Emanate Health™

SB-697

Inter-Community Hospital

Community Benefit Report

2019

Emanate Health

COMMUNITY BENEFIT REPORT
SB 697

Emanate Health Medical Center:

Emanate Health Queen of the Valley Hospital
1115 S. Sunset Ave.
West Covina, CA 91790

Emanate Health Inter-Community Hospital
210 W. San Bernardino Rd.
Covina, CA 91723

Fiscal Year Report Period: 2019

Individuals Preparing Community Benefit Report:

Maria Peacock
Director, Community Benefit Department
Emanate Health
Phone: (626) 814-2405
Fax: (626) 851-2774
E-Mail Address: mpeacock@emanatehealth.org

Abel Mesa
Community Benefit Assistant
Community Benefit Department
Phone: (626) 814-2450
Fax: (626) 851-2774
E-Mail Address: amesa@emanatehealth.org

Emanate Health

Emanate Health Medical Center
Emanate Health Inter-Community Hospital &
Emanate Health Queen of the Valley Hospital

2019 Community Benefit Report

TABLE OF CONTENTS

Emanate Health

I

General Information

Formerly Citrus Valley Health Partners

GENERAL INFORMATION

Citrus Valley Health Partners (CVHP) was formed in April, 1994 as a result of the merger of Inter-Community Medical Center in Covina and Queen of the Valley Hospital in West Covina. Hospice of East San Gabriel Valley, a free-standing hospice and home care agency in West Covina, became an affiliate of Citrus Valley Health Partners at the same time. Foothill Presbyterian Hospital joined CVHP in November, 1995. Emanate Health/Citrus Valley Health Partners is governed by a 21-member Corporate Board of Directors comprised of physicians, business and community leaders. Members of the Immaculate Heart Community, a group of former Catholic Religious Sisters who founded Queen of the Valley Hospital, also serve on this Board.

On March 28, 2018, the Citrus Valley Health Partners Board of Directors approved the organization's name change from Citrus Valley Health Partners to **Emanate Health**. All necessary regulatory requirements have been processed as required.

In As a nonprofit health care provider for San Gabriel Valley residents, Emanate Health serves the community through the work of our hospitals: Inter-Community Hospital, Queen of the Valley Hospital, Foothill Presbyterian Hospital and Hospice and Home Care. Emanate Health's brand of technologically-advanced, comprehensive health care service is possible only through the combined effort of our talented employees, physicians, volunteers and donors who make up the Emanate Health family.

- **Emanate Health Queen of the Valley Hospital** (QVH) is a fully-accredited 325-bed, non-profit Catholic health care facility founded in 1962 by the Immaculate Heart Community. This hospital specialties are**:** Diabetes Education, Emergency Room, Gastroenterology, Imaging, Maternity, Neurology, Neuroscience, Obstetrics & Gynecology (OB/GYN), Occupational Therapy, Palliative Care, Pediatrics, Rehabilitation, Robotic Surgery, Surgery, Women's Health. QVH has one of the busiest emergency departments in Southern California - with over 76,700 visits annually.

  Along with the new millennium came **Emanate Health's Family Birth and Newborn Center (FBNC)** built at Queen of the Valley Hospital. The Center, with approximately 100,000 square feet - combines state-of-the-art technologies with an integrated, family-centered approach to maternal, neonatal and pediatric care. Services include the full continuum of health and wellness care; pre and post-delivery education and support groups; psychosocial assessment; connection with needed community resources i.e. food, shelter, counseling for maternal depression; breastfeeding support; and access to the most current treatments, provided in an environment that encourages family support and

involvement. Every mom is offered the no-cost prenatal and postnatal Welcome Baby Home Visitation program, a model that supports prevention and continuum of care for mom, baby and family through a series of home visits provided by RNs, Social Workers, and Child Development Professionals.

The FBNC includes a **Neonatal Intensive Care Unit (NICU)**. The 40-bed NICU is one of the largest and most technically advanced in the San Gabriel Valley. Our NICU staff includes board certified and highly trained professionals experts from a wide range of specialties who care for families through every step of the newborn care journey. Emanate Health FBNC NICU offers a technologically advanced center that provides confidence to parents that their baby will have fast access to care if an emergency arises.

- **Emanate Health Inter-Community Hospital** was founded more than 95 years ago. It is a 193-bed facility in the city of Covina that provides high-quality health care to the East San Gabriel Valley, with a wide range of medical, surgical and specialty services. Inter-Community Hospital offers a complete range of inpatient and outpatient services that include Mammograms, Occupational Therapy, Rehabilitation, Behavioral health, Cancer Care, Emergency Room, Gastroenterology, Palliative Care, Wound Care, Pulmonary Rehabilitation, and the only advanced cardiology services with an open heart surgery program in the East San Gabriel Valley.

- **Emanate Health Foothill Presbyterian Hospital** is a fully accredited facility with 105 beds. Foothill Presbyterian Hospital has proudly served the communities of Glendora, Azusa, La Verne and San Dimas since 1973. Services include Mammograms, Occupational Therapy, Women's Health, Cardiology, Emergency Room, Family Medicine, Gastroenterology, Gynecology, and Palliative Care.

- **Emanate Health Hospice**, formerly known as Hospice of the East San Gabriel Valley, was founded by community leaders in 1979 and is one of the only free-standing hospices in the United States. The Hospice complex was built and is supported through private and community donations. Hospice provides care to all types of patients, age groups and diagnoses meeting the criteria for admission. It has an extensive home care program as well as 10 inpatient beds. Associated with Hospice, **Emanate Health Home Care** provides physician-supervised skilled nursing care to individuals recovering at home from accidents, surgery or illness.

- Emanate Health **outpatient orthopedic and physical therapy sites** are located in West Covina, Glendora and Chino, California. Our staffs of board-certified orthopedic surgeons practice a variety of orthopedic specialties with a level of experience, skill, and personalized care unmatched in LA and San Bernardino counties. Our comprehensive approach to physical wellness addresses the entire musculoskeletal system. When surgery is necessary, our orthopedic surgeons offer expert arthroscopy and joint replacement and

reconstruction procedures, treatment of neck and back disorders, and correction of hand and foot deformities.

- Emanate Health's **California Diagnostic Imaging Center** is San Gabriel Valley's premiere outpatient imaging center that offers a wide range of imaging services in a relaxed environment with patient care in mind.

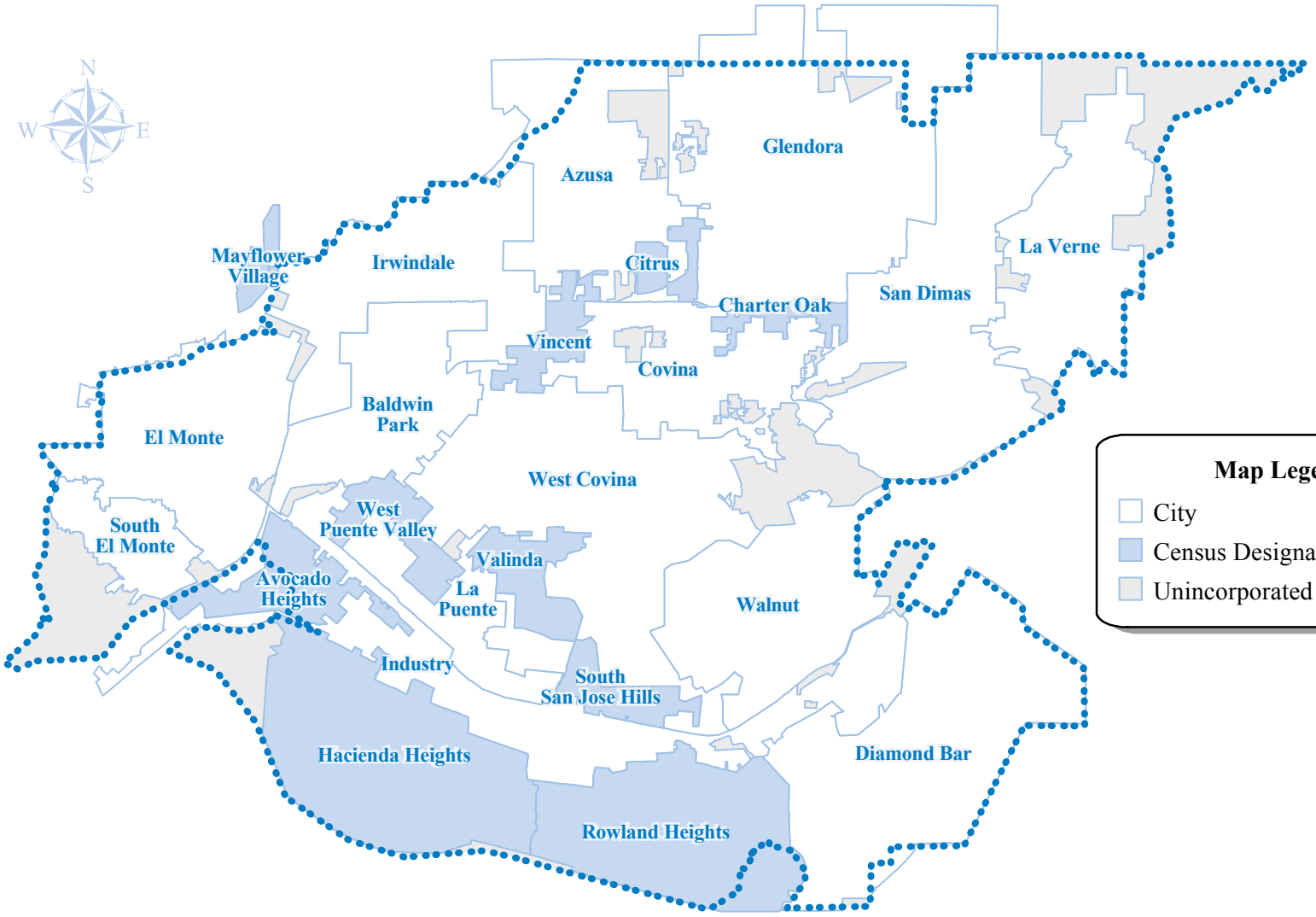
- Emanate Health's **Foothill Family Practice** functions as a family medicine practice serving patients in the Glendora, San Dimas, La Verne, and Azusa area. The practice was founded in 1972 and consists of several physicians and physician assistants who specialize in internal medicine.

Emanate Health Community Outreach

Emanate Health and its strategic Community Partners have been recognized as a State and National Best Practice in various aspects of community health improvement by the following organizations: OSHPD; State of California; VHA; American Hospital Association; National Coalition for Healthier Cities and Communities; Health Research and Education Trust; The Healthcare Forum; The Public Health Institute; and the American College of Health Care Executives. In addition, Emanate Health (former CVHP) was awarded a national VHA Leadership Award for Community Health Improvement.

Emanate Health's community benefit department staff and organization-wide staff engages in community outreach and education through various venues and strategies described in other sections of this report. More importantly, Emanate Health's outreach efforts are in conjunction with community partners and residents.

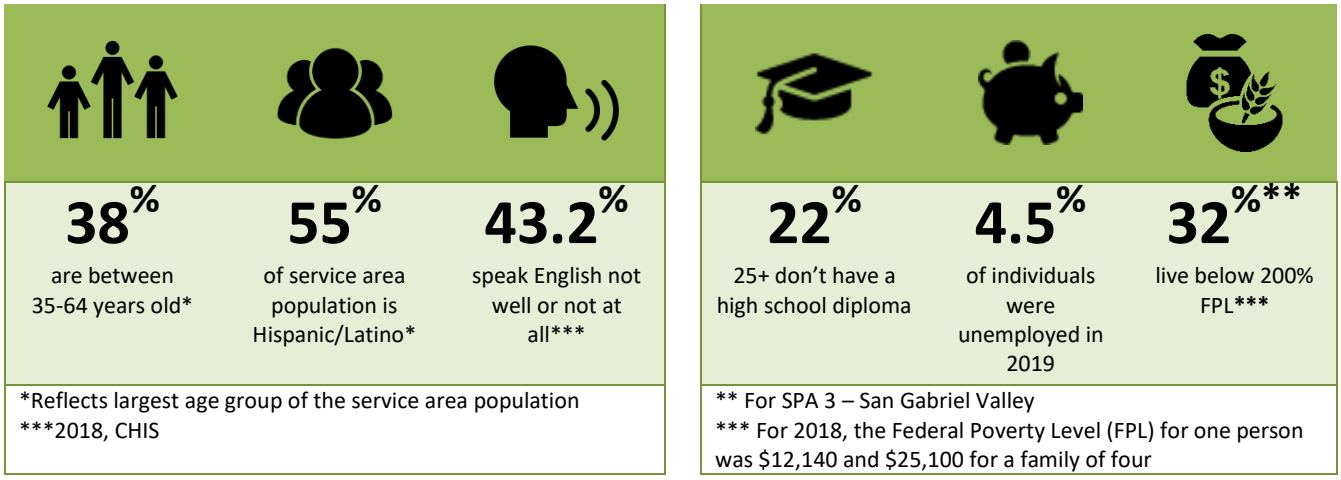
Citrus Valley Health Partners
SERVICE AREA



November 2001

DEMOGRAPHIC PROFILE OF THE EMANATE HEALTH SERVICE AREA

Overall, the population in the EH service area has increased since the 2016 CHNA and is projected to continue to grow. Many of the demographic numbers remained steady since the previous report, and there have been some positive changes in areas such as poverty, which has decreased since the previous 2016 CHNA according to 2018 US Census data. In education, more youth are finishing high school, and more students entering college are completing their degrees. There is, however, an increase in homelessness in the service area. The following graphic provides a snapshot of the EH service area population.



Approximately one in eight people in the SPA 3 - San Gabriel Valley[2] service area population lives below 200% of the Federal Poverty Level (37% overall and 41% of children 18 years and younger). There are 4,479 homeless people in SPA 3 - San Gabriel Valley, many of whom struggle with mental illness (26%) and substance abuse problems (14%) or are physically disabled (21%).

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

Emanate Health

II

Mission
Vision
Values

Mission Statement

• • •

Emanate Health exists to help people keep well in body, mind and spirit by providing quality health care services in a safe, compassionate environment.

• • •

Our Vision for the Future

We are an integral partner in elevating our communities' health.

Vision Definitions

- Integral Partner – Emanate Health will take a leadership role in developing collaborative partnerships with patients, physicians and other health care providers.
- Elevating – We will improve our communities' health by:
  - Expanding our system's focus to include health promotion and disease prevention.
  - Ensuring access to the right care at the right time at the right place
  - Providing safe, high-quality care and an exceptional customer service experience every time.
  - Providing a comprehensive array of ambulatory programs, including physician services, patient education, disease management and comprehensive ambulatory diagnostic and treatment offerings.
- Communities' Health – Elevating the overall health of the communities we serve.

Vision Level Metrics (2021)

- Financial – Achieve and maintain an investment grade rating.
- Community Health – Meet or exceed the Healthy People 2020 obesity objectives in our communities.
- Quality and Customer Experience - Consistently perform at the top for quality and customer service performance metrics.

What does Emanate Health Look Like in 2021?

- Elevating Health from Sick Care to Health Care
  - A strong focus on preventive care, health education and wellness, including outreach efforts focused on improving community health.
  - Emanate Health and its partners excel at managing risk-based partnerships with payers and medical groups that improve health and reduce the overall health care costs for our community.
  - Empower patients to take responsibility and to advocate for their own health.
  - Personalized, technologically advanced health care management programs.
  - Extensive clinical integration and care coordination across the care continuum, including health information exchange, ambulatory care protocols, hospice, home health and other activities.

- Culture/People
  - A culture of respect that is welcoming and inclusive of our diverse communities.
  - Culturally and age sensitive service offerings.

    - Emanate Health is an employer of choice that develops and grows its employees.

- Physicians
    - In addition to community physician practices, provide a multi-specialty medical practice foundation with offices throughout the community that serves as an option for physicians.
    - Economic partnerships with physicians.
    - Widespread use of electronic ambulatory health records and linkages between offices, hospitals and other care sites using the latest evidence-based medicine.

- Strategic Partnerships
    - Alliances with academic medical centers and other facilities to provide access to tertiary specialty care, either at Emanate Health facilities or through transfer agreements.
    - Economic partnerships with physician groups and IPAs.
    - Partnerships with educational institutions that open or expand employee talent pipelines for hard-to-fill positions.

- Facilities
    - Facilities that create a welcoming environment for all patients and their families.
    - Comprehensive ambulatory sites in select areas of our community that include foundation physician offices and system owned or branded outpatient services.

Our Statement of Values

Patients and their families are the reason we are here. We want them to experience excellence in all we do through the quality of our services, our teamwork, and our commitment to a caring, safe and compassionate environment.

RESPECT – We affirm the rights, dignity, individuality and worth of each person we serve and of each other.

EXCELLENCE – We maintain an unrelenting drive for excellence, quality and safety and strive to continually improve all that we do.

COMPASSION – We care for each person and each other as part of our family.

INTEGRITY – We believe in fairness, honesty and are guided by our code of ethics.

STEWARDSHIP – We wisely care for the human, physical and financial resources entrusted to us.

Emanate Health

III

Governance And Management Support

GOVERNANCE AND MANAGEMENT STRUCTURES TO SUPPORT COMMUNITY BENEFIT ACTIVITY

2019 UPDATE

Board and Administration Roles in Community Benefit

A corporate Senior Vice President for Community Benefit position and the Citrus Valley Health Partners Community Care Department were established in 1994 and charged with the following major tasks:

1. Assist the Board of Directors and Administration in advancing the Mission and Vision of the corporation;
2. Advance Community Benefit as a core value of the Corporation, and integrate community benefit programs and activities as part of the organization's culture and strategy;
3. Develop partnerships with public and private community agencies, individuals, to pursue programs and projects that help improve the health status and quality of life of the communities served by Emanate Health (formerly Citrus Valley Health Partners). The community partnerships are strategic for joint ventures to implement community benefit initiatives and programs with focus on the integration of health improvement needs and the social determinants of health.

In year 2019 the Community Benefits Department continued its work under the direction of the Chief Marketing and Communications Officer. The team works with public and private community partners and stakeholders to sustain existing programs and to create new programs to respond to the emerging needs of the community. The primary strategic approach and core of the community benefit efforts focus on the priority areas identified in the 2019 Community Health Needs Assessment and its Implementation Plan. Emanate Health's community benefit efforts focus on capacity building and service to poor, at-risk, vulnerable populations.

A Community Benefit Committee of the Board continues to provide oversight, direction and support. A quarterly report is provided to the Strategic Planning, Marketing and Community Benefit Committee of the Board for review and recommendations.

Management and Staff Involvement in Community Benefit

During 2019 all Administrative and Operations Managers throughout the corporation contributed to the CHNA's Implementation Plan activities. Professional staff and volunteers offer support for community health improvement and outreach efforts.

Departmental Community Benefit Projects

Several departments in the Emanate Health Medical Center (Queen of the Valley Hospital and Inter-Community Hospital) and at Foothill Presbyterian Hospital actively participate and support Community Benefit activities as department teams. In collaboration with community partners, they continue to organize and lead significant community health improvement and quality of life programs.

The San Gabriel Valley Homeless Coalition, a charitable organization with a mission to bring hope and restore dignity to individuals and families and Emanate Health's Social Services, Care Coordination and Emergency Department staff work jointly to coordinate access to the local Winter Cold/Wet Weather Shelters for discharged patients experiencing homelessness.

Emanate Health's Emergency and Pharmacy departments continue to support the ECHO (Every Child's Health Option) program by providing free of charge urgent medical care and orthopedic services for uninsured or underinsured children referred by school nurses. Through this partnership, children are able to access hospital emergency services including radiology, laboratory, and pharmacy. As a 501(c)3 nonprofit organization, the Emanate Health Foundation provides financial assistance and serves as a fiscal agent for the ECHO Program.

Emanate Health's Facilities and Food Service Departments continue to provide free meeting space, parking, AV equipment and refreshments for the monthly meetings of two significant community initiatives. 1. San Gabriel Valley (SGV) Consortium on Homelessness and 2. Health Consortium of Greater SGV.

Emanate Health's Get Enrollment Moving program supports food access for low-income residents by helping them complete and submit applications for the government sponsored Cal Fresh program.

The Homeless Consortium works jointly with Los Angeles Homeless Services Authority (LAHSA) and approximately 50 mental health and homeless service providers, including Emanate Health, who work jointly to bring shelter, housing, and resources to our region's homeless population.

Emanate Health has been engaged in community planning and program implementation with The Health Consortium of the San Gabriel Valley. Established in 2001 and dedicated to strengthen the health care safety net and optimize seamless access to high quality physical health, mental health and substance use disorder (SUD) service. Emanate Health provides financial support to upkeep this great work.

Emanate Health partnered with Azusa Pacific University to provide presentations in the cities of Azusa and Glendora to address mental health myths, stigma, warning signs, protective factors, and resources. Topics included: stress reduction and self-care, depression and suicide prevention, the healing power of connectedness, and overcoming anxiety and mastering mindfulness.

The Emanate Health Center for Diabetes Education continues to offer free community lectures, information, and support groups for type I and type II adults, seniors, adolescents, parents, and a type II Spanish support group throughout the year. The Outpatient Wound Care

Center also provides regularly scheduled free foot screenings for community members suffering from diabetes.

Emanate Health's Marketing and Communications Department continues to support community partners in writing and distributing press releases and ads for events and programs. In addition, the department assists in the design of outreach materials, such as brochures, invitations, save-the-date notices, etc.

The Auxiliary Department at Emanate Health, Inter-Community Hospital and Queen of the Valley Hospital granted ten scholarships to students who are furthering their education in the healthcare field. A total of $12,000 was donated in the year 2019.

The Auxiliary at Emanate Health Foothill Presbyterian Hospital also donated fourteen scholarships to community members totaling $20,837 in the year 2019.

Adopt-A-Family Program. In 2019, Emanate Health continued the tradition of giving at the end of the year. The Community Benefit Department (CBD) organized, coordinated and assisted in the implementation of the annual Adopt-A-Family program during the holiday season. The CBD seeks referrals of individuals and families from various sources such as homeless shelters, schools, faith-based and community organizations. The CBD staff connects dozens of families each with a hospital department, who voluntarily comes together to adopt people in need. Staff members go to the homes and personally deliver food and gifts for all family members.

Emanate Health

IV

Charity Care Policies

☒	EH	☒	EHH- Emanate Health Hospice	☒	Policy
☒	EHMC-Inter-Community Hospital	☒	EHHC-Emanate Health Home Care	☒	Procedure
☒	EHMC-Queen of the Valley Hospital	☒	FPH- Foothill Presbyterian Hospital	☒	Attachments

Title: **Charity Care Financial Assistance Policy**		Policy #: **A009**
Type: **Corporate**		
Effective: 4/24/02	Reviewed: 7/27/11	Revised: 5/25/05, 7/27/05, 9/24/08, 5/1/2014, 4/25/18; 4/25/19
Approved:		Date: 5-20-19
Approved:		Date: 5/22/19

I. Purpose:

It is Emanate Health's (EH) mission to help people keep well in body, mind and spirit by providing quality health care services in a safe, compassionate environment. EH fulfills its mission by providing financial assistance programs to persons who have health care needs and are uninsured or underinsured, ineligible for a government program, and otherwise unable to pay for medically necessary care based on their individual financial situations. EH strives to meet the health care needs of all patients who seek inpatient, outpatient, and emergency services.

It is EH's mission and operational goals to ensure that all of the accounting and patient related transactions are practiced consistently throughout our patient accounting operations. Our Admitting and Patient Financial Services Department staff is responsible for assisting the patient with their financial application and handling of all patient accounting transactions. A designated representative from Patient Financial Services Department will review the individual case to determine the patient's eligibility for financial assistance and determine the discount for which the patient qualifies.

Our policy includes charity and discounts to patients who financially qualify under the terms and conditions of Emanate Health Financial Assistance Program.

EH is committed to providing financial assistance programs when patients are uninsured or underinsured or ineligible and need assistance with their hospital bill. The purpose of this policy is to define charity and discount charity care of which eligibility and financial assistance and qualification for a discount is determined by the patient's and/or family's ability to pay.

Title: Charity Care **Policy#: A009**

EH makes every effort to inform our patients of their Hospital's Financial Assistance Program. We do so by the following:

- Every registered patient receives a written notice of the Hospital's Financial Assistance Program language per IRC 501(r).
- Upon request, copies of the Financial Assistance Policy, Financial Assistance Application and plain summary language are made available. These documents are also available on the Hospitals website
- Uninsured patients are screened during the registration process for eligibility with government – sponsored programs and/or the Hospital Financial Assistance Program
- Public notices are posted throughout EH hospitals notifying the public of Financial Assistance Program available for those who qualify.
- EH patient billing statements provide information to assist in obtaining government-sponsored coverage and/or financial assistance.
- Community Assistance Outreach program provides assistance to patients seeking for Financial Assistance Program.

II. Financial Assistance/Eligibility for Charity Care

Eligibility for charity will be considered for those individuals who are uninsured, underinsured, ineligible for any government health care benefit programs, and those individuals who are unable to pay for their care as determined by the patient family income relative to the current Federal Poverty Level. The charity award shall be based on an individualized determination of financial need. It shall not take into account age, gender, race, social or immigrant status, sexual orientation or religious affiliation.

Financial need will be determined in accordance with procedures that involve an individual assessment of financial need; and may

1. Include an application process, in which the patient or the patient's guarantor are required to cooperate and supply personal, financial or other information and documentation relevant to making a determination financial need;
2. Include the use of external publically available data sources that provide information on a patient's or a patient's guarantor's ability to pay such as credit reporting;
3. Include reasonable effort by EH to obtain from the patient or patient's representative information whether private or public health insurance or sponsorship may fully or partially cover the charges for care rendered to the patient, including but not limited to:

a. Private health insurance, including coverage offered through the California Health Benefit Exchange;

b. Medicare;

c. Medi-Cal program, the California Children's Services Program, or other state- or county-funded health coverage programs.

4. Take into account the patient's available assets and all other financial resources available to the patient.

The application form may be completed prior to service, during a patient stay, or after services are completed and the patient has been discharged. The need for payment assistance may be evaluated at each subsequent rendering of services, or at any time, additional information relevant to the eligibility of the patient for payment assistance becomes known. The Financial Assistance request must be made within one year of the service date.

Requests for payment assistance shall be processed promptly, and EH shall notify the patient or applicant about the financial assessment decision.

III. Eligibility Criteria and Amounts Charged to Patients

AGB is the sum of all amounts of claims that have been allowed by health insurers divided by the sum of the associated gross charges for those claims. Emanate Health uses the "Look Back" method to determine the AGB for outpatient services. The applicable Med-Cal APR-DRG reimbursement applies to obstetrics, newborns, neonatal intensive care and pediatrics. Medicare DRG applies to all other inpatient services.

AGB % = Sum of Claims Allowed Amount $ / Sum of Gross Charges $ for those claims.

Allowed Amount = Total charges less Contractual Adjustments

If no contractual adjustment is posted then total charges equals the allowed amount.

Denial adjustments are excluded from the calculation as denials do not impact allowed amount.

The AGB is calculated for each hospital on an annual basis.

- Look Back Method is used. A twelve (12) month period is used.

- Includes Medicare fee for service all private health insurers that pay claims to the hospital facility

Title: Charity Care **Policy#: A009**

- Excluded payers: Medicaid, Medicaid pending, uninsured, self-pay case rates, Medicare facility billing, motor vehicle and liability and worker's compensation claims.

Annual adjustments are made effective February 1 of each calendar year; however, the effective date is also subject to changes.

Services eligible under this policy will be made available to the patient on a sliding fee scale, in accordance with financial need, as determined in reference to Federal Poverty Levels in effect at the time of determination.

For the purpose of this policy, Federal Poverty Levels (FPL) is the poverty guideline that is updated periodically in the Federal Register by the United States Department of Health and Human Services under authority of subsection (2) of section 9902 of Title 42 of the United States Code.

- Patients with monetary assets or income level is at 350% or less of the FPL, the entire hospital bill will be written-off regardless of net worth or size of bill;
- Patients with monetary assets or income level between 350% and 500% of the FPL, a portion of the hospital bill will be subject to write off based upon the sliding scale set forth below regardless of net worth or size of bill:
    - 351% - 400% = 75% write-off
    - 401% - 450% = 50% write-off
    - 451% -500% =25 % write-off
- Patients with hospital bill that exceeds the patient's monetary assets or net worth may qualify and be covered under this policy using the guidelines below:
    - Patients will be informed in writing of the financial assistance determination from the Patient Financial Services Department.
    - Patients who are not eligible for financial assistance or are eligible to receive partial assistance which leaves them owing a balance due to the Hospital may request a payment plan from the Patient Financial Services Department.
    - In the event of non-payment of a discounted amount due under this financial assistance policy the hospital may engage in further collection activity. The details of the further collection actions can be found in EH Billing and Collection policy. A copy of this policy can be obtained by contacting the Patient Financial Services Department.

NOTE: For purposes of determining monetary assets or income, the review shall not include the:

a. Retirement or deferred compensation plans qualified under the Internal Revenue Code, or non-qualified deferred compensation plans;

b. First ten thousand dollars ($10,000) of a patient's monetary assets;

c. Fifty percent (50%) of a patient's monetary assets over the first $10,000.

- The following conditions must be also satisfied:
    - If the patient is insured, the patient's liability is NOT a Medicaid share of cost.
    - A pending application for another health coverage program shall not preclude eligibility for financial assistance under this policy, however, final approval of financial assistance may be deferred until the pending application is processed and eligibility is determined.
    - Patient completes and submits a Financial Assistance Application;
    - Patient submits all required and requested documents and responds to any questions that arise from the Financial Assistance Program within 30 days.

IV. Screening Procedure and Documentation Requirement

Emanate Health, through the assistance and direction of the Patient Registration and Patient Financial Services (PFS) departments shall assist patients who may qualify for charity care.

1. During registration or admission process, the Patient Registration Financial Counselors (FC) shall:
    a. Screen all patients who may qualify for charity care;
    b. Receive requests from patient and/or patient's representatives for charity care;
    c. Discuss the EH charity care policy with the patient and/or patient's representatives;
    d. Provide the patient the charity application forms – EH Hospital Financial Screening Assessment and Income Certification forms.

        i. The Hospital Financial Screening Assessment form requests for patient information, income, monetary assets, debts, disability or injury status, and provides authorization from the patient for EH to obtain patient's credit report.
        ii. The Income Certification form requests family income, number of dependents, and copies of:
            - Completed & signed financial assistance application
            - Current pay stubs or if self- employed, current year to date profit & loss statement to determine current income.

- Recent tax returns and W-2 form
- Evidence of any General Relief program benefit, Alimony, Unemployment, Disability, SSI, award letters for social security.
- Last calendar year's filed tax return with all required schedules to determine generating assets including monetary assets;
- Prior year's 1099 for interest income, dividends, capital gains, etc.

e. Guide the patient in completing the forms and provide instruction for submission to PFS department.

2. Upon receipt of the application forms and supporting documents, PFS shall:
   a. Review the contents of the forms and supporting documents for completion;
   b. Review the applications forms and documents, and request additional information from patient;
   c. Obtain information and supporting documentation regarding patient's application for private and/or public health insurance or sponsorship which may include, but not limited to:
      i. Private health insurance, including coverage offered through the California Health Benefit Exchange;
      ii. Medicare
      iii. Medi-Cal, California Children's Services Program, or other state- or County health programs.
   d. Determine and approve charity care award following the criteria stated on section III, Eligibility Criteria and Amounts Charged to Patient;
   e. Notify the patient of the charity care award decision;

   NOTE: Patients requesting charity care are expected to complete the application forms and provide supporting documents to EH. Submission of incomplete and inaccurate information may result in denial of charity care and discounting request. The hospital retains full discretion, consistent with laws and regulations, to establish eligibility criteria and determine when a patient has provided sufficient evidence of qualification for financial assistance.

The hospital's designee authorized to approve financial assistance application is based on the Financial assistance requested; larger discounts require a higher level of approval as indicated:

- Discounts from $ 1,000.00 to $ 3,999.99: Patient Account Manager
- Discounts from $ 4,000- $9,999.99: Director of Patient Financial Services Department
- Discounts $ 10,000- $49,999.99: VP of Revenue Cycle
- Discounts greater than $ 50,000.00: Executive VP & CFO

V. Physician Independent Contractors Charity Care and Discounting Policy

Emanate Health is committed to providing care without discrimination, for emergency medical conditions in accordance with the Emergency Medical and Labor Act (EMTALA). EH facilities are prohibited from engaging in actions that discourage individuals from seeking emergency medical care, such as by demanding that emergency department patients pay before receiving treatment for emergency medical conditions or by permitting debt collection activities that interfere with the provision, without discrimination, of emergency medical care.

All emergency physicians, surgeons and allied health professions furnishing services to the patient, including, but not limited to, the radiologist, pathologist, anesthesiologist and the like, are independent contractors and are not employees or agents of the hospital. Those who provide emergency medical care to patients at acute general hospitals are required by law to provide discounts to uninsured patients or patients with high medical costs whose income is at or below 350% FPL. The law also requires the acute general hospital to notify patients of the emergency physicians' charity care and discounting program. Those providers not covered by the EH policy and there are no providers (other than EH) that are covered by this EH policy.

The FC and/or the PFS staff shall advise the patient and/or patient's representatives to contact the emergency physician billing company and request for the emergency physicians' charity care and discounting program.

VI. Communication of the EH Charity Care policy to Patients and the Public

Information about the EH's charity care policy shall be publicized to the Emergency Room and the Patient Registration departments at all EH campuses, and other areas that EH may elect.

VII. Collection Policy and Procedure

Emanate Health developed policy and procedures for internal and external collection practices that take account the extent to which the patient qualifies for charity care, a patient's good faith effort to apply for a governmental program or charity care from EH, and the patient's good faith effort to comply with his or her payment agreements with EH.

For patients who qualify for charity care and who are cooperating in good faith to resolve their discounted hospital bills, EH may offer extended payment plans, will not send unpaid bills to outside collection agencies, and will cease all collection efforts. EH will not impose extra-ordinary collection actions such as wage garnishments, liens on primary residences, or other legal actions for any patient

without first making reasonable efforts to determine whether that patient is eligible for charity care under this policy.

For patients who do not apply, do not qualify, or do not respond to required documentation requests, EH shall continue reasonable efforts to collect the balance owed. This includes but is not limited to statements, phone calls, referrals to outside collection agencies before extra-ordinary collection activity will commence no sooner than 120 days from the service date. The Patient Financial Services Department is responsible for ensuring that reasonable efforts are made to determine an individual's eligibility for financial assistance prior to any extraordinary collection actions being taken against that individual.

All outside collection agencies contracted with EH who perform account follow-up and/or bad debt collections will utilize the following criteria to identify a status change from bad debt to charity care:

1. Patient accounts must have no applicable insurance (including government coverage programs or other third party payers)
2. The patient or family representative has not made a payment within 120 days of assignment to the collection agency;
3. The collection agency has determined that the patient/family presentative is unable to pay.

All accounts returned from a collection agency for re-assignment from Bad Debt to Charity Care will be evaluated by hospital personnel prior to any re-classification within the hospital accounting system and records.

VIII. Collections Procedure for Uninsured and Underinsured

It shall be the policy of EH to provide our uninsured and underinsured patients the same allowances provided to its managed care contractors.

EH will follow up on and collect all self pay account balances, as well, where third party benefits exist, all patient copay and deductibles, either at the time of service, or when they become due.

A. Procedure for the collection of self-pay accounts and patient co-pay and deductibles:

1. EH patient accounting system is designed to assist the patient business services department, through a series of billing statements and collection notices in the collection of self pay balances as well as co-pay and deductibles from our patients, without regard of their primary source of payment, i.e. Medicare, managed care, commercial coverage, etc.

Title: Charity Care **Policy#: A009**

2. For co-pay and deductibles for Medicare accounts, a business services representative will not assign to bad debt until a minimum of 120 days from when Medicare payment is received, four statement notices and one phone call is made. Balances after insurances an account will not be assigned to bad debt until a minimum of 90days from an insurance payment is received, four statement notices and one call is made.

3. Balances remaining unpaid at the end of the statement cycle are subject to further collection notices by the contracted collection agency service. The collection agency will continue, but no limited to send notices, make phone calls, and pursue legal action and report information to credit bureaus no earlier than 180 days from the service.

B. The following adjustments shall be applied to self-pay accounts prior to billing for both Inpatient and Outpatient:

1. All outpatient services, the discounted balance represents the average HMO/PPO collection rate on outpatient services, not to exceed our established AGB (2017- 32%)

2. For Inpatient services, the discounted balance represents the Medicare DRG amount and the Medi-Cal APR-DRG amount for pediatric and cosmetic inpatient services, not to exceed our established AGB (2018 – 32%)

3. For patients who are unable to meet their deductible and/or copay obligation or the full amount of the bill if no third party exists:
   EH shall offer the option of an installment contract for payment. Individual plans will be negotiated between the hospital and patient based upon the patient's ability to effectively meet the payment terms. As a general guideline, payment plans will be structured to last no longer than 12 months.

4. Patients who are unable to meet any or part of their financial obligation may apply for EH's Financial Assistance Program (FAP). The balance shall be adjusted in part or in full based on the financial need and criteria are met.

C. The following coverage options should always be explored in assessing patients' ability to pay:

1. Linkage to available state aid such as:
   a. Med-Cal
   b. California Children Services
   c. Covered California
   d. Other

2. Patients under age of twenty one years, who are self pay, shall be referred to the onsite Medi-Cal eligibility worker or to either of our contracted vendors for completion of a Medi-Cal application and/or the onsite GEM (Get Eligibility Moving) program.
3. All obstetrical patients who are self pay and unable to meet their financial obligation shall be referred to the onsite Medi-Cal eligibility worker or either to
4. Our contracted vendors for completion of a Medi-Cal application and/or the on-site GEM (Get Eligibility Moving) program.

A copy of this Financial Assistance Policy and a plain language summary is available on EH's website. A hardcopy of the policy will be made available to the public upon request at any of EH hospital campuses or by mail.

EH makes arrangements for financial assistance for qualified patients in good faith and relies on the fact that the information presented by the patient or family representative is complete and accurate.

Financial assistance does not eliminate the right to bill, either retrospectively or at the time of service, for all services when fraudulent, or purposely inaccurate information has been provided by the patient and or family representative. In addition, EH reserves the right to seek all remedies, including but not limited to civil and criminal damages from those patients or families representatives who have provided fraudulent or purposely inaccurate information in order to qualify for EH Financial Assistance Program.

References

California Assembly Bill 774
California Assembly Bill 1503
California Senate Bill 1276

Charity Care Policy

Attachments

I. Attachments - Emanate Health Policy #A009

II. Supplemental Emanate Health/ CVHP Policy #M-101

III. Supplemental Emanate Health Policy #PC-300

I. Attachments - Emanate Health Policy #A009

FORM I

HOSPITAL FINANCIAL SCREENING ASSESSMENT FORM

This form needs to be completed by all patients prior to or at the time of admission. This information will be used to determine eligibility for selected hospital programs and services.

Patient Name: _____

Patient Social Security No.: _____

Total number of dependents: _____

Total Annual Income: $_____

Total value of all assets:$_____

Home/Property_____
Automobiles _____
Investments _____
Retirement _____
Other _____

Total Debts (including mortgages)$_____

Other special circumstances
(i.e. legal judgments/bankruptcy) _____

Please check if either of the following conditions apply:

Disabled _____ Injury related to a crime _____

Place your signature and date below indicating you are authorizing Citrus Valley Health Partners Representatives to obtain a credit report.

_____ _____
Patient signature Date

_____ _____
Patient Representative/Financial Counselor Date

011 (Screening form)

FORMA I

FORMA DE EVALUACIÓN FINANCIERA DEL HOSPITAL

Esta forma necesita ser completada por los pacientes antes o al tiempo de ser hospitalizado(a). Esta información se utilizara para la determinación de la elegibilidad para programas o servicios seleccionados del hospital.

Nombre del paciente: [PATIENT NAME]

Nombre y apellido de la madre del paciente_____

Ciudad y país de nacimiento del paciente_____

Numero de seguro social del paciente_____

Numero de dependientes _____

Total del Ingreso Anual _____

Valor en total de todos los bienes _____

Casa/Propiedad _____
Automóviles _____
Inversiones _____
Retiro (jubilación) _____
Otros bienes _____

Total de deudas (incluyendo bienes y raíces) _____

Otras circunstancias especiales (i.e., bancarrota, juicios legales) _____

Indique si cualquiera de las condiciones siguientes le aplica:

Deshabilitado _____ Herido/Condición se debe a un crimen _____

Por favor firme y anote la fecha debajo indicando que usted autoriza a los representantes de Citrus Valley Medical Center que obtengan un reporte de crédito.

_____
Firma Fecha

_____
Representante del Paciente o Consejero Financiero (firma y fecha)

FORM II

INCOME CERTIFICATION

I, [GUARANTOR NAME] CERTIFY THAT MY FAMILY INCOME FOR THE PAST 12 MONTHS HAS BEEN $_____ AND I CLAIM _____ DEPENDENTS. I GIVE PERMISSION FOR THE HOSPITAL TO VERIFY MY INCOME INFORMATION BY CALLING THE FOLLOWING EMPLOYER (S) OR OTHER SOURCES OF INCOME. IN LIEU OF CONTACTING MY EMPLOYER, I AM PROVIDING THE ATTACHED W-2 FORM AND MY LATEST TWO PAYCHECK STUBS.

_____	_____
COMPANY	PHONE #
_____	_____
COMPANY	PHONE #
_____	_____
SIGNATURE	DATE

012 (Income certification)

FORMA II

CERTIFICACIÓN DEL INGRESO

YO, _____CERTIFICO QUE MI INGRESO FAMILIAR POR LOS ULTIMOS 12 MECES HA SIDO $_____Y RECLAMO_____DEPENDIENTES. OTORGO MI PERMISO PARA QUE EL HOSPITAL VERFIQUE MI INFORMACION DEL INGRESO AL LLAMAR A MI EMPLEO (S) O OTROS RECURSOS DEL INGRESO, SI ES QUE TENGO ALGUN INGRESO.

EN LUGAR DE LLAMAR A MI EMPLEO, ESTOY INCLUYENDO LA FORMA W-2 AJUNTO CON MIS DOS ULTIMOS TALONES DE CHEQUE.

_____ _____
COMPANIA # DE TELEFONO

_____ _____
COMPANIA # DE TELEFONO

_____ _____
FIRMA FECHA

019A (Income Certification – Sp)

ELIGIBILITY CRITERIA:
(CHARITY PROGRAM)

DATE: [DATE]

PATIENT NAME : [PATIENT NAME]
DATE OF SERVICE: [ADM/SER DATE]
ACCT NUMBER : [ACCOUNT #]
AMT OF CHARITY
WRITE-OFF : $_____

___ UNDOC CHECKED HISTORY: _____
___ ON G/R
___ HOMELESS
___ UNEMPLOYED
___ NO M/CAL LINKAGE
___ OTHERS PROVIDE FOOD/SHELTER
___ OTHER _____

TOTAL INCOME FOR THE LAST 12 MONTHS: $_____

DEPENDENTS (including patient): _____

% OF CHARITY ELIGIBILITY:_____% PT RESPONSIBILITY: $_____

SUBMITTED BY:_____

APPROVAL SIGNATURES:

_____ _____
NATALIE ACOSTA DATE
PATIENT ACCOUNT SUPERVISOR, BUSINESS SVCS

_____ _____
SALLY DE LA O DATE
ASSISTANT DIRECTOR, BUSINESS SVCS

_____ _____
ROGER SHARMA DATE
SENIOR V.P. & CFO

013

[DATE]

[GUARANTOR NAME]
[GUARANTOR ADDRESS LINE]
[GUARANTOR CITY,STATE ZIP]

PATIENT NAME : [PATIENT NAME]
ACCOUNT # : [ACCOUNT #]
ADMIT/SVC DATE: [ADM/SER DATE]
TOTAL CHARGE : $[AR CHG TOTAL]

Dear [GUARANTOR NAME]:

Citrus Valley Health Partners was pleased to serve you during your need for medical care. You may be eligible for financial assistance with your hospital bill. Please complete and sign the attached forms and return to our office in the enclosed self addressed postage paid envelope.

FORM I - HOSPITAL FINANCIAL SCREENING ASSESSMENT FORM
FORM II - INCOME CERTIFICATION
PROOF OF CURRENT INCOME (BOTH IF MARRIED)
(TAX FORMS OR W-2/CURRENT PAY STUBS)

If any of the above forms are not submitted, we require a written statement from the patient or responsible party as to why the information is not available.

Sincerely,

Business Services
(626)732-3100
(8:00a.m.-4:00p.m.)

015 (Cover letter)

[DATE]

[GUARANTOR NAME]
[GUARANTOR ADDRESS LINE]
[GUARANTOR CITY,STATE ZIP]

RE: Nombre del Paciente: [PATIENT NAME]
Número de Cuenta : [ACCOUNT #]

Estimado(a):

Fue un placer para Citrus Valley Health Partners el poder servirle en su necesidad de ayuda médica. Usted podrá ser elegible para asistencia comunitaria para su factura del hospital. Por favor llene los siguientes documentos y envíelos en el sobre adjunto a nuestra oficina.

FORMA I - FORMA DE EVALUACIÓN FINANCIERA DEL HOSPITAL
FORMA II - CERTIFICACIÓN DEL INGRESO
COMPROBANTE DE INGRESO ACTUAL (DE AMBOS SI CASADOS)
(FORMAS DE INGRESOS OR FORMA W-2/TALONES RECIENTES DE CHEQUE)

Si alguno de los documentos no es sometido, se necesitara una declaración escrita del paciente o la persona responsable en cuanto porque no esta disponible.

Su aplicación será revisada y recibirá notificación de la decisión por correo.

Sinceramente,

Dept. De Contabilidades del Paciente

[DATE]

[GUARANTOR NAME]
[GUARANTOR ADDRESS LINE]
[GUARANTOR CITY,STATE ZIP]

PATIENT NAME: [PATIENT NAME]
ACCOUNT #: [ACCOUNT #]
ADMIT/SERVICE DATE: [ADM/SER DATE]
TOTAL CHARGES: $[AR CHG TOTAL]

Dear [GUARANTOR NAME]:

The application submitted for the Community Assistance Program is incomplete. Under federal regulations, this information is required to substantiate your application. Please submit the following:

_____FEDERAL INCOME TAX FORMS
_____W-2 FORMS
_____CURRENT PAY STUBS FOR THE LAST THREE MONTHS
_____SIGNATURE IS MISSING
_____SIGNED AFFIDAVIT EXPLAINING CURRENT FINANCIAL SITUATION OR EMPLOYMENT STATUS.
_____COPY OF UNEMPLOYMENT/DISABILITY STATUS
_____(OTHER)_____

Thank you in advance for your cooperation.

Sincerely,

Business Services
626)732-3100
(8:00a.m.-4:00p.m.)

(017 – CAP incomplete ltr)

[DATE]

[GUARANTOR NAME]
[GUARANTOR ADDRESS LINE]
[GUARANTOR CITY,STATE ZIP]

NOMBRE DEL PACIENTE: [PATIENT NAME]
NUMERO DE CUENTA: [ACCOUNT #]
FECHA DE SERVICIO: [ADM/SER DATE]
COBROS EN TOTAL: $[AR CHG TOTAL]

[GUARANTOR NAME]:

Su aplicación para el programa de asistencia comunitaria esta incompleta. Bajo las reglas federales del gobierno esta información se requiere para sustentar su aplicación. Favor de someter la siguiente información:

_____FORMAS DE LOS INGRESOS
_____FORMA W-2
_____COPIAS DE LOS TALONES DE CHEQUES PARA LOS ULTIMOS 90 DIAS
_____FIRMA
_____CARTA EXPLICATORIA DE SU SITUACION FINANCIERA
_____CARTA COMPROBANDO SUS BENEFICIOS DE DESEMPLEO
(MISCELANIO)_____

Si esta información no se ha recibo dentro de 10 días su cuenta es sujeto para referencia a agencia externa de colecciones y probablemente usted se requiere aplicar bajo las reglas de la agencia respectivamente.

Gracias en adelantado por su cooperación.

Representante de pacientes
Departamento Financiero
(626)732-3100

018 (CAP incomplete ltr - Sp)

[DATE]

[GUARANTOR NAME]
[GUARANTOR ADDRESS LINE]
[GUARANTOR CITY,STATE ZIP]

PATIENT NAME: [PATIENT NAME]
ACCOUNT #: [ACCOUNT #]
ADMIT/SVC DATE: [ADM/SER DATE]
TOTAL CHARGES: $[AR CHG TOTAL]

Dear [GUARANTOR NAME]:

Based on the information you have submitted to Citrus Valley Health Partners you do not qualify for financial assistance.

If you have any questions regarding your outstanding accounts or would like to make payment arrangements, please contact Business Services.

Sincerely,

Business Services
(626)732-3100
(8:00a.m.-4:00p.m.)

I HEREBY AUTHORIZE CITRUS VALLEY HEALTH PARTNERS TO CHARGE MY:
____VISA ____MASTER CARD ____AMERICAN EXPRESS ____DISCOVER
PRINT NAME:_____
CARD#:_____EXP DATE:_____
AUTHORIZED AMOUNT: $_____ DATE:_____
SIGNATURE:_____

MAIL PAYMENTS TO: CITRUS VALLEY HEALTH PARTNERS
DEPT. 0147
LOS ANGELES, CA 90084-0147

ACCOUNT #[ACCOUNT #]

060 (Denial letter)

DATE]

[GUARANTOR NAME]
[GUARANTOR ADDRESS LINE]
[GUARANTOR CITY,STATE ZIP]

NOMBRE DEL PACIENTE: [PATIENT NAME]
NUMERO DE CUENTA: [ACCOUNT #]
FECHA DE SERVICIO: [ADM/SER DATE]
COBROS EN TOTAL: $[AR CHG TOTAL]

Dear [GUARANTOR NAME]:

Basado en la información que usted proporciono a Citrus Valley Health Partners, no califa para asistencia financiera.

Si tiene alguna pregunta tocante sus cuentas pendientes o si quiere hacer un arreglo de pagos póngase en contacto con nosotros.

Sinceramente,

Business Services
(626)732-3100
(8:00a.m.-4:00p.m.)

AUTORIZO QUE CITRUS VALLEY HEALTH PARTNERS COBRE A MI:
____VISA ____MASTER CARD ____AMERICAN EXPRESS ____DISCOVER

_____
NUMERO DE TARJETA: _____
FECHA DE EXPIRACION:_____
CANTIDAD AUTORIZADA: $_____ FECHA::_____
FIRMA:_____

ENVIE PAGOS A: CITRUS VALLEY HEALTH PARTNERS
DEPT. 0147
LOS ANGELES, CA 90084-0147

NUMERO DE CUENTA: [ACCOUNT #]

060S (Denial letter – Spanish)

[DATE]

[GUARANTOR NAME]
[GUARANTOR ADDRESS LINE]
[GUARANTOR CITY,STATE ZIP]

PATIENT NAME: [PATIENT NAME]
ACCOUNT #: [ACCOUNT #]
ADMIT/SVC DATE: [ADM/SER DATE]
BALANCE: $[PT BALANCE]

Dear [GUARANTOR NAME]:

Based on the financial information you submitted, we are pleased to inform you that you have been approved for financial assistance on this account.

The amount due listed above was determined after reviewing and calculating your information provided based on our financial assistance guidelines. You have qualified for a percentage of the total bill, and the balance is now due and payable. Please remit in full or contact us to make further payment arrangements.

Sincerely,

Business Services
(626)732-3100
(8:00a.m.-4:00p.m.)

I HEREBY AUTHORIZE CITRUS VALLEY HEALTH PARTNERS TO CHARGE MY:
____VISA ____MASTER CARD ____AMERICAN EXPRESS ____DISCOVER
PRINT NAME:_____
CARD#:_____EXP DATE:_____
AUTHORIZED AMOUNT: $_____ DATE:_____
SIGNATURE:_____

MAIL PAYMENTS TO: CITRUS VALLEY HEALTH PARTNERS
DEPT. 0147
LOS ANGELES, CA 90084-0147

ACCOUNT #: [ACCOUNT #]

061 (Approval ltr – bal due)

[DATE]

[GUARANTOR NAME]
[GUARANTOR ADDRESS LINE]
[GUARANTOR CITY,STATE ZIP]

NOMBRE DEL PACIENTE: [PATIENT NAME]
NUMERO DE CUENTA: [ACCOUNT #]
FECHA DE SERVICIO: [ADM/SER DATE]
BALANCE: $[PT BALANCE]

Querido(a) [GUARANTOR NAME]:

Basado en la información que usted envió nos complace informarle que ha sido aprobado(a) para asistencia financiera con esta cuenta.

La cantidad debida y anotada arriba se determino después de revisar y calcular su información proporcionada basada en nuestras guías de asistencia financiera. Califica por un porcentaje de su factura en total y el balance se debe. Por favor envié su pago en total o llámenos para hacer un contrato de pagos.

Sinceramente,

Business Services
(626) 732-3100
(8:00 A.M. - 4:00 P.M.)

AUTORIZO QUE CITRUS VALLEY HEALTH PARTNERS COBRE A MÍ:

_____ VISA _____ MASTERCARD _____ AMERICAN EXPRESS _____ DISCOVER
NOMBRE EN LETRA DE MOLDE: _____
NÚMERO DE TARJETA: _____ FECHA DE VENCIMIENTO: _____
CANTIDAD AUTORIZADA: $_____ FECHA: _____
FIRMA: _____

ENVIE SUS PAGOS A: CITRUS VALLEY HEALTH PARTNERS
DEPT. 0147
LOS ANGELES, CA 90084-0147

NUMERO DE CUENTA: [ACCOUNT #]

061S (Approval ltr – bal due)

[DATE]

[GUARANTOR NAME]
[GUARANTOR ADDRESS LINE]
[GUARANTOR CITY,STATE ZIP]

PATIENT NAME: [PATIENT NAME]
ACCOUNT #: [ACCOUNT #]
ADMIT/SVC DATE: [ADM/SER DATE]
BALANCE: $[BALANCE]

Dear [GUARANTOR NAME]:

Based on the financial information you submitted, we are pleased to inform you that you have been approved for financial assistance on this account.

Your information provided was reviewed based on our financial assistance guidelines and approved for 100% coverage. Your balance is now zero.

Thank you for making Citrus Valley Health Partners your caregiver of choice.

Sincerely,

Business Services
(626)732-3100
(8:00a.m.-4:00p.m.)

061A (Approval letter – 100%)

[DATE]

[GUARANTOR NAME]
[GUARANTOR ADDRESS LINE]
[GUARANTOR CITY,STATE ZIP]

NOMBRE DEL PACIENTE: [PATIENT NAME]
NUMERO DE CUENTA: [ACCOUNT #]
FECHA DE SERVICIO: [ADM/SER DATE]
BALANCE: $[BALANCE]

Querido(a) [GUARANTOR NAME]:

Basado en la información que nos envió nos complacemos en informarles que usted ha sido aprobado(a) para asistencia financiera en esta cuenta.

Su información proporcionada fue revisada basada en nuestras guías de asistencia financiera y fue aprobada el 100%. Su balance es cero.

Gracias por escoger a Citrus Valley Health Partners como su proveedor de salud.

Sinceramente,

Business Services
(626)732-3100
(8:00 a.m. - 4 p.m.)

061A-SP (Approval letter – 100%)

II. Supplemental Emanate Health/ CVHP Policy #M-101

CITRUS VALLEY HEALTH PARTNERS

	CVHP		CVH	X	Policy
	FMRP		CVHH	X	Procedure
X	CVMC-ICH		FPH		Attachments
X	CVMC-QVH		CVHF		CVPP

Title: Medical Screening Exam		Policy #: M-101
Type: Emergency Department		
Effective: 10/93	Revised: 12/98, 7/02, 10/04, 3/24/10, 2/20/13, 10/30/18	Reviewed: 3/05, 1/31/07
Approved by:		
Approved by:		
Approved by:		
Approved by Board of Directors:	1-31-19	

Scope of Responsibility

Registered Nurses (RN)

Statement of Policy

1. Inter-Community Hospital and Queen of the Valley Hospital Emergency Services will provide an appropriate medical screening examination to any individual requesting/requiring care or treatment to determine if the individual has an emergency medical condition. When in doubt as to the existence of an emergency medical condition, discretion will be exercised in favor of concluding that such a condition does exist.
2. A physician or an Advanced Practice Practitioner under the supervision of the Emergency Room physician will do the medical screening examination. If the patient is pregnant, a Labor and Delivery RN may assist in the medical screening exam.
3. The purpose of the medical screening is to establish whether a medical emergency does or does not exist.
4. The scope of the medical screening examination will vary according to the medical condition, history of the patient and capabilities of the hospital.
5. A medical screening examination is provided regardless of diagnosis, payment status, race, national origin, age, disability or other nonmedical factors.

6. Persons, who become incapacitated, injured or succumb to an illness or medical condition upon the premises of the hospital will be offered appropriate assistance and transport to the Emergency Department.

No medical screening examination shall be delayed for the purposes of determining ability to pay or authorization of any third party payor.

III. Supplemental Emanate Health Policy #PC-300

Type					
☐	Emanate Health Medical Center	☐	Emanate Health Home Care	☒	Policy
☒	Emanate Health- ICH	☐	Emanate Health Hospice	☒	Procedure
☒	Emanate Health-QVH	☐		☐	Attachment(s)
☒	Emanate Health-FPH	☐		☐	

Title: Emergency Medical & Active Labor Act (EMTALA)		Policy # PC-300
Type: Hospital		
Effective: 3/1/99	Revised: 4/30/12, 1/22/14, 3/13/14, 9/28/15, 4/22/2020	Reviewed: 2/4/01, 5/13/02, 10/11/07, 10/4/13 , 1/30/19,
Approved by:	MNeed	4/29/20
Approved by:	[signature]	4/29/20
Approved by:		
Approved by Board of Directors:	1/30/19, 4/22/2020	

+ Template changed

Scope of Responsibility

Registered Nurse (RN)

Definitions

1) Hospital property means the entire Hospital campus (including parking lots, sidewalks and driveways) defined as:

   a) The main facility buildings
   b) Structures owned and operated by the Hospital that are within 250 yards of the main buildings

2) Emergency medical condition means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain, psychiatric disturbances and/or symptoms of substance abuse) such that the absence of immediate medical attention could reasonably be expected to result in either:

a) Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; or
b) Serious impairment to bodily functions; or
c) Serious dysfunction of any bodily organ or part

With respect to a pregnant woman who is having contractions:

a) That there is inadequate time to effect a safe transfer to another hospital before delivery; or
b) That transfer may pose a threat to the health or safety of the woman or her unborn child

3) Labor means the process of childbirth beginning with the latent or early phase and continuing through the delivery of the placenta. A woman who is experiencing contractions is in true labor unless a physician or qualified medical person certifies, after a reasonable period of observation that she is in false labor.
4) Medical screening examination means the screening process required to determine with reasonable clinical confidence whether an emergency medical condition does or does not exist.
5) Qualified medical person means an individual other than a licensed physician who is licensed or certified in one of the following professional categories and who has demonstrated current competence in the performance of a medical screening examination:

   a) Registered nurses who are credentialed to perform a medical screening examination for patients in labor.
   b) Physician's Assistants or Nurse Practitioners in the Emergency Department under physician supervision.

6) "To stabilize" or "stabilize" or "stabilized" means:

   a) With respect to an emergency medical condition, that the individual is provided with such medical treatment as is necessary to assure, within reasonable medical probability, that no material deterioration of the condition is likely to result from or occur during the transfer of the patient from the Hospital; or
   b) With respect to a pregnant woman who is having contractions and who cannot be transferred before delivery without a threat to the health or safety of the woman or the unborn child, that the woman has delivered the child and the placenta.

7) Stable for discharge means:

   a) The physician has determined, within reasonable clinical confidence, that the patient has reached the point where his/her continued medical treatment, including diagnostic work-up or treatment, could reasonably be performed as an outpatient or later as an inpatient, as long as the patient is given a plan for appropriate follow-up care with discharge instructions; or

With respect to an individual with a psychiatric condition, the physician has determined that the patient is no longer considered to be a threat to himself/herself or others

NOTE: "Stable for discharge" does not require the final resolution of the emergency medical condition. However, the patient is never considered "stable for discharge" if within a reasonable medical probability, the patient's condition would materially deteriorate after discharge.

8) Stable for transfer between medical facilities means:

a) The physician determines within reasonable clinical confidence, that the patient will sustain no material deterioration in his/her medical condition as a result of the transfer, and that the receiving facility has the capability to manage the emergency medical condition and any reasonably foreseeable complication; or
b) With respect to an individual with a psychiatric condition the physician determines that the patient is protected and prevented from injuring himself/herself or others.
NOTE: Stable for transfer does not require the final resolution of the emergency medical condition.

9) Transfer means the movement (including the discharge) of an individual outside the Hospital's facilities at the direction of any person employed or associated, directly or indirectly, with the Hospital, but does not include the movement of an individual who: (1) is being moved from one location in the Hospital to another location in the Hospital; (2) has been declared dead; or (3) leaves the Hospital without permission or against medical advice.
10) Within the capability of the Hospital means those services which the Hospital is required to have as a condition of its license, as well as Hospital ancillary services routinely available to the Emergency Department.

Statement of Policy

A medical screening examination will be provided by a qualified medical person to any individual who comes to the Hospital and seeks an examination or medical treatment to determine if the individual has an emergency medical condition, whether or not eligible for insurance benefits and regardless of ability to pay.

If it is determined that the individual has an emergency medical condition, medical examination and treatment will be provided as required to stabilize the emergency medical condition, within the capability of the Hospital, or to arrange for transfer of the individual to another medical facility in accordance with the procedures set forth below.

Declarations

1) The provision of a medical screening examination, stabilizing treatment, or appropriate transfer will not be delayed in order to inquire about the individual's method of payment or insurance status.
2) The Hospital will not request or allow a health plan to require prior authorization for services before the individual has received a medical screening examination and stabilizing treatment.
3) The Hospital will provide emergency services and care without regard to an individual's race, ethnicity, religion, national origin, citizenship, age, sex, sexual orientation, preexisting medical condition, physical or mental disability, insurance status, economic status or ability to pay for medical services, except to the extent that a circumstance such as age, sex, preexisting medical condition, or physical or mental disability is medically significant to the provision of appropriate medical care to the individual.
4) The policy applies to:

    a) All individuals who present anywhere on the Hospital's Campus, even if they present at a location other than the Emergency Department.
    b) All individuals in any ambulance subject to the policies and procedures of the local Emergency Medical Services (EMS) authority that is on Hospital property, even if instructed not to come to the Hospital.

5) Within the capability of the Hospital means those services which the Hospital is required to have as a condition of its license, as well as Hospital ancillary services routinely available to the Emergency Department.

Procedure

A. Medical Screening Examination

1) The Hospital shall provide a medical screening examination for every person who comes to the emergency department and seeks medical treatment or on whose behalf such a request is made, and shall also provide such an examination for every person who comes to another area of the Hospital campus to seek treatment for a potential emergency medical condition.
2) An individual who comes to another (non-emergency department) area of the Hospital campus and seeks treatment for a potential emergency medical condition shall be immediately transported to the Emergency Department for the screening examination and necessary stabilizing treatment. Such transport shall be by the method and with the personnel and equipment deemed appropriate under the circumstances by those who are with the individual.

a) Emergency Department staff will respond and provide first aid to any person in need of emergency care who is on Hospital property or in a structure that is owned and operated by the Hospital and is within 250 yards of the Hospital
b) Emergency Medical Services Staff will be utilized for calling 911 for any person outside the designated area
c) If an individual is found down in extremis, 911 and Emergency Department staff will be called simultaneously

3) Within the capability of the Emergency Department, the medical screening examination shall determine within reasonable medical probability whether or not an emergency medical condition exists. The medical screening examination shall be performed by a physician or by a qualified medical person and must be documented in the medical record.
4) If, after an initial medical screening examination, a physician determines that the individual requires the services of an on-call physician, the on-call physician shall be contacted.

B. Individuals Who Do Not Have an Emergency Medical Condition

1) When a physician determines as a result of a medical screening examination that the individual does not have an emergency medical condition, the individual may be transferred to another medical facility (if in need of further care) or discharged. The transfer or discharge of an individual who does not have an emergency medical condition shall be in accordance with the Hospital's transfer and discharge policies.
2) The hospital may transfer an individual with no emergency medical condition to another hospital for non-medical reason. Before transferring the individual, the hospital shall:

a) Ask the individual if he or she has a preferred contact person who should be notified about the transfer
b) Contact the person and alert him or her about the proposed transfer
c) If the individual is unable to respond, the hospital shall:
    i. Make reasonable effort to ascertain the identity of the preferred contact person, or the next of kin;
    ii. Alert the preferred contact person or the next of kin about the transfer
    iii. Document any attempt to contact a preferred contact person or next of kin in the medical record

3) The appropriate portions of the Physician Authorization for Transfer form shall be completed if the individual is transferred to another medical facility.

C. Individuals Who Have an Emergency Medical Condition.

1) When it is determined that the individual has an emergency medical condition, the Hospital shall:

a) Within the capability of the staff and facilities available at the Hospital, stabilize the individual to the point where the individual is either stable for discharge or stable for transfer
b) Provide for an appropriate transfer of the unstabilized individual to another medical facility. Transfers of unstabilized individuals are allowed only pursuant to patient request, or when a physician, or a qualified medical person in consultation with a physician, certifies that the expected benefits to the patient from the transfer outweigh the risks of transfer

2) If an individual has an emergency medical condition which has not been stabilized, the individual may be transferred only if the transfer is carried out in accordance with the procedures set forth below:

a) The individual may be transferred if the individual or the legally responsible person acting on the individual's behalf is first fully informed of the risks of the transfer, the alternatives (if any) to the transfer, and of the Hospital's obligations to provide further examination and treatment sufficient to stabilize the individual's emergency medical condition, and to provide for an appropriate transfer. The transfer may occur if the individual or legally responsible person: (i) makes a written request for transfer to another medical facility, stating the reasons for the request; and (ii) acknowledges his request and understanding of the risks and benefits of the transfer, by signing the Patient Request for Transfer or Discharge form
b) The individual may be transferred if a physician has documented in the Physician Authorization for Transfer form that the medical benefits expected from transfer outweigh the risks

3) The transfer from this Hospital to a receiving medical facility of an individual with an unstabilized emergency medical condition shall be carried out as follows:

a) The Hospital shall, within its capability, provide medical treatment which minimizes the risks to the individual's health and, in the case of a woman who is having contractions, the health of the woman and the unborn child;
b) A representative of the receiving medical facility must have confirmed that the receiving medical facility has available space and qualified personnel to treat the individual and has agreed to accept the transfer and to provide appropriate medical treatment, and a physician at the receiving facility has agreed to accept the transfer;
c) The Hospital shall send the receiving medical facility copies of all pertinent medical records available at the time of transfer, including (1) available history; (2) records related to the individual's emergency medical condition; (3) observations of signs or symptoms; (4) preliminary diagnoses; (5) results of diagnostic studies or telephone reports of the studies; (6) treatment provided; (7) results of any tests; (8) a copy of the Physician Authorization for Transfer form, including if applicable, the certification of risks and benefits by a physician, or the signed Patient Request for Transfer form;

d) The transfer shall be effected through qualified professionals and transportation equipment, including the use of necessary and medically appropriate life support measures during the transfer. The physician is responsible for determining the appropriate mode of transport, equipment, and transporting professionals to be used for the transfer.
e) If an on-call physician has refused or failed to appear within a reasonable time after being requested to provide necessary stabilizing treatment thus necessitating a transfer, the emergency physician shall document the on-call physician's name and address in the medical record

D. Individuals Who Have An Emergency Medical Condition But Refuse to Consent to Treatment Or To Transfer

1) If the Hospital offers examination and treatment and informs the individual or legally responsible person of the risks and benefits to the individual of refusing the examination and treatment, but the individual or legally responsible person refuses to consent to the examination and treatment, the Hospital shall take all reasonable steps to have the individual or legally responsible person sign a Refusal to Permit Further Medical Treatment form. The medical record shall contain a description of the examination, treatment, or both, if applicable, that was proposed but refused by or on behalf of the individual; the risks and benefits of the examination and/or treatment; the reasons for refusal; and if the individual refused to sign the form. The steps taken in effort to secure the written informed refusal. An individual who has refused medical examination and/or treatment may be transferred in accordance with the procedures set forth for transfers of unstabilized patients.
2) If the Hospital offers an appropriate transfer but the individual or the legally responsible person refuses the transfer, after being informed of the risks and benefits of the transfer, the Hospital shall take all reasonable steps to have the individual or legally responsible person sign Section 4, Transfer is Refused, on the Physician Authorization for Transfer form. In addition, the medical record shall contain a description of the reasons for the proposed transfer.

E. On-Call Physicians

The Hospital shall maintain an on-call list of physicians, including specialists and sub-specialists that are available to screen, examine, and treat patients with potential emergency medical conditions. On-call physicians shall respond to Hospital calls for emergency coverage within a reasonable time after receiving communication indicating that their attendance is required. If an on-call specialist or sub-specialist is not available, the Emergency Department physician, or his or her designee, shall attempt to obtain the services of another appropriate specialist or sub-specialist from the Hospital's medical staff through working with the Chief of Staff and the Administrator on-call, as deemed appropriate. If the necessary on-call services remain unavailable despite these efforts, such that the patient requires transfer in order to obtain the necessary services at another

medical facility, the emergency physician shall note the name and address of the on-call physician who refused or failed to appear, in the medical record.

F. Record-keeping

The Hospital, whether transferring or receiving patients, must maintain the following:

1) Medical and other records related to individuals transferred to or from the Hospital, for a minimum period of five (5) years from the date of the transfer;
2) A list of physicians who are on-call for duty after the initial examination to provide treatment necessary to stabilize an individual with an emergency medical condition, for a period of five (5) years;
3) A central log on each individual who comes to the Emergency Department seeking screening or treatment, for a period of five (5) years. The log must indicate whether the individual refused treatment or transfer, or was transferred prior to stabilization, admitted and treated, stabilized and transferred, or discharged.

G. Acceptance of Patient Transfers

The Hospital has the obligation to accept an appropriate transfer of a patient with an unstabilized emergency medical condition who requires specialized capabilities or facilities of the Hospital.

H. Reporting the Receipt of Inappropriate Transfers

1) Each Hospital medical staff member, house staff member, nursing supervisor or employee who works in the Emergency, Labor and Delivery or Admitting departments and who has reason to believe that a potential violation of the law has resulted in an inappropriate transfer to the Hospital as a receiving hospital shall report the incident to the Administrator on-call, or Director of Risk Management as soon as possible for investigation.

I. Signage

1) The Hospital shall post signs in English and in Spanish that specify the rights of individuals under the law with respect to examination and treatment for emergency medical conditions and of women who are pregnant and are having contractions. These signs shall be posted in the Emergency Department, Perinatal Services Department, and areas where patients wait prior to examination and treatment.

2) The Hospital shall post signs stating whether or not the Hospital participates in the Medi Cal program.

References

CHA Consent Manual
EMTALA Statute, US Code, Title 42, Section 395dd
California Health and Safety Code, Section 1317.2, All Facilities Letter 13-37

Cross References

Hospital Policy, Transfer of Patients, Interfacility, PC-430.
Emergency Department Policy, OB Patients Presenting to the Emergency Department, O-100

Emanate Health

V

Financial Valuation Summary And Report

Emanate Health
Financial Valuation Summary
2019

This section of the SB697 Report presents the economic valuation of both the non-profit organization's tax exempt status and the services it provides to vulnerable and at-risk populations. This valuation summary represents the services that can be reasonably quantified; however, Emanate Health continues its role as servant leader, advocate and facilitator for community leaders to continue the efforts to create and sustain a healthier community.

COMMUNITY BENEFIT THRESHOLD

The Community Benefit Threshold measures the value of the organization's tax exempt status. This amount represents the community's investment in the non-profit organization.

The benefit threshold is the sum of tax exempt savings that a non-profit organization enjoys. For this report, we have valued the property and income tax exemptions. All other savings were deemed to be immaterial. The calculation of the Community Benefit Threshold is instrumental in order to measure the organization's SB 697 performance.

PROGRAM VALUATION

The Program Valuation section quantifies the dollar value of services Emanate Health provides to vulnerable and at-risk populations. The key elements for the valuation process are: 1**. Data *Gathering*** of services offered by different Emanate Health departments. 2**. *Inclusion Test*** which is met if (1) the service would not be provided in the absence of the non-profit organization, and (2) the service is directed at vulnerable and at-risk populations. 3**. *Project Weighting*** is calculated when only a portion of the program or service is intended for vulnerable and at-risk populations. 4**. *Cost to Charge Ratio*** is the calculation of total operating expenses divided by gross charges. This method converts the charges into costs. It is a hospital-wide average that is intended to approximate costs in the aggregate. 5. Government program shortfalls are included in this report.

VALUATION SECTIONS

Emanate Health continued in 2019 the same criteria in the selection of the SB 697 valuation categories:

1. Operations that Lose Money

These are services that the organization continues to provide in the face of operating loses. To the extent that these services pass the Inclusion Test, the costs are includable in the SB 697 Report.

2. Unpaid Costs of Public Programs

These shortfalls are program costs minus payments received. They are not the same as "contractual allowances." Examples may include Medi-Cal and other state or local indigent care programs.

3. Educational Programs

These activities include (1) direct community benefit provided through public health education; (2) wellness programs; and (3) net costs for training health professionals. Emanate Health is involved in all three areas. For the SB 697 report, we calculated the value of staff time, salaries and benefits, for hours devoted to these efforts.

4. Programs that Meet Unmet Needs

These programs include healthcare services provided without charge and many of the Mission Effectiveness and Community Care projects. Emanate Health has computed the cost of its **Community Assistance Program** (Charity Care) as direct measure of charity care provided to vulnerable and at-risk populations. Other significant projects include *Lighten-Up SGV, GEM, Welcome Baby, Diabetes Management, and the Mental Health Initiative.*

5. Cash and In-Kind Donations Made by the Facility

These are cash or non-monetary assets contributed by Emanate Health directly to other programs or efforts for vulnerable and at-risk populations. These services are valued by determining the staff time involved and applying an average rate for salaries and benefits. In addition to out-right grants, Emanate Health donates cash, in-kind assets, and services through (1) meals-on-wheels program in which the food and preparation costs are donated; (2) staff leadership of rehabilitation support groups; and (3) and durable medical equipment donated.

6. Health-Related Research

This section covers health-related research for studies on alternative health delivery methods, testing of medical equipment, and controlled studies of therapeutic protocols. Emanate Health's primary activity has been the *Neonatal Sleep Apnea Program*, which was the first of its kind in Southern California. The costs for this unmet need, net of any payments received, are included in the SB 697 report. It is considered research because the treatment incorporates studies that further science understands of the illness.

7. Fund-Raising Costs

The costs to raise funds for programs that serve vulnerable and at-risk populations are includable in the SB 697 report. Foundation operating costs have been weighed so that only those portions that support vulnerable populations are included.

In preparing the valuation of departmental services, we learned that many functions fell under more than one of the categories listed above. To simplify this report, we have listed services by department. The reader of our SB 697 report may assume that all items included (1) have passed the *Inclusion Test*; (2) have been weighed and discounted appropriately; and (3) fall into one or more of the seven categories.

MEASUREMENT

The 2019 the community benefit summary includes (1) a valuation of the Community Benefit Threshold; (2) a valuation of the services provided to vulnerable and at-risk populations; and (3) a summary page that compares the two values. The report compares what the community invested in Emanate Health with the value of services given back to the needy. Emanate Health surpassed its Community Benefit Threshold in 2019.

Emanate Health

Community Benefit Summary

2019

Community Benefit Threshold

Exemption from taxes:		
Property Taxes	$	2,097,804
Total Community Benefit Threshold	**$**	**2,097,804**

This is the amount which the community invested in Emanate Health through tax preferences in 2018

Program Valuation

Community Assistance Program (Charity Care)	$	2,372,028
Community Outreach and Mission Effectiveness		247,941
Neonatal Apnea Net Costs		9,100
Emergency Department Call Panel		381,869
Foundation Community Benefit		77,904
Community benefit expense - Health Professions Education		2,350,593
Departmental Community Benefit Services Quantification		938,425
Total Value of Community Benefit Services Provided	**$**	**6,377,861** [1]
This is the value of SB697 services that EH provided to the community in 2019	**$**	**6,377,861**

Measurement excluding Government Program Shortfalls

[1] Community Benefit Service Provided by Emanate Health in 2019	$	6,377,861
Community Benefit Threshold		2,097,804
Surplus of Services Provided Over Threshold	**$**	**4,280,057**

Emanate Health

Schedule to Estimate Property Taxes

2019

	Property Land, Buildings & Improvements	Net Property Plant and Equipment Adjustments for For-Profit Entities, Rental Properties, & Construction in Progress	As Adjusted	Rate	Estimated Property Taxes
EHMC	$ 127,306,420	$ (25,617,389)	$ 101,689,031	1.2%	$ 1,220,268
FPH	33,168,505	(1,969,374)	31,199,131	1.2%	374,390
EH & Other Affiliates	61,685,507	(19,756,661)	41,928,847	1.2%	503,146
EH Total	$ 222,160,432	$ (47,343,424)	$ 174,817,009		$ 2,097,804

Note: Adjustment represents for-profit and income property on which the organization has already paid taxes.

Emanate Health

CHARITY CARE BY ENTITY

2019

2019	ICH	QVH	EHMC	FPH	HOSPICE/HC	TOTAL
Charity Care at cost is computed as follows:						
Adjusted Gross Revenue per IRS W/S-2	587,654,414	791,559,021	1,379,213,435	385,056,366	7,281,710	1,771,551,511
Adjusted Gross Costs per IRS W/S-2	170,233,909	256,523,905	426,757,814	100,250,441	8,247,120	535,255,375
Cost to Charge Ratio per IRS W/S-2	29.0%	32.4%	30.9%	26.0%	113.3%	30.2%
Total Charity at Full Charges (Gross up)	3,100,046	3,195,920	6,295,965	1,758,813	27,841	8,082,619
Total Traditional Charity Care at Cost	911,805	1,035,054	1,946,859	457,912	31,532	2,436,303
Partial Payment by charity patients	32,260	14,565	46,824	17,451	-	64,275
Total Cost of Traditional Charity Care-Net of payments	879,545	1,020,489	1,900,035	440,461	31,532	2,372,028
Unpaid cost of public programs	20,345,000	35,437,000	55,782,140	13,692,610	378,940	69,853,687
Community Benefits	1,549,757	2,324,635	3,874,392	131,441		4,005,833
Total Charity Care & Unpaid Costs before Hospital Fees Revenue	22,774,302	38,782,124	61,556,566	14,264,512	410,472	76,231,548
Hospital Fee Program Net (Revenue)	(15,780,000)	(36,394,521)	(52,174,521)	(5,386,081)	-	(57,560,602)
Total Charity Care & Unpaid Costs after Hospital Fees Revenue	6,994,302	2,387,603	9,382,045	8,878,431	410,472	18,670,946

Emanate Health

Community Outreach and Mission Effectiveness/Community Education

2019

	Mission Effect EH (40.86120)
Department Expenses	
Actual Expenses per 12/31/19 General Ledger	247,941
Adjustments:	
Adjusted Departmental Expenses	247,941
Department Income	
Actual Income per 12/31/19 General Ledger	None
Adjustments:	
Adjusted Departmental Income	-
Net amount spent for Community Benefits	247,941

Emanate Health

Neonatal Sleep Apnea Department - Costs

2019

Department Expenses

Actual Expenses per 12/31/19 General Ledger	9,100
Adjustments:	
Adjusted Departmental Expenses	9,100

Department Income

Actual Income per 12/31/19 General Ledger	-
Adjustments:	
	-
Adjusted Departmental Income	-
Net amount spent for Community Benefits	9,100

Emanate Health
ER - On Call Physicians
2019

	EHMC	FPH	TOTAL
Department Expenses			
Actual Expenses per 12/31/19 General Ledger	287,577	94,342	381,919
Adjustments:			
Adjusted Departmental Expenses	287,577	94,342	381,919
Department Income			
Actual Income per 12/31/19 General Ledger	50	-	50
	-	-	-
Adjusted Departmental Income	50	-	50
Net amount spent for Community Benefits	287,527	94,342	381,869

Emanate Health

Foundations - Net Fundraising Costs

2019

	At Risk %	EH Foundation (EHMC/Hospice/FPH) Total	At Risk
Contributions			
Unrestricted contribution-current year	5%	2,254,256	112,713
Restricted			
Cardiac	20%	-	-
Chaplains / Strength Journey	10%	2,940	294
Echo	100%	9,500	9,500
Maternal & Child Health	20%	20,500	4,100
NICU	20%	100,240	20,048
Pediatric	20%	25,430	5,086
All other restricted	5%	(38,371)	(1,919)
Total Restricted		120,239	37,109
Total Contributions		2,374,495	149,822
		(0)	6.3%
Total Expenses		1,234,688	
Expenses related to Fundraising for At Risk Population			77,904
Total		-	

Emanate Health

HEALTH PROFESSIONAL EDUCATION (FAMILY RESIDENCY PROGRAMS)

2019

Total Community benefit expense (Health Professions Education)

1	Medical students	-
2	Interns, residents, and fellows	4,863,243
3	Nurses (students)	-
4	Professions, students (Pharmacy, OT, dietetics,	-
5	Continuing health professions education (community	-
6	Other students	-
7	Total Community benefit expense	4,863,243

Direct offsetting revenue

8	Medicare reimbursement for Direct GME	2,512,650
9	Medicaid reimbursement for Direct GME	-
10	education reimbursement/tuition	-
11	Other revenue	-
12	Total Direct offsetting revenue	2,512,650
10	Net community benefit expense (income) - Health Professions Ec	2,350,593

Emanate Health

Estimated List of Community Outreach Services by Department

2019

Dept.	Description		Category	Department Totals	Totals
Pediatrics/ MBCU- Mother Baby Care Unit					
	12 English language Tours		Education	4,800	
	10 Spanish language Tours		Education	4,000	
	Printing		Resource	8,000	
	0 Boris the Bear Preoperative classes		Education	500	
	24 Pediatric Teddy Bear Clinics		Resource	2,600	
Pediatrics Subtotal				19,900	19,900
Food Services - Queen of the Valley Hospital					
	Student Interns (2)	Brianna, Winnie	Education	5,000	
	Lighten Up SGV		Education	2,500	
	Glendora Health Fair		Education	400	
	Stroke Support Group Lecture		Education	50	
	Parkinsons Support Group Lecture		Education	50	
	ED Patient Trays		Resource	19,971	
Food Services Subtotal				27,971	27,971
Food Services - Inter-Community Hospital					
	Student Interns (2)	Brianna, Winnie	Education	5,000	
	Lighten Up SGV		Education	1,155	
	Covina Christmas Parade - 200 Boxed Meals for Volunteers		Charity	1,590	
	Outpatient Cardiac/Pulmonary Rehab Classes		Education	1,200	
	Population Health Outpatient Consults		Education	200	
	ED Patient Trays		Resource	21,447	
Food Services Subtotal				30,592	33,092
Volunteers & Auxiliary Department/Patient Relations & Service Recovery					
	Twelve 1000 scholarships for students in allied healthcare field		Education	12,000	
	Chaplain Services-Spiritual Visits		Service	68,256	
	Scholarship Committee		Education	1,815	
	Spiritual Tape Distribution		Service	-	
	Telecare (Calls to Home Bound patients 365 days per year)		Resource	8,505	
	Pet Therapy		Service	8,415	
	NICU Cuddler		Service	51,687	
	Music Therapy		Service	9,403	
Volunteers & Auxiliary Department/Patient Relations & Service Recovery				160,081	160,081
Marketing and Communications Department					
	Lighten Up SGV		Education	8,733	
	Glendora Chamber		Resource	1,500	
	Covina Rotary		Resource	5,000	
	La Verne Chamber		Resource	183	
	San Dimas Chamber		Resource	620	
	Aging Well Seminar		Education	-	
	Sidewalk CPR		Education	4,890	

Emanate Health

Estimated List of Community Outreach Services by Department

2019

Dept.	Description	Category	Department Totals	Totals
	Flu shot clinic	Resource	11,468	
	RESTORE Rehab event	Education	8,626	
	Stericyle call center	Resource	160,349	
	Stroke Events	Education	14,227	
	Heart Smarts (3 events)	Education	46,705	
	Event advertising (SGV Tribune)	Education	9,284	
	Covina Chamber	Resource	1,250	
Mar/ Comm Subtotal			272,834	272,834
Health Scholars (formerly Clinical Care Extenders)				
	Health Scholar: Annual Expense for Program	Service	212,500	
	Health Scholar : Recruit, train, monitor students for service learning projects	Service	7,140	
Health Scholar Subtotal			219,640	219,640
Population Health: Diabetes & Specialty Care Centers				
	Community Lectures: Hours / Supplies	Education	1,200	
	Support Groups: Hours	Education	9,200	
	Support Groups: Supplies	Education	700	
	Inpatient Education - 30 hours per week	Education	78,000	
	Interfaith Outreach	Education	0	
	School Outreach	Education	0	
	Community Meetings	Planning	1,000	
	Health Fairs	Education	1,400	
	MD Office Lectures	Education	0	
	Preceptorship of RDN students--variety of schools	Education	18,000	
	Preceptorship MSN Students - APU/ Western Univ.	Education	10,608	
	Preceptorship MSW Student - APU	Education	6,000	
	Preceptorship KGI Pharmacy Students (Amb DM Pharm)	In-Kind	11,700	
	Write off (Patients seen by MSW--not billed for services)		30,000	
	Number of New Patients for Diabetes & Specialty Care Centers (1,163)			
Diabetes Education Program Subtotal			167,808	167,808
FPH Volunteer Services & Auxiliary				
	Spiritual Care Visits		14,016	
	14 Scholarships	Education	20,837	
	Scholarship Committee	Education	2,246	
	Pet Therapy	Service	-	
Volunteer Services and Auxiliary Subtotal			37,099	37,099
Grand Total--CVHP Departmental Outreach Services				$ 938,425

Emanate Health

VI

2019 CHNA Report

Emanate Health™

(Formerly Citrus Valley Health Partners)

2019 Community Health Needs Assessment Report

Emanate Health

Community Benefit

Community Health Needs Assessment (CHNA) Report

AUTHORS

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

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

CNM team members

Maura J. Harrington, Ph.D., MBA

Christine Newkirk, M.A.

Jessica Fenton, MSW

ACKNOWLEDGEMENTS

Emanate Health Community Benefit Team

Maria Peacock, Director, Community Benefit/GEM/WB

Community Stakeholders

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

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

TABLE OF CONTENTS

EXECUTIVE SUMMARY

Emanate Health (also called EH in this report) serves the residents of the East San Gabriel Valley through a network of 18 facilities. This 2019 report documents the community health needs assessment (CHNA) conducted for Emanate Health (formerly Citrus Valley Health Partners). The results of the CHNA will inform the development of implementation strategies developed by Emanate Health to address the health needs found in the community. This executive summary is intended to provide a high-level snapshot of the CHNA regulations governing hospitals, the list of prioritized health needs found in the report, the methodology used to identify those health needs, and a summary of the overall assessment.

Community Health Needs Assessment (CHNA Background)

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

While Emanate Health has conducted CHNAs for many years to identify needs and resources in our communities and to guide our Community Benefit plans, these new requirements have provided an opportunity to revisit our needs assessment and strategic planning processes with an eye toward enhancing compliance and transparency and leveraging emerging technologies. The CHNA process undertaken in 2019 and described in this report was conducted in compliance with current federal requirements.

Summary of Community Identified Needs

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

The following is a list of 10 identified community needs (health outcomes and social determinants of health) that resulted from the analysis of primary and secondary data, observations of disparities, and review of the previous 2016 Emanate Health CHNA findings.

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

Summary of Needs Assessment Methodology and Process

Identification

The 2019 CHNA needs assessment methodology and process involved a mixed-methods approach that included the collection of both secondary data and primary data. Secondary data indicators on a variety of health, social, economic, and environmental topics were collected by ZIP Code, Service Planning Area (SPA)[1], county, and state levels (as available). In most cases, values presented for the Emanate Health Service Area were calculated by aggregating values of smaller geographic units (e.g., ZIP Codes, census tracts) which fall within the service area boundary. Primary data collection consisted of reaching out to local public health experts, community leaders, and residents to identify issues that most affected the health of the community. The CHNA process also included an identification of existing community assets and resources to address the identified health needs.

In order to be included in the list of identified health needs, a health outcome or driver had to meet two requirements: it had to be mentioned in the primary data collection more than once, and a secondary data indicator associated with the health outcome and/or driver needed to perform poorly against a designated benchmark (County average, state average, or Healthy People 2020 goal).

Prioritization

On February 26, 2020, ten key Emanate Health stakeholders came together to review and discuss the significant community health needs and social determinants of health that emerged through the CHNA process. Following this review and discussion, stakeholders participated in a prioritization process to produce a recommendation around the significant health needs to be prioritized by Emanate Health over the next three years.

First, stakeholders were asked to rate each identified health need and social determinant according to: severity, magnitude, degree to which the severity and magnitude are disproportionately distributed across racial/ethnic/age group or other social category (disparity), change over time, and availability of community resources.

Stakeholders then participated in a dot-voting exercise to indicate which needs rose to the top during the dialogue as needs or social determinants that Emanate health should focus on in the next three years.

The average rating of each health need and social determinant was combined with the number of dot votes assigned to each by the prioritization session participants. The total score determined the four priority health needs to be addressed by Emanate Health during the 2020-2022 period.

The priority needs include:

- Chronic Diseases
- Mental Health
- Homelessness
- Access to Care

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

Community Assets and Resources

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

INTRODUCTION

About Emanate Health

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

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

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

About Emanate Health's Community Benefit

Emanate Health (EH) is an organization recognized for its outstanding community outreach efforts and accomplishments. An organization dedicated to creating innovative partnerships among the numerous health and social service organizations in our valley. EH is an active partner in multiple coalitions and collaborative groups in the San Gabriel Valley that include over 100 agencies. All diverse relationships are devoted to promoting community health improvement and well-being.

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

Since conception, Every Child's Healthy Option (ECHO) is a collaborative effort coordinated and lead by local school districts. The ECHO program has in place a cadre of volunteer health providers who offer free urgent care services in various specialties; it ensures that every child, regardless of income level, has access to urgent quality health care and provides enrollment for the child in health insurance. Other important programs that receive support from EH are the San Gabriel Valley Coalition on Homelessness; San Gabriel Valley Health Planning

Group; Healthy San Gabriel Valley Coalition and the San Gabriel Valley Hospital Collaborative.

Emanate Health's Diabetes Program provides free diabetic foot screenings for patients and residents every month. Diabetes test strips are provided free of charge to patients through a partnership with a local community clinic; this practice had already shown positive results in residents better managing their diabetes. Free support groups are offered at Foothill Education Center in Glendora and EH Resource Center in Covina to help residents with their concerns, achievements and challenges in managing their diabetes. The Latino community has access to Spanish language groups led by a Registered Nurse and Certified Diabetes Educator. EH's vision is to be an integral partner in elevating communities' health through partnerships. EH has formed a Diabetes Prevention and Management Multidisciplinary Group made up of 18 public and private agencies that join minds to respond to the needs of the diabetic population and decrease the devastating effects that come with it.

About the Center for Nonprofit Management

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

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

Purpose of the CHNA Report

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

The Patient Protection and Affordable Care Act (ACA) enacted on March 23, 2010, included new requirements for nonprofit hospitals in order to maintain their tax-exempt status. The provision was the subject of final

regulations providing guidance on the requirements of section 501(r) of the Internal Revenue Code. Included in the new regulations is a requirement that all nonprofit hospitals must conduct a community health needs assessment (CHNA) and develop an implementation strategy (IS) every three years (http://www.gpo.gov/fdsys/pkg/FR-2014-12-31/pdf/2014-30525.pdf). The required written IS plan is set forth in a separate written document. Both the CHNA Report and the IS plan for the hospital facility are available publicly at https://www.EH.org/documents

Emanate Health Approach to CHNA

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

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

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

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

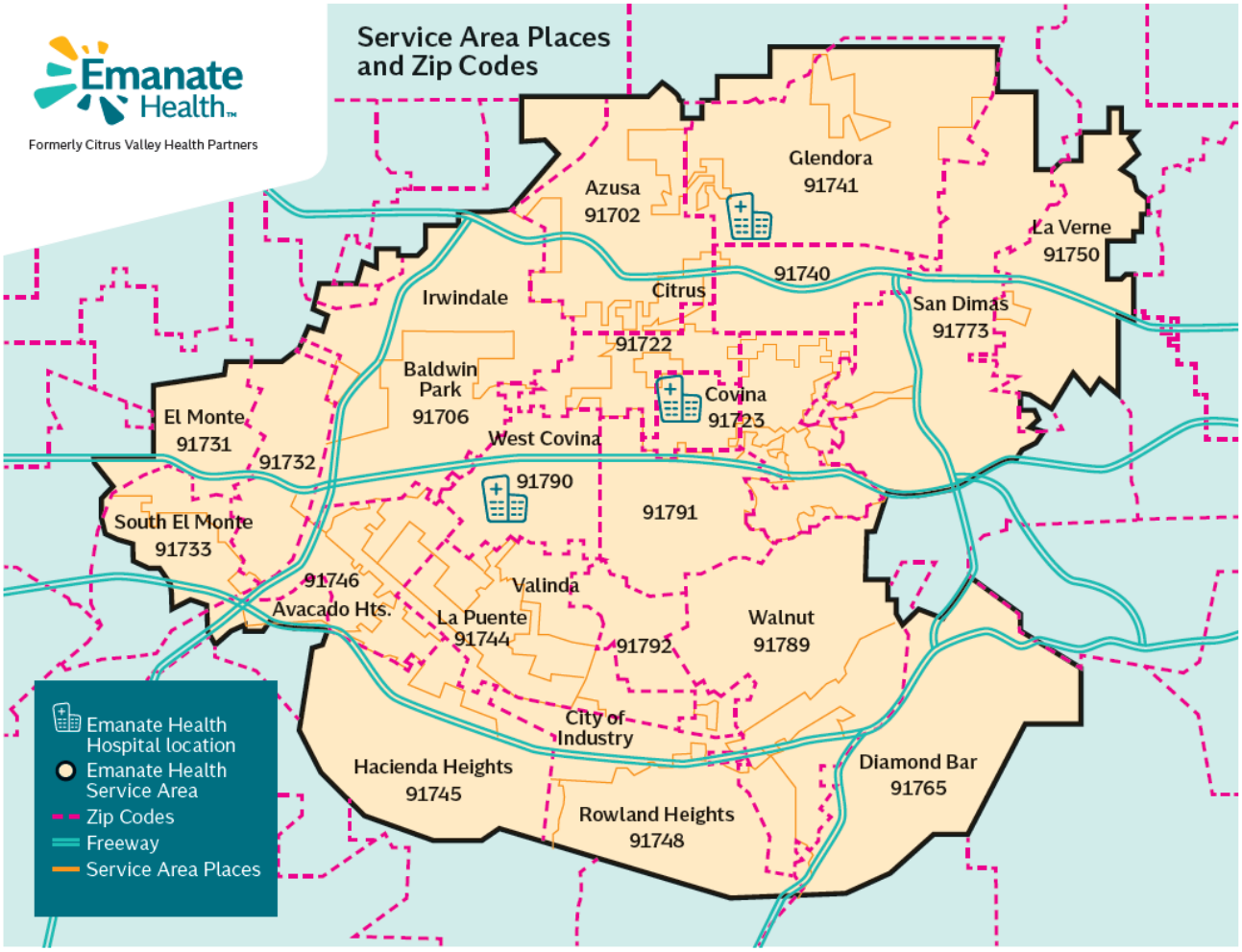
In conjunction with this report, EH will develop an implementation strategy for the priority health needs the hospital will address. These strategies will build on EH assets and resources, as well as evidence-based strategies, wherever possible. The Implementation Strategy will be filed with the Internal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

EMANATE HEALTH SERVICE AREA

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

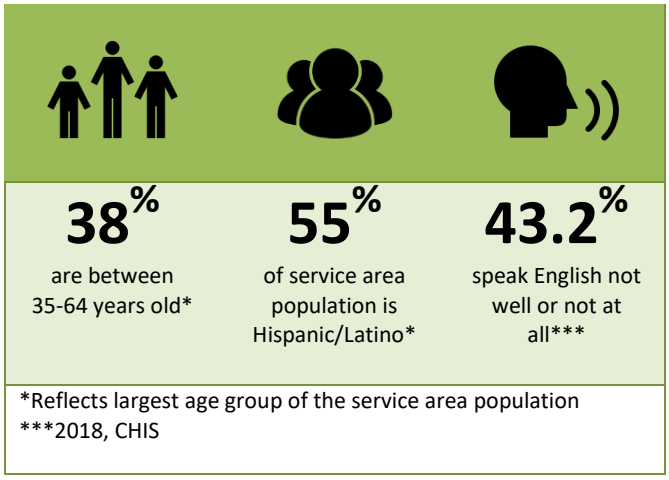
City/Community	ZIP Code	Service Planning Area (SPA)
Azusa, Irwindale	91702	SPA 3 – San Gabriel Valley
Baldwin Park, Irwindale	91706	SPA 3 – San Gabriel Valley
Covina	91722, 91723, 91724	SPA 3 – San Gabriel Valley
Diamond Bar	91765	SPA 3 – San Gabriel Valley
El Monte (including City of Industry)	91731,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

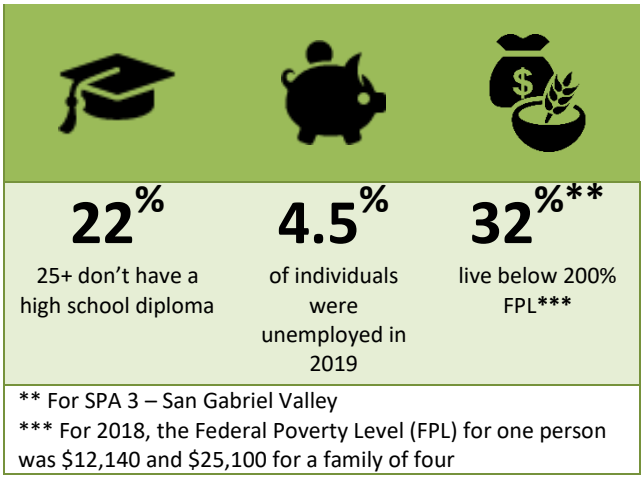
Map of the Emanate Health Service Area



DEMOGRAPHIC PROFILE OF THE EMANATE HEALTH SERVICE AREA

Overall, the population in the EH service area has increased since the 2016 CHNA and is projected to continue to grow. Many of the demographic numbers remained steady since the previous report, and there have been some positive changes in areas such as poverty, which has decreased since the previous 2016 CHNA according to 2018 US Census data. In education, more youth are finishing high school, and more students entering college are completing their degrees. There is, however, an increase in homelessness in the service area. The following graphic provides a snapshot of the EH service area population.





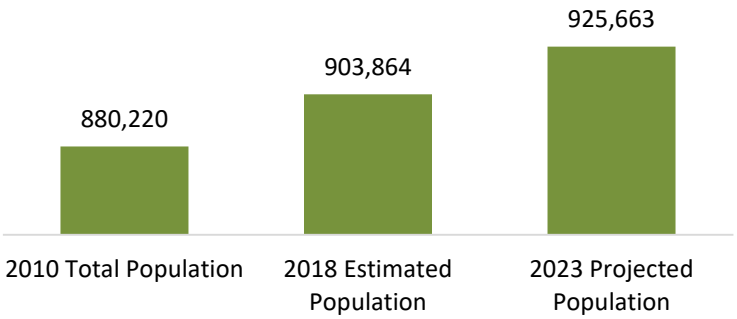
Approximately one in eight people in the SPA 3 - San Gabriel Valley[2] service area population lives below 200% of the Federal Poverty Level (37% overall and 41% of children 18 years and younger). There are 4,479 homeless people in SPA 3 - San Gabriel Valley, many of whom struggle with mental illness (26%) and substance abuse problems (14%) or are physically disabled (21%).

Population

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

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

EH Service Area Population Trends



Total Population, 2018

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

Source: Nielsen Claritas SiteReports, 2018, ZIP Code

Gender

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

Gender, 2018

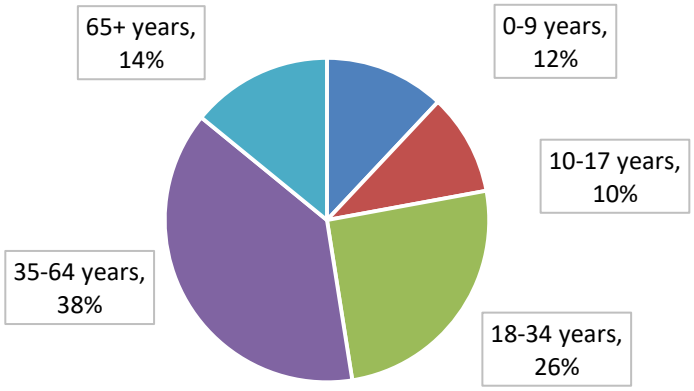
Service Area	Male		Female	
	Number	Percent	Number	Percent
EH service area	443,300	49.0%	460,554	51.0%
Los Angeles County	5,041,392	49.3%	5,189,645	50.7%
California	19,663,577	49.7%	19,893,468	50.3%

Source: Nielsen Claritas SiteReports, 2018, ZIP Code

Age

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

Age in the EH Service Area



Population by Age, 2018

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

Source 1: Nielsen Claritas SiteReports, 2018, ZIP Code
Source 2: US Census, 2017, State

Within the communities in SPA 3 of interest to Emanate, El Monte and West Covina have the largest populations in all age categories. Relative to their population size, San Dimas (21.5%), La Verne (20.9%) and Hacienda Heights (20.4%) have highest proportion of seniors compared to peer EH communities in SPA 3. Meanwhile, the

town of Industry (11.7%), Covina (7.0%) and South El Monte (7.0%) have the greatest proportion of residents under 5 years of age.

Percent of Population of SPA 3 Cities in EH Service Area by Age

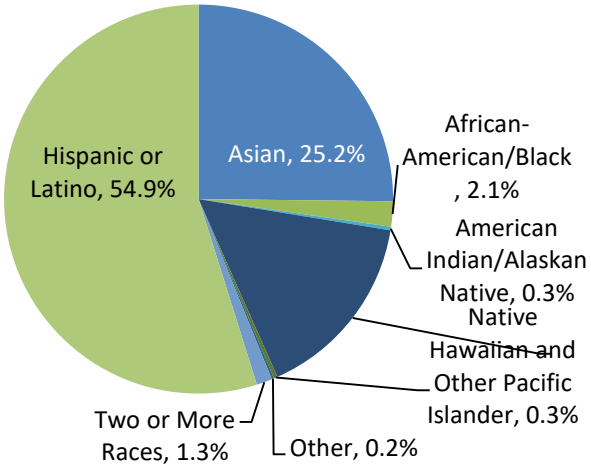
EH Service Area	0-4	5-19	20-24	25-44	45-64	65+
Azusa	6.3%	22.3%	13.8%	27.0%	20.8%	9.7%
Baldwin Park	6.4%	21.0%	8.1%	29.2%	24.1%	11.2%
Covina	7.0%	20.0%	6.6%	27.2%	25.7%	13.5%
Diamond Bar	4.6%	17.3%	6.0%	25.4%	31.1%	15.6%
El Monte	5.8%	20.6%	7.9%	28.3%	24.6%	12.6%
Glendora	5.3%	19.4%	5.6%	24.5%	29.4%	15.9%
Hacienda Heights	4.6%	16.8%	6.5%	25.6%	27.9%	18.6%
Industry	11.7%	20.4%	10.2%	31.5%	16.8%	9.6%
Irwindale	6.9%	22.4%	7.3%	25.1%	22.9%	14.3%
La Puente	6.7%	21.8%	8.5%	28.7%	23.1%	11.2%
La Verne	5.9%	18.2%	6.9%	21.2%	28.9%	18.8%
Rowland Heights	5.8%	14.1%	6.9%	27.0%	28.4%	17.9%
San Dimas	5.3%	18.0%	7.2%	23.6%	26.5%	19.3%
South El Monte	7.0%	20.3%	8.4%	27.5%	24.3%	12.5%
Walnut	4.6%	16.6%	6.8%	23.4%	31.8%	16.8%
West Covina	5.9%	18.6%	7.3%	27.6%	26.3%	14.2%

Source: U.S. Census, American Community Survey, 2013-2017

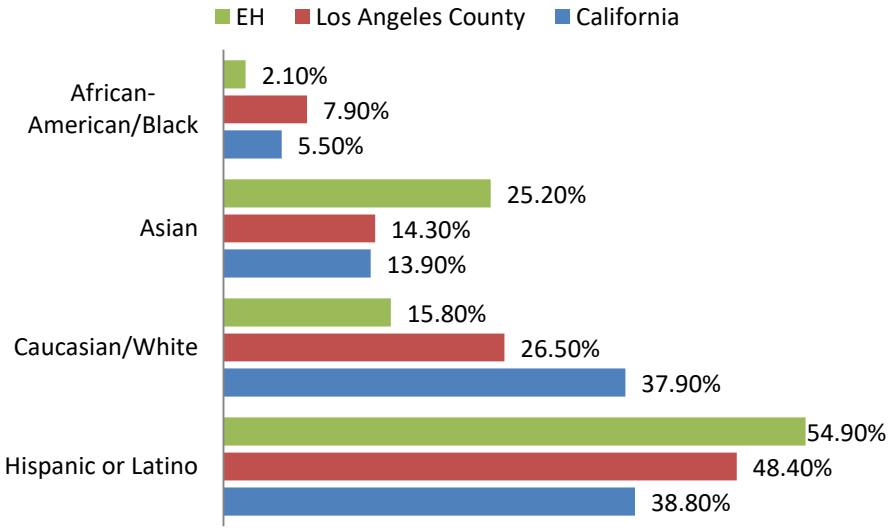
Race and Ethnicity

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

Race and Ethnicity in the EH Service Area



Race and Ethnicity, EH Service Area Compared to Los Angeles County and California



Source: Nielsen Claritas SiteReports, 2018, ZIP Code

Race and Ethnicity, EH Service Area Compared to Los Angeles County and California

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

Source: Nielsen Claritas SiteReports, 2018, ZIP Code

Within the EH service areas in SPA 3, the highest concentration of Latinos and Asians are in El Monte, while Glendora has the highest concentration of Asians. Native Americans and Hawaiian/Pacific Islanders reside in higher numbers within Baldwin Park.

Within specific communities, Irwindale, La Puente and South El Monte have the highest concentration of Latinos, with a rate of 93.3%, 84.7% and 82% respectively. In addition, Glendora and La Verne have the highest concentration of Whites (51.2% and 50.25 respectively). Rowland Heights and Walnut have the highest percentage of Asians, at 60.8% and 63.6% respectively. Among these EH communities, West Covina has the highest concentration of Blacks (4%).

Percent of population in SPA 3 cities by race/ethnicity

SPA 3	Latino	White	Asian	Black or African-American	Native HI/PI	American Indian/AK Native	Other or Multiple
Azusa	63.8%	19.7%	11.6%	2.4%	0.2%	0.2%	2.1%
Baldwin Park	74.0%	3.6%	18.7%	1.9%	0.7%	0.8%	0.4%
Covina	56.0%	24.6%	13.5%	3.5%	0.0%	0.3%	2.1%
Diamond Bar	18.4%	19.6%	54.5%	3.8%	1.0%	0.4%	2.2%
El Monte	65.2%	4.0%	29.0%	0.5%	0.5%	0.1%	0.7%
Glendora	31.8%	51.2%	10.5%	2.2%	0.2%	0.4%	3.8%
Hacienda Heights	46.0%	12.1%	39.1%	1.0%	0.1%	0.2%	0.9%
Industry	63.5%	22.5%	13.5%	0.5%	0%	0%	0%
Irwindale	93.3%	5.4%	0.9%	0%	0%	0%	0.4%
La Puente	84.7%	3.4%	10.3%	0.9%	0.2%	0.1%	0.4%
La Verne	36.3%	50.2%	7.2%	3.8%	0%	0.4%	2.2%
Rowland Heights	25.5%	10.4%	60.8%	1.3%	0.4%	0.3%	1.3%
San Dimas	32.3%	46.7%	15.7%	2.4%	0.1%	0.4%	2.4%
South El Monte	82.0%	3.6%	14.2%	0.1%	0%	0%	0.1%

SPA 3	Latino	White	Asian	Black or African-American	Native HI/PI	American Indian/AK Native	Other or Multiple
Walnut	20.5%	10.8%	63.6%	2.9%	0%	0.1%	2.2%
West Covina	53.7%	11.8%	28.4%	4.0%	0.1%	0.1%	1.8%

Source: U.S. Census, American Community Survey, 2013-2017

Projections within Los Angeles County (and immediate surrounding counties including Orange and San Bernardino) suggest a steady rise in the number of Latino residents and a fall in White residents. Latinos are expected to represent the majority of the population (more than 50%) by 2030 in Los Angeles as well as San Bernardino county. The number of Black and Asian residents is expected to remain stable.

Expected changes in race/ethnicity by County

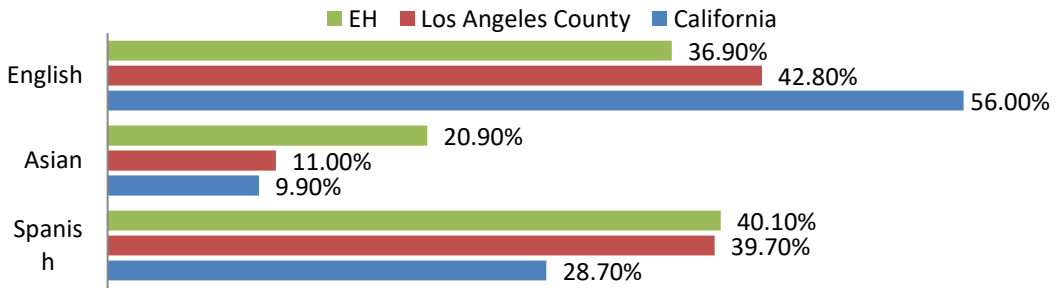
Race/Ethnicity	2017	2020 (Projected)	2030 (Projected)
Los Angeles			
Latino	49.3%	49.7%	51.2%
White	26.6%	26.3%	25.2%
Black/African-American	8.1%	8.1%	8.1%
Asian	13.6%	13.5%	12.8%

Source: State and County Population Projections by Race/Ethnicity, 2010-2060. State of California, Department of Finance; 2019.

Language

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

Language Primarily Spoken in the Home (Age 5+)



Source: Nielsen Claritas SiteReports, 2018, ZIP Code

Language Primarily Spoken in the Home (Age 5+)

Language	EH Service Area		Los Angeles County		California*	
	Number	Percent	Number	Percent	Number	Percent
English	313,411	36.9%	4,109,591	42.8%	20,418,288	56.0%
Asian	177,295	20.9%	1,059,636	11.0%	3,595,346	9.9%
Indo-European[1]	11,953	1.4%	514,010	5.4%	1,621,559	4.4%
Spanish	340,595	40.1%	3,815,147	39.7%	10,486,447	28.7%
Other	6,036	0.7%	102,192	1.1%	367,662	1.0%
Total	849,290	100.0%	9,600,576	100.0%	36,489,302	100.0%

Source: Nielsen Claritas Site Reports, 2018, ZIP Code

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

With the EH service area, certain cities disproportionately favor one foreign language over another. More than two-thirds of La Puente (70.4%) and South El Monte (67%) residents speak Spanish at home. On the other hand, less than 20% of households in Diamond Bar (10.3%), Glendora (15.2%), La Verne(13.2%), San Dimas (14.4%) and Walnut (12.0%) speak Spanish. Two cities had at least half of residents speaking Asian or Pacific Islander in the home: Rowland Heights (53.3%), and Walnut (50.6%). Though nominal proportions, Glendora (3.3%) and San Dimas (2.8%) have the highest percentage of residents who speak some other Indo-European Language within EH communities. La Verne has the highest percentage of residents speaking only English in the home (77%) while El Monte has the lowest percentage speaking only English (16.1%).

Language spoken at home in EH service area communities

SPA 3	English Only	Spanish	Other Indo-European	Asian/PI	Other
Azusa	43.8%	46.1%	1.3%	8.3%	0.5%
Baldwin Park	18.2%	64.2%	0.4%	17.1%	0.1%
Covina	54.7%	32.9%	1.1%	10.3%	1.1%
Diamond Bar	41.5%	10.3%	4.7%	41.9%	1.7%
El Monte	16.1%	55.8%	0.3%	27.6%	0.1%
Glendora	71.3%	15.2%	3.1%	7.2%	3.3%
Hacienda Heights	35.6%	28.7%	1.3%	34.0%	0.2%
Industry	64.1%	32.2%	0%	3.7%	0%
Irwindale	39.5%	59.9%	0%	0.6%	0%
La Puente	19.5%	70.4%	0.3%	9.7%	0.2%
La Verne	77.0%	13.7%	2.6%	5.1%	1.6%
Rowland Heights	25.8%	18.5%	2.2%	53.3%	0.2%
San Dimas	70.3%	14.4%	2.4%	10.1%	2.8%
South El Monte	19.2%	67.0%	0.2%	13.7%	0%
Walnut	35.4%	12.0%	1.6%	50.6%	0.5%
West Covina	41.1%	33.2%	1.5%	23.8%	0.5%

Source: U.S. Census, American Community Survey, 2013-2017

Household Income

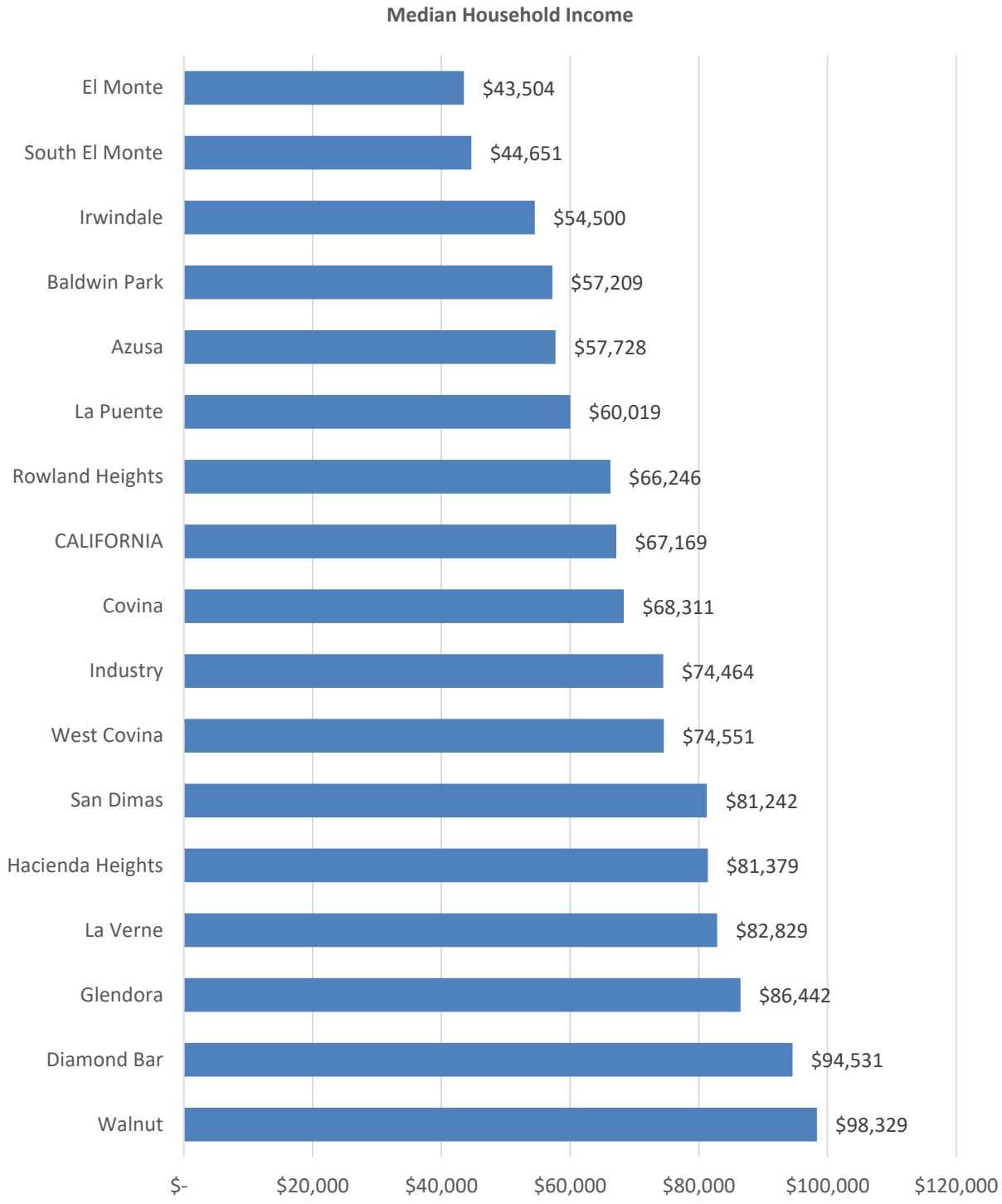
The EH service area's income distribution is slightly skewed higher than the county and state, yet a significant number of households have lower income levels. In Los Angeles County, 40% of the population have incomes below $50,000; in the EH service area, only 32% of households have incomes at this level. The EH service area has a slightly higher percentage of households earning $50,000 to $100,000 than Los Angeles County (37% vs. 27%).

Household Income

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

Source: Nielsen Claritas SiteReports, 2018, ZIP Code

The median household income in EH communities in SPA 3 is highest in Walnut ($98,329), followed by Diamond Bar ($94.531) and Glendora ($86,442). These communities, however, have household incomes that are significantly lower than other regions of SPA 3 not part of the EH community, such as San Marino ($152,527) or Bradbury ($150,119). Among the cities reporting here, over 40% have household incomes below the State median ($67,169) with El Monte ($43,504), and South El Monte ($44,651) reporting the lowest medians.



Source: U.S. Census, American Community Survey, 2013-2017

Cost Burdened Households

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

Renters Spending 30% or More Household Income on Rent

Community	%
Azusa, Irwindale	63.6%
Baldwin Park	62.5%
Covina	55.2%
Diamond Bar	54.5%
El Monte	67.2%
Glendora	48.7%
Hacienda Heights	57.1%
La Puente	55.5%
La Verne	58.2%
Rowland Heights	64.0%
San Dimas	55.0%
South El Monte	67.9%
Walnut	57.4%
West Covina	57.3%

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

Poverty

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

Population Living Below 100% Federal Poverty Level

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

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

Of those households in SPA 3 living at 100% below the FPL, 18.6% have children between the ages of 0 and 17 years. This is lower than the percentage reported for Los Angeles County (24.0%) and California (20.7%).

Children Living Below 100% Federal Poverty Level

Report Area	Number	Percent
SAP 3 – San Gabriel Valley	37,025	18.6%
Los Angeles County	538,720	24.0%
California	1,865,225	20.8%

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

Homelessness

Of the estimated 58,936 homeless in Los Angeles County as of the Los Angeles County Homeless Count of 2019, 4,489, or 7.6%, resided within SPA 3. This is a 25% increase in the size of the homeless population from 2018.

Total Homeless, SPA 3 and Los Angeles County

Report Area	Number	Percent
SPA 3 - San Gabriel Valley	4,489	7.6%
Los Angeles County	58,936	N/A

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

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

Most of the homeless population in SPA 3 (n=3,869 or 86.4%) were individuals: single adults, adult couples with no children and groups of adults over the age of 18. The remainder were either homeless family members (n=616 or 14%), or homeless unaccompanied minors (n=4 or 0.1%).

Homeless by Type

Report Area	Homeless Individuals		Homeless Family Members		Homeless Unaccompanied Minors	
	Number	Percent	Number	Percent	Number	Percent
SPA 3 - San Gabriel Valley	3,869	86.4%	616	14%	4	0.1%
Los Angeles County	50,071	85.0%	8,799	14.9%	66	0.1%

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

In SPA 3, 27% of homeless individuals and 1% of homeless family members are chronically homeless, defined as homeless for a year or more.

Chronically Homeless Individuals and Family Members

Report Area	Individuals		Family Members	
	Number	Percent	Number	Percent
SPA 3 - San Gabriel Valley	1,212	27.0%	49	1%
Los Angeles County	15,855	26.9%	674	1.1%

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

Of the 4,489 homeless in SPA 3, 258 (6%) are veterans.

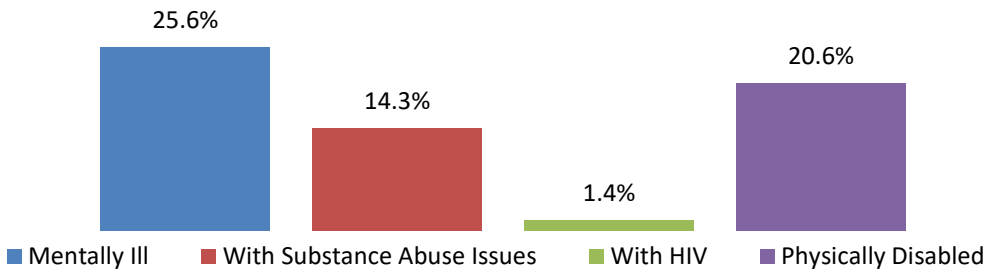
Homeless Veterans

Report Area	Number	Percent
SPA 3 - San Gabriel Valley	258	6%
Los Angeles County	3,879	6.6%

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

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

Health Needs of Homeless Population in SPA 3



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

Health Needs of Homeless Population

Report Area	Mentally Ill		With Substance Abuse Issues		With HIV		Physically Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
SPA 3 - San Gabriel Valley	1,055	25.6%	590	14.3%	57	1.4%	848	20.6%
Los Angeles County	13,675	27.0%	7,829	15.4%	1,309	2.6%	N/A	N/A

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

Unemployment

Lack of steady work and income can affect an individual's health in multiple ways, particularly because full time employment is an avenue to affordable health insurance. In SPA 3-- as well as Los Angeles County and California—unemployment rates have fallen since 2014.

Unemployment Rate

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

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

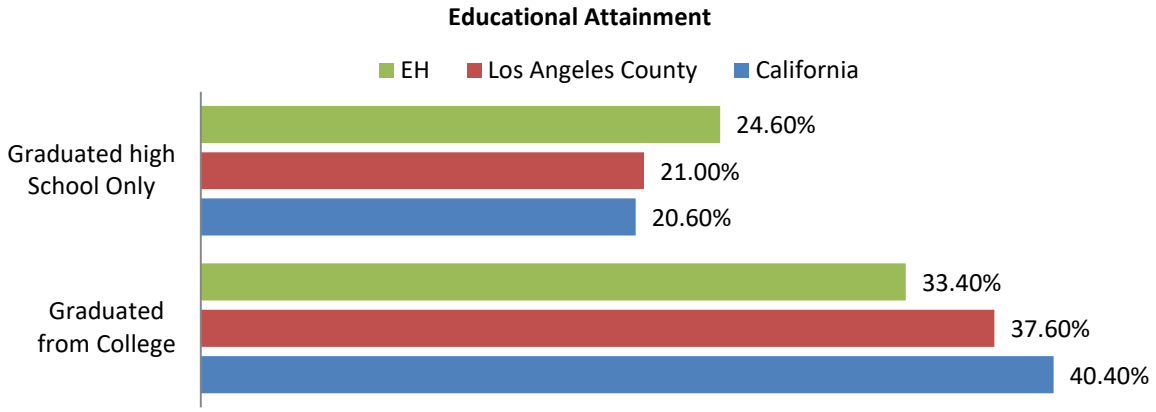
Educational Attainment

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

Educational Attainment (Age 25+)

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

Source: Nielsen Claritas SiteReports, 2019, ZIP Code



Source: Nielsen Claritas SiteReports, 2019, ZIP Code

High school graduation rates, or the number of high school graduates that graduated four years after starting ninth grade, in Los Angeles County (81.6%) modestly lower than the state rate (83.%). Other counties in Southern California, such as Orange (89.2%) or Riverside (88.9%) County have much higher rates.

Within EH Communities, the highest percentage of residents with a high school diploma are at Baldwin Park (32.5%) and Azusa (28%). La Puente has low rates of college educated (8.3%), and a larger portion of residents with no high school education (24%) or a high school diploma (29.7%) than the majority of peer EH communities in SPA 3. El Monte (26.7%) and South El Monte (29.4% have the largest proportions of residents with no high school experience.

Educational Attainment Age 25 Years and Older

SPA 3	No HS	Some HS	HS Diploma	Some college, No degree	Assoxiate Degree	Bachelor's Degree	Graduate Degree
Azusa	13.6%	8.0%	28.0%	22.0%	8.3%	13.7%	6.3%
Baldwin Park	21.2%	12.0%	32.5%	16.3%	5.8%	10.0%	2.2%
Covina	6.2%	7.7%	23.7%	26.2%	8.5%	20.4%	7.3%
Diamond Bar	3.4%	3.8%	14.6%	17.8%	8.2%	34.4%	17.7%
El Monte	26.7%	15.9%	27.3%	13.4%	5.2%	9.2%	2.4%
Glendora	4.0%	5.9%	18.9%	24.7%	10.3%	22.4%	13.7%
Hacienda Heights	6.7%	6.8%	23.1%	20.2%	9.1%	23.4%	10.7%
Industry	8.8%	8.3%	24.9%	33.2%	1.0%	21.2%	2.6%
Irwindale	15.1%	10.0%	29.1%	27.4%	9.3%	7.5%	1.6%
La Puente	24.0%	14.1%	29.7%	17.4%	4.5%	8.3%	2.0%
La Verne	3.2%	5.2%	17.2%	27.2%	9.5%	22.5%	15.2%
Rowland Heights	8.6%	5.7%	20.5%	17.7%	8.6%	29.6%	9.3%
San Dimas	3.2%	4.0%	18.1%	26.0%	11.6%	24.6%	12.6%
South El Monte	29.4%	17.8%	26.9%	13.5%	3.5%	6.2%	2.6%
Walnut	5.0%	2.8%	14.1%	16.6%	9.5%	37.4%	14.6%
West Covina	7.8%	7.5%	26.3%	20.9%	8.9%	21.4%	7.1%
CALIFORNIA	9.7%	7.8%	20.6%	21.5%	0.9%	20.4%	12.2%

Source: U.S. Census, American Community Survey, 2013-2017

Disability

Having a disability can present many complications that would be exacerbated by the absence of appropriate assistance. Having a disability can also lead to other health needs such as poor mental health. In SPA 3, a significantly lower percentage (21.7%) of the population reported having a physical, mental or emotional-associated disability when compared to Los Angeles County (30.7%) and California (29.7%).

Population with Disability

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

Source: California Health Interview Survey, 2016, SPA

High Need Communities

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

METHODS TO IDENTIFY COMMUNITY HEALTH NEEDS

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

Secondary Data

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

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

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

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

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

Community Input

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

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

Methodology for interpretation and analysis of primary data

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

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

PRIORITIZATION OF COMMUNITY HEALTH NEEDS

On February 26, 2020, ten key Emanate Health stakeholders came together to review and discuss the significant community health needs and social determinants of health that emerged through the CHNA process. Following this review and discussion, stakeholders participated in a prioritization process to produce a recommendation around the significant health needs to be prioritized by Emanate Health over the next three years.

First, stakeholders were asked to rate each identified health need and social determinant according to: severity, magnitude, degree to which the severity and magnitude are disproportionately distributed across racial/ethnic/age group or other social category (disparity), change over time, and availability of community resources.

Stakeholders then participated in a dot-voting exercise to indicate which needs rose to the top during the dialogue as needs or social determinants that Emanate health should focus on in the next three years.

The average rating of each health need and social determinant was combined with the number of dot votes assigned to each by the prioritization session participants. The total score determined the four priority health needs to be addressed by Emanate Health during the 2020-2022 period.

The priority needs include:

- Chronic Diseases
- Mental Health
- Homelessness
- Access to Care

HEALTH NEEDS

Identified Community Health Needs in Alphabetical Order

- Alcohol abuse, substance abuse, and tobacco use
- Cancer
- Cardiovascular/heart disease
- Diabetes
- Hypertension
- Mental health
- Oral health
- Overweight and obesity
- Respiratory disease

Alcohol Use, Substance Use and Tobacco Use

Alcohol and substance abuse have a major impact on individuals, families, and communities, and contribute to poor physical and mental health and other public health issues including domestic violence, child abuse, motor vehicle accidents (unintentional injuries), violence, crime, homicide, and suicide.[3]

Alcohol Use

Over half (52.7%) the population in SPA 3 reported consuming an alcoholic beverage in the past month, which was nearly the same as in Los Angeles County (53.8%). In SPA 3, 16.0% of the population reported binge drinking (five or more drinks for men and four or more drinks for women, in two hours).

Alcohol Use

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

Source: Los Angeles County Health Survey, 2018, SPA

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

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

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

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

Substance Use

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

In SPA 3, a smaller percentage (36.1%) of teens reported trying marijuana in the past year as compared to Los Angeles County (44%). Additionally, a smaller percentage (1.5%) of adults in SPA 3 reported misusing or abusing prescription drugs than in Los Angeles County (1.8%).

Substance Use

Report Area	Teens who tried marijuana in the past year	Misuse of prescription painkiller (in last year)
SPA 3 - San Gabriel Valley	36.1%	1.5%*
Los Angeles County	44%	1.8%

Source: Los Angeles County Health Survey, 2018, SPA, *statistically unstable

Tobacco Use

In the EH service area, 10.4% of the adult population reported smoking which is nearly equal to Los Angeles County (10.4%), but lower than California (11.2%). As of 2014, the date most recently available, the service area zip codes with the highest adult smoking rates are all in Covina: 91722 (12.7%), 91723 (13.0%) and 91724

(12.4%). Additionally, 6.1% of teens in the service area have smoked electronic cigarettes in the past, a smaller percentage than in Los Angeles County (8.8%) and California (9.1%).

Stakeholders added that e-cigarette use--or vaping--among high school youth has become more common and is on the rise.

Tobacco Use

Report Area	Currently Smoke	Teens who have ever smoked electronic cigarettes
SPA 3 San Gabriel Valley	10.4%	6.1%*
Los Angeles County	10.4%	8.8%
California	11.2%	9.1%

Source: California Health Interview Survey, 2018, SPA *statistically unstable, utilized data from 2015-2017

Adults (18+) who currently smoke

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

Source: California Health Interview Survey, 2014

Cancer

Cancer is the second leading cause of death in the United States, claiming the lives of more than half a million Americans every year[4]. Research has shown that early detection through regular cancer screenings can help reduce the number of new cancer cases and, ultimately, deaths.[5] Research has also shown that cancer is associated with certain diseases and behaviors including obesity, tobacco, alcohol, certain chemicals, some viruses and bacteria, a family history of cancer, poor diet, and lack of physical activity.[6] The EH priorities systems reflect the two drivers of preventive health care (e.g., cancer screenings) and healthy behaviors (e.g., tobacco

[4] Centers for Disease Control and Prevention. (2015). *Using Science to Reduce the Burden of Cancer.* Atlanta, GA. Available at http://www.cdc.gov/Features/CancerResearch/. Accessed December 1, 2015.
[5] Centers for Disease Control and Prevention. (2015). *Cancer Prevention*. Atlanta, GA. Available at
[6] National Cancer Institute. (2015). *Cancer Prevention Overview*. Available at http://www.cancer.gov/cancertopics/pdq/prevention/overview/patient/page3. Bethesda, MD. Accessed December 1, 2015.

use).

For the most part, cancer mortality rates are higher in the state than in Los Angeles County, with exception of liver and intrahepatic bile duct cancer in men (11.9 deaths per 100,000 v. 10.5) and breast cancer in women (21.5 deaths per 100,000 v. 21.2), colon and rectal cancer in men and women, and pancreatic cancer in men and women.

Most Common Cancers and Cancer Related Deaths by Sex, Los Angeles County, 2008-2012

INCIDENCE					
MEN	**County Rate**	**State Rate**	**WOMEN**	**County Rate**	**State Rate**
1. Prostate	122.0	126.9	1. Breast	116.9	122.1
2. Lung and Bronchus	50.3	55.8	2. Colon and Rectum	35.7	35.1
3. Colon and Rectum	48.5	46.0	3. Lung and Bronchus	35.2	42.1
4. Bladder	30.0	32.6	4. Uterus	24.2	23.3
5. Non-Hodgkin Lymphoma	22.1	22.8	5. Thyroid	18.6	17.9
All Sites	455.1	476.7	All Sites	372.7	388.8
MORTALITY					
MEN	**County Rate**	**State Rate**	**WOMEN**	**County Rate**	**State Rate**
1. Lung and Bronchus	41.2	43.5	1. Lung and Bronchus	25.8	30.4
2. Prostate	21.0	21.1	2. Breast	21.5	21.2
3. Colon and Rectum	17.5	16.7	3. Colon and Rectum	12.3	12.1
4. Liver and Intrahepatic Bile Duct	11.9	10.5	4. Pancreas	9.4	9.3
5. Pancreas	11.9	11.7	5. Ovary	7.6	7.6
All Malignant Cancers	179.0	182.7	All Malignant Cancers	131.5	134.8

Source: 2015 California Cancer Registry Fact Sheets: https://www.ccrcal.org/retrieve-data/data-library/#206-wpfd-county-factsheets-2015
Rates are shown as the number of new cases or deaths per 100,000 persons. All rates are age-adjusted to the 2000 United States Standard Population.
Confidence intervals can be obtained from the CCR Data and Mapping tool (http://www.cancer-rates.info/ca/) and may help to assess statistical significance of age-adjusted rates.

Within ethnic groups of Los Angeles County, Latinos report much lower incidents (306.95) when compared to the State (319.36) while Whites and Asians have nominally higher cancer rates than the State (437.86). Black cancer rates are modestly lower than the State.

Age-adjusted cancer rates per 100,000 persons by race and county

County	Latino	White	Asian/PI	Black	All
Los Angeles	306.95	438.56	294.87	411.44	372.85
California	319.36	437.86	294.18	413.5	393.59

Source: California Cancer Registry, California Department of Public Health, 2012-2016; Age- adjusted to 2000 U.S. Standard

The average five-year mortality rate for select cancer types in SPA 3 are listed below.

Age-adjusted cancer mortality rates per 100,000 persons in SPA 3

	Age-Adjusted Rate
Lung Cancer	28
Breast Cancer	19.4
Cervical Cancer	2.3

Source: Los Angeles County Department of Public Health, 2017

Cardiovascular Disease

Cardiovascular disease—also called heart disease and coronary heart disease—includes several health conditions related to plaque buildup in the walls of the arteries, or atherosclerosis. As plaque builds up, the arteries narrow, restricting blood flow and creating the risk of heart attack. Currently, more than one in three adults (81.1 million) in the United States live with one or more types of cardiovascular/heart disease. In addition to being one of the leading causes of death in the United States, heart disease results in serious illness and disability, decreased quality of life, and hundreds of billions of dollars in economic loss every year[7]. Cardiovascular health is significantly influenced by physical, social and economic factors including maternal and child health, access to educational opportunities, availability of and access to healthy foods, physical activity, access to safe and walkable communities, and access to affordable, quality health care.[8]

Heart Disease Prevalence

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

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

[7] U.S. Department of Health and Human Services. (2015). *Heart Disease and Stroke.* Washington, DC. Available at [http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=21]. Accessed [November 30, 2015].
[8] U.S. Department of Health and Human Services. (2015). *Heart Disease and Stroke.* Washington, DC. Available at [http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=21]. Accessed [January 26, 2015].

Heart Disease Diagnosis

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

Source: California Health Interview Survey, 2017, SPA

Among diagnosed adults managing their condition, more than half in the State (57.4%) appeared confident to control their condition. However, 13.2% in SPA 3 do not feel confident in managing their heart disease diagnosis compared to 9% of 512,000 adults in Los Angeles County. This rate is significant given that there is estimated to be approximately 512,000 adults in the Los Angeles County. More adults in Los Angeles county (3.2%) and SPA 3 (9%) have no confidence in controlling their condition than in the State (5.8%).

Heart Disease Indicators

	Confidence Level to Control Condition*		
Report Area	Very Confident	Somewhat Confident	Not Confident
Los Angeles County	53.5%	37.5%	9.0%
SPA 3	33.8%	53.0%	13.2%
California	57.4%	36.8%	5.8%

Source: California Health Interview Survey (CHIS), 2016 * statistically unstable

Heart Failure ER and Hospitalization Rates

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

Heart Failure ER and Hospitalization Rate per 100,000 Population

Community	ZIP Code	Age-Adjusted ER Rate due to Heart Failure
Azusa, Irwindale	91702	10.2
Baldwin Park, Irwindale	91706	9.3
Covina	91722	9.6
Covina	91723	8.5
Covina	91724	6.8
Diamond Bar	91765	5.5
El Monte (including City of Industry)	91731	5.9
El Monte (including City of Industry)	91732	8.4
Glendora	91740	7.6
Glendora	91741	5.6
Hacienda Heights (including City of Industry, La Puente)	91745	6.1
La Puente (including Bassett, City of Industry and Valinda)	91744	12.0
La Puente (including Bassett, City of Industry and Valinda)	91746	12.1
La Verne	91750	8.0
Rowland Heights (including City of Industry, La Puente)	91748	5.4
San Dimas	91773	10.0
South El Monte	91733	7.0
Walnut (including City of Industry)	91789	4.8
West Covina	91790	9.6
West Covina	91791	6.9
West Covina	91792	7.0
EH service area		7.9
Los Angeles County		8.6

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

Diabetes

Diabetes affects an estimated 23.6 million people and is the seventh leading cause of death in the United States. Diabetes lowers life expectancy by up to 15 years, increases the risk of heart disease by two to four times, and is the leading cause of kidney failure, lower-limb amputations, and adult-onset blindness.[9] A diabetes diagnosis can also indicate an unhealthy lifestyle—a risk factor for further health needs—and is also linked to obesity. Given the steady rise in the number of people with diabetes and the earlier onset of Type 2 diabetes, there is growing concern about substantial increases in diabetes-related complications and the potential to impact and overwhelm the health care system. Diabetes is associated with many health needs including heart disease, and is also closely linked to social, economic, and environmental factors including access to health care, access to healthy food, and access to green space, exercising, and healthy eating.[10]

Prevalence

In the EH service area, a smaller percentage (9.3%) of the population self-reported being diagnosed with diabetes than in Los Angeles County (12.1%) and California (10.7%). However, this number has decreased greatly for the EH service area since 2009 when it was at 19.2% (decrease of 9.9%), while Los Angeles County has seen a slight increase.

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

Diagnosed with Diabetes

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

Source: California Health Interview Survey, 2017, ZIP

Hospitalizations

Diabetes-related hospitalizations may reflect a lack of awareness of having diabetes, not following an appropriate health management plan, and/or leading an unhealthy lifestyle. In the EH service area, the hospitalization rate per 10,000 adults was higher (17.9) than in Los Angeles County (17.7). However, hospitalizations in the EH service area have seen a decrease of 1 per 10,000 adults since the 2016 report (18.7 per 10,000 adults). In addition, certain communities experienced higher than average rates of diabetes hospitalization, including La Puente (91744; 31.4), El Monte (91731 and 91732; 29.9 and 28.9), and South El Monte (91733; 29.2).

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

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

Diabetes ER and Hospitalization Rate per 100,000 Population

Community	ZIP Code	Age-Adjusted ER Rate due to Diabetes	Age-Adjusted Hospitalization Rate due to Diabetes	Adults	Youth
Azusa, Irwindale	91702	35.0	20.3	156.4	39.7
Baldwin Park, Irwindale	91706	36.5	22.1	240.1	14.2
Covina	91722	26.0	16.9	188.6	41.3
Covina	91723	39.5	23.9		
Covina	91724	22.1	12.0		
Diamond Bar	91765	9.0	7.1	88.4	16.5
El Monte (including City of Industry)	91731	30.6	29.9	183.9	21.6
El Monte (including City of Industry)	91732	38.3	28.9		
Glendora	91740	24.1	24.1	177.4	25.2
Glendora	91741	14.6	11.5		
Hacienda Heights (including City of Industry, La Puente)	91745	16.1	14.7	154.0	25.6
La Puente (including Bassett, City of Industry and Valinda)	91744	46.8	31.4	222.9	13.8
La Puente (including Bassett, City of Industry and Valinda)	91746	31.2	22.0		
La Verne	91750	19.6	10.0	124.8	27.8
Rowland Heights (including City of Industry, La Puente)	91748	14.1	10.4	108.4	30.8
San Dimas	91773	19.3	10.4	163.1	27.9
South El Monte	91733	38.6	29.2	248.0	24.4
Walnut (including City of Industry)	91789	10.2	6.3	103.4	19.2
Walnut (including City of Industry)	91790	24.7	21.8	460.5	19.1
Walnut (including City of Industry)	91791	17.0	14.3		
West Covina	91792	17.6	9.6		
EH service area		25.3	17.9	187.1	24.8
Los Angeles County		26.2	17.7	171.7	27.7
California		N/A	N/A	142.6	31.2

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

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

Uncontrolled Diabetes Hospitalization Rate per 10,000 Population

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

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

Hypertension

Hypertension, defined as a blood pressure reading of 140/90 mmHg or higher, affects one in three adults in the United States.[11] With no symptoms or warning signs and the ability to cause serious damage to the body, the condition has been called a silent killer. If untreated, high blood pressure can lead to blood vessel aneurysms, chronic kidney disease which may lead to kidney failure, cognitive changes including memory loss, difficulty finding words, and losing focus during conversations, eye damage, heart attack, heart failure, peripheral arterial disease, and stroke.[12] High blood pressure can be controlled through medication and lifestyle changes; however, patient adherence to treatment regimens is a significant barrier to controlling the condition.[13]

Changes in the body's normal functions may cause hypertension, including changes to kidney fluid and salt balances, the renin-angiotensin-aldosterone system (a complex system that uses hormones to control blood pressure and fluid balance), sympathetic nervous system activity, and blood vessel structure and function.[14] Other causes of hypertension include unhealthy lifestyle habits, the use of certain medicines, and other health needs such as being overweight or obese, diabetic or having chronic kidney disease.

Prevalence

In SPA 3, close to a third (30.2%) of the population were diagnosed with hypertension, a trend similar to that in Los Angeles County (30.0%) and California (29.0%), all higher than the Healthy People 2020 goal of <=26.9%. Stakeholders indicated that hypertension has become common among young adults between 20 and 30 years old.

Diagnosed with Hypertension

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

Source: California Health Interview Survey, 2017, SPA

Mental Health

Mental illness is a major and complex health need which, if left untreated, may leave individuals at risk for substance abuse, homelessness and shortened lifespan. Additionally, mental health disorders can have a serious impact on physical health and can be associated with the prevalence, progression and outcome of chronic diseases.[15]

Suicide is considered a major preventable public health problem in the United States. In 2010, suicide was the tenth leading cause of death among Americans of all ages, and the second leading cause of death among people between the ages of 25 to 34.[16] An estimated 11 attempted suicides occur per every suicide death. Research

[11] National Institutes of Health. (2013). *Hypertension (High Blood Pressure).* Bethesda, MD. Available at [http://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=97]. Accessed [December 1, 2015].
[12] National Heart, Lung, and Blood Institute. (2015). *What are the Signs and Symptoms of Blood Pressure? Bethesda, MD.* Available at [http://www.nhlbi.nih.gov/health/health-topics/topics/hbp/signs.html]. Accessed [December 1, 2015].
[13] National Institutes of Health. (2013). *Hypertension (High Blood Pressure).* Bethesda, MD. Available at [http://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=97]. Accessed [December 1, 2015].
[14] National Institutes of Health. (2015). *Causes of High Blood Pressure.* Bethesda, MD. Available at: [http://www.nhlbi.nih.gov/health/health-topics/topics/hbp/causes]. Accessed [January 25, 2016].
[15] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at [http://healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=28]. Accessed [January 22, 2016].
[16] Centers for Disease Control and Prevention. *10 Leading Causes of Death by Age Group, United States – 2010.* Available at [http://www.cdc.gov/injury/wisqars/pdf/10LCID_All_Deaths_By_Age_Group_2010-a.pdf]. Accessed [January 22, 2016].

shows that more than 90 percent of those who die by suicide suffer from depression, other mental disorders, or a substance-abuse disorder (often in combination with other mental disorders).[17]

New mental health needs have emerged among some special populations, such as: veterans who have experienced physical and mental trauma; people in communities with psychological trauma caused by natural disasters; and older adults, as the awareness, understanding and treatment of dementia and mood disorders continues to improve.[18] Stigma associated with mental health results in prejudice, avoidance, rejection and discrimination directed at people believed to have an illness, disorder or other trait perceived to be undesirable. Such stigma causes suffering, potentially causing a person to deny symptoms, delay treatment and refrain from daily activities. Stigma can also exclude people from access to housing, employment, insurance, and appropriate medical care. Thus, stigma can interfere with prevention efforts and examining and combating stigma is a public health priority.[19]

Serious Psychological Distress

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

Likely Has Serious Psychological Distress

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

Source: California Health Interview Survey, 2018

Poor Mental Health Risk

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

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

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

Source: California Healthy Interview Survey, 2018

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

[17] National Institute of Mental Health. *Suicide in the U.S.: Statistics and Prevention*. Available at [http://www.nimh.nih.gov/health/publications/suicide-in-the-us-statistics-and-prevention/index.shtml]. Accessed [January 22, 2016].
[18] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at [http://healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=28]. Accessed [January 22, 2016].
[19] U.S. Department of Health & Human Services. Centers for Disease Control and Prevention. *Stigma and Mental Illness*. Atlanta GA. Available at [http://www.cdc.gov/mentalhealth/basics/stigma-illness.htm]. Accessed [January 22, 2016].

Poor Mental Health Risk

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

Source: Los Angeles County Health Survey, 2018

Some adults report that their mental health state has impaired their work, family life, and/or social life within a year. Impairment rates are higher In SPA 3 than in Los Angeles County or the State.

Impairment Due to Poor Mental Health in the Past 12 months

Report Area	Impaired Work	Impaired Family Life	Impaired Social Life
Los Angeles County	14.6%	15.3%	16.0%
SPA 3	16.8%	16.1%	16.7%
California	14.4%	15.7%	16.5%

Source: California Health Interview Survey, 2017, County * statistically unstable

Suicide

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

Ever Thought About Committing Suicide

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

Source: California Health interview Survey, 2017, SPA

Oral Health

Oral health is essential to overall health, and is relevant as a health need because engaging in preventive behaviors decreases the likelihood of developing future oral health and other related health problems. Oral and craniofacial diseases and conditions include dental cavities (tooth decay), gum disease, oral and facial pain, and oral and pharyngeal (mouth and throat) cancers.[20] Poor oral health has been linked to tobacco use, excessive alcohol use and an unhealthy diet. In addition, common barriers to good oral health include health needs such as diabetes and social and economic factors such as income and education. [21]

[20] U.S. Department of Health and Human Services. (2015). *Oral Health.* Washington, DC. Available at [http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=32]. Accessed [November 30, 2015].
[21] U.S. Department of Health and Human Services. (2016). *Oral Health.* Washington, DC. Available at [http://www.healthypeople.gov/2020/topics-objectives/topic/oral-health]. Accessed [January 30, 2016].

Access to Dental Care Services

Having access to dental insurance and affordable dental care services is essential to good oral health. In the SPA 3, 94.1% of youth have dental insurance, which is significantly greater than rates in Los Angeles County (86.1%) and California (87.6%). Nearly two thirds, or 64.2%, of adults in SPA 3 have dental insurance, which is roughly equivalent to rates in Los Angeles and California.

Have Dental Insurance, 2017

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

Source: California Health interview Survey, 2017, SPA

Dental Emergencies

Emergency room visits due to dental problems "include a primary diagnosis of teeth or jaw disorders, jaw pain, diseases of oral soft tissues (excluding gum and tongue lesions), fitting and adjustment of dental prosthetic or orthodontic devices, orthodontics aftercare, and dental examination."[22] Los Angeles County has approximately 22.4 age-adjusted emergency room visit rate due to dental problems per 10,000 population. Several zip codes in the EH service area exceed this number including zip codes in Covina (91723: 28.9), Glendora (91740: 26.7), and El Monte (91732: 25.8).

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

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

[22] Office of Statewide Health Planning and Development, 2013-2015

West Covina	91791	18.2 (15.4, 21.0)
West Covina	91792	12.6 (10.3, 14.9)
Los Angeles County		22.4

Source: Office of Statewide Health Planning and Development, 2013-2015

Overweight and Obesity

Obesity is defined as having a body mass index (BMI) of 30.0 or higher; being overweight is defined by a BMI between 25.0 and 29.9. Excess weight is a significant national problem and indicates an unhealthy lifestyle that further influences health needs. Obesity reduces life expectancy and causes devastating and costly health problems, increasing the risk of coronary heart disease, stroke, high blood pressure, diabetes, and a number of other chronic diseases.[23] Being overweight or obese results from a combination of causes and contributing factors, including behavior and genetics.[24] Behaviors can include dietary patterns, physical activity, inactivity, medication use, and other exposures. Additional contributing factors include food and physical activity, environment, education and skills, and food marketing and promotion. Some Americans have less access to stores and markets that provide healthy, affordable food such as fruits and vegetables, especially in rural, minority and lower-income neighborhoods.[25]

Obesity, in particular, is a serious concern, associated with a reduced quality of life and many serious diseases and health conditions, including diabetes, heart disease, stroke, high blood pressure (hypertension), high cholesterol, and mental illness such as clinical depression and anxiety.[26] Findings suggest that obesity also increases the risks for cancers of the esophagus, breast (postmenopausal), endometrium, colon and rectum, kidney, pancreas, thyroid, gallbladder, and possibly other cancer types.[27]

Prevalence

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

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

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

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

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

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

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

Overweight and Obese Adults

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

Source: California Health Interview Survey, 2017, SPA

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

Overweight Youth

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

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

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

Overweight and Obese Teens

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

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

Respiratory Disease

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

Asthma affects the lungs and is one of the most common long-term diseases of children. Adults also may suffer from asthma and the condition is considered hereditary. In most cases, the causes of asthma are not known, and no cure has been identified. Although asthma is always present in those with the condition, attacks only occur when the lungs are irritated. Asthma symptoms include wheezing, breathlessness, chest tightness, and coughing. Some asthma triggers include tobacco smoke, dust mites, outdoor air pollution, cockroach allergen, pet dander, mold, smoke, other allergens and certain infections known to cause asthma such as the flu, colds, and respiratory related viruses. Other contributing factors include exercising, certain medication, bad weather, high humidity, cold/dry air, certain foods and fragrances.[28]

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

Chronic obstructive pulmonary disease (COPD) refers to a group of lung diseases, including emphysema and chronic bronchitis, which block airflow and make breathing difficult. Although men (47.6 per 100,000) in the United States had higher COPD death rates than women (36.4 per 100,000) in 2006, the death rates for COPD increased significantly for men (from 57.0 per 100,000) though not for women (from 35.3 per 100,000) between 1999 and 2009.[29]

Pneumonia is an infection of the lungs that can cause mild to severe illness in people of all ages. Pneumonia can be caused by viruses (such as influenza), bacteria, fungi, and as a result of being on a ventilator. However, these infections can often be prevented with vaccines and can usually be treated with antibiotics, antiviral drugs, or specific drug therapies. Common signs of pneumonia include cough, fever, and difficulty breathing. Smokers and people with underlying medical conditions, such as diabetes or heart disease are at higher risk of contracting pneumonia.[30]

Asthma

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

Percent of the Total Population Ever Diagnosed with Asthma

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

Source: California Health interview Survey, 2017, SPA

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

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

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

Source: California Health Interview Survey, 2018

Chronic obstructive pulmonary disease (COPD)

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

Accessed [December 1, 2015].

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

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

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

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

Source: California Department of Public Health, 2013-2015

Pneumonia and Influenza

Pneumonia is an inflammation of the lungs usually caused by infection with bacteria, viruses, fungi or other organizaism. Signs and symptoms include chest pain, fever, chills, cough and shortness of breath. Infection often follows a cold or the flu. Antibiotic-resistant strains of bacterial pneumonia are a growing problem.

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

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

Source: California Health Interview Survey, 2016

Influenza and Pneumonia Hospitalization Rate per 10,000 Population

Community	ZIP Code	Hospitalization Rate Due to Immunization-Preventable Pneumonia and Influenza Age 18+
Azusa, Irwindale	91702	1.4
Baldwin Park, Irwindale	91706	2.1
Covina	91722	1.2
Covina	91723	-
Covina	91724	-
Diamond Bar	91765	1.4
El Monte (including City of Industry)	91731	1.5
El Monte (including City of Industry)	91732	2.7
Glendora	91740	-
Glendora	91741	-
Hacienda Heights (including City of Industry, La Puente)	91745	**1.6**
La Puente (including Bassett, City of Industry and Valinda)	91744	1.56
La Puente (including Bassett, City of Industry and Valinda)	91746	-
La Verne	91750	-
Rowland Heights (including City of Industry, La Puente)	91748	1.2
San Dimas	91773	1.8
South El Monte	91733	2.3
Walnut (including City of Industry)	91789	-
West Covina	91790	1.8
West Covina	91791	-

West Covina	91792	2.5
EH service area		1.8
Los Angeles County		1.9
California		-

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

SOCIAL DETERMINANTS OF HEALTH

Identified Social Determinants of Health in Alphabetical Order

- Access to Health Care
- Preventive Health Care
- Access to Healthy Foods
- Cultural and Linguistic Barriers
- Economic Security
- Healthy Behaviors
- Homelessness and Housing

Access to Health Care

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life. The lack of access to health services can lead to unmet health needs, delays in receiving appropriate care, inability to benefit from preventive services, and preventable hospitalizations.[31]

Health Care Coverage

In the EH service area, a slightly smaller percentage (12.3%) of the population does not have health coverage when compared to Los Angeles County (13.3%) though lack of health coverage is slightly higher when compared to California (10.5%).[32]

Uninsured Population, 2017

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

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

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

[32] See Map 1 in Appendix D for rates of children under 18 underinsured.

Percentage of Adults (18-64) Currently Uninsured

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

Source: California Health Interview Survey, 2014

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

Percentage of Children (0-17) Currently Uninsured

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

Source: California Health Interview Survey, 2018

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

Usual Source of Care

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

Source: California Health interview Survey, 2017, SPA

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

Difficulty Finding Primary Care

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

Source: California Health Interview Survey, 2017, SPA

In terms of specialty care, in SPA 3 approximately a third of the population (33.5%) needed to see a medical specialist, which was lower than that reported in Los Angeles County (37.4%) and California (38.8%). Access to specialty care is important and may be affected by cost or lack of health coverage for such services. Another factor is the lack of availability of appointments within a reasonable period of time. Also, specialists that are cultural and linguistic adequate for the patient. A small percentage (10.5%) of the population in SPA 3 reported having difficulty accessing a medical specialist when compared to Los Angeles County (11.5%) and California (11.5%).

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

Difficulty Accessing Medical Specialist

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

Source: California Health Interview Survey, 2017, SPA

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

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

Insurance Not Accepted

Report Area	Insurance not accepted by general doctor in past year	Insurance not accepted by medical specialist in past year
SPA 3 – San Gabriel Valley	6.2%	11.8%
Los Angeles County	5.6%	11.0%
California	5.1%	10.0%

Source: California Health Interview Survey, 2017, SPA

Prescription Drugs or Medical Services

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

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

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

Source: California Health Interview Survey, 2018

Provider Shortage

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

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

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

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

Federally Qualified Health Centers

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

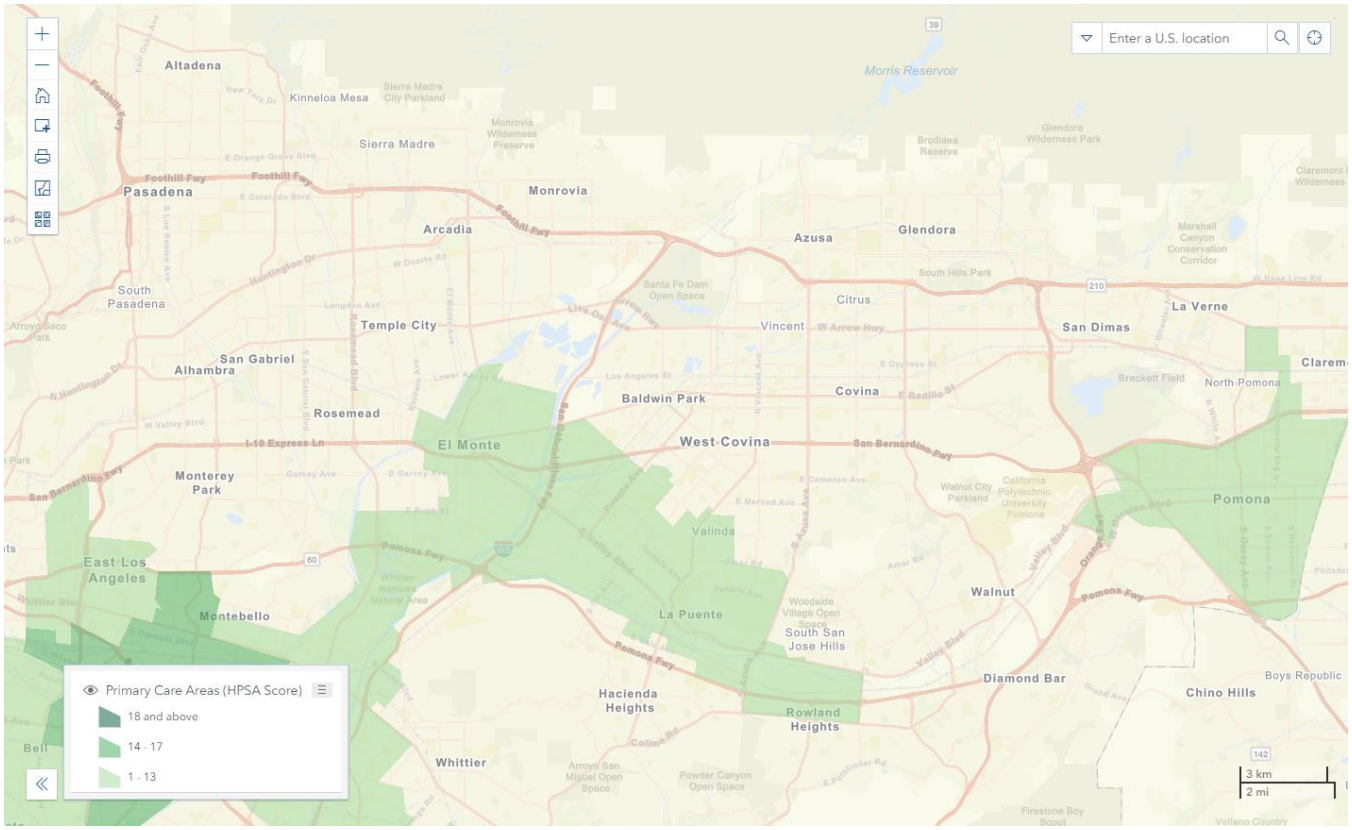
Federally Qualified Health Centers per 100,000 Population, September 2015

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

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

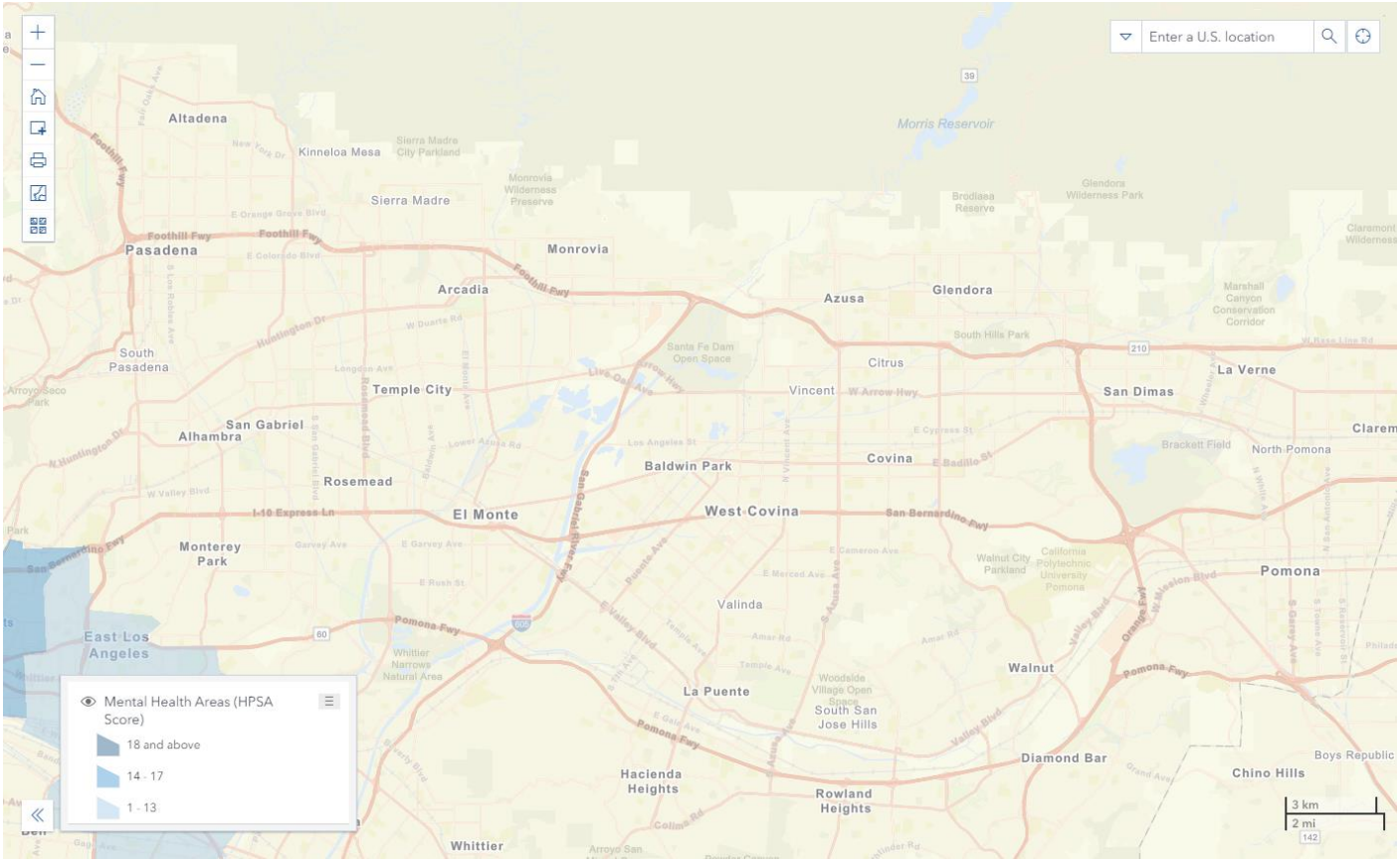
The Health Provider Shortage Area score is a score from 0-25, with higher scores indicating greater need for primary and mental health. The following maps show HPSA scores across the San Gabriel Valley for primary care and mental health care.[33]

HPSA Score for Primary Care Areas



[33] Both Primary Care Area and Mental Health Area maps retrieved on March 1, 2020 from: https://data.hrsa.gov/maps/map-tool/

HPSA Score for Mental Health Areas



Affordable Health Care

Another common barrier to accessing health care is cost. In SPA 3, more than half of the population (50.9%) delayed getting necessary care due to the cost of medication or lack of insurance. This percentage is slightly higher than that of Los Angeles County (46.0%) and California (45.6%). Additionally, 5.2% of the population in the service area delayed or did not obtain prescribed medicine in the last year due to cost, which is lower than for Los Angeles County (8.2%) and California (8.5%).

Delayed Care Due to Cost

Report Area	Delayed care due to cost or lack of insurance	Delayed or didn't get prescribed medicine in past 12 months
SPA 3 – San Gabriel Valley	50.9%	5.2%
Los Angeles County	46.0%	8.2%
California	45.6%	8.5%

Source: California Health Interview Survey, 2017, SPA

In 2010, the Affordable Care Act (ACA) was enacted with the goal of improving access, affordability, and the quality of health care in the United States.[34] In California, an online portal was created for Californians to access health insurance and potentially receive federal assistance with the cost of private health insurance or access to health insurance through Medi-Cal. [35] However, some people still experience difficulty in obtaining affordable health care through Covered California. In SPA 3, almost a third (38.3%) of the population had difficulty finding an affordable health plan through Covered California. This rate is disproportionately lower than respective rates in Los Angeles County (61.3%) and California (61.1%). Of those who were able to find an affordable plan, more than half (51.2%) in SPA 3 were not able to find one with the necessary coverage. The rate was significantly higher than that reported in Los Angeles County (39.6%) and California (42.2%).

Unable to Obtain Needed Health Coverage

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

Source: California Health Interview Survey, 2017, SPA

Medi-Cal, Medicare and Healthy Families

Knowing the portion of the population who are receiving Medi-Cal and Medicare benefits can assist in identifying vulnerable populations that often have multiple health needs and can experience a lack of access to quality, necessary health care as well as common issues associated with poverty. In SPA 3, the population receiving Medical-Cal benefits stood at 31.8%, a rate significantly lower than that of Los Angeles County (35.1%) but higher than California (29.3%). Additionally, 1.2% of the population in SPA 3 received Medicare, a slightly smaller percentage than in Los Angeles County (1.4%) and California (1.4%).

[34] U.S. Department of Health and Human Services. (2016). *Health Care*. Washington, D.C. Retrieved from [http://www.hhs.gov/healthcare/]. Accessed [February 23, 2016].
[35] Covered California (2016). *About Covered California*. Sacramento, CA. Retrieved from [http://www.coveredca.com/about/]. Accessed [February 23, 2016].

Medi-Cal and Medicare Recipients

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

Source: California Health Interview Survey, 2017, SPA

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

Medi-Cal and Healthy Families Eligibility

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

Source: California Health Interview Survey, 2017, SPA

Preventive Health Care

As with access to health care, preventive practices such as having a regular source of care and timely physical and medical tests are also critical to overall health and healthy living. Adequate primary care can prevent the development of health problems and maintain positive health conditions. In SPA 3, the hospital discharge rate for preventable hospital events was higher (100.4 per 100,000 population) than comparable rate in Los Angeles County (1,058) but slightly lower than the California rate (990).

Preventable Hospital Events Rate per 100,000 Population, 2017

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

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

Access to Healthy Foods

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

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

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

Food Insecurity (18+ Adults Below 200% FPL)

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

Source: California Health Interview Survey, 2018

Cultural and Linguistic Barriers

The ideas that individuals have about health in general, healthy literacy skills, and the context in which they communicate varies by culture. This can often create unnecessary barriers and misunderstandings, which can be important considerations when in patient-health provider communications.[37] Fewer people in SPA 3 (2.8%) reported having a difficult time understanding their doctor than respective proportions in Los Angeles County (3.6%) and California (3.5%).

Difficulty Understanding Doctor Due to Language Barrier

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

Source: California Health Interview Survey, 2017, SPA

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

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

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

Limited English Speaking Households

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

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

Economic Security

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

Poverty

A large percent of the population in SPA 3 – San Gabriel Valley – 342,000 or 19.1% - are living in households below 100% the Federal Poverty Level (FPL). This reflects a lower percentage of the population in comparison to Los Angeles County (20.6%) and higher percentage compared to California (16.8%).

Population Living Below 100% Federal Poverty Level

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

Source: California Health Interview Survey, 2017, SPA

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

Children Living Below 100% Federal Poverty Level

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

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

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

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

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

Population Living Below 200% Federal Poverty Level

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

Source: California Health Interview Survey, 2017, SPA

Healthy Behaviors

Healthy behaviors and overall health are also closely linked. Healthy behaviors include preventative health care, healthy eating, exercising, and other behaviors. Cultural practices and traditions are also important factors in healthy behaviors and overall health.[41] While covered preventative care was part of the ACA, the impact of the change in policy is not yet reflected in the data.

Healthy Eating

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

Fast Food Consumption

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

Source: California Health Interview Survey, 2016, SPA[2]

Healthy Physical Activity

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

[40] See Map 2 in Appendix D for information about rates of cost burdened households.
[41] U.S. National Library of Medicine. (2016). *Eating habits and behaviors*. Bethesda, MD. Available at [https://www.nlm.nih.gov/medlineplus/ency/patientinstructions/000349.htm]. Accessed [February 18, 2016].

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

Community	ZIP Code	%
Azusa, Irwindale	91702	31.30%
Baldwin Park, Irwindale	91706	29.80%
Covina	91722	32.40%
Covina	91723	32.20%
Covina	91724	32.20%
Diamond Bar	91765	30.70%
El Monte (including City of Industry)	91731	31.70%
El Monte (including City of Industry)	91732	30.70%
Glendora	91740	31.80%
Glendora	91741	31.40%
Hacienda Heights (including City of Industry, La Puente)	91745	31.00%
La Puente (including Bassett, City of Industry and Valinda)	91744	29.30%
La Puente (including Bassett, City of Industry and Valinda)	91746	29.40%
La Verne	91750	31.40%
Rowland Heights (including City of Industry, La Puente)	91748	31.80%
San Dimas	91773	30.20%
South El Monte	91733	32.10%
Walnut (including City of Industry)	91789	30.50%
West Covina	91790	32.20%
West Covina	91791	31.80%
West Covina	91792	32.70%

Source: California Health Interview Survey, 2014

Housing Affordability and Rent Burdened Households

The impact of a rising cost of living against stagnant wages is being felt across low- and middle-income communities throughout the United States, and particularly in large metropolitan areas like Los Angeles County. A driving factor is home prices, including within the rental market. Residents in very low-income ZIP codes are particularly impacted by this trend because while wages remain steady, rent prices continue to increase with the market through both legal mechanisms and illegal mechanisms (like illegal rent hikes and illegal evictions) that take advantage of vulnerable resident populations including the undocumented, disabled, and those on fixed incomes. The affordability challenge is the driving factor behind the region's homelessness crisis. Across cities in the Emanate Health service area, between half and two-thirds of the households are spending more than one third of their monthly income on rent. These rent-burdened households then struggle to pay for necessities including utility bills, food, clothing, transportation and education. The high cost of housing, therefore, is driving economic insecurity and the rising newly homeless population mentioned in the Homelessness section of this report (page 25).

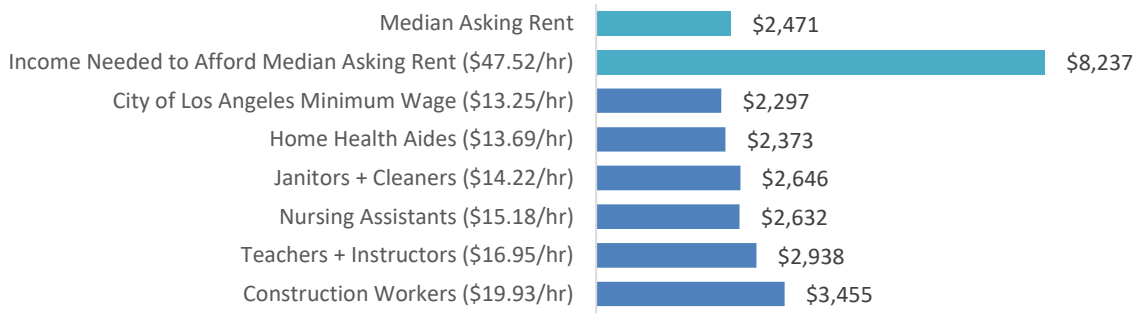
Renters Spending 30% or More Household Income on Rent

Community	%
Azusa, Irwindale	63.6%
Baldwin Park	62.5%
Covina	55.2%
Diamond Bar	54.5%
El Monte	67.2%
Glendora	48.7%
Hacienda Heights	57.1%
La Puente	55.5%
La Verne	58.2%
Rowland Heights	64.0%
San Dimas	55.0%
South El Monte	67.9%
Walnut	57.4%
West Covina	57.3%

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

Renters need to earn 3.6 times the local minimum wage to afford the median asking rent in Los Angeles County[42]. Over 50% of workers in the San Gabriel Valley make less than minimum wage, meaning they are struggling to pay rent. Stakeholders explained that the health and mental health care systems are seeing the consequences of such high economic and housing instability in the population. The consequences emerge as stress and anxiety, inability to pay for associated health care costs, and stress on nutrition and leisure time, both essential to maintaining the health of individuals and families.

Median Asking Rent Vs. Average Salary in Los Angeles County



[42] https://1p08d91kd0c03rlxhmhtydpr-wpengine.netdna-ssl.com/wp-content/uploads/2018/06/Full-LA-County-Outcomes-Report-with-Appendices.pdf. This specific graphic is from a presentation deck by the same name distributed at the Measure H Citizens' Oversight Committee Meeting in November, 2019.

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

Asian Americans Advancing Justice. 1145 Wilshire Blvd, Los Angeles, CA 90017. (213) 977-7500
https://www.advancingjustice-la.org/
Livable Wage Employment: advancing civil and human rights for Asian Americans.

Azusa Pacific University—Neighborhood Wellness Center. 795 N Dalton Ave, Azusa, CA 91702. (626) 812-5191.
http://www.apu.edu/nursing/resources/community/
Access to Care: providing health education and care to Azusa residents, promoting healthy living among the local community through free seminars, referrals, screenings, and assessments

Baldwin Park Unified School District. 3699 Holly Ave, Baldwin Park, CA 91706. (626) 962-3311.
http://www.bpusd.net/
Educational Attainment: preparing students with the relevant skills, knowledge, and personal attributes necessary for success in a university or other institution of higher education and/or any post-secondary options of their choice.

East Valley Boys and Girls Club of Baldwin Park. 4100 Baldwin Park Blvd, Baldwin Park, CA 91706. (626) 338-1854. http://www.evbgc.org/
Educational Attainment: enabling all young individuals to reach their full potential as productive, caring, responsible citizens.

Bright Prospect. 1460 E Holt Ave #74, Pomona, CA 91767. (909) 623-9007. https://www.brightprospect.org/
Educational Attainment: counseling and support system throughout high school and college years for low-income students.

California Mental Health Connection. 14305 E Morgan St, Baldwin Park, CA 91706. (626) 430-6197.
http://www.californiamhc.org/
Mental Health: outpatient therapy to families, children, adolescents, and adults.

Los Angeles Regional Foodbank. 1734 E 41st St, Los Angeles, CA 90058. (323) 234-3030.
https://www.lafoodbank.org/get-help/pantry-locator/
Food Assistance: mobilizing resources in each community to fight hunger in Los Angeles County.

Foothill AIDS Project (FAP). 233 Harrison Ave, Claremont, CA 91711. (909) 482-2066. https://fapinfo.org/
Access to Care: integrated treatment and chronic care management to empower HIV/AIDS clients to manage their own long-term health goals.

Foothill Unity. 790 W Chestnut Ave, Monrovia, CA 91016. (626) 358-3486. https://foothillunitycenter.org/
Housing Insecurity: federally designated Community Action Agency in the Foothill Area, providing food, case management/ crisis help and access to health care.

Garfield Health Center. 701 S Atlantic Blvd #100, Monterey Park, CA 91754. (626) 300-9980.
https://garfieldhealthcenter.org/
Access to Care: provides comprehensive medical, dental, and mental health services to low-income, underserved patients and families.

Learning Centers at Fairplex. 1101 W McKinley Ave, Pomona, CA 91768. (909) 865-4101. https://fairplex.com/tlcfairplex/home
Educational Attainment: provides innovative and enriching educational experiences to diverse communities, preparing their participants for success.

Los Angeles Community Garden Council. 4470 W. Sunset Blvd. #381 Los Angeles, CA 90027. (323) 902-7167. http://lagardencouncil.org/
Food Assistance: strengthening diverse communities by building and supporting community gardens, providing low-income communities an opportunity to grow healthy food.

NAMI Pomona Valley. 3115 N Garey Ave, Pomona, CA 91767. (909) 399-0305. https://namipv.org/
Mental Health: dedicated to improving the quality of life for people affected by mental health illnesses and their loved ones through support, education, and advocacy.

New Horizons Caregivers Group. 3308 Budleigh Dr, Hacienda Heights, CA 91745. (626) 961-4327. http://www.nhcg.org/
Educational Attainment: eradicating poverty by promoting and encouraging parents to become personally involved and help with their children's education.

Pomona Economic Opportunity Center (PEOC). 1682 W Mission Blvd, Pomona, CA 91766. (909) 397-4215. https://www.ci.pomona.ca.us/index.php/city-manager-home/pomona-economic-opportunity-center
Livable Wage Employment: providing a more humane and secure atmosphere for both the day laborers looking for work and the employers looking to hire them.

San Gabriel Valley Consortium on Homelessness. 1760 W Cameron Ave, West Covina, CA 91790. (626) 214-5986. http://sgvc.org/
Housing Insecurity: facilitating partnerships, educating the community and member agencies, and advocating for appropriate housing and services in the San Gabriel Valley.

THINK Together. 800 S Barranca Ave suite 120, Covina, CA 91723. (626) 373-2311. http://www.thinktogether.org/
Educational Attainment: cultivating communities where all kids receive a great education that prepares them for college and a career.

West Covina Unified School District. 1717 W. Merced Avenue West Covina, CA 91790. (626) 939-4600. https://www.wcusd.org/
Educational Attainment: providing students access to a high-quality, well- rounded curriculum rich in meaning and rigor that inspires post-secondary and career participation, critical thinking and problem solving, informational literacy and positive contributions to society.

Appendix B: Secondary Data Sources

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

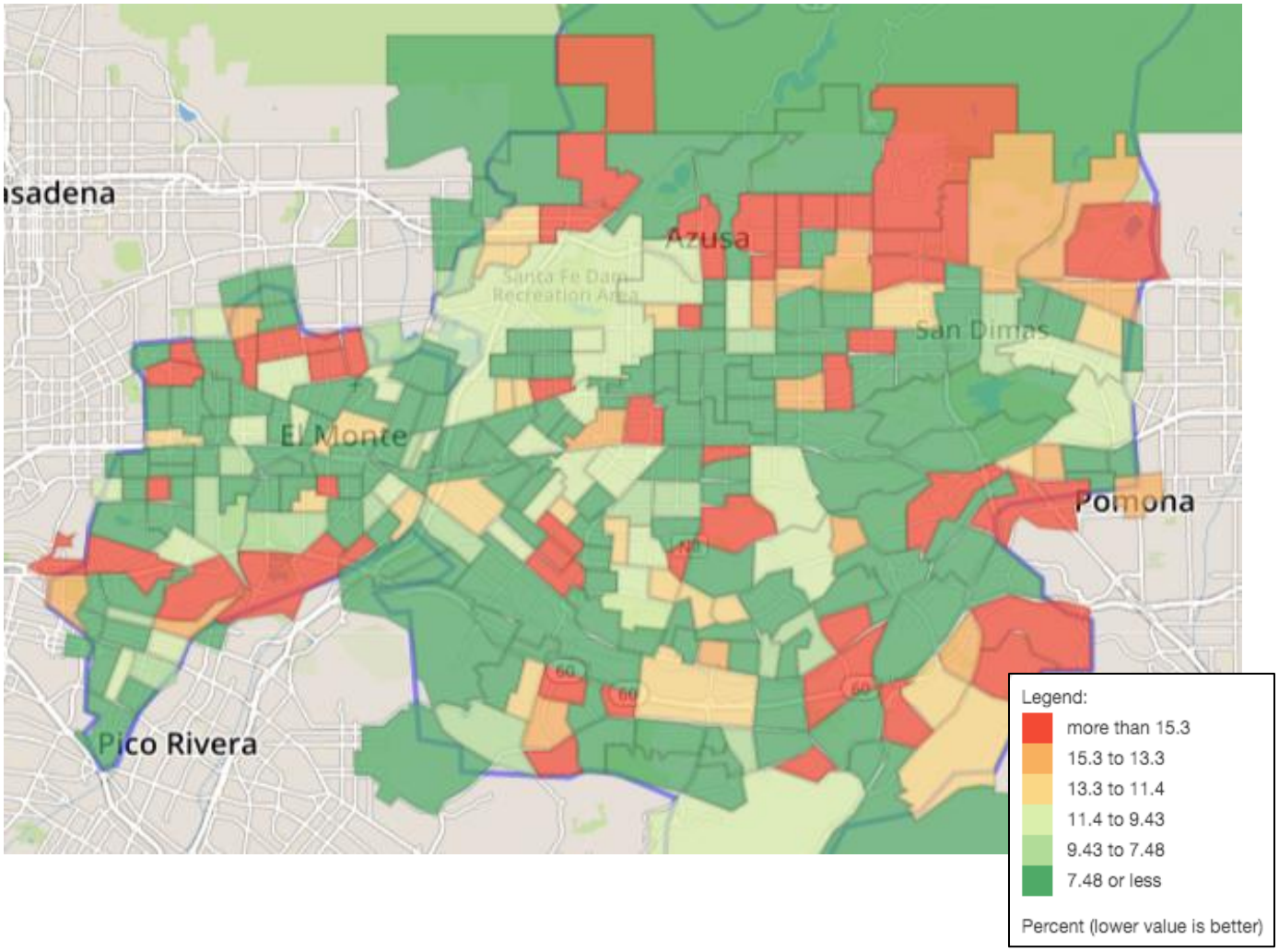
Appendix C: Community Input Tracking Form

#	Data Collection Method Employed	Who Participated / Title of event//Type of Input	Date
1	Focus Group	Homeless Service Providers Group (identification of health needs)	6/13/2019
2	Focus Group	LGBTQ Seniors (identification of health needs)	6/15/2019
3	Focus Group	African-American Residents in Monrovia, Pasadena, Covina, and Lancaster (identification of health needs)	11/10/2019
4	Focus Group	Chinese Cancer Patients (identification of health needs)	10/24/2019
5	Focus Group	Members of the San Gabriel Valley Health Consortium (identification of health needs)	1/8/2019
6	Focus Group	Members of the San Gabriel Valley Mental Health Consortium (identification of health needs)	12/13/2018
7	Key Stakeholder Interviews	Seniors (identification of health needs)	February – March, 2019
8	Key Stakeholder Interview	Health System Manager, American Cancer Society, Inc. – California Division (identification of health needs)	5/30/2019
9	Key Stakeholder Interview	Executive Director, Asian Youth Center (identification of health needs)	5/20/2019
10	Key Stakeholder Interview	Executive Administrator, El Monte Comprehensive Health Center (identification of health needs)	5/19/2019
11	Key Stakeholder Interview	Consultant/Coordinator, Foothill Family Services (identification of health needs)	5/29/2019
12	Key Stakeholder Interview	Executive Director, Client Services Director, and Health Services Case Manager, Foothill Unity Center (identification of health needs)	6/10/2019

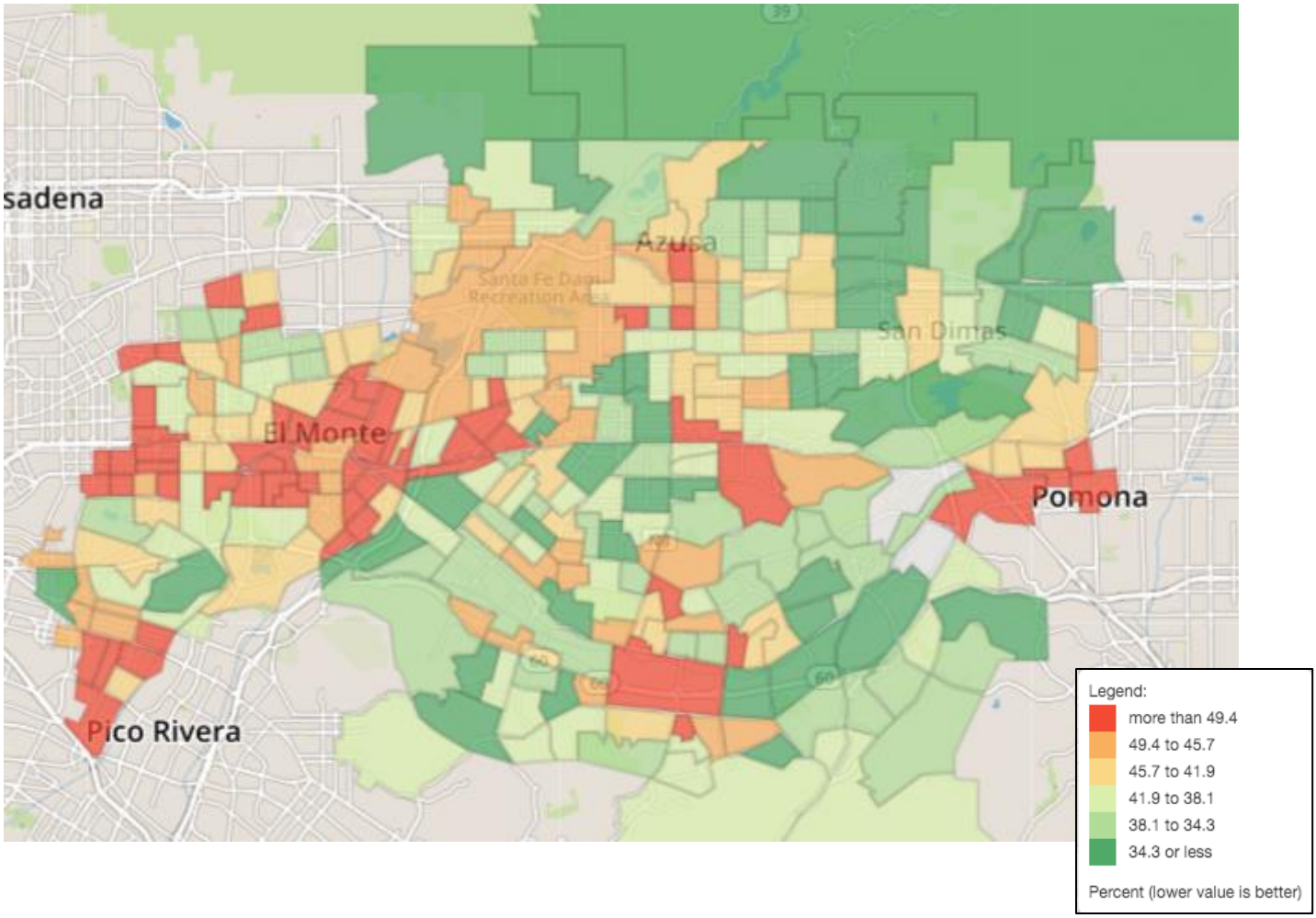
13	Key Stakeholder Interview	Senior Director, Director, Herald Cancer Center (identification of health needs)	5/23/2019
14	Key Stakeholder Interview	Area Health Officer, Senior Public Health Analyst, Los Angeles County Department of Public Health, SPAs 3 & 4 (identification of health needs)	5/29/2019
15	Key Stakeholder Interview	Executive Director, Our Savior Center (identification of health needs)	5/23/2019
16	Key Stakeholder Interview	Comprehensive Services Manager, Pacific Clinics (identification of health needs)	5/24/2019
17	Key Stakeholder Interview	Community Resource Navigator, United Methodist Church, Temple City (identification of health needs)	6/10/2019
18	Key Stakeholder Interview	CEO, San Gabriel Valley Economic Partnership (identification health needs)	5/16/2019
19	Key Stakeholder Interview	Senior Director, Baldwin Park Adult and Community Education (identification of health needs)	5/14/2019
20	Key Stakeholder Interview	Senior Vice President, Majestic Realty Corporation (identification of health needs)	5/30/2019
21	Key Stakeholder Interview	Program Director/Consultant, Health Consortium of the Greater San Gabriel Valley (identification of health needs)	5/15/2019
22	Key Stakeholder Interview	SPA 3 Adult (26-59), Los Angeles County Department of Health (identification of health needs)	5/30/2019
23	Key Stakeholder Interview	Government Affairs Director, Citrus Valley Association of Realtors (identification of health needs)	5/21/2019
24	Key Stakeholder Interview	Clinical School Social Worker, Foster/Homeless Youth Liaison, West Covina Unified School District	10/29/2019
25	Key Stakeholder Interview	Emanate Health Board of Trustees Member	9/26/2019

Appendix D: Select Maps

Children Under 18 Uninsured



Cost-Burdened Households



Appendix E: Data Collection Protocols

CHNA 2019 Provider Focus Group Protocol –

Statement of Informed Consent

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

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

COMMUNITY HEALTH NEEDS AND ASSOCIATED DRIVERS

1. **What are the most significant health issues or needs in the community (communities) you serve?** How do these health issues or needs affect people's daily lives?

2. **Which of these are the top three priority needs/issues, considering both their importance and urgency? ***

3. **What factors or conditions contribute to these health issues?** (e.g., social, cultural, behavioral, environmental or medical) [Note: Ask for each of up to three issues.]

4. **Who or what groups in the community are most affected by these issues?** (e.g., youth, older residents, racial/ethnic groups, specific neighborhoods) [Note: Ask for each of up to three issues.]

5. **What are some major barriers or challenges to addressing these issues?** [Note: Ask for each of up to three issues.]
    a. In general, for the community?
    b. Specifically, what challenges does your organization face is serving your target populations and in addressing these issues (besides funding)

6. **What do you think are effective strategies for addressing these issues?**

7. **What resources exist in the community to help address these health issues?** (e.g., people, organizations or agencies, programs, or other community resources) *

Emanate Health

VII

2020-2022 CHNA Implementation Plan

Emanate Health™

Formerly Citrus Valley Health Partners

2020-2022

Community Health Needs Implementation Plan

Emanate Health – Formerly Citrus Valley Health Partners

2019 Community Benefit Needs Assessment

Implementation Strategy

2020-2022

TABLE OF CONTENTS

Emanate Health

2019 Community Health Needs Assessment (CHNA)

Implementation Strategy Report - Period: 2020-2022

I GENERAL INFORMATION

Contact Person: Maria Peacock, Director, Community Benefits

Written Plan Effective Date: **March 25, 2020**

Date Plan was Authorized and Adopted by Authorized Governing Body: **March 25, 2020**

Written Plan adopted and approved by:

Emanate Health Medical Center (Queen of the Valley Hospital and Inter-Community Hospital) and Foothill Presbyterian Hospital Boards of Directors.

Was the written plan written and Adopted by the Authorized Governing Body by End of Tax Year in

Which CHNA was made available to the Public?

Yes No X The new regulations indicate:

(5) When the implementation strategy must be adopted--(i) In general. For purposes of paragraph (a)(2) of this section, **an authorized body of the hospital facility must adopt the implementation strategy on or before the 15th day of the fifth month** after the end of the taxable year in which the hospital facility completes the final step for the CHNA described in paragraph (b)(1) of this section, regardless of whether the hospital facility began working on the CHNA in a prior taxable year.

Date Facility's Prior Written Plan Was Adopted by Organization's Governing Body: March 22, 2017.

Name and EIN of Hospital Organization Operating Hospital Facility:

Emanate Health - EIN # 95-3885523

Address of Hospital Organization: 140 W. College Street, Covina, CA 91723.

II EMANATE HEALTH

As the largest, nonprofit health care provider for the residents of the East San Gabriel Valley, Emanate Health serves the community through the work of its four facilities: Emanate Health Medical Center Inter-Community Hospital in Covina, Emanate Health Medical Center Queen of the Valley Hospital in West Covina, Foothill Presbyterian Hospital in Glendora, Citrus Valley Hospice and Citrus Valley Home Health in West Covina. Nearly one million residents in the East San Gabriel Valley rely on Emanate Health for their health care needs.

While Emanate Health is focused on healing the sick, we are also dedicated to reaching out to improve the health of our community. Our community outreach efforts allow us to reach beyond our hospital walls to help educate our community members, to help manage their health and to give them options in resources and preventative health screenings. We offer a variety of health programs, services and support groups. In addition, Emanate Health has extensive partnerships with a variety of stakeholders such as community based organizations; cities; public and personal health departments; community planning groups; safety net clinics; school districts; other surrounding hospitals; etc., with the common goal of improving the health and well-being of our residents. Due to the dichotomy and diversity in our service area, joining efforts with community coalitions and partners is an effective strategy to continue to address health disparities.

III EMANATE HEALTH

Emanate Health is an organization recognized for its outstanding community outreach efforts and accomplishments. An organization dedicated to creating innovative partnerships among the numerous health and social service organizations in our valley, with multiple participating agencies and diverse collaborative relationships devoted to promoting community health and well-being. In addition, CVHP has a charity care policy in place to respond to the needs of low-income, uninsured and underinsured populations.

Emanate Health's vision is to be an integral partner in elevating communities' health through collaboration and partnerships. This is the principle that guides all community health improvement and community benefit initiatives. Some highlights include Emanate Health's Get Enrollment Moving (GEM) program outreach and enrollment navigators who work in collaboration with community-wide partners to recruit eligible families for screening and free enrollment in the different insurance coverage programs such as Medi-Cal and Covered California and other health access programs for low-income uninsured and underinsured populations to access health care services. Enrollment is followed by three separate calls to ensure confirmation of coverage, utilization of services, advocacy, problem solving and assistance with renewal. Furthermore, GEM has expanded its scope by providing referrals to much needed services such as food, housing, mental health, etc. Since conception, Every Child's Healthy Option (ECHO) has been a collaborative effort coordinated and lead by local school districts. The program has offered free urgent care services in various specialties regardless of income level and provides enrollment for the child in the adequate health insurance program. Emanate Health engages in community planning in partnership with the Health Consortium of the Greater San Gabriel Valley

Emanate Health's Diabetes and Lighten-Up San Gabriel Valley programs offer culturally competent disease prevention approaches as well as best practices to chronic disease management with the support of Emanate Health's clinical and nutrition professionals including community multidisciplinary partnerships. Emanate Health, in partnership with First 5 L.A., offer a health and psychosocial maternal/child program through home visitation during the prenatal and postpartum stages. Emanate Health has been diligent and responsive to the health coverage changes by providing outreach and education in the community on the Affordable Care Act/MediCal Expansion, Covered California market place, and other free and low-cost access programs. With the onset of new regulation proposed by the federal government on Public Charge, Emanate Health adopted additional outreach and education strategies to support immigrant communities during these difficult times.

IV Rationale for Implementation Strategy

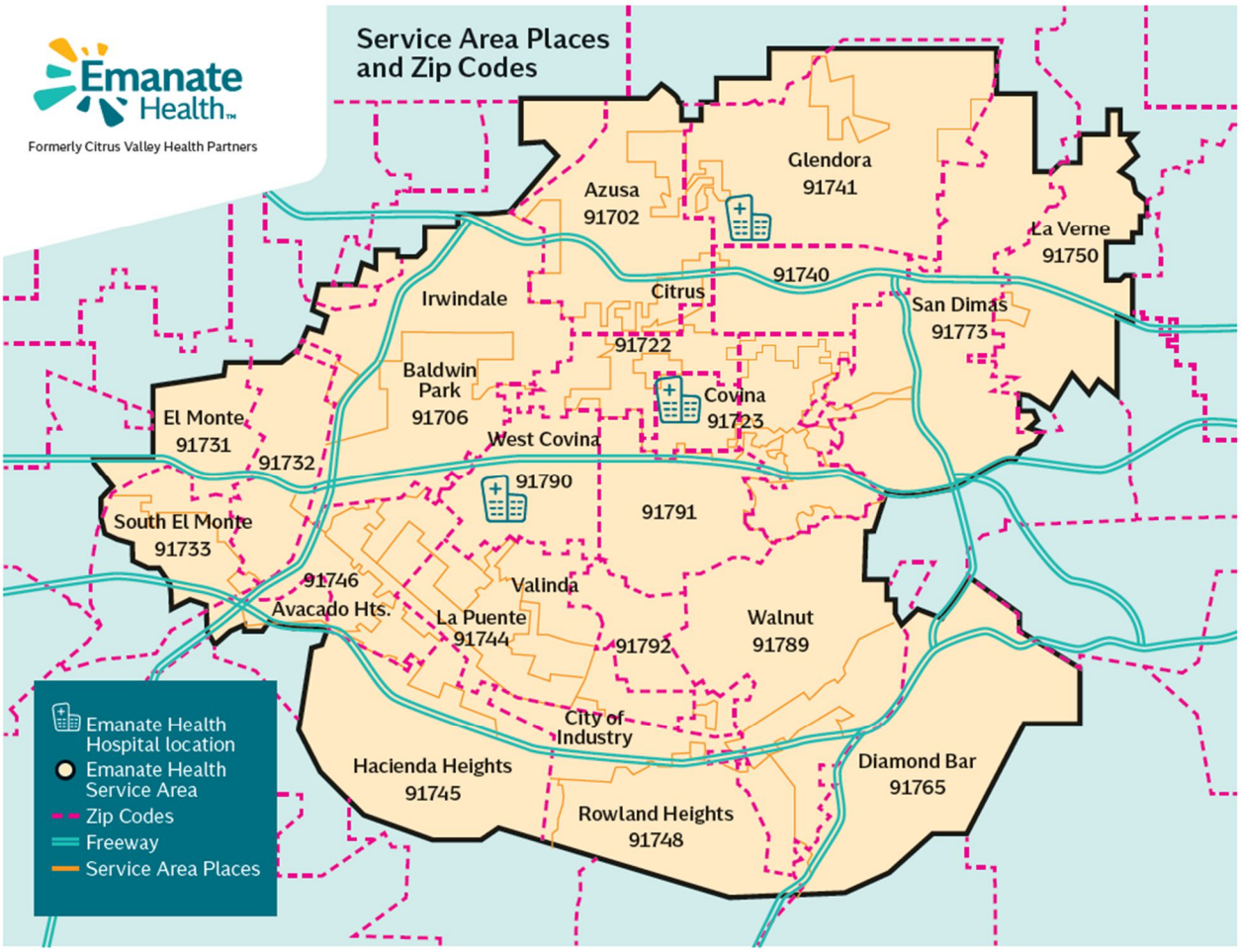
Emanate Health's *Community Needs Implementation Strategy* is being adopted to comply with federal tax law requirements set forth in Internal Revenue Code section 501r, requiring hospital facilities owned and operated by an organization described in Code section 501(c)(3) to conduct a community health needs assessment at least once every three years and adopt an implementation strategy to meet the community health needs identified through the community health needs assessment.

Emanate Health's implementation strategy is the means to satisfy all applicable requirements outlined in the proposed regulations released in April of 2013. This implementation strategy focuses on the highest needs identified in the 2019 Community Health Needs Assessment.

V Emanate Health's Service Area

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

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



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

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

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

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

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

High Need Populations

Emanate Health's Service Area is characterized by many pockets of high concentrations of very low-income households and high economic insecurity. Just over one in eight people (13/3%) in the SPA 3 - San Gabriel Valley service area population lives below 100% of the Federal Poverty Level (FPL), and nearly one in five (18.6%) children live below 100% FPL. In many cities, including El Monte, Baldwin Park and Rowland Heights, over 60% of renting households spend more than 30% of their income on rent.

There are 4,489 homeless residents in SPA 3, an increase of 70% from the number of 2,612 homeless in 2016. Only 27% of these are chronically homeless, the remainder are newly homeless individuals and families. Only a quarter of the homeless in 2019 were mentally ill, and less than one in five (14.3%) suffer with substance use disorders. Importantly, just over one in five (20.6%) are physically disabled.

The Emanate Health's hospitals generally serve residents surrounding the hospitals in the East San Gabriel Valley region and does not exclude low-income or underserved populations. The cities/communities in the service area are Azusa, Irwindale, Baldwin Park, Covina, Diamond Bar, El Monte, Glendora, Hacienda Heights, City of Industry, La Puente, Bassett, Valinda, La Verne, Rowland Heights, San Dimas, South El Monte, Walnut and West Covina. Emanate Health's service area is part of the SPA 3 (Service Planning Area 3 of Los Angeles County).

VI List of Identified Community Health Needs

Below is the summary list in alphabetical order of the identified health needs in the Emanate Health's 2019 Community Health Needs Assessment:

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

VII Individuals Involved in the Development of the Implementation Strategy

Mary Kirchen, IHM, Chair of the Strategic Planning, Marketing and Community Benefit Board Committee

Diane Martin, Chief Marketing and Communications Officer

Maria Peacock, Director, Community Benefit Programs

VIII Availability of the 2019 Community Health Needs Assessment (CHNA) to the Public

Emanate Health has implemented several strategies to make the report widely available to the general public within the service area:

1) Emanate Health's website https://www.emanatehealth.org/about-us/community-health-needs/

2) On February 6, 2020, the San Gabriel Valley Non-Profit Hospital Collaborative united to make an unprecedented region-wide presentation of the CHNA findings and health trends in the San Gabriel Valley of Los Angeles County. The event was hosted at City of Hope Conference Center and had an attendance of 165 cross-sector community representative agencies such as state and local government representatives, non-profits, community-based organizations, faith communities, school districts, community colleges, public and private agencies, residents, institutions of higher education, public health department, department of health services, mental health department and agencies, etc. The collaborative partner, Center for Non-Profit Management, presented an overview of the 2019 CHNAs findings including health trends, demographic diversity, emerging needs, health and income inequalities, etc..

The event featured a hospital leadership panel facilitated by the Department of Public Health Area Health Officer. Each hospital representative had the opportunity to make comments about the 2019 CHNA findings and their role in responding to the emerging community needs.

The event was appreciated and well received by community participants.

3) The 2019 CHNA report is broadly shared throughout the Greater San Gabriel Valley. Electronic and printed copies of the report are available upon request by calling Emanate Health's Community Benefit Department at (626) 814-2450.

IX Health Needs that Emanate Health will address in years 2020-2022

Process and Criteria Utilized in the Selection

On February 26, 2020, ten key Emanate Health stakeholders came together to review and discuss the significant community health needs and social determinants of health that emerged through the CHNA process. Following this review and discussion, stakeholders participated in a prioritization process to produce a recommendation around the significant health needs to be prioritized by Emanate Health over the next three years.

First, stakeholders were asked to rate each identified health need and social determinant according to: severity, magnitude, degree to which the severity and magnitude are disproportionately distributed across racial/ethnic/age group or other social category (disparity), change over time, and availability of community resources.

Stakeholders then participated in a dot-voting exercise to indicate which needs rose to the top during the dialogue as needs or social determinants that Emanate health should focus on in the next three years.

The average rating of each health need and social determinant was combined with the number of dot votes assigned to each by the prioritization session participants. The total score determined the four priority health needs to be addressed by Emanate Health during the 2020-2022 period.

- Chronic Diseases
- Mental Health
- Homelessness
- Access to Care

X IMPLEMENTATION STRATEGIES

PRIORITY FOCUS AREAS

AREA OF FOCUS I: CHRONIC DISEASES / HEALTHY BEHAVIORS

Cardiovascular Disease

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

Prevalence and Management: In SPA 3 in 2017, 7.1% of the population was diagnosed with heart disease, which is higher than Los Angeles County (6.6%) and California (6.6%). Among diagnosed adults managing their condition, more than half in the State (57.4%) appeared confident to control their condition. However, 13.2% in SPA 3 do not feel confident in managing their heart disease diagnosis compared to 9% of 512,000 adults in Los Angeles County. This rate is significant given that there is estimated to be approximately 512,000 adults in the Los Angeles County. More adults in Los Angeles county (3.2%) and SPA 3 (9%) have no confidence in controlling their condition than in the State (5.8%).

Hypertension

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

Prevalence: In 2017 SPA 3, close to a third (30.2%) of the population were diagnosed with hypertension, a trend similar to that in Los Angeles County (30.0%) and California (29.0%), all higher than the Healthy People 2020 goal of <=26.9%. Stakeholders indicated that hypertension has become common among young adults between 20 and 30 years old.

Emanate Health CHNA Implementation Strategies 2020: Chronic Disease Management

Heart Disease

The following strategies and activities are intended to address our Community Access Needs for heart disease:

1. **Heart Center Expansion -** Intercommunity Hospital is a certified STEMI receiving center (ST-elevation myocardial infarction) where serious heart attack patients receive care from our entire Primary Service Area.

    - **Cath Lab # 3 Expansion –** Cardiac catheterization is way of examining the inside of the heart to see how well it is working, identify problems and possibly open blocked arteries. We complete over 2k cath lab procedures annually. To support the increasing patient needs for Cath Lab diagnostic an intervention procedures, a 3rd Cath Lab is being constructed by end of 2022 and will be adjacent to the Emergency Department to minimize transport time.
    - **Structural Heart Programs** - Intercommunity Hospital has added several complex structural heart procedures in the past few years including TAVR and MitraClip. We plan to add additional complex structural heart procedures as the technology advances and evolves as well as increase the volume of the existing non-invasive structural heart procedures.
    - **Open Heart and Valve Repair Procedures -** Intercommunity Hospital performs 200 annual open heart and valve repair procedures annually. With full time cardio-thoracic surgeons provided through a partnership agreement by USC Keck, we have been able to meet the need for patients in the Primary Service Area and not have their cases migrate outside. We plan to add an additional cardio-thoracic surgeon to address the growing open heart and valve repair procedure needs by end of 2022.

2. **Primary Care**

    - **Family Medicine Faculty** - will provide primary care services and continuity of care for patients discharged from the hospital that don't have a primary care physician assignment
    - **Family Medicine Residents** - Dr. Luis Garcia-Ayala a graduate from our Residency program will be working full time for the Family Practice in the 1206d**.**

3. **Specialty Care**

    - **Cardiology Clinic** - In May of 2020 cardiologist will see patients in the 1206d clinic that otherwise wouldn't have access to care due to being underinsured.

4. **Heart Disease Education & Awareness**

    - **Heart Month -** Every February, Emanate Health provides heart disease education and awareness events for our community. These include education talks by our physicians and special events such as heart healthy cooking and diet sessions. We plan to continue to expand the frequency of these education events, bring them to the community locations outside of our health system walls (such as Plaza West Covina shopping mall), and provide them in the preferred language of our community demographics.
    - **Women's Health Subgroup -** Women's Heart specific education and awareness sessions starting in 2020 will be launched.

Stroke Disease

The following strategies and activities are intended to address our Community Access Needs for stroke and neuroscience care:

1. **Stroke Center Expansion –** Queen of the Valley Hospital is a certified Primary Stroke Center where stroke and neuroscience patients receive care. We are looking to enhance the accreditation level and services for

patients so they can remain in our Primary Service Area and not have to be diverted to other outer lying hospitals by EMS.

- **PSC+** Pursuing the DNV PSC+ Stroke Center designation
- **RAPID Software Tool –** Launched in February 2020 the Rapid platform that brings cerebrovascular imaging software for identifying treatment options for stroke patients to Queen of the Valley.

2. Specialty Care

- **Neurology Clinic** - In January 2020 we added a full time Neurologist in the 1206d clinic seeing patients that otherwise wouldn't have access to care due to being underinsured.

3. Dedicated Ambulance Transport Service

- In May 2020 an ambulance service provider will be contracted to provided dedicated ambulances to transport stroke and neuroscience patients to Queen of the Valley Hospital.

AREA OF FOCUS II: MENTAL HEALTH

The Emanate Health service area is experiencing mental health–related issues with youth and adults. Mental Health disparities were observed among youth, the elderly, the low income, the middle class, the uneducated, the homeless, and communities mostly located in the western and central parts of the Emanate service area.

Prevalence. More than one in six (17.0%) of the population in SPA 3 reported needing help for emotional/mental or alcohol/drug problem in past 12 months, which was slightly lower than Los Angeles County (21.1%). The rate of teens likely to have serious psychological distress in SPA 3 - San Gabriel Valley and Los Angeles County is more than twice than the respective adult rate. In SPA 3, 9.6% of adults reported having thoughts of suicide at one point in their life, which was the same percentage as in Los Angeles County (9.6%), but a lower percentage than California (11.6%).

Goals:

Improve access to and utilization of mental health care services and address inequity in access to mental health care.

Strategy 1:

Build Community Capacity and Increase Accessibility and Equity in Access to Mental Health Care.

Activities: Partnership with GSGV Health Consortium and Hospital Collaborative

Activities	Outcomes	Impact
Engage in network building activities at each of the Greater San Gabriel Valley (GSGV) Health Consortium meetings.	Create opportunities for participants to get to know each other and to learn about the services offered at organizations they represent.	Improve client referrals to mental health providers that are best able to serve client needs and facilitate warm hand-offs between providers who know each other.
Invite keynote speakers to provide expert information about mental health-related initiatives, services	Build cross-sector provider knowledge and awareness of mental health services,	Same as above.

Activities	Outcomes	Impact
and resources available in the San Gabriel Valley. Including associated social determinants of health.	resources and initiatives that impact their service delivery options available for their clients.	
Plan and implement four Webinars through our GSGV Health Integration Training Program that will be geared to reach a larger population of physical health, mental health and SUD providers to enhance their capacity to effectively deliver integrated services. Four (4) educational topics have been identified 1) Trauma-informed care; 2) Diabetes & mental health; 3) Increasing access and effectiveness to mental health and SUD services; and 4) Reducing and addressing stigma related to mental health and SUD among service providers and among specific ethnic/cultural groups.	The cross-training webinars in 2020 will result in increased behavioural and mental health integration among safety-net organizations, including community-based organizations; community clinics; hospitals and county departments; and non-profit health, mental health and SUD providers.	Improve inter-agency knowledge and systems to improve patient referrals among providers that are best able to serve client needs in a timelier manner.
As a member of the Greater SGV Hospital Collaborative, Emanate Health will participate in the selection of mental health issues among youth including the stigma associated with accessing mental health services. The six non-profit hospitals in the SGV will potentially work jointly to develop a region-wide strategy around stigma. Specific strategy still to be determined, but potential topics areas are mental health concerns among youth; homelessness and mental health; and/or addressing social determinants of health such as food insecurity among youth.	A coordinated strategy across the six non-profit hospitals in the SGV to address a mental health issue.	TBD, based on selected strategies. Goal is to select strategies that will have an impact on the target population.

Strategy # 2

Address Behavioral Health Drivers for Obesity and Overweight

Activity: Education Module "Diet and Mental Health:" The Connection between Sugar, Anxiety & Depression

Activities	Outcomes	Impact
Emanate Health will sponsor and participate in the planning and implementation of the ***Diet and Mental Health*** training for youth in partnership with Azusa Pacific University Counseling Canter. Additional partners will include interested high need school districts and community members. • Workshop schedules • Printed materials • Videos • Healthy food demonstration and samples Conduct Pre and Post Surveys on Eating Habits	Participants will learn how processed sugar is wreaking havoc on the mind and body. Participants will identify 2 common intake habits that contribute to anxiety and/or depression. Participants will identify at least 2 healthy food substitutes for processed sugar and carbohydrates. Participants will identify 2 benefits to physical health when eliminating processed sugars Participants will learn about how to handle potential stigma related to accessing mental health services.	Physical and mental wellbeing; education; positive messaging. Impact will be measured based in the results of the pre and post-surveys.

Strategy # 3

Provide Depression and Risk Assessments for Prenatal and Postpartum Women -

Activities: Partnership with First 5 LA Welcome Baby Program and LABBN

Activities	Outcomes	Impact
Partner with the San Gabriel Valley area Welcome Baby (WB) Program and Los Angeles Best Babies Collaborative to conduct assessments to pregnant and postpartum women. Warm hand-off referrals for mental health services. • Administer the PHQ9 Assessment. • Administer the Bridges for	Identification of pregnant women who have depression. Identification of risk levels in three main areas: 1) basic needs, 2) physical health, and 3) psychosocial needs. Women receive assistance and support from Emanate Health Welcome Baby Mental Health Professional. Confirmation of appointment to consult with mental health	Increased risk screenings and assessments. Increase referrals to access needed mental health services. Decrease in the wait time for appointments.

New born Assessment. • Client Support and assistance from WB Licensed Clinical Social Worker. • Provide meaningful referrals for mental health services. • Follow-up to ensure that participant successfully receives services • Administer the Generalized Anxiety Disorder Assessment (GAD-7) tool at specific timeframes during the postpartum period.	provider.	

Strategy # 4

Emanate Health Faculty and Residents Training: Use of Alcohol and Opioid Use Disorder

Activities

Activity	Outcome	Impact
Train faculty of the Family Residency Program on treatment practices in the use of alcohol and opioid use disorder. Partner with other community health centers to arrange for the training. Engage in language and cultural appropriate community outreach to identify and refer clients for services at our partner clinic, East Valley Community Health Center. Engage with the community about the problem of addiction, providing brief presentations and distributing treatment brochures.	Complete Faculty Training. Ongoing training for Family Practice Residents. Ability to assist patients with their health care needs and their alcohol and opioid use needs. Information disseminated in the community. Meeting with community agencies, providers and places of worship will have ripple effects in terms of a sense of shared purpose and another resource for help. Appointments resulted from the outreach activities.	Increased capacity to train multiple Family Practice to begin to treat patients in the continuity clinic and in-patient settings using new attitudes, knowledge and skills. Increased capacity for physician residents to integrate treatment of health and substance abuse treatments. Impact on faculty and resident attitudes regarding substance use disorders by increasing understanding of how and why addictions develop and substance abuse issues.

AREA OF FOCUS III: HOMELESSNESS

As of 2019, there are 4,489 homeless residents in SPA 3, an increase of 70% from the number of 2,612 homeless in 2016. Only 27% of these are chronically homeless, the remainder are newly homeless individuals and families.

Approximately a quarter of the homeless in 2019 had been diagnosed with a mental illness, and less than one in five (14.3%) suffer with substance use disorders. Importantly, just over one in five (20.6%) are physically disabled.

Strategy # 1

Partnership with United Way of Greater Los Angeles and L.A. County Union Station to initiate a Patient Navigator Pilot Program.

The Patient Navigator Pilot Program is a system integration model designed to reduce Emergency Department and/or inpatient readmission for people experiencing homelessness or at-risk for homelessness identified as "high utilizers" of emergency services. The program is designed to follow them and work with them post-discharge to effectively link them with homeless services and other needed health and related services (e.g., recuperative services, medical homes, mental health, oral health, substance use, etc.).

Activities	Outcomes	Impact
Determine program goals and metrics. Create consistent/standardized processes for referrals and communication/information sharing with local clinics and other hospital partners.	The goals and procedures will guide successful implementation of the program.	The metrics will assist with capturing the impact of the program for evaluation purpose.
Finalize MOU with Union Station.	Formalize partnership and scope of work i.e., number of cases, etc.	N/A
Coordinate with other neighbouring SGV hospitals to collaborate and share the patient navigator.	Shared knowledge and shared resources with other hospitals.	The pilot program will benefit several communities in the San Gabriel Valley and will strengthen collaboration between hospitals.
Initiate the pilot program by the 2nd quarter of 2020.	Patient navigator will be integrated in the hospital Social Services/Discharge team	A smooth start with the patient navigator coordinate and work together with the hospital's team.
Participate in pilot evaluation and in periodic meetings to share progress, challenges, lessons learned, etc.	Monitor performance, challenges and lessons learned.	

Strategy # 2

Engage in a partnership with Los Angeles Homeless Services Authority (LAHSA) and Union Station to initiate a new pilot of "Hospital Liaisons."

Hospital liaisons will serve as "air traffic controllers," helping to connect homeless patients in hospital settings to services and resources in the L.A. Count Coordinated Entry System (CES).

Activities	Outcomes	Evaluation
Hospital Liaison launch event. Designation of Hospital staff to work with the Hospital Liaison. Designation of Hospital Liaison that will work with the hospital. Introductions to hospital staff and orientation to hospital setting. Develop procedures and schedule.	Will facilitate better coordination between hospitals and CES. Lessons learned. Successes and challenges. Hospital staff assigned to implement the program. Development of Procedures.	LAHSA and Emanate Health (and San Gabriel Valley participating hospitals) look forward to learning how this pilot of Hospital Liaisons can help ensure better coordination between hospitals and CES, and how it can help ensure high-needs homeless patients are connected to the services needed to end their homelessness.

Note: The Patient Navigator and the Hospital Liaison initiatives are under the auspice of the Health Consortium's SGV Hospital Collaborative.

Strategy # 3

Collaborate and support the San Gabriel Valley Consortium on Homelessness

Activities: *The consortium facilitates partnerships and regional linkages to more effectively and efficiently provide housing and homeless services; educates the community and member agencies, and advocates for appropriate* ***housing*** *and services. The Consortium membership encompasses mental health and substance abuse providers; leadership from Los Angeles County Homeless Services Authority; Police Departments; LA County Whole Person Care; advocacy agencies; FQHACs; public health; mental health; city officials, hospitals, health plan representatives, etc.*

Activities	Outcome	Impact
Secure conference room for all twelve (12) monthly meetings each year along with refreshments free of charge. Provide room set up services and audio-visual equipment assistance. The San Gabriel Valley has a	Emanate Health is well known as the "hub" in the San Gabriel Valley for the consortium on homelessness. Furthermore, Emanate Health was a founding partner in 2001. Emanate Health's staff from social services and community	Collaboration among providers. Improved services program coordination. Improved knowledge and use of available shelter and housing services. Improved access to mental health and substance abuse

vibrant and effective group of homeless advocates who engage in the annual homeless count; cross-sharing of resources and information; service coordination; legislation updates, grant funding opportunities to respond to the needs of our homeless individuals and families, etc. Support consortium initiatives.	benefit department leaders collaborate with consortium members and identify opportunities to partner to secure warm hand-off referral opportunities to best serve ER homeless patients upon discharge. Additional programs and resources brought to the San Gabriel Valley.	provider services.

Strategy # 4

Community Partnerships for Homelessness Prevention.

Activities	Outcomes	Impact
Emanate Health is seeking proposals from community agencies who work with fragile low-income families and individuals at-risk for becoming homeless.	Identification of community-based trusted agencies that work with at-risk populations. Development of program service delivery and assignment of financial and/or in-kind support to the agency to help prevent additional homelessness in the service area.	Make a difference in the lives of people who are touched by this program and who, otherwise, would have become homeless. Quantification not available at this time.

AREA OF FOCUS IV: IMPROVE ACCESS TO HEALTH CARE

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life. The lack of access to health services can lead to unmet health needs, delays in receiving appropriate care, inability to benefit from preventive services, and preventable hospitalizations.[1]

In the EH service area, a slightly smaller percentage (12.3%) of the population does not have health coverage when compared to Los Angeles County (13.3%) though lack of health coverage is slightly higher when compared to California (10.5%).[2]

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

In terms of specialty care, in SPA 3 approximately a third of the population (33.5%) needed to see a medical specialist, which was lower than that reported in Los Angeles County (37.4%) and California (38.8%). Access to specialty care is important and may be affected by cost or lack of health coverage for such services. Another factor is the lack of availability of appointments within a reasonable period of time. Also, specialists that are cultural and linguistic adequate for the patient. A small percentage (10.5%) of the population in SPA 3 reported having difficulty accessing a medical specialist when compared to Los Angeles County (11.5%) and California (11.5%).

One of the barriers to accessing necessary health care services can be lack of health insurance or coverage. In SPA 3, 6.2% of the population reported that their primary care doctor did not accept their insurance in the past year, which is higher when compared to Los Angeles County (5.6%) and California (5.1%). Additionally, 11.8% of those needing to see a medical specialist were not able to because their insurance was not accepted which is a higher percentage when compared to Los Angeles County (11.0%) but lower than for Improve California (10%).

Access to Health Care

***Strategy #1*:**

Conduct Community Outreach

Goal: Outreach, Screen, Enroll and Follow-up Assistance for the uninsured and/or underinsured in Emanate Health's service area.

Objectives and Activities

Objective	Activities	Tracking Method
Conduct strategic outreach activities to target low-income uninsured.	Identify data of service areas with higher number of uninsured. Continue fostering partnerships with school districts, CBO's, resource centers, etc. Schedule outreach activities	Enter outreach reports in the data entry system. Identify trends Evaluate results and the need for new strategies to reach the target community.

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

[2] See Map 1 in Appendix D for rates of children under 18 underinsured.

	including community events and other effective tactics. Conduct phone outreach to respond to referrals and inquiries. Analyse results and adapt innovative strategies.	

***Strategy #2*:**

Enrollment Assistance

Objectives and Activities

Objective	Activities	Tracking Method
Provide health insurance enrolment assistance to uninsured and underinsured individuals and families in Medi-Cal, Covered California, and any other low cost health access programs.	Enrolment navigators screen for eligibility and complete application for free and/or low-cost health insurance.	Number of applications completed. Compare statistics of uninsured with the 2019 CHNA data.

Strategy #3:

Enrollment Verification

Objectives and Activities

Objectives	Activities	Tracking Method
Conduct follow-up phone contact to confirm successful enrolment with at least 80% of applications assisted.	Call participants to ask if they • have received their insurance • card/approval. If unable to reach • client, check the Meds system to • verify enrolment outcomes.	Enrolment verification data reports.

Strategy #4

Assistance and Advocacy

Objectives and Activities

Objectives	Activities	Tracking Method
Provide ongoing assistance to people experiencing problems with enrolment, utilizing benefits, or retention of health insurance. Offer system navigation support.	Conduct troubleshooting/problem solving and advocacy services. Offer utilization of services assistance to ensure that the person is accessing health, dental and vision services. Educate participants on how to navigate the health system. Assist with completing the Medi-Cal packet including plan and provider selection.	Completed forms with assistance documented. CHOI Data system records of number of people contacted and assisted.

Strategy #5

Insurance Retention Assistance

Objectives and Activities

Objectives	Activities	Tracking Method
Offer assistance with redetermination and/or renewal processes to retain coverage. Achieve rate of retention at least 80%.	Contact participants by telephone to determine if they have completed the redetermination forms or if they need assistance. Provide determination assistance as needed.	Completed retention verification forms. Completed renewal assistance forms. CHOI Data system report.

Strategy #6:

Increase Accessibility to Ambulatory services at community sites

Goal: Increase access to health care services at community-based locations.

Objectives	Activities	Tracking Method
Increase accessibility to needed outpatient services through expansion of community-based service capacity.	Continue fostering community partnerships to increase accessibility to outpatient services in on a timely manner. Continue to foster partnerships to improve access to specialty care services.	Number of Partnerships. List of specialties available at community locations. Other outcomes
Increase capacity of hospital physician services to the community through partnerships with FQHCs, Clinics and Emanate Health's Family Residency Program.	Strategize to increase recruitment of specialty services physicians.	Additional specialty services available to the community.

Strategy #7:

Information Dissemination on Public Insurance program changes with focus on Public Charge

Objectives	Activities	Tracking Method
Information campaign to bring reliable information to the community related to the new federal legislation on public charge. Train the enrolment navigators on Public Charge. Provide the tools on how to educate residents. Promote the Medi-Cal programs that do not count for public charge.	Information dissemination on updates and health access changes as a result of the new federal government mandate. GEM Project staff will communicate changes and will support community members in making informed decisions related to Public Charge. If unable to apply for Medi-Cal, offer information on access to free and/or low-cost ambulatory care services. Share the hospital's community assistance program information.	• Report on strategies and information disseminated. • Report on barriers and challenges experienced. • Report on number of referrals to My Health L.A. program as well as to FQHCs.

XI EMANATE HEALTH EVALUATION PLAN

1. Collaborate with the San Gabriel Valley Non-for-Profit Hospital Collaborative and the Department of Public Health Area Health Officer to develop joint initiatives to address community needs and identify best practices to effectively measure community impact.
2. Monitor and evaluate the strategies listed above for the purpose of tracking their implementation as well as to document the anticipated impact including new developments and barriers.
3. Monitoring activities will include the data collection and documentation of tracking measures.
4. The 2019 Emanate Health Implementation Plan programmatic and financial updates will be submitted to OSHPD via the annual SB-697 Community Benefit Report.

Emanate Health

VIII

2017-2019 CHNA Implementation Plan Update

Emanate Health

(Formerly Citrus Valley Health Partners)

Emanate Health

Inter-Community Campus 210 W. San Bernardino Rd., Covina, CA 91723-1516
License # 930000131

Queen of the Valley Campus - 1115 S. Sunset Avenue, West Covina, CA 91790-3940
License # 930000131

2019 CHNA Update Report - Implementation Strategies

Emanate Health

As the largest, nonprofit health care provider for the residents of the East San Gabriel Valley, Emanate Health serves the community through the work of its four facilities: Emanate Health – Inter-Community Hospital; Emanate Health Queen of the Valley Hospital in West Covina; Emanate Health-Foothill Presbyterian Hospital in Glendora and Emanate Hospice and Emanate Home Health in West Covina. Nearly one million residents in the East San Gabriel Valley rely on Emanate Health for their health care needs.

While Emanate Health is focused on healing the sick, we are also dedicated to reaching out to support health improvement efforts in the communities we serve. Our community outreach efforts allow us to reach beyond our hospital walls to help improve the community's health through education; awareness; health screenings; support groups; community programs and services; disease management and much needed community resources for basic needs. Emanate Health connects residents with other community partner agencies including CBOs; universities; community colleges; social service organizations; Department of Public Health and Department of Mental Health; cities and school districts with the common goal of improving our communities' health and well-being.

Emanate Health Community Benefit

Emanate Health is an organization recognized for its outstanding community outreach efforts and accomplishments. An organization dedicated to creating innovative partnerships among the numerous health and social service organizations in our valley with close to 100 participating agencies in diverse collaborative relationship devoted to promoting community health and well-being. In addition, Emanate Health has a charity care policy in place to respond to the needs of low-income uninsured populations.

Emanate Health's vision is to be an integral partner in elevating communities' health through partnerships. This principle guides all community health improvement and community benefit initiatives.

Community Benefit Implementation Strategy

Emanate Health's implementation strategy is the means to satisfy all applicable requirements outlined in the proposed regulations released in April of 2013. This implementation strategy focuses on the needs identified in the 2016 Community Health Needs Assessment.

Emanate Health

Update on Implementation Strategies to Address Health Needs

2017 - 2019

Priority Health Needs

Area of Focus 1

INCREASE AWARENESS AND ACCESS TO MENTAL HEALTH PROGRAMS AND SERVICES.

Goal: Improve Access

- **Construction of a Federally Qualified Health Center (FQHC) to meet community health, behavioral health and substance abuse access needs.**

1. The Federally Qualified Health Center opened its doors as East Valley Community Health Center (EVCHC) in March of 2015. Emanate Health's partner clinic is located across the

street from Inter-Community Hospital in the city of Covina, CA. In four years, the new health center has been providing medical care and mental health services for children and adults; women's health services, including prenatal and family planning; diabetes; hypertension and asthma treatment. The health center also cares for homeless individuals and families as well as the remaining uninsured in Emanate Health's service area.

2) CVHP continues to partner and provide support to the FQHC throughout 2019.

East Valley Community Health Center employs a multidisciplinary mental health staff that provides an array of services to improve the quality of life for each patient and their families. The FQHC offers integrated mental health services ensuring our patient's mental health and medical needs are met. The mental health team provides unique treatment plans to serve each client or family's specific needs, including individual therapy for children or adults, couples' therapy, prenatal support groups, anxiety/depression support groups, and referrals and other resources. The Health Center has put in place a coordinated and effective referral system for at-risk individuals in need to access outpatient mental health services on a timely manner. EVCHC's Behavioral Health Director the Emanate Health Inter-Community ER Director join efforts in program development to increase much needed behavioral health resources for the communities we serve.

Emanate Health Family Residency Program Partnership with FQHC.
Innovative approaches in the field of substance use disorder disease treatment.

Emanate Health's partnership with East Valley Community Health Center (EVCHC) has strengthened the Family Medicine Residency Program (FMRP). Our charter class of ten residents joined the program in 2017. In 2018, the second class of ten residents was recruited and the full complement of 30 residents was reached in July 2019. The inaugural class of 10 residents graduated in June 2020 after 3 years of training.

The residency program provides care in a family-oriented, community-focused and evidence-based method consisting of prevention practices; health promotion; and comprehensive culturally-sensitive care to the diverse populations served by EVCHC and Emanate Health. Emanate Health's FMRP continues to focus on developing innovative curriculum emphasizing community collaboration, leadership development in community outreach and education, and expertise in community health needs assessment and in population health strategies.

In 2019 the FMRP received a grant from the California Academy of Family Practice (CAFP) to participate in the Primary Care Residency Program Collaborative with the aim to train faculty and residents on the use of Medication Assisted Treatment (MAT) for substance use disorders. The overall goal of this program is to improve education, outreach and treatment for patients with substance use disorder disease, including alcohol and opioid use disorders. While enhancing training for primary care physicians, the funding encouraged creative and innovative approaches to meeting program and community needs. Three objectives were selected for this project are to

1. Advance the training of primary care residents and physicians in the field of substance use disorder disease treatment;

2. Improve the patient experience of care (including quality and satisfaction);

3. Promote care that is patient-centric, engaging the community in the overall management of substance use disorder.

Residents have also integrated into community outreach efforts through participation in health fairs and mobile HIV screening. Emanate Health's FMRP is committed to robust training in evaluation of process and outcomes via resident participation in both outpatient and inpatient Quality Improvement efforts as well and by resident training and certification in Lean Six Sigma. Our residents have been trail blazers and integral to the continued development and success of the FMRP.

Increased awareness, collaboration and community capacity.

In 2019, Emanate Health continued to be an active member of the San Gabriel Valley Health Consortium to strengthen the local health care network by building capacity among the local physical health, mental health and substance use disorder providers to better serve their patients and clients, including primarily the lower-income, vulnerable and immigrant populations residing within Los Angeles County Service Planning Area (SPA) 3 also known as the Greater San Gabriel Valley. The Consortium Capacity building activities address ongoing and emerging issues and changes that impact service delivery, including the creation of a forum that promotes strategic thinking, coordinated planning and sharing of opportunities and lessons learned. This community forum also providing and shares information and updates on Los Angeles County services, data, state initiatives, etc.

The Consortium partners include local Federally Qualified Health Centers (FQHCs); community clinics; hospitals; LA County Department of Health Services; LAC Department of Public Health and LAC Department of Mental Health; and other nonprofits including community-based organizations, homeless advocates, etc.

Through this important partnership, Emanate Health contributes to strengthen the local health care and mental health care networks by building bridges and capacity among a variety of stakeholders that translates in improved access to services and increased efficiency for the communities we serve.

The partnership with the SGV Health Consortium directly addresses three of the 2016 CHNA identified community needs final list. The three needs and drivers are:

#4: Mental health (Outcome)
#5: Access to health care (Driver)
#9: Alcohol abuse, substance abuse and tobacco use (Outcome)

INTEGRATION COMMITTEE OF HEALTH AND MENTAL HEALTH PROVIDERS

1) Emanate Health Community Benefit leadership continued to be an active participant in planning and support of the *Integration Committee* comprised of a group of community leaders working together to identify gaps in services. Committee members include physical health, mental health and Substance Use Disorder (SUD) in addition to public and private providers who work together to advance the planned strategies and activities. In 2019, committee members continued to collaborate and support each other.

2) In 2018, the CEO of Community Clinic Association of Los Angeles County (CCALAC) shared with The Consortium's Integration Committee partners valuable background information about countywide Integration Summits that CCALAC spearheaded in Los Angeles with the overall goal of improving integration between physical health, mental health and substance use services. People also expressed a desire for similar events at local/regional levels, which led to planning of follow-up Summits. CCALAC approached the *Health Consortium of Greater SGV*'s *Integration Committee* about providing leadership for two Summits to be held in Service Planning Area 3 (San Gabriel Valley).

2019 San Gabriel Valley Health & Mental Health Integration Summits I & II

The SGV Consortium Integration Committee took strong interest in holding two Summits and committed to working as a planning committee to help develop the events. Emanate Health jointly with the Integration Committee engaged in summit planning from October-December of 2018. The summits took place on March 5, 2019 and May 7, 2019. The Summits were attended by 86 and 83 people, respectively. The target audience was representatives from physical health; mental health and substance use disorder (SUD) service organizations

Purpose:

The objectives across the two Summits included:

1. Promote networking and opportunities to meet other providers in the Greater SGV.
2. Learn about existing models for integrating services.
3. Identify needs related to health integration and actions to better integrate services.

Community Partner Collaborative Planning Agencies:

Emanate Health (former Citrus Valley Health Partners); Azusa Pacific University School of Nursing and Counseling Center; L.A. County Department of Public Health; San Gabriel Valley Economic Partnership; Beacon Health; Options; L.A. County Department of Mental Health; Community Clinic Association; Emanate Health; L.A. County DHS Whole Person Care; YWCA San Gabriel Chapter; American Cancer Association; and Chinatown Service Center.

Participant Engagement and Feedback

Considerable effort was made to gather input from Summit participants before, during and after both Summits in order to develop a better understanding of issues, challenges and participant

recommendations related to health integration. Input was gathered prior to the Summits during event registration, via participant worksheets and facilitated small group discussions at the Summits themselves, and via evaluation surveys completed following each Summit. Below is a summary of key themes that were learned from these processes. A brief survey was implemented to help prioritize possible discussion topics. Survey topics built off the priority list from the previous summits in Los Angeles and added topics identified by the *Integration Summit Committee.*

1. Identified future follow-up steps from the two Summits to work on a plan for continuing to move forward with both the people's ideas and recommendations.

2. Identified support that attendees may need to expand their program capacity.

3. Learned about a number of strategies currently in place to integrate care among partner agencies that attended the Summit

Evaluation results indicated that participants liked the following features of the Summits:

- The diversity/variety of participating providers and agencies who came together as a community with a shared focus on addressing common barriers/challenges and creating a "better, integrated healthcare system."
- Networking/relationship building, including learning about and sharing information about services available in the community.
- Educational, informative and useful panel presentations and Summit content, particularly relative to:
- Presentations on existing health integration efforts locally and countywide;
- Discussions of challenges associated with integration; and
- Provision of web links to information and resources.

New Strategy (2019)

- **Increase access to Mental Health and Behavioral Health services and enhancing service capacity through provider collaboration**

Emanate Health engaged in a partnership with the Azusa Pacific University Community Counseling Services to offer four (4), 60-90 minute educational presentations in the San Gabriel Valley to address mental health myths, stigma, warning signs, protective factors, and resources. Topics included: stress reduction and self-care, depression and suicide prevention, the healing power of connectedness, and overcoming anxiety and mastering mindfulness.

Number of Participants: The goal number of participants was met at 63 unduplicated attendees.

Target Population
Attendees were residents of the Azusa and San Gabriel Valley community over the age of 16.
Flyers were distributed to local organizations in the cities of Azusa and Glendora, including school districts; attendees were able to attend one or all the presentations.

Methodology

Approaches included face to face presentations, power points, handouts, one-on-one discussion opportunities, linkage and referrals.

1. Face to Face Presentations: Each themed presentation addressed facts, trends, and practical response and intervention tools. Time was allowed for Q&A and networking.
2. Handouts and flyers: Participants received lists of local San Gabriel Valley resources. (See Exhibit 1).
3. Discussion: Participants were provided a safe space for questions and answers and were able to engage in meaningful conversations. The goal was to create opportunities for connection so participants return for future presentations and feel more comfortable seeking community resources. Goal was met based on attendee and presenter feedback.
4. Linkage and Referrals: Mental health staff was present before and after each presentation to answer questions and address immediate needs. City and district staff were also present and helped reinforce community connections and collaboration.

Implementation

Workshop 1: Stress Reduction and Self-Care
Date: 2/25/2019
Location: Memorial Park, Azusa
Presenter: Monica Hernandez, Masters of Social Work Intern
Description: Workshop began with participants sharing about their stressors to highlight that many people deal with the same issues. The presentation gave definitions of stress and self-care, types of stress and triggers, positive vs. negative coping mechanisms, and a wellness activity which helped participants see which aspects of their wellness they are good at caring for and which need more attention. Presenter answered participant questions at the end and spent some time with a few attendees explaining further about coping with stressors that they are having a hard time handling.

Workshop 2: Depression and Suicide Prevention
Date: 3/4/2019
Location: Memorial Park, Azusa
Presenter: Gabriela Sanchez, Masters of Social Work Intern
Description: The workshop incorporated an activity to help participants understand the difference between sad emotions and depression. The presentation covered an attempt to increase knowledge of symptoms, myths, stigma, how to support someone experiencing depression or suicidality, and resources of where to seek help. (See Exhibit 2). Presenter spent time with one participant at the end of the workshop to discuss struggles of parenting an adult child living with depression. Participant was given the contact information for the patient navigator at the Department of Mental Health to learn if her son qualifies for Full Service Partnership/Transitional Age Youth services. The mother was provided a resource for herself too (NAMI). To encourage participation, two raffle prizes were offered at the end once surveys were completed.

Workshop 3: Overcoming Anxiety and Mastering Mindfulness (requested by the community)
Date: 3/7/2019
Attendees: 12
Location: Memorial Park, Azusa
Presenter: Britany Cheung, Masters of Social Work Intern
Description: The workshop "Overcoming Anxiety and Mastering Mindfulness" was added to the series of wellness workshops put on by Azusa Pacific University's Community Counseling Center. The curriculum

was developed using anxiety manuals, journal articles, and therapistaid.com. A one-and-a-half hour workshop was presented on anxiety psychoeducation and Cognitive Behavioral Therapy (CBT) and mindfulness techniques. (See Exhibit 3).The psychoeducation was on anxiety and anxiety symptoms and provided information on mindfulness techniques as well as activities to help participants understand and practice. (See Exhibit 4). Activities included a CBT thought record, 5-4-3-2-1 technique, box-breathing, and progressive muscle relaxation/body scan. There were 14 participants for the community-based workshop (n=14). The sample were members of the Azusa community. A post-survey was used to collect demographic data and information on the effectiveness of the intervention and program evaluation. Based on the results, it is believed that the workshop was successful in increasing the knowledge of identifying anxiety symptoms and CBT and mindfulness techniques to help with coping and maintenance. Overall, the participants responded positively and appeared to gain information on identifying anxiety symptoms and ways to manage and cope with anxiety.

Workshop 4: Healing Power of Connectedness
Date: 4/3/2019
Location: Glendora High School, Glendora
Presenter: Alexis Diaz, Masters of Social Work Intern
Sally Mansour, Licensed Marriage and Family Therapist
Description: A workshop on The Power of Connection was offered during a parent summit at Glendora High School. The presentation highlighted research findings on the positive impact of healthy connections and the negative correlation between poor connectedness and physical/emotional wellbeing. The workshop addressed getting kids off electronic devices and encouraging interpersonal interactions. Strategies and resource information were provided on maximizing connections at home, school, community, and with peers. Several parent questions were addressed, including post presentation referral and consultation support.

Mental health providers from the APU Community Counseling Center (CCC) provided information and offered real time mental health support and linkage as needed. Spanish interpretation was made available during and after presentation times. The workshops were conducted at Azusa Memorial Park and Glendora High School. This offered accessible space and increased the chances of attendance from both cities. Detailed workshop slides can be found at the end of this report.

Evaluation
A satisfaction survey was distributed at the end of each presentation. At least 90% of attendees reported better understanding of healthy mental functioning, available resources, and stress management techniques.

ACCESS TO HEALTH AND MENTAL HEALTH SERVICES
STRATEGY: COMMUNITY OUTREACH, HEALTH INSURANCE ENROLLMENT AND COVERAGE RETENTION SERVICES.

- Education on how to access services, enrollment verification, troubleshooting and retention services are provided to ensure continued coverage for at-risk communities in Emanate Health's s service area through its GEM (Get Enrollment Moving) outreach program co-sponsored by Emanate Health and a grant from the Los Angeles County Department of Public Health. A detailed chart of the services provided in 2019 by the GEM Project is attached. (See Exhibits 5 and 6).

1) ***Outreach and Enrollment***:
As a result of strategic community outreach, GEM identified low-income uninsured and underinsured children, families, pregnant women, and seniors. They were offered assistance from counselors to process an application. Through these efforts, the GEM Project completed a total of **1,352** applications for health insurance. The coverage programs include Medi-Cal; MCAP (Medical Access Program); and Covered California Qualified Health Plan. Community residents who do not qualify for these programs are referred to My Health L.A., a safety net program that provides access to out-patient services for physical, behavioral and substance abuse services and other referrals for specialty services.

2) ***Troubleshooting/Advocacy:***
GEM assisted **1,569** residents with troubleshooting and advocacy assistance as well as education on how to navigate the complex healthcare system keep their coverage and access services. Some highlights include the trend of a significant number of participants were seeking assistance to fix complex and time consuming Medi-Cal and Covered California insurance coverage issues. Problem-solving is a critical function if we want recipients to experience continuity of coverage. An additional barrier was the unfriendly political environment toward immigrants. The GEM team offered updated information on "Public Charge" to individuals and families.

3) ***Enrollment Verification:***
At 30 to 45 days of application, GEM contacts all applicants to confirm enrollment, answer questions and provides support for participants to select a health plan and the providers of their choosing. If the person is experiencing barriers, the GEM staff provides technical assistance and follow-up. These efforts have shown excellent results with almost a **90%** of applicants confirmed enrolled in the insurance programs.

4) ***Utilization Assistance****:*
Once the enrollment verification is completed, the GEM team conducts a follow-up procedure by contacting each client at the six (6) month post-enrollment mark to confirm utilization of health, mental health, dental and other benefits. This is another opportunity to identify any access issues that arise. The CHOI data report shows that close to **90%** of confirmed enrolled participants were reached and received utilization assistance as needed.

5) ***Redetermination and Retention****:*
At eleven (11) months post enrollment, all consumers are contacted to ensure that participants have received and completed their renewal/redetermination form. Often, participants with low literacy level, utilize GEM in-person support services to complete and upload the required documents to maintain coverage. In 2019, the program as able to reach **83%** of enrollees who completed their redetermination (renewal) process for the following year.

6) **Community Referrals :**

Program participants received referral services to other health access programs such as My Health LA; California Children's Services, CHDP; Personal Health and Mental Health Services, Early Detection Programs, etc. In addition, the GEM staff provides information on where to obtain low cost Legal Services, Food Access, Housing, Homeless Shelters, Rent Assistance, etc.

- Referrals to access community resources known as determinants of health. Often, program participants share with the GEM team their life circumstances including their needs for basic services such as food; housing; homeless shelters; low cost legal services; rent assistance; and other sensitive situations. The GEM team extends support and provides warm hand-off referrals for the participant. Furthermore, GEM assists with completing and submitting applications for the Cal-Fresh program.

ACCESS TO HEALTH AND MENTAL HEALTH SERVICES THROUGH HOME VISITATION - WELCOME BABY PROGRAM

Introduction:
Emanate Health's Welcome Baby program is a voluntary, universal home visitation program offered at no cost to all mothers giving birth, or planning to give birth, at participating Welcome Baby hospitals in Los Angeles County. Program eligibility is based on the families' health and psychosocial needs and not driven by income. Welcome Baby is a First 5 LA funded program that works with families to maximize the health, safety and security of the baby and parent-child relationship as well as to facilitate access to support and services when needed. Emanate Health– Queen of the Valley Hospital is a participating partner hospital.

Key Community Partners
In addition to First 5 LA, the key collaborative and oversite partner agencies are Los Angeles Best Babies Network (LABBN); Maternal Child Health Access (MCHA); and Perinatal Advisory Council: Leadership, Advocacy, and Consultation (PACLAC); Department of Mental Health (DMH); Department of Public Health (DPH) and Department of Public Social Services (DPSS); who provide technical assistance, training and support in the implementation and success of the program.

Emanate Health Queen of the Valley Hospital, participating hospital, serves the San Gabriel Valley communities with a specific focus on two identified high need/risk cities, El Monte and South El Monte. Through a combination of engagements in the home; at the hospital following delivery; and one-on-one in-home or phone visits. Welcome Baby Public Health Nurses, Parent Coaches and Hospital Liaisons provide mothers with personalized support at each stage of pregnancy, after delivery, and through the child's first nine months of age.

"*The Welcome Baby (WB) program at Emanate Health – Queen of the Valley Hospital continued to provide services to families in the San Gabriel Valley. In 2019, WB served **1,587** pregnant and postpartum women and provided **1,537** psychosocial full assessments to identify the risk level and the need for services. Fathers are welcome to co-participate."*

The program's objective is to support and provide information and resources to pregnant and postpartum mothers in an effort to 1) Enhance mother-infant attachment. 2) Increase parental understanding of child development. 3) Increase exclusive breastfeeding rates. 4***) Screen for perinatal depression and link moms to mental health resources.*** 5) Increase dental screening during pregnancy. 6) Ensure access to prenatal, postpartum and ongoing health and behavioral health care for mothers. 7) Increase the receipt of timely postpartum care.

In 2019 Welcome Baby (WB) program at Emanate Health– Queen of the Valley Hospital served 1,587 pregnant and postpartum women and of those women, ***1,537 received a full assessment to identify the psychosocial risk level*** and eligibility for participant. Welcome Baby is part of a Family Strengthening Network of programs that work together to provide supportive services to families with newborns. The assessment, Bridges for Newborn is used to identify risk levels in three main areas: 1) basic needs, 2) physical health, and ***3) psychosocial needs***. ***Mothers are screened for maternal depression using the Patient Health Questionnaire (PHQ2/9) which is conducted at each engagement. In July 2018, the WB began utilizing the Generalized Anxiety Disorder Assessment (GAD-7) tool at specific timeframes during the postpartum period. WB Hospital Liaisons approached 1,837 mothers at bedside after delivery. In addition, 1,537-women received an assessment to find that 1,039 women scored 50+ points which is considered high risk***. The results indicate that 80% of assessed participants had high risk factors. A total of 170 mothers were referred for more intensive services to agencies within our Family Strengthening Network. Furthermore, Welcome Baby experienced a 293% increase in referrals to agencies offering home visitation intensive services due to the expansion of programs in Los Angeles County.

Community Resources

In 2019 WB program completed 2,359 engagements in the home and by phone in efforts to support these women and their families and made over 1,972 referrals to community resources for food, housing, mental health services, Medi-Cal coverage assistance, immigration, education, vocational programs, etc. The largest numbers of referrals at 55% are in basic needs such as diapers and baby essentials. The second largest percentage of referrals at 13% was for nutrition/feeding. The third highest number of referrals at 11% was to assist families with finding childcare services. The remaining 419 referrals include***: a) Mental/Behavioral Health***; b) Benefit Services; c) ***Crisis Intervention***; d) Education and Employment;
e) ***Developmental Concerns/Prevention***; f) Family Recreation and Enriched Activities; g) Legal Services; h) Parent Education; i) Substance Abuse; j) Access to healthcare. In addition, 99% of infants 3-4 months of age received an ASQ screening to identify any developmental delays and 100% of infants 9 months of age received an ASQ screening to identify any developmental delays.

Area of Focus 2:

INCREASE AWARENESS AND IMPROVE ACCESS TO PROGRAMS, EDUCATION AND SERVICES FOCUSING ON THE REDUCTION ON OBESITY AND OVERWEIGHT CONDITIONS.

Priority Health # 2

Goal: Increase awareness and access to Lighten Up SGV program, resources and services.

CVHP has made a commitment to address obesity reduction and prevention as a key component for the next three years.

Lighten Up SGV (San Gabriel Valley)

In 2019, Emanate Health implemented its ongoing campaign to increase community awareness about overweight and obesity in our communities and offer a comprehensive support program for community members who want to lose weight and become healthier.

Strategy I: Weigh-in Event

In 2019 Emanate Health offered the bi-annual weight loss contest with the purpose of increasing awareness and to improve access to programs, education and services focusing on the reduction of Obesity and Overweight conditions as well as promoting healthy lifestyles.

The program model offers two (3) Weigh-In events/Weight loss contests.

- January-June of 2019 and
- June-November of 2019
- Employee event in November of 2019
- Total event attendees: 166

1) Community residents were widely invited to attend and register at the Weigh-In events. During the health screening process, participants create a record of their individual results of their weight, blood pressure, body fat and body measurements. (See Exhibit 7).
2) Emanate Health employees were also invited to participate in this program. A special weigh in session was added for those who could not attend the days of the event.
3) CVHP's Nutritionists offered formal presentations such as the "Heart Healthy Eating".
4) The events featured a variety of partner agencies/programs in attendance. They provided resources, education and information on nutrition, exercise and healthy life style opportunities. Participant partners included: Elements Natural Foods, Fitness 19; LA Fitness; Nutrishop Glendora; Take Shape for Life and others.

   CVHP conducts a special ceremony to acknowledge every one's accomplishments and to give special prizes to the individuals who lost the most weight. The prizes include:

HIGHEST PERCENTAGE OF WEIGHT LOST - INDIVIDUAL

Grand Prize (Community Member) $250 cash

Second Place (Community Member) $100 cash
Third Place (Community Member) $50 cash

Grand Prize (Emanate Health Employee) $250 cash
Second Place (CVHP Employee) $100 cash
Third Place (CVHP Employee) $50 cash

HIGHEST PERCENTAGE OF WEIGHT LOST - TEAM
Grand Prize (Community Members) $250 cash
Grand Prize (CVHP Employees) $250 cash

Outcomes:

The 2019 outcome for Lighten-up SGV program accounts for 166 participants and a total joint weight loss of 664 pounds jointly.

Strategy II: FREE Educational Classes:

Program continued featuring popular demonstration and education presentations by CVHP experts and community partners:

Heart Healthy Eating	February 2019
Healthy Food Ideas	March 2019
Ins and Outs of FAD Dieting	April 2019
Mediterranean Diet	May 2019
Rethink your Drink	June 2019
Healthy Summer Fair	August 2019
Understanding Gut Health	September 2019
Fact or Fiction about Miracle Foods	October 2019

Strategy III: Dedicated Lighten Up SGV Program Website and Facebook

The "Lighten Up SGV (LUSGV) program continued offering social networking features to encourage discussions on the topic.

- The URL to access the website is www.lightenupsgv.com
  Social networking features to encourage discussion: Message boards (for example: Weight Watchers, Seniors, New Moms, etc.), free user profile page and regular blog posts on weight loss and fitness tips.
- Access to more than 100 health and weight loss articles.
- Links to healthy living Partners, groups and businesses providing health services.
- Dedicated FACEBOOK page.

The LUSGV Program promotes healthy living and awareness that obesity and overweight compromise a person's current and future health and quality of life.

Emanate Health

Plan Update Exhibits

MENTAL HEALTH RESOURCES

Prepared by:

County of Los Angeles - Department of Mental Health (DMH)

Prevention Bureau Administration

Revised July 2018

HOPE WELLNESS RECOVERY

LAC DMH

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH

Exhibit 1

Los Angeles County
Service Planning Areas

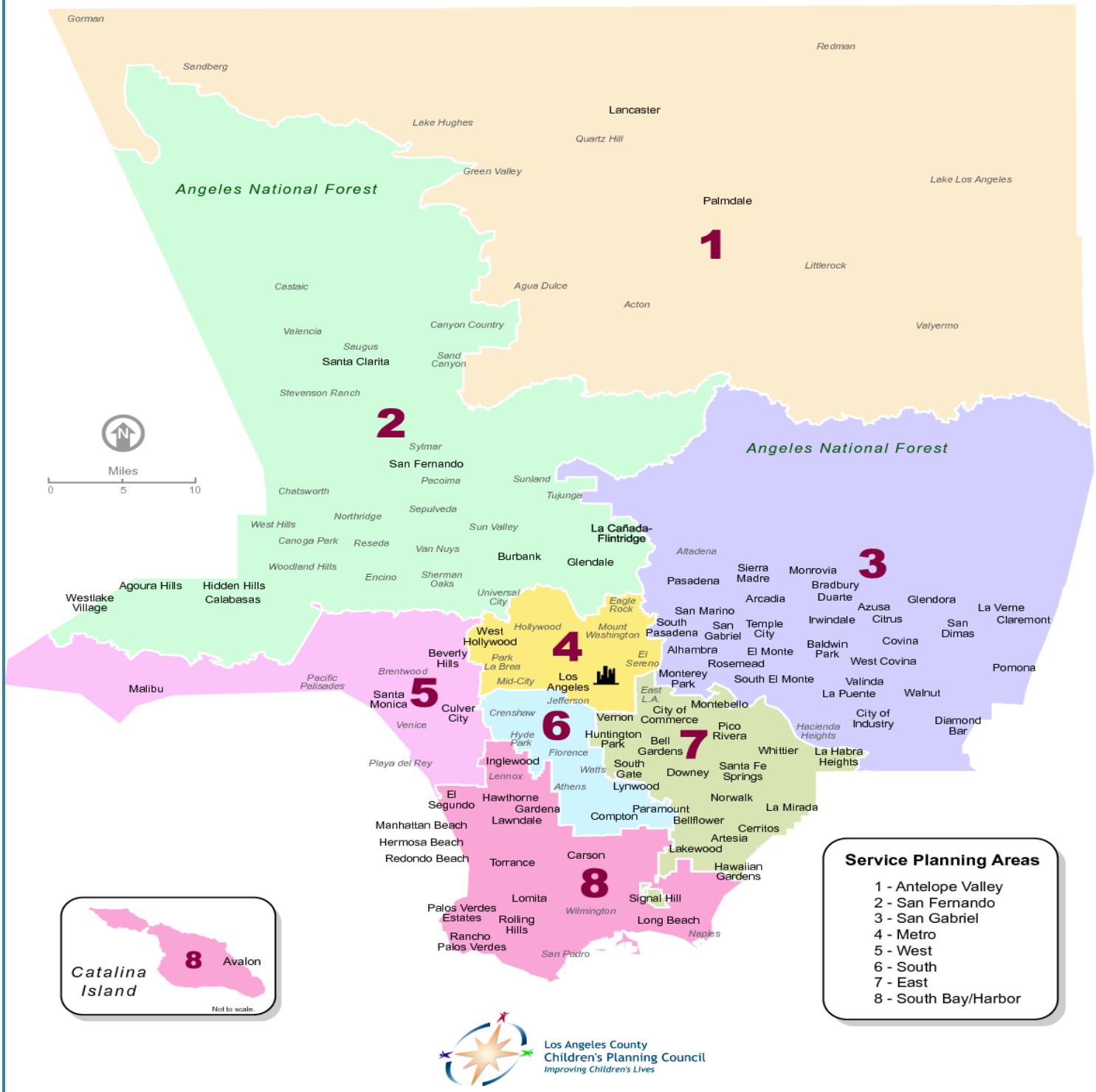


TABLE OF CONTENTS

Exhibit 1

Exhibit 2

The Lifeline is **FREE**, confidential, and always available.

HELP a loved one, a friend, or yourself.

Community crisis centers answer Lifeline calls.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
www.samhsa.gov

Printed 2005 • Reprinted 2011 - 2018
CMHS-SVP-0126

NATIONAL SUICIDE PREVENTION LIFELINE™

1-800-273-TALK (8255)

suicidepreventionlifeline.org

Learn the Warning Signs.

Suicide Warning Signs

These signs may mean someone is at risk for suicide. Risk is greater if a behavior is new or has increased and if it seems related to a painful event, loss, or change.

- Talking about wanting to die or to kill oneself.
- Looking for a way to kill oneself,
- Increasing the use of alcohol or drugs.
- Acting anxious or agitated;

Outcomes of a Community-Based Workshop on Anxiety Awareness and Mindfulness

Brittany Cheong, MSW student

Social Work Department, MSW Program

AZUSA PACIFIC UNIVERSITY

Overview

A community-based mental health agency identified a need and addressed common mental health concerns in the community by offering education and awareness for maintenance and wellness in the Azusa area. With funding from the Citrus Valley Health Partners grant, the agency put on a series of wellness workshops, four in total, for the community which were created and presented by Azusa Pacific University Master of Social Work interns. This study's focus is on the workshop titled "Overcoming Anxiety and Mastering Mindfulness" and it's effectiveness at educating the community on anxiety symptoms and mindfulness techniques. The question that guided this research was what is the effectiveness of a community-based workshop on increasing knowledge of anxiety symptoms and managing anxiety symptoms in community participants?

Literature Review

Anxiety is the most common mental health disorder in the United States with 1/3 of the population experiencing it at some point in their life (Bandelow & Michaelis, 2015). Literature has shown that anxiety is as prevalent as ever, but there are researchers trying to find the best solutions for decreasing anxiety and stress utilizing psychoeducation, mindfulness techniques, cost-effective CBT, and providing accessible resources.

Mindfulness

- Mindfulness has been found to be helpful and have significant effect on negative affectivity, even in brief intervention settings such as a one-day session, by lowering stress, anxiety, depression, and rumination (Schumer, Lindsay, & Creswell, 2018).

Cognitive Behavioral Therapy (CBT)

- Traditionally, CBT has been shown to be useful to treat anxiety; however, the CBT modality typically includes limited affordable mental health services, wait-lists for treatment, and more time commitment for caregivers (Fulweiler and John, 2009).
- Creating partnerships within the community to provide mental health services can be an effective way to address anxiety in a cost-effective way (Jameson et al., 2012).
- Late-life anxiety in underserved populations tends to go untreated, and bringing free programs for anxiety using CBT modalities would provide an easily-accessible way to get the help community members need (Jameson et al., 2012).

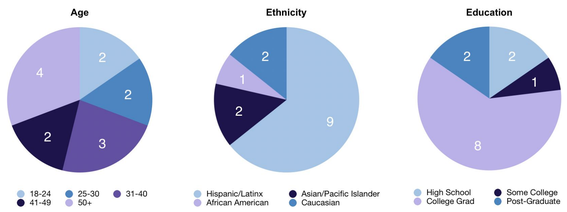
Outcomes of Brief Intervention

- Short-term interventions that include mindfulness, such as typical 8-week sessions, can yield long term effects for community participants (Madson et al., 2018). Those who reported higher home practice of techniques they learned tended to report improved mental health and wellness (Madson et al., 2018).

Methods

Sample

There were 14 participants for the community-based workshop (n=14). The sample were members of the Azusa community. The majority of the participants identified as female with n=13 answering female and n=1 for male.The demographics of the population can be found below.



Research Design/Materials

Marketing for the workshop included posting of flyers in local businesses, community centers, and community websites and social media. Materials used included:

- Paper materials for workshop activities, resources, and post-surveys.
- A room at a community center for the workshop.
- Technological access such as presentation slides and audio accessories.
- Snacks that were provided by the agency.

Curriculum Development and Intervention

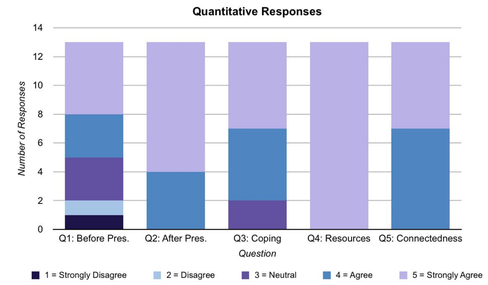
Curriculum was developed using anxiety manuals, journal articles, and therapistaid.com. A one-and-a-half hour workshop was presented on anxiety psychoeducation and CBT/mindfulness techniques. The psychoeducation was on anxiety and anxiety symptoms, and provided information on mindfulness techniques as well as activities to help participants understand and practice. Activities included a CBT thought record, 5-4-3-2-1 technique, box-breathing, and progressive muscle relaxation/body scan.

Measurement

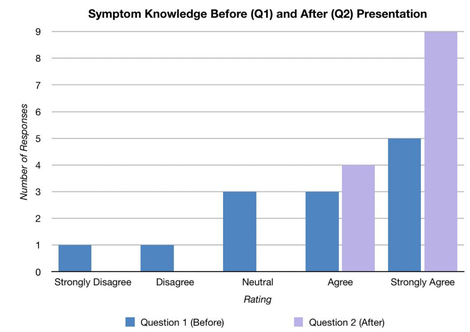
A post-survey was used to collect demographic data and information on the effectiveness of the intervention and program evaluation. The data collected was from a convenience sample, with 13 of the 14 participants completing the survey. Information was gathered through mixed methods, both quantitative and qualitative, and the participants stayed anonymous with no identifying information collected.

Results

Participants were asked to rate themselves on a likert scale of 1-5 (1=strongly disagree and 5=strongly agree) for questions regarding their knowledge on the subject and the presentation. The graph below displays the quantitative responses of the participants for their answers for questions 1-5.



Below is a graph comparing Question 1 and Question 2, where Question 1 asked for participants to retrospectively rate their knowledge of anxiety symptoms and Question 2 asked about their knowledge on anxiety symptoms as a result of the presentation.



Participants were asked to evaluate the workshop with space provided for short-answer responses. After coding the responses, four themes emerged as seen below.

Qualitative Responses

Themes	
Informational	Informational includes responses that commented on the presentation being full of information and providing diverse multimedia, such as videos, infographics, and slides detailing the information. Some noted how they learned new information or how they gained more insight on the subject.
Activities Helpful	The most common consensus was that the activities that were done throughout the presentation were helpful for providing clarity and practicing the anxiety-reducing interventions.
Learned Resources	A few noted that they were able to learn of resources that are available to them in the community and through other mediums, such as community mental health, smartphone apps, and online sources.
Further Instruction Needed	The majority of the responses stated that the workshop was helpful. However, a few stated that they would have liked further information and clarification on identifying anxiety symptoms and how to manage them.

Discussion

Based on the results, it is believed that the workshop was successful in increasing the knowledge of identifying anxiety symptoms and CBT and mindfulness techniques to help with coping and maintenance. The post-survey was not tailored to this specific training, making the data not entirely conclusive of the effectiveness of the workshop. There was, however, unanimous strong agreement for understanding resources available in the community, so it is believed that the workshop helped those looking for additional help outside of the workshop. Overall, the participants responded positively and appeared to gain information on identifying anxiety symptoms and ways to manage and cope with anxiety. Findings were consistent with the literature that suggests even short-term intervention can have a positive impact (Madson et al., 2018) . This workshop was also the highest attended of all four in the series, implying that there is an interest and need for information on this topic for the community.

Sustainability

This was the first year that this community-based mental health agency received funding for these wellness workshops, so this was considered to be a pilot project. The agency plans to do it again which is dependent on the success and attendance of these workshops to provide to the grant holders. The curriculum and additional materials will be provided for the agency to use for the future. Recommendations for future workshops would include marketing through different venues, doing a needs assessment for what the community would like to see/when they would like to attend, and adding additional survey questions that are specific to the topic being presented for better program evaluation.

References

Bandelow, B., & Michaelis, S. (2015). Epidemiology of anxiety disorders in the 21st century. *Dialogues in Clinical Neuroscience*, *17*(3), 327–335.

Fulweiler, B., & John, R. M. (2018). Mind & body practices in the treatment of adolescent anxiety. *Nurse Practitioner*, *43*(8), 36–43. https://doi.org/10.1097/01.NPR.0000541466.08548.67

Jameson, J., Shrestha, S., Escamilla, M., Clark, S., Wilson, N., Kunik, M., … Stanley, M. (2012). Establishing community partnerships to support late-life anxiety research: Lessons learned from the calmer life project. *Aging & Mental Health*, *16*(7), 874–883. https://doi.org/10.1080/13607863.2012.660621

Madson, L., Klug, B., Madson, L., Stimatze, T., Eness-Potter, K., & MacDonald, J. (2018). Effectiveness of mindfulness-based stress reduction in a community sample over 2 years. *Annals of Clinical Psychiatry (American Academy of Clinical Psychiatrists (AACP))*, *30*(1), 52–60.

Schumer, M. C., Lindsay, E. K., & Creswell, J. D. (2018). Brief Mindfulness Training for Negative Affectivity: A Systematic Review and Meta-Analysis. *Journal of Consulting & Clinical Psychology*, *86*(7), 569–583. https://doi.org/10.1037/ccp0000324

Exhibit 3

THOUGHT RECORD

Negative automatic thought	Emotion rating before	Where were you?	Evidence that supports the thought	Evidence that does not support the thought	Alternative thought	Emotion rating after

Exhibit 4

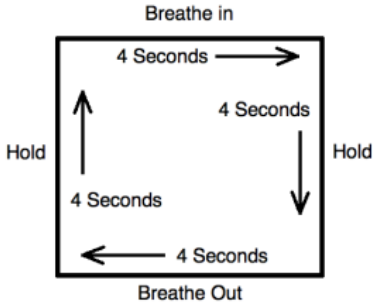
Mindfulness Cheat Sheet

5-4-3-2-1 Technique

- 5 things you can *see*
- 4 things you can *feel*
- 3 things you can *hear*
- 2 things you can *smell*
- 1 thing you can *taste*

Box Breathing

- *Breathe in* for 4 seconds
- *Hold* for 4 seconds
- *Breathe out* for 4 seconds
- *Hold* for 4 seconds



Body Scan/Progressive Muscle Relaxation

- Checking in with your body
- Start with the top of the head
- Move down slowly, paying attention to any sensation
- Can tense up and release, or simply relax

Exhibit 4

Emanate Health

IX

No Cost Community Health Improvement, Education, and Wellness Programs

Emanate Health

2019 Community Education & Outreach

In conjunction with a variety of community partners and businesses, Emanate Health takes existing valuable resources and services, and makes them available in ways that will improve the health of the community at low or no cost.

The programs differ somewhat from those previously described under Community Benefit, which represents partnership programs initiated in the community, designed by the community and implemented collaboratively. Rather than services, the community benefit programs are community built responses to community needs.

Executive Summary

Emanate Health advocates and coordinates health prevention programs and community education over the full continuum of care.

1. *Community Ambassadors* – Employee volunteers committed to improving the physical, mental, social, and spiritual health status of the East San Gabriel Valley and to conserve and enhance the resources of CVHP.

2. *Health Education and Support Groups* – Education and Support Groups are offered at Emanate Health hospitals and at multiple community locations. Sessions are usually provided free; occasionally there is a minimal charge for material. All programs fall under one of the following categories:

Special Events
A Healthier You
Childbirth Education
Diabetes Education
Cancer Resources & Programs
Hospice & Bereavement Services
Lighten Up SGV

Multiple departments coordinate all activities, classes and programs.

3. *2019 Community Seminar on Aging Well and Younger Next Year – Population Health* - Leading medical experts gave seniors health and wellness information they need to live active lifestyles and live long. Attendees received valuable health information to make informed choices about their health care. Although seniors may face chronic health challenges, the impact of many of these ailments can be managed with a doctor's care and treatment. A line up of topics presented by health experts included: Neuroscience & Dementia; Sex Health & Seniors: A Perspective for Baby Boomers; Joint Care & Orthopedics: Keep Movin' & Flexin'; Secrets of Successful Aging & the Biology of Aging; Vitamin & Mineral Supplements, Truths & Falsehoods; and Digital Health for Seniors. The seminar was attended by approximately 300 seniors of various ages, backgrounds and cultures. Physician presenters stayed after their presentation and spoke to seniors who had questions related to their health.

4. *2019 Stroke Symposium* - To help combat sobering statistics on the impacts of stroke, Emanate Health hosted the "2nd Annual Stroke Symposium" at an accessible location in the San Gabriel Valley. Leading medical experts presented clinically the latest in stroke care to help physicians, nurses, clinicians and others better treat, manage and minimize the long-term impacts of stroke. This event had an attendance of 200 interested participants.

5. *Emanate Health/Resource Center* – located in the Professional Plaza building of the Inter-Community Campus, 315 N. Third St., Ste. 307, Covina, CA 91723. The center offers the community an opportunity to access and check out health books, review reference books and find nearby specialized support groups.

6. Methodology for Selecting Education and Outreach Activities – 1. Review of the recent Community Needs Assessment; 2. Review of other health information data; 3. Review of feedback from previous program participants regarding types of programs they are interested in.

7. *Program Coordination with Community Agencies* – Services and programs are developed and implemented in collaboration with the following entities:

- American Cancer Society
- Senior Centers
- Local Physicians
- Medical Groups

***Documentation of Public Education* –Programs, events and classes are listed on the organization's website and may be also advertised in the local media and with special fliers and mailings.**

Emanate Health is committed to elevating the physical, mental, social and spiritual health status of our communities. This is accomplished through a variety of classes, community programs, support groups, health fairs, screenings, educational programs within our schools, churches, libraries, senior centers as well as the use of telephone referrals. Most programs are offered at no charge. If there is a charge for the class it is minimal and would be waived if the client, verbally states that the fee may be a hindrance to them accessing the important health education information. All programming is open to every member or our community and surrounding communities. Participants are never screened to determine whom their payer is, ability to pay or any other criteria. Education is frequently available in English and Spanish. In 2019, Emanate Health continued to follow Community Outreach Goals.

In 2019, Emanate Health continued to work with community partners to offer preventative education and resources

In 2019, Emanate Health continued to provide programs and services to enhance awareness of clinical services.

In 2019, Emanate Health maintained the number of events offering free health screenings and referrals for follow-up.

The eight (8) operational program categories are:

A Healthier You that provide monthly evening and luncheon programs on physical or mental health topics, programming specific to seniors, support groups helping the community to deal with chronic conditions, new diagnosis, move through chronic pain or life changing experiences and a program to prepare children ages 3-12 for surgery.

Childbirth Education programs designed to provide the expectant family with information, resources, guidance and support in preparation for the new baby. Lamaze, Breastfeeding Basics, Sibling Classes, Infant Massage, and Maternity open house and tours are available.

Diabetes Education counseling and support groups to help patients learn how to live with and manage diabetes.

Emanate Health Resources & Programs that include multiple, bi-lingual support groups, programs for free or low cost wigs and programs to help women cope with the physical changes of cancer treatments.

Hospice & Bereavement Services provide class series, individualized to adults, to deal with the loss of a loved one as well as training for volunteer opportunities to help someone else in need. Attendance varies from Class to class but averages about 20 participants per program.

Special Events provide various types of health screenings and informational events. This is a time to share valuable health education information, in addition to providing referrals.

Lighten Up SGV provides monthly classes on weight loss support and community weight loss challenge. In addition, online information for community members looking for free resources that offer support for weight loss and healthy living.

Partnership with Other Public, Private and Community Agencies to offer preventative health care and education

Breath Savers Club (partnership with American Lung Association)
Look Good, Feel Better (partnership with American Cancer Association)
Mended Hearts (partnership with American Heart Association)
Reiki Master
Yoga Instructor
Grupos de Apoyo (Bi-lingual Community Volunteer)

Programs & services to enhance Emanate Health's contributions to prevention and health improvement

Breast-Feeding Educational Classes
Breastfeeding Support Groups
Lamaze – Childbirth Education Class
Sibling Class
Adultos con Diabetes Grupo de Apoyo
Boris the Bear
Managing Your Diabetes
Parents Support Group – Diabetes
Adults with Diabetes Support Group
Type 1 Support Group - Diabetes
Adolescent Support Group – Diabetes
Sweet Success – Gestational Diabetes
Mended Hearts
Stroke support group
Yoga for the Cancer Patient
CVHP Resource Center
Group De Apoyo Para Personas Con Cáncer
Look Good, Feel Better
Reiki Energy Healing Sessions for Cancer Patients
Grief Outreach
Road to Survival
Getting Through the Holidays After the Loss Of A Loved One
Sweet Success
Breath Savers Club
Inter-Faith Diabetes Outreach

Love Your Heart

February is Heart & Vascular Month at Citrus Valley Health Partners. We've planned a month of special events for you to learn how to love your heart and keep it healthy.
To register for any of these events, please call (888) 456-2847.

FEBRUARY 1

Healthy Heart Fair

10 a.m. to 12 p.m.
Inter-Community Hospital Conference Center
210 W. San Bernardino Road
Covina, CA 91723
Visit our Healthy Heart booths and receive important health information and free screenings to check blood pressure, cholesterol and blood circulation in your limbs.

FEBRUARY 7

Structural Heart Innovations

6 to 7:30 p.m.
Inter-Community Hospital Conference Center
210 W. San Bernardino Road
Covina, CA 91723
Learn from our specialists what you need to know about the latest cardiac treatments available.

FEBRUARY 21

Atrial Fibrillation

6 to 7:30 p.m.
Geleris Family Education Center
427 W. Carroll Ave.
Glendora, CA 91741
Hear from our medical experts on adressing symptoms and treatments for atrial fibrillation.

CITRUS VALLEY HEART CENTER
Citrus Valley Health Partners is becoming Emanate Health.

TREATMENT OF HEART FAILURE FIVE-STAR RECIPIENT 2018 healthgrades

2017 WOMEN'S CHOICE AWARD AMERICA'S BEST HOSPITALS HEART CARE

2018 GET WITH THE GUIDELINES HEART FAILURE GOLD

Emanate Health™

Formerly Citrus Valley Health Partners

Aging Well & Younger Next Year Seminar

Where Healthy Comes From

October 12, 2019
7:30 a.m. to 2 p.m.

Learn the latest about senior health & wellness from top doctors in Southern California.

Pacific Palms Resort
One Industry Hills Parkway
City of Industry, CA 91744

Featured topics include:

- **Neuroscience & Dementia**
  Emanate Health
  Claudia Munoz, MD
- **Sex Health & Seniors: A Perspective for Baby Boomers**
  Emanate Health
  Edward Tangchitnob, MD
- **Joint Care & Orthopedics: Keep Movin' & Flexin'**
  Emanate Health
  Ankur Patel, MD
- **Secrets of Successful Aging & the Biology of Aging**
  Cedar-Sinai Medical Center
  Sonja Rosen, MD
- **Vitamin & Mineral Supplements, Truths & Falsehoods**
  Keck School of Medicine of USC, Kurt Hong, MD, PhD
- **Digital Health for Seniors**
  UC Irvine School of Medicine
  John Luo, MD

REGISTER NOW:
www.emanatehealth.org/agingwell
Call 888.456.2847 for more information.

Cost:
Community Members: **$50**
Seniors 55+: **$20**

Continental breakfast and lunch included.

Emanate Health™

Formerly Citrus Valley Health Partners

R.E.S.T.O.R.E.

Rehabilitation Event Supporting Therapy Outcomes, Recovery & Education

R.E.S.T.O.R.E.

Rehabilitation Event Supporting Therapy Outcomes, Recovery & Education

Tuesday, September 17, 2019

4-5:30 p.m. Screening and Resource Booths
5:30-6:30 p.m. Physician Lecture

Queen of the Valley Hospital
1115 S. Sunset Ave., West Covina, CA 91790

Dr. John Lindberg presents an in-depth discussion on **Brain Injury – What you need to know**

- Balance and grip strength screenings
- Blood pressure screenings
- Health education resource booths
- Door prize drawings

RSVP by calling 888.456.2847

Emanate Health, formerly Citrus Valley Health Partners, is the largest health care system in the San Gabriel Valley. The health system includes Foothill Presbyterian Hospital in Glendora, Inter-Community Hospital in Covina, Queen of the Valley Hospital in West Covina, Emanate Health Hospice and Home Care in West Covina.

Emanate Health™

Formerly Citrus Valley Health Partners

3,500 caring employees

1,000 expert physicians

700 selfless volunteers

25 physician practices

8 service lines

Behavioral Health, Cancer, Cardiology, Neuroscience and Stroke, Orthopedics, Sports Medicine, Women's Health

www.emanatehealth.org

- Hospital
- Emergency Care
- Home Care
- Hospice
- Imaging
- Physician Network
- Surgery Centers

Facebook- EmanateHealth
Instagram- EmanateHealth_
LinkedIn- Emanate Health
Twitter- EmanateHealth_

Emanate Health™

Formerly Citrus Valley Health Partners

2nd Annual Emanate Health Stroke Symposium

Where {healthy} comes from

December 7, 2019
7 a.m. to 2:30 p.m.

Learn the latest advances in stroke care and management to help improve the knowledge and performance of health care providers caring for patients diagnosed with stroke.

Pacific Palms Resort
One Industry Hills Parkway
City of Industry, CA 91744

Topics and speakers include:

Acute Stroke Presentation: Issues and Challenges
Dr. Claudia Muñoz
Emanate Health

Deficits and Disability in Acute Ischemic Stroke
Dr. Nerses Sanossian
University of Southern California

Pearls of Neurocritical Care and Management
Dr. Cyrus Dastur
UC Irvine Health

Stroke Rehabilitation: Current Concepts and Future Directions
Dr. John Lindberg
Emanate Health

Endovascular Treatment for Aneurysmal Subarachnoid Hemorrhage
Dr. Richard Young
Emanate Health

Endovascular Treatment for Acute Ischemic Stroke
Dr. Hamed Farid
St. Jude Medical Center

REGISTER NOW:
Emanatehealth.org/stroke-symposium

COST

Non-Emanate Health employees:	**$75**
Students:	**$25**
Emanate Health employees:	**Free**

Continental breakfast and full lunch included.

Space is limited

Continuing Education:

Emanate Health is accredited by the California Medical Association to provide continuing medical education for physicians. Emanate Health takes responsibility for the content, quality, and scientific integrity of this CME activity.

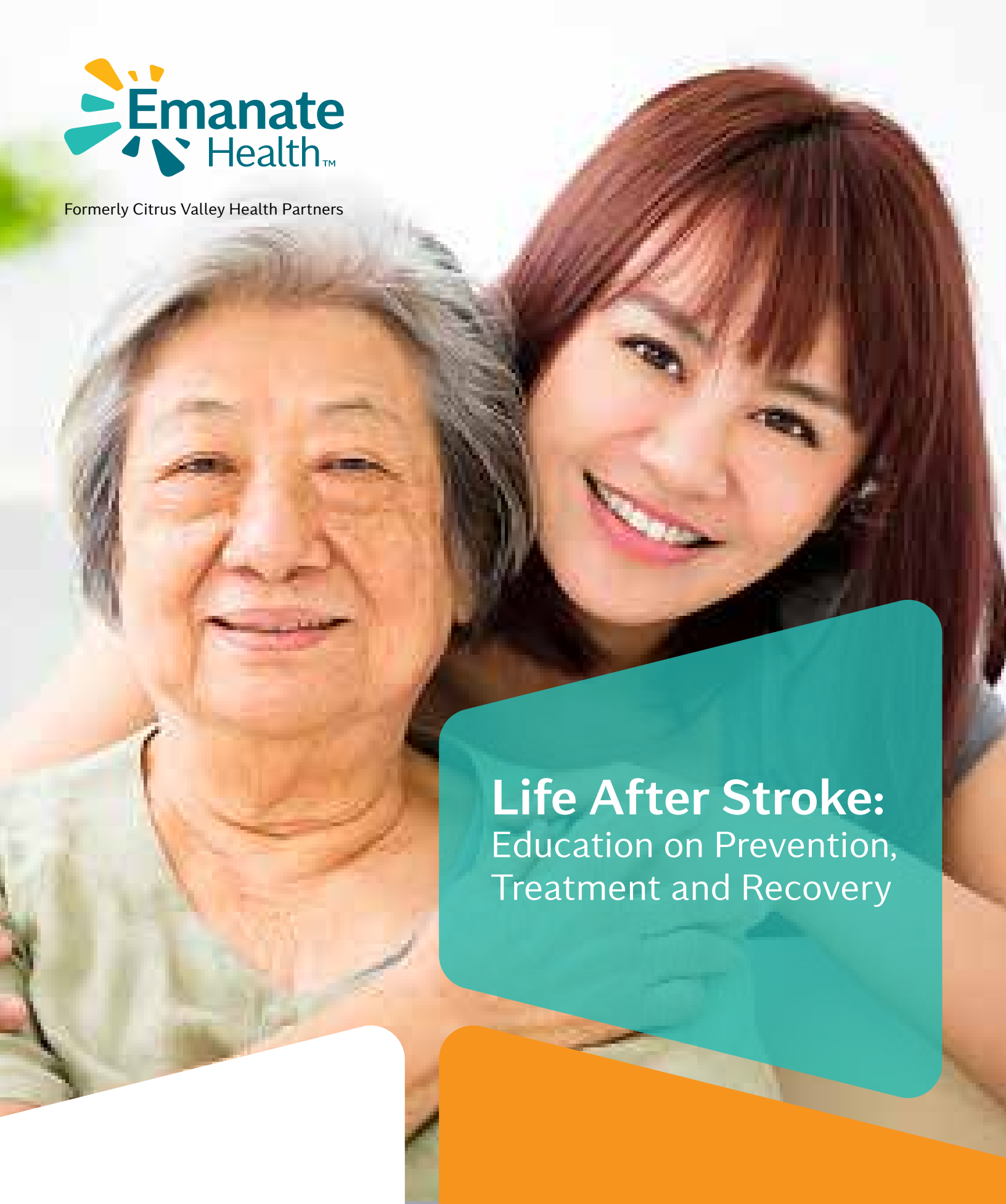
Emanate Health designates this live activity for a maximum of 5 AMA PRA Category 1 credit. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Provider approved by the California Board of Registered Nursing BRN #00489 for 6 hours of continuing education.

This course is approved for 5 hours of instructor based CE by California EMS Provider # 19-0020 for the target audiences of EMT, Paramedic, and MICN.

Emanate Health™

Formerly Citrus Valley Health Partners



Life After Stroke:
Education on Prevention, Treatment and Recovery

Stroke Care

Life After Stroke:
Education on Prevention, Treatment and Recovery

Table of Contents

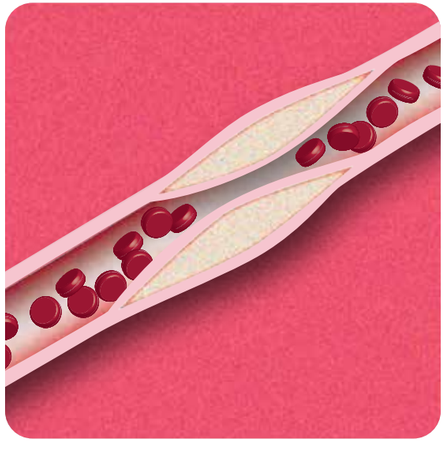
What is a Stroke?

A stroke is known as a cerebral vascular accident (CVA). It occurs when blood and oxygen delivery to the brain are compromised because of a clot or a blood vessel that bursts open. It affects more than 700,000 Americans each year and is the 5th leading cause of death and the leading cause of adult disability.

What are the Types of Stroke?

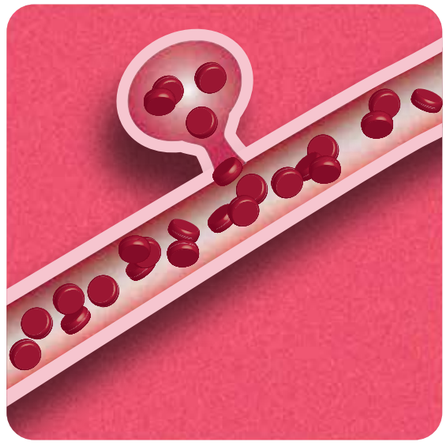
Ischemic Stroke

About 87% of strokes are ischemic strokes. It occurs when there is narrowing of the blood vessel due to fatty deposit or a blood clot.



Hemorrhagic Stroke

This happens when a weakened blood vessel bursts and bleeds into surrounding brain tissues, which accounts for 13% of total stroke cases.



Transient Ischemic Attack (TIA)

Temporary blockage of a vessel that does not lead to permanent injury to the brain. It is also known as “mini stroke” and is a serious warning sign of a potential stroke. Symptoms occur rapidly and last a short time.

Signs and Symptoms of a Stroke

It is important to know the signs and symptoms of a stroke. If you or someone you know is having a stroke, you need to **BE FAST.**

BE FAST Call 9-1-1

B - BALANCE loss of balance or coordination

E - EYES double vision or loss of vision in one or both eyes

F - FACIAL droop

A - ARM or **LEG** weakness and/or numbness

S - SPEECH slurred and or difficulty speaking or understanding

T - TIME to call 9-1-1

Call 9-1-1 if you see these symptoms!

Other Stroke Symptoms Include:

- SUDDEN numbness or weakness of face, arm or leg – especially on one side of the body.
- SUDDEN confusion, trouble speaking or understanding.
- SUDDEN trouble seeing in one or both eyes.
- SUDDEN trouble walking, dizziness, loss of balance or coordination.
- SUDDEN severe headache with no known cause.

Notes:

Prevent a Stroke – Know Your Risk Factors

There are several risk factors that increase your chance of having a stroke. They can be differentiated into risks that can be controlled and those that cannot. By identifying your risk factors you can prevent or decrease your risk of stroke.

Risks that can be controlled

Hypertension

High blood pressure is one of the more common causes of stroke.

Blood pressure is the force of blood against the blood vessels and is expressed by two numbers. The top number, systolic blood pressure, is the measurement of force your blood pushes as your heart pumps and the bottom number, diastolic blood pressure, is the measurement when the heart is at rest in between beats. Normal blood pressure is 120/80.

High blood pressure, or hypertension, means your heart is pumping too hard to move blood throughout the body. This can weaken blood vessels and damage major organs, such as the brain.

Uncontrolled hypertension can cause blood vessels to thicken and break which may cause hemorrhagic stroke or may cause a fatty plaque build up to break off and cause ischemic stroke. If you have medication prescribed to treat high blood pressure, it is important that you take medication as ordered.

Atrial Fibrillation

This type of irregular heart beat raises the risk of stroke. When the heart beats ineffectively, blood pools in the heart and clots. If the clot breaks off it can enter the blood stream and lodge in an artery leading to the brain.

If you have medications prescribed to control atrial fibrillation, it is important to take your medications as ordered to lower your risk for stroke.

High Cholesterol

Having high cholesterol increases the risk of ischemic stroke. A stroke can be caused by fatty plaque build-up in the arteries that block blood flow and oxygen to the brain.

Diabetes Mellitus

Diabetes mellitus is a disease that affects a person's ability to take sugar, or glucose, from the blood stream into the body's cells where it is used as basic fuel. People with diabetes are four times more likely to have a stroke mainly because they have other health problems that increase stroke risk, such as high blood pressure and high cholesterol.

Smoking

There is strong evidence that smoking doubles the risk for stroke compared to non-smokers. Smoking reduces the amount of oxygen in the blood causing the heart to work harder and increase blood pressure. Also, smoking can increase blood cholesterol build up and increase blood clots.

Alcohol

There is strong evidence that heavy alcohol drinking is a risk factor for stroke. Drinking more than one or two drinks each day can increase stroke risk and lead to other medical problems.

Risks that cannot be controlled

Age

Stroke may be common in the elderly, but it can happen at any age. The risk of stroke increases with age and the risk doubles for every decade after the age of 55.

Gender

Stroke is more common in men, but more than half of the total deaths from stroke occur in women. Pregnancy and the use of birth control pills may pose a special risk in women.

Previous stroke or TIA

People who have had a stroke in the past have a greater risk of having a second stroke and people who have had a previous TIA are 10 times more likely to have a stroke.

Risks of Stroke That Cannot be Controlled

- Age (above 55 years of age)
- Gender – Men (young adult) Women (older adult)
- Previous stroke or TIA
- Family history of stroke
- Race – African American (highest risk population)

Risks of Stroke That Can be Controlled

- High blood pressure – leading cause
- Atrial fibrillation
- High blood cholesterol
- Diabetes mellitus
- Cigarette smoking
- Heavy alcohol use
- Illicit drug use – cocaine
- Carotid or other artery disease
- Peripheral artery disease
- Other heart disease
- Bleeding disorders like sickle cell and polycythemia
- Poor diet
- Physical inactivity and obesity

The Hospital Experience

Meet Your Stroke Team

Emanate Health provides a team of highly skilled health professionals who work together to ensure that stroke patients receive timely, current and effective treatment.

Our focus is to provide personalized care for every stroke patient as every case is unique. Our team of experts will help guide you through your treatments and your path to recovery.

Emergency Room

This is the gateway to the hospital that specializes in rapid identification, evaluation and treatment of strokes.

Neurologist & Neurosurgeon

Our specialized medical staff focuses on developing an individualized plan of care and treatment goals for the management of stroke patients.

Registered Nurse

Highly trained and certified by the National Institute of Health Stroke Scale (NIHSS), our nursing staff provides comprehensive care for stroke patients.

Rehabilitation

This is a combined team from the physical, occupational and speech therapy departments under the guidance of the rehabilitation physician. They help patients regain maximum functional skills essential for daily living.

What Treatments To Expect

If you are showing signs and symptoms of a stroke or TIA, your doctor will perform the following:

- A physical and neurological exam
- Obtain past medical history
- Request a CT scan or MRI
- Request certain laboratory tests

Imaging Tests

Computed Tomography (CT) Scan

uses X-ray and computer detailed pictures of the body. CT scans of the head detects abnormalities within the brain.

The Hospital Experience
(continued)

Computer Tomography Angiography (CTA) – A CT scanner uses a combination of a high-tech X-ray scanner and computer analysis to provide detailed images of the blood vessels, such as those in the brain and neck. It can be used to identify weakened sections and to visualize blood flow.

Magnetic Resonance Imaging (MRI) – Uses powerful magnets and a computer to take pictures of the brain, blood vessels, and structures in your head.

Carotid Ultrasound – Identifies narrowing of the carotid arteries caused by fatty deposit build-up.

Other Diagnostic Tests

Echocardiogram
Evaluates heart defects and presence of clot formation in the chambers of the heart.

Electrocardiogram (EKG)
Shows abnormal electrical activity of the heart.

Blood Tests

Coagulation level
Determines bleeding and clotting problems in the blood, which determines medical and/or surgical treatment of choice.

Lipid level
Determines cholesterol levels.

Basic metabolic panel
Determines baseline electrolyte levels.

Complete blood count
Identifies baseline blood count to screen for conditions such as anemia, infection or bleeding.

Common Medications Used For Stroke

TPA/Alteplase (Tissue Plasminogen Activator)
Also called “clot busters.” It is used to treat stroke by dissolving the blood clots that may block blood flow to the brain. Certain criteria are considered in order to receive this medication. It decreases the effects of ischemic stroke if given within three hours from the time symptoms started.

Antihypertensive Medications
This helps reduce blood pressure to prevent ischemic or hemorrhagic stroke.

Anticholesterol Medications (or Statin)
It acts to lower cholesterol levels to prevent fatty deposits build-up.

Antithrombotic Therapy
This medication thins the blood and decreases the risk of recurrent stroke. Your doctor may prescribe an anticoagulant or an antiplatelet drug.

Anticoagulants – Medication that prevents your blood from clotting or prevents existing clots from getting larger.

Antiplatelet – Prevents the formation of blood clots.

Common Procedures Done For Stroke

Mechanical thrombectomy is a minimally invasive emergency procedure used to remove a blood clot that blocks one of the major blood vessels that bring blood to the brain.

Craniotomy is a surgical procedure that includes opening of the skull for neurosurgeons to have access to brain and blood vessels. It may be performed to stop bleeding and reduce the pressure in the brain.

Rehabilitation Therapy

A stroke can affect a person's basic skills including movement, balance, memory and speech. Approximately two-thirds of stroke survivors will require rehabilitation. Rehabilitation should begin as soon as a stroke patient is stable, often within 24 to 48 hours after a stroke. The goals of rehabilitation are to help survivors become as independent as possible, re-learn skills that may be lost due to a stroke and restore the person to an optimal level of physical health.

Depending upon the extent of the stroke your doctor may order rehabilitation services, including some, or all of the therapies noted below.

Meet the Rehabilitation Team

Physical Therapy

Helps to restore motor function to provide safe and effective functional activities such as bed mobility, transfers and ambulation. Physical therapy focuses on neuromuscular re-education and therapeutic exercise to improve strength, balance and coordination. Provides training in safe and effective use of assistive devices, such as walkers and canes.

Occupational Therapy

Focuses on restoring independence and quality of life by helping to improve fine/gross motor skills further. Occupational Therapy helps the patient and caregivers to increase involvement with activities of daily living such as bathing and showering.

Speech Therapy

Speech therapy focuses on improving speech and language impairments, cognitive function, voice disorders, and swallow difficulty. Therapy incorporates ongoing assessment of function, individualized therapeutic exercises and tasks, training of compensatory strategies, and patient, family, caregiver education.

Recovery

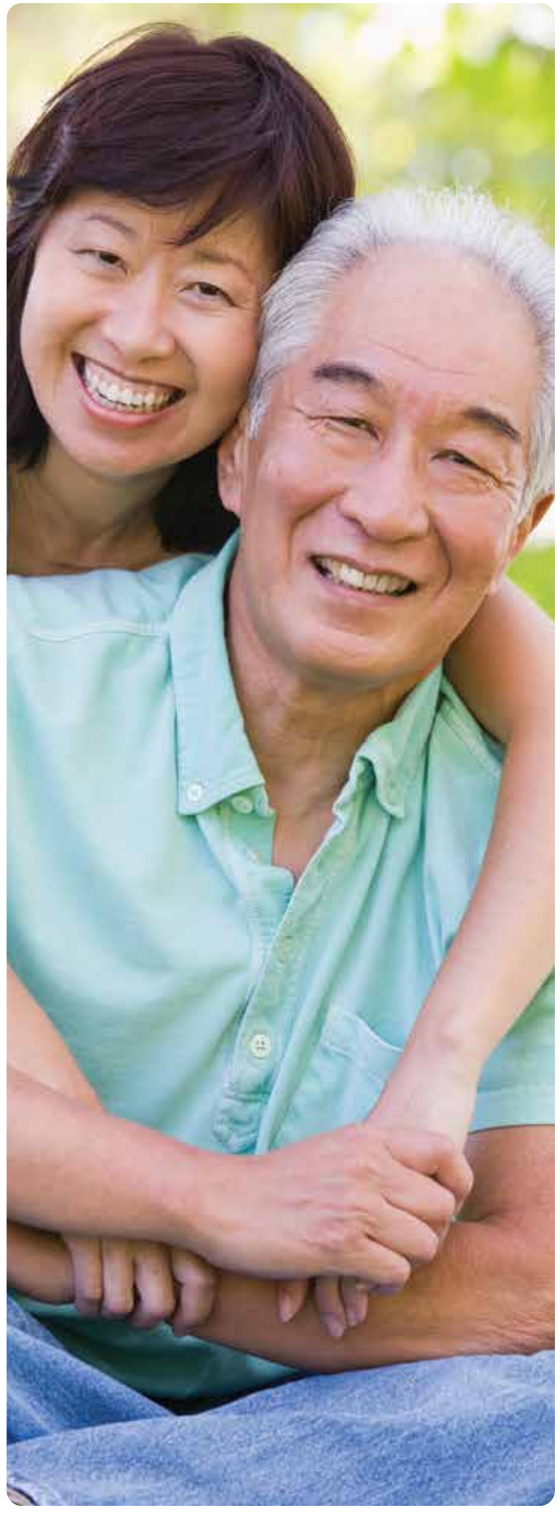
The ultimate goal of your hospital stay is preparing for your return to home in an optimal state.
The Case Manager will coordinate your needs as the stroke team facilitates this transition. This will include your plan of care which focuses on both current and future needs.

What you should do after discharge.

☑ **Follow Up Appointments** – It is important to see your doctor regularly. Maintain scheduled appointments to monitor your progress and make changes to your care as necessary.

Follow up appointment checklist:

- Know the date/time of your follow up visit
- Mark your calendar
- Know name of doctor and specialty you are seeing
- Have your questions ready
- Prepare a list of all your medications (including vitamins or over the counter medications)



☑ **Take Your Medication as Prescribed** It is important to take your medications as to control your blood pressure, blood sugar and cholesterol. Consult your physician before taking any over the counter medications to avoid interactions with your prescribed medications.

☑ **Blood Tests For Anticoagulants** Expect regular blood tests to monitor the level of this medication. Carefully follow your doctor's instructions on any special diet when on anticoagulants because certain foods may alter its effectiveness.

High amounts of Vitamin K should be avoided when on anticoagulants

Asparagus	Plums
Broccoli	Rhubarb
Brussel Sprouts	Cabbage

Green leafy vegetables (such as collards, turnip greens, mustard greens, spinach, and salad greens),
Certain vegetable oils (such as soybean oil and canola oil).

Preventing recurrent stroke

Control Your Risk Factors:
Blood Pressure – High blood pressure is a major risk factor for stroke. Have your blood pressure checked regularly and take medications as prescribed.

Identify Atrial Fibrillation – Atrial fibrillation is an irregular heart beat that can increase your risk of stroke. Your doctor can diagnose and treat atrial fibrillation with medication or reset the heart to normal beat, also known as a cardioversion.

Control Your Blood Sugar – Heart disease and stroke are the top two causes of death and disability among people with diabetes millitus. Take medications as prescribed and learn how to control your diabetes.

Recovery (continued)

Lifestyle Modification

Diet Modification – Eating a diet low in cholesterol helps reduce fatty deposits in your arteries. A low salt diet may also lower your blood pressure. If diet alone cannot control your cholesterol and blood pressure, your doctor may prescribe medication. Avoid foods high in cholesterol and sodium.

	Which foods do I need to limit or avoid?	What can I eat and drink on a healthy heart diet?
Grains	High-fat baked goods, such as doughnuts, pastries, cookies, and biscuits Chips, snack mixes, regular crackers, and flavored popcorn Salted pretzels	Whole-grain breads, cereals, pasta, and brown rice Low fat, low-sodium crackers and pretzels
Fruits and Vegetables	Regular, canned vegetables (high in sodium) Fried vegetables or vegetables in butter or high-fat sauces Fried fruit or fruit served with cream	Fresh, frozen, or canned vegetables (no salt, or low-sodium) Fresh, frozen, dried, or canned fruit (canned in light syrup or fruit juice)
Dairy	Whole milk, 2% milk, half-and-half creamer Cheese, cream cheese, and sour cream	Nonfat (skim) or 1% milk Nonfat, low-fat cheese, yogurt, and cottage cheese
Meats and meat substitute	High-fat cuts of meat (T-bone steak, regular hamburger, and ribs) Cold cuts, hot dogs, bacon, and sausage (high in sodium and fat) Egg yolks	Poultry (chicken, turkey) with no skin Fish Lean beef and pork (loin, round, extra lean hamburger) Beans and peas, unsalted nuts, soy products Egg whites and substitutes
Other	Miso soup, canned or dried soups high in sodium High-sodium sauces, such as soy sauce, ketchup, and barbecue sauce High-fat gravy and sauces, such as Alfredo or cheese sauces Salted nuts	Herbs and spices in place of salt Low-fat and low sodium snacks (unsalted pretzels, plain popcorn)

Recovery (continued)

Exercise – Exercise regularly as directed by your physician to help lower your blood pressure and increase your HDL or "good cholesterol." Engage at least 30 minutes of moderate-intensity physical exercise, 1-3 times a week, enough to break a sweat and raise your heart rate.

Quit Smoking – If you smoke, quit now. It is tough to quit but it is tougher to recover from stroke and other diseases caused by smoking.

Tips to quit smoking:

- Set a "Quit Date."
- Tell people about the plan to quit. Ask for their support.
- Ask a doctor about medication that can help control the urges to smoke.
- Throw away all cigarettes, ashtrays, lighters and matches.
- Reward yourself for doing well.
- California Smoker's Helpline: 800.NO.BUTTS

Drink Alcohol In Moderation

More than two drinks per day increases your risk for stroke by 50%.

What is considered one drink?

- 12 oz beer
- 1 glass (5 oz) of wine
- 1 ¼ or 1 ½ oz of liquor

What You Should Watch For At Home

Seizures

- Seizures are caused by abnormal electrical activity in the brain which may trigger convulsions, strange sensations and/or periods of blackouts.
- It is estimated that 22 percent of stroke survivors can experience this condition that may be temporary or permanent.
- Hemorrhagic strokes have highest risk.
- Treatment is similar to Epilepsy treatment (anti-convulsant drugs)

What to do during a Seizure

- Remain calm.
- Provide a safe environment for the person and position the person on his/her right or left side.
- Most seizures typically last about two minutes.
- Know that there is nothing you can do to stop an active seizure.
- Allow seizure to run its course.
- Immediately report the duration and describe the seizure activity to the physician.

Call 9-1-1 if:

- This is the person's first seizure event
- The person has lost consciousness
- The seizure lasts more than 5 minutes
- If the person has difficulty breathing or is injured from the seizure
- If recurrent seizures occur

Recovery (continued)

Depression

It is normal for patients who have suffered a stroke to experience feelings of fear, denial and depression. At first, many patients have difficulty understanding and accepting the situation. The changes and feeling of uncertainty of what lies in the future is overwhelming. It is always important to know that what you are feeling is normal. Remain focused on your treatment goals and to seek medical assistance once signs and symptoms of depression is noted.

- Depression may start right after a stroke, during rehabilitation or after you go home.
- Most common emotional problem faced by stroke survivors.
- Nearly 40% of stroke patients will experience depression sometime during the first year after the stroke.
- Treatment may include counseling, medicine or both.
- After stroke support groups.

Obstructive Sleep Apnea Syndrome (OSAS)

Obstructive sleep apnea or sleep apnea is a condition where you stop breathing for 10 seconds or more while you are sleeping. During normal sleep, your throat is kept open by muscles, which let the air pass through easily. During sleep with OSAS, the muscles and tissues around your throat relax and block air from passing through. OSAS may happen many times while you are asleep. When this occurs the person may wake up as he or she gasps for air. Studies have shown a link with sleep apnea and risk of stroke. If you think you may have sleep apnea, ask your doctor to be evaluated for this condition. Your doctor may prescribe you to use a CPAP (Continuous Positive Airway Pressure) machine while you sleep to treat this condition.

Notes:

Recovery (continued)

Fall Risks

Individuals who survive a stroke have a high risk of falling when returning home. Stroke survivors are at risk for falling because their motor and balance skills are impaired by the stroke. To avoid falls at home, continue exercises taught by rehabilitation therapists to improve balance and movement.

Caregiver Stress

Caregiver/family members play an important role for stroke survivors and they are essential in post-stroke recovery in the home environment. Family members can help their loved one by providing physical assistance, encouragement, acknowledging improvements and ultimately restoring the patient to an optimal level of health; however being a caregiver to your loved one can be a high level of emotional, mental and physical stress.

You are not alone. Emanate Health has a team of dedicated social workers to help provide the support they may need. Please contact our social services for local support groups.

Home Safety Tips:

- Clear your pathways. Arrange chairs, couches, tables, and other furniture so you can move around them easily. Keep cords secured and out of the way.
- Have enough lighting so you can clearly see all rooms and hallways. Leave a light on at night to help you find your way to the bathroom and kitchen.
- Remove throw rugs, or secure them with double-sided tape or special backing.
- Install a toilet seat riser if your toilet is low.
- Install grab bars on the walls in tubs or showers and next to toilets.
- Use nonskid mats on shower floors and in the bathtub.
- Ask for help lifting or moving heavy objects.
- Move hard-to-reach items to lower shelves. If you cannot move them, use a step stool instead of a chair to reach these items.
- Write down emergency numbers and keep them near each telephone.
- You may want to buy a personal alarm. In case of an emergency, you can press the alarm button to get help right away. Ask your caregiver about a personal medical alarm.

Your Resources

American Heart Association
7272 Greenville Ave.
Dallas, TX 75231
800.242.8721
www.heart.org/HEARTORG

American Stroke Association
7272 Greenville Ave.
Dallas, TX 75231
888.4.STROKE
www.strokeassociation.org

California Smoker's Helpline
800.NO.BUTTS
www.nobutts.org

The Joint Commission
630.792.5000
www.jointcommission.org

National Institutes of Health
National Institute of Neurological Disorders and Stroke
stroke.nih.gov

Foothill Presbyterian Hospital
250 S. Grand Ave.
Glendora, CA 91741
626.963.8411
www.emanatehealth.org

Inter-Community Hospital
210 W. San Bernardino Road
Covina, CA 91723
626.331.7331
www.emanatehealth.org

Queen of the Valley Hospital
1115 S. Sunset Ave.
West Covina, CA 91790-3940
626.962.4011
www.emanatehealth.org

Emanate Health Rehabilitation Services – (Physical Therapy, Occupational Therapy, Speech & Language Therapy)
1115 S. Sunset Ave.
West Covina, CA 91790-3940
626.962.4011 x22833

Emanate Health Diabetes & Specialty Centers
Geleris Education Center
427 W. Carroll Ave.
Glendora, CA 91741
626.857.3477

After Stroke Support Group
La Fetra Senior Center
333 E. Foothill Blvd.
Glendora, CA 91741
626.914.0560

Queen of the Valley Hospital Life After Stroke: Education and Support Group
1115 S. Sunset Ave.
West Covina, CA 91790
Meeting Room 4
626.813.2931
Meets the 1st Wednesday of every month 3-4:30 p.m.

Your Health Care Team Contacts

Stroke Coordinator
Name: _____
Phone: 626.813.2931

Primary Care Physician
Name: _____
Phone: _____

Neurologist / Neurosurgeon
Name: _____
Phone: _____

Rehabilitation Nurse
Name: _____
Phone: _____

Physical Therapist
Name: _____
Phone: _____

Occupational Therapist
Name: _____
Phone: _____

Speech Therapist
Name: _____
Phone: _____

Dietitian
Name: _____
Phone: _____

Social Worker
Name: _____
Phone: 626.814.2475

If you are experiencing signs and symptoms of a stroke, BE FAST! Please call 9-1-1 IMMEDIATELY.

Emanate Health™

Formerly Citrus Valley Health Partners

Life After Stroke:
Education and Support Group

Join our FREE After Stroke Support Group

- Learn about your stroke
- Learn about prevention
- Learn about how to improve your life after a stroke

First Wednesday of every month • 3-4:30 p.m.

Queen of the Valley Hospital
1115 S. Sunset Ave., West Covina, CA 91790
Room: Meeting Room 4

Please contact Stroke Coordinator at 626.813.2931 or Social Worker at 626.814.2475 for more information.

Emanate Health, formerly Citrus Valley Health Partners, is the largest health care system in the San Gabriel Valley. The health system includes Foothill Presbyterian Hospital in Glendora, Inter-Community Hospital in Covina, Queen of the Valley Hospital in West Covina, Emanate Health Hospice and Home Care in West Covina.

Notes:

Notes

Formerly Citrus Valley Health Partners

1115 S. Sunset Ave.
West Covina, CA 91790

www.emanatehealth.org

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Life after Stroke. Providing Hope.

Emanate Health Stroke Care offers a range of services that can help improve lives for patients and their families.

Call our Physician Referral Line at 888.456.2847, or visit us online at www.emanatehealth.org.