

2016 Community Health Needs Assessment Report



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Citrus Valley Health Partners

Community Benefit

Community Health Needs Assessment (CHNA) Report

AUTHORS

The Center for Nonprofit Management (CNM) was established in 1979 by the corporate and foundation community as the Southern California source for management education, training, and consulting within the nonprofit community. From core management fundamentals to executive coaching, in-depth consulting and analyses, CNM enables individuals to become better leaders of more effective organizations. CNM's research and networking efforts distribute knowledge and thought to nonprofit organizations so that they are prepared to face today's known tasks and tomorrow's unknown challenges. CNM seeks to shape how nonprofit leaders approach problems so they can more effectively pursue their missions. CNM helps individuals and their organizations evolve, adapt and thrive.

The CNM team has been involved with CHNAs for hospitals throughout Los Angeles County and Southern California for more than ten years. The CNM team conducted the 2004, 2007 and 2010 assessments for the Metro Hospital Collaborative (California Hospital Medical Center, Children's Hospital Los Angeles, Good Samaritan Hospital, Kaiser Foundation Hospital Los Angeles, Queens Care, and St. Vincent Medical Center). Key members of the CNM team also worked on the 2007 CHNAs for St. Francis Medical Center and the Franciscan Clinics. CNM conducted the 2013 CHNAs for three Kaiser Foundation hospitals and one non-Kaiser Foundation hospital in the greater Los Angeles area, three Glendale hospitals and the 2013 Metro Hospital Collaborative (California Hospital Medical Center, Good Samaritan Hospital and St. Vincent Medical Center) and assisted an additional two Kaiser Foundation Hospitals (Panorama City and San Diego) in community benefit planning based on the needs assessments. More recently, the CNM team conducted the 2014 CHNA for a specialty hospital, Casa Colina Hospital and Centers for Healthcare, where the team modified the process to capture the specialized needs of their service area and population.

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Community Stakeholders

A great many organizations and agencies contributed their time to assist to the Citrus Valley Health Partners 2016 community health needs assessment. We acknowledge the gracious contribution of the following organizations and agencies:

- American Cancer Society
- Arcadia Mental Health Center
- Asian Youth Center
- Azusa Unified School District
- Baldwin Park Adult and Community Education
- Baldwin Park Police Department
- Baldwin Park Unified School District/Health Services
- Baldwin Park Unified School District/Baldwin Park High School
- Bike San Gabriel Valley
- Boys & Girls Club of West San Gabriel Valley
- California Center for Public Health
- California Center for Public Health Advocacy
- California Mental Health Connection
- Care 1st Health Plan
- Center for Integrated Family and Health Services
- Citrus Valley Association of Realtors
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- City of West Covina
- Day One
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- East San Gabriel Valley Coalition for the Homeless
- East San Gabriel Valley Regional Occupational Program and Technical Center
- East Valley Community Health Center
- El Monte City School District
- El Monte Comprehensive Community Health Center
- El Monte - South El Monte Emergency Resources Association
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- Five Acres
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- Foothill Unity Center, Inc.
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- Health Consortium of the Greater San Gabriel Valley
- Herald Christian Health Center

- Irwindale Chamber of Commerce
- Jack Crippen Multipurpose Senior Center
- L.A. Voice
- La Casa de San Gabriel
- La Puente Valley Regional Occupational Program
- Los Angeles County Department of Mental Health
- Los Angeles County Department of Public Health, Service Planning Area 3
- Los Angeles County Department of Public Health, Substance Abuse Prevention and Control
- Los Angeles County Office of Education
- Majestic Realty Corporation
- Meals on Wheels Industry
- Mt. San Antonio College
- New Horizons Caregivers Group
- Office of Congresswoman Grace Napolitano
- Office of Senator Ed Hernandez
- Our Saviour Center
- Pacific Clinics
- Parents' Place Family Resource Center
- Regional Chamber of Commerce - San Gabriel Valley
- Rowland Unified School District
- Rowland Unified School District Family Resource Center
- San Gabriel Children's Center
- San Gabriel Valley Conservation Corps
- San Gabriel Valley Conservation Corps Earthworks Farm
- San Gabriel Valley Consortium on Homelessness
- San Gabriel Valley Economic Partnership
- San Gabriel Valley Foundation on Dental Health
- Social Model Recovery Systems
- Southern California Edison Federal Credit Union
- SPIRITT Family Services
- The Greater West Covina Business Association
- United Methodist Church
- West Covina Girl Scouts
- West Covina Police Department
- West Covina Unified School District
- YWCA San Gabriel Valley

TABLE OF CONTENTS

Authors	2
Acknowledgements.....	3
I. Executive Summary.....	6
A. Community Health Needs Assessment (CHNA Background).....	6
B. Summary of Prioritized Needs	6
C. Summary Needs Assessment Methodology and Process	6
II. Introduction / Background.....	10
A. About Citrus Valley Health Partners (CVHP)	10
B. About Citrus Valley Health Partners Community Benefit	10
C. About the Center for Nonprofit Management	11
C. Purpose of the CHNA Report.....	11
D. Citrus Valley Health Partners Approach to CHNA	12
III. Service Area	13
IV. Demographic Profile of Community Served	15
V. Methods To Identify Community Health Needs.....	32
A. Secondary Data	32
B. Community Input.....	32
C. Data Limitations and Information Gaps.....	34
VI. Prioritization of Community Health Needs.....	32
VII. Key Findings.....	38
A. Health Outcomes	38
B. Health Drivers	57
C. Community Assets	72
VII. CVHP 2013 Implementation Strategy Evaluation of Impact --- Forthcoming	72
Appendix A: Secondary Data Sources and Dates.....	A-1
Appendix B: Scorecard.....	B-1
Appendix C: Community Input Tracking Form	C-1
Appendix D: Health Need Profiles.....	D-1
Appendix E: Glossary of Terms.....	E-1
Appendix F: Data Collection Protocols.....	F-1
Appendix G: Primary Data Summaries.....	G-1

I. EXECUTIVE SUMMARY

Citrus Valley Health Partners (CVHP) serves the residents of the East San Gabriel Valley through the work of its four facilities: Citrus Valley Medical Center – Inter-Community Campus in Covina, Citrus Valley Medical Center – Queen of the Valley Campus in West Covina, Foothill Presbyterian Hospital in Glendora, Citrus Valley Hospice and Citrus Valley Home Health in West Covina.

This 2016 report documents the community health needs assessment (CHNA) conducted for Citrus Valley Health Partner in collaboration with Kaiser Foundation Hospital – Baldwin Park. The results of the CHNA will inform the development of implementation strategies developed by CVHP to address the health needs found in the community. This executive summary is intended to provide a high level snapshot of the CHNA regulations governing hospitals, the list of prioritized health needs found in the report, the methodology used to identify those health needs, and a summary of the overall assessment.

A. Community Health Needs Assessment (CHNA Background)

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

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

B. Summary of Prioritized Needs

Health outcomes and drivers are interconnected and can negatively or positively impact individual health. Drivers include social and economic factors that often contribute to the ability or inability of certain populations or groups to access the necessary care needed to diagnose, treat and prevent poor health. Therefore, it is important that drivers be taken into consideration when developing health strategies and programs to address health needs.

The following is a list of 19 prioritized health needs (health outcomes and social determinants of health) that resulted from the analysis of primary and secondary data, observations of disparities, and review of the previous 2013 CVHP CHNA findings.

Prioritized Health Needs		
1.	Diabetes	Outcome
2.	Overweight and obesity	Outcome
3.	Economic security	Driver
4.	Mental health	Outcome
5.	Access to health care	Driver
6.	Healthy behaviors	Driver
7.	Cultural and linguistic barriers	Driver

Prioritized Health Needs		
8.	Housing	Driver
9.	Alcohol abuse, substance abuse, and tobacco use	Outcome
10.	Preventive health care	Driver
11.	Cancer	Outcome
12.	Cardiovascular disease	Outcome
13.	Physical environment	Driver
14.	Violence and injury prevention	Driver
15.	Oral health	Outcome
16.	Respiratory disease	Outcome
17.	Hypertension	Outcome
18.	Alzheimer's disease	Outcome
19.	Access to healthy foods	Driver

C. Summary of Needs Assessment Methodology and Process

Identification

The 2016 CHNA needs assessment methodology and process involved a mixed-methods approach that included the collection of both secondary data and primary data. Over 400 secondary data indicators on a variety of health, social, economic, and environmental topics were collected by ZIP Code, Service Planning Area (SPA)¹, county, and state levels (as available). The consultant team queried data on indicators through the Kaiser Permanente CHNA Data Platform and obtained the data rates for the Citrus Valley Health Partners Area through accessing various additional data sources. In most cases the service area values represent the aggregate of data of smaller geographic units (e.g., ZIP Codes, census tracts) which fall within the service area boundary. When one or more geographic units are not entirely encompassed by a service area, the measure is aggregated proportionally. The options for weighing “small area estimations” are based on total area, total population, and demographic group population. Primary data collection consisted of reaching out to local public health experts, community leaders, and residents to identify issues that most affected the health of the community. The CHNA process also included an identification of existing community assets and resources to address the identified health needs.

For the Citrus Valley Health Partners’ CHNA, primary data were collected through six focus groups and ten phone interviews with a total 69 stakeholders, including community representatives, health experts, local government representatives, local business owners, and social and health service providers. These informants assisted in identifying the most severe health outcomes and associated drivers, health disparities, and community assets and resources available in the Citrus Valley Health Partners service area to address the identified health outcomes and drivers identified through secondary data analysis.

In order to be included in the list of identified health needs, a health outcome or driver had to meet two requirements: it had to be mentioned in the primary data collection more than once *and* a secondary data indicator associated with the health outcome and/or driver needed to perform poorly against a

¹ A Service Planning Area, or SPA, is a specific geographic region within Los Angeles County. SPAs were created to help divide Los Angeles County into distinct areas that allow the Los Angeles County Department of Public Health develop and provide more relevant and targeted public health and clinical services to treat specific health needs of residents in those areas. (Retrieved from <http://publichealth.lacounty.gov/chs/SPAMain/ServicePlanningAreas.htm>).

designated benchmark (County average, state average, or Healthy People 2020 goal).

Prioritization

Prioritization of the identified needs is essential to the community benefit planning process. CNM engaged a total of 41 community stakeholders through a community forum held in December 2015 to assist with the prioritization of 19 health needs. During the community forum, attendees reviewed a summary of the secondary data indicators and responses from stakeholders and participated in a guided group activity to share insights and perspectives with their colleagues. At the end of the community forum, attendees were asked to complete a survey in which they ranked each health outcome and health driver according to five criteria:

- Magnitude: how many community members were affected
- Severity: how much community members were impacted
- Change over time: whether an issue has improved or gotten worse over time
- Resources: amount of resources available in the community to address an issue
- Disparities: the level of impact on a specific vulnerable population group

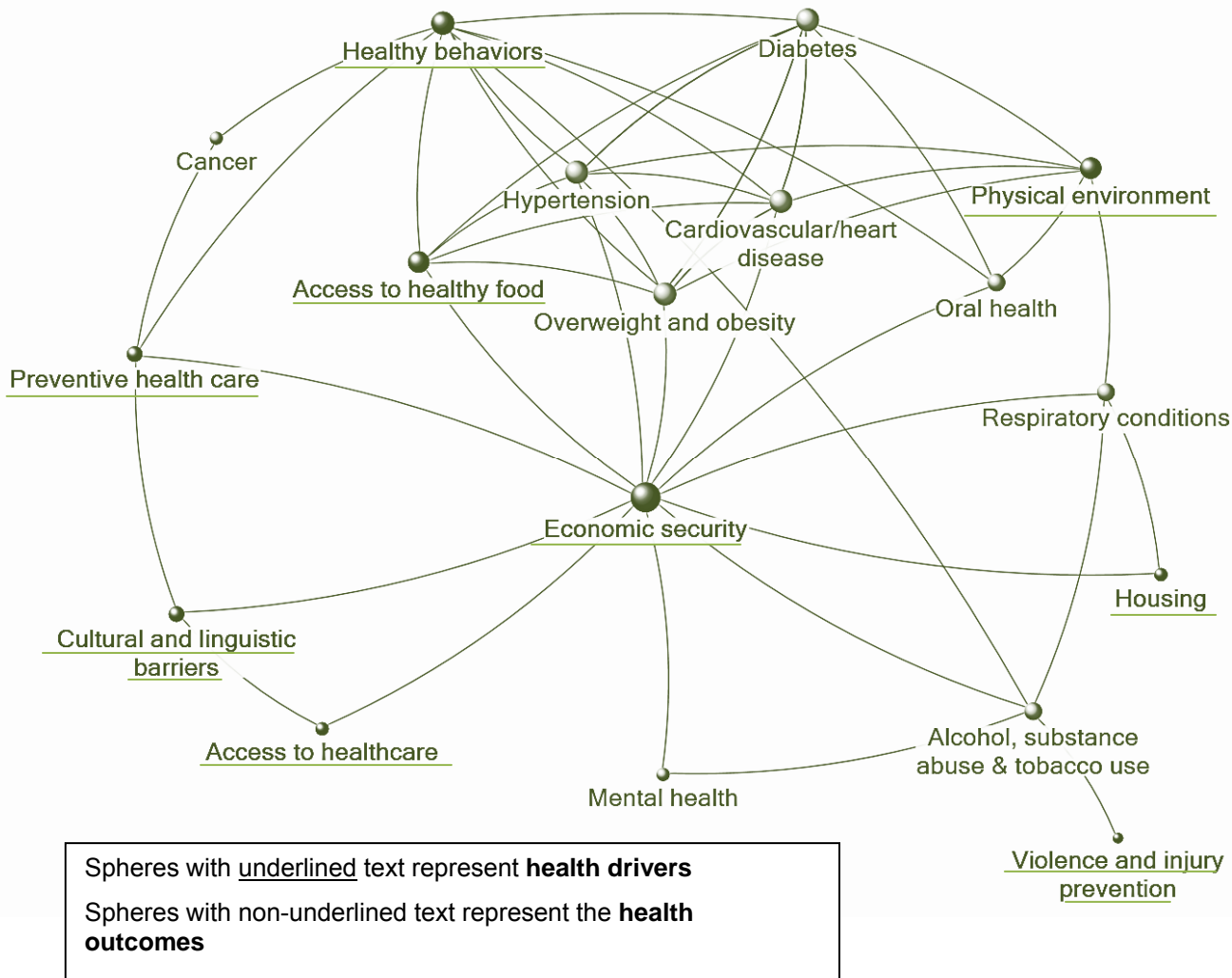
Those who were not able to attend the community forum could participate in the process by completing an online version of the prioritization survey disseminated at the community forums. In addition, attendees had an opportunity to vote to indicate which health outcomes and health drivers they believed most severely affected the communities within the Citrus Valley Health Partners' service area. A link to the online survey and supplemental materials shared at the forums were emailed to stakeholders; a total of six people completed the online survey. Overall composite scores were calculated for both in-person and online surveys by averaging the responses to the criteria questions. The resulting scores were put into a matrix where other factors (or considerations) were taken into account, including observed population disparities by ethnicity, age, gender, and geography through secondary or primary data; noted trends from a review of the 2013 Citrus Valley Health Partners CHNA (worsening or improving); and order in priority ranking. The matrix served as a way to centralize all composite scores and considerations, further demonstrating the severity of each health outcome and driver.

Summary

The overall CHNA process was rigorous, taking into consideration over 400 secondary health, social and economic data indicators and input from over 70 community stakeholders through in-person meetings and an online survey. All the data and information collected were analyzed and the result of the analysis was a prioritized list of identified health needs. The information collected through the CHNA process will be used by Citrus Valley Health Partners to help inform the development of their 2016 Implementation Strategy Plan for the next three years.

The figure below illustrates the interconnectedness of the health outcomes and drivers identified during this needs assessment. Light green spheres represent the health outcomes and dark green ones (and underlined) represent health drivers. The size of the sphere increases according to the number of connections it has with other nodes. It is important to note that every health outcome and driver prioritized by the community is related to at least one other—there are no isolated outcomes or drivers in this system. When looking at just the health outcomes (light green nodes), a strong relationship is observed between diabetes and overweight and obesity, priorities one and two listed above. They are also strongly related to cardiovascular/heart disease, and hypertension, numbers 12 and 17 on the list. These four outcomes are in turn related to economic security, healthy behaviors, physical environment, and access to healthy food (numbers three, six, 13 and 19, respectively, on the health needs list).

These eight components create a sort of nexus within the Citrus Valley Health Partners system, though four of them fall in the second half of the lists.



Community assets and resources to address the emerging health needs were identified through focus groups and interviews in the identification phase of the process. Stakeholders were asked to share names of community organizations, programs, and other resources they knew of and/or had experience with to address the specific health needs. These included hospitals, clinics, health centers, associations, community-based organizations, faith-based organizations, universities, public initiatives and hotlines. Following the identification of assets, Internet research was conducted to validate each asset and resource and collect up-to-date information for each. To view these community assets and resources please refer to Appendix D. Health Need Profiles.

II. INTRODUCTION / BACKGROUND

A. About Citrus Valley Health Partners

As the largest, nonprofit health care provider for the residents of the East San Gabriel Valley, CVHP serves the community through the work of its four facilities: Citrus Valley Medical Center – Inter-Community Campus in Covina, Citrus Valley Medical Center – Queen of the Valley Campus in West Covina, Foothill Presbyterian Hospital in Glendora, Citrus Valley Hospice and Citrus Valley Home Health in West Covina.

Nearly one million residents in the East San Gabriel Valley rely on CVHP for their health care needs. They are known regionally for their primary stroke center, robotic surgery program, outpatient and inpatient rehabilitation services, diabetes treatment and education, maternal and child health services, the technologically advanced Citrus Valley Heart Center and an innovative palliative care program. Its family of 3,000 employees and 1,000 physicians work together as a team to elevate the health of their community.

While focused on healing the sick, CVHP is also dedicated to reaching out to improve the health of our community. Community outreach efforts allow CVHP to reach beyond the hospital walls to help educate community members, to help manage their health and to give them options in resources and health screenings. CVHP offers a variety of health programs, services and support groups and partners with a variety of community organizations, cities and school districts with the common goal of improving health and well-being.

B. About Citrus Valley Health Partners' Community Benefit

CVHP is an organization recognized for its outstanding community outreach efforts and accomplishments. An organization dedicated to creating innovative partnerships among the numerous health and social service organizations in our valley, with close to 100 participating agencies in diverse collaborative relationship devoted to promoting community health and well-being.

Some highlights include CVHP's Partnership Nursing Program, which is based on the concept that through working partnerships between faith communities, community organizations and medical professionals, health and wellness issues can be significantly improved. Get Enrollment Moving program, also known as GEM, volunteers and CVHP staff members work together to recruit eligible families and enroll them in Medi-Cal, Healthy Kids, Healthy Way LA, and other health access programs. GEM also calls enrolled individuals three separate times to ensure that confirm enrollment, ensure utilization of services and trouble shoot, and to provide assistance at renewal time. GEM is a project of CVHP and it is supported by funding from the L.A. County of Public Health Department and First 5 LA. GEM Promotoras de Salud/Health Promoters is a peer outreach and education neighborhood-based initiative with the purpose of teaching and connect community residents with health insurance options. As leaders in their community, they visit homes door-to-door to identify needs for information and services. CVHP'S Diabetes Program provides free diabetic foot screenings for patients and residents every month. Free diabetes test strips are provided free of charge to patients through a partnership with a local community clinic; this practice had already shown positive results in residents better managing their diabetes. Free support groups are offered at Foothill Education Center in Glendora and CVHP Resource Center in Covina to help residents with their concerns, achievements and challenges in managing their diabetes. The Latino community has access to Spanish language groups led by a Registered Nurse and Certified Diabetes Educator. CVHP's vision is to be an integral partner in elevating communities' health through partnerships. CVHP has formed a Diabetes Prevention and Management Multidisciplinary Group made up of 18 public and private agencies who join minds to

respond to the needs of the diabetic population and decrease the devastating effects that come with it. CVHP's Best Babies Collaborative program offers free home visitation services for high risk teens and women in partnership with six community partners. This program is made possible through funding and partnership with First 5 LA. CVHP has been proactive in offering outreach and education throughout the community in the Affordable Care Act/MediCal Expansion and Market Place. Since conception, Every Child's Healthy Option (ECHO) is a collaborative effort involving CVHP, coordinated and lead by local school districts. The ECHO program has in place a cadre of volunteer health providers who offer free urgent care services in various specialties; it ensures that every child, regardless of income level, has access to urgent quality health care and provides enrollment for the child in health insurance. Other important programs that receive support from CVHP are the San Gabriel Valley Coalition on Homelessness and the San Gabriel Valley Disabilities Collaborative.

C. About the Center for Nonprofit Management

The Center for Nonprofit Management (CNM) was established in 1979 by the corporate and foundation community as the Southern California source for management education, training, and consulting within the nonprofit community. From core management fundamentals to executive coaching, in-depth consulting and analyses, CNM enables individuals to become better leaders of more effective organizations. CNM's research and networking efforts distribute knowledge and thought to nonprofit organizations so that they are prepared to face today's known tasks and tomorrow's unknown challenges. CNM seeks to shape how nonprofit leaders approach problems so they can more effectively pursue their missions. CNM helps individuals and their organizations evolve, adapt and thrive.

The CNM team has been involved in, and conducted CHNAs for hospitals throughout Los Angeles County and San Diego County for over ten years. The CNM team was involved in the 2004, 2007 and 2010 assessments for the Metro Hospital Collaborative (California Hospital Medical Center, Children's Hospital Los Angeles, Good Samaritan Hospital, Kaiser Foundation Hospital Los Angeles, Queens Care, and St. Vincent Medical Center). Key members of the CNM team also worked on the 2007 CHNAs for St. Francis Medical Center and the Franciscan Clinics. CNM conducted the 2013 CHNAs for three Kaiser Foundation hospitals and one non-Kaiser Foundation hospital in the greater Los Angeles area, three Glendale hospitals and the 2013 Metro Hospital Collaborative (California Hospital Medical Center, Good Samaritan Hospital and St. Vincent Medical Center) and assisted an additional two Kaiser Foundation Hospitals (Panorama City and San Diego) in community benefit planning based on the needs assessments. More recently, the CNM team conducted the 2014 CHNA for a specialty hospital, Casa Colina Hospital and Centers for Healthcare, where the team modified a process to capture the specialized needs of their service area and population.

D. Purpose of the CHNA Report

Community Health Needs Assessments (CHNA) have been integral to learning about the health of the communities Citrus Valley Health Partners (CVHP) serves. CVHP continues to be committed to building on the CHNA and relationships in the community to deepen knowledge of the community-specific needs and the resources and leaders in the community. This deeper knowledge will enable the development of a new approach by engaging and activating in a way that addresses specific community needs in collective action with the community. This innovative approach will leverage existing and new community partnerships and harness the power of all Citrus Valley Health Partners assets – economic, relationships, and expertise – to positively impact community health.

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

E. Citrus Valley Health Partners Approach to CHNA

Citrus Valley Health Partners has conducted CHNAs for many years, often as part of long standing community collaborative with Kaiser Foundation Hospital–Baldwin Park (KFH–Baldwin Park). Citrus Valley Health Partners and KFH–Baldwin Park have similar geographic service areas, specifically an overlap of 14 cities within the larger area of KFH–Baldwin Park. This current CHNA was completed through a collaboration between Citrus Valley Health Partners and KFH–Baldwin Park.

The new federal CHNA requirements have provided an opportunity to revisit the needs assessment and strategic planning processes with an eye toward enhanced compliance and transparency and leveraging emerging technologies. The intention is to develop and implement a transparent, rigorous, and whenever possible, collaborative approach to understanding the needs and assets in our communities. From data collection and analysis to the identification of prioritized needs and the development of an implementation strategy, the intent was to develop a rigorous process that would yield meaningful results.

Review of secondary data was conducted through multiple sources that provide access to publicly available indicators including social and economic factors, health behaviors, physical environment, clinical care, and health outcomes. Primary data were collected through key informant interviews, focus groups and surveys. This consisted of reaching out to local public health experts, community leaders and residents to identify issues that most impacted the health of the community. The CHNA process also included an identification of existing community assets and resources to address the health needs.

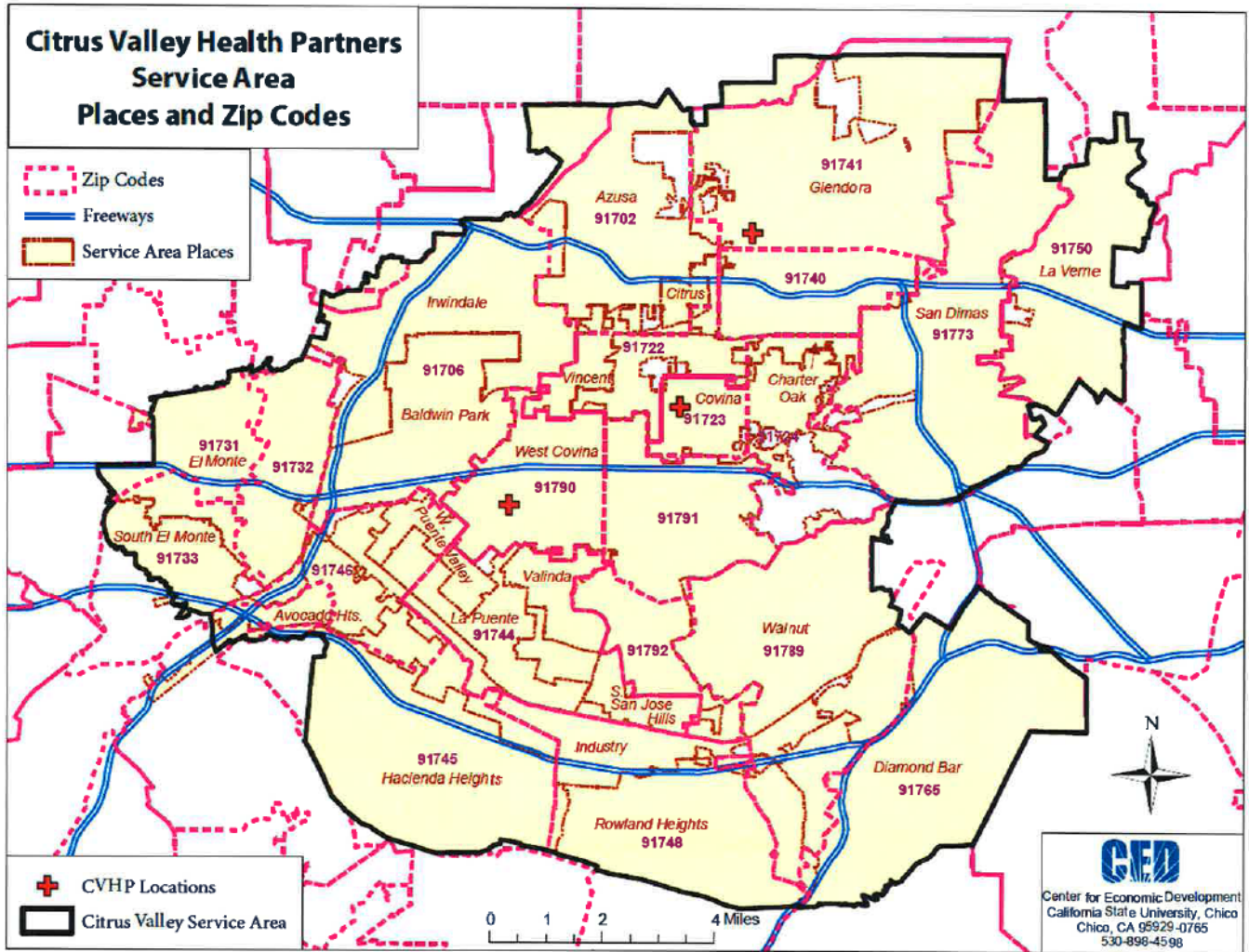
In conjunction with this report, Citrus Valley Health Partners will develop an implementation strategy for the priority health needs the hospital will address. These strategies will build on Citrus Valley Health Partners' assets and resources, as well as evidence-based strategies, wherever possible. The Implementation Strategy will be filed with the Internal Revenue Service using Form 990 Schedule H. Both the CHNA and the Implementation Strategy, once they are finalized, will be posted publicly on our website, <https://www.cvhp.org/documents/>.

III. SERVICE AREA

The Citrus Valley Health Partners hospital generally serves residents surrounding the hospital in the East San Gabriel Valley region and does not exclude low-income or underserved populations. The service area is presented in the table below by city/community, ZIP Code and Service Planning Area (SPA).

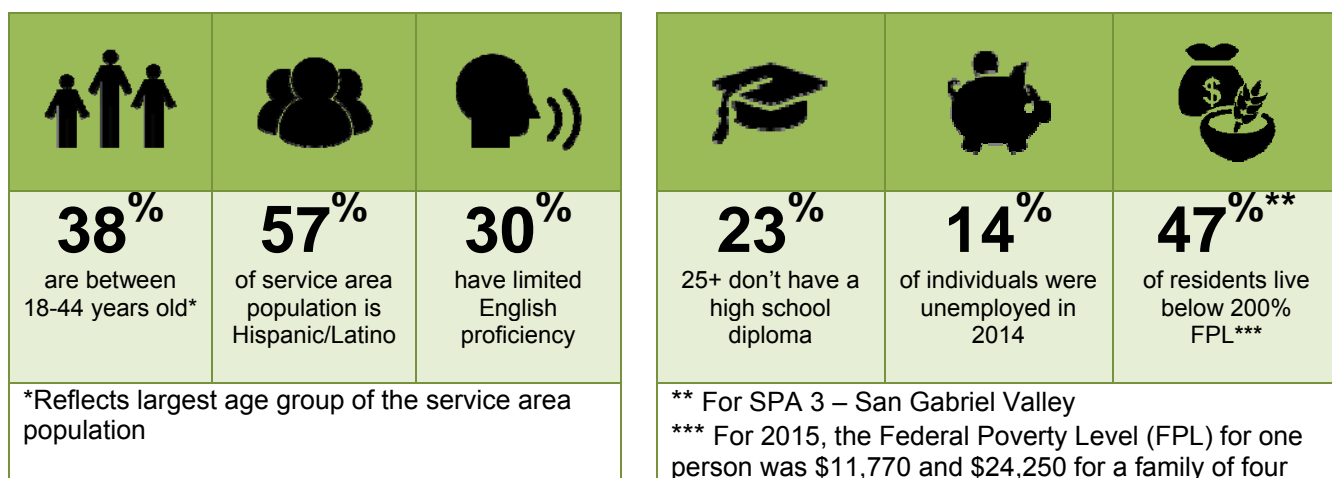
City/Community	ZIP Code	Service Planning Area (SPA)
Azusa, Irwindale	91702	SPA 3 – San Gabriel Valley
Baldwin Park, Irwindale	91706	SPA 3 – San Gabriel Valley
Covina	91722, 91723, 91724	SPA 3 – San Gabriel Valley
Diamond Bar	91765	SPA 3 – San Gabriel Valley
El Monte (including City of Industry)	91731, 91732	SPA 3 – San Gabriel Valley
Glendora	91740, 91741	SPA 3 – San Gabriel Valley
Hacienda Heights (including City of Industry, La Puente)	91745	SPA 3 – San Gabriel Valley
La Puente (including Bassett, City of Industry and Valinda)	91744, 91746	SPA 3 – San Gabriel Valley
La Verne	91750	SPA 3 – San Gabriel Valley
Rowland Heights (including City of Industry, La Puente)	91748	SPA 3 – San Gabriel Valley
San Dimas	91773	SPA 3 – San Gabriel Valley
South El Monte	91733	SPA 3 – San Gabriel Valley
Walnut (including City of Industry)	91789	SPA 3 – San Gabriel Valley
West Covina	91790, 91791, 91792	SPA 3 – San Gabriel Valley

Map of the Service Area



IV. DEMOGRAPHIC PROFILE OF COMMUNITY SERVED

Overall, the population in the CVHP service area has increased since the 2013 CHNA and is projected to continue to increase. Many of the demographic numbers remained steady since the previous report, but there have been some positive changes in areas such as homelessness and unemployment, which have decreased since the previous 2013 CHNA according to 2015 US Census data. In education, more youth are finishing high school, and more students entering college are completing their degrees. There is, however, an increase in poverty rates in the service area. The following graphic provides a snapshot of the CVHP service area population.



One in five people in the SPA 3 - San Gabriel Valley² service area population lives below 100% of the Federal Poverty Level (23% overall and 20% of children), while a larger percentage (38%) lives below 200% of the Federal Poverty Level. There are 2,612 homeless people in SPA 3 - San Gabriel Valley, most of who are mentally ill (30%), suffer from substance abuse problems (25%), or are physically disabled (22%).

In terms of overall health, 28% of SPA 3 - San Gabriel Valley population has been diagnosed with a disability; 6% of infants had a low birthweight (under 2,500 grams); and only 41% of were breastfed for at least six months. In the service area the infant mortality rate was 2.9 per 1,000 births; the births to teen mothers (under the age of 20) was 8.3 per 1,000 births; and 1,032 youth 0 to 17 years old entered foster care in 2013.

In the SPA 3 – San Gabriel Valley service area, the top two leading causes of death were coronary heart disease and stroke, while the top two leading causes of premature death (before the age of 75) were coronary heart disease and liver disease/cirrhosis.

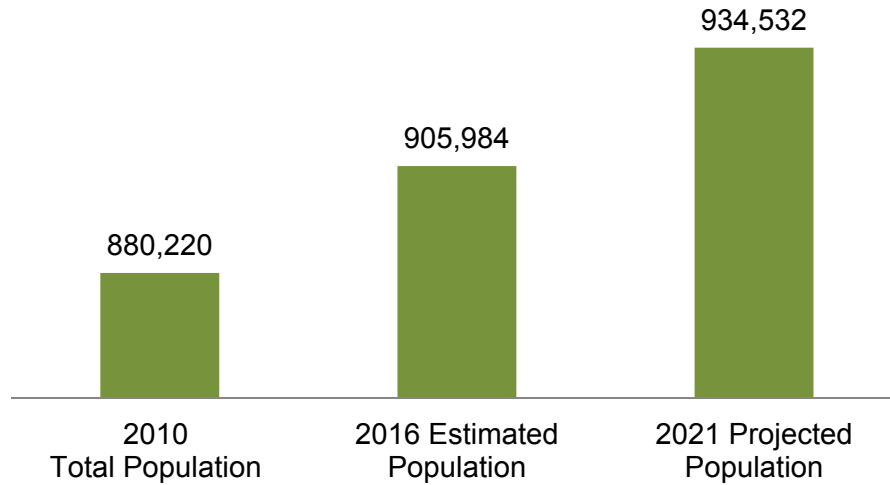
Population

The CVHP service area has a total population of 905,984 representing 8.8% of the total population in

² The CVHP service area includes many—but not all—of the communities included in Los Angeles County Service Planning Area (SPA) 3 – San Gabriel Valley. Some of the measures included in this report represent SPA 3 – San Gabriel Valley as a proxy for the CVHP service area.

Los Angeles County (10,237,502) and 2.3% of the total population in California (39,356,473). The total population in the CVHP service area is projected to increase at a slower rate of 3.2% by 2021 than Los Angeles County (4.1%) and California (4.8%).

CVHP Service Area Population Trends



Total Population, 2016

Service Area	2010 Total Population	2016 Estimated Population	2021 Projected Population	2010-2016 Percent Change	2016-2021 Percent Change
CVHP service area	880,220	905,984	934,532	2.9%	3.2%
Los Angeles County	9,818,605	10,237,502	10,656,104	4.3%	4.1%
California	37,253,956	39,356,473	41,248,721	5.6%	4.8%

Source: Nielsen Claritas SiteReports, 2016, ZIP Code

Gender

Since the 2013 report, the ratio of females to males has remained steady, and nearly divided in half by females (50.9%) and males (49.1%). This is consistent with Los Angeles County and California (50.7% females and 49.3% males, respectively) and California (50.3% and 49.7%, respectively).

Gender, 2016

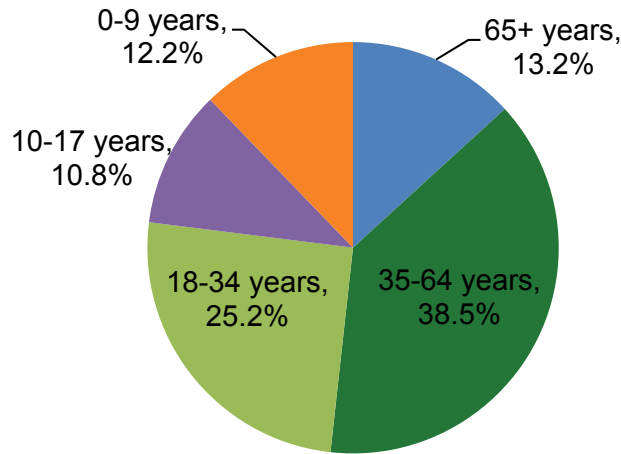
Service Area	Male		Female	
	Number	Percent	Number	Percent
CVHP service area	445,120	49.1%	460,864	50.9%
Los Angeles County	5,052,683	49.3%	5,184,819	50.7%
California	19,563,891	49.7%	19,792,582	50.3%

Source: Nielsen Claritas SiteReports, 2016, ZIP Code

Age

CVHP age distribution is consistent with that of the county and state. Youth between the ages of 0 and 17 comprise 23.0% of the population in the CVHP service area, adults between the age of 18 and 64 comprise 63.7%, and senior adults 65 years and older comprise 13.2% of the population. Similar percentages were noted in Los Angeles County (22.9%, 64.5% and 12.6%, respectively) and California (23.6%, 63.2% and 13.4%, respectively).

Age in the CVHP Service Area



Population by Age, 2016

Age Groups	CVHP Service Area		Los Angeles County		California	
	Number	Percent	Number	Percent	Number	Percent
0-4 years	55,141	6.1%	638,970	6.2%	2,533,458	6.4%
5-9 years	55,018	6.1%	643,058	6.3%	2,569,602	6.5%
10-14 years	58,079	6.4%	642,211	6.3%	2,577,307	6.6%
15-17 years	39,598	4.4%	414,921	4.1%	1,616,241	4.1%
18-20 years	40,234	4.4%	427,972	4.2%	1,661,543	4.2%
21-24 years	57,113	6.3%	595,034	5.8%	2,280,863	5.8%
25-34 years	131,733	14.5%	1,561,554	15.3%	5,686,512	14.6%
35-44 years	115,361	12.7%	1,434,469	14.0%	5,250,788	13.3%
45-54 years	121,421	13.4%	1,396,531	13.6%	5,239,945	13.3%
55-64 years	112,159	12.4%	1,191,539	11.6%	4,704,721	12.0%
65-74 years	70,883	7.8%	741,361	7.2%	3,037,755	7.8%
75-84 years	35,247	3.9%	378,700	3.7%	1,516,474	3.9%
85 years and older	13,997	1.5%	171,182	1.7%	681,264	1.7%
Total	905,984	100.0%	10,136,509	100.0%	38,822,536	100.0%

Source: Nielsen Claritas SiteReports, 2016, ZIP Code

Median Age

The average age in the CVHP service area is 37.9 years, slightly higher than Los Angeles County (37.7 years) and California (37.8 years). The median age in the service area is similar (36.4 years) when compared to Los Angeles County (36.4 years) and California (36.4 years).

Median Age, 2016

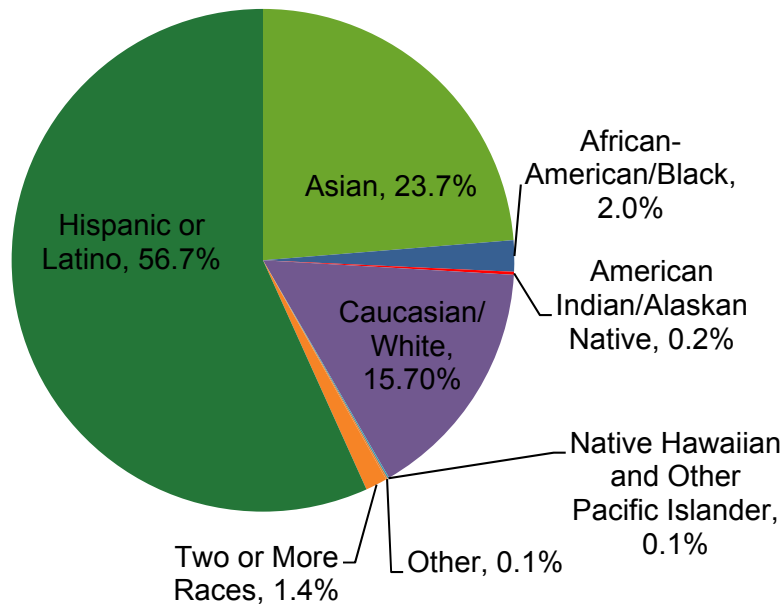
Age	CVHP Service Area	Los Angeles County	California
Average Age	37.9 years	37.7 years	37.8 years
Median Age	36.4 years	36.4 years	36.4 years

Source: Nielsen Claritas SiteReports, 2016, ZIP Code

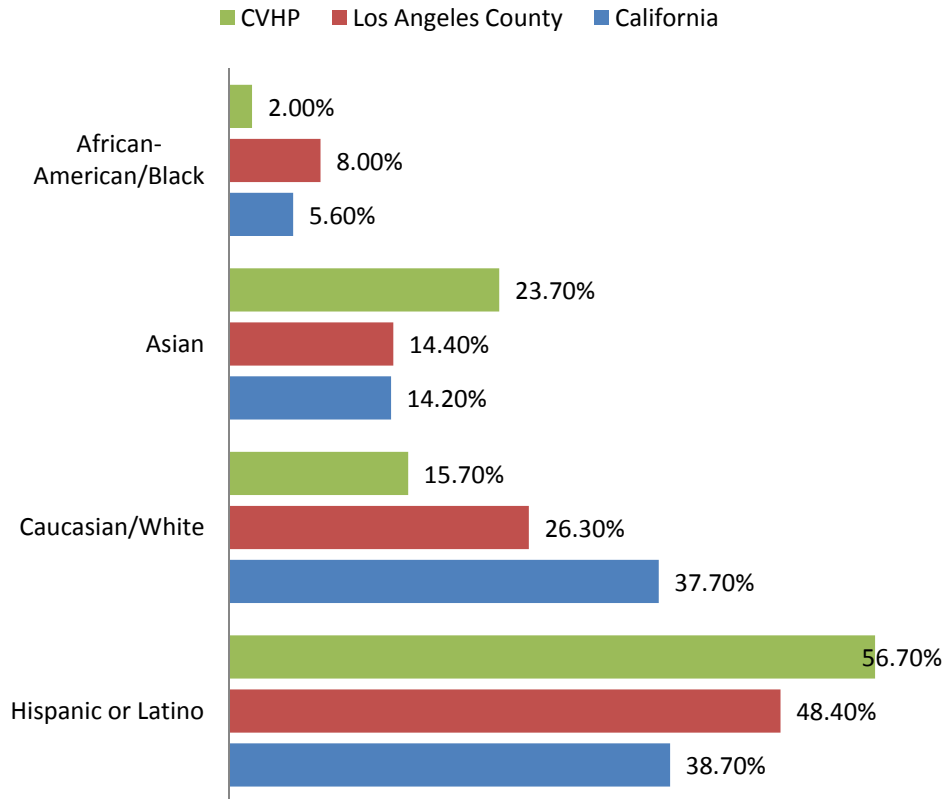
Race and Ethnicity

The CVHP service area is more heavily Hispanic/Latino and Asian, and less Caucasian/White (as a percentage of the total population), than either Los Angeles County or the state of California. In the CVHP service area in 2015, more than half the population identified as Hispanic/Latino (56.7%), followed by Asian/Pacific Islanders (23.7%), and Caucasian/White (15.7%). Hispanics/Latinos represent 48.4% of the population in Los Angeles County and 38.7% in California. Caucasians/Whites are the second-largest ethnic group in Los Angeles County (26.3%) and California (37.7%) followed by Asians/Pacific Islanders (14.4% and 14.2%, respectively).

Race and Ethnicity in the CVHP Service Area



Race and Ethnicity, 2016



Source: Nielsen Claritas SiteReports, 2016, ZIP Code

Race and Ethnicity, 2016

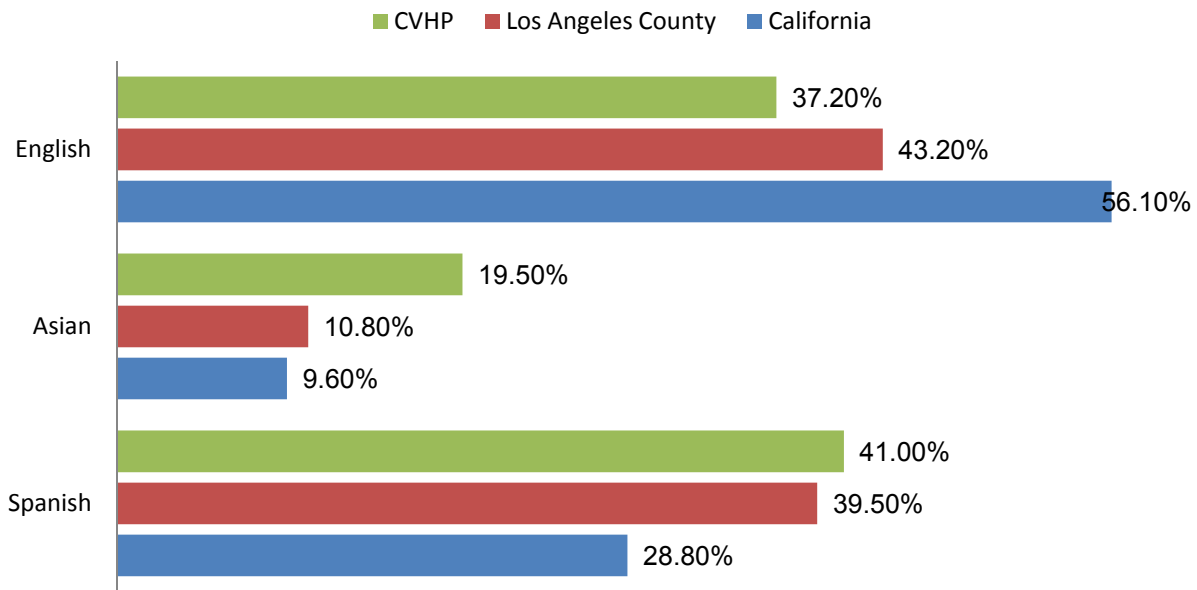
Age Groups	CVHP Service Area		Los Angeles County		California	
	Number	Percent	Number	Percent	Number	Percent
African-American/Black	18,410	2.0%	818,212	8.0%	2,198,666	5.6%
American Indian/Alaskan Native	1,582	0.2%	19,687	0.2%	163,906	0.4%
Asian	214,925	23.7%	1,472,173	14.4%	5,583,005	14.2%
Caucasian/White	142,057	15.7%	2,695,688	26.3%	14,846,542	37.7%
Native Hawaiian and Other Pacific Islander	1,150	0.1%	23,556	0.2%	140,872	0.4%
Other	1,345	0.1%	25,952	0.3%	88,128	0.2%
Two or More Races	12,626	1.4%	222,850	2.2%	1,121,287	2.8%
Hispanic or Latino	513,889	56.7%	4,959,384	48.4%	15,214,067	38.7%
Total	905,984	100.0%	10,237,502	100.0%	39,356,473	100.0%

Source: Nielsen Claritas SiteReports, 2016, ZIP Code

Language

As in 2013, nearly two-thirds (62.8%) of the population over the age of 5 years in the CVHP service area primarily speaks a language other than English in the home. This is significantly higher than in the county and state. The largest percentage of the population 5 years and older in the CVHP service area speak primarily Spanish in the home (41.0%), closely followed by English (37.2%) and an Asian language (19.5%). However, in Los Angeles County and California, English is most often spoken in the home (43.2% and 56.1%, respectively) followed by Spanish (39.5% and 28.8%, respectively). Asian languages represent the third language most often spoken in the home for Los Angeles County and California (10.8% and 9.6%, respectively). There has been no increase in number for primarily English speaking households since 2013, and a very slight decrease of 0.3% for primarily Spanish speaking households.

Language Primarily Spoken in the Home (Age 5+), 2016



Source: Nielsen Claritas SiteReports, 2016, ZIP Code

Language Primarily Spoken in the Home (Age 5+), 2016

Language	CVHP Service Area		Los Angeles County		California	
	Number	Percent	Number	Percent	Number	Percent
English	316,640	37.2%	4,148,342	43.2%	20,669,616	56.1%
Asian	165,863	19.5%	1,033,480	10.8%	3,548,430	9.6%
Indo-European ¹	13,828	1.6%	521,493	5.4%	1,638,699	4.5%
Spanish	348,536	41.0%	3,791,978	39.5%	10,610,589	28.8%
Other	5,976	0.7%	103,239	1.1%	355,681	1.0%
Total	850,843	100.0%	9,598,532	100.0%	36,823,015	100.0%

Source: Nielsen Claritas SiteReports, 2016, ZIP Code

¹Includes Arabic, Armenian, Yiddish, and other languages with origin in Europe or Asia

Household Income

While the service area’s income distribution is skewed slightly higher than the county and state, a significant number of households have lower income levels. Almost 20 percent of households (18.4%) had household incomes between \$50,000 and \$74,999, followed by household incomes between \$35,000 and \$49,999 (12.6%) and \$75,000 and \$99,999 (14.0%). The service area reflects similar percentages of households in Los Angeles County and California, where most incomes are between \$35,000 and \$99,999. Slightly fewer households in the service area have incomes less than \$35,000 when compared to the county and state (25.8%, 32.3%, and 29.1% respectively). Households with incomes between \$35,000 and \$74,999 in the service area slightly exceed those in the county and state (31.0%, 28.8%, and 28.5%). Comparisons with the previous CHNA report are not presented because those data are from 2009, which is too long ago to provide any meaningful insights for 2016 numbers. A look at poverty numbers, which follows, will provide more insight.

Household Income, 2016

Income Level	CVHP Service Area		Los Angeles County		California	
	Number	Percent	Number	Percent	Number	Percent
\$15,000 and below	20,267	7.9%	417,524	12.3%	1,428,190	10.8%
\$15,000-\$24,999	22,804	8.9%	360,024	10.6%	1,257,009	9.5%
\$25,000-\$34,999	22,869	9.0%	319,101	9.4%	1,170,380	8.8%
\$35,000-\$49,999	32,213	12.6%	419,941	12.4%	1,601,081	12.1%
\$50,000-\$74,999	46,820	18.4%	554,866	16.4%	2,174,126	16.4%
\$75,000-\$99,999	35,689	14.0%	391,484	11.6%	1,581,095	11.9%
\$100,000-\$124,999	25,167	9.9%	282,878	8.4%	1,193,831	9.0%
\$125,000-\$149,999	16,959	6.7%	184,593	5.5%	805,515	6.1%
\$150,000-\$199,999	17,210	6.8%	198,649	5.9%	910,439	6.9%
\$200,000-\$249,999	6,541	2.6%	86,389	2.6%	397,527	3.0%
\$250,000-\$499,999	6,773	2.7%	113,970	3.4%	499,928	3.8%
\$500,000 and above	1,789	0.7%	52,850	1.6%	253,673	1.9%
Total	255,101	100.0%	3,382,269	100.0%	13,272,794	100.0%

Source: Nielsen Claritas SiteReports, 2016, ZIP Code

Poverty

The level of poverty in an area can have an impact on overall health and create barriers to everyday necessities, including healthy and affordable foods, health care, and other basic needs.

A slightly higher percentage of the population in the SPA 3 – San Gabriel Valley (22.2%) lived in households below 100% of the Federal Poverty Levels (FPL) when compared to Los Angeles County (21.0%) and California (18.4%).

The previous CHNA shows that with respect to trends over time, the percentage of service area population living below 100% of federal poverty level rose sharply from 2010, going from 12% to 22.2% in 2014.

Population Living Below 100% Federal Poverty Level, 2014

Report Area	Number	Percent
SPA 3-San Gabriel Valley	390,000	22.2%
Los Angeles County	2,076,000	21.0%
California	6,932,000	18.4%

Source: US Census Bureau, American Community Survey, 2010-14, Tract

Of those households in the CVHP service area living at 100% below the FPL, 19.5% have children between the ages of 0 and 17 years. This is lower than the percentage reported for Los Angeles County (26.0%) and California (22.7%).

Children Living Below 100% Federal Poverty Level, 2014

Report Area	Number	Percent
CVHP service area	41,803	19.5%
Los Angeles County	610,376	26.0%
California	2,091,190	22.7%

Source: US Census Bureau, American Community Survey, 2010-14, Tract

The percentage of households (47.2%) in the SPA 3-San Gabriel Valley service area living at 200% below the FPL was lower (in 2014) when compared to Los Angeles County (40.9%) and slightly higher than reported in California (36.4%).

Population Living Below 200% Federal Poverty Level, 2014

Report Area	Number	Percent
SPA 3-San Gabriel Valley	830,000	47.2%
Los Angeles County	4,460,000	45.1%
California	15,301,000	40.7%

Source: California Health Interview Survey, 2014, SPA

Homelessness

Of the estimated 43,854 homeless in Los Angeles County as of 2016, 6.0%—approximately 2,612 homeless people—resided within SPA 3. While the population has critical needs, proportionally the community is a little better off than the overall county.

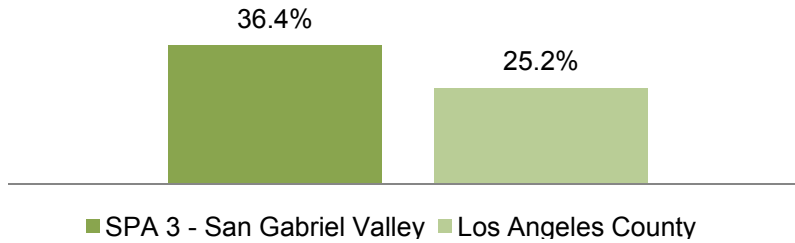
Total Homeless, 2016

Report Area	Number	Percent
SPA 3 - San Gabriel Valley	2,612	6.0%
Los Angeles County	43,854	

Source: Los Angeles Homeless Services Authority, Greater Los Angeles Homeless County Report, 2016, SPA

Of the total homeless population in SPA 3, 36.4% lived in shelters (including emergency shelters and transitional housing programs), a higher percentage than the county's 25.2%.

Sheltered Homeless



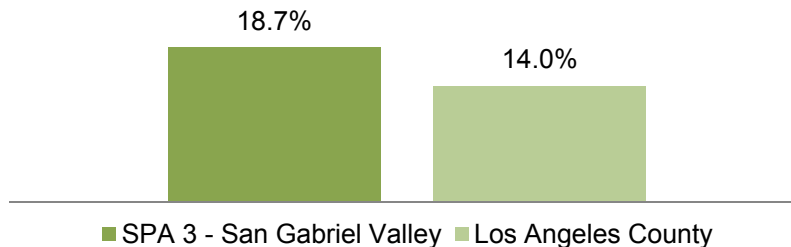
Sheltered/Unsheltered Homeless, 2016

Report Area	Sheltered Homeless		Unsheltered Homeless	
	Number	Percent	Number	Percent
SPA 3 - San Gabriel Valley	950	36.4%	1,662	63.6%
Los Angeles County	11,073	25.2%	32,781	74.8%

Source: Los Angeles Homeless Services Authority, Greater Los Angeles Homeless County Report, 2016, SPA

Most of the homeless population in SPA 3 were individuals (n=2,123 or 81.3%). According to the Los Angeles Homeless Services Authority, individuals include single adults, adult couples with no children and groups of adults over the age of 18. The remainder were homeless family members (n=489 or 18.7%), and there were no homeless unaccompanied minors in the area.

Homeless Families



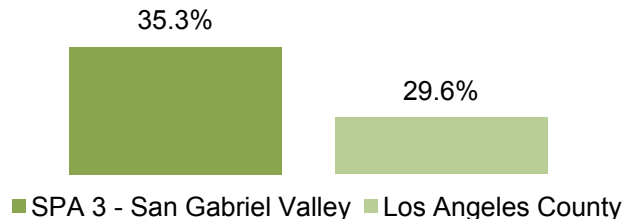
Homeless by Type, 2016

Report Area	Homeless Individuals		Homeless Families		Homeless Unaccompanied Minors	
	Number	Percent	Number	Percent	Number	Percent
SPA 3 - San Gabriel Valley	2,123	81.3%	489	18.7%	0	0.0%
Los Angeles County	37,601	85.7%	6,128	14.0%	125	0.3%

Source: Los Angeles Homeless Services Authority, Greater Los Angeles Homeless County Report, 2016, SPA

According to the Los Angeles Homeless Services Authority, chronically homeless is defined as an individual or family that has been homeless for a year or more. In SPA 3, 921 (35.3%) individual and 14 (1.0%) families have been chronically homeless.

Chronically Homeless Individuals



Chronically Homeless by Type, 2016

Report Area	Individuals		Families	
	Number	Percent	Number	Percent
SPA 3 - San Gabriel Valley	921	35.3%	14	1.0%
Los Angeles County	12,970	29.6%	498	1.1%

Source: Los Angeles Homeless Services Authority, Greater Los Angeles Homeless County Report, 2016, SPA

Of the 2,123 homeless in SPA 3, 142 or 5.4% are veterans.

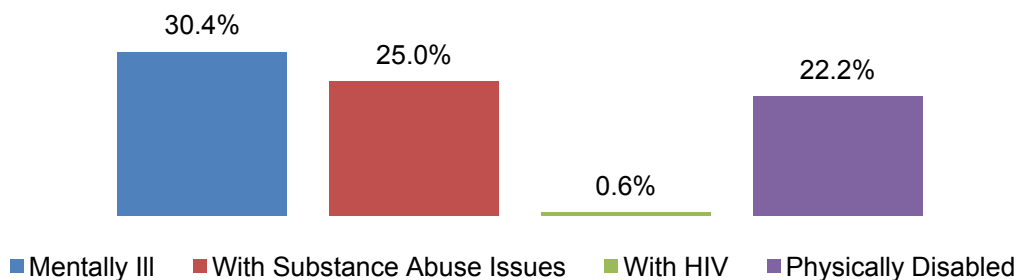
Homeless Veterans, 2016

Report Area	Number	Percent
SPA 3 - San Gabriel Valley	142	5.4%
Los Angeles County	2,728	6.2%

Source: Los Angeles Homeless Services Authority, Greater Los Angeles Homeless County Report, 2016, SPA

Beyond being homeless, overall health conditions and the ability to access services can be affected by other physical or medical issues. Of the 2,612 homeless in SPA 3, 25.0% are dealing with substance abuse issues and 30.4% are mentally ill. Another 22.2% are physically disabled and 0.6% HIV-positive.

Homeless by Special Population in SPA 3



Homeless by Special Population, 2016

Report Area	Mentally Ill		With Substance Abuse Issues		With HIV		Physically Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
SPA 3 - San Gabriel Valley	793	30.4%	653	25.0%	16	0.6%	581	22.2%
Los Angeles County	13,006	29.7%	9,941	22.7%	629	1.4%	7,401	16.9%

Source: Los Angeles Homeless Services Authority, Greater Los Angeles Homeless County Report, 2016, SPA

Employment Status. Lack of steady work and income can affect an individual’s health in multiple ways, along with access to insurance and health care. In SPA 3 – San Gabriel Valley, as well as Los Angeles County and California, there has been a steady decrease in the unemployment rate. In 2015, the rate of unemployment for the county was lower (6.7%) relative to the state (7.6%).

Unemployment Rate, 2012–2015

Report Area	2012	2013	2014	2015
SPA 3 - San Gabriel Valley ¹	8.1%	8.5%	3.9%*	--
Los Angeles County ²	10.9%	9.7%	8.2%	6.7%
California ²	12.1%	10.4%	8.8%	7.6%

1 Source: California Health Interview Survey, 2012-2014, SPA

2 Bureau of Labor Statistics, 2012-2015, County and State

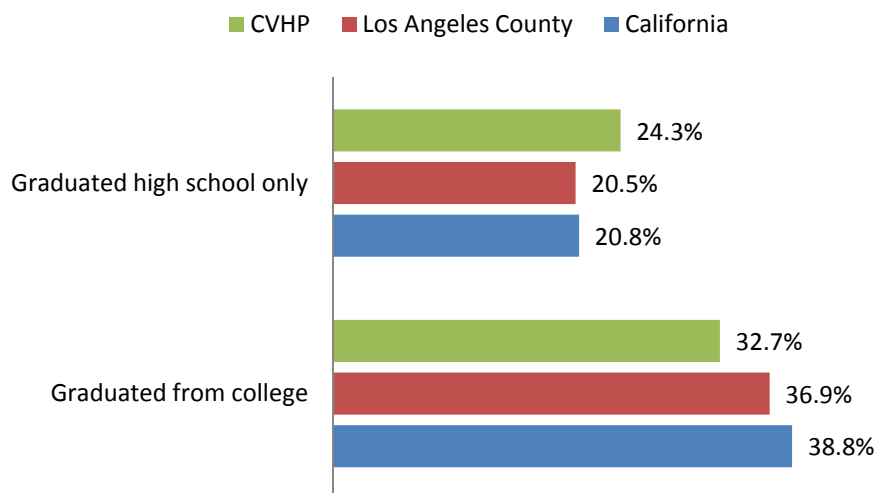
*Statistically Unstable

No data were available for 2015 for SPA 3

Educational Attainment

Overall, slightly less than a third of the population 25 years old and older in the CVHP service area have graduated college (32.7%) with an associate, bachelor, masters, professional, or doctorate degree. While this percentage is lower when compared to Los Angeles County (36.5%) and California (38.5%), it is an increase of 11.3% from the previous CHNA report. Close to a quarter (23.3%) of the population in the CVHP service area did not complete high school (including completing less than the ninth grade), which is slightly higher than percentages for Los Angeles County (23.2%) and California (18.7%).

Educational Attainment, 2016



Source: Nielsen Claritas SiteReports, 2016, ZIP Code

Educational Attainment (Age 25+), 2016

Educational Level	CVHP Service Area		Los Angeles County		California	
	Number	Percent	Number	Percent	Number	Percent
Less than 9 th grade	80,036	13.3%	932,109	13.6%	2,641,368	10.1%
Some high school	60,013	10.0%	660,103	9.6%	2,172,802	8.3%
High school graduate	146,147	24.3%	1,409,226	20.5%	5,431,494	20.8%
Some college	118,165	19.7%	1,336,128	19.4%	5,745,311	22.0%
Associate's degree	45,556	7.6%	479,703	7.0%	2,050,774	7.9%
Bachelor's degree	105,893	17.6%	1,349,235	19.6%	5,092,260	19.5%
Master's degree	32,803	5.5%	461,587	6.7%	1,986,811	7.6%
Professional school degree	7,810	1.3%	159,139	2.3%	604,443	2.3%
Doctorate degree	4,378	0.7%	88,106	1.3%	392,196	1.5%
Total	600,801	100.0%	6,875,336	100.0%	26,117,459	100.0%

Source: Nielsen Claritas SiteReports, 2016, ZIP Code

Disability

Having a disability can present many complications that would be exacerbated by the absence of appropriate assistance. Having a disability can also lead to other health needs such as poor mental health. In SPA 3, a slightly lower percentage (28.2%) of the population reported having a physical, mental or emotional-associated disability when compared to Los Angeles County (28.6%) and California (28.5%).

Population With Disability, 2014

Report Area	Number	Percent
SPA 3 - San Gabriel Valley	383,000	28.2%
Los Angeles County	2,169,000	28.6%
California	8,127,000	28.5%

Source: California Health Interview Survey, 2014, SPA

Infant and Maternal Health

Infants with low birth weights (under 2,500 grams) are at a higher risk for health problems. In the CVHP service area, 5.9% of births were of babies having a low birth weight (down from 6.4% in 2011). This percentage was lower than that of California (6.7%).

Low Birth Weight, 2012

Report Area	Number	Percent
CVHP service area, 2011	973	6.4%
CVHP service area, 2012	777	5.9%
California	33,723	6.7%

Source: California Department of Public Health, CDPH - Birth Profiles by ZIP Code, 2012, ZIP Code

The following table shows the births with low birth rates as a percentage of all births in each ZIP Code in 2012. The highest percentages of birth weights under 2,500 grams took place in La Puente including Bassett, City of Industry and Valinda (91744), Baldwin Park, Irwindale (91706), and Rowland Heights (including City of Industry, La Puente) (91748), ranging from 10.2% to 10.9% of births.

Low Birth Weights (Babies Under 2,500g), 2012

City/Community	ZIP Code	Number	Percent
Azusa, Irwindale	91702	54	6.9%
Baldwin Park, Irwindale	91706	79	10.2%
Covina	91722	25	3.2%
Covina	91723	13	1.7%
Covina	91724	22	2.8%
Diamond Bar	91765	37	4.8%
El Monte (including City of Industry)	91731	29	3.7%
El Monte (including City of Industry)	91732	65	8.4%
Glendora	91740	13	1.7%
Glendora	91741	18	2.3%
Hacienda Heights (including City of Industry, La Puente)	91745	33	4.2%
La Puente (including Bassett, City of Industry and Valinda)	91744	85	10.9%
La Puente (including Bassett, City of Industry and Valinda)	91746	29	3.7%
La Verne	91750	17	2.2%
Rowland Heights (including City of Industry, La Puente)	91748	80	10.3%
San Dimas	91773	14	1.8%
South El Monte	91733	42	5.4%
Walnut (including City of Industry)	91789	23	3.0%
West Covina	91790	38	4.9%
West Covina	91791	38	4.9%
West Covina	91792	23	3.0%
CVHP service area		777	100%
California		33,723	

Source: California Department of Public Health, CDPH - Birth Profiles by ZIP Code, 2012, ZIP Code

The greatest percentages of mothers under age of 20 years at delivery were found in La Puente including Bassett, City of Industry and Valinda (91744), Azusa, Irwindale (91702) and Baldwin Park, Irwindale (91706). The communities of 91744 and 91706 both had the highest percentages of low births and mothers under the age of 20 years of age.

Mothers Under Age of 20 Years at Delivery, 2012

City/Community	ZIP Code	Number	Percent
Azusa, Irwindale	91702	76	10.3%
Baldwin Park, Irwindale	91706	88	11.9%
Covina	91722	31	4.2%
Covina	91723	10	1.4%
Covina	91724	10	1.4%
Diamond Bar	91765	8	1.1%
El Monte (including City of Industry)	91731	41	5.6%
El Monte (including City of Industry)	91732	99	13.4%
Glendora	91740	7	0.9%
Glendora	91741	3	0.4%
Hacienda Heights (including City of Industry, La Puente)	91745	26	3.5%
La Puente (including Bassett, City of Industry and Valinda)	91744	112	15.2%
La Puente (including Bassett, City of Industry and Valinda)	91746	33	4.5%
La Verne	91750	7	0.9%
Rowland Heights (including City of Industry, La Puente)	91748	26	3.5%
San Dimas	91773	10	1.4%
South El Monte	91733	69	9.3%
Walnut (including City of Industry)	91789	9	1.2%
West Covina	91790	35	4.7%
West Covina	91791	19	2.6%
West Covina	91792	19	2.6%
CVHP service area		738	100%
California		33,723	

Source: California Department of Public Health, CDPH - Birth Profiles by ZIP Code, 2012, ZIP Code

Births to Teen Mothers

Births to teen mothers have many implications including social, economic and health needs. In the CVHP service area, the rate of births to teens is 8.3 per 1,000 females under the age of 20 years old. This rate is lower than the rate reported in California (8.5) and Los Angeles County (8.8).

Birth to Teen Mothers Rate per 1,000 Teens, 2011

Report Area	Rate
CVHP service area	8.3
Los Angeles County	8.8
California	8.5

Source: California Department of Public Health, CDPH - Birth Profiles by ZIP Code, 2011, ZIP Code

Breastfeeding

Breastfeeding is considered critical to newborn development and overall health. In SPA 3, a slightly higher percentage (51.0%) of mothers breastfed their children for a period of at least six months when compared to Los Angeles County (49.7%).

Breastfeeding For At Least Six Months, 2015

Report Area	Percent
SPA 3 - San Gabriel Valley	51.0%
Los Angeles County	49.7%

Source: Los Angeles County Health Survey, 2015, SPA

Infant Mortality

The infant mortality rate in the CVHP service area is lower (2.9 per 1,000 births) than the rate in Los Angeles County (4.3) and California (4.5). Only Glendora (4.9) and Hacienda Heights (5.0) had higher rates than Los Angeles county and California.

Infant Mortality Rate per 1,000 Births, 2012

Community	ZIP Code	Rate
Azusa, Irwindale	91702	3.5
Baldwin Park, Irwindale	91706	3.5
Covina	91722, 91723, 91724	2.2
Diamond Bar	91765	4.0
El Monte (including City of Industry)	91731, 91732	3.3
Glendora	91740, 91741	4.9
Hacienda Heights (including City of Industry, La Puente)	91745	5.0
La Puente (including Bassett, City of Industry and Valinda)	91744, 91746	3.5
La Verne	91750	0.0
Rowland Heights (including City of Industry, La Puente)	91748	1.0
San Dimas	91773	0.0
South El Monte	91733	2.8
Walnut (including City of Industry)	91789	2.2
West Covina	91790, 91791, 91792	4.3
CVHP service area		2.9
Los Angeles County		4.3
California		4.5

Source: California Department of Public Health, 2012, ZIP Code

Foster Youth Population

Foster care placement can lead to the development of a number of health and social issues caused by instability in a youth's home life, such as mental or physical harm, family violence, substance use and other issues that may lead to poor overall health. In the CVHP service area, a total of 857 youth between the ages of 0 and 17 years old entered the foster care system in 2013, representing 8.2% of youth entering foster care in Los Angeles County.

Some communities in the CVHP service area experienced a larger number of youth entering into foster care (in 2013) including El Monte (n=144), La Puente (n=139), Baldwin Park (n=96), and West Covina (n=96).

On average, the incidence rate of youth entering foster care per 1,000 youth between the ages of 0 and 17 years old is lower (3.3) in the CVHP service area when compared to Los Angeles County (4.5) and California (3.5). Specific communities in the service area, however are experiencing higher rates of youth entering foster care per 1,000 youth, including El Monte (6.0) and South El Monte (5.2).

Youth 0-17 Years Old Entering Foster Care and Incidence Rate per 1,000 Youth, 2013

Community	ZIP Code	Number	Incidence Rate
Azusa, Irwindale	91702	70	4.3
Baldwin Park, Irwindale	91706	96	4.3
Covina	91722, 91723, 91724	86	4.8
Diamond Bar	91765	10	1.1
El Monte (including City of Industry)	91731, 91732	144	6.0
Glendora	91740, 91741	23	2.1
Hacienda Heights (including City of Industry, La Puente)	91745	12	1.1
La Puente (including Bassett, City of Industry and Valinda)	91744, 91746	139	4.2
La Verne	91750	16	2.4
Rosemead	91770	44	3.3
Rowland Heights (including City of Industry, La Puente)	91748	29	3.3
San Dimas	91773	16	2.4
South El Monte	91733	68	5.2
Walnut (including City of Industry)	91789	8	1.0
West Covina	91790, 91791, 91792	96	3.5
CVHP service area		857	3.3
Los Angeles County		10,478	4.5
California		31,979	3.5

Source: California Department of Social Services & University of California Berkeley
Child Welfare Dynamic Report System, 2013, ZIP Code

Leading Causes of Death

In the CVHP service area, the top two leading causes of death were coronary heart disease and stroke, just as reported in Los Angeles County overall. However, the service area's third leading cause of death was chronic obstructive pulmonary disease (COPD), followed by lung cancer and Alzheimer's disease—similar to Los Angeles County's where the third leading causes of death is Alzheimer's disease followed by lung cancer and COPD.

Leading Causes of Death

	Ranking #1	Ranking #2	Ranking #3	Ranking #4	Ranking #5
SPA 3 – San Gabriel	Coronary heart disease	Stroke	COPD	Lung cancer	Alzheimer's disease
Los Angeles County	Coronary heart disease	Stroke	Alzheimer's disease	Lung cancer	COPD

Source: Los Angeles County Department of Public Health, 2012, SPA

Leading Causes of Premature Death

In the CVHP service area, the top two leading causes of premature death (before the age of 75) were coronary heart disease and liver disease/cirrhosis. This is slightly similar to Los Angeles County, whose number one cause of premature death is coronary heart disease but whose second leading cause of premature death is homicide. In the service area, the third leading cause of premature death is suicide, followed by diabetes and lung cancer; in Los Angeles County, the third leading cause of premature death is motor vehicle crashes, followed by liver disease/cirrhosis and suicide.

Leading Causes of Premature Death

	Ranking #1	Ranking #2	Ranking #3	Ranking #4	Ranking #5
SPA 3 – San Gabriel	Coronary heart disease	Liver disease/cirrhosis	Suicide	Diabetes	Lung cancer
Los Angeles County	Coronary heart disease	Homicide	Motor vehicle crash	Liver disease/cirrhosis	Suicide

Source: Los Angeles County Department of Public Health, 2012, SPA

V. METHODS TO IDENTIFY COMMUNITY HEALTH NEEDS

A mixed methods approach involving primary and secondary data was employed to identify health outcomes and drivers. Data-gathering efforts are described in the sections that follow.

A. Secondary Data

The CNM Team utilized the Kaiser Permanente (KP) CHNA Data Platform (www.chna.org/kp) to review over 135 indicators from publically available data sources. Further, data on over 300 indicators from a wide range of local, county, state and national sources were collected to supplement the 135 indicators collected on the KP platform. For details on specific sources and dates of the data used, please see Appendix A.

For the purposes of the CHNA, Citrus Valley Health Partners defines a “health need” as a health outcome and/or the related conditions, or health drivers that contribute to a defined health outcome. Health needs are identified by the comprehensive identification, interpretation, and analysis of a robust set of primary and secondary data.

The data were categorized by health outcomes (mortality and morbidity) and health drivers (health behaviors, clinical care, social and economic factors, and physical environment). Together health outcomes and health drivers represent the health needs of a community. These categories are based on the Mobilizing Action Toward Community Health (MATCH) framework, which illustrates the interrelationships among the elements of health and their relationship to each other: social and economic factors, health behaviors, clinical care, physical environmental, and health outcomes. The MATCH framework categories were also used to present the data in the following sections of the report.

Once the data indicators were categorized by health outcomes and health drivers, additional pieces of information were gathered: health needs with data indicators that performed poorly against a set benchmark goals (i.e., comparison to LA county or California rates or Healthy People 2020) were identified; a tally of the number of times a health need was mentioned in the primary data collection was recorded; and, health needs identified in the 2013 CHNA report were identified.

A literature review was also conducted as a way to collect contextual information for the health outcomes and drivers and provide CVHP and CHNA readers a more holistic perspective of the issues identified through the needs assessment process.

B. Community Input

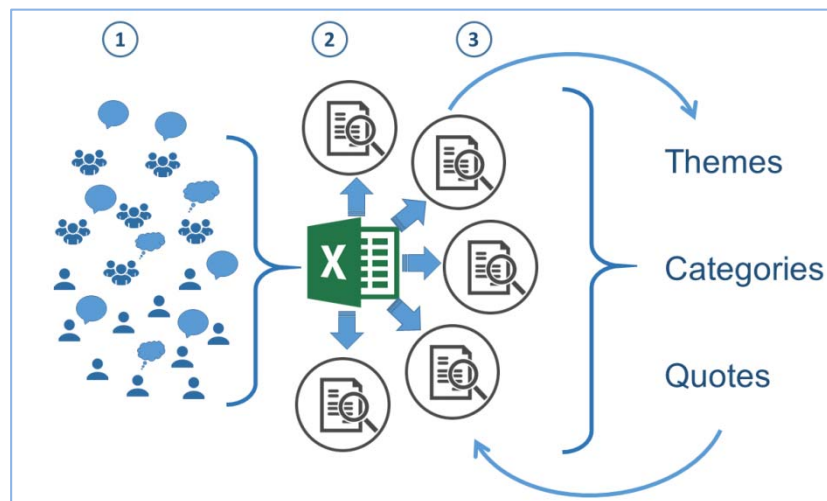
Community input was provided by a broad range of community members through the use of key informant interviews, focus groups, and/or surveys. Individuals with knowledge, information, and/or expertise relevant to the health needs of the community were consulted, including representatives from state, local or other regional governmental public health departments (or equivalent department or agency) as well as leaders; representatives, or members of medically underserved, low-income, and minority populations; and representatives from local schools, public service organizations and businesses. Focus groups were conducted in English and Spanish as needed. For a complete list of individuals who provided input during the CHNA process, see Appendix C.

Primary data were collected as described above from a variety of stakeholders through phone interviews and focus groups to identify the most severe health needs and drivers in the CVHP service area as well as geographic disparities, sub-population disparities and community assets and resources available to address the identified health needs and drivers. Six focus groups and ten phone interviews were conducted to collect primary data from over 50 stakeholders that included community representatives, health experts, local government representatives, local business owners, and social and health service providers. Primary data were inputted into Microsoft Excel database to assist in organizing the data, coding and identifying major themes, and collecting quotes.

i. Methodology for interpretation and analysis of primary data

CNM used a three-step process for analyzing and interpreting primary data: 1) all information gathered during focus groups and interviews were entered into Microsoft Excel, 2) spreadsheet data were reviewed multiple times using content analysis to begin sorting and coding the data, and 3) through the coding process, themes, categories and quotes were identified. Steps two and three are repeated as often as necessary to recognize as many connections and patterns within the data as possible.

This approach provides a systematic way to identify broad themes within a large set of qualitative data and begin coding and categorizing data around those themes (e.g., access to care, poverty, cultural barriers). Responses were reviewed and coded so that common themes pulled from the data can be combined with quantitative data to form conclusions. Through this process, 10 health outcomes and nine drivers were identified.



Identified Health Needs in Alphabetical Order

- Access to health care
- Access to healthy foods
- Alcohol abuse, substance abuse, and tobacco use
- Alzheimer's disease
- Cancer
- Cardiovascular disease
- Cultural and linguistic barriers
- Diabetes
- Economic security
- Healthy behaviors
- Housing
- Hypertension
- Mental health
- Oral health
- Overweight and obesity
- Physical environment
- Preventive health care
- Respiratory disease
- Violence and injury prevention

C. Data limitations and information gaps

While a large number of indicators were used, some data were only available at a county level or service planning area (SPA) level, making an assessment of health needs at a neighborhood level challenging. When data at the ZIP Code were not available, data at the SPA level was used. When interpreting data at the SPA level keep in mind that most of the CVHP service area falls within SPA 3 – San Gabriel Valley. Disaggregated data on age, ethnicity, race, and gender are not always available for all data indicators, which limited the ability to examine disparities of health within the service area. In addition, data are not always collected on a yearly basis, meaning that some data are several years old. It is also important to keep in mind that primary data collected through focus groups, interviews, and surveys may not be entirely representative of the CVHP service area. Some responses may be biased and represent the views of those who were able to participate in the primary data collection. The use of additional secondary data indicators as well as the inclusion of varied methods to gain community perspectives were strategies employed to address these limitations.

VI. PRIORITIZATION OF COMMUNITY HEALTH NEEDS

Summary

Prioritizing the identified needs is essential to the community benefit planning process. CNM engaged with a total of 41 community stakeholders through a community forum held in December 2015 to assist with the prioritization of the health needs. During the community forum, attendees reviewed a summary of the secondary data indicators and responses from stakeholders and participated in a guided group activity to share insights and perspectives with their colleagues. At the end of the community forum, attendees were asked to complete a survey in which they prioritized each health outcome and health driver according to five criteria:

- Magnitude: how many community members were affected
- Severity: how much community members were impacted
- Change over time: whether an issue has improved or gotten worse over time
- Resources: amount of resources available in the community to address an issue
- Disparities: the level of impact on a specific vulnerable population group

Of the 41 attendees, 38 completed surveys. Some attendees did not complete the survey for a variety of reasons including feeling that they were unfamiliar with the health outcomes of the community. Some attendees left the forums early and did not complete the survey despite efforts to have them complete the survey prior to leaving.

Those who were unable to attend the community forums had the opportunity to participate in the prioritization process by completing an online prioritization survey (identical to the survey disseminated at the community forms). A link to the online survey and supplemental materials shared at the forums were emailed to stakeholders; a total of six people completed the online survey. These surveys were added to the database of surveys collected at the forum. Overall composite scores were calculated by averaging the individual criteria scores for a particular health outcome or driver. Both in-person and online surveys were weighted the same way. In addition, forum attendees were asked to vote (i.e., sticker dots) for the top five health needs and drivers at the end of each forum. The counts were tabulated and used to confirm the prioritized health outcomes and drivers.

In addition, forum attendees voted using ten sticker dots (five for health outcomes and five for drivers) to vote for the health outcomes and drivers that they believed most severely impact the community surrounding the Citrus Valley Health Partners service area. The counts were tabulated and used to confirm the prioritized health outcomes and drivers. Thus, the prioritized list was developed by sorting the health needs by composite criteria scores from the survey. The sum of the dots was used as a tie breaker in the cases where ratings scores for more than one issue were equal.

The table below provides a combined list of health outcomes and drivers in order of priority. For planning purposes, the above lists of health outcomes and drivers were combined and prioritization scores calculated for the combined list

Prioritized Health Needs

	Health Needs	
1.	Diabetes	Outcome
2.	Overweight and obesity	Outcome
3.	Economic security	Driver
4.	Mental health	Outcome
5.	Access to health care	Driver
6.	Healthy behaviors	Driver
7.	Cultural and linguistic barriers	Driver
8.	Housing	Driver
9.	Alcohol abuse, substance abuse, and tobacco use	Outcome
10.	Preventive health care	Driver
11.	Cancer	Outcome
12.	Cardiovascular disease	Outcome
13.	Physical environment	Driver
14.	Violence and injury prevention	Driver
15.	Oral health	Outcome
16.	Respiratory disease	Outcome
17.	Hypertension	Outcome
18.	Alzheimer's disease	Outcome
19.	Access to healthy foods	Driver

Trends in Prioritized Health Needs

The 2016 CVHP CHNA introduces two types of health needs: health outcomes (mortality and morbidity) and drivers (social determinants of health including barriers to health access, living conditions and health behaviors). The addition of health drivers to the 2016 CVHP CHNA signals an important shift in community health intervention strategies. At the same time, comparing the 2013 CHNA to the present report reveals shifts in the relative rank of health outcomes between 2013 and 2016. The two reports yield the unique opportunity to observe how the prioritization of key health outcomes has changed over time.

Mental health, overweight and obesity, and diabetes have ranked among the top health needs across time periods. Of note, several drivers, including economic security, access to health care, healthy behaviors and cultural and linguistic barriers have emerged as top health needs in the 2016 CHNA. Cardiovascular conditions, pulmonary and air quality related conditions, and cancers, particularly cervical and colorectal, remain serious issues. Oral health remains a concern but falls lower in the list of priorities. Health needs including infant mortality, HIV/AIDS and unintentional injury were listed in 2013, but do not appear in the list of health needs in the current (2016) study.

The following figure illustrates the top prioritized health needs in 2013 and 2016.

2013 Health Needs	2016 Health Needs
<ol style="list-style-type: none"> 1. Mental health 2. Obesity 3. Diabetes 4. Oral health 5. Hypertension 6. Cardiovascular disease 7. Cancers (all) 8. Vision 9. Colorectal cancer 10. Disability 11. Homicide 12. Alcohol/ substance abuse 13. Cervical cancer 14. Chlamydia 15. Asthma 16. Alzheimer's 17. Unintentional injury (pedestrian/ motor vehicle) 18. Arthritis 19. COPD 20. HIV/Aids 21. Allergies 22. Infant mortality 	<ol style="list-style-type: none"> 1. Diabetes 2. Overweight and obesity 3. Economic security 4. Mental health 5. Access to health care 6. Healthy behaviors 7. Cultural and linguistic barriers 8. Housing 9. Alcohol abuse, substance abuse, and tobacco use 10. Preventive health care 11. Cancer 12. Cardiovascular disease 13. Physical environment 14. Violence and injury prevention 15. Oral health 16. Respiratory disease 17. Hypertension 18. Alzheimer's disease 19. Access to healthy foods

VII. KEY FINDINGS

This section provides key findings for the identified health needs (organized by health outcomes and health drivers) identified for the communities served by CVHP.

A. Health Outcomes (Morbidity and Mortality)

The following section provides descriptions and overviews of the top 10 health needs identified through the secondary and primary data analysis, and prioritized by stakeholders. Alphabetically, the list of health outcomes includes:

- Alcohol abuse, substance abuse, and tobacco use,
- Alzheimer's disease,
- Cancer,
- Cardiovascular/heart disease,
- Diabetes,

- Hypertension,
- Mental health,
- Oral health,
- Overweight and obesity, and
- Respiratory disease

Alcohol Abuse, Substance Abuse and Tobacco Use

Alcohol and substance abuse have a major impact on individuals, families, and communities contributing significantly to costly social, physical, mental, and public health problems, including teenage pregnancy, HIV/AIDS, STDs, domestic violence, child abuse, motor vehicle accidents (unintentional injuries), violence, crime, homicide, and suicide.³

Alcohol Abuse

Over half (51.5%) the population in SPA 3 reported consuming an alcoholic beverage in the past month, which was slightly lower than Los Angeles County (51.9%). In SPA 3, 15.9% of the population reported binge drinking (five or more drinks for men and four or more drinks for women, in two hours), which was slightly higher than Los Angeles County (15.5%).

Alcohol Use, 2015

Report Area	Alcohol use in past month	Binge drinking in past month
SPA 3 - San Gabriel Valley	51.5%	15.9%
Los Angeles County	51.9%	15.5%

Source: Los Angeles County Health Survey, 2015, SPA

Substance Abuse

Stakeholders indicated that substance abuse is an important issue in the CVHP service area, and mentioned an increase in substance abuse among youth in middle school between the ages of 10 and 12 years old, adults between the ages of 18 and 40 years old, and the homeless, considered an on-going issue.

In SPA 3, a smaller percentage (7.7%) of teens reported using marijuana in the past year as compared to Los Angeles County (11.6%). Additionally, a smaller percentage (4.7%) of adults reported misusing or abusing prescription drugs when compared to Los Angeles County (5.5%).

Substance Use, 2015

Report Area	Teens who used marijuana in the past year	Misuse of Prescription Drugs (in last year)
SPA 3 - San Gabriel Valley	7.7%	4.7%
Los Angeles County	11.6%	5.5%

Source: Los Angeles County Health Survey, 2015, SPA

³ U.S. Department of Health and Human Services. (2015). Office of Disease Prevention and Health Promotion. *Substance Abuse*. Washington, DC. Available at [<http://www.healthypeople.gov/2020/topics-objectives/topic/substance-abuse>]. Accessed [December 01, 2015].

Tobacco Use

In the CVHP service area, 9.4% of the population reported smoking which is slightly lower than Los Angeles County (10.0%) and California (10.8%). Additionally, 10.9% of teens in the service area have smoked electronic cigarettes in the past, a smaller percentage than Los Angeles County (11.3%) and slightly greater than in California (10.3%).

Stakeholders added that smoking among high school youth has become more common and is on the rise.

Tobacco Use, 2014

Report Area	Currently Smoke	Teens who have ever smoked electronic cigarettes
CVHP service area	9.4%	10.9%
Los Angeles County	10.0%	11.3%
California	10.8%	10.3%

Source: California Health Interview Survey, 2014, SPA

Alzheimer's Disease

An estimated 5.4 million Americans have Alzheimer's disease and it is the sixth-leading cause of death in the U.S. Alzheimer's, an irreversible and progressive brain disease, is the most common cause of dementia among older people. The greatest risk factor for Alzheimer's disease is advancing age. Other risk factors include a family history of Alzheimer's, genetic mutations, cardiovascular disease risk factors (e.g., physical inactivity, high cholesterol, diabetes, smoking, and obesity) and traumatic brain injury. People with Alzheimer's disease and other dementias have more hospital stays, skilled nursing facility stays, and home health care visits than other older people⁴.

Mortality

The average rate of Alzheimer's mortality per 10,000 persons in the CVHP service area (3.1) is consistent with the statewide average (3.1). The rate is higher in Glendora (7.5), San Dimas (5.6), La Verne (4.5), Covina (4.1), and Walnut (3.5).

Rate of Alzheimer's disease mortality per 10,000 Population, 2012

Community	ZIP Code	Rate
Azusa	91702	2.3
Baldwin Park, Irwindale	91706	1.5
Covina	91722, 91723, 91724	4.1
Diamond Bar	91765	2.5
El Monte (including City of Industry)	91731, 91732	2.8
Glendora	91740, 91741	7.5
Hacienda Heights (including City of Industry, La Puente)	91745	2.6

⁴ National Institutes of Health. *About Alzheimer's Disease: Alzheimer's Basics*. Available at [<http://www.nia.nih.gov/alzheimers/topics/alzheimers-basics>]. (2015). Accessed [March 5, 2015].

Community	ZIP Code	Rate
La Puente (including Bassett, City of Industry and Valinda)	91744, 91746	0.9
La Verne	91750	4.5
Rowland Heights (including City of Industry, La Puente)	91748	1.3
San Dimas	91773	5.6
South El Monte	91733	1.4
Walnut (including City of Industry)	91789	3.5
West Covina	91790, 91791, 91792	3.0
CVHP service area		3.1
California		3.1

Source: California Department of Public Health (CDPH), 2012, ZIP Code

Cancer

Cancer is the second leading cause of death in the United States, claiming the lives of more than half a million Americans every year⁵. In 2009, cancer incidence rates per 100,000 persons indicate that the three most common cancers among men in the United States are prostate cancer (137.7), lung cancer (64.3), and colorectal cancer (42.5). Among women, the leading causes of cancer deaths are breast cancer (123.1), lung cancer (54.1), and colorectal cancer (37.1).⁶ Research has shown that early detection through regular cancer screenings can help reduce the number of new cancer cases and, ultimately, deaths.⁷ Research has also shown that cancer is associated with certain diseases and behaviors including obesity, tobacco, alcohol, certain chemicals, some viruses and bacteria, a family history of cancer, poor diet, and lack of physical activity.⁸ The CVHP priorities systems reflect the two drivers of preventive health care (e.g., cancer screenings) and healthy behaviors (e.g., tobacco use).

Incidence

In the CVHP service area, the incidence rate of colorectal incidence per 100,000 population was higher (41.3) than California (40.0) and the Healthy People 2020 goal of <=38.7.

Stakeholders added that colorectal cancer is common among immigrants who do not have access to preventative health care and are often diagnosed in the late stages of colorectal cancer.

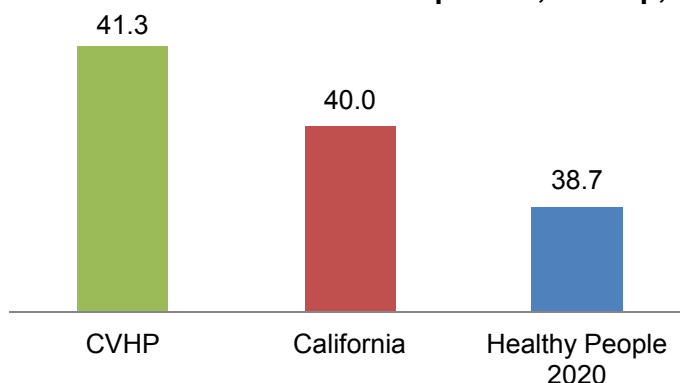
⁵ Centers for Disease Control and Prevention. (2015). *Using Science to Reduce the Burden of Cancer*. Atlanta, GA. Available at <http://www.cdc.gov/Features/CancerResearch/>. Accessed December 1, 2015.

⁶ Centers for Disease Control and Prevention. (2013). *Invasive Cancer Incidence*. Atlanta, GA. Available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6207a1.htm>. Accessed December 1, 2015.

⁷ Centers for Disease Control and Prevention. (2015). *Cancer Prevention*. Atlanta, GA. Available at <http://www.cdc.gov/cancer/dcp/prevention/index.htm>. Accessed December 1, 2015.

⁸ National Cancer Institute. (2015). *Cancer Prevention Overview*. Available at <http://www.cancer.gov/cancertopics/pdq/prevention/overview/patient/page3>. Bethesda, MD. Accessed December 1, 2015.

Colorectal Cancer Incidence Rate per 100,000 Pop, 2012



Source: National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology,

Mortality

The cancer mortality rate per 10,000 population is slightly higher (15.3) in the CVHP service area when compared to California (15.1). Comparison with the 2013 CHNA reveals that the mortality rate of colorectal cancer in the service area doubled from 2008 to 2012, rising from 7.7 per 100,000 to 15.3. Communities with the highest mortality rates in the service area were La Verne (23.2), San Dimas (20.5), and Glendora (20.2).

Cancer Mortality Rate per 10,000 Populations, 2012

Community	ZIP Code	Rate
Azusa, Irwindale	91702	13.1
Baldwin Park, Irwindale	91706	11.0
Covina	91722, 91723, 91724	14.2
Diamond Bar	91765	13.7
El Monte (including City of Industry)	91731, 91732	12.3
Glendora	91740, 91741	20.2
Hacienda Heights (including City of Industry, La Puente)	91745	18.3
La Puente (including Bassett, City of Industry and Valinda)	91744, 91746	11.1
La Verne	91750	23.2
Rowland Heights (including City of Industry, La Puente)	91748	14.7
San Dimas	91773	20.5
South El Monte	91733	11.6
Walnut (including City of Industry)	91789	15.0
West Covina	91790, 91791, 91792	14.7
CVHP service area		15.3
California		15.1

Source: California Department of Public Health (CDPH), 2012, ZIP Code

Cardiovascular/Heart Disease

Cardiovascular/heart disease —also called heart disease and coronary heart disease—includes several health conditions related to plaque buildup in the walls of the arteries, or atherosclerosis. As plaque builds up, the arteries narrow, restricting blood flow and creating the risk of heart attack. Currently, more than one in three adults (81.1 million) in the United States live with one or more types of cardiovascular/heart disease. In addition to being one of the leading causes of death in the United States, heart disease results in serious illness and disability, decreased quality of life, and hundreds of billions of dollars in economic loss every year⁹. Cardiovascular/heart health is also significantly influenced by physical, social and economic factors including maternal and child health, access to educational opportunities, availability of and access to healthy foods, physical activity, access to safe and walkable communities, and access to affordable, quality health care.¹⁰

Prevalence

In SPA 3, 7.0% of the population was diagnosed with heart disease, which is higher when compared to Los Angeles County (5.7%) and California (6.1%).

Stakeholders added that those most often impacted by heart disease include African-Americans, Hispanics/Latinos, Asians, the homeless, the middle-aged, and the elderly. However, stakeholders noted an increase in heart disease in younger people. In addition, stakeholders noted that heart disease was common among those who were obese and diabetic (with co-morbidities).

Heart Disease Diagnosis, 2014

Report Area	Percent
SPA 3 - San Gabriel Valley	7.0%
Los Angeles County	5.7%
California	6.1%

Source: California Health Interview Survey, 2014, SPA

Hospitalizations

Heart disease hospitalizations may indicate a person's lack of awareness about having the condition and/or not leading a healthy lifestyle. In the CVHP service area, the heart disease hospitalization rate per 100,000 population was much higher (371.0) than Los Angeles County's (366.6) and California's (339.0). Hospitalization rates were even higher within the communities of Glendora (498.1) and Hacienda Heights (487.4).

Comparison with the 2013 CHNA reveals that all service area communities suffered an increase in heart disease hospitalization with the exception of La Verne, Azusa, San Dimas and South El Monte. Communities like Glendora, Hacienda Heights, and Walnut suffered particularly large increases, rising from 408.4 – 498.1, 405.5 – 487.4, and 257.7 – 348, respectively, from 2010 to 2012.

⁹ U.S. Department of Health and Human Services. (2015). *Heart Disease and Stroke*. Washington, DC. Available at [<http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=21>]. Accessed [November 30, 2015].

¹⁰ U.S. Department of Health and Human Services. (2015). *Heart Disease and Stroke*. Washington, DC. Available at [<http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=21>]. Accessed [January 26, 2015].

Mortality

The heart disease-related death rate in the service area was slightly lower (15.4 per 10,000 population) when compared to California (15.5), and appears to be on the rise from 14.4 per 10,000 population reported in the 2013 CHNA. The state's rate, however, has remained about the same (15.6). Rates were even higher in La Verne (27.9) and Glendora (24.0).

Heart Disease Hospitalization Rate per 100,000 Population and Mortality Rate per 10,000 Population, 2012

Community	ZIP Code	Hospitalization Rate	Mortality Rate
Azusa, Irwindale	91702	281.2	15.0
Baldwin Park, Irwindale	91706	418.6	11.4
Covina	91722, 91723, 91724	412.6	17.4
Diamond Bar	91765	320.1	11.2
El Monte (including City of Industry)	91731, 91732	359.0	12.5
Glendora	91740, 91741	498.1	24.0
Hacienda Heights (including City of Industry, La Puente)	91745	487.4	15.6
La Puente (including Bassett, City of Industry and Valinda)	91744, 91746	438.1	10.2
La Verne	91750	258.0	27.9
Rowland Heights (including City of Industry, La Puente)	91748	354.9	11.9
San Dimas	91773	353.4	21.9
South El Monte	91733	311.5	11.1
Walnut (including City of Industry)	91789	348.0	12.3
West Covina	91790, 91791, 91792	352.7	12.6
CVHP service area		371.0	15.4
Los Angeles County		366.6	
California		339.0	15.5

Source: Office of Statewide Health and Planning and Development (OSHPD), 2012, ZIP Code
Source: California Department of Public Health, Death Statistical Master File, 2012, ZIP Code

Stroke

Strokes are a leading risk factor for cardiovascular/heart disease and share many of the same risk factors. In the CVHP service area, the stroke mortality rate is slightly higher (3.6) than in California (3.5). Several communities experience much higher rates of strokes, including La Verne (5.4), Hacienda Heights (5.1), San Dimas (5.0), and West Covina (5.0).

Stroke Mortality Rate per 10,000 Population, 2012

Community	ZIP Code	Rate
Azusa, Irwindale	91702	2.2
Baldwin Park, Irwindale	91706	1.8
Covina	91722, 91723, 91724	3.6
Diamond Bar	91765	2.5
El Monte (including City of Industry)	91731, 91732	3.0
Glendora	91740, 91741	2.6
Hacienda Heights (including City of Industry, La Puente)	91745	5.1
La Puente (including Bassett, City of Industry and Valinda)	91744, 91746	3.3
La Verne	91750	5.4
Rowland Heights (including City of Industry, La Puente)	91748	3.5
San Dimas	91773	5.0
South El Monte	91733	3.0
Walnut (including City of Industry)	91789	3.7
West Covina	91790, 91791, 91792	5.0
CVHP service area		3.6
California		3.5

Source: California Department of Public Health, Death Statistical Master File, 2012, ZIP Code

Diabetes

Diabetes affects an estimated 23.6 million people and is the seventh leading cause of death in the United States. Diabetes lowers life expectancy by up to 15 years, increases the risk of heart disease by two to four times, and is the leading cause of kidney failure, lower-limb amputations, and adult-onset blindness.¹¹ A diabetes diagnosis can also indicate an unhealthy lifestyle—a risk factor for further health needs—and is also linked to obesity. Given the steady rise in the number of people with diabetes and the earlier onset of Type 2 diabetes, there is growing concern about substantial increases in diabetes-related complications and the potential to impact and overwhelm the health care system. There is a clear need to take advantage of recent discoveries about the individual and societal benefits of improved diabetes management and prevention by bringing life-saving findings into wider practice, and complementing those strategies with efforts in primary prevention among those at risk for developing diabetes. Diabetes is associated with many health needs including heart disease and is also closely linked to social, economic, and environmental factors including access to health care, access to healthy food, and access to green space, exercising, and healthy eating.¹²

Prevalence

In the CVHP service area, a larger percentage (11.9%) of the population self-reported being diagnosed with diabetes when compared to Los Angeles County (10.0%) and California (8.9%). However, this number has decreased greatly for the CVHP service area since 2009 when it was at 19.2% (decrease of 7.3%), while Los Angeles County has seen a slight decrease (from 10.5%).

Stakeholders also added that diabetes was common in those living in poverty, youth, the homeless, single parent homes, Hispanic/Latinos, African-Americans, and Asians. Stakeholders shared that youth who attend Title I schools (schools that have a higher percentage of pupils who come from low-income families) were particularly predisposed to being overweight because of the lunches served in Title I schools.

Diagnosed with Diabetes, 2014

Report Area	Percent	Number
CVHP service area	11.9%	135,631
Los Angeles County	10.0%	759,000
California	8.9%	2,539,000

Source: California Health Interview Survey, 2014, ZIP

Hospitalizations

Diabetes-related hospitalizations may indicate a lack of awareness of having diabetes, not following an appropriate health management plan, and/or leading an unhealthy lifestyle. In the CVHP service area, the hospitalization rate per 100,000 adults was much higher (187.1) than in California (142.6) and Los Angeles County (171.7). Furthermore, hospitalizations in the CVHP service area have seen a large increase of 39.7 per 100,000 adults since the 2013 report (147.4 per 100,000 adults). In addition, certain communities experienced much higher rates including West Covina (460.5), South El Monte (248.0), and Baldwin Park (240.1). The rates in West Covina are almost twice that of any other city.

¹¹ U.S. Department of Health and Human Services. (2015). Office of Disease Prevention and Health Promotion. *Diabetes*. Washington, DC. Available at [<http://www.healthypeople.gov/2020/topics-objectives/topic/diabetes>]. Accessed [November 30, 2015].

¹² U.S. Department of Health and Human Services. (2015). *Diabetes*. Washington, DC. Available at [<http://www.healthypeople.gov/2020/topics-objectives/topic/diabetes>]. Accessed [November 30, 2015].

Comparison with the 2013 CHNA reveals that while the rate of hospitalization statewide (for adults) decreased from the 2013 to 2016 report (145.6 – 142.6) the rate of hospitalization increased significantly for the service area, up from 147.4 to 167.1.

Youth under the age of 18 in the service area were hospitalized for diabetes at a lower rate (24.8 per 100,000 youth) than in Los Angeles County (27.7) and California (31.2). However, certain communities experience much higher rates, including Covina (41.3) and Azusa (39.7). The communities with higher rates of adult hospitalization are not the same as those with higher rates of youth hospitalization.

Diabetes Hospitalization Rate per 100,000 Population, 2012

Community	ZIP Code	Adults	Youth
Azusa, Irwindale	91702	156.4	39.7
Baldwin Park, Irwindale	91706	240.1	14.2
Covina	91722, 91723, 91724	188.6	41.3
Diamond Bar	91765	88.4	16.5
El Monte (including City of Industry)	91731, 91732	183.9	21.6
Glendora	91740, 91741	177.4	25.2
Hacienda Heights (including City of Industry, La Puente)	91745	154.0	25.6
La Puente (including Bassett, City of Industry and Valinda)	91744, 91746	222.9	13.8
La Verne	91750	124.8	27.8
Rowland Heights (including City of Industry, La Puente)	91748	108.4	30.8
San Dimas	91773	163.1	27.9
South El Monte	91733	248.0	24.4
Walnut (including City of Industry)	91789	103.4	19.2
West Covina	91790, 91791, 91792	460.5	19.1
CVHP service area		187.1	24.8
Los Angeles County		171.7	27.7
California		142.6	31.2

Source: Office of Statewide Health and Planning and Development (OSHPD), 2012, ZIP Code

In the CVHP service area, nearly three times as many people (13.4 per 100,000 population) have been hospitalized with uncontrolled diabetes when compared to Los Angeles County (4.5), a rate that is also significantly higher than California's (2.8). Even higher rates were reported in Glendora (32.4), South El Monte (29.6), and El Monte (27.5). There has also been a slight increase in this rate for the service area since the 2013 report (from 12.7 per 100,000).

Uncontrolled Diabetes Hospitalization Rate per 100,000 Population, 2012

Community	ZIP Code	Rate
Azusa, Irwindale	91702	8.3
Baldwin Park, Irwindale	91706	14.1
Covina	91722, 91723, 91724	10.7
Diamond Bar	91765	2.1
El Monte (including City of Industry)	91731, 91732	27.5

Community	ZIP Code	Rate
Glendora	91740, 91741	32.4
Hacienda Heights (including City of Industry, La Puente)	91745	11.0
La Puente (including Bassett, City of Industry and Valinda)	91744, 91746	14.0
La Verne	91750	8.9
Rowland Heights (including City of Industry, La Puente)	91748	2.2
San Dimas	91773	11.9
South El Monte	91733	29.6
Walnut (including City of Industry)	91789	7.4
West Covina	91790, 91791, 91792	7.2
CVHP service area		13.4
Los Angeles County		4.5
California		2.8

Source: Office of Statewide Health and Planning and Development (OSHPD), 2012, ZIP Code

Hypertension

Hypertension, defined as a blood pressure reading of 140/90 mmHg or higher, affects one in three adults in the United States.¹³ With no symptoms or warning signs and the ability to cause serious damage to the body, the condition has been called a silent killer. If untreated, high blood pressure can lead to blood vessel aneurysms, chronic kidney disease which may lead to kidney failure, cognitive changes including memory loss, difficulty finding words, and losing focus during conversations, eye damage, heart attack, heart failure, peripheral arterial disease, and stroke.¹⁴ High blood pressure can be controlled through medication and lifestyle changes; however, patient adherence to treatment regimens is a significant barrier to controlling the condition.¹⁵

Changes in the body's normal functions may cause hypertension, including changes to kidney fluid and salt balances, the renin-angiotensin-aldosterone system (a complex system that uses hormones to control blood pressure and fluid balance), sympathetic nervous system activity, and blood vessel structure and function.¹⁶ Other causes of hypertension include unhealthy lifestyle habits, the use of certain medicines, and other health needs such as being overweight or obese, diabetic or having chronic kidney disease.

Prevalence

In SPA 3, close to a third (29.8%) of the population were diagnosed with hypertension, which is slightly down from 30.2% reported in the 2013 CHNA. Despite showing a decrease, that percentage is still higher than Los Angeles County (27.3%), which shows an increase over the previous report (from

¹³ National Institutes of Health. (2013). *Hypertension (High Blood Pressure)*. Bethesda, MD. Available at <http://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=97>. Accessed [December 1, 2015].

¹⁴ National Heart, Lung, and Blood Institute. (2015). *What are the Signs and Symptoms of Blood Pressure?* Bethesda, MD. Available at <http://www.nhlbi.nih.gov/health/health-topics/topics/hbp/signs.html>. Accessed [December 1, 2015].

¹⁵ National Institutes of Health. (2013). *Hypertension (High Blood Pressure)*. Bethesda, MD. Available at <http://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=97>. Accessed [December 1, 2015].

¹⁶ National Institutes of Health. (2015). *Causes of High Blood Pressure*. Bethesda, MD. Available at: <http://www.nhlbi.nih.gov/health/health-topics/topics/hbp/causes>. Accessed [January 25, 2016].

25.5%). It is also higher than California (28.5%) and the Healthy People 2020 goal of <=26.9%. Stakeholders added that hypertension has become common among young adults between 20 and 30 years old.

Diagnosed with Hypertension, 2014

Report Area	Percent
SPA 3 - San Gabriel Valley	29.8%
Los Angeles County	27.3%
California	28.5%
Healthy People 2020	<=26.9%

Source: California Health Interview Survey, 2014, SPA

Mental Health

Mental illness is a major and complex health need which, if left untreated, may leave individuals at risk for substance abuse, self-destructive behavior, and even suicide. Additionally, mental health disorders can have a serious impact on physical health and can be associated with the prevalence, progression and outcome of chronic diseases.¹⁷

Suicide is considered a major preventable public health problem in the United States. In 2010, suicide was the tenth leading cause of death among Americans of all ages, and the second leading cause of death among people between the ages of 25 to 34.¹⁸ An estimated 11 attempted suicides occur per every suicide death. Research shows that more than 90 percent of those who die by suicide suffer from depression, other mental disorders, or a substance-abuse disorder (often in combination with other mental disorders).¹⁹

New mental health needs have emerged among some special populations, such as: veterans who have experienced physical and mental trauma; people in communities with psychological trauma caused by natural disasters; and older adults, as the awareness, understanding and treatment of dementia and mood disorders continues to improve.²⁰ Stigma associated with mental health results in prejudice, avoidance, rejection and discrimination directed at people believed to have an illness, disorder or other trait perceived to be undesirable. Such stigma causes suffering, potentially causing a person to deny symptoms, delay treatment and refrain from daily activities. Stigma can also exclude people from access to housing, employment, insurance, and appropriate medical care. Thus, stigma can interfere with prevention efforts and examining and combating stigma is a public health priority.²¹

¹⁷ U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at [http://healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=28]. Accessed [January 22, 2016].

¹⁸ Centers for Disease Control and Prevention. *10 Leading Causes of Death by Age Group, United States – 2010*. Available at [http://www.cdc.gov/injury/wisqars/pdf/10LCID_All_Deaths_By_Age_Group_2010-a.pdf]. Accessed [January 22, 2016].

¹⁹ National Institute of Mental Health. *Suicide in the U.S.: Statistics and Prevention*. Available at [http://www.nimh.nih.gov/health/publications/suicide-in-the-us-statistics-and-prevention/index.shtml]. Accessed [January 22, 2016].

²⁰ U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at [http://healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=28]. Accessed [January 22, 2016].

²¹ U.S. Department of Health & Human Services. Centers for Disease Control and Prevention. *Stigma and Mental Illness*. Atlanta GA. Available at [http://www.cdc.gov/mentalhealth/basics/stigma-illness.htm]. Accessed [January 22, 2016].

Prevalence

In SPA 3 - San Gabriel Valley, the average number of mentally unhealthy days among those 18 years old and older was 3.7 (days), slightly higher than the number of days reported in California (3.6).²² Stakeholders added that poor mental health is most common among certain sub-populations in the service area including the Lesbian, Gay, Bisexual and Transgender (LGBT) community, foster youth, the low income, the homeless, teenagers, and senior citizens.

In addition, 22.8% of teens 14 to 17 years old in the service area were at risk for becoming depressed. This was within the range reported in Los Angeles County (23.1%) and California (21.0%). Also, 11.0% of adults reported being at risk for becoming depressed, slightly less than reported in Los Angeles County (11.8%).

At-Risk for Depression, 2011, 2015

Report Area	Teens ¹	Adults ²
SPA 3 - San Gabriel Valley	22.8%	11.0%
Los Angeles County	23.1%	11.8%
California	21.0%	

Source: California Health Interview Survey, 2014, SPA¹,
Los Angeles County Health Survey, 2015, SPA²

A smaller percentage (10.4%) of adults in SPA 3 was diagnosed with depression when compared to Los Angeles County (13.0%). Similarly, a smaller percentage (9.1%) was diagnosed with anxiety in the service area when compared to Los Angeles County (11.3%). Stakeholders added that it is often difficult to get necessary medical treatment and support to treat existing mental health needs.

Mental Health Diagnosis, 2011, 2015

Report Area	Depression ¹	Anxiety ²
SPA 3 - San Gabriel Valley	10.4%	9.1%
Los Angeles County	13.0%	11.3%

Source: Los Angeles County Health Survey, 2015¹, 2011, SPA²

Alcohol and drug use can often contribute to the development or worsening of mental health disease. In the CVHP service area, there was a much lower rate (105.4 per 100,000 population) of alcohol and drug induced mental health disease than reported in Los Angeles County (125.8). However, particularly high rates were reported in the communities of San Dimas (219.4), La Verne (213.9) and Glendora (191.5).

Alcohol and Drug Induced Mental Health Disease Rate per 100,000 Population, 2012

Community	ZIP Code	Rate
Azusa, Irwindale	91702	131.4
Baldwin Park, Irwindale	91706	84.7
Covina	91722, 91723, 91724	117.9
Diamond Bar	91765	40.0
El Monte (including City of Industry)	91731, 91732	76.8
Glendora	91740, 91741	191.5

²² Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse, 2006-12, County.

Community	ZIP Code	Rate
Hacienda Heights (including City of Industry, La Puente)	91745	60.5
La Puente (including Bassett, City of Industry and Valinda)	91744, 91746	93.9
La Verne	91750	213.9
Rowland Heights (including City of Industry, La Puente)	91748	32.5
San Dimas	91773	219.4
South El Monte	91733	72.8
Walnut (including City of Industry)	91789	46.8
West Covina	91790, 91791, 91792	94.0
CVHP service area		105.4
Los Angeles County		125.8
California		102.5

Source: Office of Statewide Health and Planning and Development (OSHPD), 2012, ZIP Code

Hospitalizations

Mental health hospitalizations can indicate a number of factors including a lack of awareness or health education, leading an unhealthy lifestyle, and a gap in preventative services. In the CVHP service area, mental health hospitalizations are high among youth and adults with youth in the service area experiencing a higher rate (478.7 per 100,000 youth) of mental health hospitalizations when compared to California (294.8) and Los Angeles County (377.1). Much higher rates were reported in La Verne (1,166.2), and San Dimas (1,099.0).

Adults in the service area are experiencing a lower rate (606.2 per 100,000 adults) of mental health hospitalizations when compared to Los Angeles County (677.0) but a higher rate when compared to California (540.9). However, much higher rates were reported in Glendora (1,251.5) and Covina (833.4). This is also a lower rate of mental health hospitalizations compared to the 2010 rate in the service area (657).

Mental Health Hospitalization Rate per 100,000 Population, 2012

Community	ZIP Code	Youth	Adults
Azusa, Irwindale	91702	452.4	733.7
Baldwin Park, Irwindale	91706	347.3	544.4
Covina	91722, 91723, 91724	661.6	833.4
Diamond Bar	91765	224.4	343.2
El Monte (including City of Industry)	91731, 91732	375.6	656.9
Glendora	91740, 91741	600.5	1,251.5
Hacienda Heights (including City of Industry, La Puente)	91745	350.2	403.4
La Puente (including Bassett, City of Industry and Valinda)	91744, 91746	315.9	529.5
La Verne	91750	1,166.2	698.3
Rowland Heights (including City of Industry, La Puente)	91748	239.8	297.0
San Dimas	91773	1,099.0	764.9

Community	ZIP Code	Youth	Adults
South El Monte	91733	305.2	523.0
Walnut (including City of Industry)	91789	184.4	310.3
West Covina	91790, 91791, 91792	379.4	596.8
CVHP service area		478.7	606.2
Los Angeles County		377.1	677.0
California		294.8	540.9

Source: Office of Statewide Health and Planning and Development (OSHPD), 2012, ZIP Code

Suicide

Suicide is closely linked with depression and other mental health needs. In SPA 3, 5.7% of adults reported having thoughts of suicide at one point in their life, a lower percentage than in Los Angeles County (7.2%) and California (7.8%).

Suicidal Thoughts, 2014

Report Area	Percent
SPA 3 - San Gabriel Valley	5.7%
Los Angeles County	7.2%
California	7.8%

Source: California Health interview Survey, 2014, SPA

Additionally, the youth suicide rate was lower (0.8 per 100,000 youth) in the CVHP service area when compared to California (1.0) and the Healthy People 2020 goal of ≤ 1.0 . However, youth rates of suicide were higher in Azusa (1.8), Rowland Heights (1.1) and West Covina (1.1). Stakeholders added that suicides were on the rise among youth.

Suicide Rate per 100,000 Youth, 2012

Community	ZIP Code	Rate
Azusa, Irwindale	91702	1.8
Baldwin Park, Irwindale	91706	0.3
Covina	91722, 91723, 91724	0.9
Diamond Bar	91765	0.4
El Monte (including City of Industry)	91731, 91732	0.9
Glendora	91740, 91741	1.0
Hacienda Heights (including City of Industry, La Puente)	91745	0.6
La Puente (including Bassett, City of Industry and Valinda)	91744, 91746	0.7
La Verne	91750	0.9
Rowland Heights (including City of Industry, La Puente)	91748	1.1
San Dimas	91773	0.9
South El Monte	91733	0.7
Walnut (including City of Industry)	91789	0.0
West Covina	91790, 91791, 91792	1.1
CVHP service area		0.8

Community	ZIP Code	Rate
California		1.0
Healthy People 2020		<=1.0

Source: California Department of Public Health, Death Statistical Master File, 2012

Oral Health

Oral health is essential to overall health, and is relevant as a health need because engaging in preventive behaviors decreases the likelihood of developing future oral health and other related health problems. Oral and craniofacial diseases and conditions include dental cavities (tooth decay), gum disease, oral and facial pain, and oral and pharyngeal (mouth and throat) cancers.²³ Poor oral health has been linked to tobacco use, excessive alcohol use and an unhealthy diet. In addition, common barriers to good oral health include health needs such as diabetes and social and economic factors such as income and education.²⁴

Prevalence

In SPA 3, the percentage of adults 18 years old and older with oral health needs was slightly higher (11.6%) when compared to California (11.3%). Stakeholders added that poor oral health was common among low-income communities, both youth and adults, the homeless, new immigrants, and single-parent homes. They also added that Hispanics/Latinos and Asians have particularly poor oral health. Stakeholders mostly attributed this to factors including the lack of awareness of good oral hygiene practices and the lack of affordable and high quality dental care services.

Poor Oral Health, 2010

Report Area	Percent
SPA 3 - San Gabriel Valley	11.6%
California	11.3%

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES, 2006-10, County

Access to Dental Care Services

Having access to dental insurance and affordable dental care services is essential to good oral health. In the SPA 3, 78.0% of youth and 49.0% of adults have dental insurance, roughly equivalent to rates in California overall.

Have Dental Insurance, 2011

Report Area	Youth	Adults
SPA 3 - San Gabriel Valley	78.0%	49.0%
California	78.2%	48.2%

Source: Los Angeles County Health Survey, 2011, SPA

Although many have dental insurance, 9.9% of youth and nearly a third (27.7%) of adults reported not being able to afford necessary dental care.

²³ U.S. Department of Health and Human Services. (2015). *Oral Health*. Washington, DC. Available at <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=32>. Accessed [November 30, 2015].

²⁴ U.S. Department of Health and Human Services. (2016). *Oral Health*. Washington, DC. Available at <http://www.healthypeople.gov/2020/topics-objectives/topic/oral-health>. Accessed [January 30, 2016].

Could Not Afford Dental Care Services, 2011, 2015

Report Area	Youth ¹	Adults ²
SPA 3 - San Gabriel Valley	9.9%	27.7%
California	11.5%	30.3%

Source: Los Angeles County Health Survey, 2015, SPA¹, 2011, SPA²

Over a quarter of youth (26.7%) were reported as never having been to see a dentist, which is up from 11.5% in the previous report and significantly higher than for Los Angeles County (16.0%) or California (15.3%). In regards to adults in SPA 3, 6.4% had never been to a dentist—a higher percentage than Los Angeles County (4.1%) and nearly three times as higher than California (2.2%).

Never Seen a Dentist, 2014

Report Area	Youth	Adults
SPA 3 - San Gabriel Valley	26.7%	6.4%
Los Angeles County	16.0%	4.1%
California	15.3%	2.2%

Source: California Health Interview Survey, 2014, SPA

Overweight and Obesity

Obesity is defined as having a body mass index (BMI) of 30.0 or higher; being overweight is defined by a BMI between 25.0 and 29.9. Excess weight is a significant national problem and indicates an unhealthy lifestyle that further influences health needs. Obesity reduces life expectancy and causes devastating and costly health problems, increasing the risk of coronary heart disease, stroke, high blood pressure, diabetes, and a number of other chronic diseases.²⁵ Being overweight or obese results from a combination of causes and contributing factors, including behavior and genetics.²⁶ Behaviors can include dietary patterns, physical activity, inactivity, medication use, and other exposures. Additional contributing factors include food and physical activity, environment, education and skills, and food marketing and promotion. Some Americans have less access to stores and markets that provide healthy, affordable food such as fruits and vegetables, especially in rural, minority and lower-income neighborhoods.²⁷

Obesity, in particular, is a serious concern, associated with a reduced quality of life and many serious diseases and health conditions, including diabetes, heart disease, stroke, high blood pressure (hypertension), high cholesterol, and mental illness such as clinical depression and anxiety.²⁸ Findings suggest that obesity also increases the risks for cancers of the esophagus, breast (postmenopausal), endometrium, colon and rectum, kidney, pancreas, thyroid, gallbladder, and possibly other cancer types.²⁹

²⁵ National Cancer Institute. (2012). *Obesity and Cancer Risk*. Bethesda, MD. Available at [<http://www.cancer.gov/cancertopics/factsheet/Risk/obesity>]. Accessed [November 30, 2015].

²⁶ Centers for Disease Control and Prevention. (2015). *Adult Obesity Causes & Consequences*. Atlanta, GA. Available at [<http://www.cdc.gov/obesity/adult/causes.html>]. Accessed [January 22, 2016].

²⁷ Centers for Disease Control and Prevention. (2015). *Adult Obesity Causes & Consequences*. Atlanta, GA. Available at [<http://www.cdc.gov/obesity/adult/causes.html>]. Accessed [January 22, 2016].

²⁸ Centers for Disease Control and Prevention. (2015). *Adult Obesity Causes & Consequences*. Atlanta, GA. Available at [<http://www.cdc.gov/obesity/adult/causes.html>]. Accessed [January 22, 2016].

²⁹ National Cancer Institute. (2012). *Obesity and Cancer Risk*. Bethesda, MD. Available at [<http://www.cancer.gov/cancertopics/factsheet/Risk/obesity>]. Accessed [November 30, 2015].

Prevalence

In SPA 3, over a third (34.9%) of adults were overweight, with a body mass index (BMI) between 20.00 and 29.99. This percentage is slightly lower than California (35.5%) and Los Angeles County (36.2%). A quarter (25.7%) of adults were obese, with a BMI of 30 or higher—again lower than percentages reported for Los Angeles County (27.2%), California (27.0%), and the Healthy People 2020 goal of $\leq 30.5\%$. What's worse, there appears to be movement of adults going from overweight to obese, as seen by the decrease from 36.4% overweight to an increase from 21.4% obese seen in the previous report.

Stakeholders also noted that being overweight or obese was most common among those living in low income communities.

Overweight and Obese Adults, 2014

Report Area	Overweight (20.00-29.99 BMI)	Obese (30 or higher BMI)
SPA 3 - San Gabriel Valley	34.9%	25.7%
Los Angeles County	35.9%	23.5%
California	35.5%	27.0%
Healthy People 2020		$\leq 30.5\%$

Source: California Health Interview Survey, 2014, SPA

The percentage of youth (27.5%) in SPA 3 who were considered overweight was over twice as much as in Los Angeles County (13.1%) and California (13.6%).

Overweight Youth, 2014

Report Area	Percent
San Gabriel Valley	27.5%
Los Angeles County	13.1%
California	13.6%

Source: California Health Interview Survey, 2014, SPA

In SPA 3, the percentage of obese youth (20.9%) fell within the range of California (19.0%) and Los Angeles County (21.5%). However, unlike the trend in adults, there has been a decrease in obese youth since the last report—from 30.6% down to 20.9%. Similarly, the amount of youth in SPA 3 who were overweight has decreased since the last report—from 36.4% down to 27.5%.

Obese Youth, 2014

Report Area	Percent
SPA 3 – San Gabriel Valley	20.9%
Los Angeles County	21.5%
California	19.0%

Source: California Department of Education,
FITNESSGRAM® Physical Fitness Testing, 2013-14, School District

Being overweight or obese seems to be common across the service area regardless of age. A smaller percentage (13.4%) of teens between the ages of 14 and 17 were overweight when compared to Los Angeles County (14.4%) and California (16.3%). However, close to a quarter (22.8%) were obese—a higher percentage than Los Angeles County (14.9%) and California (14.6%). Rates of youth being overweight are higher than those of teens, but obesity rates are higher in teens than in youth.

Overweight and Obese Teens, 2014

Report Area	Overweight	Obese
SPA 3 – San Gabriel Valley	13.4%	22.8%
Los Angeles County	14.4%	14.9%
California	16.3%	14.6%

Source: California Health Interview Survey, 2014, SPA

Respiratory Disease

Respiratory diseases that impair the lungs can have long-term effects on an individual's overall health. Respiratory diseases can include diseases such as asthma, chronic obstructive pulmonary disease and pneumonia.

Asthma affects the lungs and is one of the most common long-term diseases of children. Adults also may suffer from asthma and the condition is considered hereditary. In most cases, the causes of asthma are not known, and no cure has been identified. Although asthma is always present in those with the condition, attacks only occur when the lungs are irritated. Asthma symptoms include wheezing, breathlessness, chest tightness, and coughing. Some asthma triggers include tobacco smoke, dust mites, outdoor air pollution, cockroach allergen, pet dander, mold, smoke, other allergens and certain infections known to cause asthma such as the flu, colds, and respiratory related viruses. Other contributing factors include exercising, certain medication, bad weather, high humidity, cold/dry air, certain foods and fragrances.³⁰

Chronic obstructive pulmonary disease (COPD) refers to a group of lung diseases, including emphysema and chronic bronchitis, which block airflow and make breathing difficult. Although men (47.6 per 100,000) in the United States had higher COPD death rates than women (36.4 per 100,000) in 2006, the death rates for COPD increased significantly for men (from 57.0 per 100,000) though not for women (from 35.3 per 100,000) between 1999 and 2009.³¹

Pneumonia is an infection of the lungs that can cause mild to severe illness in people of all ages. Pneumonia can be caused by viruses (such as influenza), bacteria, fungi, and as a result of being on a ventilator. However, these infections can often be prevented with vaccines and can usually be treated with antibiotics, antiviral drugs, or specific drug therapies. Common signs of pneumonia include cough, fever, and difficulty breathing. Smokers and people with underlying medical conditions, such as diabetes or heart disease are at higher risk of contracting pneumonia.³²

Asthma

In SPA 3, 11.9% of the population was diagnosed with asthma, a slightly higher percentage than in Los Angeles County (11.4%) yet still lower than California's (14.2%). The service area and the county saw similar slight increases from 11.1% in the previous report.

Asthma Diagnosis, 2014

Report Area	Number	Percent
SPA 3 - San Gabriel Valley	207,000	11.9%
Los Angeles County	1,113,000	11.4%
California	5,186,000	14.0%

³⁰ Centers for Disease Control and Prevention (CDC). (2014). *Asthma-Basic Information*. Atlanta, GA. Available at [<http://www.cdc.gov/asthma/faqs.htm>]. Accessed [December 1, 2015].

³¹ Centers for Disease Control and Prevention. (2014). *Chronic Obstructive Pulmonary Disease (COPD)*. Atlanta, GA. Available at [<http://www.cdc.gov/copd/data.htm>]. Accessed [December 1, 2015].

³² Centers for Disease Control and Prevention (CDC). (2015). Atlanta, GA. Available at [<http://www.cdc.gov/pneumonia>]. Accessed [December 1, 2015].

Source: US Census Bureau, American Community Survey, 2010-14, Tract

In addition, the youth asthma hospitalization rate per 100,000 population was slightly higher (120.0) than California (114.4) but lower than in Los Angeles County (129.4). However, certain communities in the CVHP service area had rates that were two to three times higher than the overall service area average including South El Monte (361.3) and El Monte (292.8). Similarly, the adult asthma hospitalization rate per 100,000 persons was higher (89.6) in the service area than California (84.5) but lower than Los Angeles County (103.5). In addition, certain communities in the service area had rates two times higher than the overall service area average including South El Monte (188.7) and El Monte (175.2). This is the first indicator where the same communities have high rates for adults and youth. This could indicate some environmental issues or situations to consider.

Asthma Hospitalizations per 100,000 Population, 2012

Community	ZIP Code	Youth	Adults
Azusa	91702	125	93.2
Baldwin Park, Irwindale	91706	153.1	105.3
Covina	91722, 91723, 91724	92.0	91.9
Diamond Bar	91765	36.3	27.4
El Monte	91731, 91732	292.8	175.2
Glendora	91740, 91741	61.5	53.9
Hacienda Heights	91745	108.2	97.2
La Puente	91744, 91746	144.8	106.9
La Verne	91750	41.6	41.6
Rowland Heights	91748	30.8	45.5
San Dimas	91773	74.5	100.8
South El Monte	91733	361.3	188.7
Walnut	91789	73.0	34.5
West Covina	91790, 91791, 91792	84.6	91.8
CVHP service area		120.0	89.6
Los Angeles County		129.4	103.5
California		114.4	84.5

Source: California Department of Public Health, Death Statistical Master File, 2012, ZIP Code

Chronic Obstructive Pulmonary Disease

Chronic Obstructive Pulmonary Disease (COPD) includes lung diseases such as emphysema and chronic bronchitis that block airflow and make breathing difficult. In the CVHP service area, the COPD mortality rate was higher (33.3 per 100,000 population) than Los Angeles County (30.3). Stakeholders added that COPD was most common among the homeless and senior citizens.

Chronic Obstructive Pulmonary Disease Mortality Rate per 100,000 Population, 2009

Report Area	Rate
CVHP service area	33.3
Los Angeles County	30.3

Source: California Department of Public Health, Death Statistical Master File, 2009, ZIP Code

Pneumonia

Pneumonia is an infection of the lungs that can cause mild to severe illness in people of all ages. In the CVHP service area, the influenza and pneumonia mortality rate per 10,000 population was higher (1.9) than California (1.5). In addition, certain communities in the service area had significantly higher rates than the service area average including Glendora (3.7) and Hacienda Heights (3.1).

Influenza and Pneumonia Mortality Rate per 10,000 Population, 2012

Community	ZIP Code	Rate
Azusa, Irwindale	91702	1.3
Baldwin Park, Irwindale	91706	2.1
Covina	91722, 91723, 91724	1.4
Diamond Bar	91765	1.9
El Monte (including City of Industry)	91731, 91732	2.2
Glendora	91740, 91741	3.7
Hacienda Heights (including City of Industry, La Puente)	91745	3.1
La Puente (including Bassett, City of Industry and Valinda)	91744, 91746	1.1
La Verne	91750	1.2
Rowland Heights (including City of Industry, La Puente)	91748	2.2
San Dimas	91773	1.5
South El Monte	91733	1.1
Walnut (including City of Industry)	91789	2.0
West Covina	91790, 91791, 91792	1.7
CVHP service area		1.9
California		1.5

Source: Office of Statewide Health and Planning and Development (OSHPD), 2012, ZIP Code

B. Health Drivers

The following section provides a detailed description and overview of the health drivers identified through secondary and primary data analyses. The nine health drivers described below represent those most often cited as having the most impact on the overall health of an individual and the community. These drivers are fit into the MATCH categories as seen below; however, in this section the data are organized in alphabetical order.

Access to care

- Access to health care
- Preventative health care

Health behaviors

- Healthy behaviors

Physical Environment

- Access to healthy foods
- Physical environment

Socioeconomic factors

- Cultural & linguistic barriers
- Economic security
- Homelessness and housing
- Violence and injury prevention

Access to Health Care

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life. The lack of access to health services can lead to unmet health needs, delays in receiving appropriate care, inability to benefit from preventive services, and preventable hospitalizations.³³

Health Care Coverage

In the CVHP service area, a slightly smaller percentage (13.7%) of the population does not have health coverage when compared to Los Angeles County (13.3%) though health coverage is slightly higher when compared to California (11.9%).

Uninsured Population, 2014

Report Area	Percent
CVHP service area	13.7%
Los Angeles County	13.3%
California	11.9%

Source: US Census Bureau, American Community Survey, 2010-14, Tract

Most of the population in SPA 3 had a usual source of care (81.2%), which was a slightly higher percentage when compared to Los Angeles County (80.3%).

Usual Source of Care, 2014

Report Area	Number	Percent
SPA 3 – San Gabriel Valley	1,119,000	81.2%
Los Angeles County	6,181,000	80.3%

Source: US Census Bureau, American Community Survey, 2010-14, Tract

In terms of accessing primary care, in SPA 3, 3.1% of the population reported having a difficult time, which is lower compared to Los Angeles County (4.7%) and California (4.6%).

Difficulty Accessing Primary Care, 2014

Report Area	Percent
SPA 3 – San Gabriel Valley	3.1%
Los Angeles County	4.7%
California	4.6%

Source: California Health Interview Survey, 2014, SPA

³³ Office of Disease Prevention and Health Promotion, (2014). *Access to Health Services*. Washington, DC. Available at [<http://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services>]. Accessed [December 1, 2015].

In terms of specialty care, in SPA 3 almost a third of the population (31.9%) needed to see a medical specialist, which was lower than that reported in Los Angeles County (33.9%) and California (36.3%). Access to specialty care is important and may be affected by cost or lack of health coverage for such services. A small percentage (10.0%) of the population in SPA 3 reported having difficulty accessing a medical specialist when compared to Los Angeles County (11.1%) and California (10.8%).

Stakeholders added that Hispanics/Latinos, the homeless, youth under the age of 10 years old, single-parent families, and adults 50 years old and older had the most difficult time accessing specialty care.

Specialty Care, 2014

Report Area	Needed to see a medical specialist in past year	Difficult time accessing specialist
SPA 3 – San Gabriel Valley	31.9%	10.0%
Los Angeles County	33.9%	11.1%
California	36.3%	10.8%

Source: California Health Interview Survey, 2014, SPA

One of the barriers to accessing necessary health care services can be lack of health insurance or coverage. In SPA 3, 3.8% of the population reported that their primary care doctor did not accept their insurance in the past year, which is lower when compared to Los Angeles County (4.2%) and California (4.1%). Additionally, 7.9% of those needing to see a medical specialist were not able to because their insurance was not accepted which is similar compared to Los Angeles County (7.9%) but lower than for California (9.0%).

Stakeholders added that most people seem to have a difficult time getting the health care they needed with their existing health insurance. However, they specified that the Lesbian, Gay, Bisexual, and Transgender (LGBT) community had an especially difficulty time obtaining necessary health care with their existing coverage.

Insurance Not Accepted, 2014

Report Area	Insurance not accepted by general doctor in past year	Insurance not accepted by medical specialist in past year
SPA 3 – San Gabriel Valley	3.8%	7.9%
Los Angeles County	4.2%	7.9%
California	4.1%	9.0%

Source: California Health Interview Survey, 2014, SPA

Provider Shortage

Having sufficient health professionals available to meet the demand is essential to keeping a community healthy. In SPA 3, the primary care physician access rate per 100,000 population was the same (72.0) when compared to Los Angeles County (72.0) and lower than California (77.2).

Primary Care Physician Rate per 100,000 Population, 2012

Report Area	Rate
SPA 3 – San Gabriel Valley	72.0
Los Angeles County	72.0
California	77.2

Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File, 2012, County

A Health Professional Shortage Area (HPSA) is an area that has a shortage of primary medical care, dental or mental health professionals. In SPA 3, the percentage of the population living in a HPSA area (13.8%) was two or more times lower when compared to Los Angeles County (31.4%) and California (25.4%).

Population Living in a Health Professional Shortage Area (HPSA), 2015

Report Area	Percent
SPA 3 – San Gabriel Valley	13.8%
Los Angeles County	31.4%
California	25.4%

Source: US Department of Health & Human Services, Health Resources and Services Administration, Health Resources and Services Administration, March 2015, HPSA

Federally Qualified Health Center

Federally Qualified Health Centers (FQHCs) are community assets that provide health care to vulnerable populations. There are 14 FQHCs in the service area which are 10.4% of those located in Los Angeles County. In addition, the rate of FQHCs per 100,000 population is more than two times higher (4.4) in the service area when compared to Los Angeles County (1.4) and California (2.0).

Federally Qualified Health Center per 100,000 Population, September 2015

Report Area	Number	Rate
SPA 3 – San Gabriel Valley	14	4.4
Los Angeles County	134	1.4
California	735	2.0

Source: US Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider of Services File, Sept. 2015, Address

Emergency Room Use

There were 6,980 admissions into the CVHP medical center’s emergency department in 2014, making up 0.4% of the emergency room admissions reported in California. The average length of stay for someone admitted into the emergency department at CVHP was 3.7 days. This was lower than the average reported in California (4.7 days).

Emergency Room Use, 2014

Report Area	Number	Average Length of Stay
CVHP service area	6,980	3.7 Days
California	1,817,237	4.7 Days

Source: Office of Statewide Health Planning and Development, CVHP Emergency Department Summary Report, 2014, CVHP Medical Center

Affordable Health Care

Another common barrier to accessing health care is cost. In SPA 3, more than a quarter of the population (26.8%) delayed getting necessary care due to the cost of medication or lack of insurance. However, this percentage is significantly lower than for Los Angeles County (44.8%) and California

(51.3%). Additionally, 7.5% of the population in the service area delayed or did not obtain prescribed medicine in the last year due to cost, which is lower than for Los Angeles County (7.9%) and California (8.7%).

Delayed Care Due to Cost, 2014

Report Area	Delayed care due to cost or lack of insurance	Delayed or didn't get prescribed medicine in past 12 months
SPA 3 – San Gabriel Valley	26.8%	7.5%
Los Angeles County	44.8%	7.9%
California	51.3%	8.7%

Source: California Health Interview Survey, 2014, SPA

In 2010, the Affordable Care Act (ACA) was enacted with the goal of improving access, affordability, and the quality of health care in the United States.³⁴ In California, an online portal was created for Californians to access health insurance and potentially receive federal assistance with the cost of private health insurance or access to health insurance through Medi-Cal.³⁵ However, some people still experience difficulty in obtaining affordable health care through Covered California. In SPA 3, almost a third (28.3%) of the population had difficulty finding an affordable health plan through Covered California, which is half of the percentage reported for Los Angeles County (57.3%) and California (54.7%). Of those who were able to find an affordable plan, a third (31.6%) were not able to find a plan with the necessary coverage. However, the percentage was still lower than that reported in Los Angeles County (57.6%) and California (55.0%).

Stakeholders added that although the ACA had made health care coverage accessible, some still had a difficult time understanding how to sign up on the Covered California website and the extent of their health care insurance coverage.

Unable to Obtain Needed Health Coverage, 2014

Report Area	Difficulty finding affordable plan through Covered California	Difficulty finding plan with needed coverage through Covered California
SPA 3 – San Gabriel Valley	28.3%	31.6%
Los Angeles County	57.3%	57.6%
California	54.7%	55.0%

Source: California Health Interview Survey, 2014, SPA

Medi-Cal, Medicare and Healthy Families

Knowing the portion of the population who are receiving Medi-Cal and Medicare benefits can assist in identifying vulnerable populations that often have multiple health needs and can experience a lack of access to quality, necessary health care as well as common issues associated with poverty. In SPA 3, a quarter (26.4%) of the population was Medi-Cal recipients as of 2014 in the middle of the percentage in California (25.5%) and Los Angeles County (28.1%). Additionally, 1.2% of the population in SPA 3 received Medicare, a slightly smaller percentage than in Los Angeles County (1.4%) and California (1.4%).

Health Coverage, 2014

³⁴ U.S. Department of Health and Human Services. (2016). *Health Care*. Washington, D.C. Retrieved from [<http://www.hhs.gov/healthcare/>]. Accessed [February 23, 2016].

³⁵ Covered California (2016). *About Covered California*. Sacramento, CA. Retrieved from [<http://www.coveredca.com/about/>]. Accessed [February 23, 2016].

Report Area	Medi-Cal Recipients	Medicare Recipients
SPA 3 – San Gabriel Valley	26.4%	1.2%
Los Angeles County	28.1%	1.4%
California	25.5%	1.4%

Source: California Health Interview Survey, 2014, SPA

A slightly lower percentage (5.6%) of the population in SPA 3 who were eligible for Medi-Cal under the age of 65 years were not registered Medi-Cal recipients when compared to Los Angeles County (5.8%) and California (6.4%). Of those in the CVHP service area under the age of 65 years and eligible for Healthy Families, 13.5% are not recipients. This percentage is three or more times higher than Los Angeles County (3.9%) and California (3.4%).

Medical and Healthy Families Eligibility, 2014

Report Area	Eligibility of uninsured under 65 for Medi-Cal (Pre-ACA)	Eligibility of uninsured under 65 for Healthy Families (Pre-ACA)
SPA 3 – San Gabriel Valley	5.6%	13.5%
Los Angeles County	5.8%	3.9%
California	6.4%	3.4%

Source: California Health Interview Survey, 2014, SPA

Preventive Health Care

As with access to health care, preventive practices such as having a regular source of care and timely physical and medical tests are also critical to overall health and healthy living. Adequate primary care can prevent the development of health problems and maintain positive health conditions. In SPA 3, the hospital discharge rate for preventable hospital events was higher (100.4 per 10,000 population) than Los Angeles County's (92.2) but slightly lower than California's (102.9).

Preventable Hospital Events Rate per 10,000 Population, 2011

Report Area	Number	Rate
SPA 3 – San Gabriel Valley	22,242	100.4
Los Angeles County	199,046	92.2
California	396,260	102.9

Source: California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. Additional data analysis by CARES, 2011, ZIP Code

Cancer Screenings

Engaging in preventative behaviors is key to early detection and the treatment of serious illnesses such as cancer. In the CVHP service area, the percentage of women receiving cervical cancer screenings in the prior three years was lower (81.2%) than Los Angeles County (84.4%) and did not meet the Healthy People 2020 goal of $\geq 93.0\%$. Similarly, a lower percentage of women (76.7%) in the service area had a mammogram within the prior two years when compared to women in Los Angeles County (77.3%), and California (82.2%). The service area did not meet the Healthy People 2020 goal of $\geq 81.1\%$. Stakeholders added that non-English speaking women living in the San Gabriel Valley were less likely to have an annual pap smear and mammogram exam.

Cancer Screenings, 2014, 2015

Report Area	Cervical cancer screening (pap smear) in last 3 years ¹	Breast cancer screening (mammogram) in the last 2 years ²
CVHP service area	81.2%	76.7%
Los Angeles County	84.4%	77.3%
California	78.2%	82.2%
Healthy People 2020	>=93.0%	>=81.1%

Source: Los Angeles County Health Survey, 2015, SPA¹; California Health Interview Survey, 2014, SPA²

Over half (54.0%) of adults 50 years old and older in Los Angeles County reported ever having a colonoscopy or sigmoidoscopy. This percentage, however, is lower when compared to California (57.9%).

Colonoscopy/Sigmoid Cancer Screenings, 2012

Report Area	Percent
Los Angeles County	54.0%
California	57.9%

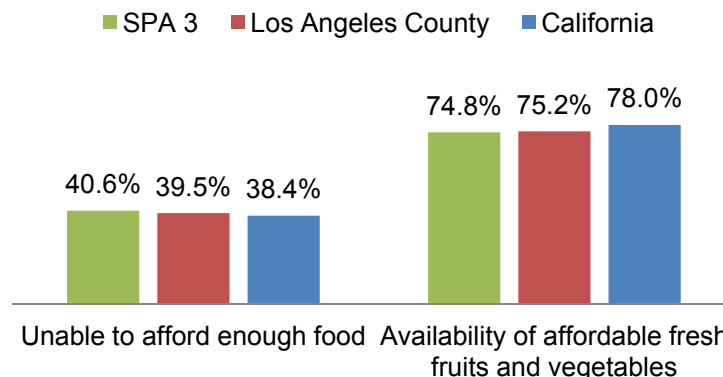
Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse, 2006-12, County

Access to Healthy Foods

Following a well-balanced diet and nutritional plan is essential to good health, disease prevention, and the healthy growth and development of children. Maintaining a healthy diet can help reduce the incidence health issues such as heart disease, cancer, obesity and diabetes.³⁶

The inability to access fresh and affordable healthy food options is detrimental to an individual's health. In SPA 3, a slightly higher percentage (40.6%) of the population was unable to afford enough food when compared to Los Angeles County (39.5%) and California (38.4%). A lower percentage (74.8%) of the population in SPA 3 was able to afford fresh fruits and vegetables when compared to Los Angeles County (75.2%) and California (78.0%).

Affordability of Food, 2014



Source: California Health Interview Survey, 2014, SPA

³⁶ Centers for Disease Control and Prevention. (2010). *Healthy Food Environment*. Atlanta, GA. Available at [http://www.cdc.gov/healthyplaces/healthtopics/healthyfood_environment.htm]. Accessed [February 18, 2016].

Cultural and Linguistic Barriers

The ideas that individuals have about health in general, healthy literacy skills, and the context in which they communicate varies by culture. This can often create unnecessary barriers and misunderstandings which can be important considerations when in patient-health provider communications.³⁷ A greater percentage (4.5%) of people in SPA 3 reported having a difficult time understanding their doctor when compared to Los Angeles County (3.2%) and California (3.1%).

Difficulty Understanding Doctor, 2014

Report Area	Percent
SPA 3 – San Gabriel Valley	4.5%
Los Angeles County	3.2%
California	3.1%

Source: California Health Interview Survey, 2014, SPA

A "limited English speaking household" is one in which no member 14 years old and over (1) speaks only English or (2) speaks a non-English language and speaks English "very well." In other words, all members 14 years old and over have at least some difficulty with English. By definition, English-only households cannot belong to this group.

Limited English Speaking Households, 2014

Report Area	Percent of Households ³⁸	Spanish	Other Indo-European languages	Asian and Pacific Island languages	Other languages
CVHP service area	13.6%	13.7%	11.8%	30.9%	8.9%
Los Angeles County	14.0%	23.6%	24.2%	32.2%	18.5%

Source: US Census Bureau, American Community Survey, 2010-14, ZIP

Economic Security

Economic security (including poverty, educational attainment and employment) and health are closely linked and can contribute to poor health due to the barriers that poverty creates including the ability to obtain necessary medical care, healthy foods, and other basic needs.³⁹

Poverty

A large percent of the population in SPA 3 – San Gabriel Valley – 390,000 or 22.2% - are living in households below 100% the Federal Poverty Level (FPL). This reflects a higher percentage of the population in comparison to Los Angeles County (21.0%) and California (18.4%).

³⁷ Centers for Disease Control and Prevention. (2010). *Healthy Literacy*. Atlanta, GA. Available at [<http://www.cdc.gov/healthliteracy/culture.html>]. Accessed [February 18, 2016].

³⁸ Percent of Households is the % of ALL households identified as "limited English speaking" households. Language % data reflects the primary language spoken in the household of those households that were identified as "limited English speaking," The total does not add up to 100% because some "limited English speaking" households did not indicate a primary language spoken.

³⁹ Murray, S. (2006). *Poverty and health*. CMAJ: Canadian Medical Association Journal, 174(7), 923. Available at [<http://doi.org/10.1503/cmaj.060235>]. Retrieved [February 18, 2016].

Population Living Below 100% Federal Poverty Level, 2014

Report Area	Number	Percent
SPA 3 - San Gabriel Valley	390,000	22.2%
Los Angeles County	2,076,000	21.0%
California	6,932,000	18.4%

Source: California Health Interview Survey, 2014, SPA

Of those households in SPA 3 living 100% below the FPL, 19.5% were children between the ages of 0 and 17 years. This is lower than the percentage reported for Los Angeles County (26.0%) and California (22.7%).

Children Living Below 100% Federal Poverty Level, 2014

Report Area	Number	Percent
CVHP service area	41,803	19.5%
Los Angeles County	610,376	26.0%
California	2,091,190	22.7%

Source: US Census Bureau, American Community Survey, 2010-14, Tract

SPA 3 – San Gabriel Valley includes a large percentage of households 47.2% living 200% below the FPL, slightly higher than reported in Los Angeles County (45.1%) but lower than the percentage reported in California (40.7%).

Population Living Below 200% Federal Poverty Level, 2014

Report Area	Number	Percent
SPA 3 - San Gabriel Valley	830,000	47.2%
Los Angeles County	4,460,000	45.1%
California	15,301,000	40.7%

Source: California Health Interview Survey, 2014, SPA

The percentage of youth in the service area eligible to receive a free or reduced price lunch is higher (68.4%) when compared to Los Angeles County (66.9%) and California (58.1%).

Youth Eligible for a Free or Reduced Price Lunch, 2014

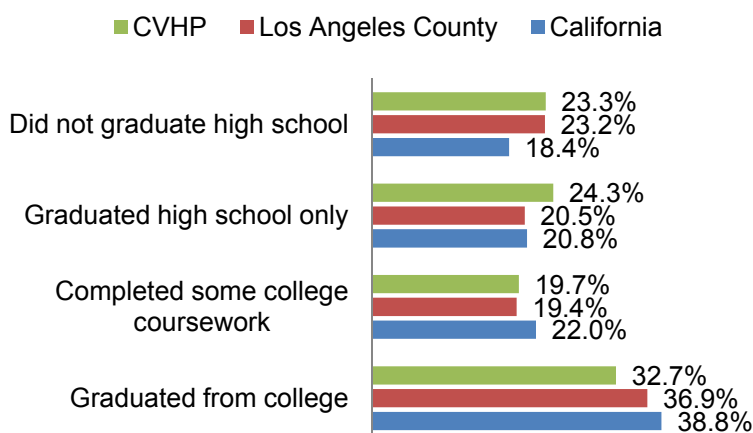
Report Area	Number	Percent
CVHP service area	133,914	68.4%
Los Angeles County	1,030,344	66.9%
California	3,610,385	58.1%

Source: National Center for Education Statistics, (NCES)
Common Core of Data, 2013-14, Address

Education Level

Overall, almost a third of the people in the CVHP service area have graduated from college (32.7%) with an Associate, Bachelor, Master’s, Professional, or Doctorate degree. This percentage is lower when compared to Los Angeles County (36.9%) and California (38.8%). Close to a quarter (23.3%) of the population in the service area did not complete high school (including completing less than the 9th grade), a higher percentage than reported in Los Angeles County (23.2%) and California (18.4%).

Educational Attainment, 2015



Source: Nielsen Claritas SiteReports, 2015, ZIP Code

In SPA 3, the percentage of children in the fourth grade whose reading-skills scores were below proficiency level on the English Language Arts portion of the California Standards Test was (34.0%), less than the Los Angeles County and California percentages (both at 36.0%) and below the Healthy People 2020 goal of $\leq 36.3\%$.

Reading Level Proficiency, 2013

Report Area	Percent
SPA 3 – San Gabriel Valley	34.0%
Los Angeles County	36.0%
California	36.0%
Healthy People 2020	$\leq 36.3\%$

Source: California Department of Education, 2012-13, School District

The rate of Head Start program facilities in SPA 3 was higher (14.5 per 10,000 youth) when compared to Los Angeles County (7.2) and California (6.3). Access to early education is very important to a youth's development and can indicate future economic success and lifestyle.

Head Start Program Facilities Rate per 10,000 Youth Under 5 Years Old, 2014

Report Area	Number	Rate
SPA 3 – San Gabriel Valley	111	14.5
Los Angeles County	502	7.2
California	1,886	6.3

Source: US Department of Health & Human Services, Administration for Children and Families, 2014, Point

Healthy Behaviors

Healthy behaviors and overall health are also closely linked. Healthy behaviors include preventative health care, healthy eating, exercising, and other behaviors. Cultural practices and traditions are also important factors in healthy behaviors and overall health.⁴⁰ While covered preventative care was part of the ACA, the impact of the change in policy is not yet reflected in the data.

⁴⁰ U.S. National Library of Medicine. (2016). *Eating habits and behaviors*. Bethesda, MD. Available at [<https://www.nlm.nih.gov/medlineplus/ency/patientinstructions/000349.htm>]. Accessed [February 18, 2016].

Healthy Eating

Following a healthy diet is essential to overall, health and longevity. In SPA 3, a third (33.4%) of youth 0 to 17 years old consumed at least one soda or sweetened drink a day, slightly less when compared to Los Angeles County (39.2%). Less than a third (28.3%) of the adults in the service area consumed at least one soda or sweetened drink a day, again lower when compared to Los Angeles County (31.4%) and California (38.6%).

Stakeholders indicated unhealthy habits among youth, Hispanics/Latinos, and Pacific Islanders. In addition, stakeholders indicated that cultural practices often contributed to unhealthy eating habits. Stakeholders attributed unhealthy behaviors to a lack of education around healthy behaviors and practices, most common among those living in poverty, youth, Hispanics/Latinos, immigrants, and multi-family homes. Stakeholders also added that unhealthy behaviors were most often present in Baldwin Park and La Puente.

Soda or Sweetened Drink Consumption, 2015

Report Area	Youth	Adults
SPA 3 – San Gabriel Valley	33.4%	28.3%
Los Angeles County	39.2%	31.4%
California	n/a	38.6%

Source: Los Angeles County Health Survey, 2015, SPA

In SPA 3, over three-quarters (77.5%) of youth 0 to 17 years old consumed fast food at least once a week, slightly lower when compared to Los Angeles County (80.5%). A smaller percentage (65.8%) of adults consumed fast food at least once a week, lower when compared to Los Angeles County (67.0%) but higher than California (62.7%)

Fast Food Consumption, 2011, 2014

Report Area	Youth ¹	Adults ²
SPA 3 – San Gabriel Valley	77.5%	65.8%
Los Angeles County	80.5%	67.0%
California	72.4%	62.7%

Source: Los Angeles County Health Survey, 2011, SPA¹;
California Health Interview Survey, 2014, SPA²

In terms of adequate fruit and vegetable consumption, more than half (62.2%) of youth consumed five or more fruits and vegetables a day—more than youth in Los Angeles County (55.4%) and California (50.7%). Similarly, a greater percentage of adults (16.2%) consumed five or more fruits and vegetables a day than in Los Angeles County (14.7%). In the service area, 74.8% reported that they had access to affordable fresh fruits and vegetables. This percentage is slightly lower than Los Angeles County (75.2%) and California (78.0%). Affordability is likely a factor contributing to youth and adults not consuming the recommended number of fruits and vegetables.

Fruit and Vegetable Consumption and Affordability, 2011-2012, 2014

Report Area	Youth Consumption ¹	Adult Consumption ²	Affordability ²
SPA 3 – San Gabriel Valley	62.2%	16.2%	74.8%
Los Angeles County	55.4%	14.7%	75.2%
California	50.7%	n/a	78.0%

Source: California Health Interview Survey, 2011-2012, SPA¹; California Health Interview Survey, 2014, SPA²

Physical Activity

Physical activity is also essential to living a healthy life style and longevity. Over half (51.8%) of the youth in SPA 3 participate in daily physical activity. This percentage is twice as high as that reported in Los Angeles County (26.4%) and California (32.8%). However, a slightly smaller percentage (64.2%) of adults participated in aerobic and strengthening activities when compared to Los Angeles County (65.1%).

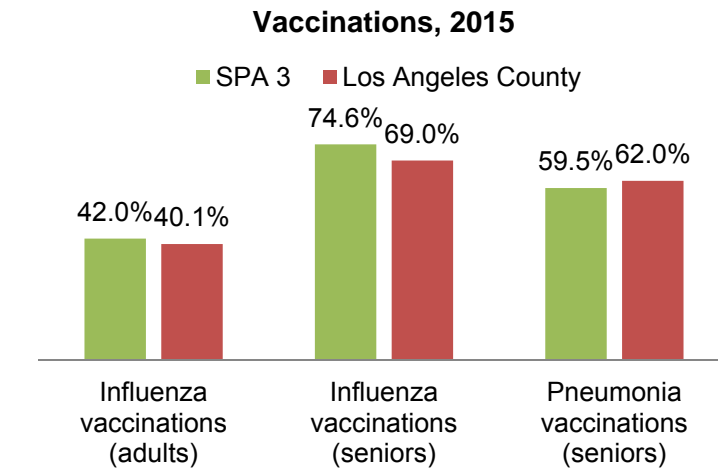
Physical Activity, 2011, 2014

Report Area	Youth ¹	Adults ²
SPA 3 – San Gabriel Valley	51.8%	64.2%
Los Angeles County	26.4%	65.1%
California	32.8%	

Source: Source: California Health Interview Survey, 2014, SPA¹
Los Angeles County Health Survey, 2015, SPA²

Vaccinations

Annual vaccinations such as influenza and pneumonia vaccinations can help prevent sickness, and death for particular age groups such as senior citizens. In SPA 3, over a third (42.0%) of adults 18 years old and older received an influenza vaccination, a slightly higher percentage than reported in Los Angeles County (40.1%). Over two-thirds (74.6%) of senior citizens 65 years old and older in the service area received an influenza vaccination when compared to Los Angeles County (69.0%). However, a smaller percentage (59.5%) of senior citizens in the service area received an annual pneumonia vaccination when compared to Los Angeles County (62.0%). Stakeholders also added that it had become common for youth, particularly those new to the school system, to not have the recommended vaccinations.



Source: Los Angeles County Health Survey, 2015, SPA

Homelessness and Housing

Homelessness and poor housing conditions are intertwined with health in many ways. A health condition can lead to homelessness and vice versa. Homelessness can make someone susceptible to the development or worsening of health conditions by the lack of ability to sustain a healthy diet and/or obtain necessary preventative care.⁴¹ Poor housing conditions can also contribute to poor health and lead to the development or worsening of a health condition.⁴²

Housing

Substandard housing conditions include:

- A lack of complete plumbing facilities
- A lack of complete kitchen facilities
- 1.01 or more occupants per room
- Selected monthly owner costs as a percentage of household income greater than 30%
- Gross rent as a percentage of household income greater than 30%.

In SPA 3, over half (56.3%) of the population lives in housing with one or more of these conditions, less than that reported in Los Angeles County (62.2%) and higher than California (52.8%).

Occupied Housing Units with One or More Substandard Conditions, 2014

Report Area	Number	Percent
SPA 3 – San Gabriel Valley	260,050	56.3%
Los Angeles County	2,016,906	62.2%
California	6,656,095	52.8%

Source: US Census Bureau, American Community Survey, 2010-14, Tract

Physical Environment

The quality of a community's physical environment can affect overall health and in particular can contribute to existing respiratory issues or the development of respiratory issues. SPA 3 experienced 8.1 (or 2.3%) days a year (in 2008) with poor air quality, less than the number of days reported in Los Angeles County (12.5 or 3.4%) and California (15.5 or 4.2%).

Days with Particulate Matter 2.5 Levels Above The National Ambient Air Quality Standard (35 Micrograms Per Cubic Meter) Per Year, 2008

Report Area	Days	Percent
SPA 3 – San Gabriel Valley	8.1	2.3%
Los Angeles County	12.5	3.4%
California	15.5	4.2%

Source: Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network, 2008, Tract

⁴¹ National Health Care for the Homeless Council. (2011). *Homelessness and Health: What's the Connection?*. Nashville, TN. Available at [http://www.nhchc.org/wp-content/uploads/2011/09/HIn_health_factsheet_Jan10.pdf]. Accessed [February 18, 2016].

⁴² World Health Organizations. (2016). *Housing and Health*. Geneva, Switzerland. Available at [<http://www.who.int/hia/housing/en/>] Access [February 18, 2016].

In 2008, SPA 3 also experienced 10.2 (or 2.9%) days a year with ozone (O3) levels above the National Air Quality Standard of 75 parts per billion (ppb), twice as high as the number of days reported in Los Angeles County (5.5 or 1.8%) and slightly higher than in California (8.5 or 2.5%).

Days Per Year with Ozone (O3) Level Above the National Air Quality Standard, 2008

Report Area	Days	Percent
SPA 3 – San Gabriel Valley	10.2	2.9%
Los Angeles County	5.5	1.6%
California	8.5	2.5%

Source: Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network, 2008, Tract.

Violence and Injury Prevention

Violence affects everyone from infants to the elderly and is a serious public health need. Both intentional and unintentional injuries may be caused by a number of events including motor vehicle accidents and physical assault. Regardless of the circumstances, injuries can have serious, painful, and debilitating consequences on physical and emotional health, many long-term or permanent, including hospitalization, brain injury, poor mental health, disability, and premature death.⁴³

Community Safety

Neighborhood safety is closely associated with leading a healthy lifestyle, allowing community residents to feel comfortable using common green spaces such as parks for walking and exercising in their community. This is particularly important for youth. In SPA 3, a lower percentage (15.1%) of teens reported feeling fearful of being attacked at school when compared to Los Angeles County (17.1%) but slightly higher than California (14.3%). Also, a larger percentage (11.6%) of teens in service area reported feeling unsafe in a park or playground in their neighborhood during the day when compared to California (9.5%) but lower than Los Angeles County (11.7%).

Stakeholders added that community safety in the CVHP service area was a concern among youth.

Teens Perception of Neighborhood and School Safety, 2012, 2015

Report Area	Feared of being attacked at school in the past year ¹	Felt unsafe in nearby park or playground during the day ²
SPA 3 – San Gabriel Valley	15.1%	11.6%
Los Angeles County	17.1%	11.7%
California	14.3%	9.5%

Source: California Health interview Survey, 2012, SPA¹; California Health interview Survey, 2014, SPA²

⁴³ U.S. Department of Health and Human Services. (2015). *Injury and Violence*. Washington D.C. Available at [<http://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Injury-and-Violence>]. Accessed [December 8, 2015].

Firearm Injuries

High levels of violence can be indicated by high rates of firearm related injuries, creating an unsafe environment for community residents. Overall, the CVHP service area has experienced a non-fatal firearm hospitalization rate (4.1 per 10,000 youth) slightly lower than California (4.2) and Los Angeles County (5.4). Communities in the service area that have experienced the highest non-fatal firearm hospitalization rates included La Puente (7.1), and Covina (5.4).

Non-Fatal Firearm Hospitalization Rate per 10,000 Youth, 2012

Community	ZIP Code	Rate
Azusa, Irwindale	91702	No data available
Baldwin Park, Irwindale	91706	1.4
Covina	91722, 91723, 91724	5.4
Diamond Bar	91765	No data available
El Monte (including City of Industry)	91731, 91732	3.8
Glendora	91740, 91741	No data available
Hacienda Heights (including City of Industry, La Puente)	91745	No data available
La Puente (including Bassett, City of Industry and Valinda)	91744, 91746	7.1
La Verne	91750	4.6
Rowland Heights (including City of Industry, La Puente)	91748	3.4
San Dimas	91773	No data available
South El Monte	91733	No data available
Walnut (including City of Industry)	91789	No data available
West Covina	91790, 91791, 91792	2.8
CVHP service area		4.1
Los Angeles County		5.4
California		4.2

Source: Office of Statewide Health Planning and Development (OSHPD), 2012, ZIP Code

Mortality

Deaths caused by unintentional (accidental) injuries is lower (1.7 per 10,000 population) in the CVHP service area when compared to California (2.8).

Unintentional Injury Mortality Rate per 10,000 Population, 2012

Community	ZIP Code	Rate
Azusa, Irwindale	91702	1.3
Baldwin Park, Irwindale	91706	1.9
Covina	91722, 91723, 91724	2.4
Diamond Bar	91765	0.8
El Monte (including City of Industry)	91731, 91732	1.3
Glendora	91740, 91741	2.2
Hacienda Heights (including City of Industry, La Puente)	91745	1.8

Community	ZIP Code	Rate
La Puente (including Bassett, City of Industry and Valinda)	91744, 91746	1.7
La Verne	91750	2.7
Rowland Heights (including City of Industry, La Puente)	91748	1.5
San Dimas	91773	2.4
South El Monte	91733	0.9
Walnut (including City of Industry)	91789	0.7
West Covina	91790, 91791, 91792	1.7
CVHP service area		1.7
California		2.8

Source: California Department of Public Health (CDPH), 2012, ZIP Code

More specifically, pedestrian deaths caused by motor vehicles were higher (2.0 per 100,000 population) in SPA 3 when compared to the Healthy People 2020 goal of ≤ 1.3 and the same when compared to California (2.0) but lower than Los Angeles County (2.3).

Pedestrian Motor Vehicle Mortality Rate per 100,000 Population, 2012

Report Area	Number	Rate
SPA 3 – San Gabriel Valley	339	2.0
Los Angeles County	660	2.3
California	3,902	2.0
Healthy People 2020	2,250	≤ 1.3

Source: University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, CDPH - Death Public Use Data, 2010-12, ZIP Code

C. Community Assets, Capacities and Resources Potentially Available To Respond To the Identified Health Needs

Community assets and resources were identified through focus groups and interviews in the identification phase of the process. Stakeholders were asked to share, by health need, the names of community organizations, programs, and other resources they knew of and/or had experience with to address specific health needs. Following identification of assets, internet research was conducted to validate each resource and collect up-to-date information for each. A name, brief description and website (as available) were provided for each asset and resource identified. To view these community assets and resources please refer to the Appendix D. Health Need Profiles.

VIII. CVHP 2013 Implementation Strategy Evaluation of Impact --- Forthcoming

Appendix A: Secondary Data Sources and Dates

Quantitative Secondary Data Sources

1. California Department of Education. 2012-2013.
2. California Department of Education. 2013.
3. California Department of Education, FITNESSGRAM®; Physical Fitness Testing. 2013-2014.
4. California Department of Public Health, CDPH – Birth Profiles by ZIP Code. 2011.
5. California Department of Public Health, CDPH – Breastfeeding Statistics. 2012.
6. California Department of Public Health, CDPH – Death Public Use Data. University of Missouri, Center for Applied Research and Environmental Systems. 2010-2012.
7. California Department of Public Health, CDPH – Tracking. 2005-2012.
8. California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. 2011.
9. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2006-2010.
10. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2006-2012.
11. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2011-2012.
12. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. US Department of Health & Human Services, Health Indicators Warehouse. 2005-2009.
13. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. US Department of Health & Human Services, Health Indicators Warehouse. 2006-2012.
14. Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012.
15. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. US Department of Health & Human Services, Health Indicators Warehouse. 2010.
16. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. US Department of Health & Human Services, Health Indicators Warehouse. 2012.
17. Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network. 2008.
18. Centers for Disease Control and Prevention, National Vital Statistics System. Centers for Disease Control and Prevention, Wide Ranging Online Data for Epidemiologic Research. 2006-2010.
19. Centers for Disease Control and Prevention, National Vital Statistics System. Centers for Disease Control and Prevention, Wide Ranging Online Data for Epidemiologic Research. 2007-2010.
20. Centers for Disease Control and Prevention, National Vital Statistics System. Centers for Disease Control and Prevention, Wide Ranging Online Data for Epidemiologic Research. 2007-2011.
21. Centers for Disease Control and Prevention, National Vital Statistics System. University of Wisconsin Population Health Institute, County Health Rankings. 2008-2010.
22. Centers for Disease Control and Prevention, National Vital Statistics System. US Department of Health & Human Services, Health Indicators Warehouse. 2006-2012.
23. Centers for Medicare and Medicaid Services. 2012.
24. Child and Adolescent Health Measurement Initiative, National Survey of Children's Health. 2011-2012.
25. Dartmouth College Institute for Health Policy & Clinical Practice. Dartmouth Atlas of Health Care. 2012.
26. Environmental Protection Agency, EPA Smart Location Database. 2011.
27. Federal Bureau of Investigation, FBI Uniform Crime Reports. 2010-2012.

28. Feeding America. 2012.
29. Multi-Resolution Land Characteristics Consortium, National Land Cover Database. 2011.
30. National Center for Education Statistics, NCES – Common Core of Data. 2012-2013.
31. National Oceanic and Atmospheric Administration, North America Land Data Assimilation System (NLDAS). 2014.
32. New America Foundation, Federal Education Budget Project. 2011.
33. Nielsen, Nielsen Site Reports. 2014.
34. State Cancer Profiles. National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. 2007-2011.
35. University of California Center for Health Policy Research, California Health Interview Survey. 2009.
36. University of California Center for Health Policy Research, California Health Interview Survey. 2012.
37. University of Wisconsin Population Health Institute, County Health Rankings. 2012-2013.
38. University of Wisconsin Population Health Institute, County Health Rankings. 2014.
39. US Census Bureau, American Community Survey. 2009-2013.
40. US Census Bureau, American Housing Survey. 2011, 2013.
41. US Census Bureau, County Business Patterns. 2011.
42. US Census Bureau, County Business Patterns. 2012.
43. US Census Bureau, County Business Patterns. 2013.
44. US Census Bureau, Decennial Census. 2000-2010.
45. US Census Bureau, Decennial Census, ESRI Map Gallery. 2010.
46. US Census Bureau, Small Area Income & Poverty Estimates. 2010.
47. US Department of Agriculture, Economic Research Service, USDA – Food Access Research Atlas. 2010.
48. US Department of Agriculture, Economic Research Service, USDA – Food Environment Atlas. 2011.
49. US Department of Agriculture, Economic Research Service, USDA – Child Nutrition Program. 2013.
50. US Department of Education, EDFacts. 2011-2012.
51. US Department of Health & Human Services, Administration for Children and Families. 2014.
52. US Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider of Services File. June 2014.
53. US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2012.
54. US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2013.
55. US Department of Health & Human Services, Health Resources and Services Administration, Health Professional Shortage Areas. March 2015.
56. US Department of Housing and Urban Development. 2013.
57. US Department of Labor, Bureau of Labor Statistics. June 2015.
58. US Department of Transportation, National Highway Traffic Safety Administration, Fatality Analysis Reporting System. 2011-2013.
59. US Drought Monitor. 2012-2014

Secondary Literature

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[<http://assessment.communitycommons.org/chna/Datalist.aspx?reporttype=overview&dataarea=0>].
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12. National Cancer Institute. (2015). Cancer Prevention Overview. Available at [<http://www.cancer.gov/cancertopics/pdq/prevention/overview/patient/page3>]. Bethesda, MD. Available at [December 1, 2015].
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Appendix B: Scorecard

2016 CHNA - KFHB Baldwin Park/Citrus Valley Health Partners Health Outcomes and Drivers Summary Scorecard

DATA INDICATOR		Year of Data	Healthy People 2020 Target	Comparison Level	KFHB/CVPH Service Area Average	Atusa	Baldwin Park	Covina	Diamond Bar	Duarte	El Monte	Glendora	Hacienda Heights	La Puente	La Verne	Montebello	Monterey Park	Pomona	Rosemead	Rowland Heights	San Dimas	San Gabriel	South El Monte	Temple City	Walnut	West Covina	Interviews (n=10)	Focus Groups (n=6)	
HEALTH OUTCOMES																													
Access to Care																													
Percent of adults who could not afford medication*	2011	LAC	15.4%	15.5%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Percent of adults who could not afford to see a doctor for a health problem†	2011	LAC	16.0%	30.8%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Percent of adults who have never been to a dentist*	2014	LAC	4.1%	5.0%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Percent of insurance population receiving Medicaid*	2013	LAC	27.2%	26.6%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Percent of youth who could not afford to see a dentist*	2011	LAC	12.6%	15.3%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Percent of youth who have never been to a dentist*	2014	LAC	16.0%	22.8%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Percent who are currently uninsured*	2014	LAC	13.3%	14.3%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Percent who could not afford to see a dentist*	2011	LAC	30.3%	30.8%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Percent who delayed or didn't get prescriptions*	2014	LAC	7.9%	8.1%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Percent who had a difficult time accessing services for their child*	2011	LAC	12.3%	14.1%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Percent who had a difficult time finding a plan with needed coverage through Covered CA*	2014	LAC	57.6%	62.3%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Percent who had a difficult time finding specialty care*	2014	LAC	11.1%	13.9%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Rate of federally qualified health center per 100,000 pop.*	2015	LAC	1.4	4.7	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Rate of mental health care provider per 100,000 pop.*	2014	LAC	149.5	149.5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Rate of primary care provider per 100,000 pop.*	2012	CA	77.2	72.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Cost of health insurance																													
Cost of medicine																													
Lack of access to information about ACA																													
Lack of access to mental health resources (providers/facilities)																													
Lack of access to substance abuse services																													
Lack of health insurance																													
Lack of preventative care																													
Lack of specialty care																													
Misuse of emergency room																													
System navigation/care coordination																													
Unable or difficulty using coverage																													
Alcohol & Substance Abuse																													
Rate of alcohol/drug induced mental health disease hospitalization per 100,000 pop.†	2012	LAC	125.8	99.2	131.4	84.7	117.9	40.0	122.4	78.8	191.5	60.5	93.9	213.9	106.0	36.0	113.4	54.1	32.5	219.4	23.1	72.8	59.9	46.8	94.0				
Alcohol abuse																													
Substance abuse																													
Tobacco use, underage																													
Alzheimer's Disease																													
Rate of Alzheimer's disease mortality per 10,000 pop.†	2012	CA	3.1	3.2	2.3	1.5	4.1	2.5	5.4	2.8	7.5	2.6	0.9	4.5	2.1	4.3	3.2	1.3	1.3	5.6	3.9	1.4	4.3	3.5	3.0				
Alzheimer's disease and dementia																													

2016 CHNA - KFJH - Baldwin Park/Citrus Valley Health Partners Health Outcomes and Drivers Summary Scorecard

DATA INDICATOR				Year of Data	Healthy People 2020 Target	Comparison Level	KFH-BP/CVPH Service Area Average	Acuna	Baldwin Park	Covina	Diamond Bar	Duarte	El Monte	Glendora	Hacienda Heights	La Puente	La Verne	Montebello	Monterey Park	Pomona	Rosemead	Rowland Heights	San Dimas	San Gabriel	South El Monte	Temple City	Walnut	West Covina	Interviews (n=10)	Focus Groups (n=6)			
Cancer																																	
Rate of cancer mortality per 10,000 pop.†				2012		CA	15.1	15.5	13.1	11.0	15.7	13.7	16.6	12.3	20.2	18.3	11.1	23.2	16.3	17.3	9.3	15.3	14.7	20.5	19.5	11.6	19.1	15.0	14.7				
Rate of cervical cancer incidence per 100,000 pop.*				2011	<=7.1	LAC	9.2	9.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
Rate of colorectal cancer incidence per 100,000 pop.*				2011	<=38.7	LAC	43	43.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
<i>Cancer, in general</i>																																	
<i>Colorectal cancer</i>																														3	1		
<i>Prostate cancer</i>																														1	0		
Cardiovascular Disease																																	
Percent of heart disease prevalence*				2014	<26.9%	LAC	5.7%	6.3%	281.2	418.6	412.6	320.1	339.8	359.0	498.1	487.4	438.1	258.0	538.0	407.4	273.7	278.2	354.9	353.4	474.3	311.5	387.9	348.0	352.7				
Rate of heart disease hospitalization per 100,000 pop.†				2012		LAC	366.6	361.2	15.0	11.4	17.4	11.2	25.5	12.5	24.0	15.6	10.2	27.9	21.0	17.3	14.8	15.3	11.9	21.9	15.4	11.1	22.0	12.3	12.6				
Rate of heart disease mortality per 10,000 pop.†				2012		CA	15.5	16.5	2.2	1.8	3.6	2.5	3.8	3.0	2.6	5.1	3.3	5.4	3.6	2.9	2.3	3.3	3.5	5.0	5.1	3.0	4.9	3.7	5.0				
Rate of stroke mortality per 10,000 pop.†				2012		CA	3.5	3.5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Rate of stroke mortality per 100,000 pop.*				2012		CA	37.4	37.5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
<i>Heart disease</i>																																	
Diabetes																																	
Percent of diabetes prevalence*				2012		LAC	8.4%	8.4%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
Rate of adult diabetes hospitalizations per 10,000 pop.†				2012		LAC	171.7	200.5	156.4	240.1	188.6	88.4	195.1	183.9	177.4	154.0	222.9	124.8	238.9	125.9	200.6	156.0	108.4	163.1	107.9	248.0	88.4	103.4	460.5				
Rate of diabetes mortality per 10,000 pop.†				2012		CA	2.1	2.9	1.5	3.0	3.4	1.1	1.9	3.4	4.0	2.6	2.9	2.4	3.3	3.2	2.3	3.5	2.2	5.3	2.3	2.3	2.3	3.0	3.7				
Rate of hospitalizations for uncontrolled diabetes per 10,000 pop.†				2012		LAC	4.5	13.5	9.3	14.1	10.7	2.1	19.1	27.5	32.4	11.0	14.0	8.9	20.6	14.4	14.5	12.7	2.2	11.9	12.8	29.6	5.7	7.4	7.2				
Rate of youth diabetes hospitalizations per 10,000 pop.†				2012		LAC	27.7	23.4	39.7	14.2	41.3	16.5	25.8	21.6	25.2	25.6	13.8	27.8	20.5	6.6	30.4	9.2	30.8	27.9	16.7	24.4	17.6	19.2	19.1				
<i>Diabetes</i>																																	
Hypertension																																	
Rate of hypertension & hypertensive renal mortality per 10,000 pop.†				2012		CA	1.2	1.5	1.0	0.9	1.7	1.1	0.8	1.3	3.2	0.9	0.9	1.5	1.9	0.7	2.3	1.0	1.5	1.8	0.5	1.1	1.1	1.0	2.7				
<i>Hypertension</i>																																	
Mental Health																																	
Number of poor mental health days*				2012		CA	3.6	3.7	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
Percent of Medicare beneficiaries who are depressed*				2012		CA	13.4%	15.1%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
Percent who needed mental health care*				2014		CA	15.9%	18.0%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
Rate of adult mental health-related hospitalizations per 100,000 pop.†				2012		LAC	677.0	616.8	733.7	544.4	833.4	343.2	488.3	656.9	1251.5	403.4	529.5	698.3	625.0	219.4	741.3	737.0	297.0	764.9	400.7	523.0	402.2	310.3	598.8				
Rate of alcohol/drug induced mental health disease hospitalization per 100,000 pop.†				2012		LAC	125.8	99.2	131.4	84.7	117.9	40.0	122.4	78.8	191.5	60.5	93.9	213.9	106.0	36.0	113.4	54.1	32.5	219.4	23.1	72.8	59.9	46.8	94.0				
Rate of suicide per 10,000 pop.†				2012		CA	1.0	0.7	1.8	0.3	0.9	0.4	0.4	0.9	1.0	0.6	0.7	0.9	0.5	0.4	0.6	0.6	1.1	0.9	1.0	0.7	0.0	0.0	1.1				
Rate of youth (under 18) mental health-related hospitalizations per 100,000 pop.†				2012		LAC	377.1	451.6	452.4	347.3	661.6	224.4	423.7	375.6	600.5	350.2	315.9	1166.2	382.9	236.1	266.7	746.9	239.8	1099.0	238.6	305.2	295.5	184.4	379.4				
<i>Mental health, general</i>																																	
<i>Social and emotional support, lack of</i>																																	
<i>Stress and anxiety</i>																																	
<i>Suicide</i>																																	

2016 CHNA - KFJH - Baldwin Park/Citrus Valley Health Partners Health Outcomes and Drivers Summary Scorecard

DATA INDICATOR		Year of Data	Healthy People 2020 Target	Comparison Level	KFH-BP/CVPH Service Area Average	Azusa	Baldwin Park	Covina	Diamond Bar	Duarte	El Monte	Glendora	Hacienda Heights	La Puente	La Verne	Montebello	Monterey Park	Pomona	Rosemead	Rowland Heights	San Dimas	San Gabriel	South El Monte	Temple City	Walnut	West Covina	Interviews (n=10)	Focus Groups (n=6)	
Housing																													
Percent of occupied housing with one or more substandard conditions*		2013		CA	48.4%	51.3%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
Affordable housing																												0	2
Housing shortage																												1	1
Poor housing condition																													
Physical Environment																													
Percent exposed to unsafe drinking water*		2013		CA	2.7%	3.0%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
Percent of days exceeding Ozone (O3) standards*		2008		CA	2.5%	2.9%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	2
Percent of the area covered by tree canopy*		2011		CA	15.1%	10.0%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
Percent of weeks in drought*		2014		CA	92.8%	97.5%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Rate of open space in square miles per 10,000 pop.†		2013		CA	21.0	1.6	22.7	0.3	0.0	0.2	3.9	0.0	1.5	0.5	0.0	7.2	0.1	0.0	0.0	0.1	0.1	2.2	0.0	0.4	0.0	0.2	0.1	-	-
Total road network density/road miles per acre*		2011		CA	2.0	10.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Preventative Health																													
Percent of adults that ever had a sigmoidoscopy or colonoscopy*		2012		CA	57.9%	54.0%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	1
Percent of females Medicare enrollees with mammogram in past 2 years*		2012		CA	59.3%	54.0%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	0
Rate of preventable hospital events per 10,000 pop.*		2011		CA	83.2	100.4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	0
Preventative healthcare																													
Wellness check-ups																												0	1
Women's health screenings, lack of																											1	0	

Zip code assignments by City:

Azusa: 91702	Montebello: 90640
Baldwin Park: 91706	Monterey Park: 91755
Covina: 91722, 91723, 91724	Pomona: 91768
Diamond Bar: 91765	Rosemead: 91770
Duarte: 91008, 91010	Rowland Heights: 91748
El Monte: 91731, 91732	San Dimas: 91773
Glendora: 91740, 91741	South El Monte: 91733
Hacienda Heights: 91745	San Gabriel: 91776
La Puente: 91744, 91746	Walnut: 91789
La Verne: 91750	West Covina: 91790, 91791, 91792

Appendix C: Community Input Tracking Form

#	Data Collection Method Employed	Who Participated / Title of event//Type of Input	Number of Participants	Who Participant(s) Represent(s)	Position with respect to the group	Date	Comments / Notes
1	Focus Group	Non-traditional Group (identification and prioritization of health needs)	9	Individuals and/or organizations serving or representing the interests of such populations	Community leader Community member Community representative	10/6/2015	1
2	Focus Group	Social Service Providers Group (identification and prioritization of health needs)	13	Individuals and/or organizations serving or representing the interests of such populations	Community representatives Community leader	10/7/2015	2
3	Focus Group	Promotoras/School Liaisons (identification and prioritization of health needs)	10	Individuals and/or organizations serving or representing the interests of such populations	Community leader Community member Community representative	10/13/2015	3
4	Focus Group	Health Services Providers Group (identification and prioritization of health needs)	15	Individuals and/or organizations serving or representing the interests of such populations	Community representatives	10/14/2015	4
5	Focus Group	Mental Health Services Providers Group (identification and prioritization of health)	7	Individuals and/or organizations serving or representing the	Community representatives	10/14/2015	5

#	Data Collection Method Employed	Who Participated / Title of event//Type of Input	Number of Participants	Who Participant(s) Represent(s)	Position with respect to the group	Date	Comments / Notes
		needs)		interests of such populations			
6	Focus Group	Youth Services Providers Group (identification and prioritization of health needs)	5	Individuals and/or organizations serving or representing the interests of such populations	Community representatives	10/15/2015	6
7	Key Stakeholder Interview	President & CEO, San Gabriel Valley Economic Partnership (identification and prioritization of health needs)	1	Individuals and/or organizations serving or representing the interests of such populations	Community leader	10/8/2015	7
8	Key Stakeholder Interview	Community Relations Officer, Baldwin Park Adult and Community Education (identification and prioritization of health needs)	1	Individuals and/or organizations serving or representing the interests of such populations	Community representative	10/1/2015	8
9	Key Stakeholder Interview	Board President, East San Gabriel Valley Coalition for the Homeless (identification and prioritization of health needs)	1	Organizations serving or representing the interests of low income populations	Community leader	10/21/2015	9
10	Key Stakeholder Interview	Senior Vice President, Majestic Realty Corporation (identification and	1	Individuals and/or organizations serving or	Community leader	10/8/2015	10

#	Data Collection Method Employed	Who Participated / Title of event//Type of Input	Number of Participants	Who Participant(s) Represent(s)	Position with respect to the group	Date	Comments / Notes
		prioritization of health needs)		representing the interests of such populations			
11	Key Stakeholder Interview	Consultant/Coordinator, Health Consortium of the Greater San Gabriel Valley (identification and prioritization of health needs)	1	Community Health Consortium representative	Community representative	10/16/2015	11
12	Key Stakeholder Interview	Mental Health Clinical District Chief, LA County Department of Mental Health (identification and prioritization of health needs)	1	Health department representative	Community leader	10/16/2015	12
13	Key Stakeholder Interview	Deputy Director, County of Los Angeles, Department of Public Health (identification and prioritization of health needs)	1	Health department representative	Community Leader	10/6/2015	13
14	Key Stakeholder Interview	Planning Director, City of West Covina (identification and prioritization of health needs)	1	Local government representative	Community leader	10/14/2015	14
15	Key Stakeholder Interview	Government Affairs Director, Citrus Valley Association of Realtors (identification and prioritization of health needs)	1	Individuals and/or organizations serving or representing the interests of such	Community representative	10/22/2015	15

#	Data Collection Method Employed	Who Participated / Title of event//Type of Input	Number of Participants	Who Participant(s) Represent(s)	Position with respect to the group	Date	Comments / Notes
				populations			
16	Key Stakeholder Interview	Chief Medical Officer, East Valley Community Health Center (identification and prioritization of health needs)	1	Community Health Center representative	Community Leader	10/21/2015	16
17	Community Forum	Stakeholders of the KP - Baldwin Park Kaiser Foundation Hospital - Baldwin Park Prioritization Meeting (identification and prioritization of health needs)	41	Health service providers, social service providers, community members, city representatives, school district representatives, school district representatives, higher education representatives, faith-based organization representatives, community business leaders, public health department representatives.	Community leader Community members Community representatives	12/2/2015	17

Appendix D: Health Need Profiles

The endnotes for this appendix appear at the end of the full document.

Access to Health Care in the CVHP Service Area

Description & Significance

Access to comprehensive, high-quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone.

Access to health care means the timely use of personal health services to achieve the best health outcomes. Access to health care affects various aspects of maintaining good health, including: people's overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy. Lack of access to necessary health services can lead to delays in receiving appropriate care, inability to get preventive services, unmet health care needs, and preventable hospitalizations.ⁱ

Health Outcome Statistics



The CVHP service area is experiencing a lack of access to health care services and affordable medication.

Access. In the CVHP service area, 21.3% of the population does not have health insurance and 16.7% does not have a usual place to go for medical advice or to receive treatment when sick. Further, a greater percentage (27.7%) could not afford to see a doctor than in Los Angeles County (16.0%).ⁱⁱ

A lack of access to care inhibits people's ability to engage in preventive behaviors for early detection and treatment of health problems. In the CVHP service area, 54.0% of female Medicare enrollees ages 67 to 69 have received one or more mammograms in the past two years. This percentage is lower than California (59.3%).



Community Perspective

“Although community clinics and services have expanded, the increase in service-seekers has increased wait times.”

Health Care Provider

Health Disparities



The southeast portion of the CVHP service area seemed most affected by a lack of health coverage according to U.S. Census statistics (see below for a list of specific communities). In particular, 20.7% of Hispanic/Latino populations lack a consistent source of primary care, and 21.8% non-Hispanic white populations needed access to mental health care.ⁱⁱⁱ

Stakeholders specified that disparities in access to care are worse for Hispanic/Latinos, Asians, and other minority groups, low-income populations and families with dependents who do not qualify for Medi-

Cal, the uninsured and Medi-Cal recipients, immigrants and undocumented immigrants, children and adolescents, and geriatric populations.

Communities Most Affected (Uninsured Populations):

- Azusa
- Baldwin Park
- Covina
- El Monte
- Glendora
- Rowland Heights
- South El Monte

Key Health Drivers/Factors

Access to affordable necessary health care and sufficient coverage is essential for overall health and well-being^{iv}. Stakeholders commented that those newly insured through Covered California and Medi-Cal are having a hard time navigating the system and accessing health care. A focus group member stated that families with annual incomes between \$40,000 and \$60,000 with dependents experience hardships accessing adequate care for all family members. It is important to recognize that at this income level, people do not qualify for Medi-Cal, yet private insurance premiums are too high. Those without insurance often resort to seeking care in the emergency room because they cannot be turned away. It is also these types of patients that often do not have access to any kind of preventive care.

Stakeholders also identified issues concerning timely access to medications because of inconsistent relationships with and referrals to health care providers. Other issues included the distance some patients must travel for specialty treatment. Lack of resources and facilities for specialty care in the region creates an additional barrier for people with limited or no access to transportation, or those unable to take time off from work to receive care.

Health care providers expressed concern, anticipating that the recent increase in the minimum wage and increases in labor costs will limit their ability to potentially take on new staff and expand care.



Social & Economic

Poverty. Financial instability creates barriers to access, including to insurance coverage and health services^v. The percentage of the population in SPA 3 – San Gabriel Valley living 200% below the Federal Poverty Level (FPL) was higher (47.2%) when compared to California (40.7%).



Cultural and Linguistic

Language. Language barriers can create inequities in health care access, effective communication with providers, and health literacy. In the CVHP service area, 30.2% of the population has limited English proficiency, which is higher than in Los Angeles County (26.2%) or California (21.6%).

Population below 200% FPL

CVHP Service Area	LA County	California
47.2%	45.1%	40.7%

Source: California Health Interview Survey, 2014, SPA

Population with Limited English Proficiency

CVHP Service Area	LA County	California
30.2%	26.2%	21.6%

Source: Population with limited English proficiency, U.S. Census Bureau, American Community Survey, 2009–13, Tract.

Assets & Opportunities



The following limited health care facilities, including hospitals and clinics, were identified within the service area through phone interviews and focus groups. This list is not intended to be a comprehensive list of resources in the community; additional resources can be found at www.211.org.

Clinics and Health Centers

- **East Valley Community Health Center**
<http://www.evchc.org/>
- **El Monte Comprehensive Health Center (DHS)**
<https://dhs.lacounty.gov/wps/portal/dhs/elmonte>
- **La Puente Health Center (DHS)**
<https://dhs.lacounty.gov/wps/portal/dhs/lapuente>
- **Monrovia Health Center (SPA 3) (DPH)**
<http://publichealth.lacounty.gov/chs/spa3/index.htm> Phone: (626) 256-1600

Health Care Facilities and Programs

- **AltaMed**
<http://www.altamed.org/>
- **Azusa Pacific University**
<http://www.apu.edu/nursing/about/community/>
- **ChapCare**
<http://www.chapcare.org/our-services/medical-services/>
- **Center for Integrated Family and Health Services**
<http://www.cifhs.org/>
- **Every Child's Healthy Options (ECHO)**
Contact information: 626-854-8520 x1184; Fajardo Family Resource Center
- **Jeff Seymour Family Center (JSFC)**
<http://web.emcsd.org/jeff-seymour-family-center-jsfc>
- **My Health LA**
<https://dhs.lacounty.gov/wps/portal/dhs/mhla>
- **Our Saviour Center/Cleaver Family Wellness Clinic**
<http://www.our-center.org/>
- **Policies for Livable, Active, Communities, and Environments (PLACE) Initiative**
<http://www.ci.el-monte.ca.us/Government/ParksandRecreation/CommunitySeniorSrvs/HealthWellness.aspx>

- **School-Based Health Centers (SBHCs)**

Locations:

- El Monte
 - Cortada Afternoon Clinic, (626) 452-9164 x3114
 - Durfee Elementary, (626) 443-3900
 - El Monte District Health Clinic, (626) 452-9164 x3114
 - Gidley Elementary School SBHC, (626) 575-2323
 - Potrero Late Afternoon Clinic (PLAC)La Puente, (626) 452-9164
 - Northam Elementary School Childrens Clinic, (626) 964-4798
- La Puente
 - Villacorta Elementary School Based Health Center, (626) 919-5724

<http://www.schoolhealthcenters.org/>

Hospitals

- **Citrus Valley Health Partners**
<http://www.cvhp.org/>
- **Huntington Memorial Hospital**
<http://www.huntingtonhospital.com/>
- **Kaiser Permanente Baldwin Park Medical Center (Hospital)**
www.kp.org/baldwinpark

County Hotline Numbers and Referral Services

- **Los Angeles County Info Line**
2-1-1
- **Family Planning/ Birth Control Referrals**
(800) 942-1054
- **Mental Health Services and Referrals for L.A. County (referral line for free or low-cost services)**
(800) 854-7771
- **Suicide Prevention Hotline**
(800) 273-TALK (8255)

Alcohol, Substance Abuse, and Tobacco Use in the CVHP Service Area

Description & Significance

Alcohol and substance abuse has a major impact on individuals, families, and communities.

The effects of alcohol and substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. In 2014, 6.4% of individuals aged 12 or older in the United States (an estimated 17.0 million individuals) were dependent on or abused alcohol, and 2.7% of individuals aged 12 or older (an estimated 7.1 million individuals) were dependent on or abused illicit drugs.^{vi}

Each year, approximately 443,000 Americans die from tobacco-related illnesses. For every person who dies from tobacco use, 20 more suffer with at least one serious tobacco-related illness.^{vii} It is known to cause cancer, heart disease, lung disease (such as emphysema, bronchitis, and chronic airway obstruction), premature birth, low birthweight, stillbirth, and infant death.^{viii}

Furthermore, secondhand smoke has been known to cause heart disease and lung cancer in adults, and severe asthma attacks, respiratory infections, ear infections, and sudden infant death syndrome (SIDS) in infants and children. Smokeless tobacco such as chewing tobacco can also cause a variety of oral health problems, such as cancer of the mouth and gums, tooth loss, and periodontitis. In addition, cigar smoking may cause cancer of the larynx, mouth, esophagus, and lung.^{ix}

Health Outcome Statistics



In the CVHP service area, the lung cancer incidence rate per 100,000 persons (41.6) is below that of California (48.0), and the percentage of adults (11.6%) who self-report that they have had asthma is below California (14.2%).^x

While the data do not support that tobacco use is a health issue in the service area, stakeholders noted the CVHP service area is experiencing an increase in people using smokeless tobacco, including electronic cigarettes. Further, stakeholders noted an increase in alcohol abuse, as well as substance abuse in the form of prescription drugs (e.g., Xanax, Adderall, sleeping aids) and illegal drugs (e.g., marijuana, methamphetamines, Ecstasy). It is possible that the data do not yet reflect the trends observed by community members.

Prevalence. In the CVHP service area, 10.9% of the population reported smoking electronic cigarettes—slightly more than in California (10.3%) and slightly fewer than in Los Angeles County (11.3%). Further, 15.1% reported excessive alcohol consumption, which is less than California (17.2%).



Community Perspective

“Substance abuse is leading to long-term health damage, and is often layered with other issues such as mental health and/or homelessness.”

Public Health Expert

Health Disparities



Black/African-Americans have the highest lung cancer incidence rate per 100,000 persons (57.8) relative to other ethnic groups. Further, this rate is above the rate for the KFH-Baldwin Park service area (41.6).^{xi}



Community Perspective

Focus group participants reported a high incidence of drug use (illegal and prescription drugs) among children, adults, stressed parents, populations with mental health issues, the homeless, and communities in West Covina and the East San Gabriel area. They stated that the most commonly used drugs are typically stronger than marijuana, such as methamphetamines and Ecstasy. Illegal drug use has been most commonly observed among 18- to 40-year-olds and in children as young as 10 to 12 years.

Kids are unaware of the dangers of using electronic cigarettes—they view vaping as “not really smoking.”

Youth Focus Group Participant

Stakeholders indicated that school settings ranging from high schools to college campuses are hotspots for drug activity. In college, students tend to abuse a prescription drug called Adderall. Stakeholders noticed that younger generations—particularly at the high school level—are using and abusing cigarettes and alcohol.

Key Health Drivers/Factors

Alcohol and substance abuse and tobacco use are associated with a variety of health issues and social and economic factors. Stakeholders expressed that younger populations who smoke are unaware of the dangers associated with tobacco use. One went on to say that students “do it to be cool, and kids think there are no consequences.” High school aged students are using electronic cigarettes (“vaping”) and do not view this use as smoking. Students who vape are also using their devices to smoke liquid THC (marijuana). Because vaping is typically odorless, school administrators are often not aware that students are smoking marijuana. Focus group participants added that they believe marijuana is a gateway drug to stronger illegal drugs, and believe that its use is commonly seen in schools with high levels of alcohol use.

Stakeholders added that prescription drug abuse is typically not viewed as negatively as illegal drug use. Most see this as “an escape,” and focus group participants agreed that the use of prescription drugs in particular is popularized by popular culture and social media.

Access to detox facilities and rehabilitation centers is difficult for all populations. This is both because of cost and because of a shortage of facilities and services. Health insurance providers also do not always cover this type of health need, nor do all facilities accept Med-Cal. The most affected populations include adolescents (ages 15 to 17), but also seniors and the homeless.



Health Outcome(s)

Asthma. Tobacco use can often contribute to health issues, including asthma. In the CVHP service area a slightly larger (11.9%) percent of the population has asthma when compared to Los Angeles County (11.4%) and California (14.0%).

Asthma Prevalence

CVHP Service Area	LA County	California
11.9%	11.4%	14.0%

Source: Percent diagnosed with adults, California Health Interview Survey, 2014, SPA.



Social & Economic

Poverty. Poverty can create financial instability and barriers to access including the lack of insurance coverage and health services.^{xii} The percentage of the population in the CVHP service area living 200% below the Federal Poverty Level (FPL) was higher (47.2%) when compared to California (40.7%).

Population below 200% FPL

SPA 3	LA County	California
47.2%	45.1%	40.7%

Source: California Health Interview Survey, 2014, SPA

Assets & Opportunities



Stakeholders shared only one resource associated with substance abuse services. Substance abuse issues may very likely be addressed through general care and visits to primary care physicians. The following is not a comprehensive list; additional resources can be found at www.211.org.

Substance Abuse–Related Services

- **Baldwin Park Community Relief Program**
- **Behavioral Health Services (BHS)**
<http://bhs-inc.org>
- **Kaiser Permanente Baldwin Park Medical Center (Hospital)**
www.kp.org/baldwinpark
- **Pacific Clinics**
<http://www.pacificclinics.org/>

Other Alcohol/Substance Abuse–Specific Community Assets

- **AltaMed Medical and Dental Group, El Monte**
http://www.altamed.org/programs_and_services/dental_services
- **Azusa Pacific University—Community Counseling Center**
<http://www.apu.edu/cc/>

- **Community Clinic Association of Los Angeles County**
<http://ccalac.org/>
- **Ettie Lee Youth and Family Services**
<http://www.ettielee.org/>
- **SPIRITT Family Services**
<http://www.spiritt.org/>

Cancer in the CVHP Service Area

Description & Significance

Cancer is the second leading cause of death in the United States, claiming the lives of more than half a million Americans every year^{xiii}.

In 2009, cancer incidence rates per 100,000 persons indicated that the three most common cancers among men in the United States were prostate cancer (137.7), lung cancer (64.3), and colorectal cancer (42.5). Among women, the leading causes of cancer death were breast cancer (123.1), lung cancer (54.1), and colorectal cancer (37.1).^{xiv}

Health Outcome Statistics

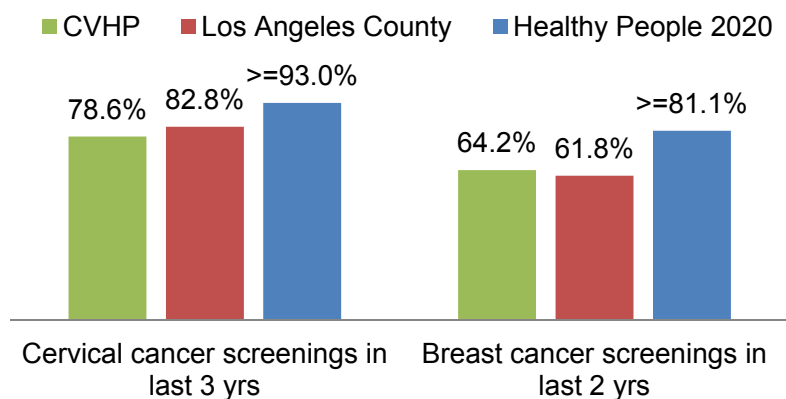


The CVHP area is experiencing high rates of cervical and colorectal cancer diagnoses and mortality. While cancer screenings are reportedly increasing, they fall short of 2020 goals. Early detection and treatment efforts have could have affected the rate of diagnosis, while mortality rates remain high.

Incidence. In CVHP service area, 8.8 of every 100,000 women reported having cervical cancer. This is higher when compared to California (7.7) and the Healthy People 2020 goal of ≤ 7.1 per 100,000 women.^{xv} A slightly higher rate of the population in the CVHP service area (41.3 per 100,000 population) reported having colorectal cancer when compared to California (40.0 per 100,000 population) and the Healthy People 2020 goal of ≤ 38.7 .^{xvi}

Access. A smaller percentage of 18- to 74-year old women (78.6%) in the CVHP service area received a Pap smear within the suggested timeframe when compared to Los Angeles County (82.8%) and the Healthy People 2020 goal of $\geq 93.0\%$. A greater percentage of women (64.2%) in the service area received a mammogram in the last two years compared to Los Angeles County (61.8%), but fewer than the Healthy People 2020 goal of $\geq 81.1\%$.

Cancer Screenings



Source: Percent of women who had a cervical cancer screening in the past three years, Los Angeles County Health Survey, 2011, SPA.

Percent of women who had a breast cancer screening in the last two years, California Health Interview Survey, 2012, SPA.



Community Perspective

Mortality. The cancer mortality rate in the CVHP service area was slightly higher (15.5 per 10,000 population) when compared to California (15.1).^{xvii}

“There is a need for free and accessible screenings and access to quality treatment services for low-income populations.”

Health Consortium member

Health Disparities



Black/African-Americans males and females in the CVHP service are experiencing the highest incidence rates of a variety of cancers relative to other racial and ethnic groups. The incidence rate (cases per 100,000 population per year) of males with prostate cancer (189.7) exceeds the rate for the service area (122). Further, the incidence rates (cases per 100,000 population per year) of females with breast and cervical cancer (127.1 and 54.4, respectively) exceed those of the service area (116.9 and 8.8, respectively).^{xviii}

Overall, the mortality rate (cases per 100,000 population per year) for Black/African-Americans and Non-Hispanic Whites are the highest of the area across racial and ethnic groups. At 213.9 and 168.3, respectively, these rates are above the rate for the service area (152.3).^{xix}

Stakeholders mentioned health disparities among Asians/Pacific Islanders, individuals between the ages of 35 and 50, immigrants, and the homeless, and in the western portion of the KFH-Baldwin Park service area.

Communities Most Impacted (Cancer Mortality):

- Covina
- Glendora
- Hacienda Heights
- La Verne
- San Dimas
- West Covina



Community Perspective

“...noticed increases in cancer over the past years, particularly in Stage IV lung cancer and colon cancer.”

Mental Health Provider

Key Health Drivers/Factors

Cancer is associated with health issues such as obesity and unhealthy behaviors such as physical inactivity, an unhealthy diet, tobacco use, and alcohol abuse. In addition, certain chemicals and some viruses and bacteria have also been known to cause cancer^{xx}.



Health Behaviors

Physical Activity. A lack of physical activity is a contributing factor to an individual’s developing health issues, including being overweight or obese. In the CVHP service area, a slightly lower percentage of adults (26.1%) were physically inactive when compared Los Angeles County (29.7%).

Tobacco Use. Smoking may cause a number of health issues, including cancer. Electronic cigarettes have gained popularity as an alternative to cigarettes. Electronic cigarettes do contain nicotine and a variety of carcinogenic chemicals^{xxi}. In the CVHP service area, a slightly greater percentage of adults reported smoking e-cigarettes (10.9%) than in California (10.3%).

Adults Who Are Physically Inactive

CVHP Service Area	LA County
26.1%	29.7%

Source: California Health Interview Survey, 2014, SPA

Adults Who Smoked E-cigarettes

CVHP Service Area	LA County	California
10.9%	11.3%	10.3%

Source: Percent of adults who smoke electronic cigarettes, California Health Interview Survey, 2014, SPA.

Assets & Opportunities



Stakeholders identified two assets in the community related to cancer through phone interviews and focus groups. This list is not intended to be a comprehensive list of resources in the community; additional resources can be found at www.211.org.

Cancer-Specific Assets

- **American Cancer Society**
<http://www.cancer.org/>
- **AltaMed Medical and Dental Group**
<http://www.altamed.org/>
- **Asian Pacific Health Care Venture—El Monte Rosemead Health Center**
<http://www.aphcv.org/>
- **Citrus Valley Health Partners: Inter-Community Hospital and Queen of the Valley Campus**
<http://www.cvhp.org/>
- **City of Hope**
<http://www.cityofhope.org/homepage>
- **Community Clinic Association of Los Angeles**
<http://ccalac.org/>
- **Crohn’s and Colitis Foundation of America—Greater L.A. Chapter**
<http://www.cdfa.org/chapters/losangeles/>
- **East Valley Community Health Center**
<https://www.evchc.org/>
- **San Gabriel Valley Medical Center**
<http://www.sqvmc.com/>

Cardiovascular/Heart Disease in the CVHP Service Area

Description & Significance

Cardiovascular disease consists of several health conditions related to cholesterol, heart disease, and hypertension.

Heart Disease. As plaque builds up, the arteries narrow, restricting blood flow and creating the risk of heart attack. Currently, more than one in three adults (81.1 million) in the United States lives with one or more types of cardiovascular disease. Heart disease results in serious illness and disability, decreased quality of life, and hundreds of billions of dollars in economic loss every year.^{xxii} The leading modifiable (controllable) risk factors for heart disease and stroke are high blood pressure, high cholesterol, cigarette smoking, diabetes, poor diet and physical inactivity, overweight, and obesity.

Hypertension. Hypertension, defined as a blood pressure reading of 140/90 mmHg or higher, affects one in three adults in the United States.^{xxiii} With no symptoms or warning signs and the ability to cause serious damage to the body, this condition has been called a silent killer. If untreated, high blood pressure can lead to blood-vessel aneurysms, chronic kidney disease (which may lead to kidney failure), cognitive changes (including memory loss, difficulty finding words, and losing focus during conversations), eye damage, heart attack, heart failure, peripheral arterial disease, and stroke.^{xxiv} High blood pressure can be controlled through medication and lifestyle changes; however, patients' lack of adherence to treatment regimens is a significant barrier to controlling the condition.^{xxv}

Health Outcome Statistics



The CVHP service area is experiencing high rates of heart disease diagnoses, hospitalizations and mortalities when compared to Los Angeles County and California.

Residents of the CVHP service area experience higher rates of hypertension relative to those in Los Angeles County and California. Stakeholders noted that hypertension rates are stagnant or worse because of a lack of nutritional education and/or a lack of access to general and specialty care.

Prevalence. In the CVHP service area, 7.0% of the population was diagnosed with heart disease, more than in Los Angeles County (5.7%) or California (6.1%).^{xxvi}

A third of the population (29.8%) was diagnosed with hypertension—higher in than Los Angeles County (27.3%), California (28.5%), or the Healthy People 2020 goal of <=26.9%.

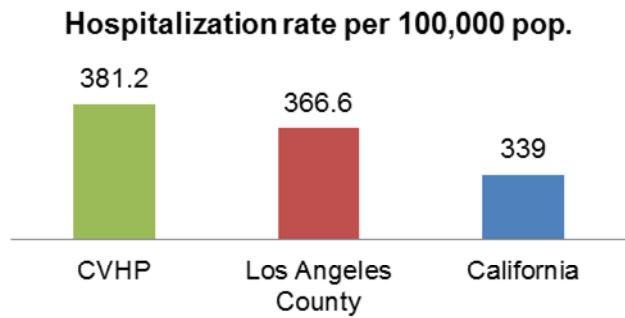


Community Perspective

“Heart disease is associated with obesity, diabetes, and cancer.”

Health Services Provider

Access and Disease Management. A smaller percentage (50.1%) of the population in the CVHP service area received a heart-disease management plan from their doctor when compared to Los Angeles County (55.5%) and California (67.1%).



Source: Heart disease hospitalization rate per 100,000 population, Office of Statewide Health and Planning and Development (OSHPD), 2012, ZIP Code.

Over a third of the population diagnosed with high blood pressure (32.4%) did not take medication for high blood pressure—higher when compared to California (30.3%).^{xxvii}

Hospitalizations. The rate of heart disease–related hospitalizations was higher in the CVHP service area (381.2 per 100,000 population) when compared to Los Angeles County (366.6) and California (339.0).

Mortality. The rate of those who died from heart disease was also higher (16.5 per 10,000 population) in the CVHP service area when compared to California (15.5).

The rate for hypertension-related deaths in the CVHP service area was higher (1.5 per 10,000 population) than that reported in California (1.2).^{xxviii}

Health Disparities



Health disparities related to heart-disease hospitalizations and mortality, as well as hypertension-related deaths were observed throughout the CVHP service area by geography (view list below). Further, the rate of death (per 100,000 population) due to coronary heart disease was highest for Native Hawaiian/Pacific Islander (292.9), Black-African American (264.8), and Non-Hispanic White (195.1) populations in the CVHP service area. These rates exceed that of California (163.18) and the Healthy People goal (<= 100.8).^{xxix}

Communities Most Affected (Heart Disease–Related Hospitalizations and Mortality, and Hypertension-Related Deaths):

- Baldwin Park
- Covina
- El Monte
- Glendora
- Hacienda Heights
- La Puente
- La Verne
- Rowland Heights
- San Dimas
- Walnut
- West Covina



Community Perspective

“Hispanics/Latinos, Black/African-Americans, and people with diabetes and obesity are most affected by heart disease.”

Health Services Provider

Stakeholders added that many populations are negatively affected by this disease, including Hispanics/Latinos, Black/African-Americans, and elderly and middle-aged populations. Stakeholders also noted that younger populations are most affected by hypertension such as those in their 20s and 30s. This is attributed to poor diets, poor eating habits (especially an increase in the consumption of processed, sodium-rich foods), a lack of exercise, and increases in obesity rates.

Key Health Drivers/Factors

Cardiovascular (heart) disease is associated with high blood pressure, high cholesterol, diabetes, and obesity. It is also associated with unhealthy behaviors such as physical inactivity, an unhealthy diet, tobacco use, and alcohol abuse.^{xxx} Stakeholders observed connections between heart disease and diabetes and obesity.



Health Outcome(s)

Diabetes. Diabetes is often associated with heart disease and other related health issues. In the CVHP service area, a greater percentage (12.0%) of the population was diagnosed with diabetes when compared to Los Angeles County (10.0%) and California (8.9%).

Hypertension. About 60% of diabetics are very likely to develop heart disease at some point in their lives^{xxxi}. In the CVHP service area, nearly a third of the population (29.8%) were diagnosed with hypertension which is higher than the Healthy People 2020 goal ($\leq 26.9\%$) and Los Angeles County (27.3%).

Population Who Are Diabetic

CVHP Service Area	LA County	California
12.0%	10.0%	8.9%

Source: Percent of the population who were diagnosed with diabetes, California Health Interview Survey, 2014, SPA.

Diagnosed with Hypertension

CVHP Service Area	LA County	HP2020
29.8%	27.3%	$\leq 26.9\%$

Source: Percent diagnosed with hypertension, California Health Interview Survey, 2014, SPA.



Health Behaviors

Physical Activity. A lack of physical activity is a contributing factor to an individual's developing health issues, including being overweight or obese. In the CVHP service area, a slightly lower percentage of adults (26.1%) were physically inactive when compared Los Angeles County (29.7%).

Tobacco Use. Smoking may cause many health issues, including heart disease. Electronic cigarettes contain nicotine and a variety of carcinogenic chemicals^{xxxi}. In the CVHP service area, a slightly greater percentage of adults reported smoking e-cigarettes (10.9%) than in California (10.3%), though fewer than in Los Angeles County (11.3%).

Adults Who Are Physically Inactive

CVHP Service Area	LA County
26.1%	29.7%

Source: California Health Interview Survey, 2014, SPA

Adults Who Smoked E-cigarettes

CVHP Service Area	LA County	California
10.9%	11.3%	10.3%

Source: Percent of adults who smoke electronic cigarettes, California Health Interview Survey, 2014, SPA.



Physical Environment

Fast-Food Establishments. Environmental influences such as easy access to fast-food rather than healthy food options is a critical factor that contributes to poor health outcomes such as heart disease. In the CVHP service area, the rate of fast-food establishments per 100,000 population (76.4) was slightly lower when compared to Los Angeles County (77.8), though higher than California (74.5).

Recreation and Fitness Facilities. Environmental influences such as access to recreation and fitness facilities are important because they encourage physical activity and other healthy behaviors. In the CVHP service area, the rate of recreation and fitness facilities per 100,000 population (4.5) was close to half the rate of Los Angeles County (7.6) and California (8.7).

Fast-Food Establishments

CVHP Service Area	LA County	California
76.4	77.8	74.5

Source: Fast food establishment rate per 100,000 pop., U.S. Census Bureau, County Business Patterns, 2011, Tract.

Recreation and Fitness Facilities

CVHP Service Area	LA County	California
4.5	7.6	8.7

Source: Recreation and fitness facilities rate per 100,000 pop., U.S. Census Bureau, County Business Patterns. Additional data analysis by CARES. 2012, ZCTA.

Assets & Opportunities



Stakeholders did not identify assets in the community that specifically addressed cardiovascular disease. However, this health need may be addressed indirectly through services for related conditions such as diabetes and obesity, as well as programs that promote proper nutrition, physical activity, and preventive health care. Additional resources can be found at www.211.org.

Cardiovascular/Heart Disease-Specific Assets

- **American Heart Association**
<http://www.heart.org/HEARTORG/>
- **Azusa Pacific University—Neighborhood Wellness Center**
<http://www.apu.edu/nursing/resources/community/>
- **California Certified Farmers Market**
https://www.cdfa.ca.gov/is/i_&_c/cfm.html

- **Citrus Valley Health Partners: Inter-Community Hospital and Queen of the Valley Hospital**
<http://www.cvhp.org/>
- **Community Clinic Association of L.A. County**
<http://ccalac.org/>
- **East Valley Community Health Center**
<https://www.evchc.org/>
- **Herald Christian Health Center**
<http://hchcla.org/>
- **Kaiser Permanente Baldwin Park Medical Center (Hospital)**
www.kp.org/baldwinpark
- **Los Angeles Community Garden Council**
<http://lagardencouncil.org/>
- **Our Saviour Center—Cleaver Family Wellness Clinic**
www.our-center.org

Cultural and Linguistic Barriers in the CVHP Service Area

Description & Significance

Cultural and linguistic barriers can negatively affect an individual’s ability to access health services and engage with their health provider.

Cultural and linguistic barriers can have a significant impact on the health of an individual. The ideas that individuals have about health in general, healthy literacy skills, and the context in which they communicate varies by culture. This can often create unnecessary barriers and misunderstandings that can be important considerations in patient/health provider communications.^{xxxiii} Health professionals have their own terminology that often does not translate for most people. Not all terminology in English can be translated into all languages, as some words may not exist in certain languages. This may cause the intended meaning in communication to be lost, causing confusion and further inequities. This is why it is important that health professionals and educators become versed in the cultural practice and beliefs of those in their immediate community, and provide effective translators.^{xxxiv}

Health Outcome Statistics



The CVHP service area has more residents who are having a difficult time communicating with their doctor.

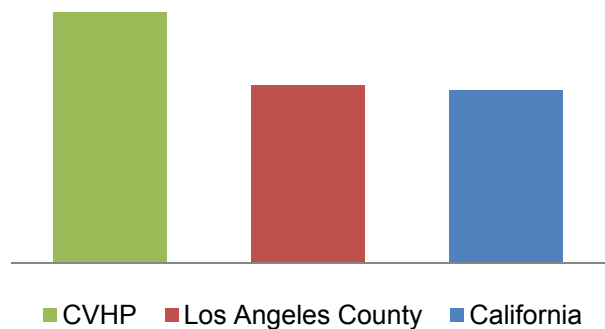
Language. In the CVHP service area, a greater percentage (4.5%) of people had a difficult time understanding their doctor when compared to Los Angeles County (3.2%) and California (3.1%). In the CVHP service area, 30.2% of the population has limited English proficiency—higher than in Los Angeles County (26.2%) or California (21.6%).

Population with Limited English Proficiency

CVHP Service Area	LA County	California
30.2%	26.2%	21.6%

Source: Population with limited English proficiency, U.S. Census Bureau, American Community Survey, 2009–13, Tract.

Difficult Time Understanding Doctor



Source: Percent who had a difficult time understanding doctor. California Health Interview Survey, 2014. SPA.

Health Disparities



Stakeholders added that cultural and linguistic barriers were most often experienced among low-income communities and people of color.

Key Health Drivers/Factors

The ideas that individuals have about health in general, healthy literacy skills, and the context in which they communicate varies by culture.



Social & Economic

Poverty. Financial instability creates barriers to access, including to insurance coverage and health services^{xxxv}. The percentage of the population in the CVHP service area living 200% below the Federal Poverty Level (FPL) was higher (47.2%) when compared to California (40.7%).

Population below 200% FPL

SPA 3	LA County	California
47.2%	45.1%	40.7%

Source: California Health Interview Survey, 2014, SPA

Assets & Opportunities



The following health care facilities, including hospitals and clinics, were identified within the service area through phone interviews and focus groups. This list is not intended to be a comprehensive list of resources in the community; additional resources can be found at www.211.org.

- **Asian Pacific Health Care Venture, Inc.**
<http://www.aphcv.org/>
- **Buddhist Tzu Chi Medical Foundation**
<http://www.tzuchimedicalfoundation.org/>
- **Citrus Valley Health Partners**
<http://www.cvhp.org/>
- **East Valley Community Health Center**
<http://www.evchc.org/>
- **El Proyecto del barrio – Azusa Health Center**
http://www.elproyecto.us/hms_SGValley.aspx
- **Kaiser Permanente Baldwin Park Medical Center (Hospital)**
www.kp.org/baldwinpark
- **Our Saviour Center/Cleaver Family Wellness Clinic**
<http://www.our-center.org/>

Diabetes in the CVHP Service Area

Description & Significance

Diabetes affects an estimated 23.6 million people and is the seventh leading cause of death in the United States.

Diabetes decreases life expectancy by up to 15 years, increases the risk of heart disease by two to four times, and is the leading cause of kidney failure, lower-limb amputations, and adult-onset blindness^{xxxvi}. A diabetes diagnosis can indicate an unhealthy lifestyle—a risk factor for further health issues—and is also linked to obesity^{xxxvii}.

In addition to heart disease, diabetes is also associated with other co-morbidities, including cognitive impairment, incontinence, fracture risk, and cancer risk and prognosis.^{xxxviii} Gestational (developing diabetes during pregnancy) diabetes occurs more frequently among Black/African-Americans, Hispanic/Latino Americans, American Indians, and people with a family history of diabetes. Women who have had gestational diabetes have a 35% to 60% chance of developing diabetes in the next 10 to 20 years.

Health Outcome Statistics



The CVHP service area is experiencing high rates of diabetes-related hospitalizations. Stakeholders agreed that diabetes is a worsening problem in the community.



Community Perspective

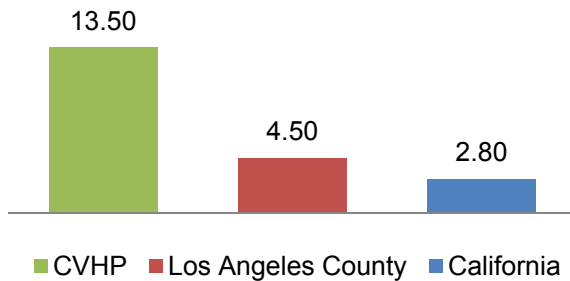
Prevalence. In the CVHP service area, 12.0% of the population 20 years and older were diagnosed with diabetes, which is higher than in Los Angeles County (10.0%) and California (8.9%).^{xxxix}

“Diabetes patients tend to go to the ER for medication. With awareness and proper education, this can be mitigated.”

Social Services Provider

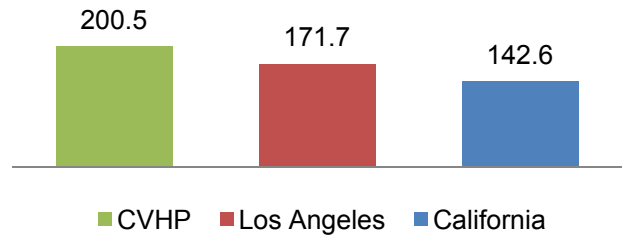
Hospitalizations. More adults in the CVHP service area were hospitalized for diabetes (200.5 per 100,000 population) when compared to Los Angeles County (171.7) and California (142.6 per 100,000 population). Nearly three times the number of adults in the CVHP service area were hospitalized for uncontrolled diabetes (13.5 per 100,000 population) than in Los Angeles County (4.5), and more than four times the number than in California overall (2.8).

Uncontrolled Diabetes Hospitalization per 100,000 pop.



Source: Rate of uncontrolled diabetes-related hospitalizations per 100,000 population, Office of Statewide Health and Planning and Development (OSHPD), 2012, ZIP Code.

Adult Diabetes Hospitalization Rate per 100,000



Source: Rate of adult diabetes-related hospitalizations per 100,000 population, Office of Statewide Health and Planning and Development (OSHPD), 2012, ZIP Code.

Health Disparities



Health disparities were observed throughout the CVHP service area, particularly in the western and central portions of the service area.

Communities Most Affected (Diabetes Hospitalizations):

- Azusa
- Baldwin Park
- Covina
- El Monte
- Glendora
- Hacienda Heights
- La Puente
- La Verne
- San Dimas
- South El Monte
- Walnut
- West Covina



Community Perspective

Stakeholders added that diabetes is of most concern among Black/African-Americans, Hispanics/Latinos, and Asian-Pacific Islanders, as well as children under 18 years of age and those in low-income communities.

Key Health Drivers/Factors

Diabetes is associated with health outcomes including overweight and obesity, high blood pressure (i.e., hypertension), and high cholesterol. Diabetes is also highly correlated to poor health behaviors such as physical inactivity, smoking, and unhealthy eating. However, age, race, gender, and having a family history of diabetes have also been known to greatly contribute to an individual's susceptibility to becoming diabetic^{xi}. Stakeholders have observed a link between obesity and heart disease.



Health Outcome(s)

Overweight and Obesity. Being overweight or obese can contribute to an individual's likelihood of becoming diabetic. In the CVHP service area, nearly a third of youth (27.5%) are overweight—twice as many as in Los Angeles County (13.1%) and California (13.6%). Similarly, nearly twice as many teens in the service area are obese (22.8%) when compared to Los Angeles County (14.9%) and California (14.6%).

Youth Who Are Overweight

CVHP Service Area	LA County	California
27.5%	13.1%	13.6%

Teens Who Are Obese

CVHP Service Area	LA County	California
22.8%	14.9%	14.6%

(Source: Percent of the teens (12 to 17 years old) who are obese, California Health Interview Survey, 2014, SPA)

Hypertension. About 60% of diabetics are very likely to develop heart disease at some point in their lives^{xii}. In the CVHP service area, nearly a third of the population (29.8%) were diagnosed with hypertension which is higher than the Healthy People 2020 goal (<=26.9%) and Los Angeles County (27.3%).

Diagnosed with Hypertension

CVHP Service Area	LA County	HP2020
29.8%	27.3%	<=26.9%

Source: Percent diagnosed with hypertension, California Health Interview Survey, 2014, SPA.



Health Behaviors

Healthy Eating. Not engaging in healthy eating behaviors, such as not consuming fresh fruit on a daily basis, could be indicative of unhealthy behaviors that may lead to health issues like obesity. In the CVHP service area, a slightly lower percentage of youth (54.0%) consumed two or more fruits a day when compared to Los Angeles County (57.3%); the rate is even lower when compared to California (63.3%).

Youth Who Consumed Two or More Fruits A Day

CVHP Service Area	LA County	California
54.0%	57.3%	63.3%

Source: Percent of youth who consumed 2 or more fruits in the last day, California Health Interview Survey, 2014, SPA.



Physical Environment

Fast-Food Establishments. Environmental influences such as easy access to fast-food rather than healthy food options is a critical factor that contributes to poor health outcomes such as diabetes. In the CVHP service area, the rate of fast-food establishments per 100,000 population (76.4) was slightly lower when compared to Los Angeles County (77.8) and higher than in California (74.5).

Fast-Food Establishments

CVHP Service Area	LA County	California
76.4	77.8	74.5

Source: Fast-food establishment rate per 100,000 population, U.S. Census Bureau, County Business Patterns, 2011, Tract.



Social & Economic

Access to Healthy Foods. Access to affordable, healthy, high-quality food—including fresh fruit and vegetables—is essential to an individual’s overall well-being. Lack of access contributes to the development of health issues such as diabetes. In the CVHP service area, a large percentage of the population (40.6%) cannot afford enough food—higher than in Los Angeles County (39.5%) and California (38.4%).

Unable to Afford Enough Food

CVHP Service Area	LA County	California
40.6%	39.5%	38.4%

Source: Unable to afford enough food (food insecurity), California Health Interview Survey, 2014, SPA.

Assets & Opportunities



Stakeholders identified the following diabetes-specific and related assets through phone interviews and focus groups. Diabetes may also be addressed indirectly through programs and assets for obesity and efforts to encourage proper nutrition and physical activity. Additional resources can be found at www.211.org.

Diabetes-Specific Assets

- **American Diabetes Association**
<http://www.diabetes.org/in-my-community/local-offices/los-angeles-california/>
- **Asian Pacific Health Care Venture, Inc.**

- <http://www.aphcv.org/>
- **Citrus Valley Health Partners**
<http://www.cvhp.org/>
- **Community Clinical Association for L.A. County**
<http://ccalac.org/>
- **East Valley Community Health Center, Inc.**
<https://www.evchc.org/>
- **Kaiser Permanente Baldwin Park Medical Center (Hospital)**
www.kp.org/baldwinpark
- **Latino Diabetes Association**
<http://lda.org/>
- **Our Saviour Center—Cleaver Family Wellness Clinic**
<http://www.our-center.org/home>

Nutrition and Wellness-Related Resources

- **Azusa Pacific University—Neighborhood Wellness Center**
<http://www.apu.edu/nursing/resources/community/>
- **Baldwin Park Unified School District**
<http://www.bpusd.net/>
- **Boys and Girls Club of Baldwin Park**
<http://www.evbqc.org/>
- **Day One**
<http://www.godayone.org/>
- **Foodbanks**
<https://www.lafoodbank.org/get-help/pantry-locator/>
- **Los Angeles Community Garden Council**
<http://lagardencouncil.org/>
- **New Horizons Caregivers Group**
<http://www.nhcg.org/>
- **THINK Together**
<http://www.thinktogether.org/>
- **West Covina Unified School District**
<http://www.wcusd.org/>

Economic Security in the CVHP Service Area

Description & Significance

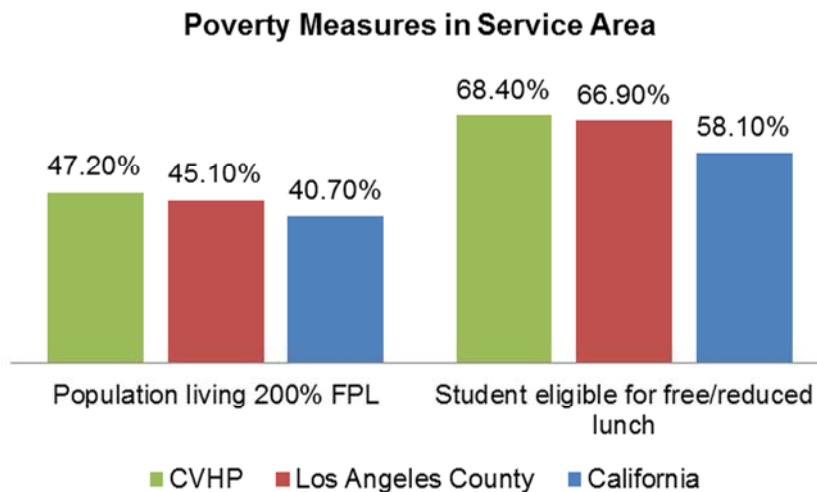
Economic security is integral to the achievement of health equity and for increasing the quality of a healthy life for everyone.

Economic security is critical to achieving health equity and leading a healthy life. Economic security encompasses socio-economic factors such as poverty, employment, and level of education. These factors can have a significant influence on population health. It is important to understand the relationship between these factors and how people experience them.^{xlii} Living in poverty, being unemployed or underemployed, and having little to no education can contribute to poor health for a variety of reasons. Living in poverty may expose an individual to an unhealthy environment and conditions that contribute to the development of disease. Similarly, being unemployed or underemployed may limit the level of access an individual has to health care, healthy foods, and other basic necessities. Research has shown that education not only leads to better jobs and higher incomes but also affects the quality of life an individual leads.^{xliii}

Health Outcome Statistics



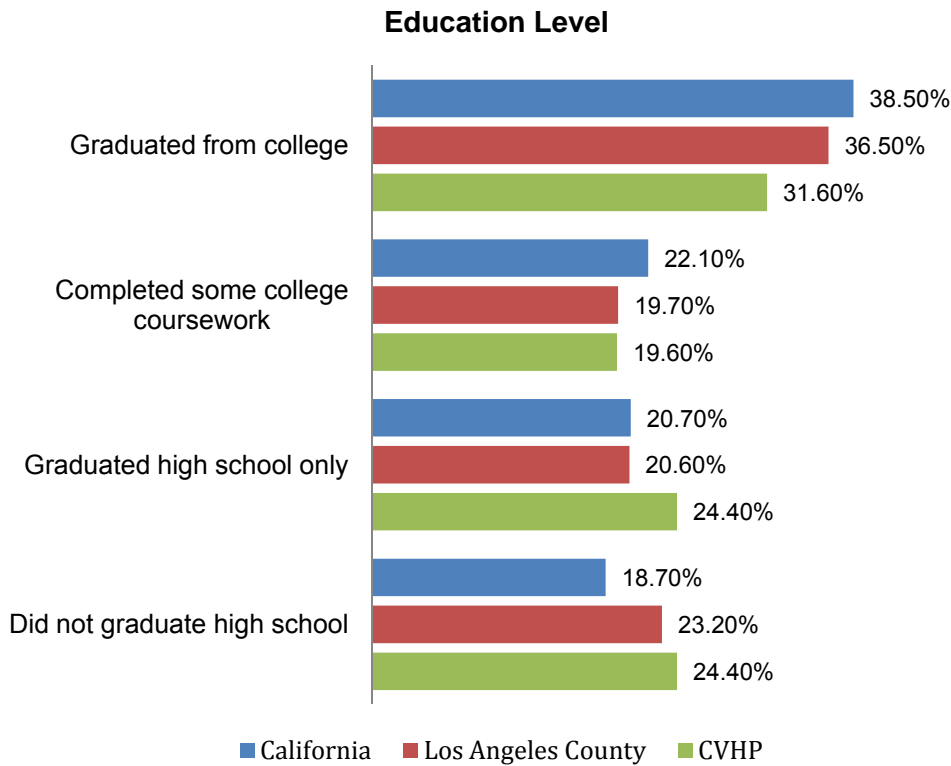
The CVHP service area is characterized by high poverty and low educational attainment. Certain communities are more affected by particular factors than others.



Source: Percent of the population living 200% below the Federal Poverty Level, U.S. Census Bureau, American Community Survey, 2010–14, Tract. Percent of students eligible for a free or reduced lunch, National Center for Education Statistics (NCES) Common Core of Data, 2013–14, Address.

Poverty. In the CVHP service area, a large percentage of households (47.2%) are living 200% below the FPL—slightly higher than reported in Los Angeles County (45.1%) and higher than reported in California (40.7%).

Education Level. Almost a third of the people in the CVHP service area graduated from college (31.6%) with an associate, bachelor, master’s, professional, or doctorate degree, a percentage lower than in Los Angeles County (36.5%) and California (38.5%). Close to a quarter (24.4%) of the adults age 25 and older did not complete high school (including completing less than the ninth grade), a higher percentage than reported in Los Angeles County (23.2%) and California (18.7%).



Source: Nielsen Claritas Site Reports, 2015, ZIP Code

Health Disparities



Health disparities were found in the western part of the CVHP service area. Stakeholders added that communities in Baldwin Park, El Monte, La Puente, and South El Monte were most affected by poverty. In addition, minorities, youth age 10 and under, single-family homes, older adults, Latinos, Whites, and those re-entering the population from the prison system were also affected by poverty.

Communities Most Affected (Living 200% below the FPL, Children living 100% below FPL):

- Azusa
- Baldwin Park
- Covina
- El Monte
- La Puente

- South El Monte
- Rowland Heights

Key Health Drivers/Factors

Economic security can impact an individual’s ability to access healthy foods and other basic necessities. Not having the financial means to access transportation may limit one’s ability to get to work, access the medical care they need, and live a high-quality life.



Social & Economic

Access to Healthy Foods. Access to healthy, affordable, high-quality foods—including fruits and vegetables—is essential to an individual’s overall well-being and lack of access may contribute to the development of health issues. In the CVHP service area, a large percentage of the population (40.6%) could not afford enough food, a higher percentage than in Los Angeles County (39.5%) or California (38.4%).

Unable to Afford Enough Food

CVHP Service Area	LA County	California
40.6%	39.5%	38.4%

Source: Unable to afford enough food (food insecurity), California Health Interview Survey, 2014, SPA.

Assets & Opportunities



Stakeholders did not share any resources associated with economic security. This list is not intended to be a comprehensive list of resources in the community; additional resources can be found at www.211.org.

Workforce Development Programs

- **Goodwill Worksource Center**
Address: 11635 Valley Blvd Unit G, El Monte, CA 91732
Phone:(626) 258-0365

Nutrition-Related Resources

- **Foodbanks**
<https://www.lafoodbank.org/get-help/pantry-locator/>
- **Kaiser Permanente Baldwin Park Medical Center (Hospital)**
www.kp.org/baldwinpark
- **Los Angeles Community Garden Council**
<http://lagardencouncil.org/>
- **New Horizons Caregivers Group**
<http://www.nhcg.org/>

Healthy Behaviors in the CVHP Service Area

Description & Significance

Healthy behaviors such as healthy eating, regular exercise, and accessing preventive health care are critical to overall well-being.

Healthy behaviors such as healthy eating, exercising, and preventive health care—which includes getting timely vaccinations—has an impact on overall health. Having access to eating healthy foods is essential to overall well-being because it provides the energy our bodies need and aids in preventing the development of health problems.^{xiv} In addition to healthy eating, regular exercise can help maintain or improve quality of life and also lowers the risk of developing health problems such as heart disease, stroke, high blood pressure, diabetes, obesity, and other related diseases. However, eating healthily and exercising regularly are not enough. Accessing preventive health care services in a timely manner is also essential to preventing the development of health problems. Preventive health services include health screenings, doctor visits for regular checkups, and vaccinations.^{xv} Regular checkups can help detect health problems early in their development, avoiding bigger problems in the future. It is important to understand that cultural practices and traditions have an impact on how individuals do all of these things.^{xvi} Cultural and linguistic factors must be considered by policy-makers and providers when developing preventive programming and educational materials and when providing services if they are to be successful in helping to maintain and improve overall health for all.

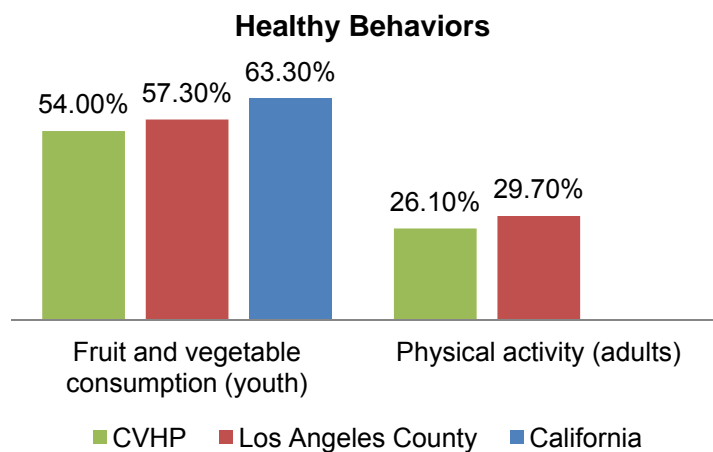
Health Outcome Statistics



The CVHP service area youth do not eat sufficient fruits and vegetables, and adults do not exercise regularly.

Healthy Eating. In the CVHP service area, although more than half (54.0%) of youth consumed five or more fruits and vegetables a day, fewer did so when compared to youth in Los Angeles County (57.3%) and California (63.3%).

Physical Activity. A smaller percentage (26.1%) of adults in the service area participated in aerobic and strengthening activities than in Los Angeles County (29.7%).

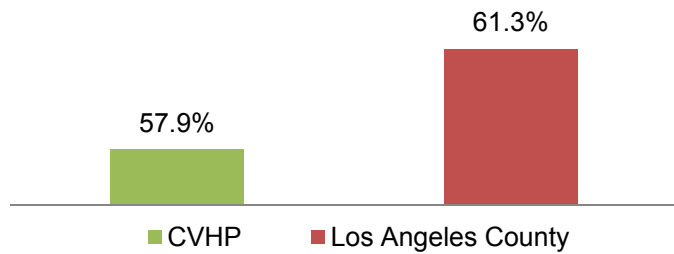


Source: Percent of youth who ate 5 or more fruits and vegetables a day, California Health Interview Survey, 2011–2012, SPA.

Percent of adults who exercised daily, California Health Interview Survey, 2014, SPA.

Pneumonia Vaccinations (Seniors)

Immunizations. In the service area, a smaller percentage (57.9%) of senior citizens receive an annual pneumonia vaccination when compared to Los Angeles County (61.3%).



Source: Percent of seniors who received an annual pneumonia vaccination. Los Angeles County Health Interview Survey, 2011 SPA.

Health Disparities



Stakeholders reported unhealthy habits among youth, Hispanics/Latinos, and Pacific Islanders. They also commented that cultural practices often contribute to unhealthy eating habits. Stakeholders attributed unhealthy behaviors to a lack of education around healthy behaviors and practices, most common among those living in poverty, youth, Hispanics/Latinos, immigrants, and multi-family homes. They also added that unhealthy behaviors were most often present in Baldwin Park and La Puente.

Key Health Drivers/Factors

Eating a healthy and balanced diet, regular exercise, and accessing preventive care services is essential to the well-being of all. However, socioeconomic factors can get in the way.



Social & Economic

Access to Healthy Foods. Access to healthy, affordable, high-quality foods—including fruits and vegetables—is essential to an individual’s overall well-being; lack of that access may contribute to the development of health issues. In the CVHP service area, a large percentage of the population (40.6%) could not afford enough food, higher than in Los Angeles County (39.5%) or California (38.4%).

Poverty. Financial instability creates barriers to access including to insurance coverage and health services^{xlvii}. The percent of the population in the CVHP service area living 200% below the Federal Poverty Levels (FPL) is higher (47.2%) when compared to California (40.7%).

Unable to Afford Enough Food

CVHP Service Area	LA County	California
40.6%	39.5%	38.4%

Source: Unable to afford enough food (food insecurity), California Health Interview Survey, 2014, SPA.

Population below 200% FPL

SPA 3	LA County	California
47.2%	45.1%	40.7%

Source: California Health Interview Survey, 2014, SPA

Assets & Opportunities



Stakeholders identified a variety of assets in the community related to healthy behavior, listed below. This list is not intended to be a comprehensive list of resources in the community, additional resources can be found at www.211.org.

Clinics and Health Centers

- **East Valley Community Health Center**
<http://www.evchc.org/>
- **El Monte Comprehensive Health Center (DHS)**
<https://dhs.lacounty.gov/wps/portal/dhs/elmonte>
- **La Puente Health Center (DHS)**
<https://dhs.lacounty.gov/wps/portal/dhs/lapuente>
- **Monrovia Health Center (SPA 3) (DPH)**
Phone: (626) 256-1600

Health Care Facilities and Programs

- **AltaMed**
<http://www.altamed.org/>
- **Azusa Pacific University**
<http://www.apu.edu/nursing/about/community/>
- **ChapCare.**
<http://www.chapcare.org/our-services/medical-services/>
- **Center for Integrated Family and Health Services**
<http://www.cifhs.org/>
- **Every Child's Healthy Options (ECHO)**
Contact information: 626-854-8520 x1184; Fajardo Family Resource Center
- **Jeff Seymour Family Center (JSFC)**
<http://web.emcsd.org/jeff-seymour-family-center-jsfc>
- **My Health LA**
<https://dhs.lacounty.gov/wps/portal/dhs/mhla>
- **Our Saviour Center**
<http://www.our-center.org/home>
- **Policies for Livable, Active, Communities, and Environments (PLACE) Initiative**
<http://www.ci-el-monte.ca.us/Government/ParksandRecreation/CommunitySeniorSrvs/HealthWellness.aspx>
- **School-Based Health Centers (SBHCs)**
Locations:
 - El Monte
 - Cortada Afternoon Clinic, (626) 452-9164 x3114
 - Durfee Elementary, (626) 443-3900
 - El Monte District Health Clinic, (626) 452-9164 x3114
 - Gidley Elementary School SBHC, (626) 575-2323
 - Potrero Late Afternoon Clinic (PLAC)La Puente, (626) 452-9164
 - Northam Elementary School Childrens Clinic, (626) 964-4798

- La Puente
 - Villacorta Elementary School Based Health Center, (626) 919-5724
<http://www.schoolhealthcenters.org/>

Hospitals

- **Citrus Valley Health Partners:**
<http://www.cvhp.org/>
- **Huntington Memorial Hospital**
<http://www.huntingtonhospital.com/>
- **Kaiser Permanente Baldwin Park Medical Center (Hospital)**
www.kp.org/baldwinpark

Nutrition and Wellness-Related Resources

- **Azusa Pacific University—Neighborhood Wellness Center**
<http://www.apu.edu/nursing/resources/community/>
- **Foodbanks**
<https://www.lafoodbank.org/get-help/pantry-locator/>
- **Los Angeles Community Garden Council**
<http://lagardencouncil.org/>

Workforce Development Programs

- **Goodwill Worksource Center**
Address: 11635 Valley Blvd Unit G, El Monte, CA 91732
Phone:(626) 258-0365

Nutrition-Related Resources

- **Foodbanks**
<https://www.lafoodbank.org/get-help/pantry-locator/>
- **Los Angeles Community Garden Council**
<http://lagardencouncil.org/>

Housing in the CVHP Service Area

Description & Significance

Poor housing conditions affect individual health and can lead to chronic health issues.

Housing conditions are intertwined with health in many ways. Living in poor housing conditions can contribute to poor health and lead to the development or worsening of a health condition.^{xlviii} Housing conditions that include overcrowding, not having the appropriate plumbing or kitchen facilities, and unaffordable rents and mortgages can affect health and overall quality of life. Living in poor housing conditions can lead to an increase in airborne infectious-disease transmissions, the development or worsening of respiratory conditions, and health issues related to exposure to temperature extremes.^{xlix}

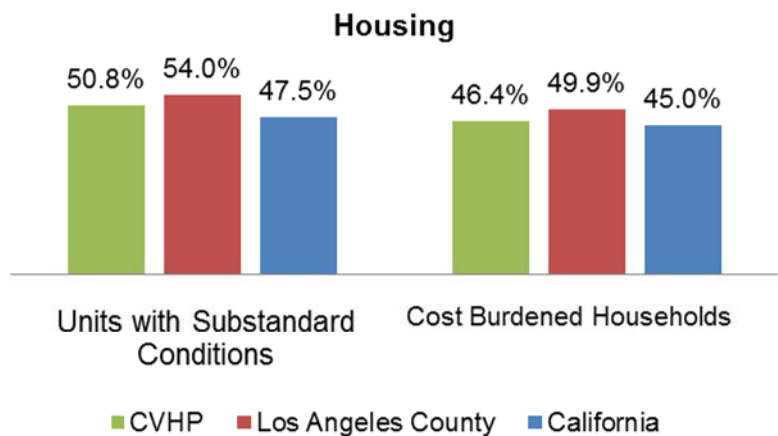
Health Outcome Statistics



The CVHP service area is characterized by high poverty and low educational attainment. Certain communities are more affected than others.

Housing. A large portion (34.3%) of adults age 25 and older in the CVHP service area either did not graduate high school (18.2%) or had only a high school education (16.1%). These percentages were lower when compared to Los Angeles County (23.2% and 20.6%, respectively) and California (18.7% and 20.67%, respectively).

Nearly half (46.4%) of households in the service area had a mortgage or rent payment that exceeded 30% of their total household income—higher than in California (45.0%) but lower than in Los Angeles County (49.9%).



Source: *Percent Occupied Housing Units with One or More Substandard Conditions*, U.S. Census Bureau, American Community Survey, 2010–14. Source geography: Tract.

Source: *Percentage of Households where Housing Costs Exceed 30% of Income*, U.S. Census Bureau, American Community Survey, 2010–14. Source geography: Tract.

Health Disparities



Health disparities were experienced in most of the CVHP service area with the highest percentage of households having substandard conditions being located in the southeast portion of the service area. Stakeholders specified that many of the homes in the service area are affected by asbestos, lead paint, and other related toxins common in older homes. In addition, stakeholders mentioned that cost of housing is increasing and is unaffordable for many. They also added that the LGBT community experiences a difficult time finding housing outside of shelters.

Communities Most Impacted (Units with Substandard Conditions and Cost-Burdened Households):

- Baldwin Park
- Diamond Bar
- El Monte
- Hacienda Heights

Key Health Drivers/Factors

Lack of economic security can affect an individual's ability to access healthy foods and other basic necessities. In addition, not having the financial means to access transportation may limit an individual's ability to get to work, seek the medical care they need, and live a high-quality life.



Social & Economic

Poverty. Poverty creates financial instability and barriers to accessing insurance coverage, health services, healthy food, and other necessities¹. The percentage of the population living at 200% below the Federal Poverty Level (FPL) was also higher (47.2%) than in California (40.7%).

Population Below 200% FPL

SPA 3	LA County	California
47.2%	45.1%	40.7%

Source: Population living below 200% Federal Poverty Level, U.S. Census Bureau, American Community Survey, 2009–13, Tract.

Assets & Opportunities



Stakeholders identified a variety of assets in the community related to economic stability, listed below. This list is not intended to be a comprehensive list of resources in the community, additional resources can be found at www.211.org.

Housing-Related Resources

- East San Gabriel Valley Coalition for the Homeless and Azusa Pacific University
<http://esgvhomeless.org/>

- **San Gabriel Valley Consortium on Homelessness**
<http://sgvc.org/index.php>
- **Volunteers of America**
www.voala.org
Our Saviour Center
<http://www.our-center.org/home>

Nutrition and Wellness-Related Resources

- **Azusa Pacific University—Neighborhood Wellness Center**
<http://www.apu.edu/nursing/resources/community/>
- **Citrus Valley Health Partners - Lighten-Up San Gabriel Valley**
<http://www.lightenupsgv.com/>
- **Foodbanks**
<https://www.lafoodbank.org/get-help/pantry-locator/>
- **Kaiser Permanente Baldwin Park Medical Center (Hospital)**
www.kp.org/baldwinpark
- **Los Angeles Community Garden Council**
<http://lagardencouncil.org/>
- **Policies for Livable, Active, Communities, and Environments (PLACE) Initiative**
<http://www.ci.el-monte.ca.us/Government/ParksandRecreation/CommunitySeniorSrvs/HealthWellness.aspx>

Mental Health in the CVHP Service Area

Description & Significance

Mental illness is a major and complex health issue; if left untreated, it may leave individuals at risk for substance abuse, self-destructive behavior, and suicide.

Mental health disorders can have a serious impact on physical health and are associated with the prevalence, progression, and outcome of chronic diseases.ⁱⁱ Mental illnesses such as depression and anxiety affect people’s ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person’s ability to participate in treatment and recovery.ⁱⁱⁱ New mental health issues have emerged among some special populations, such as veterans who have experienced physical and mental trauma; people in communities with psychological trauma caused by natural disasters and exposure to violence; and older adults, as the awareness, understanding and treatment of dementia and mood disorders continues to improve.ⁱⁱⁱⁱ The stigma associated with mental health causes suffering, potentially leading a person to deny symptoms, delay treatment, and refrain from daily activities.

Health Outcome Statistics



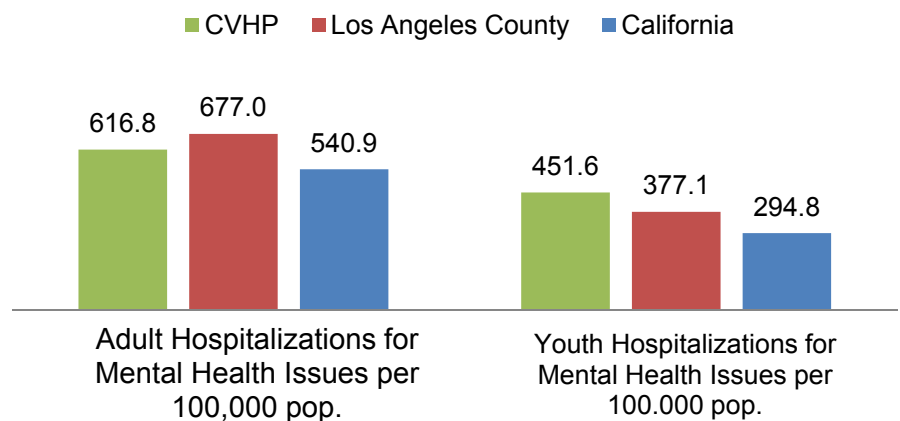
The CVHP service area is experiencing mental health-related issues with youth and adults, as indicated in the Mental Health-Related Hospitalizations chart below.

Issues include general mental health status, depression, anxiety, alcohol and drug use, access to mental health providers and services, hospitalizations related to mental health, and suicide.

Prevalence. In the CVHP service area, the population experienced an average of four mentally unhealthy days per month, similar to that reported in Los Angeles County.^{liv}

Hospitalizations. In the CVHP service area, the mental health hospitalization rate per 100,000 adults was higher (616.8) when compared to California (540.9), and less than the county (677.0). The mental health hospitalization rate per 100,000 youth was much higher (451.6) than Los Angeles County’s (377.1) and twice California’s (294.8).

Mental Health-Related Hospitalizations



Source: Adult and Youth (18 years and younger) Hospitalization Rate per 100,000 Population, Office of Statewide Health and Planning and Development (OSHPD), 2012, ZIP Code

Health Disparities



Health disparities were observed among youth, the elderly, the low income, the middle class, the uneducated, the homeless, and communities mostly located in the western and central parts of the CVHP service area.

Communities Most Affected (Higher Hospitalization Rates Among Youth and Adults):

- Azusa
- Baldwin Park
- Covina
- El Monte
- Glendora
- La Puente
- La Verne
- San Dimas
- West Covina



Community Perspective

Stakeholders agreed that mental health affects “everyone” such as adolescents, teens, young adults, working-class professionals, low-income populations, non-English speakers, women and single mothers, parents, the elderly, younger members in the LGBT community, foster youth, homeless populations, and members across ethnic groups. The communities mentioned as most affected were Baldwin Park and San Gabriel. Glendora was mentioned for high suicide rates.

Key Health Drivers/Factors

Mental health is associated with factors such as poverty, heavy alcohol consumption, and unemployment.

Stakeholders described drivers of mental health as varied and complex. Everyday stress on working mothers, families, children, and homeless populations was identified as a contributor to mental health issues. Stakeholders agreed on the lack of education regarding mental health. Mental health is seen as unimportant or carrying negative associations, which prevents people from seeking help or recognizing their issues and seeking opportunities for assistance.



Community Perspective

“Mental health affects everyone across the board; some people fall through the cracks because mental illnesses aren’t always very apparent.”

Social Services Provider



Community Perspective

“There is a great need for more mental health care that is free and/or affordable.”

Community Health Educator

Often people will not seek help because of the cultural stigma associated with accessing mental health services, particularly among Asians and Black/African-Americans. Children and adolescents receive care and support at some schools, though participants indicated that current efforts are insufficient. Among homeless populations, substance abuse is an issue commonly associated with degraded mental health. Immigrant and/or non-English speaking populations have a difficult time accessing mental health care because of a lack of multilingual providers or not being aware of available resources.

Stakeholders also identified barriers associated with insurance and funding for mental health services. Insurance does not cover all kinds of treatment for mental health issues; for example, dementia is often not considered a mental health condition. Securing timely appointments is also a concern; patients have to wait a long time to be seen, and there are not enough facilities to access during a crisis (e.g., 5150). Focus group participants highlighted the challenges in properly medicating mental health issues; for example, refill processes are complex and time-consuming. In general, participants stated that there is a lack of funding for mental health programs and care for adults 18 to 59 years of age, low-income populations, and the uninsured.

Access. The rate of mental health providers per 100,000 population in the CVHP service area is lower (149.5) than in California (157.0).^{lv}



Social & Economic

Poverty. Financial instability creates barriers to access including to insurance coverage, health services, healthy food, and other necessities^{lvi}. The percent of the population living 200% below the FPL is slightly higher (47.2%) than in the state overall (40.7%).

Population below 200% FPL

CVHP Service Area	LA County	California
47.2%	45.1%	40.7%

Source: California Health Interview Survey, 2014, SPA

Assets & Opportunities



Many resources are available to respond to health needs within a given community, including health care facilities, community organizations, faith-based organizations and public agencies. The following list includes assets that have been identified as specifically addressing this health need and/or related key drivers and is an abbreviated list of mental health providers and services available, additional resources can be found at www.211.org.

Mental Health Providers

- **AltaMed Medical and Dental Group**
http://www.altamed.org/programs_and_services/dental_services

- **Aurora Charter Oak Hospital**
<http://www.charteroakhospital.com/>
- **Azusa Pacific University—Neighborhood Wellness Center**
<http://www.apu.edu/nursing/resources/community/>
- **Center for Integrated Family and Health Services**
<http://www.cifhs.org/>
- **Citrus Valley Health Partners: Inter-Community Hospital and Queen of the Valley Campus**
<http://www.cvhp.org/>
- **Community Clinic Association of L.A. County**
<http://ccalac.org/>
- **East Valley Community Health Center**
<https://www.evchc.org/>
- **El Proyecto del Barrio, Inc.**
<http://www.elproyecto.us/>
- **Foothill Family Service**
<https://www.foothillfamily.org/index.php>
- **Hathaway Sycamores—Covina Community-Based Mental Health Services**
Phone: 1-844-222-2377
- **Kaiser Permanente Baldwin Park Medical Center (Hospital)**
www.kp.org/baldwinpark
- **Pacific Clinics—Family Outreach Services**
<http://www.pacificclinics.org/>
- **San Gabriel Children’s Center, Inc.**
Phone: 626-859-2089

Alcohol and Drug-Related Services

- **SPIRITT Family Services—Glendora Family Center**
<http://www.spiritt.org/>

Overweight and Obesity in the CVHP Service Area

Description & Significance

Being overweight is defined by maintaining a body mass index (BMI) between 25.0 and 29.9. Obesity is defined as having a BMI of 30.0 or higher.

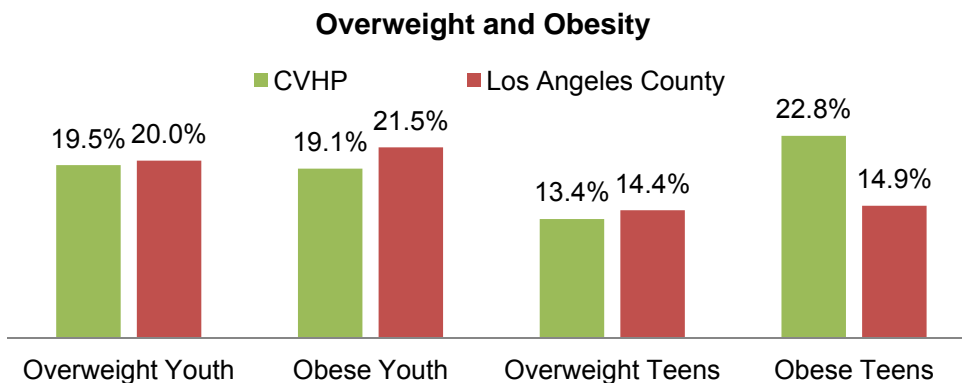
Excess weight is a significant national problem and indicates an unhealthy lifestyle that influences further health issues. Obesity reduces life expectancy and causes devastating and costly health problems, increases the risk of coronary heart disease, stroke, high blood pressure, diabetes, and a number of other chronic diseases.^{lvii} Being overweight and obese may result from a combination of causes and contributing factors that include behavior and genetics.^{lviii} Behaviors can include dietary patterns, physical inactivity, medication use, and other exposures. Additional contributing societal factors may include food and physical activity, education and skills, and food marketing and promotion. Some Americans have less access to stores and markets that provide healthy, affordable food such as fruits and vegetables, especially in rural, minority, and lower-income neighborhoods.^{lix} Obesity is a serious concern and associated with a reduced quality of life and many serious diseases and health conditions including diabetes, heart disease, stroke, high blood pressure (hypertension), high cholesterol, and mental illness such as clinical depression and anxiety.^{lx} Findings suggest that obesity also increases the risks for cancers of the esophagus, breast (postmenopausal), endometrium, colon and rectum, kidney, pancreas, thyroid, gallbladder, and possibly other cancer types^{lxi}.

Health Outcome Statistics



The CVHP service area has a greater portion of population classified as overweight and obese when compared to Los Angeles County and California. The issue has become increasingly prevalent among children and youth.

Prevalence. In the CVHP service area, a greater percentage of teens between the ages of 12 and 17 (22.8%) were obese when compared to Los Angeles County (14.9%).



Source: Percent of youth (2–11 years old) are overweight, California Health Interview Survey, 2014, SPA.
Percent of teens (12–17 years old) are obese, California Health Interview Survey, 2014, SPA.

Health Disparities



A greater percentage of Hispanic/Latino (22.5%) as well as Black/African American (21.6%) children in grades 5, 7, and 9 in the CVHP service area are obese relative to other races/ethnic groups. These percentages are also greater than that for the KFH-Baldwin Park service area (19.10%).

Stakeholders recognized health disparities among Hispanics/Latinos, Blacks/African-Americans, Asians, Pacific Islanders, youth as young as two years old, students in low-income communities, the homeless, and residents in the western and central areas of the CVHP service area.

Communities Most Affected (Teens Who Are Obese):

- Azusa
- Baldwin Park
- Covina
- El Monte
- La Puente
- South El Monte
- West Covina



Community Perspective

A mental health care provider noted that obesity is a side effect of medication given to treat mental illnesses, and that weight gain often prompts people to discontinue the use of medication.

“We need to educate people so they make intelligent choices about nutrition.”

Social Services Provider

Key Health Drivers/Factors

Obesity is associated with an increased risk of cardiovascular disease, stroke, high blood pressure, diabetes, and a number of other health issues^{lxii}. Obesity is also associated with a lack of physical activity, access to healthy food options and safe green space such as parks, and other social and economic issues. Stakeholders remarked that the increase in access to and the marketing of fast food has contributed greatly to poor nutrition in the area, which is seen as a driver of obesity. Many also noted a lack of exercise and physical activity as a contributing factor, and many recognized the connection between obesity and diabetes, hypertension, and a range of liver diseases.



Health Outcome(s)

Diabetes. Diabetes and being overweight or obese often go hand-in-hand. In the CVHP service area, a larger percentage of the population (12.0%) was diagnosed with diabetes when compared to Los Angeles County (10.0%) and California (8.9%).

Cardiovascular Disease. Being overweight or obese often leads to health issues including cardiovascular disease. In the C service area, more residents (381.2 per 100,000 population) were hospitalized for heart disease than in Los Angeles County (366.6) or California (339.0).



Health Behaviors

Physical Activity. A lack of physical activity is a contributing factor to an individual's developing health issues, including being overweight or obese. In the CVHP service area, a slightly lower percentage of adults (26.1%) were physically inactive when compared Los Angeles County (29.7%).

Healthy Eating. Healthy eating behaviors such as not consuming fresh fruits and vegetables on a daily basis may prevent health issues like obesity. In the CVHP service area, a slightly lower percentage (54.0%) of youth consumed two or more fruits a day than in Los Angeles County (57.3%), and even lower than in California (63.3%).

Adults Who Are Physically Inactive

CVHP Service Area	LA County
26.1%	29.7%

Source: California Health Interview Survey, 2014, SPA

Youth Who Consumed Two or More Fruits A Day

CVHP Service Area	LA County	California
54.0%	57.3%	63.3%

Source: Percent of youth who consumed 2 or more fruits in the last day, California Health Interview Survey, 2014, SPA.



Social & Economic

Access to Healthy Foods. Access to healthy, high-quality, affordable food—including fresh fruit and vegetables—is essential to an individual's overall well-being. The lack of such access contributes to the development of health issues such as being overweight or obese. In the CVHP service area, a larger percentage of the population (40.6%) could not afford enough food than in Los Angeles County (39.5%) or California (38.4%).

Unable to Afford Enough Food

CVHP Service Area	LA County	California
40.6%	39.5%	38.4%

Source: Unable to afford enough food (food insecurity), California Health Interview Survey, 2014, SPA.



Physical Environment

Fast-Food Establishments. Environmental influences such as easy access to fast-food rather than healthy food options is a critical factor that contributes to poor health outcomes such as being overweight or obese. In the CVHP service area, the rate of fast-food establishments per 100,000 population (76.4) was slightly lower than in Los Angeles County (77.8) but higher than in California (74.5).

Fast-Food Establishments

CVHP Service Area	LA County	California
76.4	77.8	74.5

Source: Fast-food establishment rate per 100,000 pop., U.S. Census Bureau, County Business Patterns, 2011, Tract.

Recreation and Fitness Facilities.

Environmental influences such as access to recreation and fitness facilities are important in encouraging physical activity and other healthy behaviors. In the CVHP service area, the rate of recreation and fitness facilities per 100,000 population (4.5) is nearly half that in Los Angeles County (7.6) or California (8.7).

Recreation and Fitness Facilities

CVHP Service Area	LA County	California
4.5	7.6	8.7

Source: Recreation and fitness facilities rate per 100,000 pop., U.S. Census Bureau, County Business Patterns. Additional data analysis by CARES. 2012, ZCTA.

Assets & Opportunities



Stakeholders provided resources in the community that address obesity indirectly through an increase in physical activity and improving nutrition. There was also mention of a program in the region that addresses barriers to nutrition and exercise in the community. The following list provides the assets that were identified through interviews and focus groups. Additional resources can be found at www.211.org.

Diabetes-Related Services

- **American Diabetes Association**
<http://www.diabetes.org/>
- **American Heart Association**
<http://www.heart.org/>
- **Asian Pacific Health Care Venture, Inc.**
<http://www.aphcv.org/>
- **Citrus Valley Health Partners: Inter-Community Hospital and Queen of the Valley Campus**
<http://www.cvhp.org/>
- **Kaiser Permanente Baldwin Park Medical Center (Hospital)**
www.kp.org/baldwinpark

Physical Activity-Related Services

- **City of Baldwin Park—Healthy Baldwin Park Program**
- **Bike San Gabriel Valley**
<http://www.bikesgv.org/>
- **Enki Health and Research Systems, Inc.**
<http://www.ehrs.com/>
- **Walking Groups**

Nutrition and Wellness-Related Services

- **Azusa Pacific University—Neighborhood Wellness Center**
<http://www.apu.edu/nursing/resources/community/>
- **Baldwin Park Unified School District**
<http://www.bpusd.net/>
- **Boys and Girls Club of Baldwin Park**
<http://www.evbgc.org/>
- **Foodbanks**
<https://www.lafoodbank.org/get-help/pantry-locator/>
- **Los Angeles Community Garden Council**
<http://lagardencouncil.org/>
- **New Horizons Caregivers Group**
<http://www.nhcg.org/>
- **THINK Together**
<http://www.thinktogether.org/>
- **West Covina Unified School District**
<http://www.wcusd.org/>

Preventive Health Care in the CVHP Service Area

Description & Significance

Preventive health care services are essential for the early detection and treatment of health problems such as heart disease, cancer, and diabetes.

Accessing preventive health care services in a timely manner is essential to preventing the development of chronic diseases. Preventive health services include health screenings, doctor visits for regular checkups, and vaccinations.^{lxiii} Regular checkups can help detect health problems early in their development, avoiding bigger problems in the future. A health provider can also educate their patients to help them recognize changes in their bodies leading to early detection and treatment for health problems.^{lxiv} Opportunities for prevention affect everyone regardless of income level, age, or health status. Every year, potentially preventable health problems such as heart disease, cancer, and diabetes are responsible for premature deaths. Although the Affordable Care Act has increased access for many by forcing health insurance providers to cover certain preventable health services at no additional cost, many are still not accessing these services.^{lxv}

Health Outcome Statistics

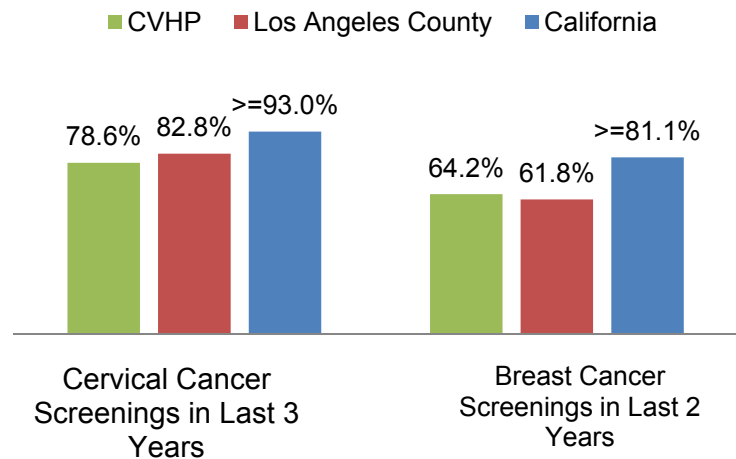


The CVHP service area is experiencing high rates of preventable hospitalizations.

Health Screenings. In the CVHP service area, the percentage of women receiving cervical cancer screenings in the prior three years (circa 2011–2012) was lower (78.6%) than in Los Angeles County (82.8%) and did not meet the Healthy People 2020 goal of $\geq 93.0\%$. However, a greater percentage of women (64.2%) had a mammogram within the prior two years than in Los Angeles County (61.8%), although slightly less than in California (65.1%). The service area did not meet the Healthy People 2020 goal of $\geq 81.1\%$.

Immunizations. In the service area, a smaller percentage (57.9%) of senior citizens received an annual pneumonia vaccination when compared to Los Angeles County (61.3%).

Cancer Screenings

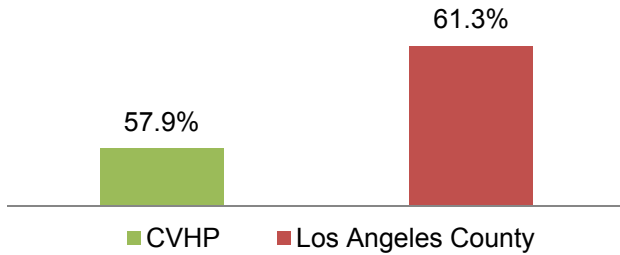


Source: Percent of women who had a cervical cancer screening in the past three years, Los Angeles County Health Survey, 2011, SPA.

Percent of women who had a breast cancer screening in the last two years, California Health Interview Survey, 2012, SPA.

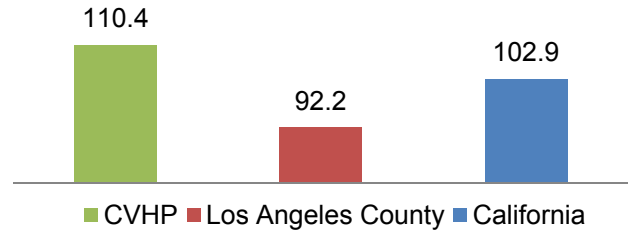
Hospitalizations. In the CVHP service area, the hospital discharge rate for preventable hospital events was higher (100.4 per 10,000 population) when compared to Los Angeles County's (92.2), but slightly lower than California's (102.9).

Pneumonia Vaccinations (Seniors)



Source: Percent of seniors who received an annual pneumonia vaccination, Los Angeles County Health Interview Survey, 2011, SPA.

Preventable Hospitalizations



Source: Rate of preventable hospitalizations per 10,000 population, Los Angeles County Health Survey, 2011, SPA.

Health Disparities



Health disparities were observed in the western portion of the CVHP service area. Stakeholders added that low-income families, the homeless, and those whose primary language was not English were less likely to have an annual wellness exam. (Wellness exams are covered under the ACA but the data are not yet available.) Stakeholders added that non-English speaking women living in the San Gabriel Valley were less likely to have an annual Pap smear and mammogram exam.

Communities Most Affected (Preventable Condition Hospital Discharges):

- Baldwin Park
- Irwindale
- El Monte
- Glendora

Key Health Drivers/Factors

Similar to access to health care, it is important to follow preventive practices such as having a regular source of care and timely physical and medical tests. Adequate, regular primary care can help maintain a positive health status and prevent the onset of health issues.



Social & Economic

Poverty. Poverty creates financial instability and barriers to access including to insurance coverage and health services^{lxvi}. The percentage of the population in the CVHP service area living 200% below the Federal Poverty Level (FPL) was higher (47.2%) when compared to California (40.7%).

Population below 200% FPL

SPA	LA County	California
47.2%	45.1%	40.7%

Source: California Health Interview Survey, 2014, SPA



Cultural and Linguistic

Language. Language barriers can create inequities in health care access, effective communication with providers, and health literacy. In the CVHP service area, 30.2% of the population has limited English proficiency—higher than in Los Angeles County (26.2%) or California (21.6%).

Population with Limited English Proficiency

CVHP Service Area	LA County	California
30.2%	26.2%	21.6%

Source: Population with limited English proficiency, U.S. Census Bureau, American Community Survey, 2009-13, Tract.

Assets & Opportunities



Stakeholders identified a variety of assets in the community related to healthy behavior. The following list is not intended to be a comprehensive list of resources in the community, additional resources can be found at www.211.org.

Clinics and Health Centers

- **East Valley Community Health Center**
<http://www.evchc.org/>
- **El Monte Comprehensive Health Center (DHS)**
<https://dhs.lacounty.gov/wps/portal/dhs/elmonte>
- **La Puente Health Center (DHS)**
<https://dhs.lacounty.gov/wps/portal/dhs/lapuente>
- **Monrovia Health Center (SPA 3) (DPH)**
Phone: (626) 256-1600

Health Care Facilities and Programs

- **AltaMed**
<http://www.altamed.org/>
- **Azusa Pacific University**
<http://www.apu.edu/nursing/about/community/>
- **ChapCare**
<http://www.chapcare.org/our-services/medical-services/>

- **Center for Integrated Family and Health Services**
<http://www.cifhs.org/>
- **Every Child's Healthy Options (ECHO)**
Contact information: 626-854-8520 x1184; Fajardo Family Resource Center
- **Jeff Seymour Family Center (JSFC)**
<http://web.emcsd.org/jeff-seymour-family-center-jsfc>
- **My Health LA**
<https://dhs.lacounty.gov/wps/portal/dhs/mhla>
- **Our Saviour Center/Cleaver Family Wellness Clinic**
<http://www.our-center.org/>
- **Policies for Livable, Active, Communities, and Environments (PLACE) Initiative**
<http://www.ci.el-monte.ca.us/Government/ParksandRecreation/CommunitySeniorSrvs/HealthWellness.aspx>
- **School-Based Health Centers (SBHCs)**
Locations:
 - El Monte
 - Cortada Afternoon Clinic, (626) 452-9164 x3114
 - Durfee Elementary, (626) 443-3900
 - El Monte District Health Clinic, (626) 452-9164 x3114
 - Gidley Elementary School SBHC, (626) 575-2323
 - Potrero Late Afternoon Clinic (PLAC)La Puente, (626) 452-9164
 - Northam Elementary School Childrens Clinic, (626) 964-4798
 - La Puente
 - Villacorta Elementary School Based Health Center, (626) 919-5724
<http://www.schoolhealthcenters.org/>

Hospitals

- **Citrus Valley Health Partners**
<http://www.cvhp.org/>
- **Kaiser Permanente Baldwin Park Medical Center (Hospital)**
www.kp.org/baldwinpark

Appendix E: Glossary of Terms

The following terms are used throughout the Community Health Needs Assessment report. They represent concepts that are important to understanding the findings and analysis in this report.

Age-adjusted rate. The incidence or mortality rate of a disease can depend on the age distribution of a community. Because chronic diseases and some cancers affect older adults disproportionately, a community with a higher number of older adults might have a higher mortality or incidence rate of some diseases than another community that may have a higher number of younger people. An incidence or mortality rate that is **age-adjusted** takes into the consideration of the proportions of persons in corresponding age groups, which allows for more meaningful comparison between communities with different age distributions.

Benchmarks. A benchmark serves as a standard by which a community can determine how well or not well it is doing in comparison for specific health outcomes. For the purpose of this report, one of two benchmarks is used to make comparison with the medical center area. They are Healthy People 2020 objectives and state (California) averages.

Death rate. See *Mortality rate*.

Disease burden. Disease burden refers to the impact of a health need not only on the health of the individuals affected by it, but also the financial cost in addressing this health need, such as public expenditures in addressing a health need. The burden of disease can also refer to the disproportionate impact of a disease on certain populations, which may negatively affect their quality of life and socioeconomic status.

Health condition. A health condition is a disease, impairment, or other state of physical or mental ill health that contributes to a poor health outcome.

Health disparity. Diseases and health problems do not affect all populations in the same way. Health disparity refers to the disproportionate impact of a disease or a health problem on specific populations. Much of research literature on health disparity focuses on racial and ethnic differences in how these communities experience the diseases, but health disparity can be correlated with gender, age, and other factors, such as veteran, disability, and housing status.

Health driver. Health drivers are behavioral, environmental, social, economic and clinical care factors that positively or negatively impact health. For example, smoking (behavior) is a health driver for lung cancer, and access to safe parks (environmental) is a health driver for obesity/overweight. Some health drivers, such as poverty or lack of insurance, impact multiple health needs.

Health indicator. A health indicator is a characteristic of an individual, population, or environment which is subject to measurement (directly or indirectly) and can be used to describe one or more aspects of the health of an individual or population.

Health outcome. A health outcome is a snapshot of a disease in a community that can be described in terms of both morbidity and mortality (e.g. breast cancer prevalence, lung cancer mortality, homicide rate, etc.).

Health need. A health need is a poor health outcome and its associated health driver, or a health driver associated with a poor health outcome where the outcome itself has not yet arisen as a need.

Hospitalization rate. Hospitalization rate refers to the number of patients being admitted to a hospital and discharged for a disease, as a proportion of total population.

Incidence rate. Incidence rate is the number of *new* cases for a specific disease or health problem within a given time period. It is expressed either as a fraction (e.g. percentage) or a density rate (e.g., x number of cases per 10,000 people), in order to allow for comparison between different communities. It should not be confused with *prevalence rate*, which measures the proportion of people found to have a specific disease or health problem.

Morbidity rate. Morbidity rate refers to the frequency with which a disease appears within a population. It is often expressed as a *prevalence rate* or *incidence rate*.

Mortality rate. Mortality rate refers to the number of deaths in a population due to a disease. It is usually expressed as a density rate (e.g. x number of cases per 10,000 people). It is also referred to as “death rate.”

Prevalence rate. Prevalence rate is the proportion of total population that currently has a given disease or health problem. It is expressed either as a fraction (e.g. percentage) or a density rate (e.g., x number of cases per 10,000 people), in order to allow for comparison between different communities. It should not be confused with incidence rate, which focuses only on *new* cases. For instance, a community may experience a decrease in new cases of a certain disease (incidence) but an increase in the total of number suffering that disease (prevalence) because people are living longer due to better screening or treatment for that disease.

Primary data. Primary data are new data collected or observed directly from first-hand experience. They are typically qualitative (not numerical) in nature. For this community health needs assessment, primary data were collected through focus groups and interviews with key stakeholders. These primary data describe what is important to the people who provide the information and are useful in interpreting secondary data.

Secondary data. Secondary data are data that have been collected and published by another entity. They are typically quantitative (numerical) in nature. Secondary data are

useful in highlighting in an objective manner health outcomes that significantly impact a community.

Appendix F: Data Collection Protocols

CHNA 2016 Interview Protocol -

Introduction:

The Center for Nonprofit Management is working with Kaiser Permanente – Baldwin Park Medical Center /Citrus Valley Health Partners to conduct their 2016 Community Health Needs Assessment. We are talking to health experts to obtain their perspective on the most important health needs facing the local community and to identify areas of need as well as the availability of services to meet those needs. All the information collected will help Kaiser Permanente – Baldwin Park Medical Center /Citrus Valley Health Partners better serve their community. The information you provide is confidential and will not be associated with your name and will only

Familiarity with Medical Center:

Area of Expertise:

Primary Service Area:

Primary Population Served:

COMMUNITY HEALTH NEEDS AND ASSOCIATED DRIVERS

1. What are some of the **major health needs** affecting individuals in the community?
2. As a result of our review of community data, we have identified some significant health needs.

Health Needs	<u>Issues/Challenges/Barriers</u>	<u>Resources: Services, Programs and/or Community Efforts</u>
<p>Are there specific sub-populations (seniors, youth, others) and areas in the community that are most affected by this need?</p> <p>Has the health need gotten better or worse over the past 2-3 years?</p>	<p>Where do community residents go to receive help or obtain information for this health need?</p> <p>In your experience, what are the most effective program /service delivery models for addressing this need?</p>	<p>Access to care: primary care, specialty care, medications, health</p>

insurance (Prompt: How has the Affordable Care Act (ACA) impacted community members' ability to access care and other services?)		
Cancer		
Chronic disease (asthma, diabetes, heart disease, HIV/AIDS, others)		
Community safety		
Dental care Vision care		
Homelessness / Housing		
Mental health		
Overweight/Obesity		
Preventive practices and services		
Substance abuse		
Other needs identified in question #1		

ACCESS TO CARE

3. What health or social services are **most difficult to access or are missing** in the community? *[DO NOT SAY ALOUD: This could include access to medical care that is*

affordable or free, health education workshops, dental care, vision care, substance abuse services, mental health care, etc.]

- a. Are there socio-economic, behavioral, environmental or clinical factors that contribute to this?
- b. Does this affect certain sub-populations more than others?

COLLABORATION

- 4. What are the potential areas for **collaboration or coordination** among hospitals, community organizations, and/or businesses (i.e., health or social providers, local government, etc.) to address community health needs or specific socio-economic, behavioral, environmental or clinical factors?

COMMUNICATION

- 5. What would be the most efficient **ways to provide information** to community members about the availability of health and other services?

RANKING OF HEALTH NEEDS AND FACTORS/DRIVERS OF HEALTH

- 6. I would like to ask you to **rank the identified community health needs** on a scale of 1 to 5 according to severity where 1 is least severe and 5 is most severe.

Note to facilitator: severity is defined as the level a health need or health factor/driver that affects the health and lives of those in the community.

- 7. Thinking of these health needs, I would like to ask you to prioritize each by indicating the level of importance that **the hospital** should place on addressing them; on a scale of 1 to 5, where 1 is not important to address and 5 is very important to address.

Health Needs	Severity 1-5	Importance 1-5
Access to care		
Asthma		
Cancer		
Community safety		
Dental care		

Diabetes		
Heart Disease		
HIV/AIDS		
Homelessness / Housing		
Mental health		
Overweight /Obesity		
Preventive practices and services		
Substance abuse		
Other needs identified in question #1		

8. What would be the best way to share the findings of this **community health needs assessment**?

9. Before we end the interview, is there anything else you would like to add?

Your responses have been very helpful.
Thank you for your time.

Kaiser Foundation Hospital/ CVHP CHNA 2016
Focus Group Protocol

Introduction:

The Center for Nonprofit Management is working with Kaiser Permanente – Baldwin Park Medical Center and Citrus Valley Health Partners to conduct their 2016 Community Health Needs Assessment. We are talking to health experts and providers to obtain their perspective on the most important health needs facing the local community and to identify areas of need as well as the availability of services to meet those needs. All the information collected will help Kaiser Permanente – Baldwin Park Medical Center and Citrus Valley Health Partners better serve their community. The information you provide is confidential and will not be associated with your name and will only be reported in an aggregated manner.

Note to Facilitator: Review health data for the medical center and hospital to effectively probe where appropriate.

****Go around the room and ask participants to briefly introduce themselves (1 minute).**

****Assure that all participants fill out the short Provider Survey.**

COMMUNITY HEALTH NEEDS AND ASSOCIATED DRIVERS

Note to Facilitator: (Create 2 grids, one for health needs and one for drivers, on flip chart paper to help organize sub-populations, community areas and assets by health needs/driver)

10. What are some of the **major health needs** affecting individuals in the community?

- a. **Ask by issue:**
 - i. What **sub-populations** are most affected by these needs?
 - ii. Are there specific **areas in the community** that are most affected?
 - iii. Where do community members go to treat their illness?
- b. Have they gotten **better or worse** over time (past 2-3 years)?

11. What are the most important factors (**socio-economic, behavioral, environmental or clinical factors**) contributing to poor health in the community?

- a. **Ask by issue:**
 - i. What **sub-populations** are most affected by these needs?
 - ii. Are there specific **areas in the community** that are most affected?
 - iii. Where do community members go to receive or obtain information on related services?

ACCESS TO CARE

12. What health or social services are **most difficult to access or are missing** in the community? **[DO NOT SAY ALOUD: This could include access to medical care that is**

affordable or free, health education workshops, dental care, vision care, substance abuse services, mental health care, etc.]

- c. Are there specific **factors (socio-economic, behavioral, environmental or clinical factors)** contribute to this?
- d. Does this affect certain **sub-populations** more than others? Which?

13. In your experience, what are the most **effective program/service delivery models** for addressing:

- a. Health needs? *(refer to the issues identified in question 1)*
- b. Socio-economic factors (i.e., transportation, language barriers, poverty, etc.)? *(refer to the issues identified in question 2)*

14. How has the **Affordable Care Act (ACA)** impacted your community members' ability to access care and other services?

COLLABORATION

15. In last few years, have you noticed any **changes in the way that providers work together** in terms of service coordination, etc.?

- a. Do you feel that access to services/care coordination has improved? Please provide examples.

16. What are the potential areas for **collaboration or coordination** among hospitals, community organizations, and/or businesses (i.e., health or social providers, local government, etc.) to address community health needs or specific socio-economic, behavioral, environmental or clinical factors?

COMMUNICATION

17. What would be the most efficient **ways to provide information** to community members about the availability of health and other services?

- a. Is there a **particular message** that would appeal to community members?

18. What would be the best way to share the findings of this **community health needs assessment**?

RANKING OF HEALTH NEEDS AND FACTORS/DRIVERS OF HEALTH

19. Of the health needs and contributing factors you mentioned, how would you **rank each health need and factor** according to severity? *(Create a grid on flip chart paper, give each participant 10 (5 for health needs and 5 for factors/driver) dot stickers and ask them to vote.)*

Note to Facilitator: Severity is defined as the level a health need or health factor/driver affects the health and lives of those in the community.

Appendix G: Primary Data Summaries

Interview Summary

About the Participants

To assess and identify the current health needs and health drivers facing the communities served by Kaiser Foundation Hospital - Baldwin Park (KFH-BP) and Citrus Valley Health Partners, nine local health experts were interviewed October and November 2016.

Interviewees had a broad range of expertise including the areas of primary care, nursing, mental health, public health administration, public and health policy, economic development, land-use planning, and public education. Their primary service areas included the San Gabriel Valley (Service Planning Area 3) and Los Angeles County.

The interviewees primary populations served were the “safety net population” which included low income and under/uninsured populations. Most mentioned that they worked with the low income/poor, under/uninsured, undocumented, Latinos/Hispanics, Asian/Pacific Islanders, Whites, African Americans (smaller percentage), the homeless, and the mentally ill.

The majority of the interviewees were familiar with KFH-BP and Citrus Valley Health Partners. Two interviewees were very familiar with KFH-BP, another interviewee referred patients to KFH-BP and another interviewee had a working relationship with KFH-BP. Other interviewees added that they were Kaiser Permanente members.

Community Health Needs and Associated Drivers

When asked directly about major health needs affecting individuals in the Baldwin Park communities (CVHP service area), interviewees reported 47 health needs and health drivers.

The health needs most often mentioned included:

- Access to health care
- Diabetes
- Cancer
- Alzheimer’s disease
- Oral care
- Disabilities
- Heart disease
- Hypertension
- Mental health
- High cholesterol
- Respiratory illnesses
- Substance abuse

“We can criticize the level or access but its coverage and having all these people insured is a big deal.”

- Director

In addition, to discussing major health needs affecting individuals in the community, interviewees were also asked to describe the most important socio-economic, behavioral, environmental or clinical factors, or drivers, that are contributing to poor health.

The health drivers most often mentioned included:

- Community safety
- Cultural and language barriers

- Unhealthy environment
- Access to health care
- Lack of health education and literacy
- Economic insecurity including poverty
- Homelessness and poor housing conditions
- Lack of healthy and affordable food options
- Unhealthy behaviors including lack of physical activity and poor eating habits
- Lack of preventative health
- Social media
- Lack of specialty care
- Substance abuse
- Lack of transportation

The lack of access to health care services and poverty were the most often cited health drivers affecting the San Gabriel Valley. Interviewees mentioned that the lack of access to health care services were most attributed to the medical offices only being open Monday thru Friday, from 9:00am to 5:00pm. They added that there is a language and cultural barrier, unprofessional staff, lack of health insurance, lack of full coverage insurance, high costs of insurance, doctor visits and medicine, lack of community preventative care, and individuals not knowing where, how to get and use new insurance options. In addition, because many community members live in poverty they cannot afford health insurance co-payments and the costs to visit a doctor.

These three factors [environment, safety and too much technology] result in: "People spending a lot more time in their house, by themselves, they don't need to go out and meet their friends, or walk their dogs."

– Planning Director

The communities most affected are located in low-income communities within East San Gabriel. In addition, interviewees indicated that children, young adults, women, minorities, the homeless, immigrants, multiple families living in one home, the mentally ill, and lesbian, gay, bisexual, and transgender (LGBT) community were also the most affected by poor health.

Impact of the Affordable Care Act

When asked how San Gabriel Valley community members' ability to access care and other services through the Affordable Care Act (ACA) had been impacted, interviewees agreed that the ACA had expanded coverage for millions. However, given the improved ability to access health services, the ACA enrollment process is still very difficult and becomes worse for the homeless and those without internet access. Additionally, there is a burden on doctors and providers given the increased supply of patients. As a result, provider wait lists are long and doctors have less time to spend with patients.

Despite the few negative and limiting aspects of the ACA, many more interviewees had positive feedback, including clinic expansion due to increased number of insured, increased affordable health plans and options, health care job growth and new state funded substance abuse programs. One interviewee highlighted the addition of service navigators that field calls to link patients to services in the area.

Collaborating with Others

Interviewees were asked if they had noticed changes in the way that providers worked together. Some agreed and said that they had noted changes in the way providers work together in the last few years. One interviewee mentioned that "there are more incentives to work together. There is more of an effort

happening on how the providers work together and to coordinate, how they will make referrals, how to share information to specific patients (care coordination) and work to understand what services are available to make referrals.” Another interviewee noticed changes in the way providers work together as a result of Affordable Care Act. More specifically, Department of Mental Health hired specialty care navigators to field calls and link underserved patients to providers within their local area.

Another interviewee added that “there is a big push to work together much more and to tap into ‘First 5’ type agencies to provide more services.” Including, coordinating group visits and working with mid-level providers. And he added further, specialty care is very much lacking. Their work-around recently involved using the E-Consult program where a doctor is able to talk to a specialist (doctor) to ask advice and guidance on next steps. However, many times insurance coverage will not cover this specialty service and patients do not have the insurance coverage.

“Through collaboration we have the ability to elevate the quality of services - community needs hospitals and hospitals need community”

- Director

In terms of health access to service or care coordination, interviewed community experts assert, access is slowly, progressively improving. In fact, a Board President shared there is now a new Roundtable that meets to discuss the needs of the community in the San Gabriel Valley Service Planning Area. Another expert notes the increase in Urgent Care clinics.

As a collective group, interviewees provided examples of potential and existing opportunities, and the need to collaborate and coordinate between hospitals, community organizations, schools and businesses. Some potential areas includes:

- Hospitals collaborating with local business through the Chamber of Commerce or Association to coordinate going into lower income or immigrant communities;
- Hospitals sharing their expertise and resources (e.g. health education, materials, space, providers) with other community organizations;
- Hospitals adopting the Department of Mental Health’s “Health Neighborhood” model; and
- Collaborating, in general, as to minimize duplication of services.

Current hospital, community organization and school-based collaboratives include:

- Community colleges recognizing they cannot all offer the same training programs and so they specialize and then refer students for other specialties (e.g. health care training);
- Baldwin Park Adult Community Education, the City and Citrus Valley Health Partners management working together on grants for numerous years.
- Department of Mental Health’s “Health Neighborhoods” model which creates greater alignment of services that are all within in the community.

Ways of Sharing the CHNA Findings

In regards to the best way to share findings from the CVHP Community Health Needs Assessment,, interviewed health experts agree the target audience will drive the format of the presentation. For the general public, interviewees suggest conducting presentations at community centers, after-school programs or libraries. On the other hand, elected officials, community health partners and associations, county probation and health departments, and service providers should receive a hard copy and the report should also be made available online. Additionally, a public forum, convening or lunch should also be provided.

Interviewees also suggest disseminating health and health services information to the community using a three-pronged approach:

- Utilizing the media and social media;
- Distributing information at community/service centers, schools, after-school nutrition locations, parks, churches, homeless shelters and at job sites; and
- Promoting health and health services information using 'champions' in the community.

Additional marketing ideas for the community, include focusing on:

- A family-based approach;
- A preventative aspect to help foster the idea of care at the early stages;
- A free and confidential approach, which is highly relatable;
- Diversity messaging based on various cultures and beliefs;
- Meeting people where they are; meaning, it has to make sense to people;
- A healthy food angle; or
- Creating something through a sports league.

Two specific health messages were suggested including:

- "Be your advocate, the responsibility to your health falls on you."
- "These are the things you can do to take care of your family ____"

Level of Severity and Importance by Health Needs and Health Drivers

Interviewees were specifically asked to rank a pre-identified list of community health needs and health drivers, or factors, on a scale from 1 to 5. The first ranking was a measure of Severity, where 1 is least severe and 5 is most severe, with severity defined as the degree to which a health need or health driver affects the health and lives of individuals in the community.

The second ranking involved Prioritizing each health need or health driver by level of importance for the hospital to address, with 1 representing not important and 5 as very important to address.

The following health needs were ranked as the most severe:

- Alzheimer's disease
- Disabilities
- Heart disease
- Hypertension
- Lack of preventative care
- Mental health
- Sexual abuse
- Substance abuse
- Unhealthy behaviors including lack of physical activity

The following drivers were ranked as the most severe:

- Access to care
- Community safety
- Cultural and linguistic barriers
- Homelessness
- Lack of specialty care

- Substance abuse
- Unhealthy environment
- Lack of health literacy
- Lack of healthy food options
- Transportation
- Poverty and unemployment/underemployment

Focus Group Summary

About the Participants

There were five focus groups conducted in October that included 59 representatives from community representatives, health experts, local government representatives, local business owners, and social and health service providers.

Community Health Needs

Focus group participants identified 17 major health needs including obesity, heart disease, cancer, mental health, alcohol and substance abuse, access to care, and respiratory diseases.

The health needs most often mentioned by focus group participants were:

- Access to care
- Alcohol and substance abuse, including tobacco use
- Cancer
- Diabetes
- Mental health
- Oral health

Associated Health Drivers

In addition, to discussing major health needs affecting individuals in the community, focus group participants were also asked to describe the most important socio-economic, behavioral, environmental or clinical factors, or drivers, that are contributing to poor health in the community. A variety of health drivers were mentioned including lack of: health access, education, insurance/care literacy, resources, healthy food and physical activity; to poverty, homelessness, and mental health.

The most frequently mentioned health driver was access to health care issues. They also added that emergency rooms are overburdened and community members turned to alternative medicines and self-diagnosing using internet resources.

Disparities

Focus group participants were also asked to identify areas in the community that were most affected by poor health which included Baldwin Park, La Puente, El Monte, South El Monte, Azusa, Covina and West Covina. They also added that the identified health factors affected the broad population with only a few specific health conditions affecting some sub-populations more than others. For example, culturally sensitive health care greatly affects the undocumented and immigrant sub-populations.

Additionally, most of the health factors identified by participants in the health provider focus group identified youth, young adults and the LGBT youth as the most affected sub-populations. They also added that foster youth are most often involved in homicides, have poor mental health and substance abuse issues. And focus group participants attributed this to low health literacy, and their inability to access health care systems and services.

Services Most Difficult to Access

When asked, what health or social services are most difficult to access or are missing in the community, participants in social service provider focus group shared that holistic care or wrap-around services; dental care; mental health; vision care; services for individuals with special needs; and assistance navigating health care were the most difficult services to access.

Participants from the social service provider's focus group highlighted dental care as unaffordable and

therefore families traveled to Mexico to receive affordable dental care. In terms of mental health, it is reported there are many mental health services in San Gabriel Valley and Service Planning Area 3; however, mental health services are only available for patients with full medical coverage (non-emergency medical) and mostly for youth sub-populations (less availability for older sub-populations). For vision care, the greatest need is eye glasses. And families with children with disabilities often do not know what a special need is or where to go to receive help.

“We felt very little change – we were expecting more people to qualify and come in, and they never did. But we are seeing people that didn’t have insurance that now do. There are benefits for the poor. If you didn’t have something before, now you do.”
–
Mental Health Care Provider

Participants from the non-traditional service focus group noted the difficulty in accessing culturally competent, trusting and religious sensitivity services. For example, some specific religious sub-populations are opposed to transfusion treatments.

Suggested Strategies for Addressing Health

To address the aforementioned health needs, participants suggested several effective program and service delivery models. For example, to deal with obesity issues; access to healthy and affordable food; and increase physical activity, the BUILD Health Challenge model was selected. The program encourages communities to build meaningful partnerships between hospitals, health departments and community-based organizations to improve overall health. The local BUILD chapter is called Healthy Ontario Initiative of Ontario, and is led by Partners for Better Health, County of San Bernardino Department of Public Health and San Antonio Regional Hospital.

The School-Based Health Centers (SBHCs) program was also suggested to address the health of children in grades K-12. The SBHC program allows students to receive immediate assistance at school for acute and chronic conditions, as well as, preventative care. This model allows students to stay in school and teachers to focus only on teaching. A total of five SBHCs are located in El Monte.

In Anaheim, a one-year pilot program was recently created to improve care in response to urgent calls. The \$500,000 project is a collaboration with Care Ambulance Service, Citrus Valley Health Partners, local fire fighters and nurse practitioners riding alongside paramedics on non-urgent calls.

When directly asked about KP Baldwin Park and Citrus Valley’s community members’ ability to access care and other services, as a result of the Affordable Care Act (ACA), the majority of the focus group responded negatively.

Impact of the Affordable Care Act

Although the Affordable Care Act (ACA) had positively impacted the number of newly insured, those with pre-existing health conditions, those with previous coverage now paying lower deductibles (for some) and those who now obtain prescriptions without a problem. More health coverage is needed and more assistance and education, especially for young adult sub-populations, on how to navigate the ACA’s health system and services (e.g. the hotline “is not very useful;” getting help takes much time and patient; individuals are unaware of alternative care practices like yoga, acupuncture, etc.).

More importantly, because more are insured through the ACA, there is a higher demand on providers and services and thus has lowered the current supply and compounded the pre-existing need of access to health care. Additionally, focus group providers point out, due to lower Medi-Cal reimbursement rates, throughout the service area, there are not enough providers accepting Medi-Cal and they are limited by the number of allowable types of services and patient tests.

Additionally, the community is lacking in quality of care and specialty care. Furthermore, special needs patients have difficulty accessing therapy due to the fact families now have to go through their

insurance versus contacting the Regional Center directly.

Collaborating with Others

In the last few years, focus group participants perceived changes in the way health and social service providers worked together. Mental health providers now come together to learn how their services intersect and are more willing, and push, themselves to integrate services. For example, the 'Health Neighborhoods' model, to facilitate referrals and communication across organizations, was created through the Department of Mental Health. In the city of Azusa, Azusa Pacific University collaborates with Parks and Recreation, local police, non-profits and Wellness Centers to learn about what types of services intersect and to encourage engagement. This model is also in cities of Glendale and Covina.

On the other hand, participants perceived local collaborations as forced because "funding sources have been running dry." And social service participants point out the difference between "real collaborations" and "paper collaborations" as agreements in written in MOUs. For non-traditional social service agencies, the response was more positive. They have observed and increase in mobile clinics, health fairs and health clinics. For instance, there is a health clinic located across from a hospital in West Covina that offers a convenient health service to quickly access care in a non-emergency setting. CVS, Walmart and Walgreens now offer walk-in community clinics. And employer insurance providers offer incentives for health maintenance. Mt. San Antonio College offers a Wellness Center for faculty and staff.

Participants from the promotora focus group agreed there were not enough partnerships in the region. And many community members (especially undocumented migrants) do not qualify for existing resources. Additionally, community events and workshops are provided; however, many community members work twelve hour shifts, have more than one job, or even a regular job, and are unable to attend and are left without health information. Those who might be able to attend avoid these events out of fear and ask if immigration services and/or the police will be present. In fact, participants highlighted that these are the sub-populations that need the information and the services the most. One participant added that, "we have to try to adapt to people, rather than people adapt to available services, like offer information in times and ways that people can access it."

Ways of Sharing the CHNA Findings and other information

Participants suggested disseminating available health and social services information in a way that made it relatable to each audience group. They also suggested offering information in a bilingual format and ensuring the material is culturally sensitive.

Other suggestions included:

- Messaging resources should contain infographics and visuals for illiterate sub-populations. For example, with some social groups, messages concerning their children may resonate better, for other groups 'scare tactic' messages may be more effective (e.g. homicide rates, colon cancer rates). Note: print versions are not as effective when a large portion of the population cannot read (e.g. illiteracy, English-deficiency).
- Partnering with city and transportation organizations. For example, list the clinics and locations where the information and resources are available and post it on every bus stop and homeless shelter. It is also possible to tap into the school district and distribute information through schools and disseminate information using a peer-to-peer format.

- Presenting at the Baldwin Park Resident Advisory Committee for 20-50 resident members (depending on the topics covered) whom have contact and distribution lists and disseminate post cards; and
- Connecting with faith-based organizations, school nurses, Health Fairs and Farmer’s Markets.

Participants also suggest connecting with churches and faith-based organizations, and also recommend:

- Messaging should include changing diet recommendations for diabetics (e.g. Hispanic/Latino sub-populations). It’s not enough to say “you need to eat differently” but provide the education to go along with the messaging;
- Working with government offices and local elected officials;
- Conducting community outreach – there is a need for more community outreach, before it gets to the emergency room situation;
- Presenting at community events, such as ‘Concerts in the Park’; and using
- Social media.

Level of Severity and Importance by Health Needs and Health Drivers

Focus group participants were specifically asked to rank a pre-identified list of community health needs and health drivers, or factors, on a scale from 1 to 5. The first ranking was a measure of Severity, where 1 is least severe and 5 is most severe, with severity defined as the degree to which a health need or health driver affects the health and lives of individuals in the community.

The second ranking involved Prioritizing each health need or health driver by level of importance for the hospital to address, with 1 representing not important and 5 as very important to address.

The following health needs were ranked as the most severe:

- Diabetes
- Mental health
- Obesity
- Oral care
- Substance abuse

The following health drivers were ranked as the most severe:

- Access to care
- Lack of access to healthy foods
- Unhealthy behaviors including lack of physical activity
- Lack of health literacy
- Lack of preventative care

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^{xvi} Colorectal Cancer Incidence Rate Per 100,000 Population, National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. *State Cancer Profiles, 2008–12, County*

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