

**2010**

**Citrus Valley Health Partners**

**Community Health Needs Assessment**

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## **Executive Summary**

Citrus Valley Health Partners (CVHP) conducted a state-mandated community health needs assessment. Needs assessments are the primary tools used to determine a hospital's "community benefit" plans, that is, how the hospital will give back to the community in the form of health care and other community health services to address unmet community needs. This community health needs assessment was conducted in partnership with Kaiser Foundation Hospital – Baldwin Park.

In 1994, California passed legislation (SB 697) that required non-profit hospitals to report on the community benefit they provide. This legislation further required hospitals to assess the health needs of the communities they serve and develop plans to address priority needs. In addition to California's requirement for health needs assessments, the recent passage of the Patient Protection and Affordable Care Act, has instituted federal regulations for tax exempt hospitals to conduct community health needs assessments and develop community benefit plans every three years.

### **Service Area**

Citrus Valley Health Partners comprises four campuses: Inter-Community in Covina, Queen of the Valley in West Covina, Foothill Presbyterian in Glendora, and Citrus Valley Hospice in West Covina. The service area for Citrus Valley Health Partners encompasses 13 cities and 4 Census designated places (CDPs).

Avocado Heights, CDP	Glendora	San Dimas
Azusa	Hacienda Heights, CDP	South El Monte
Baldwin Park	Irwindale	Valinda, CDP
Covina	La Puente	Walnut
Diamond Bar	La Verne	West Covina
El Monte	Rowland Heights, CDP	

### **Data Collection**

This community health needs assessment includes collection and analyses of primary and secondary data.

### **Service Area Description**

The secondary data selected for this report examine up-to-date data sources for the service area to present a community profile, birth indicators, leading causes of death, access to health care, chronic diseases, preventive practices, health behaviors, social issues, and school and student characteristics. When pertinent, these data sets are presented in the context of Los Angeles County and/or the state. Demographic data are presented for all cities and CDPs in a supplementary appendix.

### **Stakeholder Interviews and Community Focus Groups**

Primary data were collected directly from people in the community. Twenty-two people representing 20 community organizations and agencies were interviewed. Additionally, four focus groups were conducted with: Health Care Providers, Social Services Providers, Promotoras and School Liaisons, and Business and Education Leaders. Three groups were conducted in English and one in Spanish (the Promotoras/School

Liaisons group). For the Promotoras group that spoke Spanish, a bilingual facilitator conducted the focus groups in Spanish. A total of forty-nine people participated in the focus groups.

This report presents a summary that highlights the data findings, presents key needs and opportunities for action. A detailed narrative follows that examines each of the data sets. The report includes benchmark comparison data (where available), comparing CVHP community data findings with newly released Healthy People 2020 objectives.

## Overview of Key Findings and Community Needs

This overview summarizes significant findings drawn from an analysis of the data from each section of the report. Full data descriptions, findings, and data sources follow in the full report.

### Community Profile

From 2000 to 2008, the population in the CVHP service area increased 5.8% from 793,007 to 839,291 persons. The population is estimated to increase by 3.7% from 2008 to 2013.

#### **Total Population**

	<b>2000 Census</b>	<b>2008</b>	<b>Percent Change 2000-2008</b>	<b>2013</b>	<b>Percent Change 2008-2013</b>
CVHP Service Area	793,007	839,291	5.8%	870,421	3.7%
Los Angeles County <sup>1</sup>	9,519,338	10,342,429	7.6%	10,701,691	3.5%

*Source: U.S. Bureau of the Census, 2000 and ESRI Business Analyst 2008*

<sup>1</sup>2008 estimates and 2013 projections from the California Department of Finance.

#### Population by Age

From 2000 to 2013, population by age shows a trend toward an increase in children, from 0-4, a decrease in youth, ages 5-17, and an increase in seniors.

#### **Population by Age**

	<b>2000</b>	<b>2008</b>	<b>2013</b>
Age 0-4	7.7 %	7.9%	8.3%
Age 5-17	22.1 %	20.9%	19.6%
Age 18-64	61.2 %	62.2%	61.9%
Age 65+	8.9 %	9.0%	10.2%

*Source: U.S. Bureau of the Census, 2000; ESRI Business Analyst 2008*

#### Population by Race and Ethnicity

Service area residents of Hispanic or Latino ethnicity increased from 52.0% in 2000 to 57.8% of the population in 2008. The service area has seen an increase in the population of Asian/Pacific Islanders and a decrease in White/Caucasians.

#### **Population by Race and Ethnicity**

	<b>2000</b>	<b>2008</b>
White	47.0 %	43.2 %
African American	2.9 %	2.6 %
American Indian	1.0 %	0.9 %
Asian or Pacific Islander	19.3 %	20.1 %
Other Race	25.3 %	28.1 %
Multiracial	4.5 %	5.1 %
Hispanic or Latino (any race)	52.0%	57.8%
Not Hispanic or Latino	48.0%	42.2%

*Source: ESRI Business Analyst*

## Unemployment

In 2009, unemployment in the area averaged 10.3%; more than double the rates of unemployment in 2005.

### **12-Month Average Unemployment Rates**

	2005	2006	2007	2008	2009
CVHP Service Area	4.7 %	4.2 %	4.5 %	6.6 %	10.3 %

Source: California Employment Development Department, Labor Market Information Division, April 2010 Preliminary Report

## Households and Household Income

From 2000 to 2008 the number of households increased 3.2%. Average household income for the service area was \$51,942 in 2000, increasing to \$65,912 in 2008 for a 26.9% increase in household income.

### **Households and Median Household Income, Growth Projections**

	Households		Percent Change 2000-2008	Median Household Income		Percent Change 2000-2008
	2000	2008		2000	2008	
CVHP Service Area	222,963	230,043	3.2%	\$51,942	\$65,912	26.9%

Source: U.S. Bureau of the Census, 2000, American Fact Finder, ESRI Business Analyst 2008

Over one-third (33.7%) of the residents in the CVHP service area live at 200% of Federal Poverty Level and are classified as low-income.

## Population Characteristics Compared by Place

Selected population characteristics are summarized and compared by place. These include children and youth (age 0-17), Hispanic or Latino ethnicity, language spoken at home among the population five years and older speaking Spanish or Asian/Pacific Islander languages, low-income population, and population unemployed.

### Selected Population Characteristics by Place

	Age 0-17	Hispanic or Latino (any race)	Language Spoken		Low-Income <200% FPL	Unemployed
			Spanish	Asian/PI		
Avocado Heights	30.8%	82.8%	62.3 %	7.0 %	41.9 %	9.8 %
Azusa	31.2%	72.6%	49.5 %	4.3 %	44.7 %	12.6 %
Baldwin Park	34.0%	82.7%	67.5 %	10.8 %	47.3 %	14.4 %
Covina	27.4%	51.2%	25.0 %	7.5 %	26.6 %	8.2 %
Diamond Bar	22.9%	22.8%	11.3 %	33.8 %	14.7 %	8.3 %
El Monte	34.0%	76.5%	61.8 %	18.3 %	59.6 %	14.3 %
Glendora	24.9%	30.6%	13.1 %	4.6 %	17.4 %	6.1 %
Hacienda Heights	22.3%	44.1%	26.0 %	32.7 %	24.2 %	8.6 %
Irwindale	32.9%	92.4%	65.9 %	2.6 %	35.6 %	12.0 %
La Puente	32.9%	87.0%	68.8 %	6.6 %	47.5 %	13.6 %
La Verne	22.4%	32.1%	12.7 %	4.8 %	14.2 %	6.7 %
Rowland Heights	23.6%	32.9%	20.3 %	46.6 %	28.0 %	7.9 %
San Dimas	23.3%	32.8%	14.6 %	6.2 %	15.5 %	6.8 %
South El Monte	33.8%	87.6%	75.2 %	7.2 %	57.3 %	14.7 %
Valinda	33.3%	77.8%	59.2 %	7.8 %	39.9 %	15.8 %
Walnut	22.3%	22.8%	12.2 %	46.4 %	13.2 %	5.7 %
West Covina	27.5%	53.3%	30.7 %	19.4 %	25.0 %	10.2 %
<b>CVHP Service Area</b>	<b>28.8%</b>	<b>57.8%</b>	<b>38.1%</b>	<b>17.9%</b>	<b>33.7%</b>	<b>10.3%</b>
<b>Los Angeles County</b>	<b>26.1%</b>	<b>47.3%</b>	<b>37.9%</b>	<b>10.0%</b>	<b>39.9%</b>	<b>11.6%</b>

Source: U.S. Bureau of the Census, American Fact Finder, ESRI Business Analyst 2008; California Employment Development Department, 2009

### Birth Characteristics

In 2008, there were 13,223 births in the area. The rate of births has decreased by approximately 3% from 2006. Teen births occurred at a rate of 9.7% of live births.

The birth indicators within the CVHP service area compare favorably to the Healthy People 2020 objectives:

- ◆ Among pregnant women, 86.7% obtain prenatal care as recommended in the first trimester.
- ◆ Low birth weight babies (less than 2500 g) are 6.5% of live births.
- ◆ The infant death rate is 4.9 per 1,000 live births in 2008.
- ◆ 82% of new mothers giving birth at Foothill Presbyterian breastfeed their infants

### Birth Indicators

	CVHP Service Area	Healthy People 2020 Objective
Early entry into prenatal care (1 <sup>st</sup> trimester)	86.7%	78.0%
Low birth weight infant (under 2500 grams)	6.5%	7.8%
Infant mortality rate (per 1,000 live births)	4.9	6.0
Mothers who breastfeed -Queen of the Valley	73.3%	81.9%
Foothill Presbyterian	82.0%	

Source: California Department of Public Health, 2008

### Leading Causes of Death

When adjusted for age, the CVHP service area has a higher death rate (762.3 per 100,000 persons) than that of the county (713.2) and the state (650.1).

Heart disease, cancer and stroke are the three leading causes of death. The CVHP service area has lower rates of death per 100,000 persons for cancer, stroke, diabetes, unintentional injuries and suicide when compared to Healthy People 2020 objectives.

#### **Rates of Death per 100,000 Persons, 5 Year Average**

	<b>CVHP Service Area</b>	<b>Healthy People 2020 Objective</b>
Heart disease deaths	144.1	100.8
Cancer deaths	123.8	160.6
Stroke deaths	31.4	33.8
Diabetes deaths	22.3	65.8
Unintentional injury deaths	18.5	36.0
Suicides	6.1	10.2

Source: California Department of Public Health, 2004-2008

### Premature Death

Coronary heart disease was the number one cause of premature death, followed by motor vehicle crash and homicide. The number one cause of premature death among males is heart disease and among females it is breast cancer.

#### **Leading Causes of Premature Death**

	<b>Male</b>	<b>Female</b>
#1 Cause	Coronary heart disease	Breast cancer
#2 Cause	Homicide	Coronary heart disease
#3 Cause	Motor vehicle crash	Motor vehicle crash

Source: L.A. County Department of Public Health, Office of Health Assessment and Epidemiology. Mortality in Los Angeles County 2007: Leading Causes of death and premature death with trends for 1998-2007, 2010.

### Access to Health Care

Among the adult population, ages 18-64, 22.2%-28% are uninsured and 7.5%-9.1% of children, ages 0-17, lack health insurance. Almost one-fifth of adults (19.3%) have no regular source of care.

#### **Insurance Coverage and Access to Care**

	<b>CVHP Service Area</b>	<b>Healthy People 2020 Objective</b>
Adult health insurance rate	72.0%-77.8%	100%
Children health insurance rate	90.9%-92.5%	100%
Ongoing source of care	80.7%	89.4%

Source: Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology, Los Angeles County Health Survey, 2007

### Barriers to Care

In the service area, 22.4% of adults cannot afford dental care and 10.9% cannot afford medical care. 13.8% of adults could not afford their prescription medications in the past year.

### **Barriers to Accessing Health Care**

	<b>CVHP Service Area</b>	<b>Los Angeles County</b>
Adults Unable to Afford Dental Care in the Past Year	22.4%	22.3 %
Adults Unable to Afford Medical Care in the Past Year	10.9%	11.8 %
Adults Unable to Afford Mental Health Care in the Past Year	6.4%	5.9 %
Adults Unable to Afford Prescription Medication in the Past Year	13.8%	12.1 %
Adults Who Reported Difficulty Accessing Medical Care	32.5%	27.3 %
Adults Who Reported Difficulty Talking to a Doctor because of a Language Barrier in the Past Year	10.7%	15.1 %
Adults Who Reported Transportation Problems Prevented Obtainment of Medical Care	8.4%	7.4 %

Source: Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology, Los Angeles County Health Survey 2007

### **Chronic Disease**

Adults in the area served by CVHP have high rates of high blood cholesterol, diabetes, heart disease, and hypertension. 8.3% of children, ages 0-17, have been diagnosed with asthma.

### **Chronic Disease**

	<b>CVHP Service Area</b>	<b>Los Angeles County</b>
Adults diagnosed with High Blood Cholesterol	35.7%	29.1%
Adults diagnosed with Depression	13.4%	13.6%
Adults diagnosed with Diabetes	10.0%	8.7%
Adults diagnosed with Heart Disease	8.1%	7.7%
Adults diagnosed with Hypertension	25.7%	24.7%
Children diagnosed with Asthma	8.3%	7.9%

Source: Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health, 2007

### **Preventive Practices**

Among seniors, 69.3% received flu shots and 54.1% received pneumonia vaccines. These rates are below recommended Healthy People 2020 objectives. Among women, 81.3% obtained a Pap test and 72.4% obtained screening mammograms; both rates for these preventive screenings are below recommended Healthy People 2020 objectives.

### **Preventive Practices**

	<b>CVHP Service Area</b>	<b>Healthy People 2010 Objective</b>
Senior flu shot	69.3%	90%
Senior pneumonia vaccine	54.1%	90%
Pap smear in last 3 years	81.3%	93%
Mammogram in the last 2 years	72.4%	81.1%

Source: Los Angeles County Health Survey, 2007

## Health Behaviors

### Adult Overweight and Obesity

In the service area, 34.3% of adults are overweight and 25.3% are obese.

#### **Overweight and Obese Adults**

	<b>CVHP Service Area</b>	<b>Los Angeles County</b>
Overweight	34.8%	35.9%
Obese	25.8%	22.2%

Source: Los Angeles County Health Survey, 2007

### Childhood Obesity

Among children, there is a broad range of obesity prevalence. The service area is home to the community in L.A. County ranked highest for childhood obesity – Irwindale (40.9%). Walnut has the lowest rate of childhood obesity at 14.4%.

#### **Childhood Obesity**

	<b>Prevalence of Childhood Obesity Percent+</b>	<b>Rank of Obesity Prevalence among Cities in Los Angeles County*</b>
Irwindale	40.9%	128
Baldwin Park	28.3%	103
El Monte	28.0%	100
La Puente	27.8%	97
South El Monte	27.6%	91
Avocado Heights	27.6%	93
Azusa	27.4%	88
Valinda	26.6%	81
West Covina	23.7%	64
Covina	23.1%	60
Hacienda Heights	20.2%	49
Rowland Heights	19.7%	45
San Dimas	17.7%	37
Glendora	15.6%	32
La Verne	15.3%	30
Diamond Bar	14.5%	26
Walnut	14.4%	25
Los Angeles County	23.3%	

Source: L.A. County Department of Public Health, 2005, +BMI for age > or equal to 95<sup>th</sup> percentile

\*Cities were ranked from 1-128, with 1 indicating the lowest prevalence of obesity and 128 indicating the highest prevalence.

## Alcohol Use

47.9% of area adults consume alcohol and 14.8% engage in binge drinking.

### **Adult Alcohol Use**

	<b>CVHP Service Area</b>	<b>Los Angeles County</b>
Adults who consumed alcohol in the past month	47.9%	52.0%
Adult binge drinking in the past month	14.8%	16.2%

Source: Los Angeles County Health Survey, 2007

## Smoking

Communities in the service area have smoking rates that range from 8.8% to 12.8%.

### **Smoking Prevalence**

	<b>Percent of Smokers</b>
Valinda	12.8%
Covina	12.7%
La Puente	12.7%
El Monte	12.4%
Azusa	12.1%
Baldwin Park	11.8%
West Covina	11.3%
South El Monte	11.2%
Glendora	10.8%
San Dimas	10.6%
Hacienda Heights	10.5%
Rowland Heights	10.5%
Avocado Heights	10.3%
La Verne	10.1%
Diamond Bar	9.3%
Walnut	8.8%
<b>Los Angeles County</b>	<b>14.3%</b>
<b>Healthy People 2020 Objective</b>	<b>12.0%</b>

Source: LA County Department of Public Health. Cigarette Smoking in LA County, 2010

## Social Issues

Over 85.3% of parents in the area report access to safe places to play for their children. Half (49.9%) of children eat fast food one or more times a week; and 39.3% of children consume one or more sodas or sweetened drinks a day. Only 13.5% of adults consume 5 or more servings of fresh fruits and vegetables daily. Over one-half of adults (50.4%) and one-third of youth (35%) are physically active.

### **Social and Health Behaviors**

	<b>CVHP Service Area</b>	<b>Los Angeles County</b>
Safe places to play	85.3%	79.8%
Fast food consumption among children	49.9%	47.6%
Fast food consumption among adults	39.5%	40.2%
Soda consumption among children	39.3%	43.3%
Soda consumption among adults	37.0%	38.8%
Adults consume 5 or more fruits/vegetables a day	13.5%	15.1%
Adults physically active	50.4%	53.2%
Youth physically active	35.0%	37.6%

Source: Los Angeles County Health Survey, 2007

## Mental Illness

Over 9% of adults experienced mental illness/psychological distress and 9.7% received counseling in the past year.

### **Mental Health Indicators**

	<b>CVHP Service Area</b>	<b>Los Angeles County</b>
Adults who had psychological distress during past year	9.4%	8.3 %
Adults who saw a health care provider for emotional-mental and/or alcohol-drug issues in past year	8.1%	11.0%
Has taken prescription medicine for emotional/mental health issue in past year	6.9%	9.0%
Received psychological/ emotional counseling in past year	9.7%	7.1%

Source: California Health Interview Survey, 2007

## Homelessness

The number of homeless in the area is decreasing, and there is a trend toward an increase in the percentage of sheltered homeless.

### **Homelessness, 2005/2007/2009**

	<b>Number of Homeless Persons</b>		
	<b>2005</b>	<b>2007</b>	<b>2009</b>
Sheltered	550	957	1,010
Unsheltered	8,704	8,985	1,770
Total	9,254	9,942	2,780

Source: Los Angeles Homeless Services Authority, 2005, 2007, 2009

## Crime

Rates of crime are lower in the CVHP service area than in L.A. County for violent crimes, property crimes and arson. Rates of theft exceed the rates found in the county.

### **Crime Rates per 10,000 Persons, 2008**

	<b>CVHP Service Area</b>	<b>Los Angeles County</b>
Violent crimes	372.7	583.7
Property crimes	1542.5	1697.2
Theft	1466.3	1450.6
Arson	16.6	32.9

*Source: California Department of Justice 2008, Rand CA Community Statistics, U.S. Department of Finance 2008 Population Estimates, Center for Economic Development at CSU, Chico*

## Domestic Violence

An examination of domestic violence calls within the CVHP service area communities (averaged over ten years) shows a rate of 33.7 per 10,000 persons. This is a lower rate than the county or the state. Among the calls, 44.5% were for calls that involved a weapon.

### **Domestic Violence Calls per 10,000 Persons, 10-Year Average**

	<b>CVHP Service Area</b>	<b>Los Angeles County</b>
Domestic violence, total calls	33.7	44.9
Domestic violence call involving a weapon	15.0	30.7

*Source: California Department of Justice 2008, Rand CA Community Statistics, U.S. Dept of Finance Population Estimates, Center for Economic Development at CSU, Chico*

## Student and School Characteristics

The percentage of students eligible for the free and reduced price lunch program averages 54.8% in the service area and ranges from 10.5% to 95.2% among area school districts. Close to one-quarter (23.5%) of children in area school districts are categorized as English Learners. Approximately one-fourth (26%) of the third graders in area school districts are proficient in English and Language Arts. Among ninth grade students, 16% are proficient in Algebra. The high school graduation rate in area schools is 86.4% and over one-fourth (25.8%) of students are UC/CSU ready.

### **Student Indicators**

	<b>CVHP Service Area</b>	<b>Los Angeles County</b>
Free and reduced meal program	54.8%	62.5%
English Learners	23.5%	27.2%
Third Grade English-Language Arts Proficiency	26.0%	25.0%
Ninth Grade Algebra I Proficiency	16.0%	16.0%
High School graduation rate	86.4%	77.8%
UC/CSU ready	25.8%	32.6%

*Source: California Department of Education, 2007-2009*

## Community Stakeholder Interview Findings

- ◆ The issue of greatest concern among community stakeholders is the impact of the slowing economy, which has resulted in: unemployment, loss of health insurance coverage, increased stress and depression, and lack of availability of affordable housing.
- ◆ Interwoven with issues related to the economy are issues of access to preventive care for both children and adults.
- ◆ Other issues of concern to the interview participants include:
  - Lack of access to dental care, specialty care, and mental health services
  - Rising rates of obesity and diabetes, in children as well as adults
  - Domestic violence and child abuse
  - Poor parenting skills community-wide; parents who are unaware of normal child development, proper nutrition, and proper care
  - Teens with no access to employment, and cuts to community services, leading to more gang activity and rising drop-out rates
  - Food insecurity; low enrollment in the food stamp program in spite of a large number of qualifying families
  - Transportation, particularly for the lower-income members of the community
  - Rising wait times at local Emergency Rooms
- ◆ People who previously never needed assistance are now in poverty; they are unfamiliar with the system and feel a stigma associated with accessing aid.
- ◆ It has become very difficult to find doctors who take various types of insurance, particularly Medi-Cal.
- ◆ Two groups that were singled out with special issues were teens and immigrants:

- At-risk teens (gangs, violence, drugs, pregnancy) are not receiving support and treatment
- Recent immigrants have a tendency to downplay health issues, use herbal remedies from their home countries, and delay necessary care
- ◆ There is a lack of information and communication about available, free/low-cost services, even among service agencies. They don't know where to refer clients.
- ◆ Many issues in the community are too big for any one group to effectively address. Cities, businesses, school districts and health care organizations need to work together.

### Community Focus Group Findings

The following issues were identified among focus group participants as the biggest issues facing the community:

#### Homelessness/Housing/Shelter

- ◆ Increasing homeless population.
- ◆ Affordable housing.
- ◆ Overcrowded housing.
- ◆ Shelter for homeless in non-winter months.
- ◆ Shelter for seniors and teen parents.
- ◆ Lack of recuperative care for the homeless discharged from hospitals and sent to homeless programs or other agencies, but who need more care than these agencies can provide.

#### Health Care Access

- ◆ Need for affordable health care, especially for those who do not have Medi-Cal or other health insurance.
- ◆ Lack of access to quality, affordable health care, including specialty care, mental health, dental services and vision services.
- ◆ What will be the impact of health care reform? Who will be covered?

#### Basic Needs

- ◆ Poverty.
- ◆ The biggest issue depends on economic status; those with higher incomes are concerned with health care access and those with lower incomes are concerned with jobs.
- ◆ Emergency services for people becoming homeless, such as phone cards, food stamps, clothing suitable for seeking employment or housing.
- ◆ Services for single mothers.
- ◆ Food.
- ◆ Due to a lack of financial resources, people are forced to choose between paying their mortgages or their health insurance premiums.
- ◆ People go without their medications for diabetes and other chronic conditions. Some reduce their medication use from the prescribed amount to make them last longer.

### Education

- ◆ Lack of education.
- ◆ It is taking students 3-4 years to get their AA degrees because they need to work and also because fewer classes are now offered due to budget cuts.
- ◆ Young people are graduating high school deficient in reading, writing and math. Community Colleges are spending a lot of time getting students up to a minimal level in basic skills. Most need remediation.

### Job Market

- ◆ Increased unemployment creates a greater burden on the health care system since people do not have jobs with insurance.
- ◆ It is sometimes hard to find the right fit between unemployed people and available jobs. There is a need for better school-to-work transition that is more focused on the needs of the community.
- ◆ Competition for good jobs is intense since so many people are unemployed. Many people lose their motivation to keep looking for a job given the competition.
- ◆ Employers are seeking individuals with multiple skills for positions, as people are expected to do the work of what were formerly 2-3 jobs.
- ◆ There is uncertainty about what future jobs will be and what associated skills will be needed.

### Information about Services

- ◆ Lack of community awareness about where to go for services.
- ◆ There is a need to educate clients so they know the right place to go for services.

## Introduction

### Background and Purpose

Citrus Valley Health Partners (CVHP) got its start in 1922, and has grown to include over 3,000 staff members, more than 1,000 physicians and four outstanding health care facilities. Our four campuses include: Inter-Community in Covina, Queen of the Valley in West Covina, Foothill Presbyterian in Glendora, and Citrus Valley Hospice in West Covina. Our mission is to help people keep well in body, mind and spirit by providing quality health care services in a compassionate environment.

CVHP has undertaken a community health needs assessment as required by California law. As well, the recent passage of the Patient Protection and Affordable Care Act requires tax exempt hospitals to conduct community health needs assessments and develop community benefit plans every three years. This community health needs assessment was carried out in partnership with Kaiser Foundation Hospital-Baldwin Park and conducted by Biel Consulting.

The community health needs assessment is a primary tool used by CVHP to determine its community benefit plan, which outlines how it will give back to the community in the form of health care and other community services to address unmet community health needs. This assessment incorporates components of primary data collection and secondary data analysis that focus on the health and social needs of the service area.

### Service Area

The CVHP service area encompasses 13 cities and 4 Census designated places (CDPs).<sup>1</sup>

Avocado Heights, CDP	Glendora	San Dimas
Azusa	Hacienda Heights, CDP	South El Monte
Baldwin Park	Irwindale	Valinda, CDP
Covina	La Puente	Walnut
Diamond Bar	La Verne	West Covina
El Monte	Rowland Heights, CDP	

These cities and unincorporated areas are presented with the associated zip codes in Attachment 1.

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<sup>1</sup> A Census designated place is an unincorporated community. The Census Bureau establishes CDPs in order to tabulate and disseminate data for localities that otherwise would not be identified as places in the decennial Census data.

## Methods

### Primary Data Collection

Targeted interviews were used to gather information and opinions from persons who represent the broad interests of the community served by the Hospital. For the interviews, community stakeholders were contacted and asked to participate in the needs assessment. Twenty-two people representing 20 community organizations and agencies were interviewed in July and August, 2010. A list of the key stakeholder interview respondents can be found in Attachment 2. Additionally, four focus groups were conducted with: Health Care Providers, Social Services Providers, Promotoras and School Liaisons, and Business and Education Leaders. A total of forty-nine people participated in the focus groups.

### Secondary Data Collection

Secondary data were collected from a variety of local, county, and state sources to compile a community profile, birth and death characteristics, access to health care, chronic diseases, preventive practices, health behaviors, social issues, and school and student characteristics. When pertinent, these data sets are presented in the context of Los Angeles County and/or the state, framing the scope of an issue as it relates to the broader community.

Analyses were conducted at the most local level possible for the Hospital primary service area, given the availability of data. For example:

- U.S. Census data, ESRI Business Analyst 2008 data, and California State data available by place and zip code
- California Health Interview Survey data by Service Planning Area 3
- Los Angeles County Health Survey data by El Monte and Pomona Health Districts<sup>2</sup>
- Office of Statewide Health Planning and Development for hospital data
- Employment Development Department statistics by city
- California Department of Education data for school district data

Demographic data are presented for all cities and CDPs in a supplementary appendix. This report presents a summary that highlights the data findings, presents key needs and opportunities for action. The following detailed narrative examines each of the data sets. The report includes benchmark comparison data, comparing CVHP community data findings with newly released Healthy People 2020 objectives (Attachment 3).

### Maps

Maps of the CVHP service area and other priority data are presented in Attachment 4.

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<sup>2</sup> Los Angeles County is divided into 8 Service Planning Areas (SPAs) to aid in planning. CVHP is located in SPA 3 San Gabriel Valley. Within the SPAs are smaller Health Districts. There are 5 Health Districts in SPA 3. Two of the Health Districts encompass the Hospital service area. These are: El Monte and Pomona Health Districts. While larger geographically than the CVHP Service Area, these combined Health Districts give the closest representation of the CVHP service area in the absence of zip code level data.

## Community Profile

### Population

At the time of the 2000 Census, the population for the CVHP primary service area was 793,007. The population in the CVHP service area increased to 839,291 in 2008, a growth rate of 5.8%. West Covina had the largest percentage growth in population from 2000 to 2008. From 2008 to 2013 population growth is projected to slow to an overall increase of 3.7% in the service area.

### **Total Population**

	<b>2000 Census</b>	<b>2008</b>	<b>Percent Change 2000-2008</b>	<b>2013</b>	<b>Percent Change 2008-2013</b>
Avocado Heights	15,148	16,140	6.5%	16,730	3.7%
Azusa	44,712	48,115	7.6%	52,636	9.4%
Baldwin Park	75,837	79,279	4.5%	81,565	2.9%
Covina	46,837	50,308	7.4%	52,270	3.9%
Diamond Bar	56,287	60,473	7.4%	62,927	4.0%
El Monte	115,965	122,556	5.7%	126,679	3.4%
Glendora	49,415	51,783	4.8%	53,520	3.4%
Hacienda Heights	53,122	55,452	4.4%	56,976	2.7%
Irwindale	1,446	1,521	5.2%	1,570	3.2%
La Puente	41,063	42,807	4.2%	44,000	2.8%
La Verne	31,638	32,551	2.9%	33,109	1.7%
Rowland Heights	48,553	50,738	4.5%	52,158	2.8%
San Dimas	34,980	36,853	5.4%	37,994	3.1%
South El Monte	21,144	21,568	2.0%	21,993	2.0%
Valinda	21,776	22,627	3.9%	23,313	3.0%
Walnut	30,004	31,578	5.2%	32,643	3.4%
West Covina	105,080	114,942	9.4%	120,338	4.7%
<b>CVHP Service Area</b>	<b>793,007</b>	<b>839,291</b>	<b>5.8%</b>	<b>870,421</b>	<b>3.7%</b>
<b>Los Angeles County<sup>1</sup></b>	<b>9,519,338</b>	<b>10,342,429</b>	<b>7.6%</b>	<b>10,701,691</b>	<b>3.5%</b>
<b>California<sup>1</sup></b>	<b>33,871,648</b>	<b>38,134,496</b>	<b>11.8%</b>	<b>40,577,880</b>	<b>6.4%</b>

Source: U.S. Bureau of the Census, 2000 and ESRI Business Analyst 2008

<sup>1</sup>2008 estimates and 2013 projections from the California Department of Finance.

### **Population by Age**

Children and youth, ages 0-17, make up 29.8% of the population; 61.2% are 18-64 years of age; and 8.9% of the population are seniors, 65 years of age and older. The area has slightly higher percentages of children ages 5-17 and fewer seniors, than found in Los Angeles County.

### **Population by Age**

	CVHP Service Area		Los Angeles County		California	
	Number	Percent	Number	Percent	Number	Percent
Age 0-4	61,397	7.7%	737,631	7.7 %	2,486,981	7.3%
Age 5-17	175,178	22.1%	1,930,345	20.3 %	6,762,848	19.9 %
Age 18-64	485,631	61.2%	5,924,689	62.3 %	11,063,391	62.2 %
Age 65+	70,801	8.9 %	926,673	9.7 %	3,595,658	10.6 %
Total	793,007	100.0 %	9,519,338	100.0 %	33,908,878	100.0 %

Source: U.S. Bureau of the Census, 2000

From 2000 to 2013, population by age shows a trend toward an increase in children, from 0-4, a decrease in youth, ages 5-17, and an increase in adults and seniors.

### **Population by Age, 2000/2008/2013 Comparison**

	2000	2008	2013
Age 0-4	7.7 %	7.9%	8.3%
Age 5-17	22.1 %	20.9%	19.6%
Age 18-64	61.2 %	62.2%	61.9%
Age 65+	8.9 %	9.0%	10.2%

Source: U.S. Bureau of the Census, 2000; ESRI Business Analyst 2008

When age groups are examined by service area places, El Monte has the highest percentage of children, ages 0-4 (10%); in Baldwin Park (25.3%) and Valinda (25.2%) over one-quarter of the population are youth ages 5-17; and La Verne has the highest area population of seniors (13.1%).

## Population by Age

	Age 0-4		Age 5-17		Age 18-64		Age 65+	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Avocado Heights	1,224	8.1 %	3,454	22.8 %	9,149	60.4 %	1,321	8.7 %
Azusa	4,138	9.3 %	9,642	21.6 %	27,834	62.3 %	3,098	6.9 %
Baldwin Park	7,324	9.7%	19,153	25.3%	44,694	58.9%	4,666	6.2%
Covina	3,470	7.4 %	9,676	20.7 %	28,586	61.0 %	5,105	10.9 %
Diamond Bar	3,216	5.7 %	11,967	21.3 %	36,891	65.5 %	4,213	7.5 %
El Monte	11,553	10.0 %	27,952	24.1 %	68,442	59.0 %	8,018	6.9 %
Glendora	3,103	6.3 %	10,546	21.3 %	29,583	59.9 %	6,183	12.5 %
Hacienda Heights	3,006	5.7 %	10,428	19.6 %	33,369	62.8 %	6,319	11.9 %
Irwindale	124	8.6 %	359	24.8 %	846	58.5 %	117	8.1 %
La Puente	3,711	9.0 %	10,174	24.8 %	24,030	58.5 %	3,148	7.7 %
La Verne	1,830	5.8 %	6,145	19.4 %	19,503	61.6 %	4,160	13.1 %
Rowland Heights	3,162	6.5 %	9,446	19.5 %	31,656	65.2 %	4,289	8.8 %
San Dimas	2,051	5.9 %	6,883	19.7 %	21,887	62.6 %	4,159	11.9 %
South El Monte	2,017	9.5 %	5,070	24.0 %	12,539	59.3 %	1,518	7.2 %
Valinda	1,989	9.1 %	5,481	25.2 %	12,783	58.7 %	1,523	7.0 %
Walnut	1,466	4.9 %	6,863	22.9 %	19,590	65.3 %	2,085	6.9 %
West Covina	8,013	7.6 %	21,939	20.9 %	64,249	61.1 %	10,879	10.4 %
<b>CVHP Service Area</b>	<b>61,397</b>	<b>7.7 %</b>	<b>175,178</b>	<b>22.1 %</b>	<b>485,631</b>	<b>61.2 %</b>	<b>70,801</b>	<b>8.9 %</b>
<b>Los Angeles County</b>	<b>737,631</b>	<b>7.7 %</b>	<b>1,930,345</b>	<b>20.3 %</b>	<b>5,924,689</b>	<b>62.2 %</b>	<b>926,673</b>	<b>9.7 %</b>
<b>California</b>	<b>2,486,981</b>	<b>7.3 %</b>	<b>6,762,848</b>	<b>20.0 %</b>	<b>21,026,161</b>	<b>62.1 %</b>	<b>3,595,658</b>	<b>10.6 %</b>

Source: U.S. Bureau of the Census, 2000

## **Race/Ethnicity**

The population of the service area consists primarily of Hispanic or Latinos (50%) and Whites (24.5%). Asians comprise 20.3% of the population, and African Americans, Native Americans, and other races combined total 5.1% of the population. The area has a notably larger percentage of Latinos and Asians, and a smaller percentage of Whites and African Americans when compared to Los Angeles County and the state.

### **Population by Race and Ethnicity**

Race/Ethnicity	CVHP Service Area		Los Angeles County		California	
	Number	Percent	Number	Percent	Number	Percent
White	194,664	24.5%	2,946,145	30.9 %	15,771,163	46.6 %
Black or African American	20,999	2.6%	891,194	9.4 %	2,147,885	6.3 %
Hispanic or Latino	396,888	50.0%	4,243,487	44.6 %	10,969,132	32.4 %
American Indian/Alaskan	1,914	0.3%	891,194	0.3 %	181,167	0.5 %
Asian	161,350	20.3%	1,123,964	11.8 %	3,642,542	10.8 %
Native Hawaiian/Pacific Islander	1,390	0.2%	24,376	0.3 %	103,712	0.3 %
Other or Multiple	15,802	2.0%	264,031	2.8 %	1,056,047	3.1 %
Total	793,007	100%	9,519,338	100.0 %	33,871,648	100.0 %

Source: U.S. Bureau of the Census, 2000

There are a number of communities in the CVHP service area where Latinos make up over three-quarters of the population; these places include: Avocado Heights (78.1%), Baldwin Park (78.7%), Irwindale (88.4%), La Puente (82.7%), and South El Monte (86.2%). Areas with a large population of Asians include: Rowland Heights (51.2%) and Walnut (56.1%).

### Ethnic Distribution by Place, Remaining Race/Ethnic Categories

	Hispanic		White		Asian		African-American	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Avocado Heights	11,828	78.1 %	1,711	11.3 %	1,315	8.7 %	103	0.7 %
Azusa	28,702	64.7 %	10,459	23.6 %	2,424	5.5 %	1,514	3.4 %
Baldwin Park	59,654	78.7 %	5,583	7.4 %	8,810	11.6 %	1,030	1.4 %
Covina	18,711	39.7 %	19,775	41.9 %	4,508	9.6 %	2,248	4.8 %
Diamond Bar	10,501	18.6 %	17,479	31.0 %	23,709	42.1 %	2,585	4.6 %
El Monte	84,231	72.5 %	8,501	7.3 %	21,411	18.4 %	632	0.5 %
Glendora	11,017	22.2 %	33,380	67.1 %	3,212	6.5 %	664	1.3 %
Hacienda Heights	20,214	38.1 %	11,844	22.3 %	19,137	36.0 %	643	1.2 %
Irwindale	1,301	88.4 %	119	8.1 %	15	1.0 %	0	0.0 %
La Puente	33,915	82.7 %	2,754	6.7 %	2,850	6.9 %	793	1.9 %
La Verne	7,230	22.7 %	20,443	64.2 %	2,348	7.4 %	879	2.8 %
Rowland Heights	13,354	27.6 %	7,626	15.8 %	24,730	51.2 %	1,057	2.2 %
San Dimas	8,235	23.5 %	21,306	60.8 %	3,136	8.9 %	946	2.7 %
South El Monte	18,054	86.2 %	1,075	5.1 %	1,597	7.6 %	23	0.1 %
Valinda	16,464	75.6 %	2,552	11.7 %	1,891	8.7 %	501	2.3 %
Walnut	5,729	19.1 %	5,547	18.5 %	16,826	56.1 %	1,144	3.8 %
West Covina	47,748	45.5 %	24,510	23.4 %	23,431	22.3 %	6,237	5.9 %
<b>CVHP Service Area</b>	<b>396,888</b>	<b>50.0 %</b>	<b>194,664</b>	<b>24.5 %</b>	<b>161,350</b>	<b>20.3 %</b>	<b>20,999</b>	<b>2.6 %</b>
<b>Los Angeles County</b>	<b>4,243,487</b>	<b>44.6 %</b>	<b>2,946,145</b>	<b>30.9 %</b>	<b>1,123,964</b>	<b>11.8 %</b>	<b>891,194</b>	<b>9.4 %</b>
<b>California</b>	<b>10,969,132</b>	<b>32.4 %</b>	<b>15,771,163</b>	<b>46.6 %</b>	<b>3,642,542</b>	<b>10.8 %</b>	<b>2,147,885</b>	<b>6.3 %</b>

Source: U.S. Bureau of the Census, 2000

### **Race and Ethnicity Growth Estimates 2000-2008**

Beginning with the 2000 Census, questions on race and ethnicity were restructured to consider race and ethnicity as separate identities. In addition to identifying each person's race or races, a population is also categorized by one of two ethnicities, which are "Hispanic or Latino" and "Not Hispanic or Latino." Data on population race and ethnicity for the CVHP service area show an increase of 5.8% in Hispanic or Latino ethnicity from 2000 to 2008. Racial composition shows a decrease in Whites and African Americans and an increase in Asian/Pacific Islanders and other races from 2000 to 2008.

### **Population by Race and Ethnicity, 2000/2008 Comparison**

	2000		2008	
	Number	Percent	Number	Percent
White	415,625	47.0 %	403,360	43.2 %
African American	25,645	2.9 %	24,276	2.6 %
American Indian	8,843	1.0 %	8,403	0.9 %
Asian or Pacific Islander	170,671	19.3 %	187,675	20.1 %
Other Race	223,730	25.3 %	262,371	28.1 %
Multiracial	39,794	4.5 %	47,619	5.1 %
Hispanic or Latino (any race)	459,840	52.0%	539,681	57.8%
Not Hispanic or Latino	424,468	48.0%	394,023	42.2%

Source: ESRI Business Analyst

## Unemployment

Within the CVHP service area unemployment had risen to 10.3% in 2009. In all communities, unemployment has more than doubled in the past five years. Areas with the highest unemployment are: Valinda (15.8%), South El Monte (14.7%), Baldwin Park (14.4%), and El Monte (14.3%). Walnut (5.7%) and Glendora (6.1%) have the lowest area unemployment rates.

### 12-Month Average Unemployment Rates

	2005	2006	2007	2008	2009
Avocado Heights	4.5 %	4.0 %	4.3 %	6.3 %	9.8 %
Azusa	5.8 %	5.2 %	5.5 %	8.1 %	12.6 %
Baldwin Park	6.8 %	6.1 %	6.4 %	9.4 %	14.4 %
Covina	3.7 %	3.3 %	3.5 %	5.2 %	8.2 %
Diamond Bar	3.8 %	3.4 %	3.6 %	5.3 %	8.3 %
El Monte	6.7 %	6.0 %	6.4 %	9.3 %	14.3 %
Glendora	2.7 %	2.4 %	2.6 %	3.8 %	6.1 %
Hacienda Heights	3.9 %	3.5 %	3.7 %	5.5 %	8.6 %
Irwindale	5.6 %	5.0 %	5.2 %	7.7 %	12.0 %
La Puente	6.4 %	5.7 %	6.0 %	8.8 %	13.6 %
La Verne	3.0 %	2.7 %	2.8 %	4.2 %	6.7 %
Rowland Heights	3.6 %	3.2 %	3.4 %	5.0 %	7.9 %
San Dimas	3.1 %	2.7 %	2.9 %	4.3 %	6.8 %
South El Monte	6.9 %	6.2 %	6.6 %	9.6 %	14.7 %
Valinda	7.5 %	6.7 %	7.1 %	10.4 %	15.8 %
Walnut	2.5 %	2.2 %	2.4 %	3.6 %	5.7 %
West Covina	4.7 %	4.2 %	4.4 %	6.5 %	10.2 %
<b>CVHP Service Area</b>	<b>4.7%</b>	<b>4.2%</b>	<b>4.5%</b>	<b>6.6%</b>	<b>10.3%</b>
<b>Los Angeles County</b>	<b>5.4%</b>	<b>4.8%</b>	<b>5.1%</b>	<b>7.5%</b>	<b>11.6%</b>
<b>California</b>	<b>5.1%</b>	<b>4.6%</b>	<b>5.6%</b>	<b>9.6%</b>	<b>12.3%</b>

Source: California Employment Development Department,  
Labor Market Information Division, April 2010 Preliminary Report

## **Poverty**

Poverty thresholds are used for calculating all official poverty population statistics and are updated each year by the Census Bureau. For 2000, the federal poverty threshold for one person was \$8,794 and for a family of four \$17,603. The poverty rates paint an important picture of the population within the CVHP primary service area. At the time of the 2000 census, 13.6% of the population was living at or below 100% of the Federal Poverty Level (FPL). However, this overall rate masks the disparities in the population as viewed by each community. Poverty rates range from 4.7% in La Verne to 19.0% in South El Monte. Importantly, the data indicate that within the CVHP service area poverty increases markedly for the population at or below 200% of the Federal Poverty Level. In the CVHP service area over one-third (33.7%) of the residents exist at 200% of FPL. In El Monte (59.6%) and South El Monte (57.3%) over half the population is categorized as low-income (200% FPL).

### **Ratio of Income to Poverty Level**

	<b>Below 100% Poverty</b>		<b>Below 200% Poverty</b>	
	<b>Number</b>	<b>Percent</b>	<b>Number</b>	<b>Percent</b>
Avocado Heights	2,433	16.3 %	6,259	41.9 %
Azusa	7,926	18.8 %	18,885	44.7 %
Baldwin Park	13,541	18.2 %	35,276	47.3 %
Covina	5,408	11.6 %	12,402	26.6 %
Diamond Bar	3,369	6.0 %	8,269	14.7 %
El Monte	29,939	26.1 %	68,246	59.6 %
Glendora	2,856	5.9 %	8,456	17.4 %
Hacienda Heights	4,928	9.3 %	12,773	24.2 %
Irwindale	240	16.4 %	522	35.6 %
La Puente	7,656	18.9 %	19,221	47.5 %
La Verne	1,464	4.7 %	4,412	14.2 %
Rowland Heights	5,744	12.0 %	13,460	28.0 %
San Dimas	2,167	6.3 %	5,327	15.5 %
South El Monte	3,957	19.0 %	11,898	57.3 %
Valinda	2,740	12.8 %	8,559	39.9 %
Walnut	1,942	6.5 %	3,950	13.2 %
West Covina	9,400	9.0 %	26,045	25.0 %
<b>CVHP Service Area</b>	<b>105,710</b>	<b>13.5 %</b>	<b>263,960</b>	<b>33.7 %</b>
<b>Los Angeles County</b>	<b>1,674,599</b>	<b>17.9 %</b>	<b>3,734,941</b>	<b>39.9 %</b>
<b>California</b>	<b>4,706,130</b>	<b>14.2 %</b>	<b>10,943,136</b>	<b>33.1 %</b>

Source: U.S. Bureau of the Census, 2000

## **Households and Household Income**

There are more than 222,000 households in the CVHP service area. From 2000 to 2008 the number of households is estimated to increase 3.2%. Average household income for the service area was \$51,942 in 2000, increasing to \$65,912 in 2008 for a 26.9% increase in household income. El Monte and South El Monte have the lowest household incomes, while Walnut and Diamond Bar have the highest household incomes in the service area.

### **Households and Median Household Income, Growth Projections**

	Households		Median Household Income	
	2000	2008	2000	2008
Avocado Heights	3,758	3,886	\$49,015	\$62,465
Azusa	12,549	13,122	\$40,951	\$52,808
Baldwin Park	16,961	17,381	\$41,952	\$53,293
Covina	15,971	16,629	\$48,120	\$61,594
Diamond Bar	17,651	18,414	\$68,282	\$84,538
El Monte	27,034	27,907	\$32,759	\$41,240
Glendora	16,832	17,172	\$59,577	\$76,303
Hacienda Heights	15,993	16,216	\$59,562	\$74,984
Irwindale	362	375	\$45,000	\$59,632
La Puente	9,461	9,671	\$42,272	\$54,319
La Verne	11,076	11,092	\$60,655	\$75,950
Rowland Heights	14,175	14,380	\$52,951	\$66,748
San Dimas	12,150	12,501	\$63,490	\$80,164
South El Monte	4,620	4,679	\$35,223	\$44,811
Valinda	4,707	4,808	\$50,854	\$65,927
Walnut	8,200	8,440	\$78,948	\$97,874
West Covina	31,463	33,370	\$53,396	\$67,850
<b>CVHP Service Area</b>	<b>222,963</b>	<b>230,043</b>	<b>\$51,942</b>	<b>\$65,912</b>
<b>Los Angeles County</b>	<b>3,136,279</b>	<b>3,174,611</b>	<b>\$42,189</b>	<b>\$55,192</b>
<b>California</b>	<b>11,512,020</b>	<b>12,177,852</b>	<b>\$47,493</b>	<b>\$61,154</b>

Source: U.S. Bureau of the Census, 2000, American Fact Finder, ESRI Business Analyst 2008

## **Housing**

There are over 190,000 housing units in the area. Most of the housing in the service area consists of single-family dwellings (73.6%). The high percentage of single-family housing exceeds the rates found in the county and the state. 22.4% of the housing units are multiple family dwellings. Azusa, Covina and El Monte have the highest percentages of multiple family dwellings. La Verne and South El Monte have the largest percentages of mobile homes/RVs/vans.

### **Types of Housing Units**

	Single Family		Multiple Family		Mobile Homes, RVs, Vans	
	Number	Percent	Number	Percent	Number	Percent
Azusa	8,102	59.1 %	5,020	36.6 %	589	4.3 %
Baldwin Park	13,999	78.1 %	3,572	19.9 %	343	1.9 %
Covina	10,770	65.1 %	5,184	31.3 %	588	3.6 %
Diamond Bar	15,632	84.2 %	2,599	14.0 %	333	1.8 %
El Monte	18,960	65.6 %	8,521	29.5 %	1,406	4.9 %
Glendora	13,791	78.7 %	2,889	16.5 %	843	4.8 %
Irwindale	383	89.5%	37	8.6%	8	1.9%
La Puente	7,024	72.2 %	2,592	26.7 %	109	1.1 %
La Verne	8,206	71.8 %	1,464	12.8 %	1,763	15.4 %
San Dimas	9,697	76.9 %	1,975	15.7 %	943	7.5 %
South El Monte	3,430	71.2 %	886	18.4 %	504	10.5 %
Walnut	8,367	96.0 %	346	4.0 %	0	0.0 %
West Covina	24,211	73.7 %	8,295	25.2 %	348	1.1 %
<b>CVHP Service Area</b>	<b>142,572</b>	<b>73.6%</b>	<b>43,380</b>	<b>22.4%</b>	<b>7,777</b>	<b>4.0%</b>
<b>Los Angeles County</b>	<b>1,893,202</b>	<b>55.2 %</b>	<b>1,481,659</b>	<b>43.2 %</b>	<b>56,727</b>	<b>1.7 %</b>
<b>California</b>	<b>8,747,293</b>	<b>64.4 %</b>	<b>4,247,653</b>	<b>31.3 %</b>	<b>596,938</b>	<b>4.4 %</b>

Source: C.A. Department of Finance, 2010

### **Section 8 Housing**

Section 8 is a federally funded program that provides rental assistance in the form of vouchers to low and very-low income families, singles, senior citizens, disabled and handicapped individuals. The Housing Authority of LA County handles the Section 8 program. The wait time for seniors and disabled for public housing is 1-2 years and for the general population the public housing wait is 2-4 years. There is more than a 5-year wait for Section 8 housing subsidies.<sup>3</sup>

<sup>3</sup> Source: Los Angeles County Housing Authority, Public Housing FAQ webpage

## **Language**

In the overall CVHP Service Area, Spanish is spoken in 38.1% of the homes; this is higher than the number of Spanish speaking households in the county (37.9%) and the state (25.8%). The service area is also home to 17.9% of households that speak Asian languages. Comparatively, the service area has noticeably fewer households that speak other Indo-European (2.4%).

### **Language Spoken at Home for the Population 5 Years and Over**

	CVHP Service Area		Los Angeles County		California	
	Number	Percent	Number	Percent	Number	Percent
Total Population 5 and Over	731,610	100.0%	8,791,096	100.0 %	31,416,629	100.0 %
Speaks only English	298,041	40.7%	4,032,614	45.9 %	19,014,873	60.5 %
Speaks language other than English at home	433,569	59.2%	4,758,482	54.1 %	12,401,756	39.5 %
Speak Spanish	279,095	38.1%	3,330,935	37.9 %	8,105,505	25.8 %
Speak Indo-Euro Language	17,616	2.4%	459,392	5.2 %	1,335,332	4.3 %
Speak Asian/Pac Is. Language	131,006	17.9%	875,515	10.0 %	2,709,179	8.6 %
Speak Other Languages	5,852	0.8%	92,640	1.1 %	251,740	0.8 %

Source: U.S. Bureau of the Census, 2000

When language is examined by place, there are a number of areas with high rates of Spanish speakers. Over three-quarters of the population in South El Monte (75.2%) speak Spanish. Areas with high percentages of Asian speakers include: Rowland Heights (46.6%) and Walnut (46.4%).

### Language Spoken at Home for the Population 5 Years and Over

	Spanish		Other Indo-European		Asian or Pac. Is.	
	Number	Percent	Number	Percent	Number	Percent
Avocado Heights	8,675	62.3 %	232	1.7 %	973	7.0 %
Azusa	19,946	49.5 %	751	1.9 %	1,741	4.3 %
Baldwin Park	46,136	67.5 %	259	0.4 %	7,377	10.8 %
Covina	10,877	25.0 %	938	2.2 %	3,282	7.5 %
Diamond Bar	6,027	11.3 %	3,632	6.8 %	17,969	33.8 %
El Monte	64,889	61.8 %	518	0.5 %	19,228	18.3 %
Glendora	6,110	13.1 %	1,556	3.3 %	2,161	4.6 %
Hacienda Heights	13,002	26.0 %	1,224	2.4 %	16,361	32.7 %
Irwindale	872	65.9 %	0	0.0 %	34	2.6 %
La Puente	25,676	68.8 %	211	0.6 %	2,447	6.6 %
La Verne	3,831	12.7 %	1,483	4.9 %	1,435	4.8 %
Rowland Heights	9,126	20.3 %	1,690	3.8 %	20,984	46.6 %
San Dimas	4,812	14.6 %	1,435	4.3 %	2,048	6.2 %
South El Monte	14,127	75.2 %	77	0.4 %	1,343	7.2 %
Valinda	11,757	59.2 %	337	1.7 %	1,553	7.8 %
Walnut	3,493	12.2 %	1,268	4.4 %	13,275	46.4 %
West Covina	29,739	30.7 %	2,005	2.1 %	18,795	19.4 %
<b>CVHP Service Area</b>	<b>279,095</b>	<b>38.3 %</b>	<b>17,616</b>	<b>2.4 %</b>	<b>131,006</b>	<b>18.0 %</b>
<b>Los Angeles County</b>	<b>3,330,935</b>	<b>37.9 %</b>	<b>459,392</b>	<b>5.2 %</b>	<b>875,515</b>	<b>10.0 %</b>
<b>California</b>	<b>8,105,505</b>	<b>25.8 %</b>	<b>1,335,332</b>	<b>4.3 %</b>	<b>2,709,179</b>	<b>8.6 %</b>

Source: U.S. Bureau of the Census, 2000

## **Education**

Of the population age 25 and over, 25.7% have less than a high school diploma. For 23.9% of area adults, high school graduation was their highest level of educational attainment.

### **Educational Attainment (Age 25+), 2008**

	CVHP Service Area		Los Angeles County		California	
	Number	Percent	Number	Percent	Number	Percent
Less than 9 <sup>th</sup> Grade	77,351	13.7 %	914,283	14.4 %	2,521,322	10.5 %
9 <sup>th</sup> to 12 <sup>th</sup> Grade	67,753	12.0 %	726,231	11.5 %	2,353,233	9.8 %
High School Graduate	134,941	23.9 %	1,352,594	21.3 %	5,234,740	21.8 %
Some College, no degree	108,969	19.3 %	1,176,133	18.6 %	5,138,686	21.4 %
Associate's Degree	42,910	7.6 %	411,488	6.5 %	1,800,946	7.5 %
Bachelor's Degree	93,160	16.5 %	1,156,175	18.2 %	4,466,341	18.6 %
Graduate/Profess. Degree	39,522	7.0 %	599,422	9.5 %	2,497,308	10.4 %

Source: ESRI Business Analyst, 2008

## Birth Indicators

### Births

In 2008, there were 13,223 births in the area. The rate of births has decreased by approximately 3% from 13,647 births in 2006. The majority of births were to mothers who are Hispanic or Latino.

### Teen Births

In 2008, teen birth rates occurred at a rate of 96.9 per 1,000 births (or 9.7% of total births). This rate is higher than the teen birth rate found in the state. Examining the rate of teen births by city provides a more detailed view of teen birth rates. Covina has the highest teen pregnancy rate (158.5 per 1,000 live births – 15.8%). La Puente (134.8 per 1,000 live births – 13.5%) and Baldwin Park (129.5 per 1,000 live births – 12.9%) also have high rates of teen births.

### **Births to Teenage Mothers (Under Age 20)**

	<b>Births to Teens</b>	<b>Live Births</b>	<b>Rate per 1,000 Live Births</b>
Azusa	126	1,064	118.4
Baldwin Park	185	1,429	129.5
Covina	81	1,051	158.5
Diamond Bar	6	480	12.5
El Monte	204	1,786	114.2
Glendora	28	472	59.3
Hacienda Heights	43	673	63.9
La Puente	300	2,225	134.8
La Verne	12	278	43.2
Rowland Heights	29	785	36.9
San Dimas	15	308	48.7
South El Monte	108	879	122.9
Walnut	18	353	51.0
West Covina	127	1,440	88.2
<b>CVHP Service Area</b>	<b>1,282</b>	<b>13,223</b>	<b>96.9</b>
<b>California</b>	<b>52,328</b>	<b>551,567</b>	<b>94.9</b>

Source: California Department of Public Health, 2008

When 2008 teen births are examined as a percentage of live births and compared to the three-year average from 2004 - 2006, the percentage of teen births has increased in the CVHP service area from 9.4% to 9.7% of all births.

### **Births to Teenage Mothers (Under Age 20) Comparison**

	<b>Percent of Births</b>	<b>Percent of Births</b>
	<b>2004 - 2006</b>	<b>2008</b>
CVHP Service Area	9.4%	9.7%
California	9.5%	9.5%

Source: California Department of Health Services, 2004-2006 + 2008

## **Prenatal Care**

In 2008, pregnant women in the service area entered prenatal care late - after the first trimester - at a rate of 132.5 per 1,000 live births. San Dimas, El Monte and South El Monte have high rates of late prenatal care.

### **Late Entry into Prenatal Care (After First Trimester)**

	<b>Births with Late Prenatal Care</b>	<b>Live Births</b>	<b>Rate per 1,000 Live Births</b>
Azusa	152	1,064	142.9
Baldwin Park	177	1,429	123.9
Covina	144	1,051	137.0
Diamond Bar	55	480	114.6
El Monte	280	1,786	156.8
Glendora	53	472	112.3
Hacienda Heights	91	673	135.2
La Puente	296	2,225	133.0
La Verne	30	278	107.9
Rowland Heights	83	785	105.7
San Dimas	49	308	159.1
South El Monte	136	879	154.7
Walnut	31	353	87.8
West Covina	175	1,440	121.5
<b>CVHP Service Area</b>	<b>1,752</b>	<b>13,223</b>	<b>132.5</b>
<b>California</b>	<b>94,870</b>	<b>551,567</b>	<b>172.0</b>

Source: California Department of Public Health, 2008

The rate of late entry into prenatal care in the CVHP service area translates to 86.7% of women entering prenatal care within the first trimester. The area rate of early entry into prenatal care exceeds the Healthy People 2020 objective of 78% of women entering prenatal care in the first trimester. However, in comparing early prenatal care rates over time, early entry into prenatal care shows a decrease from 91.1% in 2004-2006 to 86.7% in 2008.

### **Early Prenatal Care Comparison**

	<b>Percent of Births</b>	<b>Percent of Births</b>
	<b>2004 - 2006</b>	<b>2008</b>
CVHP Service Area	91.1%	86.7%
California	86.7%	82.8%

Source: California Department of Health Services, 2004-2006 + 2008

## **Low Birth Weight and Infant Mortality**

Low birth weight is a negative birth indicator. Babies born at a low birth weight are at higher risk for disease, disability and possibly death. For this measurement, a lower rate is a better indicator. The CVHP service area has a lower rate of low birth weight babies (64.5 per 1,000 live births) when compared to the state (68.3 per 1,000 live births). There are, however, a number of areas where there is a high rate of low birth weight infants, including: San Dimas (81.2 per 1,000 live births) and West Covina (77.8 per 1,000 live births).

### **Low Birth Weight (Under 2,500 g)**

	<b>Low Weight Births</b>	<b>Live Births</b>	<b>Rate per 1,000 Live Births</b>
Azusa	61	1,064	57.3
Baldwin Park	82	1,429	57.4
Covina	81	1,051	77.1
Diamond Bar	31	480	64.6
El Monte	102	1,786	57.1
Glendora	25	472	53.0
Hacienda Heights	42	673	62.4
La Puente	154	2,225	69.2
La Verne	17	278	61.2
Rowland Heights	40	785	51.0
San Dimas	25	308	81.2
South El Monte	61	879	69.4
Walnut	20	353	56.7
West Covina	112	1,440	77.8
<b>CVHP Service Area</b>	<b>853</b>	<b>13,223</b>	<b>64.5</b>
<b>California</b>	<b>37,663</b>	<b>551,567</b>	<b>68.3</b>

*Source: California Department of Public Health, 2008*

The Healthy People 2020 objective for low birth weight infants is 7.8% of live births. The percentage of low birth weight infants in the CVHP service area favorably exceeds this benchmark with an equivalent 6.5% of births being low birth weight.

When low birth weight births are examined as a rate of live births in 2008 and compared to the three-year average from 2004 - 2006, the rate has decrease in the CVHP service area from 67.1 to 64.5 per 1,000 live births.

### **Low Birth Weight Infants Comparison**

	<b>Rate per 1,000 Live Births</b>	<b>Rate per 1,000 Live Births</b>
	<b>2004 - 2006</b>	<b>2008</b>
CVHP Service Area	67.1	64.5
California	68.6	68.3

*Source: California Department of Health Services, 2004-2006 + 2008*

In 2008, the infant mortality rate in the CVHP service area was 4.9 deaths per 1,000 live births. In comparison, the infant death rate in the state was slightly higher at 5.1 deaths per 1,000 live births. (When examining data, it is important to use caution when reporting results derived from small numbers.)

### Infant Mortality Rate

	Infant Deaths	Live Births	Rate per 1,000 Live Births
Azusa	2	1,064	1.9
Baldwin Park	7	1,429	4.9
Covina	6	1,051	11.7
Diamond Bar	1	480	2.1
El Monte	3	1,786	1.7
Glendora	0	472	0.0
Hacienda Heights	5	673	7.4
La Puente	14	2,225	6.3
La Verne	5	278	18.0
Rowland Heights	5	785	6.4
San Dimas	3	308	9.7
South El Monte	5	879	5.7
Walnut	0	353	0.0
West Covina	9	1,440	2.8
<b>CVHP Service Area</b>	<b>65</b>	<b>13,223</b>	<b>4.9</b>
<b>California</b>	<b>2,806</b>	<b>551,567</b>	<b>5.1</b>

Source: California Department of Public Health, 2008

The infant death rate in the service area shows a positive decline from 6.4 per 1,000 live births in 2004/2005 to 4.9 per 1,000 live births in 2008. This rate also compares favorably to the Healthy People 2020 objective of 6.0 infant deaths per 1,000 live births.

### Infant Deaths Comparison

	Rate per 1,000 Live Births	Rate per 1,000 Live Births
	2004 - 2005	2008
CVHP Service Area	6.4	4.9
California	5.3	5.1

Source: California Department of Health Services, 2004-2006 + 2008

## **Breastfeeding**

Breastfeeding has been proven to have considerable benefits to baby and mother. The California Department of Public Health (CDPH) highly recommends babies be fed only breast milk for the first six months of life. Data on breastfeeding are collected by hospitals on the Newborn Screening Test Form. In 2008, breastfeeding rates at Queen of the Valley show 73.3% of new mothers use some breastfeeding and 17.2% use breastfeeding exclusively. At Foothill Presbyterian, 82% of new mothers use some breastfeeding and 31.2% use breastfeeding exclusively. The rates at Foothill Presbyterian are better than found in L.A. County and consistent with state rates. They meet the Healthy People 2020 objective of 81.9% of mothers who breastfeed.

### **In-Hospital Breastfeeding**

	<b>Any Breastfeeding</b>		<b>Exclusive Breastfeeding</b>	
	<b>Number</b>	<b>Percent</b>	<b>Number</b>	<b>Percent</b>
<b>Queen of the Valley</b>	<b>3,474</b>	<b>73.3%</b>	<b>815</b>	<b>17.2%</b>
<b>Foothill Presbyterian</b>	<b>559</b>	<b>82.0%</b>	<b>213</b>	<b>31.2%</b>
Los Angeles County	101,211	81.2%	37,374	30.0 %
California	375,337	86.2%	216,161	49.6 %

*Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2008*

## Leading Causes of Death and Premature Death

### Age-Adjusted Death Rate

Age-adjusted death rates are an important factor to examine when comparing mortality data. The crude death rate is a ratio of the number of deaths to the entire population. Age-adjusted death rates eliminate the bias of age in the makeup of the populations being compared. When adjusted for age, the death rate in the service area is 762.3 per 100,000 persons, higher than the county (713.2) or the state (650.1).

### **Age-Adjusted Death Rate, 2008**

	<b>Service Area</b>	<b>Los Angeles County</b>	<b>California</b>
Crude	521.5	560.9	611.9
Age-Adjusted	762.3	713.2	650.1

*Source: California Department of Public Health 2007, U.S. Bureau of the Census, and Center for Economic Development at California State University, Chico using ESRI Business Analyst 2008 (service area), California Department of Finance 2008 (LA and CA) population estimates, and Census 2000 age distribution*

The top three causes of death are heart disease, cancer and stroke. A more complete picture of disease risk and mortality is seen when the service area is examined by disease state.

### **Heart Disease Mortality**

The CVHP service area has an average five-year rate of death due to heart disease of 144.1 per 100,000 persons. Glendora, San Dimas, and La Verne have the highest death rates due to heart disease. South El Monte has the lowest rates of death as a result of heart disease. The service area rate exceeds the Healthy People 2020 objective of 100.8 deaths per 100,000 persons.

### **Heart Disease Death Rate, 5 Year Average**

	<b>Deaths</b>	<b>Population</b>	<b>Rate per 100,000 Persons</b>
Azusa	77.8	61,247	127.0
Baldwin Park	90.2	80,075	112.6
Covina	128.2	82,156	156.0
Diamond Bar	56.8	51,912	109.4
El Monte	127.6	98,885	129.0
Glendora	135.6	52,766	257.0
Hacienda Heights	91.8	56,070	163.7
La Puente	131.4	120,219	109.3
La Verne	86.0	34,772	247.3
Rowland Heights	52.4	48,442	108.2
San Dimas	94.0	36,665	256.4
South El Monte	46.4	46,552	99.7
Walnut	49.4	48,057	102.8
West Covina	178.8	116,666	153.3
<b>CVHP Service Area</b>	<b>1346.4</b>	<b>934,484</b>	<b>144.1</b>
<b>California</b>	<b>63,459.6</b>	<b>38,134,496</b>	<b>166.4</b>
<b>Healthy People 2020 Objective</b>			<b>100.8</b>

Source: California Department of Public Health, 2004-2008, ESRI Business Analyst, 2008

## **Cancer Mortality**

The cancer death rate in the service area is 123.8 per 100,000 persons. This rate is lower than the state rate (142.6 per 100,000) and the Healthy People 2020 objective (160.6 per 100,000). La Verne, San Dimas and Glendora have high rates of death as a result of cancer. South El Monte, Baldwin Park, Azusa and El Monte have the lowest death rates from cancer in the area.

### **Cancer Death Rate, 5 Year Average**

	<b>Deaths</b>	<b>Population</b>	<b>Rate per 100,000 Persons</b>
Azusa	60.8	61,247	99.3
Baldwin Park	75.6	80,075	94.4
Covina	120.2	82,156	146.3
Diamond Bar	54.6	51,912	105.2
El Monte	98.2	98,885	99.3
Glendora	93.8	52,766	177.8
Hacienda Heights	82.8	56,070	147.7
La Puente	128.4	120,219	106.8
La Verne	64.8	34,772	186.4
Rowland Heights	55.2	48,442	114.0
San Dimas	66.6	36,665	181.6
South El Monte	37.2	46,552	79.9
Walnut	52.6	48,057	109.5
West Covina	166.0	116,666	142.3
<b>CVHP Service Area</b>	<b>1,156.8</b>	<b>934,484</b>	<b>123.8</b>
<b>California</b>	<b>54,372.2</b>	<b>38,134,496</b>	<b>142.6</b>
<b>Healthy People 2020 Objective</b>			<b>160.6</b>

*Source: California Department of Public Health, 2004-2008, ESRI Business Analyst 2008*

### **Stroke Mortality**

The CVHP service area has a lower rate of death by stroke (31.4) than found in the state (39.3), and is below the Healthy People 2020 objective (33.8). La Verne and Glendora have the highest rates of death due to stroke. Azusa and Baldwin Park have the lowest rates of death due to stroke in the service area.

### **Stroke Death Rate, 5-Year Average**

	<b>Deaths</b>	<b>Population</b>	<b>Rate per 100,000 Persons</b>
Azusa	13.4	61,247	21.9
Baldwin Park	18.0	80,075	22.5
Covina	31.2	82,156	38.0
Diamond Bar	13.6	51,912	26.2
El Monte	24.6	98,885	24.9
Glendora	23.6	52,766	44.7
Hacienda Heights	19.6	56,070	35.0
La Puente	33.4	120,219	27.8
La Verne	16.6	34,772	47.7
Rowland Heights	17.0	48,442	35.1
San Dimas	14.6	36,665	39.8
South El Monte	12.0	46,552	25.8
Walnut	12.4	48,057	25.8
West Covina	43.8	116,666	37.5
<b>CVHP Service Area</b>	<b>293.8</b>	<b>934,484</b>	<b>31.4</b>
<b>California</b>	<b>14,992.4</b>	<b>38,134,496</b>	<b>39.3</b>
<b>Healthy People 2020 Objective</b>			<b>33.8</b>

Source: California Department of Public Health, 2004-2008, ESRI Business Analyst 2008

## **Diabetes Mortality**

The five-year averaged death rate for diabetes is higher in the CVHP service area (22.3) than in the state (19.5), but considerably lower than the Healthy People 2020 objective of 65.8 per 100,000. South El Monte (29.6) and La Verne (29.3) have the highest diabetes death rates. Walnut (13.3) and Diamond Bar (15.4) have the lowest rates of death from diabetes in the area.

### **Diabetes Death Rate, 5 Year Average**

	<b>Deaths</b>	<b>Population</b>	<b>Rate per 100,000 Persons</b>
Azusa	11.4	61,247	18.6
Baldwin Park	15.4	80,075	19.2
Covina	18.8	82,156	22.9
Diamond Bar	8.0	51,912	15.4
El Monte	20.0	98,885	20.2
Glendora	12.8	52,766	24.3
Hacienda Heights	14.6	56,070	26.0
La Puente	29.2	120,219	24.3
La Verne	10.2	34,772	29.3
Rowland Heights	8.8	48,442	18.2
San Dimas	10.4	36,665	28.4
South El Monte	13.8	46,552	29.6
Walnut	6.4	48,057	13.3
West Covina	28.2	116,666	24.2
<b>CVHP Service Area</b>	<b>208.0</b>	<b>934,484</b>	<b>22.3</b>
<b>California</b>	<b>7,381.8</b>	<b>37,873,407</b>	<b>19.5</b>
<b>Healthy People 2020 Objective</b>			<b>65.8</b>

Source: California Department of Public Health, 2004-2008, ESRI Business Analyst, 2008

## **Pneumonia Mortality**

The five-year average death rate from pneumonia for the CVHP service area (19.8) is equivalent to the rate found in the state (19.7). Glendora has the highest rate of death at 29.9 per 100,000, followed by La Verne with 29.3 deaths per 100,000. Diamond Bar (14.3), La Puente (14.6) and Rowland Heights (14.9) have the lowest rate of death from pneumonia in the area.

### **Pneumonia Death Rate, 5 Year Average**

	<b>Deaths</b>	<b>Population</b>	<b>Rate per 100,000 Persons</b>
Azusa	11.2	61,247	18.3
Baldwin Park	15.2	80,075	19.0
Covina	19.2	82,156	23.4
Diamond Bar	7.4	51,912	14.3
El Monte	16.8	98,885	17.0
Glendora	15.8	52,766	29.9
Hacienda Heights	12.0	56,070	21.4
La Puente	17.6	120,219	14.6
La Verne	10.2	34,772	29.3
Rowland Heights	7.2	48,442	14.9
San Dimas	10.6	36,665	28.9
South El Monte	7.2	46,552	15.5
Walnut	7.6	48,057	15.8
West Covina	26.8	116,666	23.0
<b>CVHP Service Area</b>	<b>184.8</b>	<b>934,484</b>	<b>19.8</b>
<b>California</b>	<b>7,453.6</b>	<b>37,873,407</b>	<b>19.7</b>

*Source: California Department of Public Health, 2004-2008, ESRI Business Analyst, 2008*

### **Unintentional Mortality Rate**

All communities in the CVHP service area have lower death rates as a result of unintentional injuries than when compared to the state (29.0 deaths per 100,000 persons) and the Healthy People 2020 objective (36.0). San Dimas has the highest rate of death from unintentional injuries (25.6 deaths per 100,000). Walnut has the lowest death rate (13.3) from this cause.

### **Unintentional Injury Death Rate, 5 Year Average**

	<b>Deaths</b>	<b>Population</b>	<b>Rate per 100,000 Persons</b>
Azusa	10.4	61,247	17.0
Baldwin Park	13.6	80,075	17.0
Covina	15.2	82,156	18.5
Diamond Bar	7.8	51,912	15.0
El Monte	16.2	98,885	16.4
Glendora	10.2	52,766	19.3
Hacienda Heights	10.0	56,070	17.8
La Puente	24.0	120,219	20.0
La Verne	7.6	34,772	21.9
Rowland Heights	8.4	48,442	17.3
San Dimas	9.4	36,665	25.6
South El Monte	10.4	46,552	22.3
Walnut	6.4	48,057	13.3
West Covina	23.6	116,666	20.2
<b>CVHP Service Area</b>	<b>173.2</b>	<b>934,484</b>	<b>18.5</b>
<b>California</b>	<b>10,973.8</b>	<b>37,873,407</b>	<b>29.0</b>
<b>Healthy People 2020 Objective</b>			<b>36.0</b>

Source: California Department of Public Health, 2004-2008, ESRI Business Analyst, 2008

### **Suicide Mortality Rate**

The five-year average rate of suicide is 6.1 per 100,000 in the CVHP service area. This is lower than the state rate (9.0) and the Healthy People 2020 objective (10.2).

Glendora has the highest rate of suicide (9.9 per 100,000) in the area, higher than the state rate. Diamond Bar and Hacienda Heights have the lowest rates of suicide in the area.

### **Suicide Death Rate, 5 Year Average**

	<b>Deaths</b>	<b>Population</b>	<b>Rate per 100,000 Persons</b>
Azusa	3.4	61,247	5.6
Baldwin Park	4.2	80,075	5.2
Covina	6.6	82,156	8.0
Diamond Bar	1.8	51,912	3.5
El Monte	5.2	98,885	5.3
Glendora	5.2	52,766	9.9
Hacienda Heights	2.0	56,070	3.6
La Puente	7.2	120,219	6.0
La Verne	2.6	34,772	7.5
Rowland Heights	3.8	48,442	7.8
San Dimas	1.8	36,665	4.9
South El Monte	2.6	46,552	5.6
Walnut	2.4	48,057	5.0
West Covina	8.0	116,666	6.9
<b>CVHP Service Area</b>	<b>56.8</b>	<b>934,484</b>	<b>6.1</b>
<b>California</b>	<b>3,424.0</b>	<b>37,873,407</b>	<b>9.0</b>
<b>Healthy People 2020 Objective</b>			<b>10.2</b>

Source: California Department of Public Health, 2004-2008, ESRI Business Analyst, 2008

### **Leading Causes of Premature Death**

In Los Angeles County, 45% of people in 2007 died before they reached age 75. With 75 years set as a cut-off date, everyone who dies younger than 75 is considered to have died prematurely. When premature death rates were examined for SPA 3, the Service Planning Area associated with the CVHP service area, coronary heart disease was the number one cause of premature death, followed by motor vehicle crash and homicide.

### **Leading Causes of Premature Death (before age 75) by Gender, SPA 3, 2007**

	<b>Male</b>	<b>Female</b>	<b>SPA 3</b>
#1 Cause	Coronary heart disease	Breast cancer	Coronary heart disease
#2 Cause	Homicide	Coronary heart disease	Motor vehicle crash
#3 Cause	Motor vehicle crash	Motor vehicle crash	Homicide

*Source: L.A. County Department of Public Health, Office of Health Assessment and Epidemiology. Mortality in Los Angeles County 2007: Leading Causes of death and premature death with trends for 1998-2007, 2010.*

Causes of premature death differ when examined by gender. The number one cause of premature death among males was heart disease and among females it was breast cancer. Among all males in L.A. County, the leading causes of premature death were: coronary heart disease, homicide and motor vehicle accident. Among females the top three causes of premature death were: coronary heart disease, breast cancer and lung cancer.

## Access to Health Care

### Health Insurance

Health insurance coverage is considered a key component to accessing health care. While place specific city level or zip code data on access to health care is not available, Health District level data is examined to gain a picture of the availability of insurance and a source of care for area residents. The CVHP service area encompasses two Health Districts: El Monte and Pomona.

Among adults, 18-64 years old, 28% of El Monte Health District and 22.2% of Pomona Health District residents report being uninsured. Adults in the El Monte Health District have higher rates of Medi-Cal coverage and lower rates of private insurance coverage than among adults in the Pomona Health District.

### **Insurance Coverage, Adults, Ages 18-64**

	Health Districts		SPA 3	Los Angeles County
	El Monte	Pomona		
Medi-Cal	19.5%	10.4%	15.0%	15.8%
Medicare	1.5%	<1.0%	1.2%	1.4%
Private	51%	66.5%	61.3%	60.8%
No Insurance	28%	22.2%	22.5%	22.0%

*Source: Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology, Los Angeles County Health Survey, 2007*

According to data from the 2007 L.A. County Health Survey, 90.9% of children in the El Monte Health District and 92.5% in the Pomona Health District are insured. In the El Monte Health District, 47.3% of children are covered by Medi-Cal. Over half (52.9%) of the children in the Pomona Health District have private insurance.

### **Insurance Coverage, Children, Ages 0-17**

	Health Districts		SPA 3	Los Angeles County
	El Monte	Pomona		
Healthy Families	11.3%	12.1%	12.5%	10.7%
Healthy Kids	2.1%	3.1%	1.7%	1.3%
Medi-Cal	47.3%	24.4%	31.6%	35.6%
Private	30.3%	52.9%	48.1%	45.4%
No Insurance	9.1%	7.5%	6.1%	7.0%

*Source: Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology, Los Angeles County Health Survey, 2007*

### **Hospital Discharges by Payor Source**

When hospital discharge data for 2009 were examined by payor source, the top three payor sources in the CVHP service area were Medicare (31.8%), private insurance (31%) and Medi-Cal (29.6%). Self-pay was 4.1% of hospital discharges. Glendora had the highest rate of Medicare (45.9%); South El Monte had the highest rate of Medi-Cal use (47.7%); and Diamond Bar had the highest percentage of private insurance (49.4%).

### **Hospital Discharges by Payor Source**

<b>Place of Residence</b>	<b>Medi-care</b>	<b>Medi-Cal</b>	<b>Priv. Ins.</b>	<b>Workers Comp</b>	<b>County Indigent Programs</b>	<b>Other Govern-ment</b>	<b>Other Indigent</b>	<b>Self Pay</b>	<b>Other Payer</b>
Azusa	24.4 %	37.6 %	29.8 %	0.6 %	1.5 %	1.8 %	0.1 %	4.2 %	0.1 %
Baldwin Park	25.4 %	42.6 %	24.3 %	0.4 %	1.6 %	1.9 %	0.0 %	3.6 %	0.1 %
Covina	33.7 %	24.4 %	35.2 %	0.5 %	1.9 %	1.2 %	0.1 %	2.9 %	0.1 %
Diamond Bar	31.9 %	11.8 %	49.4 %	0.6 %	0.6 %	1.3 %	0.0 %	4.2 %	0.1 %
El Monte	28.1 %	44.4 %	20.3 %	0.2 %	1.8 %	1.4 %	0.1 %	3.4 %	0.3 %
Glendora	45.9 %	13.4 %	35.5 %	0.5 %	1.3 %	0.7 %	0.0 %	2.6 %	0.0 %
Hacienda Heights	37.2 %	17.2 %	34.9 %	0.6 %	0.8 %	1.7 %	0.4 %	7.0 %	0.2 %
La Puente	25.0 %	42.3 %	25.0 %	0.4 %	1.4 %	1.9 %	0.2 %	3.7 %	0.1 %
La Verne	43.2 %	12.3 %	40.5 %	1.0 %	0.5 %	0.9 %	0.0 %	1.5 %	0.1 %
Rowland Heights	28.6 %	22.0 %	32.9 %	0.4 %	0.5 %	1.4 %	0.1 %	13.8 %	0.2 %
San Dimas	43.5 %	12.5 %	38.8 %	0.6 %	0.6 %	0.6 %	0.0 %	3.2 %	0.2 %
South El Monte	26.3 %	47.7 %	18.8 %	0.4 %	2.0 %	1.4 %	0.3 %	2.9 %	0.2 %
Walnut	35.8 %	12.5 %	44.8 %	0.4 %	1.1 %	1.2 %	0.0 %	4.0 %	0.3 %
West Covina	34.4 %	23.7 %	35.3 %	0.5 %	1.0 %	1.1 %	0.1 %	3.9 %	0.0 %
<b>CVHP Service Area</b>	<b>31.8 %</b>	<b>29.6 %</b>	<b>31.0 %</b>	<b>0.5 %</b>	<b>1.3 %</b>	<b>1.4 %</b>	<b>0.1 %</b>	<b>4.1 %</b>	<b>0.1 %</b>

Source: California Office of Statewide Health Planning and Development, Public Patient Discharge Data, 2009

## **Barriers to Care**

Adults in the area Health Districts experience a number of barriers to accessing care, including: cost of care and prescription medications, lack of a medical home, and transportation barriers; 22.4% indicated an inability to afford dental care and 10.9% could not afford medical care. Almost one-fifth of adults (19.3%) had no regular source of care.

## **Barriers to Accessing Health Care**

	<b>El Monte, Pomona Health Districts</b>	<b>SPA 3</b>	<b>Los Angeles County</b>
Adults Unable to Afford Dental Care in the Past Year	22.4%	19.4%	22.3 %
Adults Unable to Afford Medical Care in the Past Year	10.9%	10.2%	11.8 %
Adults Unable to Afford Mental Health Care in the Past Year	6.4%	5.6%	5.9 %
Adults Unable to Afford Prescription Medication in the Past Year	13.8%	12.2%	12.1 %
Adults Who Reported Difficulty Accessing Medical Care	32.5%	30.6%	27.3 %
Adults Who Reported Not Having a Regular Source of Health Care	19.3%	19.0%	19.2 %
Adults Who Reported Difficulty Talking to a Doctor because of a Language Barrier in the Past Year	10.7%	11.0%	15.1 %
Adults Who Reported Transportation Problems Prevented Obtainment of Medical Care	8.4%	7.2%	7.4 %

*Source: Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology, Los Angeles County Health Survey 2007*

## **Access to Primary Care Community Clinics**

Community clinics provide primary care (including medical, dental and mental health services) for uninsured and medically underserved populations. Using ZCTA (ZIP Code Tabulation Area) data for Covina, West Covina and Glendora and information from the Uniform Data System (UDS)<sup>4</sup>, 23.4% of the population in the communities where CVHP has facilities is categorized as low-income (200% of Federal Poverty Level) and 8.8% are at or below the Federal Poverty Level. Portions of West Covina, La Puente, Baldwin Park, El Monte and South El Monte are categorized as Health Professions Shortage Areas (HPSA) and Medically Underserved Areas (MUA).

There are a number of Section 330 funded grantees (Federally Qualified Health Centers – FQHCs) serving the CVHP service area, including: AltaMed Health Services Corporation, East Valley Community Health Center and El Proyecto Del Barrio. East Valley Community Health Center is the dominant FQHC in the eastern portion of the service area and AltaMed provides most of the clinic services in the western portion of the service area. Within the CVHP service area there are three Federally Qualified Health Center clinic sites: AltaMed has a clinic in El Monte; East Valley Community

<sup>4</sup> The UDS is an annual reporting requirement for grantees of HRSA primary care programs:

- Community Health Center, Section 330 (e)
- Migrant Health Center, Section 330 (g)
- Health Care for the Homeless, Section 330 (h)
- Public Housing Primary Care, Section 330 (i)

Health Center has a clinic in West Covina; and El Proyecto Del Barrio has a clinic in Azusa. In addition to these FQHCs, there are a handful of small community clinics working in the area served by CVHP, including but not limited to, Cleaver Clinic in El Monte, and Buddhist Tzu Chi Free Clinic in South El Monte. Additionally, there is a county-run clinic in the area – the El Monte Comprehensive Health Center – that provides preventive and primary health care services.

Even with a Section 330 funded Community Health Center in the area, there are a significant number of low-income residents who are not served by one of these clinic providers. The FQHCs have a total of 8,611 patients, which equates to 15.8% penetration among low-income patients and 3.7% penetration among the total population. From 2007-2009 the CHC providers added 2,012 patients for a 30.5% increase in patients served by Community Health Centers. However, there remain 45,883 low-income residents, approximately 84% of the population at or below 200% FPL that are not served by a Section 330-funded grantee.

**Low-Income Patients Served and Unserved by FQHCs**

Patients served by Section 330 Grantees In Baldwin Park	Penetration among Low-Income Patients	Penetration of Total Population	Unserved Low-Income in Baldwin Park	
			Number	Percent
8,611	15.8%	3.7%	45,883	84.2%

*Source: UDS Mapper, 2009*

## Chronic Disease

### Chronic Diseases among Adults

The data on chronic diseases are available by Health District. Among adults with chronic diseases in the area, there are some notable findings. The residents of the El Monte and Pomona Health Districts have higher rates of cholesterol, diabetes, heart disease, and hypertension than found in the county overall. Over one-third of adults (35.7%) have high cholesterol and 25.7% have hypertension.

### **Chronic Diseases among Adults**

	<b>El Monte, Pomona Health Districts</b>	<b>SPA 3</b>	<b>Los Angeles County</b>
Adults diagnosed with High Blood Cholesterol	35.7%	31.5%	29.1%
Adults diagnosed with Depression	13.4%	12.4%	13.6%
Adults diagnosed with Diabetes	10.0%	8.2%	8.7%
Adults diagnosed with Heart Disease	8.1%	7.9%	7.7%
Adults diagnosed with Hypertension	25.7%	24.2%	24.7%

*Source: Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health, 2007*

### Childhood Asthma

Among children, ages 0-17, the rate of asthma is 8.3%, this is higher than found among youth in L.A. County (7.9%).

### **Asthma among Children (0-17)**

	<b>El Monte, Pomona Health Districts</b>	<b>SPA 3</b>	<b>Los Angeles County</b>
Children Diagnosed with Asthma	8.3%	7.6%	7.9%

*Source: Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health, 2007*

### AIDS Infection

The area Health Districts have a 207.0 prevalence rate of AIDS per 100,000 persons. This prevalence is considerably lower than the county rate of 538.4.

### **Total AIDS Infection Diagnoses, through December 2009**

	<b>El Monte, Pomona Health Districts</b>		<b>Los Angeles County</b>	
	<b>Number</b>	<b>Prevalence per 100,000 Population</b>	<b>Number</b>	<b>Prevalence per 100,000 Population</b>
Infection Diagnoses	2,020	210.0	56,091	538.4

*Source: HIV Epidemiology Program, Los Angeles County Department of Health Services, 2009*

### **STD Cases**

SPA 3 has lower rates of Chlamydia, Gonorrhea and Syphilis compared to L.A. County. Young adults, ages 20-29, and Latinos have the highest rates of sexually transmitted infections.

### **STD Cases, 2008**

	<b>SPA 3</b>	<b>Los Angeles County</b>
	<b>Rate per 100,000 Persons</b>	<b>Rate per 100,000 Persons</b>
Chlamydia	285.9	442.8
Gonorrhea	33.2	84.7
Primary & Secondary Syphilis	3.6	7.3
Early Latent Syphilis	3.2	7.9
Late/Late Latent Syphilis	7.6	14.7

Source: County of Los Angeles Public Health, Sexually Transmitted Disease Program, 2008

### **Tuberculosis**

The rates of TB fell in the El Monte and Pomona Health Districts from 2006 to 2007. The rates in the area Health Districts are higher than the rate of TB in the county and the state.

### **Tuberculosis, 2006-2007**

	<b>2006</b>		<b>2007</b>	
	<b>Cases</b>	<b>Rate per 100,000 Persons</b>	<b>Cases</b>	<b>Rate per 100,000 Persons</b>
El Monte Health District	45	30.4	51	28.7
Pomona Health District	30	20.3	30	16.9
Los Angeles County	885	9.2	815	8.4
California	2,779	7.4	2,725	7.2

Source: Los Angeles County Department of Public Health, Tuberculosis Morbidity Data Tables LA County, 2003-2007 \* For the Pomona Health District, the 2007 rate decreased from 2006 despite no change in the number of cases.

## **Preventive Practices**

Health screenings and immunizations are widely accepted methods to help identify and prevent disease.

Seniors are particularly vulnerable to communicable respiratory diseases, and are recommended to obtain yearly flu shots. In SPA 3, 69.3% of seniors had obtained a flu shot. And 54.1% of seniors had a pneumonia vaccine.

Pap smears screen for cervical cancer. Among adult women, 81.3% had received a Pap smear in the last three years. Mammograms are used for detection of breast cancer and 72.4% of women, 40 years and over, in SPA 3 received a mammogram in the last two years.

In SPA 3 the rate of engaging in these health prevention activities is at a lower rate than found in the county and below Healthy People 2020 objectives.

### **Preventive Practices**

	<b>SPA 3</b>	<b>Los Angeles County</b>	<b>Healthy People 2020</b>
Senior flu shot	69.3%	71.3%	90%
Senior pneumonia vaccine	54.1%	60.5%	90%
Pap smear in last 3 years	81.3%	84.4%	93%
Mammogram in the last 2 years	72.4%	73.7%	81.1%

*Source: Los Angeles County Health Survey, 2007; Healthy People 2020 Objectives*

## Health Behaviors

### **Adult Overweight and Obesity**

In the CVHP Health Districts, 34.8% of adults are overweight and 25.8% are obese. The percentage of overweight and obese adults in the area exceeds the rates in SPA 3 and the county.

#### **Overweight and Obese Adults**

	El Monte, Pomona Health Districts	SPA 3	Los Angeles County
Overweight	34.8%	32.4%	35.9%
Obese	25.8%	22.2%	22.2%

Source: Los Angeles County Health Survey, 2007

### **Childhood Obesity**

L.A. County has collected data on childhood obesity from 128 cities and communities. Based on the prevalence of obesity in these areas, the cities were ranked for obesity prevalence with a ranking of 1 indicating the lowest prevalence of obesity and 128 the highest ranking. Within the CVHP service area is a broad range of obesity prevalence. In fact the service area is home to the community ranked highest for childhood obesity – Irwindale (40.9%). Walnut has the lowest rate of childhood obesity at 14.4%.

#### **Childhood Obesity**

	Prevalence of Childhood Obesity Percent+	Rank of Obesity Prevalence among Cities in LA County*
Irwindale	40.9%	128
Baldwin Park	28.3%	103
El Monte	28.0%	100
La Puente	27.8%	97
South El Monte	27.6%	91
Avocado Heights	27.6%	93
Azusa	27.4%	88
Valinda	26.6%	81
West Covina	23.7%	64
Covina	23.1%	60
Hacienda Heights	20.2%	49
Rowland Heights	19.7%	45
San Dimas	17.7%	37
Glendora	15.6%	32
La Verne	15.3%	30
Diamond Bar	14.5%	26
Walnut	14.4%	25
Los Angeles County	23.3%	

Source: L.A. County Department of Public Health, 2005, +BMI for age > or equal to 95<sup>th</sup> percentile

\*Cities were ranked from 1-128, with 1 indicating the lowest prevalence of obesity and 128 indicating the highest prevalence.

## **Alcohol Use**

In the service area Health Districts, 47.9% of adults consumed alcohol and 14.8% engage in binge drinking. Binge drinking is measured as consuming a certain amount of alcohol in a designated period of time. For males this is 5 or more drinks per occasion and for females 4 or more drinks per occasion. 2.1% of adults reported heavy drinking.

### **Adult Alcohol Use**

	<b>El Monte, Pomona Health Districts</b>	<b>SPA 3</b>	<b>Los Angeles County</b>
Adults Who Reported Alcohol Consumption in the Past Month	47.9%	47.2%	52.0 %
Adults Who Engaged in Binge Drinking in the Past Month	14.8%	13.8%	16.2 %
Adults Who Reported Heavy Drinking in the Past Month	2.1%	2.6%	3.3 %

*Source: Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health, 2007*

## **Smoking**

Smoking continues to be the leading cause of preventable death in the United States. Using data from the L.A. County Health Survey (2007), U.S. Census (2000) and Population Estimates and Projection System (2007), the Los Angeles County Department of Public Health undertook an examination of smoking prevalence among cities and communities in L.A. County. All of the communities in the CVHP service area have lower smoking rates than in L.A. County. Valinda, Covina and La Puente have the highest rates of smoking in the area. Walnut and Diamond Bar have the lowest rates of smoking.

### **Smoking Prevalence**

	<b>Percent of Smokers</b>
Valinda	12.8%
Covina	12.7%
La Puente	12.7%
El Monte	12.4%
Azusa	12.1%
Baldwin Park	11.8%
West Covina	11.3%
South El Monte	11.2%
Glendora	10.8%
San Dimas	10.6%
Hacienda Heights	10.5%
Rowland Heights	10.5%
Avocado Heights	10.3%
La Verne	10.1%
Diamond Bar	9.3%
Walnut	8.8%
<b>SPA 3 San Gabriel Valley</b>	<b>11.9%</b>
<b>Los Angeles County</b>	<b>14.3%</b>
<b>Healthy People 2020 Objective</b>	<b>12.0%</b>

*Source: LA County Department of Public Health. Cigarette Smoking in LA County, 2010; LA County Health Survey, 2007*

## Social Issues

### **Access to Safe Places to Play**

Access to parks, playgrounds and safe places to play in a community is a key environmental factor to promote exercise and play. The percent of children whose parents report they can easily get to parks or playgrounds is 85.3% in the San Gabriel Valley SPA 3; this is a higher percentage than in the county (79.8%).

### **Access to Safe Places to Play**

	SPA 3	Los Angeles County
Safe places to play	85.3%	79.8%

*Source: Los Angeles County Health Survey, 2007*

### **Fast Food Consumption**

One-half of the children in the area consumed fast food one or more times a week. Among adults, 39.5% consumed fast food in a week.

### **Fast Food Consumption, One or More Times a Week**

	SPA 3	Los Angeles County
Children (0-17)	49.9%	47.6%
Adults over 18	39.5%	40.2%

*Source: Los Angeles County Health Survey, 2007*

### **Soda Consumption**

In Service Planning Area 3, the percent of children that consume one or more sodas or sweetened drinks a day is 39.3%. Over one-third of adults (37%) consume a soda or sweetened drink a day. These rates are lower than the county rate of soda consumption.

### **Soda or Sweetened Drink Consumption, One or More a Day**

	SPA 3	Los Angeles County
Children (0-17)	39.3%	43.3%
Adults over 18	37.0%	38.8%

*Source: Los Angeles County Health Survey, 2007*

### **Fresh Fruits and Vegetables**

In SPA 3, 13.5% of adults indicated they ate a minimum of five fruits and vegetables in the previous day. This is a lower rate of fruit and vegetable consumption than found in the county.

### **Consumption of 5 or More Fresh Fruits and Vegetables a Day**

	SPA 3	Los Angeles County
Adults over 18	13.5%	15.1%

*Source: Los Angeles County Health Survey, 2007*

When asked to rate the quality of fresh fruits and vegetables available to them, 30.9% of residents of SPA 3 indicated the quality was very high. 4.8% of residents felt the fruits and vegetables available to them were of low quality.

### Quality of Available Fresh Fruits and Vegetables

	SPA 3	Los Angeles County
Very High	30.9%	36.0%
Somewhat High	62.9%	57.1%
Not High Quality	4.8%	5.4%
Not Available	1.4%	1.5%

Source: Los Angeles County Health Survey, 2007

### Physical Activity

Over 81% of youth in SPA 3 are Active or Somewhat Active. Among adults, 50.4% are physically active. However, 18.9% of youth and over one-third of the adult population (39.4%) are sedentary. A sedentary lifestyle can lead to overweight and obesity and is a contributing factor to many chronic diseases and disabilities.

### Physical Activity

	SPA 3		Los Angeles County	
	Youth	Adults	Youth	Adults
Active	35.0%	50.4%	37.6%	53.2%
Somewhat Active	46.1%	10.2%	47.2%	10.7%
Minimally Active/Sedentary	18.9%	39.4%	15.2%	36.2%

Source: Los Angeles County Health Survey, 2007

### Mental Health

Among adults in SPA 3, 9.4% experienced some type of psychological distress in the past year; 8.1% of adults saw a health care provider for mental health or drug/alcohol related issues, 6.9% have taken medicine for more than two weeks for mental health issues, and 9.7% received counseling.

### Mental Health Indicators

	SPA 3	Los Angeles County	California
Adults who had psychological distress during past year	9.4%	8.3 %	8.5 %
Adults who saw a health care provider for emotional-mental and/or alcohol-drug issues in past year	8.1%	11.0%	12.4 %
Has taken prescription medicine for emotional/mental health issue in past year	6.9%	9.0%	10.0%
Received psychological/ emotional counseling in past year	9.7%	7.1%	8.8%

Source: California Health Interview Survey, 2007

## **Homelessness**

Every two years the Los Angeles Homeless Services Authority (LAHSA) conducts the Greater Los Angeles Homeless Count as a snapshot to determine how many people are homeless on a given day. Data from this survey are available at the SPA level. The SPA 3 homeless census results show a decrease in homelessness from 2005 to 2009 and an increase in the percentage of sheltered homeless.

### **Homelessness in SPA 3, 2005-2009**

	Number of Homeless Persons		
	2005	2007	2009
Sheltered	550	957	1,010
Unsheltered	8,704	8,985	1,770
Total	9,254	9,942	2,780

Source: Los Angeles Homeless Services Authority, 2005, 2007, 2009

The 2009 Homeless Count found over one-third (34.4%) of the homeless have substance abuse problems and 21.6% have mental illness. Among the homeless, 14.8% are veterans, 9.1% are victims of domestic violence and 13.3% are families with children.

### **Homeless Subpopulations, 2009**

	SPA 3		Los Angeles County	
	Number	Percent	Number	Percent
Chronic Homeless	399	14.4%	10,245	24.0%
Families	370	13.3%	4,885	11.4%
Individuals	2,410	86.7%	37,809	88.6%
Persons with AIDS or HIV-Related Illnesses	70	2.5%	1,064	2.5%
Persons with Mental Illness	602	21.6%	10,387	24.3%
Persons with Substance Abuse Problems	957	34.4%	17,419	40.8%
Veterans	412	14.8%	6,540	15.3%
Victims of Domestic Violence	252	9.1%	3,762	8.8%
Youth – (Under 18) Unaccompanied	115	4.1%	638	1.5%

Source: Los Angeles Homeless Services Authority, 2009 Greater Los Angeles Homeless Count Report

## **Crime**

Crime statistics indicate that property crimes are among the highest in the CVHP service area. Among the area communities El Monte has the highest rate of violent crime (652.8 per 100,000). South El Monte also has the highest rate of property crime (1,952 per 100,000). West Covina has the highest rate of theft (2,194.2 per 100,000) and Covina has the highest rate of arson (39.8 per 100,000).

### **Crime Rates for 2008 per 100,000 Persons**

	<b>Violent</b>	<b>Property</b>	<b>Theft</b>	<b>Arson</b>
Azusa	432.3	1,668.9	1,710.5	20.8
Baldwin Park	336.8	1,535.1	1,024.2	12.6
Covina	294.2	1,878.4	2,059.3	39.8
Diamond Bar	138.9	1,193.9	1,008.7	13.2
El Monte	652.8	1,519.3	1,087.7	22.8
Glendora	131.3	1,419.4	2,095.3	7.7
Irwindale*	1,840.9	11,637.1	9,073.0	131.5
La Puente	640.1	1,067.6	714.8	11.7
La Verne	178.2	1,204.3	1,480.8	15.4
San Dimas	217.1	1,316.0	1,432.7	16.3
South El Monte	574.9	1,952.0	1,135.9	32.5
Walnut	161.5	1,032.4	826.5	12.7
West Covina	346.3	1,886.2	2,194.2	5.2
<b>CVHP Service Area</b>	<b>372.7</b>	<b>1,542.5</b>	<b>1,466.3</b>	<b>16.6</b>
<b>Los Angeles County</b>	<b>583.7</b>	<b>1,697.2</b>	<b>1,450.6</b>	<b>32.9</b>
<b>California</b>	<b>489.1</b>	<b>1,734.1</b>	<b>1,718.0</b>	<b>28.2</b>

Source: California Office of the Attorney General, 2008

\*Irwindale has few residents, making crime rates for the city per 100,000 persons artificially high.

## **Domestic Violence**

An examination of domestic violence calls within the CVHP service area communities (averaged over ten years) shows a rate of 33.7 per 10,000 persons. This is a lower rate than the county or the state. Among the calls, 44.5% were for calls that involved a weapon. Covina has a high rate of domestic violence calls (49.9). But interestingly, Covina has a relatively low rate of weapons involved (6.2). South El Monte has the highest rate of domestic violence calls involving a weapon (37.0). Walnut (11.1) and Diamond Bar (11.5) have the lowest rate of domestic violence calls.

### **Domestic Violence Calls, 10 Year Average**

	Total Calls		Calls Involving Weapons	
	Number	Rate per 10,000 Persons	Number	Rate per 10,000 Persons
Azusa	192.6	40.0	114.8	23.9
Baldwin Park	283.2	35.7	155.9	19.7
Covina	251.0	49.9	31.1	6.2
Diamond Bar	69.3	11.5	55.6	9.2
El Monte	533.0	43.5	199.1	16.2
Glendora	138.2	26.7	41.2	8.0
Irwindale*	8.5	55.9	5.1	33.5
La Puente	192.4	44.9	151.6	35.4
La Verne	81.8	25.1	31.7	9.7
San Dimas	94.8	25.7	73.0	19.8
South El Monte	101.2	46.9	79.7	37.0
Walnut	34.9	11.1	27.6	8.7
West Covina	358.6	31.2	74.2	6.5
<b>CVHP Service Area</b>	<b>2339.5</b>	<b>33.7</b>	<b>1040.6</b>	<b>15.0</b>
<b>Los Angeles County</b>	<b>50,003.3</b>	<b>44.9</b>	<b>34,193.6</b>	<b>30.7</b>
<b>California</b>	<b>204,216.3</b>	<b>50.7</b>	<b>105,366.4</b>	<b>26.2</b>

Source: California Department of Justice, Rand CA Community Statistics 2000-2009, U.S. Department of Finance 2008 Population Estimates, Center for Economic Development at CSU, Chico

\*Irwindale has few residents, making crime rates for the city per 10,000 persons artificially high.

When examined by year for 10 years, domestic violence calls in the CVHP service area have decreased from a rate of 39.3 per 10,000 persons in 2000 to 27.6 per 10,000 in 2009. The rate of calls involving a weapon has also seen a decrease over the last ten years.

### Domestic Violence Calls, Time Series 2000-2009

Year	CVHP Service Area				Los Angeles County			
	Total Calls		Calls Involving Weapons		Total Calls		Total Calls Involving Weapons	
	Number	Rate per 10,000 Persons	Number	Rate per 10,000 Persons	Number	Rate per 10,000 Persons	Number	Rate per 10,000 Persons
2000	2,574	39.3	1,477	22.6	60,960	64.0	44,029	46.3
2001	2,436	36.7	1,261	19.0	59,661	61.8	42,798	44.3
2002	2,353	34.9	1,090	16.2	56,452	57.5	40,017	40.8
2003	2,203	32.2	969	14.2	52,790	53.0	37,817	38.0
2004	2,113	30.6	945	13.7	48,041	47.7	34,430	34.2
2005	1,945	28.0	890	12.8	45,684	45.0	32,862	32.4
2006	1,808	26.0	701	10.1	43,508	42.6	29,445	28.9
2007	1,697	24.4	654	9.4	19,689	19.2	9,858	9.6
2008	2,006	28.8	686	9.8	20,231	19.7	9,945	9.7
2009	1,929	27.6	696	9.9	43,014	41.5	26,541	25.6

Source: California Department of Justice, Rand CA Community Statistics 2000-2009, U.S. Department of Finance 2008 Population Estimates, Center for Economic Development at CSU, Chico

## **Youth Involvement in Gangs**

As part of the Healthy Kids Survey, students in grades 7, 9, 11, and non-traditional school students were asked if they currently consider themselves a member of a gang. Survey results show, from 7<sup>th</sup> to 11<sup>th</sup> grades, male involvement in gangs increased while female involvement decreased. In the CVHP service area, male involvement was essentially the same in 9<sup>th</sup> and 10<sup>th</sup> grades with 10.3% and 10.2% of male students (respectively) indicating gang involvement. Female involvement in gangs was highest in 7<sup>th</sup> grade when 7.5% of female students indicated gang involvement.

There are several notable findings among the various school districts in the service area. El Monte City had the highest female gang involvement (9.6%) and Mountain View Elementary had the highest male gang involvement (13.7%) among 7<sup>th</sup> graders. Among 9<sup>th</sup> graders, Bassett Unified had the highest female gang involvement (10.2%) and Baldwin Park Unified had the highest male gang involvement (15.5%). Hacienda La Puente had the highest rate of females in gangs in 11<sup>th</sup> grade (9.2%); 21.3% of 11<sup>th</sup> grade males were involved in gangs at Bonita Unified.

### **Reports of Gang Membership, by Gender and Grade Level**

	7th Grade		9th Grade		11th Grade	
	Female	Male	Female	Male	Female	Male
Azusa Unified	9.2 %	10.1 %	6.8 %	13.1 %	5.5 %	11.3 %
Baldwin Park Unified	7.8 %	11.9 %	8.4 %	15.5 %	5.1 %	13.2 %
Basset Unified	9.4 %	12.0 %	10.2 %	13.7 %	5.8 %	12.5 %
Bonita Unified	4.5 %	3.5 %	6.2 %	13.9 %	2.4 %	21.3 %
Charter Oak Unified	7.4 %	8.8 %	4.6 %	13.7 %	3.0 %	8.3 %
Covina Valley Unified	3.7 %	9.5 %	5.6 %	7.7 %	3.9 %	10.3 %
El Monte City Elementary	9.6 %	9.8 %	0.0 %	0.0 %	0.0 %	0.0 %
El Monte Union High	0.0 %	0.0 %	2.6 %	9.8 %	3.3 %	6.4 %
Glendora Unified	6.6 %	10.1 %	3.9 %	9.1 %	7.0 %	13.6 %
Hacienda La Puente Unified	9.4 %	11.9 %	9.3 %	6.9 %	9.2 %	7.8 %
Mountain View Elementary	5.5 %	13.7 %	0.0 %	0.0 %	0.0 %	0.0 %
Rowland Unified	8.4 %	8.0 %	5.9 %	7.7 %	6.1 %	9.4 %
Valle Lindo Elementary	8.8 %	11.4 %	0.0 %	0.0 %	0.0 %	0.0 %
Walnut Valley Unified	5.8 %	6.6 %	8.7 %	8.5 %	5.0 %	12.3 %
West Covina Unified	9.0 %	8.0 %	5.3 %	8.4 %	2.2 %	7.1 %
<b>CVHP Service Area</b>	<b>7.5 %</b>	<b>9.6 %</b>	<b>6.3 %</b>	<b>10.3 %</b>	<b>4.8 %</b>	<b>10.2 %</b>
<b>Los Angeles County</b>	<b>7.0 %</b>	<b>10.5 %</b>	<b>7.0 %</b>	<b>10.2 %</b>	<b>5.5 %</b>	<b>10.2 %</b>
<b>California</b>	<b>7.9 %</b>	<b>11.0 %</b>	<b>7.6 %</b>	<b>11.3 %</b>	<b>6.0 %</b>	<b>11.2 %</b>

Source: California Healthy Kids Survey, Developed by Wested for the California Department of Education, 2006-2008

\* Percentage of students in grades 7, 9, 11, and non-traditional students reporting that they currently consider themselves a member of a gang, by gender. "Non-Traditional" students are those enrolled in Community Day Schools or Continuation Education. According to EdSource, nearly 10% of public school students in California are enrolled in these programs.

## School and Student Characteristics

Fifteen area school districts were examined for selected demographic and performance characteristics.

### **School Enrollment**

School enrollment for the CVHP area school districts totals 171,959 students.

#### **School Enrollment, 2008-2009**

<b>School Districts</b>	<b>Number</b>
Azusa Unified	11,209
Baldwin Park Unified	20,015
Basset Unified	5,033
Bonita Unified	9,967
Charter Oak Unified	6,305
Covina Valley Unified	14,391
El Monte City Elementary	10,144
El Monte Union High	10,476
Glendora Unified	7,199
Hacienda La Puente Unified	21,965
Mountain View Elementary	8,713
Rowland Unified	16,485
Valle Lindo Elementary	1,155
Walnut Valley Unified	14,973
West Covina Unified	13,929
<b>CVHP Service Area</b>	<b>171,959</b>
<b>Los Angeles County</b>	<b>1,631,883</b>

Source: California Department of Education, 2008-2009

## **Student Race/Ethnicity**

The student population of all CVHP area district schools is overwhelmingly Latino at 65%. Asians are the next most prevalent race (13.3%). Whites are 11.9% of the student population. All other races/ethnicities total 9.8% of the entire student population.

### **Race and Ethnicity of Students (1)**

	Hispanic		Asian		Caucasian	
	Number	Percent	Number	Percent	Number	Percent
Azusa Unified	9,967	88.9 %	96	0.9 %	681	6.1 %
Baldwin Park Unified	17,032	85.1 %	697	3.5 %	896	4.5 %
Basset Unified	4,696	93.3 %	88	1.7 %	80	1.6 %
Bonita Unified	3,017	30.3 %	427	4.3 %	3,840	38.5 %
Charter Oak Unified	2,833	44.9 %	275	4.4 %	2,126	34.3 %
Covina Valley Unified	9,797	68.1%	846	5.9%	2,135	14.8%
El Monte City Elementary	7,844	77.3 %	1,759	17.3 %	296	2.9 %
El Monte Union High	8,091	77.2 %	1,908	18.2 %	321	3.1 %
Glendora Unified	1,497	20.8 %	331	4.6 %	3,793	52.7 %
Hacienda La Puente Unified	17,030	77.5 %	2,755	12.5 %	1,120	5.1 %
Mountain View Elementary	8,003	91.9 %	564	6.5 %	45	0.5 %
Rowland Unified	10,015	60.8 %	3,435	20.8 %	617	3.7 %
Valle Lindo Elementary	1,080	93.5 %	44	3.8 %	15	1.3 %
Walnut Valley Unified	2,949	19.7 %	8,522	56.9 %	1,893	12.6 %
West Covina Unified	7,947	57.1 %	1,120	8.0 %	2,634	18.9 %
<b>CVHP Service Area</b>	<b>111,798</b>	<b>65.0%</b>	<b>22,867</b>	<b>13.3%</b>	<b>20,492</b>	<b>11.9%</b>
<b>Los Angeles County</b>	<b>1,021,479</b>	<b>62.6 %</b>	<b>126,097</b>	<b>8.0 %</b>	<b>245,964</b>	<b>15.1 %</b>

Source: California Department of Education, 2008-2009

## Race and Ethnicity of Students (2)

	Filipino		African American		Multiple/Other	
	Number	Percent	Number	Percent	Number	Percent
Azusa Unified	194	1.7 %	207	1.8 %	64	0.5 %
Baldwin Park Unified	368	1.8 %	659	3.3 %	363	1.8 %
Basset Unified	53	1.1 %	52	1.0 %	64	1.2 %
Bonita Unified	187	1.9 %	322	3.2 %	2,174	21.8 %
Charter Oak Unified	160	2.5 %	249	3.9 %	626	9.9 %
Covina Valley Unified	470	3.3 %	645	4.5 %	498	3.4 %
El Monte City Elementary	76	0.7 %	23	0.2 %	146	1.4 %
El Monte Union High	58	0.6 %	58	0.6 %	40	0.4 %
Glendora Unified	130	1.8 %	100	1.4 %	1,348	18.7 %
Hacienda La Puente Unified	432	2.0 %	320	1.5 %	308	1.3 %
Mountain View Elementary	41	0.5 %	19	0.2 %	41	0.5 %
Rowland Unified	1,373	8.3 %	390	2.4 %	655	4.0 %
Valle Lindo Elementary	5	0.4 %	2	0.2 %	9	0.8 %
Walnut Valley Unified	920	6.1 %	448	3.0 %	241	1.7 %
West Covina Unified	586	4.2 %	1,011	7.3 %	631	4.5 %
<b>CVHP Service Area</b>	<b>5,053</b>	<b>2.9%</b>	<b>4,505</b>	<b>2.6%</b>	<b>7,208</b>	<b>4.3%</b>
<b>Los Angeles County</b>	<b>38,058</b>	<b>2.3 %</b>	<b>154,448</b>	<b>9.5 %</b>	<b>45,837</b>	<b>2.8 %</b>

Source: California Department of Education, 2008-2009

### **Free and Reduced Price Meal Programs**

The number of students eligible for the free and reduced price meal programs is one indicator of the socioeconomic status of a school district's student population. The school districts in the CVHP area present a mixed view. It is important to note, that while examining district totals provides an overview of the student population, this is an average among all the schools. Within each district there are a number of schools with higher and lower rates of eligible low-income children.

At Mountain View Elementary, over 95% of all students qualify for this program. In comparison, Walnut, Glendora and Bonita school districts have relatively low numbers of low-income students.

### **Free and Reduced Meal Program, 2008-2009**

	<b>Number</b>	<b>Percent</b>
Azusa Unified	8,382	74.8 %
Baldwin Park Unified	11,605	58.0 %
Basset Unified	3,919	77.9 %
Bonita Unified	1,926	19.3 %
Charter Oak Unified	2,237	35.5 %
Covina Valley Unified	6,846	47.6 %
El Monte City Elementary	8,021	79.1 %
El Monte Union High	8,450	80.7 %
Glendora Unified	1,016	14.1 %
Hacienda La Puente Unified	13,555	61.7 %
Mountain View Elementary	8,292	95.2 %
Rowland Unified	9,631	58.4 %
Valle Lindo Elementary	913	79.0 %
Walnut Valley Unified	1,577	10.5 %
West Covina Unified	7,913	56.8 %
<b>CVHP Service Area</b>	<b>94,283</b>	<b>54.8 %</b>
<b>Los Angeles County</b>	<b>1,020,326</b>	<b>62.5 %</b>

Source: California Department of Education, 2008-2009

## **English Learners**

The percentage of students who are English learners among the CVHP area school districts is 23.5%, less than the rate of English Learners in the county. Over one-half of the students (53.6%) of students at Mountain View Elementary are English Learners. At 4.2%, Glendora Unified has the lowest rate of English Learners. When examining district level data it is important to keep in mind that within each district there are a number of schools with higher and lower rates of English Learners.

### **English Learners, 2008-2009**

	<b>Number</b>	<b>Percent</b>
Azusa Unified	3,782	33.7 %
Baldwin Park Unified	6,101	30.5 %
Basset Unified	1,815	36.1 %
Bonita Unified	471	4.7 %
Charter Oak Unified	441	7.0 %
Covina Valley Unified	1,856	12.9 %
El Monte City Elementary	4,473	44.1 %
El Monte Union High	2,798	26.7 %
Glendora Unified	305	4.2 %
Hacienda La Puente Unified	5,363	24.4 %
Mountain View Elementary	4,667	53.6 %
Rowland Unified	5,617	34.1 %
Valle Lindo Elementary	253	21.9 %
Walnut Valley Unified	1,274	8.5 %
West Covina Unified	1,195	8.6 %
<b>CVHP Service Area</b>	<b>40,411</b>	<b>23.5 %</b>
<b>Los Angeles County</b>	<b>443,623</b>	<b>27.2 %</b>

Source: California Department of Education, 2008-2009

## **Student Proficiency**

Approximately one-fourth (26%) of the third graders in area school districts are proficient in English and Language Arts. Among ninth grade students, 16% are proficient in Algebra. There is considerable variability among school districts in regard to student proficiency. Third grade proficiency in language arts ranges from 21% (Baldwin Park, El Monte) to 39% (Glendora). The range of proficiency in Algebra among ninth graders ranges from 9% (Baldwin Park, Bassett) to 45% (Walnut).

## **English and Algebra Proficiency**

	<b>Third Grade English-Language Arts Proficiency</b>	<b>Ninth Grade Algebra I Proficiency</b>
Azusa Unified	22 %	11 %
Baldwin Park Unified	21 %	9 %
Basset Unified	25 %	9 %
Bonita Unified	37 %	29 %
Charter Oak Unified	33 %	19 %
Covina Valley Unified	26 %	19 %
El Monte City Elementary	21 %	n/a
El Monte Union High	n/a	22 %
Glendora Unified	39 %	35 %
Hacienda La Puente Unified	29 %	14 %
Mountain View Elementary	23 %	n/a
Rowland Unified	25 %	15 %
Valle Lindo Elementary	28 %	n/a
Walnut Valley Unified	33 %	45 %
West Covina Unified	30 %	19 %
<b>CVHP Service Area</b>	<b>26 %</b>	<b>16 %</b>
<b>Los Angeles County</b>	<b>25 %</b>	<b>16 %</b>
<b>California</b>	<b>26 %</b>	<b>19 %</b>

Source: California Department of Education, Assessment, Accountability, & Awards Division, Star 2010

## **Computers in Schools**

Among the elementary schools, Valle Lindo and Bassett have the highest ratios (fewest computers per students) of students to computers. Among middle schools, West Covina and Covina have the highest ratios, and West Covina and Bonita have the highest ratios of computers to students among the high schools. Conversely, a positive indicator is the large number of school districts with low ratios of computers to students, including: Hacienda La Puente and Azusa.

### **Student to Computer Ratio in Schools**

	<b>Elementary School</b>	<b>Middle School</b>	<b>High School</b>
Azusa Unified	3.5	3.5	4.8
Baldwin Park Unified	5.7	4.7	4.3
Basset Unified	6.7	5.1	4.5
Bonita Unified	3.7	4.7	6.0
Charter Oak Unified	4.1	5.3	4.4
Covina Valley Unified	3.9	6.2	4.7
El Monte City Elementary	4.8	n/a	n/a
El Monte Union High	n/a	n/a	2.9
Glendora Unified	4.4	4.1	4.8
Hacienda La Puente Unified	3.0	1.9	3.6
Mountain View Elementary	3.7	4.4	n/a
Rowland Unified	5.4	4.9	4.0
Valle Lindo Elementary	7.6	5.6	n/a
Walnut Valley Unified	4.0	5.1	5.0
West Covina Unified	4.6	9.0	8.7
<b>Los Angeles County</b>	<b>4.4</b>	<b>4.3</b>	<b>4.6</b>

Source: California Department of Education, 2008-2009

### **High School Graduation Rate**

In the CVHP service area, 86.4% of students eligible for graduation graduated. This is higher than the county graduation rate. Over one-quarter of graduates (25.8%) have taken and passed the required classes necessary for admission to a UC or CSU academic institution. This is less than the county rate where almost one-third of graduates (32.6%) are prepared to attend a UC or CSU school.

### **High School Graduates and UC/CSU Ready Graduates**

	Graduates		UC/CSU Ready	
	Number	Rate	Number	Percent
Azusa Unified	568	88.2	131	23.1 %
Baldwin Park Unified	1,256	60.4	237	18.9 %
Basset Unified	283	78.6	112	39.6 %
Bonita Unified	848	96.3	229	27.0 %
Charter Oak Unified	600	90.5	219	36.5 %
Covina Valley Unified	1,149	91.3	417	36.3 %
El Monte Union High	1,774	87.0	594	33.5 %
Hacienda La Puente Unified	1,424	71.3	353	24.8 %
Rowland Unified	927	91.3	305	32.9 %
Walnut Valley Unified	1,570	97.3	60	3.8 %
West Covina Unified	656	98.2	191	29.1 %
<b>CVHP Service Area</b>	<b>11,055</b>	<b>86.4</b>	<b>2,848</b>	<b>25.8 %</b>
<b>Los Angeles County</b>	<b>92,240</b>	<b>77.8</b>	<b>30,090</b>	<b>32.6 %</b>

Source: California Department of Education, 2007-2008

## Key Stakeholder Interviews

The community stakeholders who participated in this needs assessment represented a cross-section of agencies serving the CVHP service area. A list of the interview participants can be found in Attachment 2.

Interview participants were asked to share their perspectives on a number of topics, including:

- Biggest social and health issues or concerns in the community
- Trends relative to demographics, the economy, the health care provider community, and community health status
- Problems people face in obtaining health care, mental and behavioral health and/or social services
- Community assets that are or could be working on those needs
- Additional service capacity within the interviewed agencies, and barriers to increased capacity
- The role hospitals are currently seen as playing in addressing the health needs of low-income community members, and what role it is thought that they should be playing
- Recommendations for investing resources in improving access to services and enhancing public health
- Any additional concerns or comments they wished to share with the Hospital

### Biggest Issues or Concerns in the San Gabriel Valley

The most-mentioned issue by interview participants was the economy and its impact in the community. Aspects of this concern included:

- Job losses and unemployment; in some local cities unemployment levels are among the highest in the state
- Loss of health insurance due to job loss
- Increased stress, depression and violence within families as a result of the economy; domestic abuse survivors less willing to leave due to scarcity of jobs
- A lack of affordable housing, including for seniors, leading to large numbers of families living in multi-family living situations and/or substandard housing such as garages, sheds, or run down accommodations; rising homelessness
- Poor nutrition among families; a lack of time and money for buying and preparing nutritious meals
- A rise in the number of neglected and developmentally-delayed children, due, in part, to parents working multiple jobs and a lack of affordable quality childcare

Interwoven with issues related to the economy were issues of access to preventive care for both children and adults. Aspects of this concern included:

- Lack of access to all forms of health care including dental, specialty care, and mental health services; mental-health concerns were identified by a large number of respondents
- Preventive care is not a priority among families, it is being delayed for economic reasons and a lack of education about the benefits and consequences

- Children may be only sporadically-enrolled in insurance

Other issues of concern to interview participants included:

- Rising rates of obesity and diabetes, in children as well as adults
- Domestic and child abuse
- Poor parenting skills; parents who are unaware of normal child development, proper nutrition, and proper care
- Teens with less to do, no access to employment, and cuts to community services, leading to more gang activity and rising drop-out rates
- Food insecurity; a low enrollment in the food stamp program in spite of a large number of qualifying families
- Transportation, particularly for the lower-income members of the community, is an issue; just getting to health care or social services can take all day
- Rising wait times at local Emergency Rooms

### **Demographic Trends**

The concern participants feel over the economy was echoed in their responses to the question about demographics. The largest demographic trend noted was the increase in joblessness, inadequate employment, poverty and vulnerability. In addition, the rise in families-per-household and family homelessness was again pointed out.

Additional trends that were reported:

- The elderly are living longer and becoming frailer; to remain independent and in their homes they have a need for support
- Growing Hispanic and Asian populations; declining African-American population
- Business ownership among Hispanics and Asians is rising rapidly
- There are a number of monolingual families in the area; it can be particularly difficult for Asians to access care, such as mental health care, in their native language
- The Asian population tends to be more affluent than the Latino population, which affects their choices for health care
- Older, monolingual Asians may be falling into poverty
- Individuals and families are leaving the area due to the high cost of living; school enrollments and birth rates are down
- Increasing numbers of single-parent households, particularly those headed by men

### **Trends in the Economy and its Impact**

A number of these issues are summarized in the “Biggest Issues or Concerns” and “Demographic Trends” questions. Some additional trends that were identified included:

- A rising number of people who previously never needed assistance are now in poverty; they are unfamiliar with the system and feel a stigma associated with accessing aid
- Views about immigration are affecting access to social services, either from intimidation or pride

- The middle class seems to be shrinking, leaving mostly rich or poor; there is less opportunity for advancement
- Huge cutbacks in government income and services; associated cuts in school and agency programs and capacity, even as need has increased
- Uncertainty regarding the economy and the state budget are negatively impacting society, businesses, and agencies, leading to further hesitancy and instability
- Residents, including seniors and the homeless, are not able to afford necessary medications, and are sometimes cutting medications in half to make them last longer

### **Trends in the Health Care Provider Community**

When asked about trends in the health care provider community, the comment most often made by interviewees was concern for the financial well-being of providers. There is fear of more facility closures. Respondents seemed aware that patient economics have had a severe negative impact on providers: people are putting off elective care, health care providers and dentists have gone out of business, hospitals have had layoffs, nursing students are having trouble finding work, hospital stays are being shortened and some perceive there to be less community involvement on the part of hospitals.

Some agencies have seen a decrease in providers willing and able to assist with the needs of low-income clients, including medical specialists, mental health, and some vision care. Conversely, other agencies have seen an increase in the number of doctors interested in working with lower-income clients, either as a career choice or as volunteers, including specialists and retired physicians.

The area stakeholders commented on the following trends in health care:

- It is harder to get more than just urgent dental care for low-income clients, whether children or adults; while always difficult to get non-urgent dental care for this group, the need is rising
- Churches are stepping in to fill some of the gaps left by agency closures and cutbacks.
- Seniors and the homeless are very negatively impacted by shortened hospital stays; they are being discharged while still needing a great deal of support, which is not generally available in the community
- Concern was expressed over the lack of urgent care in the eastern part of the San Gabriel Valley.

### **Trends in Community Health Status**

Trends in community health status that were mentioned included: increasing obesity, including childhood obesity, rising rates of diabetes, including among pregnant women, and childhood-onset of Type II diabetes. The overall health levels in the community were down due to increased stressors, rising rates of chronic disease, decreased access, and delay of treatment.

Other trends in community health status included increases in:

- Childhood asthma
- A higher incidence of illnesses, which are complicated by housing densities, such as Whooping Cough and head lice
- Rising rates of skin disease, poor foot care, respiratory infections, and antibiotic resistance among the homeless
- More concern in the community about the flu, and more interest in getting vaccinated
- There is a push for healthier lifestyles across many or all agencies, the media, and as a result of Kaiser Permanente's Thrive campaign.

### **Problems or Barriers to Obtaining Health Care**

By far the biggest barriers to care singled out by participants were barriers to mental health care. A lack of access to mental health resources was cited by well over half of the respondents. Almost all of those felt that the populations they work with are particularly hard-hit by lack of access to mental health care and the lack of funding: the homeless, mothers, young children, teens, seniors, minorities, and the prison populations. Specifically cited:

- There are not enough mental health care providers available for referrals
- There are not enough funds available for mental health care, particularly if it is not an acute situation or 'medically-necessary' diagnosis; this may particularly be an issue for young children who need services or on-going care but don't yet qualify for a diagnosis
- Wait times for care are too long; this leads to gaps in treatment and gaps in prescriptions for psychotropic medications
- General Practitioners may not be experienced or knowledgeable enough about mental health and tend to overprescribe; this may be particularly pronounced among the elderly; Alzheimer's disease was said to be being over-diagnosed and medicated
- Many patients don't see the need for, or value in, mental health; they'll deny problems in themselves or their children; there is also a stigma attached to accessing mental health services
- Even low co-pays for mental health can be a big expense for lower-middle-class families who have a family member who needs on-going care
- Mental health care is very language-dependent. Non-English speakers, particularly Asians, have a difficult time getting meaningful care

Respondents also mentioned dental access as being a problem, particularly for adults, or when root canals, deep cleanings, or braces were needed. Urgent dental care for children – to get them out of pain – was said to be just about the only care available.

Social services were felt to be available. However, there were barriers to access identified:

- Services are very compartmentalized and spread out. There is no coordination of services or creation of an overall treatment plan for families with multiple issues

- Eligible individuals are not always aware of the existence of services, or how or where to access them
- There are social and cultural stigmas against accessing social services
- Immigration concerns can be a barrier, particularly in the current political climate

When asked what the barriers were to obtaining health care, most respondents seemed to feel that accessing primary care is possible. Barriers mentioned were:

- Transportation
- Documentation issues for illegal immigrants
- Affordability of care
- The high cost of insurance, to businesses and individuals
- Not knowing where to go; clinics and hospitals could better advertise their services; drug stores appear to be the only ones holding free clinics
- An insufficient number of providers for the patient load; there are long wait times for referred patients; this can lead to worsening of conditions
- Specialty services may not be available to low-income clients, except in emergency situations

In accessing all types of care and services, transportation, travel times, and logistics involved in receiving timely, free or low-cost care and services can be a barrier:

- Dial-a-Ride for seniors has long wait times
- In tight economic times, money for gas or bus tokens may not exist
- The poorest-of-the-poor are often the least likely to access free services; this is often related to transportation
- Getting County services in the area would assist with some travel issues

Two groups singled out with special issues were teens and immigrants:

- At-risk teens (gangs, violence, drugs) are not receiving support and treatment; teens, in general, often either aren't eligible or can't obtain the paperwork necessary to access services, due to being a minor
- Recent immigrants have a tendency to downplay health issues, use herbal remedies from their home countries, and delay necessary care
- Recent raids on illegal immigrants have made these immigrants even less likely to attempt to access any type of service

Finally, the following issues were raised:

- There is virtually nowhere to receive court-mandated parenting classes
- The wait times at Emergency Rooms are far too long; in an emergency situation, the wait time needs to be much shorter
- Ambulance services aren't being reimbursed by Medi-Cal

### **Community Assets Addressing the Needs**

Things that can be done to address community needs:

- There is a need for more networking and collaboration among community groups and agencies:

- Include residents in the brainstorming sessions so that community needs are clearly heard
- SPA (Service Planning Area) meetings are an effective vehicle for facilitating collaborations
- There are no new resources, they simply get shifted year-to-year; so a good model for working together is paramount
- Networking among groups and agencies can reduce the transportation barriers
- More information about one another's programs allows for more effective referrals
- Collaboration takes time, which is a resource. Also, even with great ideas from the brightest minds in the community, without the resources to carry them out very little will be accomplished

Other ideas for improving medical care were:

- Using local clinics or hospitals to provide on-site County services, to reduce travel issues; create a Regional Center
- Create more Federally Qualified Health Centers in the San Gabriel Valley

Additional issues included:

- Prevention and early-intervention are among the most necessary, but first to be cut; the long-term costs of this to society make this counter-productive
- Communication is an issue; the area has no local newspaper, so even when things are available, publicizing them is problematic. Perhaps use schools to help get the word out
- School districts could be involved in making sure children get enrolled in available no or low cost programs
- For seniors, more mobile care is needed; +more in-home visits by doctors and nurses

### **Available Capacity and Barriers to Increasing Capacity**

Virtually all participants said that their organizations were already functioning at capacity, with the biggest barrier to increased capacity being funds to increase staffing. A few mentioned that space was a barrier – that an additional physical structure or location to carry out their functions was needed.

Those few respondents who said that they had additional capacity in one or more of their programs cited overcoming social stigmas, finding partners, or simply getting the word out as being their barriers to reaching full capacity.

### **Role of Hospitals**

When asked what role they thought hospitals should play, participants responded:

- More partnerships
- Work with community agencies to have places to discharge people to; get the uninsured connected to an appropriate clinic after an acute episode; get homeless plugged in to social services. Interrupt the cycle, don't just treat the moment

- Give more feedback on patients who are referred between the hospital and agencies – which programs are working / which are not, as well as patient specifics; collaborate more effectively around clients' care
- Help subsidize and even expand Community Clinics; they take pressure off of the ERs and save the hospitals money in the long-run
- Provide satellite care to reduce transportation barriers
- Partner with churches, schools, service clubs, organizations and community groups, not just health care agencies
- Provide speakers, either as stand-alone classes or to piggyback on existing community programs. Topics could be preventive care, appropriate access of care, nutrition, pediatric health, diabetes, etc. Locations could be after-hours at schools, at community partners' facilities, or in the neighborhoods. The talks would need to be in clear, simple language, free of jargon. Have speakers available in Spanish too
- Develop a community-based health education program so all groups could communicate clearly on a single issue, such as appropriate use of the ER
- Do screenings and/or blood-work as stand-alone clinics or in conjunction with other community activities
- Provide space for meetings, screenings or educational classes
- Provide a consistent representative to be present at collaborative meetings with groups; also, hospitals need more than one person assigned to 'outreach' for the entire San Gabriel Valley
- Help explain Health Care Reform to the community and local businesses; take the mystery and fear out of it

### **Recommendations for Improving Access to Services and Enhancing Health**

Asked how they would invest resources to improve access to services and enhance health, the largest number of responses were to improve access and early detection, including dental and mental health. Specific suggestions included:

- Create another free clinic in the area, also staffed with psychiatrists and therapists
- Set up a permanent one-stop shop – with social services, medical, dental, and mental-health services, etc.
- Open a regional respite-care facility to discharge homeless, disabled and elderly to, while more permanent housing is being arranged for them
- Provide mobile health care outreach; a group of practitioners who can treat patients holistically that goes out into the community and moves from neighborhood to neighborhood, perhaps utilizing libraries as a base
- Hire a culturally-sensitive nurse to do home visits and discuss hygiene and risk reduction, staff Health Fairs
- Improve transportation or provide bus tokens to lower a barrier to access
- Develop additional telehealth opportunities to allow access to more specialists
- Identify the most vulnerable indigent individuals, the most frequent ER users across all hospitals, particularly with mental health or ambulatory care-sensitive conditions, and do intensive case management with them

- Contract with mental health clinics to provide access to at-risk youth and kids with problems
- Create a patient portal so patients can e-mail or access information electronically and decrease physician utilization

The second-most-mentioned investment participants would make is in health care education and education about available resources and the health care system:

- Publicize existing services to people, in several languages, perhaps utilizing local businesses like hairdressers and others to get the information out in a grassroots fashion
- Educate the community about health, nutrition, obesity, exercise; perhaps open classes up to the public
- Parenting classes and early interventions

### **Additional Information**

Many participants took this opportunity to request assistance on various issues:

- There is a growing importance of City Recreation Departments in the battle against childhood obesity and diabetes. Partner with them because they are often among the first-cut departments when budgets are tight.
- There is a need to create non-partisan, neutral materials or presentations that can be given to local city councils and policy-makers to convince them of the seriousness of childhood obesity and educate them on the link between nutrition and exercise programs and the wellness and health of communities
- Join together with area clinics and hospitals to create a speaker's list: a health education network of readily-available classes that schools, preschools and local agencies could call up to schedule
- Bridge the gap between mental health and physical health care provision. High users of physical health care tend to have mental health or traumatic events in their past, and they tend to die younger
- Increase green spaces and safety so people feel like they can use them, free exercise classes, affordable and habitable housing, fresh fruits and veggies in the schools, farmer's markets and anti-smoking campaigns. These things play a role in health and will impact future healthcare utilization
- Citrus Valley was noted for having a long history of community partnership and collaboration

## Focus Groups

Four focus groups were completed for the community health needs assessment between September and November, 2010. The geographic focus area for these groups was the San Gabriel Valley. A total of 49 people participated in the four groups. Three groups were conducted in English and one in Spanish (the Promotoras/School Liaisons group). For the Promotoras group that spoke Spanish, a bilingual facilitator conducted the focus groups in Spanish. The responses were then translated to English and presented in a written report. Participant groups included:

Health Care Providers (n=9)  
Social Services Providers (n=15)  
Promotoras and School Liaisons (n=13)  
Business and Education Leaders (n=12)

All focus group participants were asked to share their perspectives on several topics, including:

- Biggest issues or concerns facing the community
- Where people go when they need assistance
- Challenges people face when trying to access services and what would make it easier for them
- Services needed in the community
- Role of the hospitals in addressing community need (currently and in the future)

In addition, the focus groups that included the health care providers, social service providers and promotoras were asked questions pertaining to:

- Appropriate use of the emergency room;
- Services/resources available to address chronic health conditions among people who are uninsured or underinsured, which services/resources are used, and what barriers are faced.

Participants in the business and education leader focus group were asked questions that addressed these topics:

- Demographic shifts over the past three years in the San Gabriel Valley
- Impact of the economic downturn on individuals and families
- Impact of the economic downturn on small businesses
- Trends/shifts in housing and transportation
- Impact of budget cuts on higher education and the workforce
- Impact of state budget cuts on programs and services

A summary of responses and trends in response to all the questions is provided below.

### **Biggest Issue/Concern Facing People in the San Gabriel Valley**

The responses from all four focus groups are included below.

#### Homelessness/Housing/Shelter

- Increasing homeless population
- Affordable housing
- Overcrowded housing

- Shelters for homeless in non-winter months
- Shelter for seniors and teen parents
- Lack of recuperative care for homeless discharged from hospitals and sent to homeless programs or other agencies, but who need more care than these agencies can provide

#### Health Care Access

- Need for affordable health care, especially for those who do not have Medi-Cal or other health insurance
- Access to dental services
- Lack of access to quality, affordable health care, including primarily specialty care, mental health, dental services and vision services
- Questions about the impact of health care reform – How will terms be defined? Who will be covered?

#### Basic Needs

- Emergency services for people becoming homeless, such as phone cards, food stamps, clothing suitable for seeking employment or housing
- Poverty
- Few services for single mothers
- Food and where to find food banks
- Clothing for teen moms
- Due to lack of financial resources, people are having to choose between paying their mortgages or their health premiums
- People go without their medications for diabetes and other chronic conditions. Some reduce their medication use from the prescribed amount to make them last longer

#### Education

- Lack of education
- It is taking students 3-4 years to get their AA degrees because they need to work 30 hours per week and because fewer classes are now offered due to budget cuts
- K-12 has certain requirements, but basic skills (reading, writing, math) are getting left behind
- Young people are graduating high school deficient in reading, writing and math. Community Colleges are spending a lot of time getting students up to a minimal level in basic skills. Most need remediation

#### Job Market

- People not willing to take \$8 and \$9 per hour jobs while they make more on unemployment. This creates a greater burden on the health care system since these people do not have jobs with insurance.
- It is sometimes hard to find the right fit between unemployed people and available jobs. Need to advocate for better school-to-work transition that is more focused on the needs of the community

- Competition for good jobs is intense since so many people are unemployed. Many people lose their motivation to keep looking for a job given the competition
- Employers are seeking individuals with multiple skills for positions, as people are expected to do the work of what were formerly 2-3 jobs
- Uncertainty about what future jobs will be and what the associated skill needs will be creates feeling of discomfort

#### Information about Services

- Lack of community awareness about where to go for services
- Education for clients so they know the right place to go for services

#### Other

- Fear of immigration
- Teen pregnancy
- Schools that accept teen moms
- The biggest issue depends on economic status; those with higher income are concerned with health care access and those with lower income are concerned with jobs

#### **Where People go for Health and Social Service Assistance**

Participants in the health care services and social services focus groups identified the following resources:

- Volunteers of America in El Monte and West Covina. These agencies can provide immediate assistance such as food, clothing and shelter (e.g., motel vouchers)
- 211 Line refers to emergency resources
- Disability Center for people with disabilities
- Foothill Family Services information line for help and referrals
- YWCA for emergency shelter for domestic violence and helpline for DV related referrals
- Parents Place Resource Center helps parents/families with special need children (0-22)
- Some people go to the ER because they wait until they are so sick and they do not have financial resources or are afraid
- School nurses
- East Valley Community Health Center (EVCHC) is good resource for homeless and for people regardless of insurance status. El Monte Comprehensive Health Center will also see anyone regardless of insurance or income status
- PPP clinics in the area (though was noted that community clinics are in a bind because many are at capacity and cannot handle more clients)
- Churches

The promotoras, who serve primarily Spanish-speaking residents, identified these resources:

- L.A. County health services
- East Valley Community Health Center

- El Monte Comprehensive Health Center
- Family Resource Center
- Emergency Room
- La Puente Mental Health
- Buena Amigas
- Churches
- Schools

Promotoras were also asked where people go to access preventive care (e.g., screenings, health education) specifically. They noted that most of the community is ignorant about preventive care, but responses to this question included:

- Diabetes classes held at clinics
- Tapes in waiting rooms of clinics
- WIC Program
- Queen of the Valley Hospital
- East Valley CHC
- Family Resource Center in Rowland Heights
- Neighbor-to-Neighbor Program in Azusa

The business and education leaders noted the following:

- Churches are an important resource in the SGV, particularly for immigrant populations
- There are not as many social service agencies in the SGV as can be found in Pasadena or Pomona
- DPSS was trying to help but found that their services were not getting out to people. These funds are now at risk of being pulled from the community
- More people coming to ROP for Pell grants to support their education
- ROP now also helping people in a more holistic way, providing more case management than they have historically to help people stay in school
- New food programs are emerging to help people with food access but that are not public assistance (e.g., Treasure Box)

### **Challenges to Accessing Services**

Responses on both challenges and recommendations are provided below for the health care, social services and promotoras focus groups.

#### Challenges

The social services focus group identified the following challenges to accessing social services:

- Long wait times
- Clients get multiple referrals without getting services (i.e., they get the “run around”), which is frustrating for both clients and providers
- Community need outstrips available resources, especially as need has grown astronomically in the current economic crisis (example of increase in food pantry usage over the past year)

- Eligibility/lack of eligibility – due to residency/immigration status, income, age, Medi-Cal status, geography, client costs
- Long wait periods for wheelchairs, walkers and other durable medical equipment. No services available during the wait period when there is no insurance
- Lack of information about services available at other agencies, including their capacity, eligibility requirements, cost, etc.

The health care providers identified the following challenges to accessing health services:

- Lack of local specialty care services for uninsured
- Medi-Cal does not cover many specialty services, e.g., neurological services, psychiatric services
- Lack of affordable dental services and mental health services for people with no insurance and who are low-income. Regarding mental health, there is no capacity at county mental health for new patients – wait time can be 5-6 months and there’s nowhere to send these people. EVCHC has some mental health services. Medi-Cal does cover some mental health services
- People come out of jail and need medications, but there is nowhere for them to get the medications
- State keeps changing limits on coverage programs, making it harder for some people to qualify. People are losing coverage, such as Healthy Families
- Immigration concerns
- Difficulty accessing health care services even for those with insurance

The Promotoras also identified challenges specific to health care access, including:

- Lack of insurance coverage
- Lack of knowledge of where to go
- There has been a considerable increase in diabetes among young mothers
- Many people go to “home dentists” because they are cheaper
- People with documents go to Tijuana for dental care
- Long waiting lists for dental care at clinics
- Few people go for vision check-ups, though resources noted for eye exams included the Family Resource Center and Willow Adult School

### How to Make it Easier

Social service providers recommended the following:

- Need an effective referral process in the East SGV. Agencies currently do not know if a referral is successful, or completed. There is no feedback loop regarding referrals
- Need better awareness of services available in the community, for both providers and users. Option for users is health fairs, agency events that provide information
- A web-based resource/information guide that is consistently updated and includes information on availability, eligibility and user costs would be helpful to agencies for assuring more appropriate referrals

Health providers recommend the following:

- If churches were better educated about available resources they could serve as a referral source when people come to them with questions about services. They are a trusted entity in the people's lives and it would be great for churches to create linkages with clinics and hospitals
- Agencies need funding to build capacity and staffing to provide the good services they provide within communities
- A phone line with resources for health care, like 211, but specifically for health care
- Advocacy for making health care reform work, including definitions of the components and services that will be included (e.g., dental)

The promotoras felt that better knowledge of services/resources available would be very helpful, as would insurance coverage for vision, dental and mental health counseling.

### **Support Services Needed in the Community**

All focus groups were asked what types of services are needed in the community. It was noted that many social service agencies are currently at capacity and demand is greater than capacity during this economic downturn. The responses from the four groups are categorized into themes.

#### Better Access to Information about Services

- Website with referrals for people who walk into police departments who are homeless or children. Police need updated and current information to serve these people more effectively
- Share information across agencies (e.g. share email address so people can email each other with questions and/or create a listserv)
- Hotline with referrals

#### Shelter/Housing

- Year-round shelter for homeless in East SGV. Currently have shelter for winter months only
- Rental assistance and low-cost housing – necessary for good health
- Subsidized housing is needed
- Respite/Recuperative care for homeless who are discharged from hospitals but still need care

#### Health

- Health coverage for people 18-64
- Substance abuse services for youth and adults. There are no residential programs
- Affordable, accessible specialty care
- Affordable, quality health care – including vision, dental, and mental health services
- Hearing clinics

- Dentures

#### Nutrition and Physical Activity

- Fitness classes
- Weight management programs
- Healthy, nutritious, affordable food. Oftentimes healthy food is not affordable. Food can be used as an incentive to get people into programs/services
- Healthier food at the food banks

#### Disability Services

- Support groups and education around disability issues
- Program that provides walkers/canes for people who need them

#### Senior Services

- People noted that there were few services for seniors
- Transportation for seniors
- Basic computer skills needed for older people interested in staying in or re-entering the workforce

#### Parent/Family Support

- ESL classes
- Family counseling services needed for families experiencing stress and new dynamics during this economic downturn
- Childcare is needed for both students and employed people
- Parenting classes and court-ordered parenting classes that lead to a certificate (lack of programs in Covina was noted)
- Transportation
- Teen pregnancy prevention programs

#### Support for Emancipated Foster Youth

- Support needed for emancipated youth with disabilities who need a medical assessment to get treatment and services
- Emancipated foster youth who got services and support before age 18 and then lose it all without any support system

#### **Role of Hospitals in Addressing Community Need**

The health care, social service and promotoras focus groups (were asked what roles they see the hospitals currently playing in the community to help address community health issues.

The Promotoras expressed appreciation for the EOP After School Homework program at Kaiser Permanente. The health care and social services provider groups noted the following:

- CVHP's Promotoras Program is a very effective program in the community.

- Health and wellness services – fighting childhood obesity with community gardens and other similar programs
- Providing health screenings at different locations throughout the community, including schools, churches, parks, etc.
- Providing health education materials and classes
- Outreach and support of community health with menu labeling, community gardens, etc.

All focus groups were asked what roles the hospitals could or should play to address the health needs of the community.

The social services and health care providers focus groups identified the following:

- Provide more health and wellness services and education
- Provide or support recuperative care services for homeless upon discharge
- Conduct follow-up phone calls and education for parents of newborns born sick or with significant problems
- Train physicians to ask if patients are domestic violence victims, not just in the ER, and not when their partner is present; and treat all people equally and with respect
- Sponsor days focused on different diseases/issues
- Sponsor urgent care to reduce inappropriate ER use
- Reduce red tape/barriers to collaboration
- Provide more grants and resources

The Promotoras made the following suggestions for the hospitals:

- Provide more bilingual services. There is a lack of bilingual staff and not all shifts have bilingual staff at the hospitals
- Need more after school programs
- Provide more classes on prevention (i.e., fitness and weight management)
- Host more health fairs

Business and Education Leaders suggested the following:

- Provide immunization clinics for the public
- Provide volunteer internship opportunities to expose people to health care jobs
- Support organizations such as Foothill Unity Center – it's a good place to have a presence and to identify the needs and challenges of the people they serve
- Offer free care for preventive measures, e.g., blood pressure checks and other similar screenings
- Tap into K-12 population to assess their needs
- Create ongoing awareness of programs and services – this is necessary due to transience of population
- Provide training on nutrition and healthy eating. Fast food is an easy fix because of speed and cost, but contributes to obesity
- Promote Farmer's Markets and the fact that many take WIC
- Help support programs that provide mental health services

The following questions were responded to by the social services and health care provider focus groups as well as the Promotoras.

### **Use of the Emergency Room for Non-Emergency Care**

With respect to use of the emergency room for non-emergency care, the Promotoras indicated that they all knew someone who had used the ER for non-emergency purposes. In addition, they all complained about the long wait at ERs. The Promotoras suggested having a greeter in the ER.

The social services and health care provider groups identified the following reasons that people may use the ER for non-emergency purposes:

- Some people use the ER just to get medications refilled because they know they won't be turned away
- Lack of awareness of alternative low-cost medical services
- Some people with Medi-Cal Managed Care do not know how to access their primary care provider, so they use the ER
- Some people can't leave work to access health care services during the day
- People don't want to wait for an appointment, even a few days, so they go straight to the ER, where they know they will get immediate care. In some cases they've waited so long that they have to get emergency care, and in other cases they just don't call a clinic and wait for an appointment

People use the ER for the following types of care needs:

- Regular sick visits; e.g., cold, flu, ear aches
- Baby fevers (due to lack of education on how to treat at home)
- Bronchitis
- Chronic disease management, including asthma, diabetes, blood pressure
- Give birth after not receiving prenatal care (especially teens)
- Specialty care (though these services are not available at the ER)

It was noted that the County ER will link people with health services for six months, so referring people there can have a positive outcome.

### **Chronic Health Conditions**

Focus group participants identified the following strategies that people use to manage their chronic disease and prevent it from getting worse:

- Those with a primary care providers get education and information from their providers about how to prevent diseases from getting worse, but they often still need case management to help them stay on course
- Some people see primary care doctors or pediatricians for serious mental health problems. These doctors often don't know how to manage mental health problems and will over-medicate both children and adults
- Employ home remedies
- Share medications – purchased at yard sales
- Exercise/walking
- Change diet – even small modifications make a difference

- Go to clinic or see doctor regularly to monitor their status
- Stay on medications

#### Social Services/Education Programs Used to Help Manage Chronic Disease

Participants in the social services and health care providers focus groups identified the following health and social services and educational programs/materials that people use for themselves and/or their families to help manage chronic disease:

- Many agencies provide social services and education (e.g., Disability Center)
- Some agencies download information from the Internet and give to clients
- Literacy can be a barrier – from reading at a grade school level, to illiteracy, to lack of literacy in language of information provided
- More health fairs with information are needed
- Internet and social media sites (Facebook)
- Information and education available at community clinics (e.g., group and individual sessions on nutrition)
- School nutrition education programs
- Television – e.g., “doctor” programs

The Promotoras said there was little knowledge about education programs besides services such as the Family Resource Center.

#### Barriers to Treatment for Chronic Disease

Participants in the social services and health care provider focus groups identified the following barriers below to treatment for chronic diseases. Key barriers are:

- Transportation, particularly to LAC+USC. Distance is great and travel time is very long. Even more difficult when someone has a disability, is sick and/or has to bring children along
- Long wait times between appointments for county services
- Fear among undocumented that they cannot safely access services, which can only be decreased by trusted organizations or people
- Access to mental health services is a huge problem for the uninsured; there are few services available
- Difficult to purchase healthier food or to eat differently from the rest of the family
- Funding for and availability of affordable medications
- Clients with no social security number are not eligible for low-cost medications
- Paperwork is arduous to access low-cost programs
- Tests that are needed for ongoing chronic disease management (foot exams, eye exams, tests strips) are expensive
- Family support is not always there and is critical to the success of managing chronic diseases
- Cultural barriers about using insulin. Many in Latino community think that insulin means life is over and limb removal is the next step

The Promotoras were asked specifically about resources and problems they encounter when getting prescriptions filled. Their responses included:

- Cost
- The ECHO program helps pay for medicine for those children referred by a school nurse, but few people in the community are aware of the program
- Walmart's inexpensive prescription program

Below are responses provided by participants in the business and education leaders focus group to questions that were asked only of this group.

#### Demographic Shifts over the Past Three Years in the San Gabriel Valley, Particularly Among Vulnerable Populations

- The Southeast portion of the San Gabriel Valley (along the 60 freeway corridor) is seeing an influx of immigrants from Korea and the Middle East, parts of the world with considerable strife. This wave of immigration is bringing people with few skills or resources who need to get acclimated to American life. Churches/faith-based organizations that serve the Korean and Middle Eastern populations are emerging in this portion of the San Gabriel Valley and are serving as safe havens for these new immigrants. Wealthier people from these areas immigrated previously
- Many areas of the San Gabriel Valley have large populations of Asian Pacific Islanders (API) and Latinos. These populations are influencing the food business and other industries
- Largest unemployed group in the San Gabriel Valley are Latino women, who at some point may express or demand more interest in joining the labor force
- The EDD does a study every few years to identify language needs of people they serve. The most recent study identified Spanish, Cantonese and Mandarin. People are also referred to ESL
- In El Monte and South El Monte the population is primarily Latino, but the business owners are frequently API. These businesses are not open to government involvement in training, etc. Overall, this is a high unemployment area
- Due to offshore investments, financing is not available domestically. So, small businesses need to look to offshore investors, which is a huge paradigm shift

#### Impact of the Economic Downturn on Individuals and Families

- People are living beyond their means and not "saving for rainy days." People need to cut back but they are unwilling to scale back and downsize to live within their means
- Extended families used to support each other but no longer can since everyone is in a tight situation
- Upper income/white collar/more affluent are having their incomes frozen or decreased
- Lower income people are losing jobs and the wedge between haves and have-nots is increasing
- People without jobs or other resources are looking to cities and safety net programs for help, but cities have had significant cuts and many of their services are no longer available

- The two systems that are most impacted and appear to be breaking are the health care system and the public school system
- Many people who in the past would have used private schools are now looking to public schools
- According to the EDD, the profile of the average unemployed person has changed a lot. There are now many unemployed people who have many qualifications but the jobs are not there for which they are qualified due to the economic downturn. Many jobs are going away. New jobs are also emerging, but it's not clear yet what skills are needed
- During the cold months the needs of the homeless will increase and there will be a drain on social and health services. There are now many more homeless children than before.

#### Impact of the Economic Downturn on Small Businesses

- People have less disposable income and so are spending less, so businesses are not as successful or able to contribute to the tax base, which in turn affects services available
- There is a lack of qualified people willing to take available jobs
- There is a lack of demand for goods and services. People used to use their homes as an ATM machine, but many are now cutting back
- Business cycle always includes peaks and troughs, so we will recover this time as well; however, this trough is very deep, and is global
- We have bottomed out and are recovering, but recovery is very slow and will take time. New jobs will be in the service industry
- It is anticipated there will be at least two more years of slow growth in this economic recovery

#### Trends/Shifts in Housing and Transportation

- Homeowners are more flexible now and willing to negotiate lower rents to keep tenants, which helps people to maintain their rentals
- There is not much subsidized housing for lower-income and homeless in the San Gabriel Valley, only for seniors
- Many people can't afford gas but are using their cars as their homes and transportation, and need to get around
- Demand for public transportation has grown, but the San Gabriel Valley seems to have abandoned public transportation. This is a crisis that demands the attention of policy makers. We love our cars, but more and more people cannot afford them
- There is quite a bit of money/funding sitting on the sidelines for transportation and many opportunities for investment (e.g., extension of Gold Line). The resources are there, but policy makers need to make decisions to get these projects going. Many people support the projects theoretically, but don't want these projects in their own backyards or neighborhoods

### Impact of Budget Cuts on Higher Education and the Workforce

- Access to higher education is reduced. The California State University (CSU) system and University of California (UC) system are hard to access. Many people are on wait lists. “We are shutting down higher education, which will impact our future workforce.”
- Community colleges received zero funds for instructional equipment in the last state budget, so they cannot train students to be job ready on any basic equipment they need to know how to use
- Rio Hondo and Mt. SAC are using a case management approach to support some of their students. This is an expensive model, but it is successful. Grant dollars are needed to support this model
- Funding cuts have made it difficult for people to focus on their education because they have so many other needs, such as transportation, housing, food, etc.

### Impact of State Budget Cuts on Programs and Services

- All taxpayer-funded programs are being cut, as are grant-funded programs
- It is important to ask hard questions, such as should we raise taxes to pay for needed programs?
- Important to review and evaluate the impacts of current policies and programs to be sure they are achieving intended outcomes and to justify continued expenditures
- Retail is not a good basis for the economy when there is reduced disposable income. May need to move from retail to service industry, to develop efficiencies and build in accountability
- It might be important to help companies financially so they can stem the tide of layoffs in this economy

### **Investing for Improvements**

Focus group participants were asked to identify how they would invest resources to make improvements.

#### Social Services Focus Group:

- Transportation services for people with disabilities to/from medical services appointments
- Bus pass, phone cards, etc. – basic needs
- Transitional housing for homeless families (need noted in El Monte)
- Free or affordable health care services for children and adults, including dental services and all other services
- Mental health services for children and adults who do not qualify for Medi-Cal
- One-stop center with all services
- Support for agencies that are on the front line trying to help the homeless and doing good work, but with insufficient resources
- Recuperative care services for homeless discharged from hospital
- Education for undocumented domestic violence survivors about their rights

#### Health Care Providers:

- More community/free clinics throughout community – at parks, gyms, etc. – that are easily accessible
- Referrals with a one-week turnaround for specialty care
- Access to exams/screenings for all (e.g., mammograms, colonoscopy)
- Partnerships to create resources for families with high need
- Resource networking – sharing information among providers to facilitate better and more appropriate referrals
- Need more integrated health systems with county-like access for all throughout the geographic area (to include primary care, specialty care and inpatient care)
- Prevention/wellness education for youth and provision of career ladders in health professions
- Shelter/housing

#### Business and Education Leaders:

- Focus on K-6 kids and their parents. Promote the importance of education and staying in school. Too many students are not graduating high school. Lack of education leads to unemployment.
- Fix the transportation system, including infrastructure improvement
- Create jobs through the Regulatory Complex. Just adding social services programs won't help
- The education system is always seen as a problem, but no one has been successful at fixing it. It is important to identify people with a passion for education and to train them to really teach well. Create a fresh supply of committed people
- Develop an Ombudsman program for L.A. City and L.A. County Workforce Investment Boards (WIBs)
- Create a forum with stakeholders from business, government, education, etc. to spend time over time to share information, build trust, identify partnership opportunities, and ways to spend money in coordinated ways

The following final comments were shared by the health care providers focus group. They stressed the importance of:

- Preparing for and building capacity and readiness to implement health care reform
- Addressing immigration anxiety as it relates to health care. There have been round-ups/raids in Pomona area
- Advocating for pre-enrollment at state level for health insurance
- Training people to go into community (e.g., promotoras) to educate families
- Wellness centers in communities for adults and youth to come where they can exercise, get health education, socialize, etc.
- Capitalizing on grandparents playing with grandchildren as an opportunity for exercise
- Expanding funding for community centers and senior centers so more services (such as good nutrition and physical activity) can be provided

## Attachment 1. Service Area Geographic Definitions

### Study Area Geographic Definitions

Community	Zip Code	Tabulation Area /1
Avocado Heights, CDP	91746*	La Puente
Azusa	91702	Azusa
Baldwin Park	91706	Baldwin Park
Covina	91722, 91723, 91724	Covina
Diamond Bar	91765	Diamond Bar
El Monte	91731, 91732, 91734, 91735	El Monte
Glendora	91740, 91741	Glendora
Hacienda Heights, CDP	91745	Hacienda Heights
Irwindale	91706*	Baldwin Park
La Puente	91744, 91746, 91747, 91749	La Puente
La Verne	91750	La Verne
Rowland Heights, CDP	91748	Rowland Heights
San Dimas	91773	San Dimas
South El Monte	91733	South El Monte
Valinda, CDP	91744*	La Puente
Walnut	91788, 91789, 91795	Walnut
West Covina	91790, 91791, 91792, 91793	West Covina

Source: ESRI Business Analyst 2008, United States Postal Service, and Center for Economic Development at CSU, Chico

\*Zip code primarily represents another community, although most of this community is in this zip code.

/1 – In cases where the zip code primarily represents another community, data for this place is included in the community indicated.

## Attachment 2. Key Stakeholder Interviewees

Organization	Contact	Title
Azusa Pacific University	Aja Lesh	Dean, School of Nursing
Baldwin Park Adult & Community Education	Denise Tornatore	Community Relations Officer
City of Covina	Walt Allen	City Councilman
City of Monrovia	Scott Ochoa	City Manager
East Valley Community Health Center	Alicia Mardini	CEO
El Monte Comprehensive Health Center	Ernest Espinoza	Administrator
	Karen Dove	Interim Administrator
El Monte-South El Monte Emergency Resources Association	Lillian Rey	Executive Director
Foothill Family Service	Helen Morran-Wolf	Executive Director
La Casa Community Center	Cheryl Prentice	Executive Director
Montebello-Commerce YMCA	Mike Newton	Executive Director
Neighborhood Legal Services	Barbara Siegel	Managing Attorney
Options	Cliff Marcussen	Executive Director
PHFE WIC Program	Pina Hernandez	Outreach Manager
Project Amiga	Irene Portillo	Executive Director
Rowland Unified School District/ECHO	Cindy Rose Escamilla	Health Services Specialist
San Gabriel Consortium	Jan Cicco	Homeless Services Coordinator
San Gabriel Valley Economic Partnership	Cynthia Kurtz	President and CEO
SPIRITT Family Services	Angelica Romero	Executive Director
West Covina Police Department	Frank Wills	Chief of Police
YWCA San Gabriel Valley	Lisa Brabo	Executive Director
	Don Herring	Senior Services Director

## Attachment 3. Benchmark Comparisons

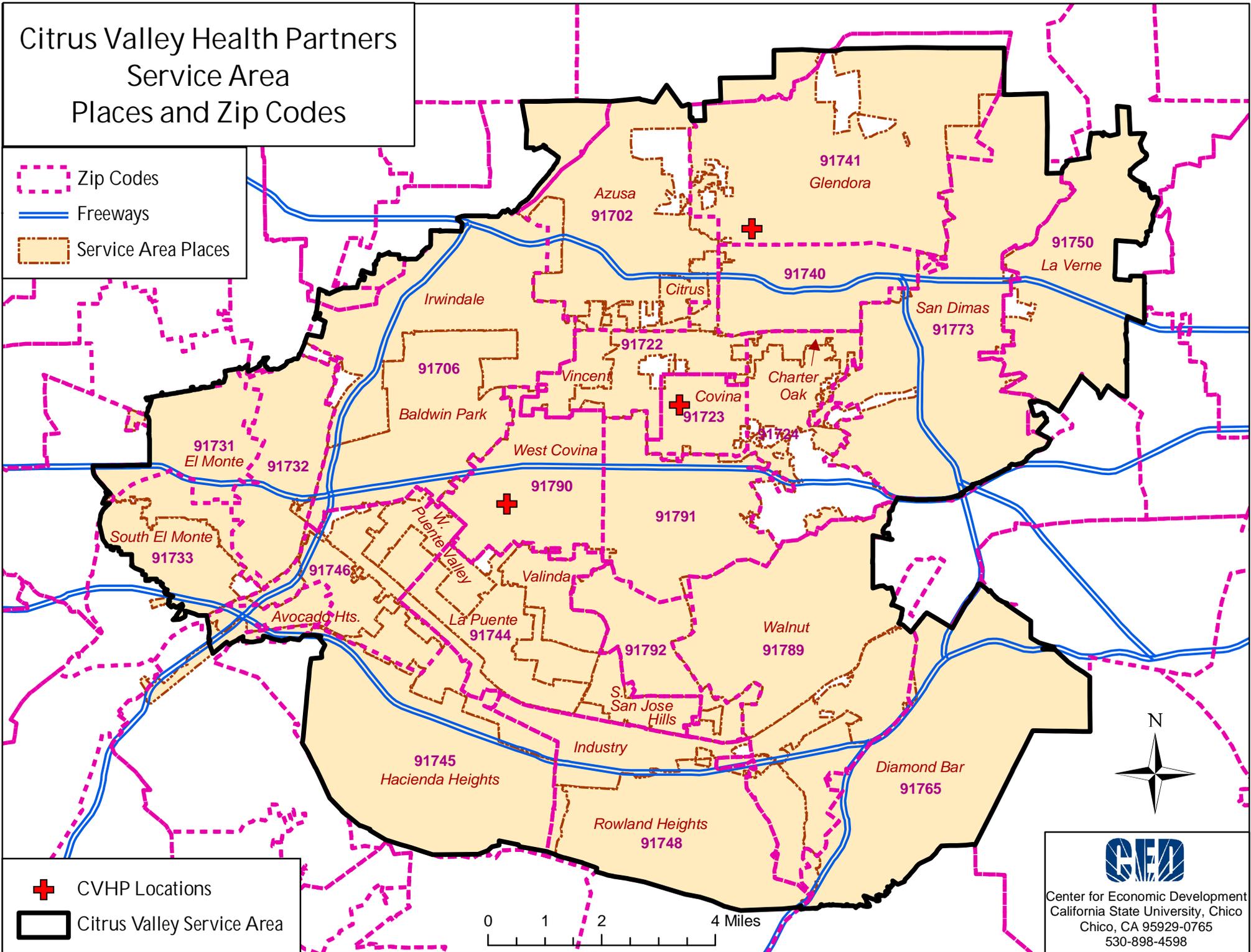
Where data are available, health and social indicators in the CVHP service area are compared to the Healthy People 2020 objectives. The **bolded items** are indicators in the Hospital service area that do not meet established benchmarks; non-bolded items meet or exceed benchmarks.

Service Area Data	Healthy People 2020 Objectives
<b>Heart disease deaths</b> <b>144.1 per 100,000</b>	Heart disease deaths 100.8 per 100,000
Cancer deaths 123.8 per 100,000	Cancer deaths 160.6 per 100,000
Stroke deaths 31.4 per 100,000	Stroke deaths 33.8 per 100,000
Diabetes deaths 22.3 per 100,000	Diabetes deaths 65.8 per 100,000
Unintentional injury deaths 18.5 per 100,000	Unintentional injury deaths 36.0 per 100,000
Suicides 6.1 per 100,000	Suicides 10.2 per 100,000
Early prenatal care 86.7% of women	Early prenatal care 78% of women
Low birth weight infants 6.5% of live births	Low birth weight infants 7.8% of live births
Infant death rate 4.9 per 1,000 live births	Infant death rate 6.0 per 1,000 live births
<b>Child health insurance rate</b> <b>90.9%-92.5%</b>	Child health insurance rate 100%
<b>Adult health insurance rate</b> <b>72%-77.8%</b>	Adult health insurance rate 100%
Adult obese 25.8%	Adult obese 30.6%
<b>Youth overweight or obese</b> <b>14.4% - 40.9%</b>	Youth overweight/obese (ages 2-19) 14.6%
<b>Adults with an ongoing source of care</b> <b>80.7%</b>	Adults with an ongoing source of care 89.4%
Adults diagnosed with hypertension 25.7%	Adults diagnosed with hypertension 26.9%
<b>Annual senior influenza vaccination</b> <b>69.3%</b>	Annual senior influenza vaccination 90%
<b>Seniors who have received pneumococcal vaccination</b> <b>54.1%</b>	Seniors who have received pneumococcal vaccination 90%
Adults engaging in binge drinking 14.8%	Adults engaging in binge drinking 24.3%
Cigarette smoking by adults 11.9%	Cigarette smoking by adults 12%
<b>Adults who are sedentary</b> <b>39.4%</b>	Adults who are sedentary 32.6%
<b>Adult women who have had a Pap smear in the last three years</b> <b>81.3%</b>	Adult women who have had a Pap smear based on guidelines 93%
<b>Women over 50 who have had a mammogram in the last two years</b> <b>72.4%</b>	Women who have had a mammogram based on guidelines 81.1%
<b>Mothers who breastfeed ever</b> <b>73.3% + 82%</b>	Mothers who breastfeed ever 81.9%

**Attachment 4. Maps**

# Citrus Valley Health Partners Service Area Places and Zip Codes

-  Zip Codes
-  Freeways
-  Service Area Places



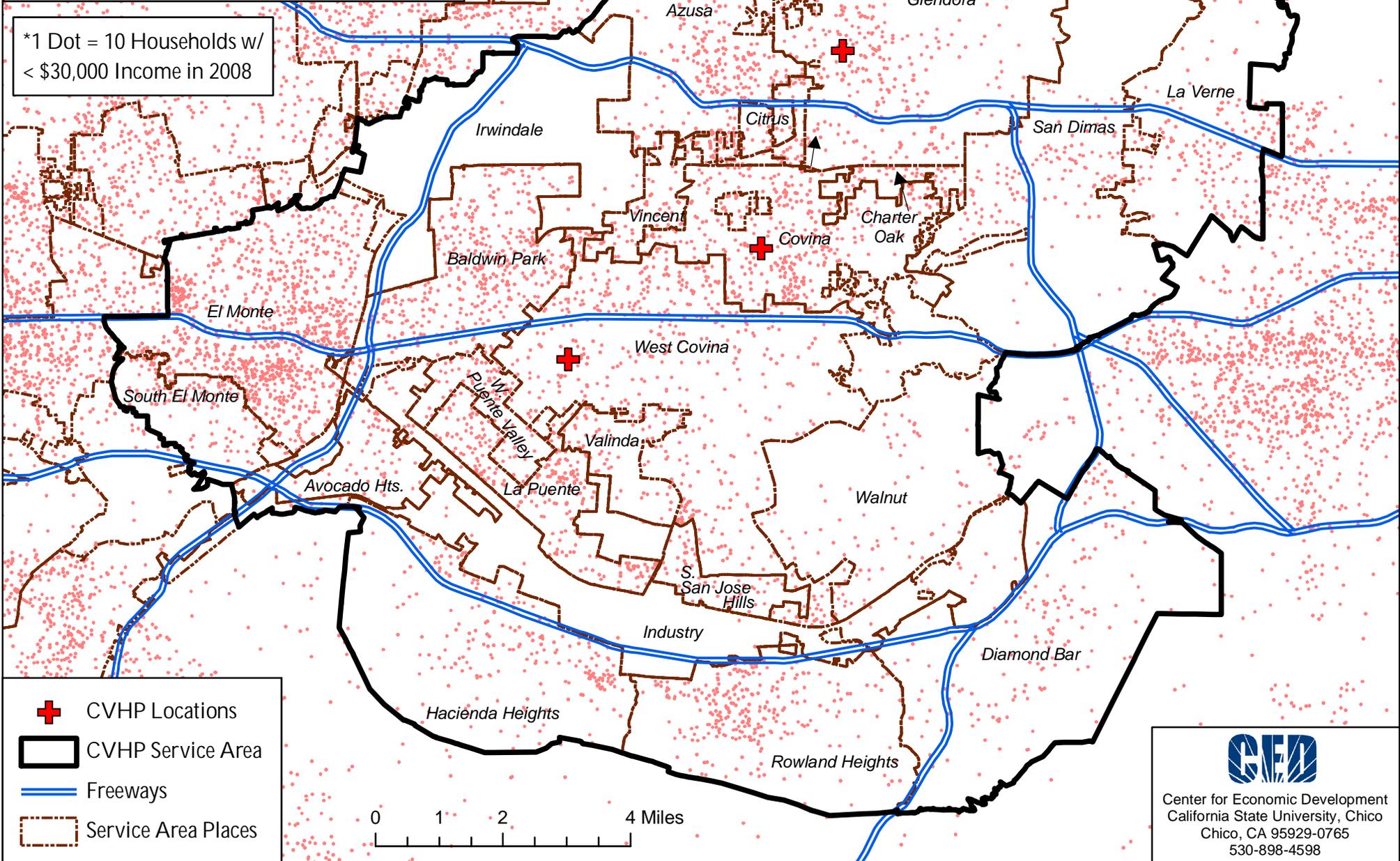
-  CVHP Locations
-  Citrus Valley Service Area



Center for Economic Development  
California State University, Chico  
Chico, CA 95929-0765  
530-898-4598

# Citrus Valley Health Partners Service Area Location of Low-Income Households\*

\*1 Dot = 10 Households w/  
< \$30,000 Income in 2008

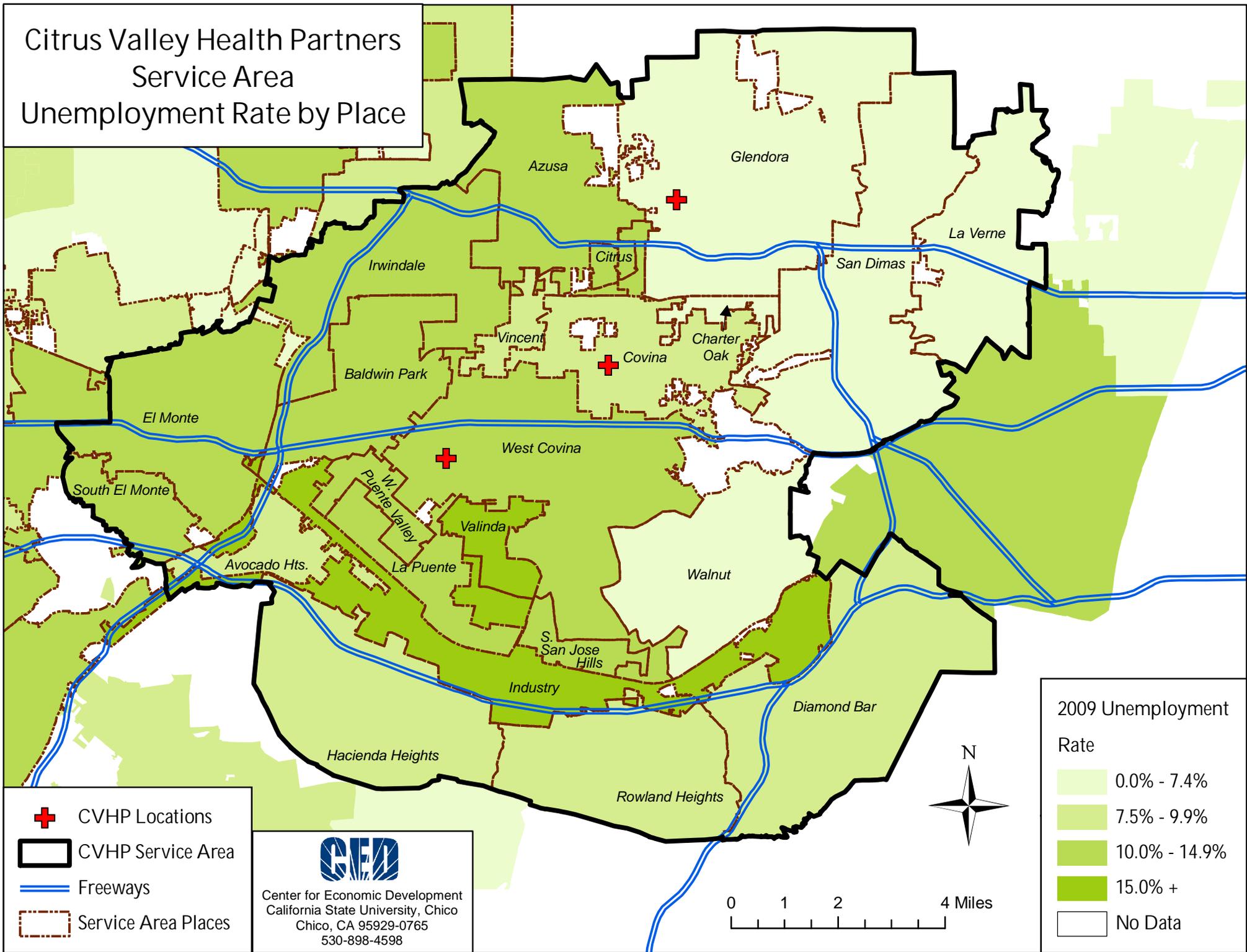


-  CVHP Locations
-  CVHP Service Area
-  Freeways
-  Service Area Places




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530-898-4598

# Citrus Valley Health Partners Service Area Unemployment Rate by Place



- CVHP Locations
- CVHP Service Area
- Freeways
- Service Area Places

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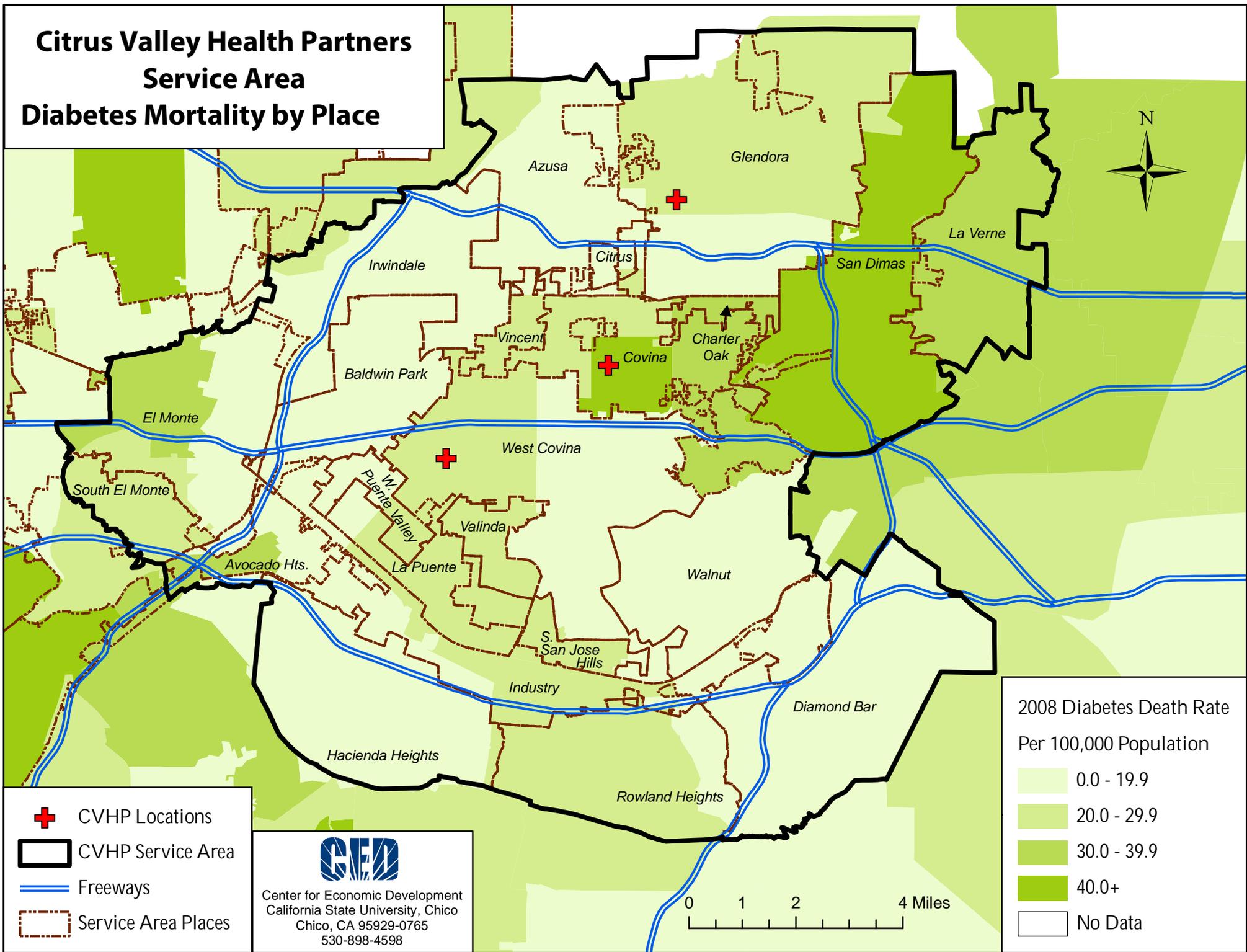
2009 Unemployment Rate

- 0.0% - 7.4%
- 7.5% - 9.9%
- 10.0% - 14.9%
- 15.0% +
- No Data

0 1 2 4 Miles



# Citrus Valley Health Partners Service Area Diabetes Mortality by Place



  
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