



Formerly Citrus Valley Health Partners

2019 Community Health Needs Assessment Report



**Foothill Presbyterian Hospital
Queen of the Valley Hospital
Inter-Community Hospital**

Emanate Health Community Benefit Community Health Needs Assessment (CHNA) Report

AUTHORS

Established in 1979 by the corporate and foundation community as a professional development and management resource for the burgeoning nonprofit sector, the Center for Nonprofit Management (CNM) is the premier Southern California source for management education, training, and consulting throughout the region. Our mission is to foster thriving communities by ensuring that nonprofit leaders and organizations have the knowledge, skills and resources to fulfill their mission. Our training and consulting team offers decades of combined experience, providing support and expertise to a range of sizes and types of nonprofit organizations in developing stronger organizations, tracking and measuring outcomes, and telling their stories of success. CNM supports individuals and teams in being adaptable, effective leaders and assists organizations in building stronger structures, processes and programs to best support the achievement of mission and attain intended outcomes. All of our activities and services are informed by academic and business theories and principles and are grounded in available local data.

The CNM team has extensive CHNA experience in assisting hospitals, nonprofits and community-based organizations on a wide range of assessment and capacity building efforts from conducting needs assessments to the development and implementation of strategic plans to the evaluation of programs and strategic initiatives. Team members have been involved in conducting more than 36 CHNAs for hospitals throughout Los Angeles County and San Diego County.

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Community Stakeholders

A great many organizations and agencies contributed their time to assist to the Emanate Health 2019 community health needs assessment. We acknowledge the gracious contribution of the following organizations and agencies:

- All Saints Church
- Altadena Baptist Church
- American Cancer Society, Inc., California Division
- Antelope Valley Partners for Health
- Asian Youth Center
- Baldwin Park Adult and Community Education
- ChapCare
- Citrus Valley Association of Realtors
- City of Azusa
- Day One
- Duarte Unified School District
- El Monte Comprehensive Community Health Center
- Emanate Health Foundation Board
- Foothill Family Services
- Foothill Unity Center, Inc.
- GEM Project
- Health Consortium of the Greater San Gabriel Valley
- Herald Christian Health Center
- Los Angeles County Department of Mental Health
- Los Angeles County Department of Public Health, Service Planning Area 3 & 4
- Majestic Realty Corporation
- Our Savior Center
- Pacific Clinics
- Pasadena Public Health Department
- Pasadena Unified School District
- Pasadena Youth Ambassadors
- San Gabriel Valley Consortium on Homelessness
- San Gabriel Valley Economic Partnership
- San Gabriel Valley LGBTQ Center
- Seeds of Hope Episcopal Diocese of Los Angeles
- Set for Life
- United Methodist Church (Temple City)
- Various Senior Services Providers
- West Covina Unified School District
- Young & Healthy

TABLE OF CONTENTS

AUTHORS	1
ACKNOWLEDGEMENTS	2
TABLE OF CONTENTS	3
I. EXECUTIVE SUMMARY	5
A. Community Health Needs Assessment (CHNA Background)	5
B. Summary of Community Identified Needs	5
C. Summary of Needs Assessment Methodology and Process	6
II. INTRODUCTION / BACKGROUND	7
A. About Emanate Health	7
B. About Emanate Health’s Community Benefit	7
C. About the Center for Nonprofit Management	8
D. Purpose of the CHNA Report	8
E. Emanate Health Approach to CHNA	9
III. SERVICE AREA	10
IV. DEMOGRAPHIC PROFILE OF COMMUNITY SERVED	12
V. METHODS TO IDENTIFY COMMUNITY HEALTH NEEDS	23
A. Secondary Data	23
B. Community Input	23
VI. PRIORITIZATION OF COMMUNITY HEALTH NEEDS	24
VII. KEY FINDINGS	25
A. Health Outcomes	25
<i>Alcohol Abuse, Substance Abuse and Tobacco Use</i>	25
<i>Cancer</i>	27
<i>Cardiovascular/Heart Disease</i>	28
<i>Diabetes</i>	30
<i>Hypertension</i>	34
<i>Mental Health</i>	34
<i>Oral Health</i>	36
<i>Overweight and Obesity</i>	38
<i>Respiratory Disease</i>	40
B. Social Determinants of Health	44
<i>Access to Health Care</i>	44

<i>Preventive Health Care</i>	50
<i>Access to Healthy Foods</i>	51
<i>Cultural and Linguistic Barriers</i>	51
<i>Economic Security</i>	52
<i>Healthy Behaviors</i>	53
<i>Homelessness and Housing</i>	54
Appendix A: Community Assets	56
Appendix B: Secondary Data Sources	58
Appendix C: Community Input Tracking Form	59
Appendix D: Select Maps	62
Appendix E: Data Collection Protocols	63

I. EXECUTIVE SUMMARY

Emanate Health serves the residents of the East San Gabriel Valley through a network of 18 facilities. This 2019 report documents the community health needs assessment (CHNA) conducted for Emanate Health (formerly Citrus Valley Health Partners).. The results of the CHNA will inform the development of implementation strategies developed by Emanate Health 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 Emanate Health 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 2019 and described in this report was conducted in compliance with current federal requirements.

B. Summary of Community Identified Needs

Health outcomes and drivers also known as social determinants of health are interconnected and can negatively or positively impact individual health. They 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 these factors be taken into consideration when developing health strategies and programs to address health needs.

The following is a list of 10 identified community 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 2016 Emanate Health CHNA findings.

- Access to Care
- Cancer
- Chronic Diseases (Heart Disease & Stroke, Diabetes)
- Economic and Food Insecurity
- Exercise, Nutrition, and Weight (Obesity)
- Homelessness and Housing Instability
- Mental Health
- Oral Health
- Senior Services
- Substance Abuse/Tobacco Use

C. Summary of Needs Assessment Methodology and Process

Identification

The 2019 CHNA needs assessment methodology and process involved a mixed-methods approach that included the collection of both secondary data and primary data. 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). In most cases, values presented for the Emanate Health Service Area were calculated by aggregating values 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.

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

Prioritization

The prioritization that is outlined in this report is based on the community key informant interviews and focus group input. It is complemented with the service area data resources and will be updated upon the conduct of a community-involved prioritization process in January 2020.

Community Assets and Resources

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.

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>).

II. INTRODUCTION / BACKGROUND

A. About Emanate Health

As the largest, nonprofit health care provider for the residents of the East San Gabriel Valley, Emanate Health (formerly Citrus Valley Health Partners) 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 Emanate Health 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 Emanate Health 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, Emanate Health is also dedicated to reaching out to improve the health of our community. Community outreach efforts allow Emanate Health 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. Emanate Health 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 Emanate Health's Community Benefit

Emanate Health 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. Emanate Health is an active partner in multiple coalitions and collaborative groups in the San Gabriel Valley that include over 100 agencies. All diverse relationships are devoted to promoting community health improvement and well-being.

Some highlights include Emanate Health's outreach program 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, which involves volunteers and staff members work together to educate, screen and recruit eligible families for enrollment and retention in Medi-Cal, Covered California, CalFresh and other free and/or low-cost health and social service access programs. GEM is a project of Emanate Health and it is supported with funding from the L.A. County Department of Public Health Department. Emanate Health's Welcome Baby initiative is a free universal home visitation program implemented by child development and social services professionals as well as a special post-partum visit by a Registered Nurse. The program serves women during the prenatal and postpartum stages. Families receive assistance to avoid homelessness, receive counseling services, access to food and other essential needs. This program is made possible with a grant with First 5 LA. The Welcome Baby program is a psychosocial model that surrounds mom and infant with education, emotional support and refers to much needed community resources.

Since conception, Every Child's Healthy Option (ECHO) is a collaborative effort 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 Emanate Health are the San Gabriel Valley Coalition on Homelessness; San Gabriel Valley Health Planning Group; Healthy San Gabriel Valley Coalition and the San Gabriel Valley Hospital Collaborative.

Emanate Health's Diabetes Program provides free diabetic foot screenings for patients and residents every month. 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 EH 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. EH's vision is to be an integral partner in elevating communities' health through partnerships. EH has formed a Diabetes Prevention and Management Multidisciplinary Group made up of 18 public and private agencies that join minds to respond to the needs of the diabetic population and decrease the devastating effects that come with it.

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 Emanate Health (EH) serves. EH 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 Emanate Health 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.EH.org/documents>

E. Emanate Health Approach to CHNA

This current CHNA was completed through a collaboration between Emanate Health, City of Hope, and Huntington Hospital, Methodist Hospital and KFH Baldwin Park. For the 2019-2020 CHNA cycle, a collaborative of nonprofit hospitals located in the San Gabriel Valley of Los Angeles County, California (the SPA 3 Hospital Collaborative) committed to participate in a joint CHNA data collection process. The intent was to facilitate the development of a coordinated effort to collaboratively address priority health needs through their joint implementation strategies moving forward.

The SPA 3 Collaborative agreed to share among all participating hospitals the primary data collected through the CHNA cycle. Additionally, the hospitals identified a limited list of subpopulations they wanted to target through qualitative data collection efforts (both individual interviews and focus groups). Together, the Collaborative agreed on a core set of questions to be asked across all interviews and focus groups, and developed a list of topics of interest specific to each interview or focus group that would lead to a more detailed understanding of the specific health needs of the target group represented in the engagement.

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 and compilation 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.

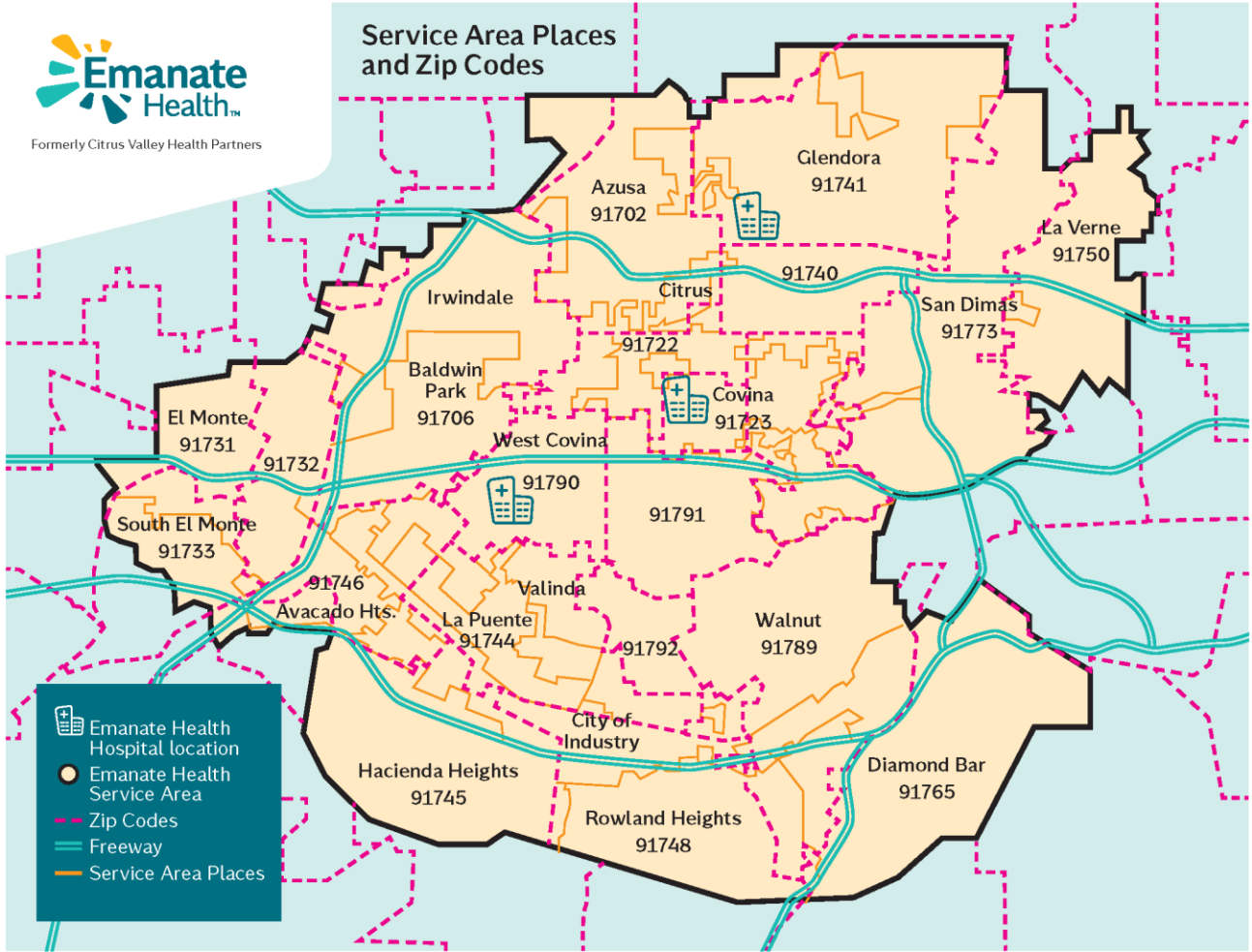
In conjunction with this report, Emanate Health will develop an implementation strategy for the priority health needs the hospital will address. These strategies will build on Emanate Health' assets and resources, as well as evidence-based strategies, wherever possible. The Implementation Strategy will 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.EH.org/documents/>.

III. SERVICE AREA

The Emanate Health (EH) 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 described in the table below by city/community, ZIP Code and Service Planning Area (SPA).

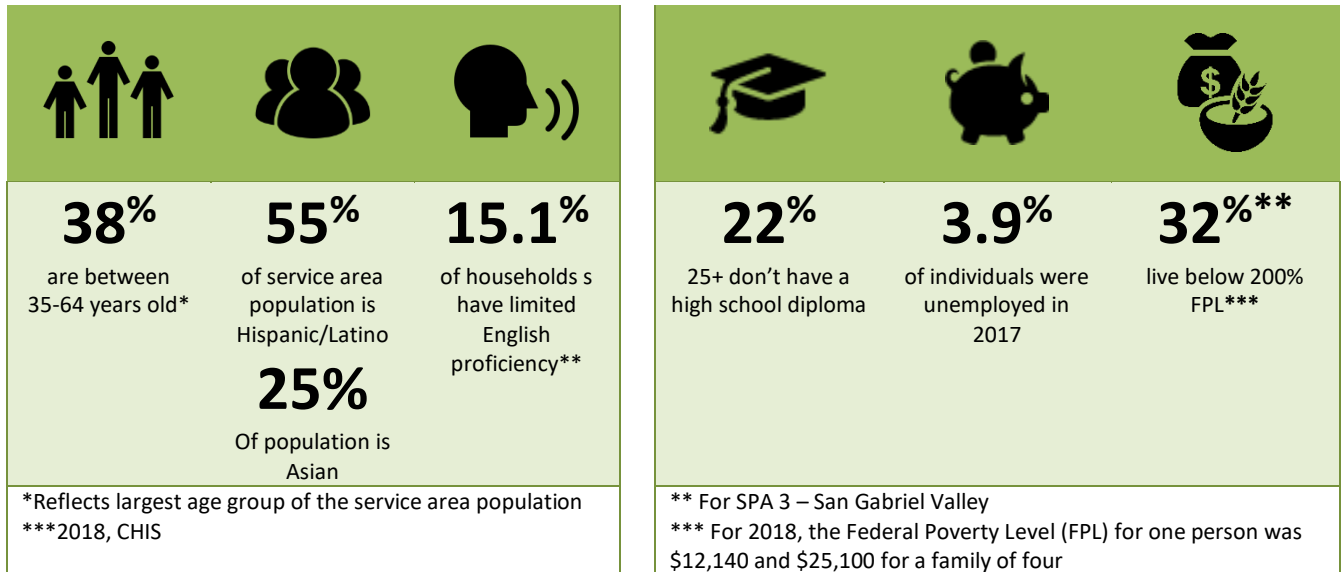
City/Community	ZIP Code	Service Planning Area (SPA)
Azusa, Irwindale	91702	SPA 3 – San Gabriel Valley
Baldwin Park, Irwindale	91706	SPA 3 – San Gabriel Valley
Covina	91722, 91723, 91724	SPA 3 – San Gabriel Valley
Diamond Bar	91765	SPA 3 – San Gabriel Valley
El Monte (including City of Industry)	91731, 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 EH service area has increased since the 2016 CHNA and is projected to continue to grow. Many of the demographic numbers remained steady since the previous report, and there have been some positive changes in areas such as poverty, which has decreased since the previous 2016 CHNA according to 2018 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 homelessness in the service area. The following graphic provides a snapshot of the EH service area population.



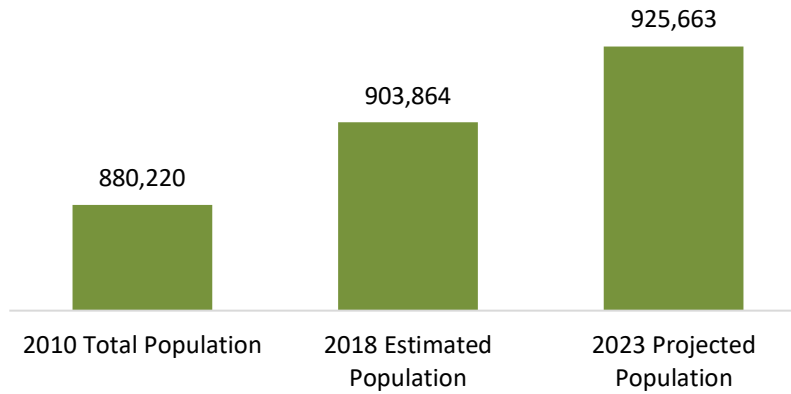
Approximately one in eight people in the SPA 3 - San Gabriel Valley² service area population lives below 200% of the Federal Poverty Level (37% overall and 41% of children 18 years and younger). There are 4,479 homeless people in SPA 3 - San Gabriel Valley, many of whom struggle with mental illness (26%) and substance abuse problems (14%) or are physically disabled (21%).

Population

The EH service area has a total population of 903,864 representing 8.8% of the total population in Los Angeles County (10,231,037) and 2.3% of the total population in California (39,557,045). The total population in the EH service area is projected to increase at a slower rate of 2.4% by 2023 than Los Angeles County (3.3%).

² The EH 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 Emanate Health service area.

EH Service Area Population Trends



Total Population, 2018

Service Area	2010 Total Population	2018 Estimated Population	2023 Projected Population	2010-2018 Percent Change	2018-2023 Percent Change
EH service area	880,220	903,864	925,663	2.6%	2.4%
Los Angeles County	9,818,605	10,231,037	10,554,830	4.3%	3.3%
California	37,253,956	39,557,045	N/A	5.8%	N/A

Source: Nielsen Claritas SiteReports, 2018, ZIP Code

Gender

Since the 2016 report, the ratio of females to males has remained steady, and nearly divided in half by females (51.0%) and males (49.0%). This is consistent with Los Angeles County (50.7% females and 49.3% males, respectively) and California (50.3% and 49.7%, respectively).

Gender, 2018

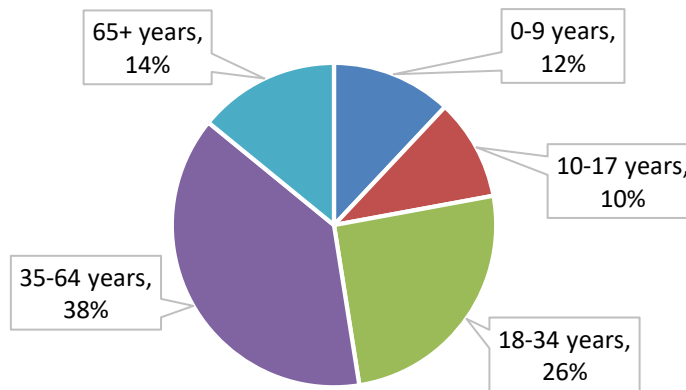
Service Area	Male		Female	
	Number	Percent	Number	Percent
EH service area	443,300	49.0%	460,554	51.0%
Los Angeles County	5,041,392	49.3%	5,189,645	50.7%
California	19,663,577	49.7%	19,893,468	50.3%

Source: Nielsen Claritas SiteReports, 2018, ZIP Code

Age

EH age distribution is consistent with that of the county and state. Youth between the ages of 0 and 17 comprise 22.2% of the population in the EH service area, adults between the age of 18 and 64 comprise 64.3%, and senior adults 65 years and older comprise 13.5% of the population. Similar percentages were noted in Los Angeles County (22.4%, 64.2%, and 13.4%, respectively) and California (22.7%, 63.0%, and 14.3%, respectively).

Age in the EH Service Area



Population by Age, 2018

Age Groups	EH Service Area		Los Angeles County		California	
	Number	Percent	Number	Percent	Number	Percent
0-4 years	54,574	6.1%	630,461	6.2%	2,441,300	6.2%
5-9 years	54,126	6.0%	629,124	6.2%	2,488,902	6.3%
10-14 years	54,603	6.0%	619,340	6.1%	2,547,973	6.4%
15-17 years	36,780	4.1%	394,888	3.9%	1,511,780	3.8%
18-20 years	37,680	4.2%	407,837	4.0%	3,917,309	10.0%
21-24 years	53,834	6.0%	566,922	5.5%		
25-34 years	137,833	15.2%	1,579,547	15.4%	6,043,799	15.3%
35-44 years	114,771	12.7%	1,423,588	13.9%	5,255,671	13.3%
45-54 years	118,163	13.1%	1,384,227	13.5%	5,071,974	12.8%
55-64 years	113,817	12.6%	1,224,884	12.0%	4,781,226	12.1%
65-74 years	70,060	7.8%	797,541	7.8%	3,285,414	8.3%
75-84 years	36,948	4.1%	395,515	3.9%	1,640,026	4.1%
85 years and older	14,675	1.6%	177,273	1.7%	743,585	1.9%
Total	903,864	100.0%	10,231,037	100.0%	39,557,045	100.0%

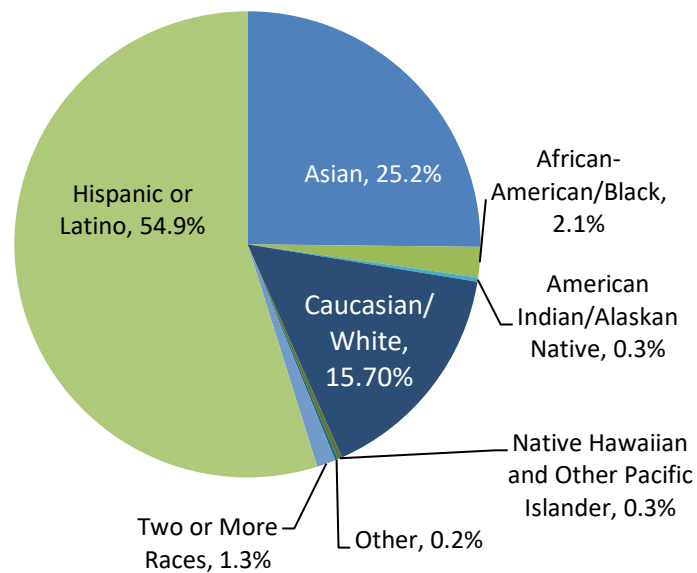
Source 1: Nielsen Claritas SiteReports, 2018, ZIP Code

Source 2: US Census, 2017, State

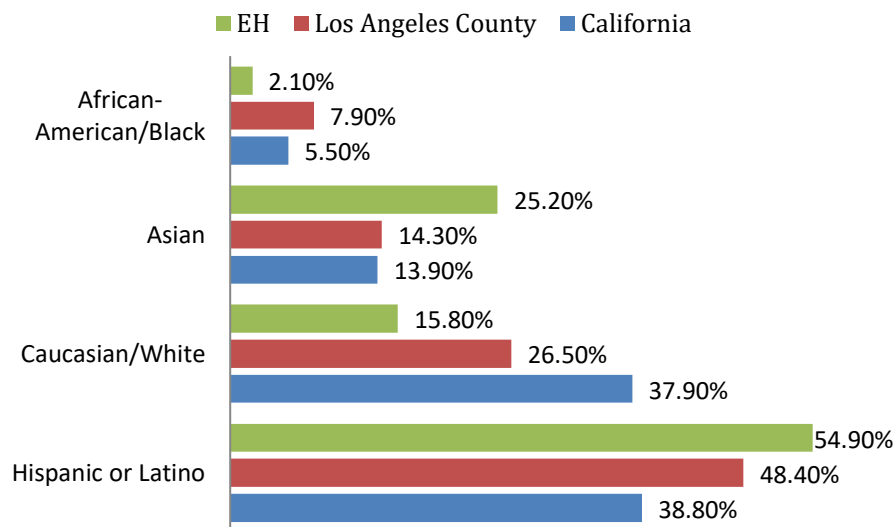
Race and Ethnicity

The EH 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 EH service area in 2018, more than half the population identified as Hispanic/Latino (54.9%), followed by Asian/Pacific Islanders (25.2%), and Caucasian/White (15.8%). Hispanics/Latinos represent 48.4% of the population in Los Angeles County and 38.8% in California. Caucasians/Whites are the second-largest ethnic group in Los Angeles County (26.5%) and California (37.9%) followed by Asians/Pacific Islanders (14.3% and 13.9%, respectively).

Race and Ethnicity in the EH Service Area



Race and Ethnicity, 2018



Source: Nielsen Claritas SiteReports, 2018, ZIP Code

Race and Ethnicity, 2018

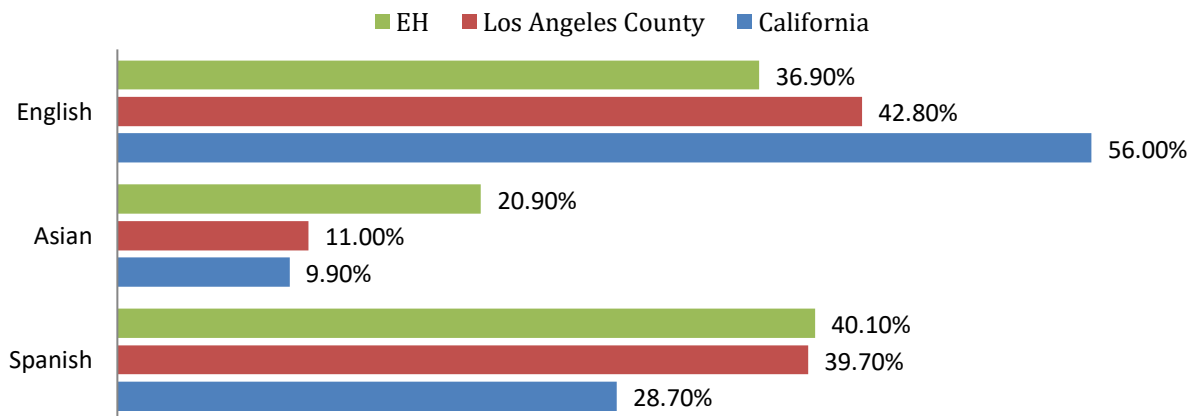
Age Groups	EH Service Area		Los Angeles County		California	
	Number	Percent	Number	Percent	Number	Percent
African-American/Black	18,951	2.1%	799,579	7.9%	2,161,459	5.5%
American Indian/Alaskan Native	2,355	0.3%	19,915	0.2%	137,813	0.4%
Asian	226,966	25.2%	1,442,577	14.3%	5,427,928	13.9%
Caucasian/White	142,331	15.8%	2,676,982	26.5%	14,777,594	37.9%
Native Hawaiian and Other Pacific Islander	2,524	0.3%	24,950	0.2%	138,283	0.4%
Other	1,488	0.2%	28,960	0.3%	93,746	0.2%
Two or More Races	11,825	1.3%	219,180	2.2%	1,140,164	2.9%
Hispanic or Latino	495,594	54.9%	4,893,579	48.4%	15,105,860	38.8%
Total	902,034	100.0%	10,105,722	100.0%	38,982,847	100.0%

Source: Nielsen Claritas SiteReports, 2018, ZIP Code

Language

As in 2016, nearly two-thirds (63.1%) of the population over the age of 5 years in the EH 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 EH service area speak primarily Spanish in the home (40.1%), closely followed by English (36.9%) and an Asian language (20.9%). However, in Los Angeles County and California, English is most often spoken in the home (42.8% and 56.0%, respectively) followed by Spanish (39.7% and 28.7%, respectively). Asian languages represent the third language most often spoken in the home for Los Angeles County and California (11.0% and 9.9%, respectively). There has been a slight increase (1.4%) in the number of Asian speaking households since 2016, and a very slight decrease of 0.9% for primarily Spanish speaking households and 0.3% for English speaking households in the EH service area.

Language Primarily Spoken in the Home (Age 5+), 2018



Source: Nielsen Claritas SiteReports, 2018, ZIP Code

Language Primarily Spoken in the Home (Age 5+), 2018

Language	EH Service Area		Los Angeles County		California*	
	Number	Percent	Number	Percent	Number	Percent
	English	313,411	36.9%	4,109,591	42.8%	20,418,288
Asian	177,295	20.9%	1,059,636	11.0%	3,595,346	9.9%
Indo-European ¹	11,953	1.4%	514,010	5.4%	1,621,559	4.4%
Spanish	340,595	40.1%	3,815,147	39.7%	10,486,447	28.7%
Other	6,036	0.7%	102,192	1.1%	367,662	1.0%
Total	849,290	100.0%	9,600,576	100.0%	36,489,302	100.0%

Source: Nielsen Claritas SiteReports, 2018, ZIP Code

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

Household Income

The Emanate Health service area’s income distribution is slightly skewed higher than the county and state, yet a significant number of households have lower income levels. More than 15 percent of households (15.8%) had household incomes between \$50,000 and \$74,999, and nearly one in ten households had incomes between \$35,000 and \$49,999 (11.5%). Nearly one in five households (20.7%) have incomes below \$34,999.

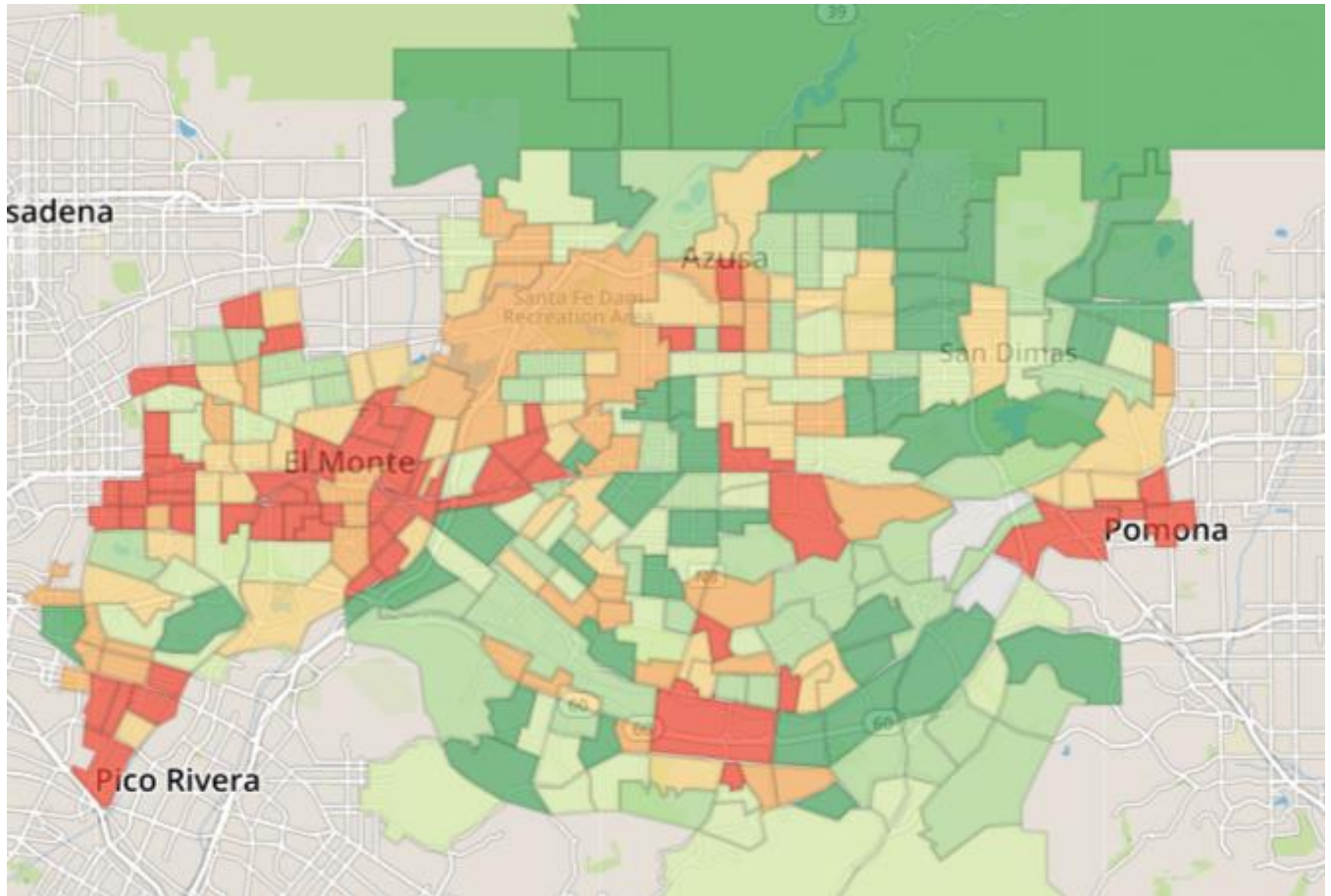
Household Income, 2018

Income Level	EH Service Area		Los Angeles County		California*	
	Number	Percent	Number	Percent	Number	Percent
\$15,000 and below	17,188	6.2%	350,981	10.4%	1,299,611	10.1%
\$15,000-\$24,999	20,153	7.2%	313,021	9.3%	1,105,197	8.6%
\$25,000-\$34,999	20,222	7.3%	290,148	8.6%	1,063,551	8.3%
\$35,000-\$49,999	31,980	11.5%	414,717	12.3%	1,465,836	11.4%
\$50,000-\$74,999	44,021	15.8%	530,614	15.7%	2,095,531	16.3%
\$75,000-\$99,999	60,110	21.6%	394,734	11.7%	1,568,843	12.2%
\$100,000-\$124,999	25,057	9.0%	301,967	8.9%	2,025,327	15.7%
\$125,000-\$149,999	19,593	7.0%	215,808	6.4%		
\$150,000-\$199,999	20,585	7.4%	234,537	6.9%	1,008,388	7.8%
\$200,000-\$249,999	9,280	3.3%	122,715	3.6%	1,255,844	9.7%
\$250,000-\$499,999	8,012	2.9%	136,691	4.0%		
\$500,000 and above	2,494	0.9%	75,448	2.2%		
Total	278,695	100.0%	3,381,381	100.0%	12,888,128	100.0%

Source: Nielsen Claritas SiteReports, 2018, ZIP Code

Cost Burdened Households

This indicator reports the percentage of households for which housing costs exceed 30% of total household income. This indicator is relevant because it offers a measure of housing affordability; affordable housing helps ensure individuals can financially meet their basic needs for health care, childcare, food, transportation and other costs.



Source: Kaiser CC Assess CHNA data platform

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 lower percentage of the SPA 3 population (13.3%) lived in households below 100% of the Federal Poverty Levels (FPL) than the Los Angeles County (17.0%) and California (15.1%) populations.

Population Living Below 100% Federal Poverty Level, 2017

Report Area	Number	Percent
SPA 3-San Gabriel Valley	239,294	13.3%
Los Angeles County	1,688,505	17.0%
California	5,773,408	15.1%

Source: US Census Bureau, American Community Survey, 2013-17, Tract

Of those households in the EH service area living at 100% below the FPL, 18.6% have children between the ages of 0 and 17 years. This is lower than the percentage reported for Los Angeles County (24.0%) and California (20.7%).

Children Living Below 100% Federal Poverty Level, 2017

Report Area	Number	Percent
EH service area	37,025	18.6%
Los Angeles County	538,720	24.0%
California	1,865,225	20.8%

Source: US Census Bureau, American Community Survey, 2013-2017, Tract

Homelessness

Of the estimated 58,936 homeless in Los Angeles County as of 2019, 7.6%—approximately 4,479 homeless people—resided within SPA 3.

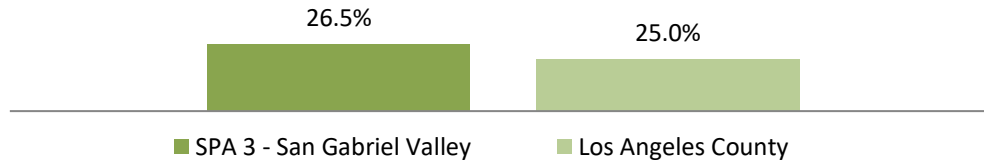
Total Homeless, 2019

Report Area	Number	Percent
SPA 3 - San Gabriel Valley	4,479	7.6%
Los Angeles County	58,936	n/a

Source: Los Angeles Homeless Services Authority, Greater Los Angeles Homeless County Report, 2019, SPA

Of the total homeless population in SPA 3, 26.5% lived in shelters (including emergency shelters and transitional housing programs), a slightly higher percentage than the county's 25.0%.

Percent of Homeless Population Currently Sheltered



Sheltered/Unsheltered Homeless, 2019

Report Area	Sheltered Homeless		Unsheltered Homeless	
	Number	Percent	Number	Percent
SPA 3 - San Gabriel Valley	1,187	26.5%	3,292	73.5%
Los Angeles County	14,722	25.0%	44,214	75.0%

Source: Los Angeles Homeless Services Authority, Greater Los Angeles Homeless County Report, 2019, SPA

Most of the homeless population in SPA 3 were individuals (n=3,869 or 86.4%). 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 either homeless family members (n=606 or 13.5%), or homeless unaccompanied minors (n=4 or 0.1%).

Homeless by Type, 2019

Report Area	Homeless Individuals		Homeless Families		Homeless Unaccompanied Minors	
	Number	Percent	Number	Percent	Number	Percent
SPA 3 - San Gabriel Valley	3,869	86.4%	606	13.5%	4	0.1%
Los Angeles County	50,071	85.0%	8,799	14.9%	66	0.1%

Source: Los Angeles Homeless Services Authority, Greater Los Angeles Homeless County Report, 2019, SPA

According to the Los Angeles Homeless Services Authority, chronic homelessness is defined as an individual or family that has been homeless for a year or more. In SPA 3, 1,211 (27.0%) individual and 47 (1.0%) families have been chronically homeless.

Chronically Homeless by Type, 2019

Report Area	Individuals		Families	
	Number	Percent	Number	Percent
SPA 3 - San Gabriel Valley	1,211	27.0%	47	1.0%
Los Angeles County	15,855	26.9%	674	1.1%

Source: Los Angeles Homeless Services Authority, Greater Los Angeles Homeless County Report, 2019, SPA

Of the 4,479 homeless in SPA 3, 259 or 5.8% are veterans.

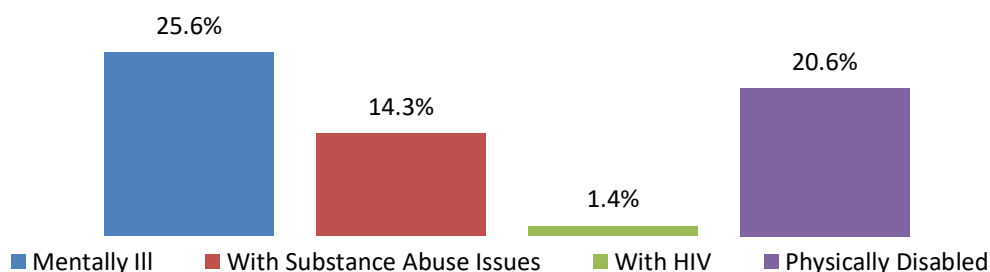
Homeless Veterans, 2019

Report Area	Number	Percent
SPA 3 - San Gabriel Valley	259	5.8%
Los Angeles County	3,879	6.6%

Source: Los Angeles Homeless Services Authority, Greater Los Angeles Homeless County Report, 2019, SPA

The chronically homeless are disproportionately impacted by chronic poor health. Of the 4,121 homeless in SPA 3 (age 18 and over), 14.3% are dealing with substance abuse issues and 25.6% are mentally ill. Another 20.6% are physically disabled and 1.4% HIV-positive.

Homeless by Special Population in SPA 3



Homeless by Special Population, 2019

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	1,055	25.6%	590	14.3%	57	1.4%	848	20.6%
Los Angeles County	13,675	27.0%	7,829	15.4%	1,309	2.6%		

Source: Los Angeles Homeless Services Authority, Greater Los Angeles Homeless County Report, 2019, 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 2017, the rate of unemployment for the county was higher (4.4%) relative to the SPA 3 (3.9%) and the state (3.9%).

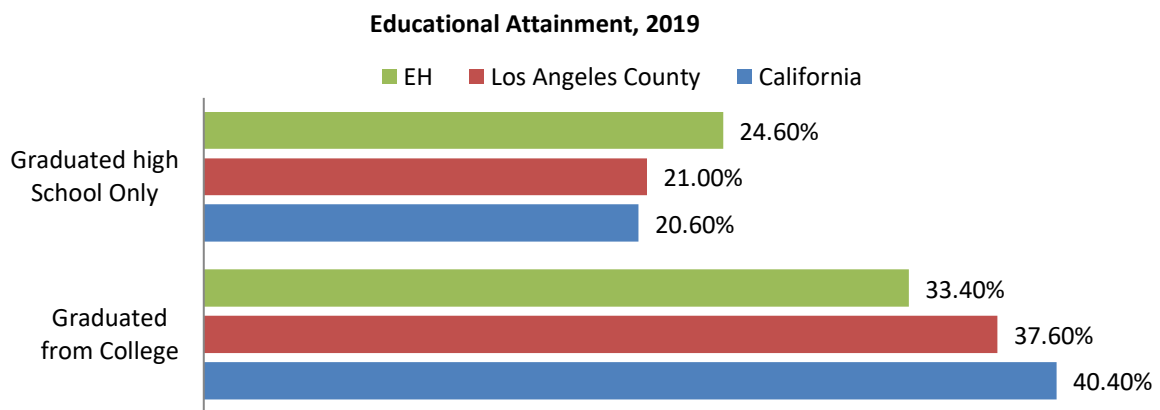
Unemployment Rate, 2014–2017

Report Area	2014	2015	2016	2017
SPA 3 - San Gabriel Valley ¹	3.9%*	5.8%*	4.9%*	3.9%
Los Angeles County ¹	8.1%	5.6%	5.9%	4.4%
California ¹	7.0%	4.4%	5.3%	3.9%

Source: California Health Interview Survey, 2014-2017, SPA *Statistically Unstable

Educational Attainment

Overall, a smaller proportion of service area residents 25 and older have graduated college (33.4%) than residents of Los Angeles County (37.6%) and California (40.3%). Close to a quarter (22.2%) of the population in the EH service area and Los Angeles County (22.2%) did not complete high school (including completing less than the ninth grade), which is a slightly higher proportion than that of California (17.5%).



Source: Nielsen Claritas SiteReports, 2019, ZIP Code

Educational Attainment (Age 25+), 2019

Educational Level	EH Service Area		Los Angeles County		California*	
	Number	Percent	Number	Percent	Number	Percent
Less than 9 th grade	79,263	12.9%	911,504	13.1%	2,510,370	9.7%
Some high school	57,141	9.3%	638,575	9.1%	2,033,160	7.8%
High school graduate	150,663	24.6%	1,467,829	21.0%	5,345,542	20.6%
Some college	120,218	19.6%	1,346,742	19.3%	5,586,071	21.6%
Associate's degree	48,282	7.9%	478,547	6.9%	2,021,944	7.8%
Bachelor's degree	110,342	18.0%	1,400,198	20.1%	5,291,984	20.4%
Master's degree	34,171	5.6%	493,521	7.1%	3,161,747	12.2%
Professional school degree	7,507	1.2%	156,223	2.2%		
Doctorate degree	4,681	0.7%	89,326	1.3%		
Total	612,268	100.0%	6,982,465	100.0%	25,950,818	100.0%

Source: Nielsen Claritas SiteReports, 2019, 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 significantly lower percentage (21.7%) of the population reported having a physical,

mental or emotional-associated disability when compared to Los Angeles County (30.7%) and California (29.7%).

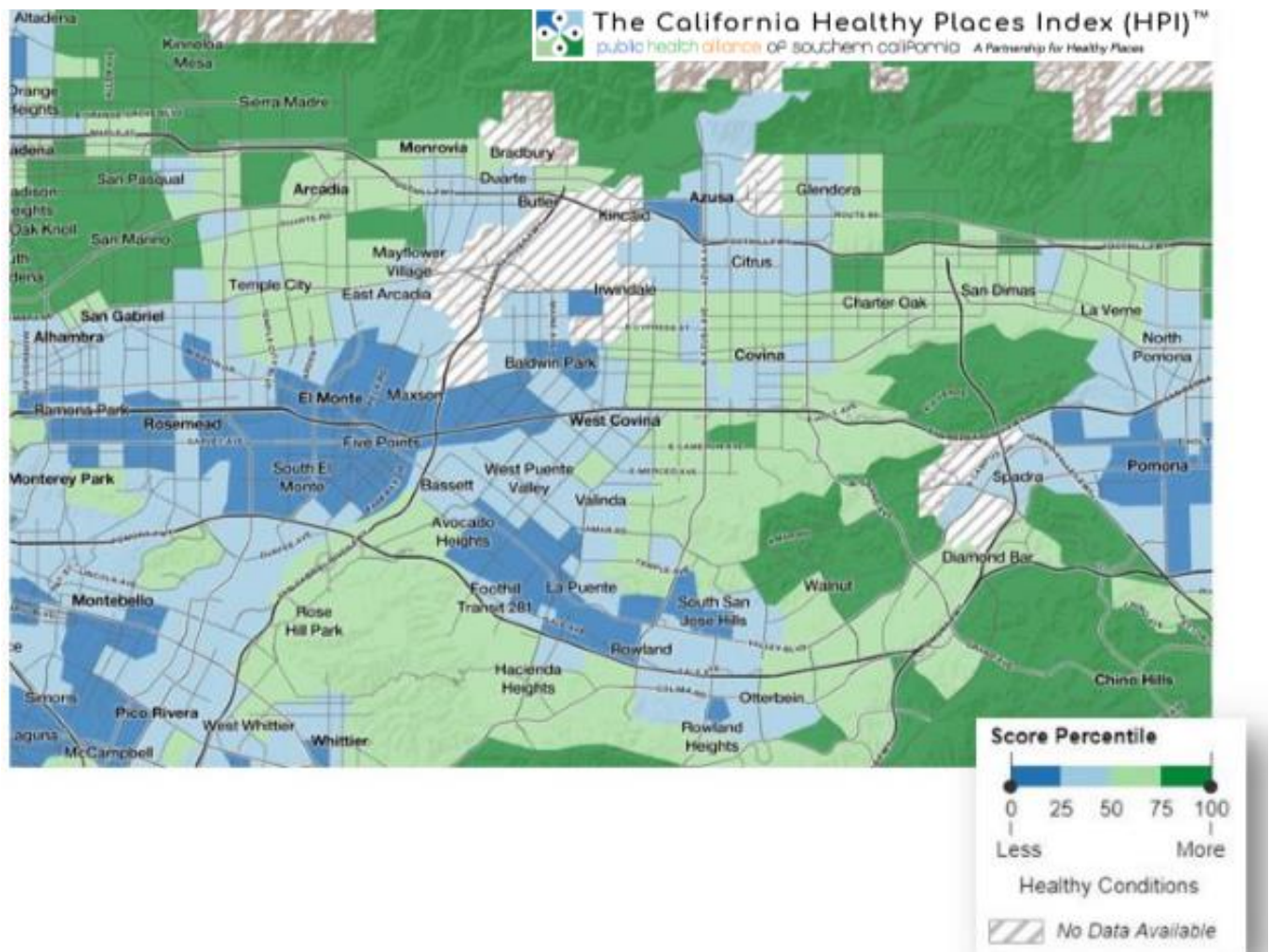
Population with Disability, 2016

Report Area	Number	Percent
SPA 3 - San Gabriel Valley	300,000	21.7%
Los Angeles County	2,367,000	30.7%
California	8,735,000	29.7%

Source: California Health Interview Survey, 2016, SPA

High Need Communities

The California Healthy Places Index, developed by the Public Health Alliance of Southern California was used to identify “high need” areas, indicated by the darker blue shading. The scores are based on a composite of 25 indicators weighted to maximize a score associated with life expectancy at birth.



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 publicly 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, Emanate Health 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 review of relevant research and literature was also conducted as a way to collect contextual information for the health outcomes and drivers and provide EH 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 EH 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.

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.

VI. PRIORITIZATION OF COMMUNITY HEALTH NEEDS

Summary

Emanate Health prioritization selection will take place following the completion of this report.

VII. KEY FINDINGS

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

A. Health Outcomes

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:

Identified Community Health Needs in Alphabetical Order

- Alcohol abuse, substance abuse, and tobacco use
- Cancer
- Cardiovascular/heart disease
- Diabetes
- Hypertension
- Mental health
- Oral health
- Overweight and obesity
- 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 (52.7%) the population in SPA 3 reported consuming an alcoholic beverage in the past month, which was slightly lower than Los Angeles County (53.8%). In SPA 3, 16.0% of the population reported binge drinking (five or more drinks for men and four or more drinks for women, in two hours), which was significantly higher than Los Angeles County (15.5%). In addition, while the binge drinking rate remained steady within SPA 3 since the 2015 survey, it increased by a + 2.4% margin in Los Angeles County (a rate of change of 15.5%).

Alcohol Use, 2018

Report Area	Alcohol use in past month	Binge drinking in past month
SPA 3 - San Gabriel Valley	52.7%	16.0%
Los Angeles County	53.8%	17.9%

Source: Los Angeles County Health Survey, 2018, 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].

Less than a fifth (17.0%) of the population in SPA 3 reported needing help for emotional/mental or alcohol/drug problem in past 12 months, which was slightly lower than Los Angeles County (21.1%).

Community	Percent	Number of People
SPA 3: San Gabriel Valley	17.0%	232,000
Los Angeles County	21.1%	1,645,000
California	21.2%	6,288,000

Percent of Adults who needed help for emotional/mental or alcohol/drug problem in past 12 months

Source: California Health Interview Survey, 2018

Substance Abuse

Stakeholders indicated that substance abuse is an important issue in the EH 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

Tobacco Use

In the EH service area, 9.1% of the population reported smoking which is slightly higher than Los Angeles County (9.0%), but lower than California (10.2%). The service area zip codes with the highest adult smoking rates are all in Covina: 91722 (12.7%), 91723 (13.0%) and 91724 (12.4%). Additionally, 6.1% of teens in the service area have smoked electronic cigarettes in the past, a smaller percentage than in Los Angeles County (8.8%) and California (9.1%).

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

Tobacco Use, 2017

Report Area	Currently Smoke	Teens who have ever smoked electronic cigarettes
EH service area	9.1%	6.1%*
Los Angeles County	9.0%	8.8%
California	10.2%	9.1%

Source: California Health Interview Survey, 2017, SPA *statistically unstable, utilized data from 2015-2017

	Community	ZIP Code	%	
Adults (18+) who	Azusa, Irwindale	91702	11.20%	currently smoke
	Baldwin Park, Irwindale	91706	9.60%	
	Covina	91722	12.70%	
	Covina	91723	13.00%	
	Covina	91724	12.40%	
	Diamond Bar	91765	10.10%	
	El Monte (including City of Industry)	91731	10.30%	
	El Monte (including City of Industry)	91732	10.00%	
	Glendora	91740	12.50%	
	Glendora	91741	10.80%	
	Hacienda Heights (including City of Industry, La Puente)	91745	9.20%	
	La Puente (including Bassett, City of Industry and Valinda)	91744	9.40%	
	La Puente (including Bassett, City of Industry and Valinda)	91746	9.00%	
	La Verne	91750	11.00%	
	Rowland Heights (including City of Industry, La Puente)	91748	11.90%	
	San Dimas	91773	11.10%	
	South El Monte	91733	11.00%	
	Walnut (including City of Industry)	91789	9.30%	
	West Covina	91790	11.80%	
	West Covina	91791	11.40%	
West Covina	91792	12.00%		

Source: California Health Interview Survey, 2014

Cancer

Cancer is the second leading cause of death in the United States, claiming the lives of more than half a million Americans every year⁴. Research has shown that early detection through regular cancer

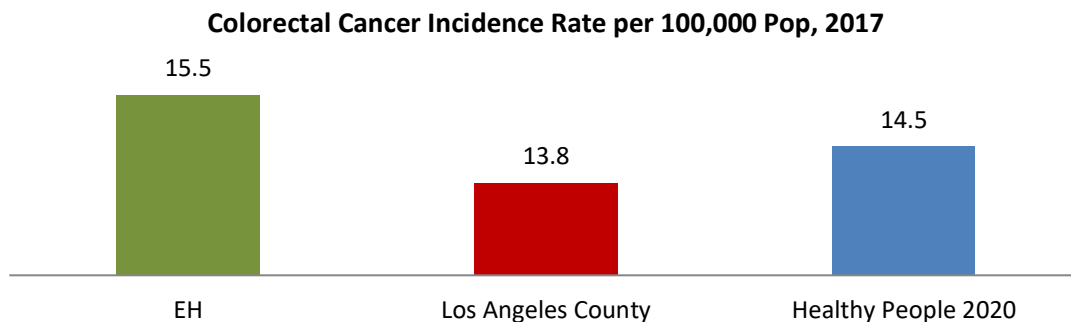
⁴ Centers for Disease Control and Prevention. (2015). *Using Science to Reduce the Burden of Cancer*. Atlanta, GA. Available at

screenings can help reduce the number of new cancer cases and, ultimately, deaths.⁵ 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.⁶ The EH priorities systems reflect the two drivers of preventive health care (e.g., cancer screenings) and healthy behaviors (e.g., tobacco use).

Incidence

In the EH service area, the incidence rate of colorectal cancer per 100,000 population was higher (15.5) than Los Angeles County (13.8) and the Healthy People 2020 goal of <=14.5.

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



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 EH 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).⁷

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 year⁸. 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

<http://www.cdc.gov/Features/CancerResearch/>. Accessed December 1, 2015.

⁵ Centers for Disease Control and Prevention. (2015). *Cancer Prevention*. Atlanta, GA. Available at <http://www.cdc.gov/cancer/dcpc/prevention/index.htm>. Accessed December 1, 2015.

⁶ 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.

⁷ Source: California Department of Public Health (CDPH), 2012, ZIP Code

⁸ 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].

and walkable communities, and access to affordable, quality health care.⁹

Prevalence

In SPA 3, 7.1% of the population was diagnosed with heart disease, which is higher when compared to Los Angeles County (6.6%) and California (6.6%).

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, 2017

Report Area	Percent
SPA 3 - San Gabriel Valley	7.1%
Los Angeles County	6.6%
California	6.6%

Source: California Health Interview Survey, 2017, 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 EH service area, the heart disease hospitalization rate per 10,000 population was much lower (27.8) than Los Angeles County’s (32.6). Hospitalization rates were even higher within the communities of South El Monte (44.9), La Puente Zip Code 91744 (including Bassett, City of Industry and Valinda) (35.9), and Baldwin Park, Irwindale (34.5).

ER Rate – Heart Failure

In the EH service area, the ER rate due to heart failure per 10,000 population was lower (7.9) than Los Angeles County’s rate (8.6). ER rates were the highest within the communities of La Puente (including Bassett, City of Industry and Valinda) Zip Codes 91744 and 91746 (12.0; 12.1), Azusa, Irwindale (10.2), and San Dimas (10.0).

Heart Disease Hospitalization Rate per 100,000 Population, ER Rate due to Heart Failure per 10,000 Population, 2015-2017

Community	ZIP Code	Age-Adjusted ER Rate due to Heart Failure	Age-Adjusted Hospitalization Rate due to Heart Failure
Azusa, Irwindale	91702	10.2	30.1
Baldwin Park, Irwindale	91706	9.3	34.5
Covina	91722	9.6	29.3
Covina	91723	8.5	33.4
Covina	91724	6.8	24.8
Diamond Bar	91765	5.5	18.6
El Monte (including City of Industry)	91731	5.9	31.7
El Monte (including City of Industry)	91732	8.4	32.2
Glendora	91740	7.6	30.3

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 [January 26, 2015].

Glendora	91741	5.6	20.7
Hacienda Heights (including City of Industry, La Puente)	91745	6.1	26.1
La Puente (including Bassett, City of Industry and Valinda)	91744	12.0	35.9
La Puente (including Bassett, City of Industry and Valinda)	91746	12.1	28.4
La Verne	91750	8.0	21.6
Rowland Heights (including City of Industry, La Puente)	91748	5.4	20.7
San Dimas	91773	10.0	22.9
South El Monte	91733	7.0	44.9
Walnut (including City of Industry)	91789	4.8	14.4
West Covina	91790	9.6	29.6
West Covina	91791	6.9	27.5
West Covina	91792	7.0	26.1
EH service area		7.9	27.8
Los Angeles County		8.6	32.6
California			

Source: Office of Statewide Health and Planning and Development (OSHPD), 2015-2017, ZIP Code

Source: Office of Statewide Health and Planning and Development (OSHPD), 2013-2014, 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.¹⁰ 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 for 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.¹¹

Prevalence

In the EH service area, a smaller percentage (9.3%) of the population self-reported being diagnosed with

¹⁰ 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].

¹¹ 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].

diabetes when compared to Los Angeles County (12.1%) and California (10.7%). However, this number has decreased greatly for the EH service area since 2009 when it was at 19.2% (decrease of 9.9%), while Los Angeles County has seen a slight increase (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, 2017

Report Area	Percent	Number
SPA 3: San Gabriel Valley	9.3%	127,000
Los Angeles County	12.1%	942,000
California	10.7%	3,145,000

Source: California Health Interview Survey, 2017, 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 EH service area, the hospitalization rate per 10,000 adults was higher (17.9) than in Los Angeles County (17.7). Furthermore, hospitalizations in the EH service area have seen a decrease of 1 per 10,000 adults since the 2016 report (18.7 per 10,000 adults). In addition, certain communities experienced much higher rates including La Puente (including Bassett, City of Industry and Valinda) Zip Code 91744 (31.4), El Monte (including City of Industry) Zip Codes 91731 and 91732 (29.9; 28.9), and South El Monte (29.2).

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 ER and Hospitalization Rate per 100,000 Population, 2015-2017

Community	ZIP Code	Age-Adjusted ER Rate due to Diabetes	Age-Adjusted Hospitalization Rate due to Diabetes	Adults	Youth
Azusa, Irwindale	91702	35.0	20.3	156.4	39.7
Baldwin Park, Irwindale	91706	36.5	22.1	240.1	14.2
Covina	91722	26.0	16.9	188.6	41.3
Covina	91723	39.5	23.9		
Covina	91724	22.1	12.0		
Diamond Bar	91765	9.0	7.1	88.4	16.5
El Monte (including City of Industry)	91731	30.6	29.9	183.9	21.6
El Monte (including City of Industry)	91732	38.3	28.9		
Glendora	91740	24.1	24.1	177.4	25.2

Glendora	91741	14.6	11.5		
Hacienda Heights (including City of Industry, La Puente)	91745	16.1	14.7	154.0	25.6
La Puente (including Bassett, City of Industry and Valinda)	91744	46.8	31.4	222.9	13.8
La Puente (including Bassett, City of Industry and Valinda)	91746	31.2	22.0		
La Verne	91750	19.6	10.0	124.8	27.8
Rowland Heights (including City of Industry, La Puente)	91748	14.1	10.4	108.4	30.8
San Dimas	91773	19.3	10.4	163.1	27.9
South El Monte	91733	38.6	29.2	248.0	24.4
Walnut (including City of Industry)	91789	10.2	6.3	103.4	19.2
Walnut (including City of Industry)	91790	24.7	21.8	460.5	19.1
Walnut (including City of Industry)	91791	17.0	14.3		
West Covina	91792	17.6	9.6		
EH service area		25.3	17.9	187.1	24.8
Los Angeles County		26.2	17.7	171.7	27.7
California				142.6	31.2

Source: Office of Statewide Health and Planning and Development (OSHPD), 2015-2017, ZIP Code

In the EH service area, slightly more people (3.7 per 10,000 population) have been hospitalized with uncontrolled diabetes when compared to Los Angeles County (3.4). Much higher rates were reported in South El Monte (7.1) and El Monte Zip Codes 91731 and 91732 (5.9; 6.6). There has also been a large increase in this rate for the service area since the 2016 report (from 1.3 per 10,000).

Uncontrolled Diabetes Hospitalization Rate per 10,000 Population, 2012-2017

Community	ZIP Code	Age-Adjusted Hospitalization Rate due to Uncontrolled Diabetes
Azusa, Irwindale	91702	3.8
Baldwin Park, Irwindale	91706	3.6
Covina	91722	2.9
Covina	91723	4.9
Covina	91724	2.5
Diamond Bar	91765	1.0
El Monte (including City of Industry)	91731	5.9
El Monte (including City of Industry)	91732	6.6
Glendora	91740	4.3
Glendora	91741	2.2
Hacienda Heights (including City of Industry, La Puente)	91745	2.7
La Puente (including Bassett, City of Industry and Valinda)	91744	5.5
La Puente (including Bassett, City of Industry and Valinda)	91746	5.2
La Verne	91750	-
Rowland Heights (including City of Industry, La Puente)	91748	-
San Dimas	91773	2.1
South El Monte	91733	7.1
Walnut (including City of Industry)	91789	1.4
West Covina	91790	3.8
West Covina	91791	2.3
West Covina	91792	2.0
EH service area		3.7
Los Angeles County		3.4
California		-

Source: Office of Statewide Health and Planning and Development (OSHPD), 2015-2017, 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.¹² 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.¹³ 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.¹⁴

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.¹⁵ 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 (30.2%) of the population were diagnosed with hypertension, which is slightly down from 29.8% reported in the 2016 CHNA. Despite showing a decrease, that percentage is still higher than Los Angeles County (30.0%), which shows an increase over the previous report (from 27.3%). It is also higher than California (29.0%) and the Healthy People 2020 goal of $\leq 26.9\%$. Stakeholders added that hypertension has become common among young adults between 20 and 30 years old.

Diagnosed with Hypertension, 2017

Report Area	Percent
SPA 3 - San Gabriel Valley	30.2%
Los Angeles County	30.0%
California	29.0%
Healthy People 2020	$\leq 26.9\%$

Source: California Health Interview Survey, 2017, 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.¹⁶

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

¹² 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].

¹³ 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].

¹⁴ 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].

¹⁵ 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].

¹⁶ 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].

death among people between the ages of 25 to 34.¹⁷ 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).¹⁸

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.¹⁹ 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.²⁰

Prevalence

The rate of teens likely to have serious psychological distress in San Gabriel Valley and Los Angeles County is more than twice than the respective adult rate. However, the differences by age group are nominal (less than 5%).

Likely Has Serious Psychological Distress, 2018

Report Area	Teens ¹	Adults ²
SPA 3 - San Gabriel Valley	22.8%	10.8%
Los Angeles County	23.1%	11.3%
California	21.0%	

Source: California Health Interview Survey, 2018

While the majority of the adult population feels they receive adequate social and emotion support as needed, more than a third do not in either San Gabriel Valley or Los Angeles County. Interestingly, fewer adults feel depressed within the San Gabriel Valley (8.7%) compared to their counterparts in the entire county (11.5%), though the risk of major depression is relatively similar with more than one in 10 adults reported as at-risk.

Mental Health Risk

Report Area	Always or Usually Receiving the Social and Emotional Support They Need	Current depression	At risk of major depression
SPA 3 - San Gabriel Valley	62.7%	8.7%	12.3%
Los Angeles County	64.4%	11.5%	13.0%

Source: Los Angeles County Health Survey, 2018

¹⁷ 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].

¹⁸ 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].

¹⁹ 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].

²⁰ 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].

ER and Hospitalization Rate Due to Alcohol Abuse per 100,000 Population, 2015-2017

Community	ZIP Code	Age-Adjusted ER Rate due to Alcohol Abuse	Age-Adjusted Hospitalization Rate due to Alcohol Abuse
Azusa, Irwindale	91702	28.9	11.8
Baldwin Park, Irwindale	91706	28.3	11.4
Covina	91722, 91723, 91724	28.0	13.6
Diamond Bar	91765	13.0	5.5
El Monte (including City of Industry)	91731, 91732	32.5	13.3
Glendora	91740, 91741	24.0	15.1
Hacienda Heights (including City of Industry, La Puente)	91745	15.5	5.8
La Puente (including Bassett, City of Industry and Valinda)	91744, 91746	24.6	10.9
La Verne	91750	18.3	11.1
Rowland Heights (including City of Industry, La Puente)	91748	13.0	3.7
San Dimas	91773	26.5	13.4
South El Monte	91733	22.5	11.6
Walnut (including City of Industry)	91789	11.0	3.3
West Covina	91790, 91791, 91792	16.7	7.6

Source: Office of Statewide Health and Planning and Development (OSHPD), 2015-2017

Suicide

Suicide is closely linked with depression and other mental health needs. In SPA 3, 9.6% of adults reported having thoughts of suicide at one point in their life, which was the same percentage as in Los Angeles County (9.6%), but a lower percentage than California (11.6%).

Ever thought about committing suicide, 2018

Report Area	Percent
SPA 3 - San Gabriel Valley	8.9%
Los Angeles County	11.3%

Source: California Health interview Survey, 2017, SPA

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.²¹ 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.²²

Access to Dental Care Services

Having access to dental insurance and affordable dental care services is essential to good oral health. Even if people have Medi-Cal health insurance, the dentists charge them more than what Medi-Cal pays. In the SPA 3, 94.1% of youth have dental insurance, which is significantly greater than rates in Los Angeles County (86.1%) and California (87.6%). 64.2% of adults in SPA 3 have dental insurance, which is roughly equivalent to rates in Los Angeles and California.

Report Area	Youth	Adults
SPA 3 - San Gabriel Valley	94.1%	64.2%
Los Angeles County	86.1%	61.1%
California	87.6%	65.1%

Source: California Health interview Survey, 2017, SPA

Dental Emergencies

Emergency room visits due to dental problems “include a primary diagnosis of teeth or jaw disorders, jaw pain, diseases of oral soft tissues (excluding gum and tongue lesions), fitting and adjustment of dental prosthetic or orthodontic devices, orthodontics aftercare, and dental examination.”²³ Los Angeles County has approximately 22.4 age-adjusted emergency room visit rate due to dental problems per 10,000 population. Several zip codes in the Emanate Health service area exceed this number including zip codes in Covina (91723: 28.9), Glendora (91740: 26.7), and El Monte (91732: 25.8).

²¹ 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].

²² 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].

²³ Office of Statewide Health Planning and Development, 2013-2015

Average annual age-adjusted emergency room visit rate due to dental problems per 10,000 population.

Community	ZIP Code	Age-Adjusted ER Rate due to Dental Problems
Azusa, Irwindale	91702	24.8 (22.5, 27.1)
Baldwin Park, Irwindale	91706	20.8 (18.9, 22.7)
Covina	91722	22.7 (19.8, 25.6)
Covina	91723	28.9 (24.4, 33.4)
Covina	91724	22.5 (19.0, 26.0)
Diamond Bar	91765	8.0 (6.4, 9.6)
El Monte (including City of Industry)	91731	25.8 (22.5, 29.1)
El Monte (including City of Industry)	91732	24.8 (22.5, 27.1)
Glendora	91740	26.7 (22.9, 30.5)
Glendora	91741	11.6 (9.0, 14.2)
Hacienda Heights (including City of Industry, La Puente)	91745	12.2 (10.4, 14.4)
La Puente (including Bassett, City of Industry and Valinda)	91744	23.5 (21.6, 25.4)
La Puente (including Bassett, City of Industry and Valinda)	91746	21.0 (18.0, 24.0)
La Verne	91750	16.3 (13.6, 19.0)
Rowland Heights (including City of Industry, La Puente)	91748	9.1 (7.4, 10.8)
San Dimas	91773	19.4 (16.4, 22.4)
South El Monte	91733	20.4 (18.0, 22.8)
Walnut (including City of Industry)	91789	8.3 (6.6, 10.0)
West Covina	91790	19.8 (17.4, 22.2)
West Covina	91791	18.2 (15.4, 21.0)
West Covina	91792	12.6 (10.3, 14.9)
EH Service area		-
Los Angeles County		22.4
California		-

Source: Office

of Statewide Health Planning and Development, 2013-2015

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.²⁴ Being overweight or obese results from a

²⁴ National Cancer Institute. (2012). *Obesity and Cancer Risk*. Bethesda, MD. Available at <http://www.cancer.gov/cancertopics/factsheet/Risk/obesity>. Accessed [November 30, 2015].

combination of causes and contributing factors, including behavior and genetics.²⁵ 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.²⁶

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.²⁷ 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.²⁸

Prevalence

In SPA 3, a greater percentage of CHIS respondents indicated being overweight than in the county or the state; however, respondents in SPA had a lower percentage of obesity than the county. Over a third (34.3%) of adults were overweight, with a body mass index (BMI) between 25.00 and 29.99. This percentage is slightly higher than California (33.9%) and Los Angeles County (32.9%). Almost a quarter (22.0%) of adults were obese, with a BMI of 30 or higher—lower than percentages reported for Los Angeles County (28.2%), California (26.4%), and the Healthy People 2020 goal of <=30.5%.

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

Overweight and Obese Adults, 2017

Report Area	Overweight (25.0-29.99 BMI)	Obese (30 or higher BMI)
SPA 3 - San Gabriel Valley	34.3%	22.0%
Los Angeles County	32.9%	28.2%
California	33.9%	26.4%
Healthy People 2020		<=30.5%

Source: California Health Interview Survey, 2017, SPA

The percentage of youth (12.5%) in SPA 3 considered overweight was less than in Los Angeles County (15.6%) and California (15.5%).

Overweight Youth, 2016-2017

Report Area	Percent
SPA 3 - San Gabriel Valley	12.5%
Los Angeles County	15.6%
California	15.5%

Source: California Health Interview Survey, 2016-2017, SPA

²⁵ 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].

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

Being overweight or obese seems to be common across the service area regardless of age. A smaller percentage (12.3%) of teens between the ages of 14 and 17 were overweight when compared to Los Angeles County (12.5%) and California (15.1%). However, close to a quarter (22.5%) were obese—a higher percentage than Los Angeles County (14.0%) and California (14.6%).

Overweight and Obese Teens, 2017

Report Area	Overweight	Obese
SPA 3 – San Gabriel Valley	12.3%	22.5%*
Los Angeles County	12.5%	14.0%
California	15.1%	14.6%

Source: California Health Interview Survey, 2017, SPA *statistically unstable, data pooled 2015-2017

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.²⁹

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 2009.³⁰

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.³¹

Asthma

In SPA 3, 14.2% of the population was diagnosed with asthma, a slightly lower percentage than in Los Angeles County (15.1%) and in California’s (15.4%). The service area and the county saw similar slight increases from 11.1% in the previous report.

²⁹ 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].

³⁰ 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].

³¹ Centers for Disease Control and Prevention (CDC). (2015). Atlanta, GA. Available at [http://www.cdc.gov/pneumonia]. Accessed [December 1, 2015].

Asthma Diagnosis, 2017

Report Area	Number	Percent
SPA 3 - San Gabriel Valley	255,000	14.2%
Los Angeles County	1,503,000	15.1%
California	5,884,000	15.4%

Source: California Health Interview Survey, 2017, SPA

In SPA 3, 15.7% of children and teen were diagnosed with asthma, a slightly higher percentage than in Los Angeles County (15.6%) and in California’s (15.4%).

Percent of Children & Teens (1-17) Were Ever Diagnosed Asthma

Community	Percent	Number of People
SPA 3: San Gabriel Valley	15.7%	60,000
Los Angeles County	15.6%	326,000
California	14.8%	1,276,000

**who
with**

Source: California Health Interview Survey, 2018

Chronic obstructive pulmonary disease (COPD)

Los Angeles County has approximately 2.9 age-adjusted emergency room visit rate due to chronic obstructive pulmonary disease (COPD) per 10,000 population aged 18 years and older. Many zip codes in the Emanate Health service area exceed this number including zip codes in El Monte (91731: 12.2), La Verne (91750: 11.3), and Covina (91722: 10.9).

Average annual age-adjusted emergency room visit rate due to chronic obstructive pulmonary disease (COPD) per 10,000 population aged 18 years and older

Community	ZIP Code	Age-adjusted emergency room visit rate due to COPD
Azusa, Irwindale	91702	9.3 (7.4, 11.2)
Baldwin Park, Irwindale	91706	10.8 (9.0, 12.6)
Covina	91722	10.9 (8.4, 13.4)
Covina	91723	9.1 (6.2, 12.0)
Covina	91724	8.3 (6.0, 10.6)
Diamond Bar	91765	3.6 (2.5, 4.7)
El Monte (including City of Industry)	91731	12.2 (9.5, 14.9)
El Monte (including City of Industry)	91732	7.5 (5.9, 9.1)
Glendora	91740	7.2 (5.1, 9.3)
Glendora	91741	6.3 (4.4, 8.2)
Hacienda Heights (including City of Industry, La Puente)	91745	4.7 (3.6, 5.8)
La Puente (including Bassett, City of Industry and Valinda)	91744	6.6 (5.3, 7.9)
La Puente (including Bassett, City of Industry and Valinda)	91746	7.4 (5.2, 9.6)
La Verne	91750	11.3 (9.2, 13.4)
Rowland Heights (including City of Industry, La Puente)	91748	6.5 (5.0, 8.0)
San Dimas	91773	10.5 (8.4, 12.6)
South El Monte	91733	10.5 (8.1, 12.9)
Walnut (including City of Industry)	91789	4.1 (2.9, 5.3)
West Covina	91790	7.4 (5.7, 9.1)
West Covina	91791	5.4 (3.8, 7.0)
West Covina	91792	6.8 (4.7, 8.9)
EH Service area		-
Los Angeles County		2.9
California		-

Source: California Department of Public Health, 2013-2015

Pneumonia

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.

Percent children aged 6m-11y who received flu vaccine in past 12 months

Community	Percent	Number of People
SPA 3: San Gabriel Valley	87.7%	227,000
Los Angeles County	57.0%	847,000
California	52.3%	3,013,000

Source: California Health Interview Survey, 2016

Influenza and Pneumonia Hospitalization Rate per 10,000 Population, 2017

Community	ZIP Code	Hospitalization Rate Due to Immunization-Preventable Pneumonia and Influenza Age 65+
Azusa, Irwindale	91702	1.4
Baldwin Park, Irwindale	91706	2.1
Covina	91722	1.2
Covina	91723	-
Covina	91724	-
Diamond Bar	91765	1.4
El Monte (including City of Industry)	91731	1.5
El Monte (including City of Industry)	91732	2.7
Glendora	91740	-
Glendora	91741	-
Hacienda Heights (including City of Industry, La Puente)	91745	1.6
La Puente (including Bassett, City of Industry and Valinda)	91744	1.56
La Puente (including Bassett, City of Industry and Valinda)	91746	-
La Verne	91750	-
Rowland Heights (including City of Industry, La Puente)	91748	1.2
San Dimas	91773	1.8
South El Monte	91733	2.3
Walnut (including City of Industry)	91789	-
West Covina	91790	1.8
West Covina	91791	-
West Covina	91792	2.5
EH service area		1.8
Los Angeles County		1.9
California		

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

B. Social Determinants of Health

The following section provides a detailed description and overview of the health drivers (social determinants of health) 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.

Access to care

- Access to health care
- Preventative health care
- Specialty care

Health behaviors/Promoting a healthy lifestyle

-
- Preventative/Healthy behaviors
- Exercise, nutrition, and weight management

Physical Environment

- Access to healthy foods
- Transportation

Socioeconomic factors

- Cultural & linguistic barriers
- Economic security
- Homelessness and housing

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.³²

Health Care Coverage

In the EH service area, a slightly smaller percentage (12.3%) of the population does not have health coverage when compared to Los Angeles County (13.3%) though lack of health coverage is slightly higher when compared to California (10.5%).³³

Report Area	Percent
EH service area	12.3%
Los Angeles County	13.3%
California	10.5%

Source: US Census Bureau, American Community Survey, 2013-17, Tract

³² 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].

³³ See Map 1 in Appendix D for rates of children under 18 underinsured.

Percentage of Adults (18-64) Currently Uninsured

Community	ZIP Code	%
Azusa, Irwindale	91702	25.20%
Baldwin Park, Irwindale	91706	27.30%
Covina	91722	22.40%
Covina	91723	21.90%
Covina	91724	19.40%
Diamond Bar	91765	15.40%
El Monte (including City of Industry)	91731	25.60%
El Monte (including City of Industry)	91732	26.10%
Glendora	91740	17.50%
Glendora	91741	12.80%
Hacienda Heights (including City of Industry, La Puente)	91745	19.10%
La Puente (including Bassett, City of Industry and Valinda)	91744	26.80%
La Puente (including Bassett, City of Industry and Valinda)	91746	27.30%
La Verne	91750	14.60%
Rowland Heights (including City of Industry, La Puente)	91748	19.10%
San Dimas	91773	15.40%
South El Monte	91733	27.80%
Walnut (including City of Industry)	91789	15.30%
West Covina	91790	22.50%
West Covina	91791	20.40%
West Covina	91792	21.00%

Source: California Health Interview Survey, 2014

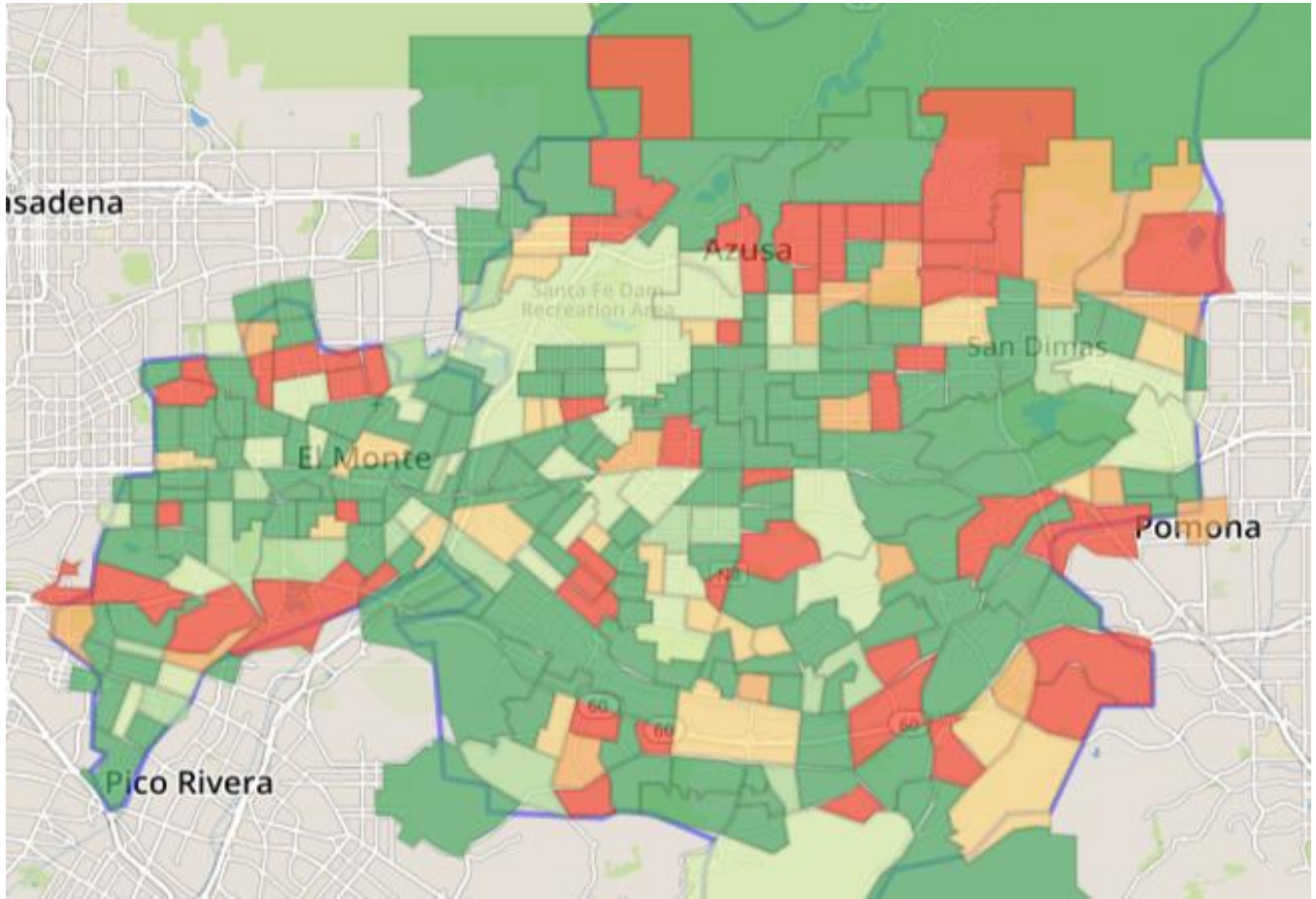
In Los Angeles County, a slightly larger percentage (2.9%) of children (0-17) does not have health coverage when compared to California (1.3%).

Percentage of Children (0-17) Currently Uninsured

Community	Percent	Number of People
SPA 3: San Gabriel Valley	-	-
Los Angeles County	2.9%	65,000
California	1.3%	118,000

Source: California Health Interview Survey, 2018

Children Under 18 Uninsured



Source: Kaiser CC Assess CHNA Data Portal

Most of the population in SPA 3 had a usual source of care (86.9%), which was a slightly higher percentage when compared to Los Angeles County (84.5%).

Usual Source of Care, 2017

Report Area	Number	Percent
SPA 3 – San Gabriel Valley	1,557,000	86.9%
Los Angeles County	8,567,000	84.5%

Source: California Health Interview Survey, 2017, SPA

In terms of accessing primary care, in SPA 3, 4.8% of the population reported having a difficult time, which is lower compared to Los Angeles County (5.0%) and California (5.7%).

Difficulty Finding Primary Care, 2017

Report Area	Percent
SPA 3 – San Gabriel Valley	4.8%
Los Angeles County	5.0%
California	5.7%

Source: California Health Interview Survey, 2017, SPA

In terms of specialty care, in SPA 3 approximately a third of the population (33.5%) needed to see a medical specialist, which was lower than that reported in Los Angeles County (37.4%) and California

(38.8%). Access to specialty care is important and may be affected by cost or lack of health coverage for such services. Another factor is the lack of availability of appointments within a reasonable period of time. Also, specialists that are cultural and linguistic adequate for the patient. A small percentage (10.5%) of the population in SPA 3 reported having difficulty accessing a medical specialist when compared to Los Angeles County (11.5%) and California (11.5%).

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, 2017

Report Area	Needed to see a medical specialist in past year	Difficult time accessing specialist
SPA 3 – San Gabriel Valley	33.5%	10.5%
Los Angeles County	37.4%	11.5%
California	38.8%	11.5%

Source: California Health Interview Survey, 2017, SPA

One of the barriers to accessing necessary health care services can be lack of health insurance or coverage. In SPA 3, 6.2% of the population reported that their primary care doctor did not accept their insurance in the past year, which is higher when compared to Los Angeles County (5.6%) and California (5.1%). Additionally, 11.8% of those needing to see a medical specialist were not able to because their insurance was not accepted which is a higher percentage when compared to Los Angeles County (11.0%) but lower than for California (10.0%).

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, 2017

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	6.2%	11.8%
Los Angeles County	5.6%	11.0%
California	5.1%	10.0%

Source: California Health Interview Survey, 2017, SPA

Prescription Drugs or Medical Services

People often have to forgo getting prescriptions or medical services due to barriers impeding their access, such as lack of insurance, lack of usual source of care, etc. In SPA 3: San Gabriel Valley, a slightly smaller percentage (7.3%) of the adults delayed or did not getting needed prescription drugs or medical services past 12 months when compared to Los Angeles County (10.1%) and California (11.0%).

Many zip codes in the Emanate Health service area exceed the percentage in SPA 3: San Gabriel Valley (71.3%) including zip codes in Glendora (91741: 21.5%), La Verne (91750: 21.1%), and San Dimas (91773: 20.6%).

Percentage of adults delayed or not getting needed prescription drugs or medical services past 12 months

Community	ZIP Code	%
Azusa, Irwindale	91702	16.4%
Baldwin Park, Irwindale	91706	13.8%
Covina	91722	18.9%
Covina	91723	19.5%
Covina	91724	19.7%
Diamond Bar	91765	17.4%
El Monte (including City of Industry)	91731	13.9%
El Monte (including City of Industry)	91732	14.0%
Glendora	91740	19.6%
Glendora	91741	21.5%
Hacienda Heights (including City of Industry, La Puente)	91745	16.1%
La Puente (including Bassett, City of Industry and Valinda)	91744	15.5%
La Puente (including Bassett, City of Industry and Valinda)	91746	14.1%
La Verne	91750	21.1%
Rowland Heights (including City of Industry, La Puente)	91748	15.3%
San Dimas	91773	20.6%
South El Monte	91733	17.3%
Walnut (including City of Industry)	91789	15.3%
West Covina	91790	17.5%
West Covina	91791	17.3%
West Covina	91792	17.0%

Source: California Health Interview Survey, 2018

Percentage of adults delayed or not getting needed prescription drugs or medical services past 12 months

Community	Percent	Number of People
SPA 3: San Gabriel Valley	7.3%	100,000
Los Angeles County	10.1%	789,000
California	11.0%	3,267,000

Source: California Health Interview Survey, 2014

Provider Shortage

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 Centers

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 Centers 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

Affordable Health Care

Another common barrier to accessing health care is cost. In SPA 3, more than half of the population (50.9%) delayed getting necessary care due to the cost of medication or lack of insurance. This percentage is slightly higher than that of Los Angeles County (46.0%) and California (45.6%). Additionally, 5.2% 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 (8.2%) and California (8.5%).

Delayed Care Due to Cost, 2017

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	50.9%	5.2%
Los Angeles County	46.0%	8.2%
California	45.6%	8.5%

Source: California Health Interview Survey, 2017, 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

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].

experience difficulty in obtaining affordable health care through Covered California. In SPA 3, almost a third (38.3%) of the population had difficulty finding an affordable health plan through Covered California. This rate is disproportionately lower than respective rates in Los Angeles County (61.3%) and California (61.1%). Of those who were able to find an affordable plan, more than half (51.2%) in SPA 3 were not able to find one with the necessary coverage. The rate was significantly higher than that reported in Los Angeles County (39.6%) and California (42.2%).

Unable to Obtain Needed Health Coverage, 2017

Report Area	Difficulty finding affordable plan through Covered California	Difficulty finding plan with needed coverage through Covered California
SPA 3 – San Gabriel Valley	38.3%	51.2%
Los Angeles County	61.3%	39.6%
California	61.1%	42.2%

Source: California Health Interview Survey, 2017, 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, the population receiving Medical-Cal benefits stood at 31.8%, a rate significantly lower than that of Los Angeles County (35.1%) but higher than California (29.3%). 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, 2017

Report Area	Medi-Cal Recipients	Medicare Recipients
SPA 3 – San Gabriel Valley	31.8%	1.2%
Los Angeles County	35.1%	1.4%
California	29.3%	1.4%

Source: California Health Interview Survey, 2017, SPA

In both Los Angeles County and the State, about one in five uninsured residents under 65 years of age were eligible for Medi-Cal, while the rate within SPA 3 was significantly lower (17.1%). On the other hand, a larger proportion of the same population was eligible for the Healthy Families program within SPA 3(13.5%). The rate is at least three or more times higher than that of Los Angeles County (3.9%) and California (3.4%).

Medi-Cal and Healthy Families Eligibility, 2017

Report Area	Eligibility of uninsured under 65 for Medi-Cal	Eligibility of uninsured under 65 for Healthy Families
SPA 3 – San Gabriel Valley	17.1%	13.5%
Los Angeles County	20.7%	3.9%
California	19.6%	3.4%

Source: California Health Interview Survey, 2017, 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 100,000 population) than comparable rate in Los Angeles County (1,058) but slightly lower than the California rate (990).

Preventable Hospital Events Rate per 100,000 Population, 2017

Report Area	Number	Rate
SPA 3 – San Gabriel Valley	22,242	100.4
Los Angeles County	106,919	1,058
California	385,930	990

Source: California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. Additional data

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 as heart disease, obesity and

The inability to and affordable

Community	Percent	Number of People
SPA 3: San Gabriel Valley	35.8%	489,000
Los Angeles County	38.0%	2,964,000
California	33.4%	9,930,000

issues such cancer, diabetes.³⁶

access fresh healthy

food options is detrimental to an individual’s health. In SPA 3, a slightly lower percentage (34.8%) of the population was unable to afford enough food when compared to peers in Los Angeles County (43.1%) and California (44.4%). A higher percentage (82.1%) of the population in SPA 3 was able to afford fresh fruits and vegetables when compared to counterparts in Los Angeles County (75.6%) and California (78.9%).

Food Insecurity (18+ Adults Below 200% FPL)

Source: California Health Interview Survey, 2018

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 Fewer people in SPA 3 (2.8%) reported having a difficult time understanding their doctor than respective

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].

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].

proportions in Los Angeles County (3.6%) and California (3.5%).

Difficulty Understanding Doctor, 2017

Report Area	Percent
SPA 3 – San Gabriel Valley	2.8%
Los Angeles County	3.6%
California	3.5%

Source: California Health Interview Survey, 2017, 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 household members 14 years old and over have at least some difficulty with English. By definition, English-only households cannot belong to this group.

Nearly one in 4 households have limited English proficiency with the most popular primary languages being Spanish (22.3%) and Asian or other pacific island languages. By contrast, households within the EH service area have significantly greater English proficiency (15.1%). Among households speaking a foreign language, Asian and Pacific Island languages were disproportionately represented, at 35.6%, in comparison to other languages including Spanish.

Limited English Speaking Households, 2017

Report Area	Percent of Households ³⁸	Spanish	Indo-European languages	Asian and Pacific Island languages	Other languages
EH service area	15.1%	15.6%	10.0%	35.6%	15.0%
Los Angeles County	24.5%	22.3%	15.4%	25.7%	17.2%

Source: US Census Bureau, American Community Survey, 2013-17, 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 – 342,000 or 19.1% - are living in households below 100% the Federal Poverty Level (FPL). This reflects a lower percentage of the population in comparison to Los Angeles County (20.6%) and higher percentage compared to California (16.8%).

Population Living Below 100% Federal Poverty Level, 2017

Report Area	Number	Percent
SPA 3 - San Gabriel Valley	342,000	19.1%
Los Angeles County	2,082,000	20.6%
California	6,479,000	16.8%

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].

Source: California Health Interview Survey, 2017, SPA

Of those households in SPA 3 living 100% below the FPL, 18.6% were children between the ages of 0 and 17 years. This is lower than the percentage reported for Los Angeles County (24.0%) and California (20.8%).

Children Living Below 100% Federal Poverty Level, 2017

Report Area	Number	Percent
EH service area	37,015	18.6%
Los Angeles County	538,720	24.0%
California	1,865,225	20.8%

Source: US Census Bureau, American Community Survey, 2013-17, Tract

SPA 3 – San Gabriel Valley includes a large percentage of households 34.3% living 200% below the FPL, slightly lower than reported percentages in Los Angeles County (38.8%) in California (34.9%).⁴⁰

Population Living Below 200% Federal Poverty Level, 2017

Report Area	Number	Percent
SPA 3 - San Gabriel Valley	615,000	34.3%
Los Angeles County	3,920,000	38.8%
California	13,490,000	34.9%

Source: California Health Interview Survey, 2017, SPA

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.⁴¹ While covered preventative care was part of the ACA, the impact of the change in policy is not yet reflected in the data.

Healthy Eating

In SPA 3, over three-quarters (75.3%) of youth 0 to 17 years old consumed fast food at least once a week, a slightly lower rate when compared to Los Angeles County (79.7%). The percentage (70.8%) of adults who consumed fast food at least once a week, was similar to the rate of Los Angeles County (70.7%) but significantly greater than the rate of California (65.6%)

Fast Food Consumption, 2016

Report Area	Youth	Adults
SPA 3 – San Gabriel Valley	75.3%	70.8%
Los Angeles County	79.7%	70.7%
California	75.0%	65.6%

Source: California Health Interview Survey, 2016, SPA²

Healthy Physical Activity

It is recommended that adults (18+) walk for at least 150 Minutes per week to remain healthy. All zip codes in the Emanate Service area had less than a third of their adult population who met this physical

⁴⁰ See Map 2 in Appendix D for information about rates of cost burdened households.

⁴¹ 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].

health standard.

Percentage of Adults (18+) Who Walked for Transportation or Leisure for at Least 150 Minutes in the Past Week

Community	ZIP Code	%
Azusa, Irwindale	91702	31.3%
Baldwin Park, Irwindale	91706	29.8%
Covina	91722	32.4%
Covina	91723	32.2%
Covina	91724	32.2%
Diamond Bar	91765	30.7%
El Monte (including City of Industry)	91731	31.7%
El Monte (including City of Industry)	91732	30.7%
Glendora	91740	31.8%
Glendora	91741	31.4%
Hacienda Heights (including City of Industry, La Puente)	91745	31.1%
La Puente (including Bassett, City of Industry and Valinda)	91744	29.3%
La Puente (including Bassett, City of Industry and Valinda)	91746	29.4%
La Verne	91750	31.4%
Rowland Heights (including City of Industry, La Puente)	91748	31.8%
San Dimas	91773	30.2%
South El Monte	91733	32.1%
Walnut (including City of Industry)	91789	30.5%
West Covina	91790	32.2%
West Covina	91791	31.8%
West Covina	91792	32.7%

Source: California Health Interview Survey, 2014

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.⁴² Poor housing conditions can also contribute to poor health and lead to the development or worsening of a health condition.⁴³

⁴² 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/Hln_health_factsheet_Jan10.pdf]. Accessed [February 18, 2016].

⁴³ World Health Organizations. (2016). *Housing and Health*. Geneva, Switzerland. Available at [<http://www.who.int/hia/housing/en/>] Access

Housing

Approximately 48.6%⁴⁴ and 45.2%⁴⁴ of the population in Upper San Gabriel Valley and East San Gabriel Valley lives in housing with one or more substandard conditions. 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%.

The rates reported in San Gabriel are significantly lower than the rate reported in Los Angeles County (51.5%), but higher than the California rate (44.8%)

Occupied Housing Units with One or More Substandard Conditions, 2017

Report Area	Number	Percent
Upper San Gabriel Valley	48,147	48.6%
East San Gabriel Valley	120,069	45.2%
Los Angeles County	1,699,487	51.5%
California	5,773,703	44.8%

Source: US Census Bureau, American Community Survey, 2017

[February 18, 2016].

⁴⁴Source: US Census Bureau, American Community Survey, 2017

Appendix A: Community Assets, Capacities and Resources Potentially Available To Respond To the Identified Health Needs

Asian Americans Advancing Justice. 1145 Wilshire Blvd, Los Angeles, CA 90017. (213) 977-7500

<https://www.advancingjustice-la.org/>

Livable Wage Employment: advancing civil and human rights for Asian Americans.

Azusa Pacific University—Neighborhood Wellness Center. 795 N Dalton Ave, Azusa, CA 91702. (626)

812-5191. <http://www.apu.edu/nursing/resources/community/>

Access to Care: providing health education and care to Azusa residents, promoting healthy living among the local community through free seminars, referrals, screenings, and assessments

Baldwin Park Unified School District. 3699 Holly Ave, Baldwin Park, CA 91706. (626) 962-3311.

<http://www.bpusd.net/>

Educational Attainment: preparing students with the relevant skills, knowledge, and personal attributes necessary for success in a university or other institution of higher education and/or any post-secondary options of their choice.

East Valley Boys and Girls Club of Baldwin Park. 4100 Baldwin Park Blvd, Baldwin Park, CA 91706. (626)

338-1854. <http://www.evbgc.org/>

Educational Attainment: enabling all young individuals to reach their full potential as productive, caring, responsible citizens.

Bright Prospect. 1460 E Holt Ave #74, Pomona, CA 91767. (909) 623-9007.

<https://www.brightprospect.org/>

Educational Attainment: counseling and support system throughout high school and college years for low-income students.

California Mental Health Connection. 14305 E Morgan St, Baldwin Park, CA 91706. (626) 430-6197.

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

Mental Health: outpatient therapy to families, children, adolescents, and adults.

Los Angeles Regional Foodbank. 1734 E 41st St, Los Angeles, CA 90058. (323) 234-3030.

<https://www.lafoodbank.org/get-help/pantry-locator/>

Food Assistance: mobilizing resources in each community to fight hunger in Los Angeles County.

Foothill AIDS Project (FAP). 233 Harrison Ave, Claremont, CA 91711. (909) 482-2066.

<https://fapinfo.org/>

Access to Care: integrated treatment and chronic care management to empower HIV/AIDS clients to manage their own long-term health goals.

Foothill Unity. 790 W Chestnut Ave, Monrovia, CA 91016. (626) 358-3486.

<https://foothillunitycenter.org/>

Housing Insecurity: federally designated Community Action Agency in the Foothill Area, providing food, case management/ crisis help and access to health care.

Garfield Health Center. 701 S Atlantic Blvd #100, Monterey Park, CA 91754. (626) 300-9980.

<https://garfieldhealthcenter.org/>

Access to Care: provides comprehensive medical, dental, and mental health services to low-income, underserved patients and families.

Learning Centers at Fairplex. 1101 W McKinley Ave, Pomona, CA 91768. (909) 865-4101.

<https://fairplex.com/tlcfairplex/home>

Educational Attainment: provides innovative and enriching educational experiences to diverse communities, preparing their participants for success.

Los Angeles Community Garden Council. 4470 W. Sunset Blvd. #381 Los Angeles, CA 90027. (323) 902-7167. <http://lagardencouncil.org/>

Food Assistance: strengthening diverse communities by building and supporting community gardens, providing low-income communities an opportunity to grow healthy food.

NAMI Pomona Valley. 3115 N Garey Ave, Pomona, CA 91767. (909) 399-0305. <https://namipv.org/>

Mental Health: dedicated to improving the quality of life for people affected by mental health illnesses and their loved ones through support, education, and advocacy.

New Horizons Caregivers Group. 3308 Budleigh Dr, Hacienda Heights, CA 91745. (626) 961-4327.

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

Educational Attainment: eradicating poverty by promoting and encouraging parents to become personally involved and help with their children's education.

Pomona Economic Opportunity Center (PEOC). 1682 W Mission Blvd, Pomona, CA 91766. (909) 397-4215. <https://www.ci.pomona.ca.us/index.php/city-manager-home/pomona-economic-opportunity-center>

Livable Wage Employment: providing a more humane and secure atmosphere for both the day laborers looking for work and the employers looking to hire them.

San Gabriel Valley Consortium on Homelessness. 1760 W Cameron Ave, West Covina, CA 91790. (626) 214-5986. <http://sgvc.org/>

Housing Insecurity: facilitating partnerships, educating the community and member agencies, and advocating for appropriate housing and services in the San Gabriel Valley.

THINK Together. 800 S Barranca Ave suite 120, Covina, CA 91723. (626) 373-2311.

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

Educational Attainment: cultivating communities where all kids receive a great education that prepares them for college and a career.

West Covina Unified School District. 1717 W. Merced Avenue West Covina, CA 91790. (626) 939-4600.

<https://www.wcusd.org/>

Educational Attainment: providing students access to a high-quality, well-rounded curriculum rich in meaning and rigor that inspires post-secondary and career participation, critical thinking and problem solving, informational literacy and positive contributions to society.

Appendix B: Secondary Data Sources

1. California Department of Public Health. Available at [<http://www.cdph.ca.gov/>]. Accessed [August 26, 2019]
2. California Health Interview Survey. Available at [<http://ask.chis.ucla.edu/>]. Accessed [August 26, 2019]
3. Claritas. Available at [<https://www.claritas.com/>] Accessed [August 26, 2019]
4. Healthy Places Index. Available at [<https://www.healthyplacesindex.org/>] Accessed [August 26, 2019]
5. Kaiser CC Assess Community Health Needs Assessment Database. Available at [<https://kp-chna.ip3app.org/login?redirect=%2F>]. Accessed [August 26, 2019]
6. LA County Health Survey. Available at [<http://www.publichealth.lacounty.gov/ha/hasurveyintro.htm>]. Accessed [August 26, 2019]
7. Los Angeles County Department of Public Health. Available at [www.publichealth.lacounty.gov]. Accessed [August 26, 2019]
8. Los Angeles Housing Services Authority. Available at [<https://www.lahsa.org/>]. Accessed [August 26, 2019]
9. National Institutes of Health. Available at [<https://seer.cancer.gov/>]. Accessed [August 26, 2019]
10. Office of Statewide Health Planning and Development. Available at [<https://oshpd.ca.gov/>]. Accessed [August 26, 2019]
11. U.S. Department of Health and Human Services. Available at [<https://www.hhs.gov/>]. Accessed [August 26, 2019]
12. US Census Bureau, American Community Survey. Available at [https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml]. Accessed [August 26, 2019]

Appendix C: Community Input Tracking Form

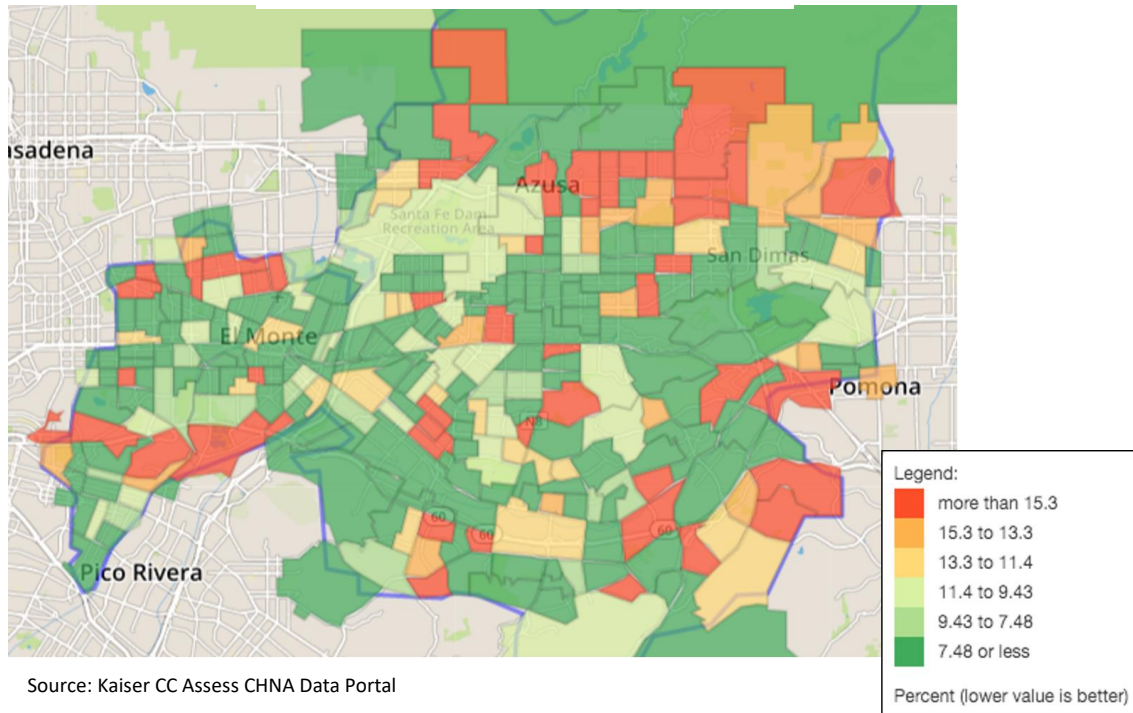
#	Data Collection Method Employed	Who Participated / Title of event//Type of Input	Number of Participants	Who Participant(s) Represent(s)	Position with respect to the group	Date
1	Focus Group	Seniors (identification of health needs)		Individuals and/or organizations serving or representing the interests of such populations	Community members	
2	Focus Group	Homeless Service Providers Group (identification of health needs)	33	Individuals and/or organizations serving or representing the interests of such populations	Community representatives	6/13/2019
3	Focus Group	LGBTQ Seniors (identification of health needs)	10	Individuals and/or organizations serving or representing the interests of such populations	Community Members	6/15/2019
4	Key Stakeholder Interview	Health System Manager, American Cancer Society, Inc. – California Division (identification of health needs)	1	Individuals and/or organizations serving or representing the interests of such populations	Community leader	5/30/2019
5	Key Stakeholder Interview	Executive Director, Asian Youth Center (identification of health needs)	1	Individuals and/or organizations serving or representing the interests of such populations	Community leader	5/20/2019
6	Key Stakeholder Interview	Executive Administrator, El Monte Comprehensive Health Center (identification of health needs)	1	Community Health Center representative	Community leader	5/19/2019
7	Key Stakeholder Interview	Consultant/Coordinator, Foothill Family Services (identification of health needs)	1	Community Health Center representative	Community representative	5/29/2019
8	Key Stakeholder Interview	Executive Director, Client Services Director, and Health Services Case Manager, Foothill Unity Center (identification of health needs)	3	Individuals and/or organizations serving or representing the interests of such populations	Community leader	6/10/2019

9	Key Stakeholder Interview	Senior Director, Director, Herald Cancer Center (identification of health needs)	2	Community Health Center representative	Community Leader	5/23/2019
10	Key Stakeholder Interview	Area Health Officer, Senior Public Health Analyst, Los Angeles County Department of Public Health, SPAs 3 & 4 (identification of health needs)	2	Health department representative	Community leader	5/29/2019
11	Key Stakeholder Interview	Executive Director, Our Savior Center (identification of health needs)	1	Individuals and/or organizations serving or representing the interests of such populations	Community leader	5/23/2019
12	Key Stakeholder Interview	Comprehensive Services Manager, Pacific Clinics (identification of health needs)	1	Individuals and/or organizations serving or representing the interests of such populations	Community leader	5/24/2019
13	Key Stakeholder Interview	Community Resource Navigator, United Methodist Church, Temple City (identification of health needs)	1	Individuals and/or organizations serving or representing the interests of such populations	Community leader	6/10/2019
14	Key Stakeholder Interview	CEO, San Gabriel Valley Economic Partnership (identification health needs)	1	Individuals and/or organizations serving or representing the interests of such populations	Community Leader	5/16/2019
15	Key Stakeholder Interview	Senior Director, Baldwin Park Adult and Community Education (identification of health needs)	1	Individuals and/or organizations serving or representing the interests of such populations	Community Leader	5/14/2019
16	Key Stakeholder Interview	Senior Vice President, Majestic Realty Corporation (identification of health needs)	1	Individuals and/or organizations serving or representing the interests of such populations	Community Leader	5/30/2019
17	Key Stakeholder Interview	Program Director/Consultant, Health Consortium of the Greater San Gabriel	1	Community Health Consortium representative	Community representative	5/15/2019

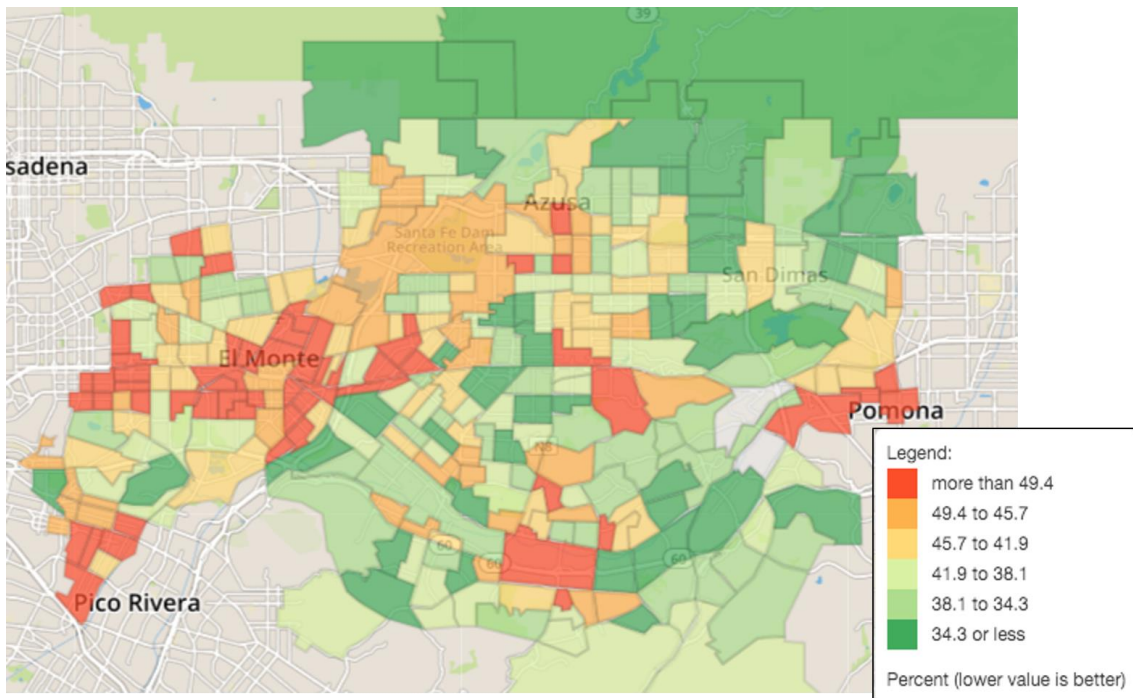
		Valley (identification of health needs)				
18	Key Stakeholder Interview	SPA 3 Adult (26-59), Los Angeles County Department of Health (identification of health needs)	1	Health department representative	Community leader	5/30/2019
19	Key Stakeholder Interview	Government Affairs Director, Citrus Valley Association of Realtors (identification of health needs)	1	Individuals and/or organizations serving or representing the interests of such populations	Community representative	5/21/2019
20	Key Stakeholder Interview	Clinical School Social Worker, Foster/Homeless Youth Liaison, West Covina Unified School District	1	Individuals and/or organizations serving or representing the interests of such populations	Community leader	10/29/2019
21	Key Stakeholder Interview	Emanate Health Board of Trustees Member	1	Community Hospital Representative	Community leader	

Appendix D: Select Maps

Children Under 18 Uninsured



Cost Burdened Households



Appendix E: Data Collection Protocols

CHNA 2019 Provider Focus Group Protocol –

Statement of Informed Consent

We appreciate your participation in the conversation today. Your participation is voluntary and you may step out at any time; you will still receive a (name incentive).

Your contributions are anonymous and this information will be kept confidential. CNM is not recording your name and is not recording this conversation. CNM will take notes. All information shared with San Gabriel Valley Hospitals will be shared in the aggregate, i.e. “the group informed us that...” Do you have any questions about this process before we begin?

COMMUNITY HEALTH NEEDS AND ASSOCIATED DRIVERS

1. **What are the most significant health issues or needs in the community (communities) you serve?** How do these health issues or needs affect people’s daily lives?
2. **Which of these are the top three priority needs/issues, considering both their importance and urgency? ***
3. **What factors or conditions contribute to these health issues?** (e.g., social, cultural, behavioral, environmental or medical) [Note: Ask for each of up to three issues.]
4. **Who or what groups in the community are most affected by these issues?** (e.g., youth, older residents, racial/ethnic groups, specific neighborhoods) [Note: Ask for each of up to three issues.]
5. **What are some major barriers or challenges to addressing these issues?** [Note: Ask for each of up to three issues.]
 - a. In general, for the community?
 - b. Specifically, what challenges does your organization face in serving your target populations and in addressing these issues (besides funding)
6. **What do you think are effective strategies for addressing these issues?**
7. **What resources exist in the community to help address these health issues?** (e.g., people, organizations or agencies, programs, or other community resources) *