participants in the focus groups were end-users of programs and services as well as volunteers and/or auxiliary board members provided by the hospitals participating in this CHNA. Populations represented by focus group members included low-income populations, homeless, seniors, women's cancer, single mothers/maternal health, and Spanish-speaking promotoras.

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, healthcare organizations, funders, and school districts. Most of the key informants had titles such 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 nonprofit organizations. Community hospitals, public and/or population health, workforce development, affordable housing, and fire protection services were most frequently stated as services provided.

To better understand the needs, the focus groups and key informant interviews concentrated on these themes:

- Visions of a Healthy Community
- Health Needs
- Existing Resources
- Barriers to Accessing Resources and Addressing Needs
- Methods of Hospital Improvement
- Additional Feedback

Key informants and respondents to the survey were asked about the health problems and health needs of the community, including what is healthy in the community, what is not healthy in the community, and what the community needs to be healthy. They were also asked about the greatest health and social needs of children, services that could improve health in the community, barriers for clients from an organizational perspective, and any additional feedback.

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 the issues most frequently mentioned in all three data sources. The overarching themes included mental health and alcohol/drug substance abuse, transportation, especially for the senior population, poverty and food insecurity, affordable housing and homelessness, education and awareness, chronic diseases, access to healthcare, and



preventative healthcare. The top five identified in the table below are a combination of all three data sources based on the frequency of response.

Table 2Ranked order of most frequently mentioned by data source type

	Focus Groups	Key Informants	Surveys
1	Mental health (including substance abuse)	Social determinants/issues (i.e., education, housing, nutrition, jobs)	High rates of chronic diseases (i.e., diabetes, obesity, asthmas, cancer)
2	Social issues (i.e., housing, transportation, nutrition, poverty)	Mental health (including substance abuse)	Lack of affordable housing options
3	Chronic disease (i.e., diabetes, obesity, cancer)	Access to healthcare (i.e., insurance, provider shortage)	Lack of access to pediatric care
4	Access to healthcare (i.e., provider shortage, overcrowding)	Chronic disease (i.e., diabetes, obesity, cancer)	Lack of access to mental health services (including substance abuse)
5	Lack of preventative care; senior health issues	Preventative healthcare	High need for help navigating assistance programs

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

Table 3

Year	Health Outcomes	Social Determinants	Clinical Care	Built Environment
2019	Mental Health and Alcohol/Drug Substance Abuse Chronic Diseases •Asthma •Cancer •Diabetes •Heart Disease •Obesity		Access to Health Care •Provider shortage •Insurance	



2016	Diabetes (higher rates among Hispanics) Behavioral Health Heart disease and stroke Chronic Obstructive Pulmonary Disease Cancer •Colorectal •Lung •Obesity	High rates of poverty; lower median incomes Lower educational attainment	Poor access to primary care and behavioral health providers Lack of preventive screenings for cancer Inadequate prenatal care	Housing shortages Lack of access to healthy foods
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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 Regional Hospital 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 Regional Hospital's 2020 – 2022 Implementation Strategy and Plan reflects the result 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, and 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 closely aligns with San Antonio Regional Hospital's strategic plan, mission, and values.



San Antonio Regional Hospital 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 4Ranked order of most frequently mentioned by data source type

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

2021 Implementation Strategy Accomplishments

The following table provides a brief description of the major accomplishments achieved in each initiative during 2021.

Table 5

Initiatives	Strategies	Accomplishments
Healthy Eating and Lifestyles Program (<i>HELP</i>)	Expand <i>HELP</i> Elementary School	HELP was reevaluated in 2017. The program was rebranded as wHealth (Wellness + Healthcare), and a revised curriculum for elementary students was developed and implemented in 2018.



Community Health Improvement Program (<i>CHIP</i>)	Expand <i>CHIP</i> program coaches and participants	In 2021, CHIP successfully recruited 34 new students to become health coaches, bringing the grand total to 272 students over the past five years. CHIP enrolled 77 patients in 2021 raising the total number cared for by these health coaches to 437 patients and over 4,500 member months. To date, avoidable ER visits were reduced by 39% and hospitalizations reduced by 46% among CHIP participants enrolled for nine months.
Know Your Numbers (<i>KYN</i>)	Expand <i>KYN</i> program participants	In 2021, there were no KYN events due to COVID-19
BUILD (Bold, Upstream, Innovative, Local, Data-drive) Program	Expand <i>BUILD</i> case management program	BUILD clinical community health worker case management was unable to continue due to COVID-19
Workforce Development (HELP 12+)	Expand <i>HELP</i> program to reach high school students	During 2017, the <i>HELP</i> program was rebranded as wHealth (Wellness + Healthcare). New HealthCorps curriculum was adopted and in 2018 was delivered to high school and middle school students in Upland and Chaffey Joint Union High School Districts. In 2021, the wHealth Program was held in both a virtual and inperson setting. A total of 334 students participated in the program.
Healthy Communities Leadership Development	Develop Healthy Communities Certificate Program	The program concept was revised in 2018 to provide health policy training directed at decision-makers. During 2021, HCI collaborated with the County Department of Public Health from both Riverside and San Bernardino Counties to provide training around healthy communities' policies. The training was part of a regional conference attended by policymakers from across the Inland Empire including councilpersons, city managers, and city planners. HCI continues to support and/or sponsor policy training across the region.



Community Benefit Program Highlights 2021

The following outreach services and programs serve as examples to highlight the actualization of San Antonio Regional Hospital's Implementation Strategy and Plan during 2021.

Community Lectures

Every month San Antonio Regional Hospital hosts community health education lectures via zoom. These lectures are open to the public to engage the community and increasing education related to specific health topics. San Antonio Regional Hospital's physicians, clinical staff, or community organizations present these virtual lectures. Community lectures are broadly publicized and open to the entire community education lectures. Approximately, 350 community members registered, viewed, or attended zoom for community lectures. Community lecture topics were as follows:

- Key things to know about the Coronavirus and the vaccine (Spanish)
- Key things to know about the coronavirus and the vaccine (English)
- Colorectal Cancer: Know the Signs and Symptoms and screening
- COVID-19 and Caregiving
- Self-care and coping: the emotional effects of COVID-19
- Healthy living for your brain and body
- Know the Signs and Symptoms of Depression
- Hypertension Know the Facts
- Understanding Breast Cancer
- New Advances in Alzheimer's Treatments

COVID-19

On January 15, 2021, San Antonio Regional Hospital hosted a virtual community education lecture on "Key Things to Know about the Coronavirus and the vaccine in Spanish - 28 people registered. Dr. Mike S. Zuniga, MD. Family Medicine specialist presented and answered community questions addressing myths and the safety of vaccinations. On January 29, 2021, 94 people registered to connect via zoom with Dr. Zuniga presenting on the same topic in English.



One of the first groups to receive the COVID-19 vaccine were the Clinical Community Health Workers from the City of Ontario. By providing this group access to the COVID-19 vaccine, they were able to lead a vaccination initiative for the residents of Ontario that were uninsured and/or had language barriers, including but not limited to vaccination education, effectiveness, and safety of the vaccine.

Outreach and engagement strategies included virtual education, social media postings with content on what to do if one tested positive, relevant to multigenerational family's dwellings, etc. in both English and Spanish. Community members that did not have access to the internet, were unable to navigate registration, and/or were Spanish-speaking only individuals were directed to reach the Community Health Supervisor via phone for vaccination registration.

Generations Ahead Workshops

San Antonio Regional Hospital 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 services and programs designed to assist older adults in maintaining their health and vitality. *Generations Ahead* is broadly publicized and open to the seniors within our service area with 331 participants/seniors registered for 2021.

Prior to COVID-19, seniors participated in healthy eating classes that included a cooking demonstration with a registered dietician, Ms. Kayla Keel, during the odd months. Ms. Keel provided health education lectures on various nutrition topics, approved recipes were distributed, and a taste testing of the recipe was held at the end of every lecture. This encouraged seniors to eat nutrient-rich meals and make lifestyle changes to keep them healthy. In 2021, there was one event in December. Seniors would drive up, stay in their cars, receive Kayla's cookbook, and a prefilled jar of Apple Spice Granola Bars in a Jar for them to make or give away as a gift.

Prior to COVID-19 seniors would increase their physical activity during the even months. However, due to social distancing, we were only able to host one class during the month of February. Seniors attended free group exercise classes tailored to their needs, for a duration of 30-45 minutes per session, and was held at the Scheu YMCA in Upland. These sessions were taught by a senior instructor from the YMCA, entitled "Let's Get Physical". In 2021, there were no in person YMCA events due to COVID-19 restrictions.

In 2021, the City of Montclair hosted their annual health screening event that was advertised to their seniors. San Antonio Regional Hospital provided blood pressure screenings with a cardiac nurse practitioner and three cardiac nurses. Seniors were able to ask questions one on one with a nurse.





Generations Ahead Newsletter

A monthly newsletter was created to fill in the void caused by the COVID-19 pandemic. This newsletter was designed with seniors' needs in mind. The content included a message from the community health supervisor with updates regarding COVID-19 from our region or any updates that were important for the senior population. The newsletter is comprised of four segments: Nutrition (Cooking with Kayla registration link and recipe card), physical activity (either provided by printable or links to a video), mental health, and any upcoming events. A total of 10 newsletters were sent out via email to a distribution list of 331 recipients each month for a total of 3,310 newsletter emails for 2021.

Cooking with Kayla Video Series

The "Cooking with Kayla" series releases one video per month along with a Newsletter that includes "Cooking with Kayla" recipe card, physical activities in the form of either pintable or video links, and mental health articles or de-stressing activities. The videos are as followed:

- Immunity Soup
- Pork and Vegetable Pot Stickers
- Apple Granola Bars



- Hot Cocoa
- Pumpkin Pasta
- Cashew Soba Noodle Salad
- Strawberry Salad
- Pesto











Mental Health First Aid

Mental Health First Aid is a certification course that provides participants with the knowledge to identify, understand and respond to signs of mental health conditions and substance use disorders. In addition, individuals who are certified in Mental Health First Aid are equipped with the skills needed to reach out and provide initial help and support to a person experiencing a mental health crisis.

In 2021, San Antonio Regional Hospital implemented two virtual Mental Health First Aid certification courses - one in Spanish and one in English. The certification courses were open to the public. A total of 26 participants enrolled and became Mental Health First Aid certified between the two courses.





Additionally, eight individuals completed the Mental Health First Aid instructor training. The instructor training aims to have a network of instructors trained and available to teach the Mental Health First Aid certification courses across the region. As of 2021, all eight individuals registered for the instructor training, with four individuals having completed the training and four individuals scheduled to complete the training by early 2022.

Mental Health Education

Mental Health education presentations were given to parents, guardians and school personnel from the Upland Unified and Chaffey Joint Union High School Districts. The event was open to the public. In collaboration with the National Alliance on Mental Illness (NAMI) - Pomona Valley office, San Antonio Regional Hospital implemented two presentations. One occurred virtually via Zoom and one in-person. A total of 23

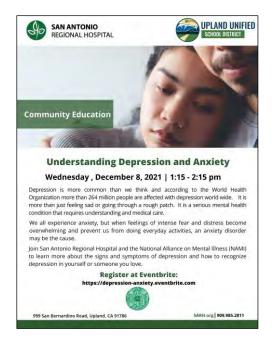


participants attended the Mental Health Education courses in 2021. The topics were as follows:

- Virtual: Ending the Silence Warning Signs of Mental Health Conditions
- In-Person: Understanding Depression and Anxiety









American Cancer Society

San Antonio Regional Hospital's community outreach is enhanced by a unique transportation grant from the American Cancer Society (ACS), providing patients a resource to get to and from cancer treatment. Training took place for care team members of San Antonio Regional Hospital as concierges to arrange transport for community members. As a result, funds were utilized to provide taxis, specialized medical transport, gas cards, and Lyft rides to and from a patient's residence, thereby eliminating a transportation barrier. However, due to the surge of COVID-19, Lyft rides for cancer patients were suspended.

Breast Cancer Awareness

In partnership with the American Cancer Society, San Antonio Regional Hospital hosted "Making Strides Against Breast Cancer" "Pink and Go Seek" drive-thru event. We provided 172 breast cancer survivors with - bags filled with first aid kits, pens, women's and men's health passports, blankets, water bottles and more. Cancer survivors and their teams were greeted by ballerinas from the Inland Pacific Ballet Academy and received goodies from Pepo Melo, Crumbl Cookies, and the street team from KTLA gave away various items. Participants received a \$49.95 mammogram voucher for either themselves or for someone they know that needs to be screened regardless of insurance status.

An additional 78 prefilled bags were provided to the YMCA for their breast cancer awareness event, in addition to providing centerpieces and other supplies.

To complement the hospital's prevention program, a lower cost breast cancer screening program was implemented addressing one of the hospital's top five late stage cancer diagnoses. Voucher were distributed at various events, and emails to various community partners were sent to encourage breast cancer screening. Thirteen vouchers were utilized for the low-cost mammogram service.

Cancer Education

In 2021, a new partnership with the Ontario-Montclair School District (OMSD) was established. In the month of November, 60 staff members received a Human Papillion Virus (HPV) education training to help educate district parents about vaccines against HPV for children.

Colorectal Cancer Screening

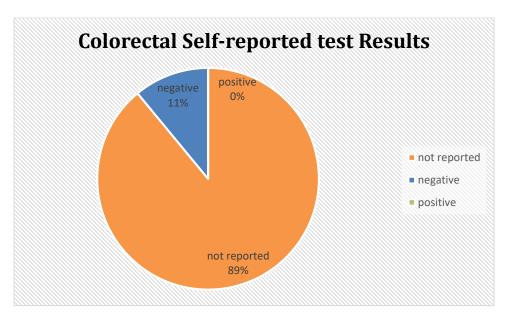
In 2019, San Antonio Regional Hospital, in collaboration with Claremont Graduate University students, initiated the Colorectal Cancer Screening and Prevention program. The program aimed to reduce colorectal cancer incidence rates with early detection in impoverished, uninsured, and underinsured populations through screening and health education. This program provided Fecal Immunochemical Testing (FIT) for the low-income population within the provider service areas, which includedhealth education.

In 2021, this program was offered as virtual education and screening. Eligible participants were mailed out a FIT kit. Then, participants would report their results via phone call, email, or online survey.



Several Colorectal Cancer (CRC) and Education events were held. A total of 190 participants received education and a FIT kit. Eleven percent of participants reported their results. The following graph illustrates the results.

Graph 1



Oncology Nutrition Video Education

The oncology nutrition series intends to broaden the access of information to cancer patients, family, friends, or anyone needing information on oncology nutrition. This video series is recorded and given by a registered dietitian. The series includes seven videos as follows:

- Episode 1: Introduction
- Episode 2: Healthy Lifestyle for Prevention & Cancer Survivors Physical Activity
- Episode 3: Healthy Lifestyle for Prevention & Cancer Survivors-Nutrition
- Episode 4: Nutrition During Cancer Treatment Food Safety
- Episode 5: Nutrition During Cancer Treatment Appetite Fatigue Weight changes
- Episode 6: Nutrition During Cancer Treatment Head & Neck Cancer Oral Complications
- Episode 7: Nutrition During Cancer Treatment Gastrointestinal Disturbances Video

Transportation

San Antonio Regional Hospital provides free transportation to increase access for low-income, uninsured, and/or those who cannot afford to pay for transportation to or from the hospital. In 2021, the hospital offered 323 rides to increase access to health care.

Community Health Improvement Program (CHIP)

The aging population and the continued escalation of patients with chronic conditions are the principal reasons why San Antonio Regional Hospital developed and implemented



the community health improvement program (CHIP) in January 2015. CHIP's focus has been and continues to be:

- 1. Diminish healthcare gaps.
- 2. Promote the delivery of evidence-based care.
- 3. Reduce avoidable emergency room visits and hospitalizations.

Coordinated by a dedicated interdisciplinary healthcare team, 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 identify potential CHIP members. Once enrolled, CHIP deploys individualized, evidence-based clinical strategies based on each person's individual 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 the 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 on achieving health goals during weekly interdisciplinary case reviews. During the COVID-19 pandemic, 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 the 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 to boost cooperation and adherence while helping resolve non-medical issues (social determinants of health) that impede effective risk factor management and patient care.

In 2021, CHIP successfully recruited 34 new students to become health coaches, bringing the total to 272 students over the past five years. CHIP enrolled 77 patients in 2021, raising the total number cared for by these health coaches to 437 patients and over 4,500



member months. To date, avoidable ER visits were reduced by 39% and hospitalizations decreased by 46% among CHIP participants enrolled for nine months.

Lewis-San Antonio Healthy Communities Institute (HCI)

The Lewis-San Antonio Healthy Communities Institute (HCI) was established in April 2016 to identify opportunities, solutions, and partners to impact our region's health positively. 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, significantly underrepresented populations, who are interested in, engaged, and prepared for college and health-related fields. HCI currently focuses on three program areas: healthcare workforce, health policy education, and non-clinical healthcare internships.

Healthcare Workforce

Southern California's Inland Empire Region includes San Bernardino, the largest US geographical county, and Riverside County. According to a recent health assessment in the region, these counties are under-resourced and have poorer health outcomes and a greater shortage of healthcare professionals than surrounding communities. The critical shortage of frontline healthcare workers, along with limited prospects for future trained quick-response providers, is driving a growth in the need for health professionals with technological and interdisciplinary expertise capable of addressing novel challenges at the patient and community levels. Lewis-San Antonio Healthy Communities Institute (HCI) developed two school-based adolescent programs called "wHealth" (wellness + healthcare) and the "Young Healthcare Professionals" to address these two major needs to build healthier outcomes and an ecosystem of health equity for the future of the Inland Empire.

wHealth

wHealth supports students in their health career journey by 1) creating learning opportunities around chronic disease prevention; 2) helping to establish lifelong healthy habits; and 3) supporting an interest in healthcare careers. 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 organization, and aligns with the 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 across the region to instruct high school wellness in eight classroom sessions.

Professional development through the "Train-the-Trainer model" is integrated throughout the program, along with instruction and mentorship among various educational levels. University students are wellness curriculum instructors and serve as mentors to high school students as they answer questions on college life, majors, and career planning. Once high school students complete their eight-week HealthCorps 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 may 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 HealthCorps wellness lessons to junior high students.

In 2021, however, the ongoing Covid-19 pandemic brought on another year of challenges with remote learning at all school sites. The Trainer program went on hiatus to maintain state-wide safety precautions. In lieu of the Trainer program, an Advocacy Project was piloted with 11th and 12th-grade students from Chaffey High School (n=7). The Advocacy Project included career readiness training and provided students with an opportunity to create change within their school community as Peer Health Advocates. Students developed a social media campaign targeting stress and anxiety. They promoted mental wellness tips and coping strategies to their peers through Instagram throughout the Spring semester.

For wHealth, the Summer of 2021 was devoted to program planning. In Fall 2021, school sites returned to in-person learning. The wHealth program continued its fifth year in person at Chaffey High School (n=94) and Upland High School (n=137). The return to inperson learning allowed for the expansion of the wHealth program to two new school sites, Montclair High School (n=44) & Ontario High School (n=52). The expansion to two new sites was well received by both the students and teachers. For example, a math teacher from Ontario High School that participated in the program saw improvements in classroom participation and attitudes throughout the program duration. Student feedback from each of the four school sites was overtly positive.

The expansion of the wHealth program would not have been possible without funding from Chaffey Joint Unified High School District's Strong Workforce Grant. HCI was selected as an awardee for the grant, which allowed for the expansion of its premier program, wHealth; the development of a new program; and the appointment of two new part-time Healthy Communities Specialists.

Young Healthcare Professionals

The Young Healthcare Professionals (YHP) program developed with funding from the Strong Workforce Grant. The YHP program supports students in their health career journey by 1) supporting an interest in allied healthcare careers; 2) training students for entry-level healthcare positions in the region; 3) helping to establish lifelong healthy habits; and 4) mentoring youth as they transition to adulthood. This program aims to increase knowledge and skills for allied healthcare professions and knowledge of healthy living strategies. The YHP program goals include 1) Increasing the number of adolescents pursuing the field of healthcare as a career; and 2) increasing knowledge of wellness lifestyle habits using the eight Dimensions of Wellness by the Substance Abuse and Mental Health Services Administration (SAMHSA). The curriculum utilizes university students across the Inland Empire to instruct high school students over 5 Saturday sessions.



The Young Healthcare Professionals program was piloted as a hybrid program during Summer 2021 with a blend of Chaffey High School Students (n=8) and Upland High School Students (n=7). All students in the program received a materials basket with items needed for each of the sessions. Some items in the materials basket include; a stockpot, measuring cups/spoons, a personal blender, play-doh, a True Colors booklet, and Mindfulness Cards. The students explored various allied healthcare careers through minipresentations, recorded interviews with health professionals from San Antonio Regional Hospital, and online virtual labs using Labster. Alongside, the students had the opportunity to earn their Food Handler's Card and the Basic Life Support Certification with Key Medical Resources; both are professional certifications that enable them to obtain their first job and/or an entry-level position in the healthcare field. Of the 15 participants, 13 became certified in both professional certifications.

Regarding wellness, students received cooking supplies and a \$25 Sprouts gift card for a cooking assignment to make Three Bean Chili or a Build-Your-Own Smoothie. Students further explored wellness with the Eight Dimensions of Wellness session that introduced the various types of wellness. Lastly, students completed a True Colors training to identify their temperament style and best practices for working in a team. As well as the Emotional Life Skills Training, conducted by Give an Hour educators, where students learned early identification signs for emotional suffering, ways to implement self-care, and tips to develop a supportive community.

Overall, the Young Healthcare Professionals pilot program was successful and well-received by students and its partner teacher, an Anatomy & Physiology Teacher from Chaffey High School. Due to this success, the YHP program returned as a hybrid program for Fall 2021 at Chaffey High School (n=24). The program followed the same format from the Summer, although minor changes were made to program instruction and logistics based on student feedback. A Financial Literacy component that taught students the basics of money management was included for the Fall. Students enrolled in the program, received their Basic Life Support Certification and Food Handler's Card. The Fall implementation of YHP was praised and over 50% of enrolled students suggested the program to be longer.

Staff & Support:

HCI recruits university students in either a Master of Public Health program or a Bachelor level program in Public Health, Health Sciences, or other related fields. These students fulfill their degree's practicum requirement (which varies from 120 to 400 hours) and gain exposure to public health needs within their communities. Students fulfill their practicum requirements as interns by instructing high school students, conducting program operations, and collecting data throughout program implementation.

All non-clinical internships remained remote throughout the 2021 school year. As a result, HCI had 57 Interns completing their hours. Interns were from a range of Bachelor's interns in Healthcare Administration and Public Health Education from Cal State San Bernardino, Loma Linda University Masters of Public Health interns, and Claremont Graduate University Masters of Public Health interns.



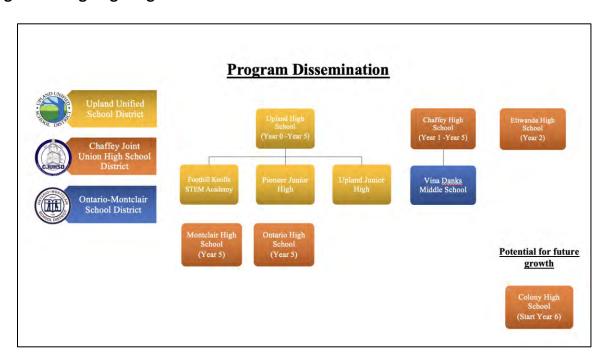
Additionally, the wHealth staffing team experienced some changes. With the departure of the 2020 Healthy Communities Supervisor, a 2020 Healthy Communities Specialist was promoted to Healthy Communities Lead Specialist in May 2021. Two additional part-time Healthy Communities Specialist positions were vacant until June 2021 filled by a previous intern and a new hire until December 2021.



Table 1: Ongoing Program Participation				
School Year	High School	High School Trainers	Junior High	
2016 - 2017 (Year 0) Pilot Year	165 · Upland High	17 · Upland High	64 · Foothill Knolls	
2017 - 2018 (Year 1)	287 · Upland High · Chaffey High	33 · Upland High · Chaffey High	139 Foothill Knolls Pioneer Upland Vina Danks	
2018 - 2019 (Year 2)	486Upland HighChaffey HighEtiwanda High	18 Upland High Chaffey High	91 • Foothill Knolls • Vina Danks	
2019 - 2020 (Year 3)	315 Upland High Chaffey High	19 · Upland High · Chaffey High	91 · Foothill Knolls · Vina Danks	
2020 - 2021 (Year 4) Virtual programming due to Covid-19	168 • Chaffey High • Upland High	7 · Chaffey High	N/A · Vina Danks	
2021 - 2022 (Year 5) In Progress	327 Chaffey High Upland High Ontario High Montclair High	TBD Chaffey High Upland High Montclair High	N/A · Vina Danks · Foothill Knolls	



Figure 1: Ongoing Program Dissemination



2021 Pictures:



Fig. 1 Chaffey High School
Peer Health Advocate
receiving her award
package at her home.
May 2021



Fig. 2 Chaffey High School Peer Health Advocate receiving her award package at her home. May 2021



Fig. 3 Brianna Vasquez (Healthy Communities Lead Specialist) with a Young Healthcare Professionals Materials Box getting ready for Student Pick-up Day at Chaffey High School. July 2021



Fig. 5 Upland High and Chaffey High Students in the Young Healthcare Professionals program receiving their Basic Life Support Certification and CPR Kit. July 2021



Fig. 6 Health Educator Interns introducing the wHealth program at Montclair High School.

September 2021



Fig. 7 Healthy Communities Specialist and a Health Educator Intern talking about stress for a wHealth Mental Resilience session at Chaffey High School.

October 2021





Fig. 8 wHealth students at Upland High School practicing a stretch for a wHealth Physical Activity session.

November 2021



Fig. 9 Students in the Fall cohort of the Young Healthcare Professionals program alongside 3 staff and 3 interns.

November 2021



Fig. 10 A Young Healthcare
Professionals student
demonstrating her CPR skills to
receive her Basic Life Support
Certification.
November 2021

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 the community with additional services and programs in response to the community's needs. A summary and valuation of the 2021 community outreach program follow, 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 2021 community benefit valuation, delineated by major category.

2021 Community Benefit Valuation	า		
Community Health Improvement Services			
Category	Benefit		
Community Health Education and Support			
Breast Cancer Support Group	\$540		
Breast Feeding Class	600		
Cancer Caregiver Support Group	500		
Generations Ahead	517		
Healthy Beginnings	146,792		
Infant Care Class	620		
Medical Minutes	53,131		
Mental Health Program	70		
NICU follow-up Clinic	3,505		
Nutrition Counseling	165		
Pilates for Cancer Health	2,370		
Prepared Childbirth	1,200		
Prepared Childbirth Crash Course	40		
Women's Health	651		
Healthcare Support Services	1.010		
Blood Drive	1,212		
Community Health Improvement Program CHIP	400,059		
Palliative, Spirituality, & Health	29,744		
Taxi Vouchers/Transportation	9,117		
Other Community Needs			
Access to Clinical Care/Physician Shortage	993,880		
Community Outreach	11,045		
Community Health Improvement Services Total	\$1,655,758		
Health Professions Education			
Other Health Professions Education			
Chaffey College Radiology Training	118,529		
Health Professions Education Total	\$118,529		
Subsidized Health Services			



Emergency and Trauma		
Physician Fees: Indigent Care	\$275,020	
Subsidized Health Services Total	\$275,020	
Cabolaleda Floatiff Col Victor Fotal	Ψ21 3,320	
Financial and In-kind Donations		
Cash Donations		
Cash Donations	20,000	
Inkind Donations		
Meals on Wheels	84,334	
Thanksgiving Food Baskets	7,700	
Financial and In-kind Donations Total	\$112,034	
Community Building Activities		
Community Support		
HCI Community Activities	370	
Leadership Development		
HCI Policy	680	
Program Development/Operations		
HCI Planning and Operations	316,329	
Workforce Development		
HCI Healthcare Workforce	1,742	
Community Building Activities Total	\$319,121	
Community Benefit Operations		
Other Resources		
Community Outreach Planning and Operations	2,928	
Community Benefit Operations Total	\$2,928	
Total Community Benefit	\$2,483,390	
Unreimbursed Medical Care (based on the fully allocated cost of care)		
Charity Care (care provided at no cost to patients)	\$1,454,613	
Medi-Cal Shortfall*	\$34,920,980	
Total Community Benefit Including Unreimbursed Medical Care	\$36,375,593	
Bad Debt	\$13,340,290	
Total Including Bad Debt	\$49,715,883	
*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. Questions regarding this report or the hospital's community benefit activities should be directed to Roxana Rabadi, Manager Community Health, Lewis-San Antonio Healthy Communities Institute at (909) 920-6153 or Aileen Dinkjian, Executive Director of Population Health, Lewis-San Antonio Healthy Communities Institute (909) 920-4829.

