



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

2021 Community Benefit Report

SB-697

Emanate Health

COMMUNITY BENEFIT REPORT **SB 697**

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

Emanate Health Foothill Presbyterian Hospital

250 S. Grand Ave.
Glendora, CA 91741

Fiscal Year Report Period: 2021

Individuals Preparing Community Benefit Report:



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Emanate Health

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

2021 Community Benefit Report

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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 20-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.

¹On March 28, 2018, the Citrus Valley Health Partners Board of Directors approved the organization's name change to **Emanate Health**. All necessary regulatory requirements have been processed as required.

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. QVH's main specialties are: Diabetes Education, Emergency Room, Gastroenterology, Imaging, Maternity, Neurology, Neuroscience, Obstetrics & Gynecology (OB/GYN), Occupational Therapy, Palliative Care, Pediatrics, Rehabilitation, Surgery, Robotic Surgery and Women's Health. QVH has one of the busiest Emergency Departments in Southern California - with over 55,000 visits in 2021. In 2020, Emanate Health Queen of the Valley Hospital in West Covina received initial certification from DNV-GL Healthcare as a Primary Plus Stroke Center (PSC+), reflecting a high level of competence for treatment of complex and serious stroke events. DNV Healthcare (formerly DNV-GL Healthcare) remains one of the two most prestigious stroke care certification entities in the country. In 2021, Queen of the Valley Hospital continued to pass annual certification with flying colors, upon inspection. Moreover, the Los Angeles

¹ 2021 Emanate Health General information

County Emergency Medical Services (EMS) Agency designated Queen of the Valley Hospital as a comprehensive stroke center in 2021.

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 professional 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 by knowing that their baby will have fast access to care if an emergency arises.

- **Emanate Health Inter-Community Hospital (ICH)** was founded in July of 1922. It is a 193-bed facility in the city of Covina that provides high-quality health care to the East San Gabriel Valley residents, with a wide range of medical, surgical and specialty services. Inter-Community Hospital offers a complete range of inpatient and outpatient services that include Cardiac Cath Lab, 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 (FPH)** is a fully-accredited 105-bed non-profit healthcare facility founded in 1973. Foothill Presbyterian Hospital has proudly served the communities of Glendora, Azusa, La Verne and San Dimas. Services include Mammograms, Occupational Therapy, Women's Health, Cardiology, Emergency Room, Family Medicine, Gastroenterology, and Palliative Care.²
- **Emanate Health Hospice (EHH)**, 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

² 2021 Emanate Health General Information

³program 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 Sports Therapy sites** are located in West Covina, Covina and Glendora, 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 **Family Medicine Residency Program (FMRP)** trains highly competent family physicians to provide compassionate, innovative, comprehensive, and cost effective health care. Having received initial accreditation from the Accreditation Council for Graduate Medical Education, our residents train at our hospitals and at the East Valley Community Health Center, a Federally Qualified Health Center. In 2016, Emanate Health entered into an affiliation with the Keck School of Medicine of USC and its Department of Family Medicine, giving students access to learning experiences through rotations completed in the Emanate Health FMRP. One of the FMRP's stated goals is to model and sustain community involvement and community service.

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 (formerly 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

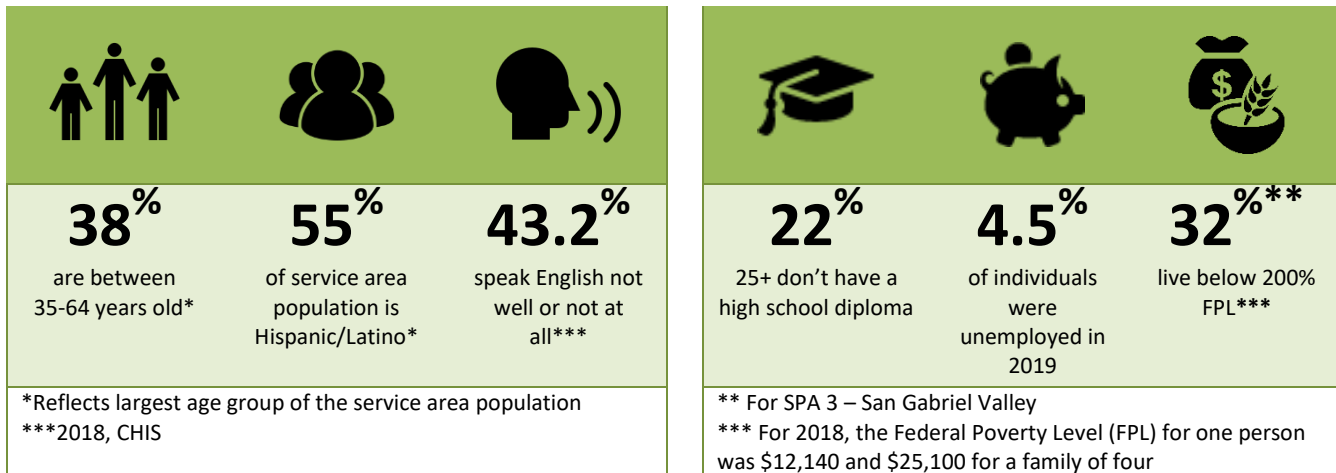
³ 2021 Emanate Health General Information

⁴sections of this report. More importantly, Emanate Health’s community outreach and community health improvement strategies and activities are mostly rooted in the community priority needs identified in the triannual CHNA and its Implementation Plan. The current implementation period of strategies and activities is for the period of 2020-2022. It is important to mention that the outreach activities are not limited to the implementation plan. Emanate Health is actively involved in community leadership, community planning, collaboration, program development and implementation. As an organization, we continuously assess our community and support activities through the eyes of those we serve.

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DEMOGRAPHIC PROFILE OF THE EMANATE HEALTH SERVICE AREA

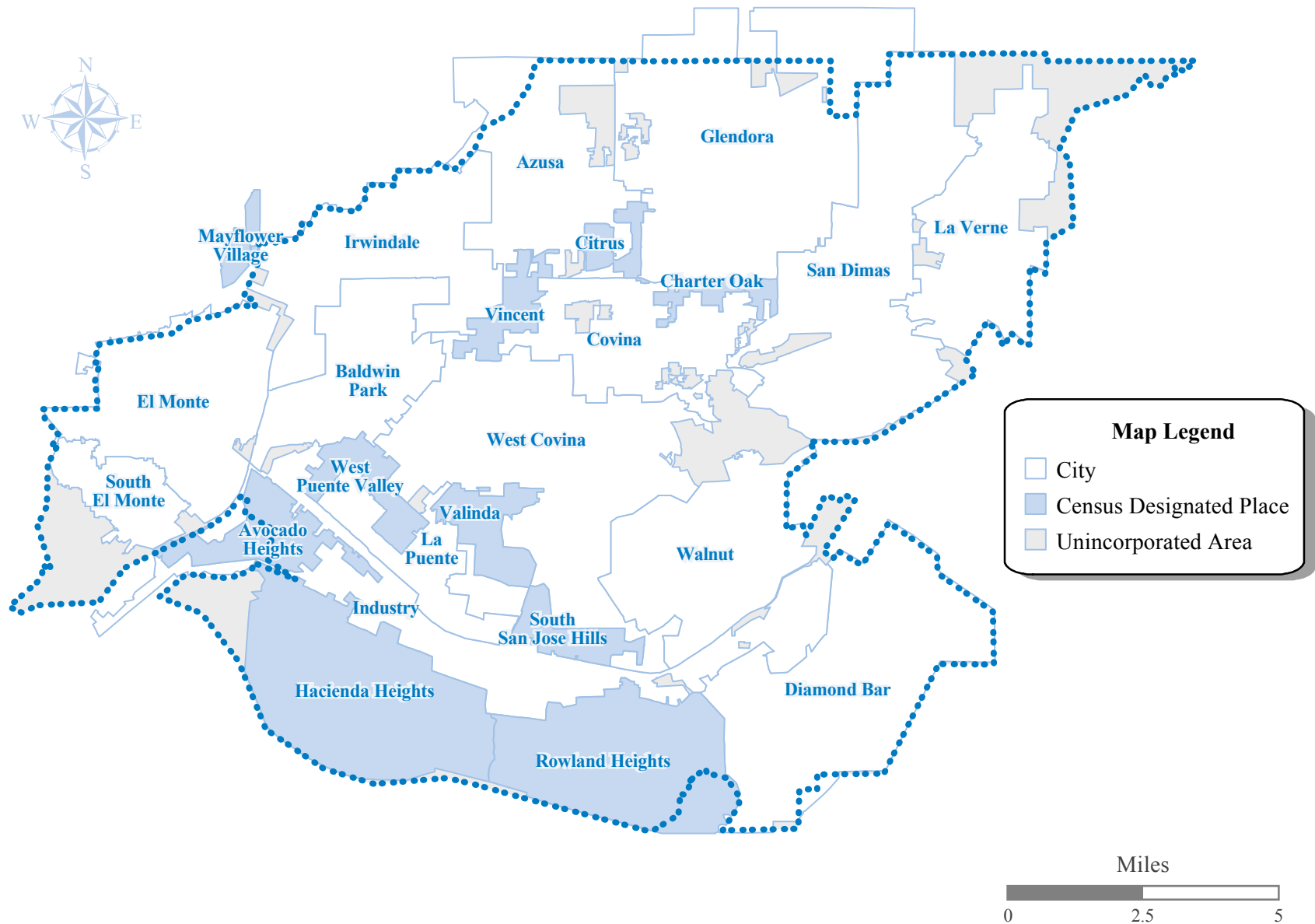
Overall, the population in the EH service area has increased since the 2016 CHNA and is projected to continue to grow. Many of the demographic numbers remained steady since the previous report, and there have been some positive changes in areas such as poverty, which has decreased since the previous 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 Valley² service area population lives below 200% of the Federal Poverty Level (37% overall and 41% of children 18 years and younger). There are 4,479 homeless people in SPA 3 - San Gabriel Valley, many of whom struggle with mental illness (26%) and substance abuse problems (14%) or are physically disabled (21%).

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.

Citrus Valley Health Partners SERVICE AREA



Emanate Health

II

Mission

Vision

Values

Mission Statement

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

• • •

Vision

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 Brief (2021)

- Financial – Achieve and maintain an investment grade rating.
- Community Health – Meet or exceed the Healthy People 2030 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.
 - 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.
- 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.
 - 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.
 - 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 community ambulatory sites in select areas of community need.

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

2021 UPDATE

Board and Administration Roles in Community Benefit

The SB 697 Community Benefit Department was led by the Chief Marketing and Communications Officer and the Community Benefit Director. The main directives include 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 equitable integration of health improvement needs and the social determinants of health.

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 2020–2023 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 2021, 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.

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 Get Enrollment Moving program supports access to free and/or low cost insurance to low-income residents by reaching out to disengaged communities and support their needs for applying and accessing Medi-Cal and Covered California. Emphasis is placed in retention of coverage.

The Community Benefit Department collaborates with The San Gabriel Valley Homeless Consortium including 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 keep up this great work.

Emanate Health Out-Patient Services remains at the forefront of providing vaccinations to the community we serve. Multiple vaccination drives were hosted in 2021, giving adults and children the opportunity to receive highly coveted COVID-19 and influenza vaccinations.

Following eased COVID-19 restrictions, the Emanate Health Diabetes Care & Specialty Center has resumed free information for type I and type II adolescents, adults and seniors. Patients receive free verbal and written instruction, as well as individual consultation.

The Emanate Health Food & Nutrition Services department designed a health improvement program, Nutrition for Health. The main components of the program include: 1) maintain a 60-day healthy, medically-appropriate meal program with home delivery for identified malnourished patients; 2) monitor patient health; 3) maintain a follow up plan for continued education, weekly health check and patient monitoring and 4) observe health benefits for patients. The program was developed to increase organizational capacity to identify and improve health outcomes for malnourished patients discharged from Emanate Health hospitals. The 2021 update on the first year of the program is outlined in the implementation plan section of this report.

The Auxiliary Department at Emanate Health, Inter-Community Hospital and Queen of the Valley Hospital granted twelve scholarships to students who are furthering their education in the healthcare field. A total of \$13,000 was donated in the year 2021.

The Auxiliary at Emanate Health Foothill Presbyterian Hospital also donated thirteen scholarships to community members totaling \$19,932 in the year 2021.

Adopt-A-Family Program. In 2021, 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

Status **Active** PolicyStat ID **11136871**



Origination 04/2002
Last Approved 02/2022
Effective 02/2022
Last Revised 02/2022
Next Review 02/2025

Owner Suzanne Myers
Area Administration
Applicability All Sites

Charity Care #A009

I. Policy

It is Emanate Health's mission to help people keep well in body, mind and spirit by providing quality health care services in a safe, compassionate environment. Emanate Health fulfills its mission by providing payment assistance 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.

II. Eligibility for Charity Care

Eligibility for charity care will be considered for those individuals who are uninsured, underinsured, ineligible for any government health care benefit program, and those individuals who are unable to pay for their care. Eligibility for charity care also applies to a patient who is insured but has high medical cost and with monetary assets or income at or below 400 percent of Federal Poverty Level (FPL). A patient with high medical cost is defined as person whose family income does not exceed 400 percent of the FPL.

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 of financial need;
2. Include the use of external publicly 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 Emanate Health 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:
 1. Private health insurance, including coverage offered through the California Health Benefit Exchange;
 2. Medicare;
 3. 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; and
5. Include a review of the patient's outstanding accounts receivable for prior services rendered and the patient's payment history.

It is preferred but not required that a request for payment assistance and a determination of financial need occur prior to rendering of services. 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.

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

III. Eligibility Criteria and Amounts Charged to Patients

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 at 350% or less of the FPL, will have the entire hospital bill written off regardless of net worth or size of bill;
- Patients with monetary assets or income level between 350% and 500% of the FPL, will have a portion of the hospital bill written 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 with monetary assets or net income levels between 351% and 400% of the FPL, the amount of the hospital bill that exceeds the patient's net worth will be written-off;

- Patients with monetary assets or income is over the 401% of the FPL, portion of the hospital bill that exceeds the patient's net worth may be:
 - Written-off upon approval of the VP of Revenue Cycle or his/her designee; or
 - Arranged for payment with the patient through monthly payment plan.

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.

Financial Assistance may be applied to uninsured patients, as well as the patient liability for patients with insurance, including charges determined uninsured for the hospital stay, coinsurance, copayment, deductible amounts, and other liabilities for medically necessary hospital services.

IV. Automatic Classification for Charity Care

1. Patients who are eligible for FPL-qualified programs such as Medi-Cal, Medicaid (out of state), and other government-sponsored low-income assistance programs, are deemed to be indigent. Therefore, such patients are eligible for Charity Care when payments for medically necessary services are not made by the programs. Patient account balances resulting from non-reimbursable charges are eligible for full charity write-off (except patient's Medi-Cal Share of Cost obligations which are not eligible for charity write off or the discount program). No separate financial assistance application is required in these circumstances. Specifically included as eligible are charges related to the following:
 - a. Denied inpatient stays
 - b. Denied inpatient days of care
 - c. Non-covered services
 - d. Treatment Authorization Request (TAR) denials
 - e. Denials due to restricted coverage
 - f. Medicaid claims (including out of state Medicaid claims) with "no payment"
 - g. Any service provided to a Medicaid eligible patient with no coverage and no payment
2. Other Special Circumstances
 - a. Under the following special circumstances, a patient may be deemed eligible for Charity Care without absolute requirement for submission of a financial assistance application:
 - b. Homeless - Is determined to be homeless and is not currently enrolled in Medicare, Medicaid or any government-sponsored program, without third-party insurance coverage.
 - c. Seen in ER, unable to bill - Is treated in the Emergency Department but the Hospital is unable to issue a billing statement.
 - d. Deceased – Is when a patient is deceased and is without a third-party insurance coverage or identifiable estate and does not have a living spouse.

- e. Access to Care - Is treated through an Access to Care Program
- f. Incarcerated – Is incarcerated and cannot be contacted to complete a charity care application
- g. Use of Presumptive Eligibility Tool - An independent credit-based financial assessment tool indicates indigence

V. Insured Patients Not Under Contract with Emanate Health

Negotiations with insurance carriers involving inferred contractual relationships for insured patients not under contract with Emanate Health will be conducted by executive management at Emanate Health. Although Emanate Health may agree to the terms of the negotiations with insurance companies, an inferred contractual relationship is not representative of a patient “under contract” with Emanate Health. Emanate Health considers any reimbursement less than 25% of cost to be charitable event. Any care provided to a presumptive or actual case of COVID-19 is provided at an amount no greater than what the patient would have otherwise been required to pay if the care had been provided by an in-network provider. All unreimbursed amounts are a form of patient financial assistance and determined as the difference between gross hospital charges and hospital reimbursement.

VI. 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 Emanate Health charity care policy with the patient and/or patient's representatives;
 - d. Provide the patient the charity care application forms – Emanate Health Hospital Financial Screening Assessment and Income Certification forms.
 - i. The Hospital Financial Screening Assessment form requests patient information, income, monetary assets, debts, disability or injury status, and provides authorization from the patient for Emanate Health to obtain patient's credit report.
 - ii. The Income Certification form requests family income, number of dependents, and copies of:
 - Recent paycheck stubs
 - Recent tax returns or W-2 form
 - Evidence on any general relief program benefit
 - 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 one patient;
- c. Obtain information and supporting documentation regarding the 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 counted 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 Emanate Health. Submission of incomplete and inaccurate information may result in denial of charity care and discounting request.

VII. Discovery of Patient Financial Assistance Eligibility During Collections

While Emanate Health strives to determine patient financial assistance as close to the time of service as possible, in some cases further investigation is required to determine eligibility. Some patients eligible for financial assistance may not have been identified prior to initiating external collection action. Emanate Health collection agencies shall be made aware of this possibility and are requested to refer-back patient accounts that may be eligible for financial assistance. When it is discovered that an account is eligible for financial assistance, Emanate Health will reverse the account out of bad debt and document the respective discount in charges as charity care.

VIII. Access to Healthcare During a Public Health Emergency

An Access to Healthcare Crisis must be proclaimed by hospital leadership / approved by the board of directors and attached to this patient financial assistance document as an addendum. An Access to Healthcare Crisis may be related to an emergent situation whereby state / federal regulations are modified to meet the immediate healthcare needs of Emanate Health community during the Access to Healthcare Crisis. During an Access to Healthcare Crisis Emanate Health may "flex" its patient financial assistance policy to meet the needs of the community in crisis. These changes will be included in the patient financial assistance policy as included as an addendum. Patient discounts related to an Access to Healthcare Crisis may be provided at the time of the crisis, regardless of the date of this policy (as hospital leadership may not be able to react quickly enough to update policy language in order to meet more pressing needs during the Access to Healthcare Crisis)"

IX. Emergency Physician Charity Care and Discounting Policy

The emergency physicians who provide emergency medical care to patients at an acute general hospital are required by law to provide discounts to uninsured patients or patients with high medical costs whose income is at or below 400% FPL. The law also requires the acute general hospital to notify patients of the emergency physicians' charity care and discounting program.

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

Emanate Health Emergency Physician Group: Vituity
Vituity Billing Service Contact Information:
MedAmerica Billing Services, Inc. dba: Vituity RCM
1601 Cummins Drive, Suite D
Modesto, CA 95358
Main Phone Number: (800) 498-7157
Email: www.vituity.com

X. Communication of the Emanate Health Charity Care Policy to Patients and the Public

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

XI. Collection Policy and Procedure

Emanate Health developed policy and procedures for internal and external collection practices that take in 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 Emanate Health, and a patient's good faith effort to comply with his or her payment agreements with Emanate Health.

For patients who qualify for charity care and who are cooperating in good faith to resolve their discounted hospital bills, Emanate Health may offer extended payment plans, will not send unpaid bills to outside collection agencies, and will cease all collection efforts. Emanate Health 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.

References

California Assembly Bill 774
California Assembly Bill 1503

California Senate Bill 1276

Charity Care Letters to Patients (AB774 Letter English, Spanish and Chinese versions) Financial Assistance Poster (English, Spanish and Chinese versions)

Approval Signatures

Step Description	Approver	Date
Chair, Board of Directors	Gary Mathewson: Chair, Board of Directors [SM]	02/2022
Chief Executive Officer (CEO)	Robert Curry: President/CEO [SM]	02/2022
	Suzanne Myers: Sr. Executive Assistant	02/2022

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Charity Care Policy

Attachments

- I. Emanate Health Policy #A009 Attachments
- II. Emanate Health Policy #M-101
- III. Emanate Health Policy #PC-300

Emanate Health Business Services
1325 N. Grand Ave. Suite 300
Covina, CA 91724-1016

Patient/Guarantor Name: _____

Account Number (s): _____

Emanate Health is committed to making health care available to everyone in our community, regardless of their ability to pay. Our financial assistance program helps low-income, uninsured or under-insured patients who need help paying for all or part of their medically necessary care.

Required Documentation

Eligibility alone is not an entitlement to coverage under Emanate Health's Financial Assistance Program. To determine eligibility and maximize the qualifying assistance/discount amount, the following documents are required when applicable:

- 1) Completed & signed financial assistance application
- 2) Current pay stubs or if self-employed, current year to date profit & loss statement to determine current income.
- 3) Recent tax returns and W-2 form
- 4) Evidence on any General Relief program benefit, Alimony, Unemployment, Disability, SSI, award letters for social security.
- 5) Last calendar year's filed tax return with all required schedules to determine generating assets including monetary assets.
- 6) Copies of prior year's 1099 for interest income, dividends, capital gains, etc.

****Copies only, no originals please****

Failure to submit the requested documentation within 30 days may result in a denial of financial assistance. Anyone found falsifying information will automatically be disqualified for financial assistance.

For more information, or help completing the application, please call us at 626-732-3100, or visit us at 1325 N. Grand Ave., Suite 300, Covina, Ca.

Sincerely,

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

Financial Assistance Application

SECTION 1: Patient Demographics

Patient's Name: _____ SS # _____ DOB: _____

Current Address: _____ City: _____ State: _____

If the patient is a minor or if someone else claims you as a dependent; please provide the responsible parties information below.

Guarantor's Name: _____ SS # _____ DOB: _____

Current Address: _____ City: _____ State: _____

Have you previously applied for Medi-Cal or other government assistance? Yes No

Please explain: _____

Were these services related to an accident or third party injury? Yes No

If yes, describe how your injury/accident occurred and who is responsible for covering the losses resulting from your incident?

SECTION 2: Family Size

List all persons living in your household, their date of birth, social security # and relationship.

<u>Name</u>	<u>Date of Birth</u>	<u>Social Security #</u>	<u>Relationship</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Financial Assistance Application

SECTION 3: Property, Savings and Assets

Value of Home - if owned	\$
Debt on Home - if owned	\$
Checking Account Balance	\$
Saving Account Balance	\$
Assets of Business or Partnership	\$
Other Assets	\$

Total Assets	\$
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SECTION 4: Monthly Income

Please describe your income status, including your date of hire/last date of employment/retirement. If you do not have income, please describe how you meet your needs for food and shelter. If another person is providing support, please describe the type of support you are receiving, the estimated date you began receiving that support and the expected end date. Please ask the person to provide Emanate Health a letter describing the type of support, frequency and duration of the support.

Source of Income & Required Documents

On the following page (page 4), please identify ALL source of monthly income in your household. If someone else claims you as a dependent or is supporting you financially, their financial information is required. Place a ✓ next to the source of income that applies to you and/or the persons in your household. Write the name of the person receiving the income and the total amount received per month. In addition to completing this application, please SUBMIT all supporting income documentation for the persons you have listed along with YOUR supporting income documentation, most recent filed tax return (1040), 2 months of savings/checking bank statements, and brokerage/investments statements (401/IRA).

Financial Assistance Application

Source of Income	✓	Documents Needed	Person Receiving Income	\$ per Month
Wages	<input type="checkbox"/>	2 Current Paystubs		\$
Hourly Rate	<input type="checkbox"/>			\$
Average Monthly Hours Worked	<input type="checkbox"/>			\$
Self-Employment Gross Receipts	<input type="checkbox"/>	YTD Profit & Loss Schedule 1		\$
Partnership Income	<input type="checkbox"/>	YTD Profit & Loss Schedule 1		\$
Social Security	<input type="checkbox"/>	Award Letter		\$
Supplemental Security Income (SSI)	<input type="checkbox"/>	Award Letter		\$
Unemployment	<input type="checkbox"/>	Award Letter		\$
Disability	<input type="checkbox"/>	Award Letter		\$
Workers Compensation	<input type="checkbox"/>	Award Letter		\$
General Relief	<input type="checkbox"/>	Award Letter		\$
Temporary Assistance for Needy Family (TANF)	<input type="checkbox"/>	Award Letter		\$
Food Stamps/ Electronic Benefit Transfer (EBT)	<input type="checkbox"/>	Award Letter		\$
Alimony	<input type="checkbox"/>	Award Letter		\$
Child Support	<input type="checkbox"/>	Award Letter		\$
Student Loans	<input type="checkbox"/>	Award Letter		\$
Pension/ Annuities	<input type="checkbox"/>	Last Year's 1099		\$
Interest Income	<input type="checkbox"/>	Last Year's 1099		\$
Dividends	<input type="checkbox"/>	Last Year's 1099		\$
Capital Gains	<input type="checkbox"/>			\$
Gross Rental Income	<input type="checkbox"/>			\$
Other	<input type="checkbox"/>			\$

Total Monthly Income	\$
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Financial Assistance Application

Acknowledgement of Information

Pursuant to the Federal law, I am applying for Financial Assistance under Emanate Health Financial Assistance policy. I understand the information requested in this application is required for eligibility under the policy to determine if assistance will be granted. I understand by signing this application, I am consenting to allow Emanate Health designated staff representative to verify the accuracy of my information submitted. The verification approval process may include but is not limited to accessing my credit report. I declare under penalty of perjury that the information provided is true and correct. I understand the Hospital may need information in addition to the information I am submitting today. I understand failure to submit the requested documentation within 30 days of the request may result in a denial of financial assistance. I understand that I may qualify for uncompensated care or a partial discount based upon my income. If I qualify for a partial discount, I agree to pay the Emanate Health any portion deemed due by me within 30 days. Failure to pay the discount balance may result in assignment to an outside agency.

Signature : _____ Date: _____

Should you have any questions regarding this application or if you need assistance filling out this application, please contact:

**Patient Financial Services Department at (626)732-3100
Monday- Friday 8:00am-4:00pm**

Please submit completed application and ALL required supporting documents to:

**Emanate Health - Business Services
1325 N. Grand Ave. Suite 300
Covina, CA 91724**

Nombre del
paciente/garante:

Número(s) de cuenta:

En Emanate Health nuestro compromiso es hacer que la atención médica esté disponible para todas las personas de nuestra comunidad, independientemente de su capacidad de pago. Nuestro programa de asistencia financiera ayuda a los pacientes de bajos recursos, que no están asegurados o que tienen un seguro insuficiente y necesitan ayuda para pagar toda o parte de la atención médica que necesitan.

Documentación requerida

El hecho de solamente cumplir con los criterios de selección, no le da derecho a la cobertura bajo el programa de asistencia financiera de Emanate Health. Para determinar su admisibilidad y maximizar el descuento/ayuda que se le otorga, se requieren los siguientes documentos cuando correspondan:

- 1) Solicitud de ayuda financiera completada y firmada.
- 2) Comprobantes de pago o, si trabaja por su cuenta, un estado de cuenta del año hasta la fecha actual de las pérdidas y ganancias para determinar sus ingresos actuales.
- 3) Declaraciones de impuestos recientes y formulario W-2.
- 4) Comprobante de cualquier beneficio del programa de ayuda general, pensión alimenticia, prestaciones de desempleo o discapacidad, seguro de ingreso suplementario (Supplemental Security Income, SSI), cartas de concesión para seguro social.
- 5) Las declaraciones de impuestos del año civil anterior con todas las programaciones para determinar los activos de producción de ingresos incluyendo activos monetarios.
- 6) Copias del formulario 1099 del año anterior para determinar los ingresos derivados de intereses, dividendos, ganancias de capital, etc.

****Copias solamente por favor, no los originales****

El no presentar la documentación solicitada dentro de los siguientes 30 días puede resultar en la negación de la ayuda financiera. Toda persona que haya falsificado información quedará automáticamente descalificada para recibir la ayuda financiera.

Para obtener más información o ayuda para completar la solicitud, comuníquese con nosotros al 626-732-3100, o visítenos en 1325 N. Grand Ave., Suite 300, Covina, Ca.

Atentamente,

Servicios empresariales
(626) 732-3100
(de 8:00 a. m. a 4:00 p. m.)

Solicitud de ayuda financiera

SECCIÓN 1: Características demográficas del paciente

Nombre del paciente: _____ N.º de seguro social: _____ Fecha de nacimiento: _____
Dirección actual: _____ Ciudad: _____ Estado: _____

Si el paciente es menor de edad o si alguien más alega ser su dependiente, brinde la información de las partes responsables a continuación.

Nombre del garante: _____ N.º de seguro social: _____ Fecha de nacimiento: _____
Dirección actual: _____ Ciudad: _____ Estado: _____

¿Ha solicitado anteriormente MediCal u otra ayuda del gobierno? Sí No

Explique: _____

¿Se relacionaban estos servicios con un accidente o una lesión de un tercero? Sí No
En caso afirmativo, describa cómo ocurrió su lesión/accidente y quién es responsable de las pérdidas que resultaron del incidente.

SECCIÓN 2: Composición familiar

Nombre	Fecha de nacimiento	N.º de Seguro Social	Parentezco
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Enumere a todas las personas que viven en su hogar e incluya su fecha de nacimiento, n.º de Seguro Social y relación.

Solicitud de ayuda financiera

SECCIÓN 3: Bienes, ahorros y activos

Valor de la vivienda, si es propia	\$
Deuda de la vivienda, si es propia	\$
Saldo de la cuenta de cheques	\$
Saldo de la cuenta de ahorros	\$
Activos del negocio o de la sociedad	\$
Otros activos	\$

Activos totales	\$
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SECCIÓN 4: Ingresos mensuales

Describa su condición de ingresos, incluida su fecha de contratación/última fecha de empleo/jubilación. Si no tiene ingresos, describa cómo cubre sus necesidades de alimentos y vivienda. Si otra persona lo ayuda, describa el tipo de ayuda que recibe, la fecha estimada en la que comenzó a recibir esa ayuda y la fecha de finalización esperada. Pídale a la persona que proporcione a Emanate Health una carta que describa el tipo de ayuda, la frecuencia y su duración.

Fuente de ingresos y documentos requeridos

En la siguiente página (página 4), identifique TODAS las fuentes de ingresos mensuales en su hogar. Si alguien más alega ser su dependiente o lo ayuda financieramente, se requiere su información financiera. Coloque un ✓ junto a la fuente de ingreso que aplica para usted y/o las personas en su hogar. Escriba el nombre de la persona que recibe el ingreso y la cantidad total recibida por mes. Además de completar esta solicitud, ENVÍE toda la documentación de ingreso de respaldo para las personas que ha enumerado junto con SU documentación de ingreso de respaldo, su declaración de impuestos (1040) presentada más reciente, 2 meses de estados de cuenta bancarios de ahorro/de cheques, y estados de cuentas de inversión/seguro (401/IRA).

Solicitud de ayuda financiera

Fuente de ingresos	✓	Documentos necesarios	Persona que recibe los ingresos	\$ por mes
Salario	<input type="checkbox"/>	2 recibos de pago recientes		\$
Tarifa por hora	<input type="checkbox"/>			\$
Promedio de horas mensuales trabajadas	<input type="checkbox"/>			\$
Ingresos brutos de trabajo por su cuenta	<input type="checkbox"/>	Anexo 1 de resultados del año		\$
Ingresos de una sociedad	<input type="checkbox"/>	Anexo 1 de resultados del año		\$
Seguro Social	<input type="checkbox"/>	Carta de concesión		\$
Seguridad de Ingreso Suplementario (SSI)	<input type="checkbox"/>	Carta de concesión		\$
Desempleo	<input type="checkbox"/>	Carta de concesión		\$
Discapacidad	<input type="checkbox"/>	Carta de concesión		\$
Indemnización laboral	<input type="checkbox"/>	Carta de concesión		\$
Ayuda general	<input type="checkbox"/>	Carta de concesión		\$
Asistencia Temporal para Familias Necesitadas (Temporary Assistance for Needy Family, TANF)	<input type="checkbox"/>	Carta de concesión		\$
Cupones de alimentos/Transferencia Electrónica de Beneficios (Electronic Benefit Transfer, EBT)	<input type="checkbox"/>	Carta de concesión		\$
Pensión alimenticia	<input type="checkbox"/>	Carta de concesión		\$

Manutención infantil		Carta de concesión		\$
Préstamos estudiantiles		Carta de concesión		\$
Pensión/A anualidades		Formulario 1099 del año anterior		\$
Ingresos derivados de intereses		Formulario 1099 del año anterior		\$
Dividendos		Formulario 1099 del año anterior		\$
Ganancias de capital				\$
Ingresos brutos derivados de alquileres				\$
Otro				\$
		Total de ingresos mensuales	\$	

Solicitud de ayuda financiera

Reconocimiento de la información

De acuerdo con la ley federal, solicito ayuda financiera conforme a la política de Ayuda financiera de Emanate Health. Comprendo que la información que se requiere en esta solicitud es para determinar la elegibilidad conforme a la política para verificar si se otorgará la ayuda. Comprendo que, al firmar esta solicitud, otorgo mi consentimiento al representante del personal designado de Emanate Health para verificar la exactitud de la información presentada. El proceso de verificación y aprobación podrá incluir, entre otros, el acceso a mi informe crediticio. Declaro bajo pena de perjurio que la información proporcionada es verdadera y correcta. Comprendo que el Hospital podrá solicitar información adicional a la que presento el día de hoy. Entiendo que el no presentar la documentación solicitada en el plazo de 30 días a partir de la solicitud puede resultar en la negación de la ayuda financiera. Comprendo que podría reunir los requisitos para recibir atención no remunerada o un descuento parcial según mi ingreso. Si reúno los requisitos para un descuento parcial, acuerdo pagar cualquier parte del costo que se me atribuya a Emanate Health en el plazo de 30 días. En caso de no pagar el saldo con descuento, este podrá ser transferido a una agencia externa.

Firma: _____ Fecha: _____

Si tiene alguna pregunta con respecto a esta solicitud o si necesita ayuda para completarla, comuníquese con:

**Departamento de Servicios Financieros para Pacientes al (626) 732-3100
De lunes a viernes de 8:00 a. m. a 4:00 p. m.**

Envíe la solicitud completa y TODOS los documentos de respaldo requeridos a:

**Servicios empresariales de Emanate Health
1325 N. Grand Ave. Suite 300
Covina, CA 91724**

Emanate Health 事業服務
1325 N. Grand Ave. Suite 300
Covina, CA 91724-1016

患者/監護人姓名：

帳號：

Emanate Health 致力於讓社區內的每個人無論其經濟能力如何皆能獲得醫療照護。我們的財務資助計劃旨在幫助低收入、沒有保險或保險額不足且需協助其支付醫療必要性照護之全額費用或部分費用的患者。

所需文件

僅符合資格，並無法獲得 CVHP 財務資助計劃之受保權利。為確認資格並提供其符合的最大協助/折扣金額，需依適用狀況提交以下文件：

- 1) 填寫完成並簽名的財務資助申請書
- 2) 當前工資單，若為自僱者則提出本年度迄今損益表以確認當前收入。
- 3) 近期稅表及 W-2 表
- 4) 任何一般救濟計畫福利、贍養費、待業、殘疾、社會安全生活補助金，以及社會安全判定書之證明。
- 5) 上一曆年的申報稅表含所有必須稅務表，以確認產出資產及貨幣性資產。
- 6) 過去每年的利息收入、股息收入、資本利得等 1099 表影本。

****僅需影本，請勿提交正本****

未於 30 天內提交所需文件，可能導致財務資助遭拒。如發現任何人提供虛假資訊，將自動取消獲得財務資助的資格。

如需更多資訊或需協助完成申請表，請致電 626-732-3100 聯絡我們，或親臨我們位於 1325 N. Grand Ave., Suite 300, Covina, Ca 的辦公室。

敬祝 安康

商業服務

(626)732-3100

(上午 8:00 至下午 4:00)

財務資助申請書

第 1 部分：患者人口統計

患者姓名： _____ 社會安全編號： _____ 出生日期： _____
目前住址： _____ 城市： _____ 州： _____

如果患者是未成年人或者有人宣稱您受其撫養，請在下方提供負責當事人的資訊。

監護人的姓名： _____ 社會安全編號： _____ 出生日期： _____
目前住址： _____ 城市： _____ 州： _____

您之前是否有申請過 Medi-Cal 或其他政府資助？ 是 否

請說明： _____

這些服務是否與意外或第三方損傷相關？ 是 否

如果是，請描述您的損傷/意外是如何發生的，以及是誰要負責賠償您的事件的損失

第 2 部分：家庭人數

列出您家中所居住的所有人，他們的出生年月日、社會安全編號、以及親屬關係。

姓名	出生日期	社會安全編號	與患者的關係
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

財務資助申請書

第 3 部分：財產、儲蓄和資產

房屋價值 -如果為私有	\$
房屋債款 -如果為私有	\$
支票帳戶餘額	\$
儲蓄帳戶餘額	\$
業務或合夥資產	\$
其他資產	\$

總資產	\$
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第 4 部分：月收入

請描述您的收入狀態，包含您的到職日期/最後就業日期/退休日期。如果您沒有收入，請描述您如何滿足您食物與居住的需求。如果有他人提供資助，請描述您正在接受的資助類型、粗估您開始接受該資助的日期以及預期結束日期。請要求該人士提供一封信件給 CVHP，描述資助的類型、資助的頻率與持續時間。

收入來源與必要文件

在下一頁（第 4 頁），請列明您家庭中所有的每月收入來源。如果有任何人聲稱您受其撫養或接受其財務支援，也需要提交他們的財務資訊。在適用於您和/或您家庭成員的收入來源旁邊加上 ✓。寫下取得收入的人士姓名以及每月取得的總金額。除了填寫本申請書外，請提交所有與您的資助收入文件一併列出人士的收入證明文件、最近提交的納稅申報表 (1040)、2 個月的儲蓄/銀行支票報表以及經紀人/投資報表 (401/IRA)。

財務資助申請書

收入來源	✓	所需文件	取得收入人士	每月金額
薪資	<input type="checkbox"/>	2 份目前工資單		\$
時薪	<input type="checkbox"/>			\$
每個月平均工時	<input type="checkbox"/>			\$
自僱就業總收入	<input type="checkbox"/>	YTD 收益與損失計畫 1		\$
合夥收入	<input type="checkbox"/>	YTD 收益與損失計畫 1		\$
社會安全	<input type="checkbox"/>	裁定函		\$
社會安全生活補助金 (SSI)	<input type="checkbox"/>	裁定函		\$
失業	<input type="checkbox"/>	裁定函		\$
失能	<input type="checkbox"/>	裁定函		\$
工傷補償	<input type="checkbox"/>	裁定函		\$
一般救濟	<input type="checkbox"/>	裁定函		\$
貧困家庭臨時資助計畫 (TANF)	<input type="checkbox"/>	裁定函		\$
食品券/電子福利轉帳 (EBT)	<input type="checkbox"/>	裁定函		\$
贍養費	<input type="checkbox"/>	裁定函		\$
孩童資助	<input type="checkbox"/>	裁定函		\$
學生貸款	<input type="checkbox"/>	裁定函		\$
養老金/年金	<input type="checkbox"/>	去年的 1099		\$
利息收入	<input type="checkbox"/>	去年的 1099		\$
股息	<input type="checkbox"/>	去年的 1099		\$
資本收益	<input type="checkbox"/>			\$
總租金收入	<input type="checkbox"/>			\$
其他	<input type="checkbox"/>			\$

總月收入	\$
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財務資助申請書

資訊接收聲明

根據聯邦法律，我是依照 **Emanate Health** 財務資助政策來申請財務資助。我了解務必提供本申請書所要求的資訊用於政策規定的資格，以判定是否能獲得資助。我了解簽署本申請書，我即同意允許 **Emanate Health** 指派的人員代表來驗證我提交之資訊的正確性。驗證核准流程可能包含但不限於存取我的信用報告。我宣告提交之資訊真實無誤，如有偽證願接受處罰。我了解醫院可能需要我今天提交資訊以外的資訊。我了解若未於 30 天內提交所需文件，可能導致財務資助遭拒。我了解根據我的收入，我可能符合無償照護或部分折扣補償。如果我符合部分折扣補償，我同意在 30 天內支付 **Emanate Health** 認為我應付的部分。如未支付折扣的餘額可能導致被轉至其他外部機構。

簽名： _____ 日期： _____

如果您有任何關於此申請書的疑問或是如果您填寫此申請書時需要協助，請聯絡：

患者財務服務部：(626)732-3100
週一至周五，早上 8 點到下午 4 點

請提交填寫完成的申請書以及所有必要的證明文件：

Emanate Health- 商業服務
1325 N. Grand Ave. Suite 300
Covina, CA 91724

Status **Active** PolicyStat ID **10030690**



Origination 10/1993
Last Approved 09/2020
Effective 09/2020
Last Revised 10/2018
Next Review 09/2023

Owner Vincent Baliton
Area Emergency Services
Applicability Emanate Health Medical Center

Medical Screening Examination (MSE) #M-101

Scope of Responsibility

Registered Nurse (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 Department (ED) 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.

Approval Signatures

Step Description

Approver

Date

Applicability

Inter-Community Hospital, Queen of the Valley Hospital

COPY

Status **Active** PolicyStat ID **9989918**



Origination 04/1999
Last Approved 09/2020
Effective 09/2020
Last Revised 09/2020
Next Review 09/2023

Owner Kywina Henderson
Area Emergency Services-Adult
Applicability Foothill Presbyterian Hospital

Medical Screening Examination, Emergency Department #ED-M101

POLICY:

1. Foothill Presbyterian Hospital Emergency Services will provide an appropriate medical screening examination to any individual who comes to Foothill Presbyterian Hospital 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 mid-level practitioner under the supervision of the emergency physician, will do the medical screening examination.
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.

Approval Signatures

Step Description	Approver	Date
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COPY



Origination 03/1999
Last Approved 04/2020
Effective 04/2020
Last Revised 04/2020
Next Review 04/2023

Owner Christine Rendl
Area Hospital Policies
Applicability All Hospital Sites

Emergency Medical & Active Labor Act (EMTALA) #PC-300

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

Approval Signatures

Step Description

Approver

Date

COPY

Emanate Health

V

Financial
Valuation Summary
And Report

Emanate Health

Financial Valuation Summary

2021

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 2021 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 losses. 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. This amount represents the unpaid cost of services provided to patients in the Medi-Cal program and enrolled in HMO and preferred provider organization plans under contract with the Medi-Cal program and may include 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 *GEM, Welcome Baby, Diabetes Care & Specialty Center, 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 2021 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 2020.

Emanate Health
Community Benefit Summary
2021

Community Benefit Threshold

Exemption from taxes:

Property Taxes	\$ 2,150,423
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Total Community Benefit Threshold	\$ 2,150,423
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This is the amount which the community invested in Emanate Health through tax preferences in 2021

Program Valuation

Community Assistance Program (Charity Care)	\$ 6,201,941
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Community Outreach and Mission Effectiveness	179,171
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Neonatal Apnea Net Costs	7,000
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Emergency Department Call Panel	478,824
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Foundation Community Benefit	39,935
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Community benefit expense - Health Professions Education	737,002
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Departmental Community Benefit Services Quantification	907,822
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Total Value of Community Benefit Services Provided	\$ 8,551,695
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<i>This is the value of SB697 services that EH provided to the community in 2021</i>	\$ 8,551,695
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Measurement excluding Government Program Shortfalls

¹ Community Benefit Service Provided by Emanate Health in 2021	\$ 8,551,695
Community Benefit Threshold	2,150,423

Surplus of Services Provided Over Threshold	\$ 6,401,272
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Emanate Health
Schedule to Estimate Property Taxes
2021

	<u>Property</u> Land, Buildings & Improvements	<u>Net Property Plant and Equipment</u> Adjustments for For-Profit Entities, <u>Rental Properties,</u> & <u>Construction in Progress</u>	As <u>Adjusted</u>	<u>Rate</u>	Estimated <u>Property Taxes</u>
EHMC	\$ 157,530,192	\$ (28,811,461)	\$ 128,718,731	1.2%	\$ 1,544,625
FPH	32,575,049	(1,675,932)	30,899,117	1.2%	370,789
EH & Other Affiliates	<u>55,887,855</u>	<u>(36,303,764)</u>	<u>19,584,090</u>	1.2%	<u>235,009</u>
EH Total	<u>\$ 245,993,096</u>	<u>\$ (66,791,157)</u>	<u>\$ 179,201,939</u>		<u>\$ 2,150,423</u>

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

Emanate Health
CHARITY CARE BY ENTITY
2021

2021	ICH	QVH	EHMC	FPH	HOSPICE/HC	TOTAL
Charity Care at cost is computed as follows:						
Adjusted Gross Revenue per IRS W/S-2	772,251,696	1,096,564,326	1,868,816,022	521,205,767	6,724,334	2,396,746,123
Adjusted Gross Costs per IRS W/S-2	182,088,074	277,840,457	459,928,531	100,733,243	8,323,568	568,985,342
Cost to Charge Ratio per IRS W/S-2	23.6%	25.3%	24.6%	19.3%	123.8%	23.7%
Total Charity at Full Charges (Gross up)	8,872,217	19,372,784	28,245,002	7,727,851	54,059	36,026,911
Total Traditional Charity Care at Cost	2,042,738	4,908,552	6,951,290	1,493,559	66,916	8,511,765
Partial Payment by charity patients	498,721	1,253,550	1,752,272	557,553	-	2,309,824
Total Cost of Traditional Charity Care-Net of payments	1,544,017	3,655,002	5,199,018	936,006	66,916	6,201,941
Unpaid cost of public programs (Excl HFP)	24,289,000	38,335,000	62,623,590	17,312,880	426,950	80,363,411
Community Benefits	886,795	1,330,193	2,216,988	132,767		2,349,755
Total Charity Care & Unpaid Costs Before Hospital Fees Revenue	26,719,812	43,320,194	70,039,596	18,381,653	493,866	88,915,106
Hospital Fee Program Net Revenue	14,957,000	36,276,947	51,233,947	6,577,547	-	57,811,494
Total Charity Care & Unpaid Costs After Hospital Fees Revenue	11,762,812	7,043,247	18,805,649	11,804,106	493,866	31,103,612

Emanate Health

Community Outreach and Mission Effectiveness/Community Education 2021

Mission Effect
EH
(40.86120)

Department Expenses

Actual Expenses per 12/31/21 General Ledger **179,171**
Adjustments:

Adjusted Departmental Expenses 179,171

Department Income

Actual Income per 12/31/21 General Ledger None
Adjustments:

Adjusted Departmental Income -

Net amount spent for Community Benefits 179,171

Emanate Health
Neonatal Sleep Apnea Department - Costs
2021

Department Expenses

Actual Expenses per 12/31/21 General Ledger	7,000
Adjustments:	

Adjusted Departmental Expenses	<u>7,000</u>
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Department Income

Actual Income per 12/31/21 General Ledger	-
Adjustments:	-

Adjusted Departmental Income	<u>-</u>
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Net amount spent for Community Benefits	<u>7,000</u>
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Emanate Health
ER - On Call Physicians
2021

	CVMC	FPH	TOTAL
<u>Department Expenses</u>			
Actual Expenses per 12/31/21 General Ledger	384,676	94,149	478,824
Adjustments:			
Adjusted Departmental Expenses	<u>384,676</u>	<u>94,149</u>	<u>478,824</u>
<u>Department Income</u>			
Actual Income per 12/31/21 General Ledger	-	-	-
	-	-	-
Adjusted Departmental Income	<u>-</u>	<u>-</u>	<u>-</u>
Net amount spent for Community Benefits	<u>384,676</u>	<u>94,149</u>	<u>478,824</u>
			-

Emanate Health

Foundations - Net Fundraising Costs 2021

	At Risk %	EH Foundation (EHMC/Hospice/FPH)	
		Total	At Risk
<u>Contributions</u>			
Unrestricted contribution-current year	5%	1,473,479	73,674
Restricted			
Cardiac	20%	310	62
Chaplains / Strength Journey	10%	1,200	120
Echo	100%	5,000	5,000
Maternal & Child Health	20%	-	-
NICU	20%	130	26
Pediatric	20%	230	46
All other restricted	5%	(508,804)	(25,440)
Total Restricted		(501,934)	(20,186)
Total Contributions		971,545	53,488
		0	5.5%
Total Expenses		725,376	
Expenses related to Fundraising for At Risk Population			39,935
Total		-	

Emanate Health

IRS W/S #5 - HEALTH PROFESSIONAL EDUCATION (RESIDENCY PROGRAMS -MEDICAL & PHARMARC 2021

Health Professions Education (Schedule H - Part I, Line 7f)

		N/A	
Total Community benefit expense (Health Professions Education)	EHMC	FPH	TOTAL
1 Medical students	-	-	-
2 Interns, residents, and fellows	4,824,469	-	4,824,469
3 Nurses (students)	-	-	-
4 Other Allied Health Professions, students (Pharmacy, OT, dietetics, pastoral care, etc.)	-	-	-
5 Continuing health professions education (community physicians)	-	-	-
6 Other students	-	-	-
7 Total Community benefit expense	4,824,469	-	4,824,469
Direct offsetting revenue			
8 Medicare reimbursement for Direct GME	4,087,467	-	4,087,467
9 Medicaid reimbursement for Direct GME	-	-	-
10 Continuing health professions education reimbursement/tuition	-	-	-
11 Other revenue (Pharmacy Res Program - Revenue)	-	-	-
12 Total Direct offsetting revenue	4,087,467	-	4,087,467
10 Net community benefit expense (income) - Health Professions Education	737,002	-	737,002

Emanate Health

Estimated List of Community Outreach Services by Department

2020

<u>Dept.</u>	<u>Description</u>	<u>Category</u>	<u>Department Totals</u>	<u>Totals</u>
Radiology				
	Advisory Committee for Mt. SAC Radiology Program--ICC	Resource	1,410	
	Student coordinator for Mt. SAC Radiology Program--ICC	Resource	2,200	
	Advisory Committee for Mt. SAC MRI Program--ICC	Resource	928	
	Student coordinator for Mt. SAC MRI Program--ICC	Resource	2,320	
	Student coordinator for Mt. SAC CT Program--ICC	Resource	1,840	
	Advisory Committee for Mt. SAC Radiology Program--QVC	Resource	955	
	Student coordinator for Mt. SAC Radiology Program--QVC	Resource	2,334	
	Advisory Committee for Cypress College Ultrasound Program	Resource	1,878	
	Student Coordinator for Cypress College Ultrasound Program	Resource	3,713	
	ICC/QVC MR Safety Tours	Education	2,122	
Radiology Subtotal			19,700	19,700
Education				
	CVHP Externship	Service	35,018	
	Onsite Nursing Student Coordination CVMC	Service	40,485	
	Onsite Nursing Student Coordination FPH	Service	16,161	
Education Subtotal			91,664	91,664
Laboratory				
	QVC Red Cross Blood Drives	Service	4,900	
	ICC Red Cross Blood Drives	Service	4,450	
	Advisory Committee for Cal State CLS Student Program QVH	Service	1,000	
Laboratory Subtotal			10,350	10,350
Cardiopulmonary Mended Hearts, Breathsavers & Support Groups				
	Breathsavers Program Scholarship	Education	3,106	
Cardiopulmonary Subtotal			3,106	3,106
Marketing & Communication Department				
	Advertising (SGV Tribune)	Advertising	2,408	
	Ad/Sponsorship Media All Stars	Ad/Sponsorship	2,870	
	After Stroke Support Group	Education	350	
	Ask the Doctor Lectures (12)	Education	10,500	
	Covina Chamber Membership	Membership	1,250	
	Grupo de Apoyo for Cancer Survivors Spanish speaking	Resource	980	
	Facebook Ads	Advertising	598	
	Glendora Chamber Membership	Membership	1,700	
	Glendora Advertising	Education	5,100	
	Health Conference (Virtual)	Education	2,100	
	La Verne Chamber Membership	Membership	505	
	Regional Chamber of SGV (Sponsorship)	Sponsorship	1,000	
	San Dimas Chamber Membership	Sponsorship	436	
	Stericycle	Resource	245,913	
	Town Hall Sessions/Community (x2)	Education	1,400	
	West Covina Community Services Foundation	Sponsorship	2,500	
Marketing & Communication Department Subtotal			279,610	279,610

Emanate Health

Estimated List of Community Outreach Services by Department

2020

<u>Dept.</u>	<u>Description</u>	<u>Category</u>	<u>Department Totals</u>	<u>Totals</u>
Neuroscience	Monthly Stroke Support Group	Service	2,760	
Neuroscience Subtotal			<u>2,760</u>	2,760
Pediatrics/ MBCU- Mother Baby Care Unit	12 English language Tours	Education	800	
	10 Spanish language Tours	Education	800	
Pediatrics Subtotal			<u>1,600</u>	1,600
Food Services - Queen of the Valley Hospital	Student Interns (2)	Education	5,000	
	ED Patient Trays	Resource	8,661	
QVH Food Services Subtotal			<u>13,661</u>	13,661
Food Services - Inter-Community Hospital	Student Interns (2)	Education	5,000	
	ED Patient Trays	Resource	7,865	
ICH Food Services Subtotal			<u>12,865</u>	12,865
Volunteers & Auxiliary Department/Patient Relations & Service Recovery	Twelve 1000 scholarships for students in allied healthcare field	Education	12,000	
	Chaplain Services-Spiritual Visits	Service	28,159	
	Scholarship Committee	Education	1,815	
	Pet Therapy	Service	2,098	
	NICU Cuddler	Service	9,427	
	Music Therapy	Service	2,271	
Volunteers & Auxiliary Department/Patient Relations & Service Recovery			<u>55,770</u>	55,770
Health Scholars	Health Scholar: Annual Expense for Program	Service	229,840	
	Health Scholar : Recruit, train, monitor students for service learning projects	Service	1,000	
Health Scholars Subtotal			<u>230,840</u>	230,840
Speech Therapy Department Subtotal	Preceptorship of 2 SLP grad students (May-July, Aug - Dec)	Resource	8,000	
	SLP Student Observers x3 (staffing)	Resource	900	
Speech Therapy Department Subtotal			<u>8,900</u>	8,900
FPH Volunteer Services & Auxiliary	Spiritual Care Visits	Service	2,469	
	14 Scholarships	Education	20,837	
	Scholarship Committee	Education	2,246	
FPH Volunteer Services and Auxiliary Subtotal			<u>25,552</u>	25,552
Grand Total--CVHP Departmental Outreach Services				<u>\$ 756,378</u>

Emanate Health

VI

2019 CHINA Report
Executive Summary

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

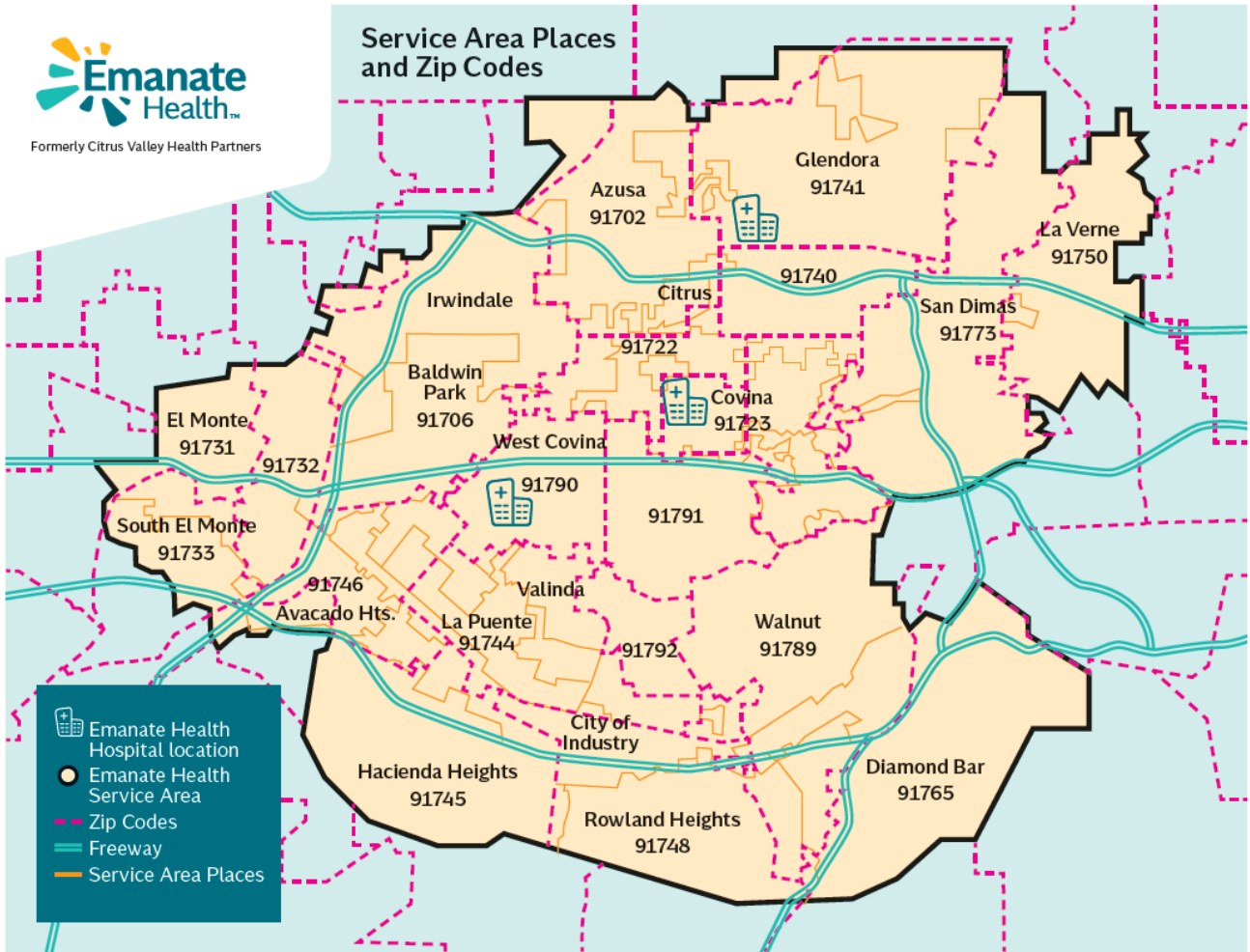
Community assets and resources to address the emerging health needs were identified through focus groups and interviews in the identification phase of the process. Stakeholders were asked to share names of community organizations, programs, and other resources they knew of and/or had experience with 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.

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).

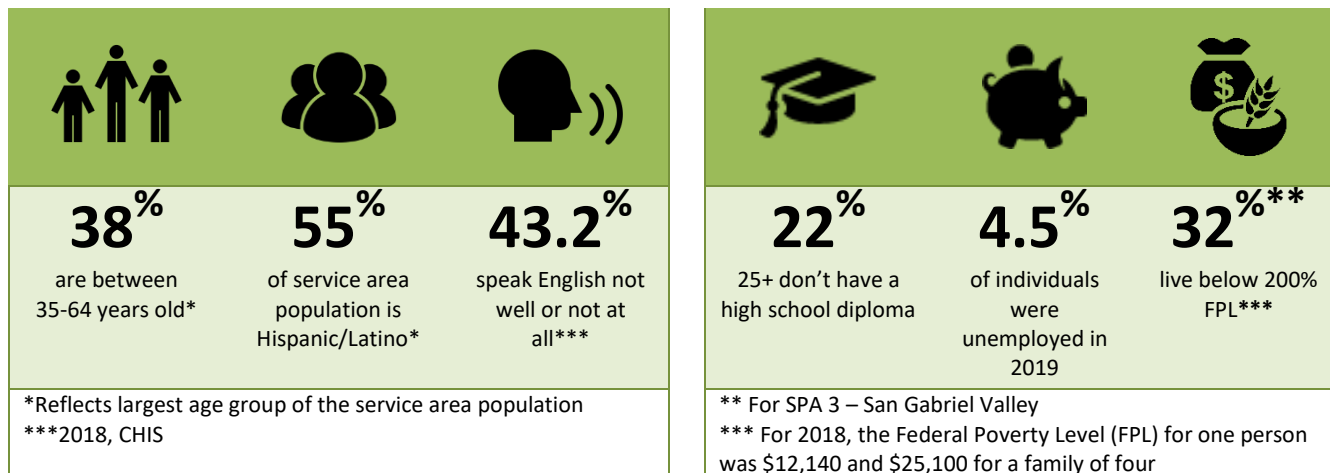
City/Community	ZIP Code	Service Planning Area (SPA)
Azusa, Irwindale	91702	SPA 3 – San Gabriel Valley
Baldwin Park, Irwindale	91706	SPA 3 – San Gabriel Valley
Covina	91722, 91723, 91724	SPA 3 – San Gabriel Valley
Diamond Bar	91765	SPA 3 – San Gabriel Valley
El Monte (including City of Industry)	91731, 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.



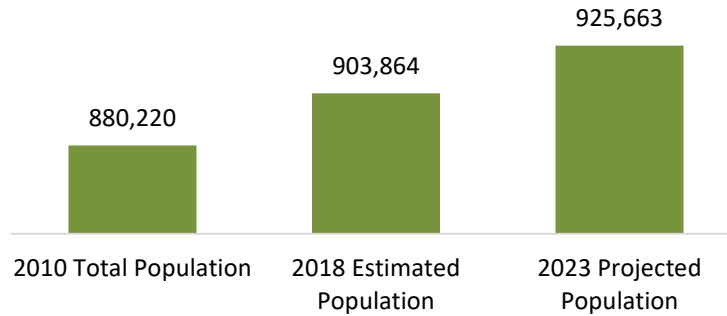
Approximately one in eight people in the SPA 3 - San Gabriel Valley² service area population lives below 200% of the Federal Poverty Level (37% overall and 41% of children 18 years and younger). There are 4,479 homeless people in SPA 3 - San Gabriel Valley, many of whom struggle with mental illness (26%)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

Population

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

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

EH Service Area Population Trends



Total Population, 2018

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

Source: Nielsen Claritas SiteReports, 2018, ZIP Code

Gender

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

Gender, 2018

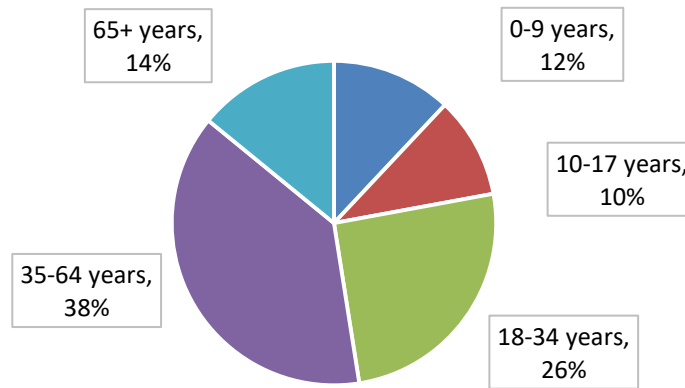
Service Area	Male		Female	
	Number	Percent	Number	Percent
EH service area	443,300	49.0%	460,554	51.0%
Los Angeles County	5,041,392	49.3%	5,189,645	50.7%
California	19,663,577	49.7%	19,893,468	50.3%

Source: Nielsen Claritas SiteReports, 2018, ZIP Code

Age

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

Age in the EH Service Area



Population by Age, 2018

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

Source 1: Nielsen Claritas SiteReports, 2018, ZIP Code

Source 2: US Census, 2017, State

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

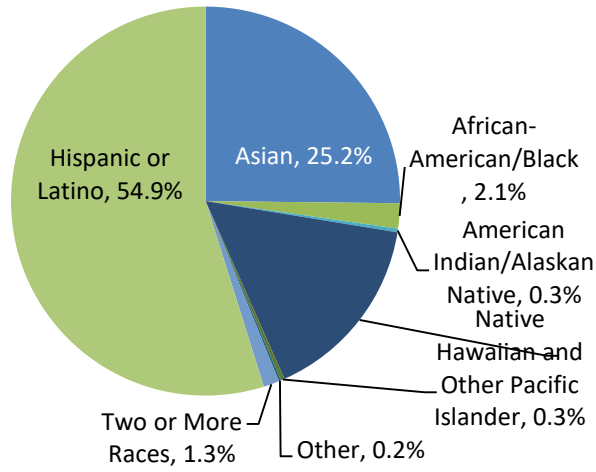
EH Service Area	0-4	5-19	20-24	25-44	45-64	65+
Azusa	6.3%	22.3%	13.8%	27.0%	20.8%	9.7%
Baldwin Park	6.4%	21.0%	8.1%	29.2%	24.1%	11.2%
Covina	7.0%	20.0%	6.6%	27.2%	25.7%	13.5%
Diamond Bar	4.6%	17.3%	6.0%	25.4%	31.1%	15.6%
El Monte	5.8%	20.6%	7.9%	28.3%	24.6%	12.6%
Glendora	5.3%	19.4%	5.6%	24.5%	29.4%	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

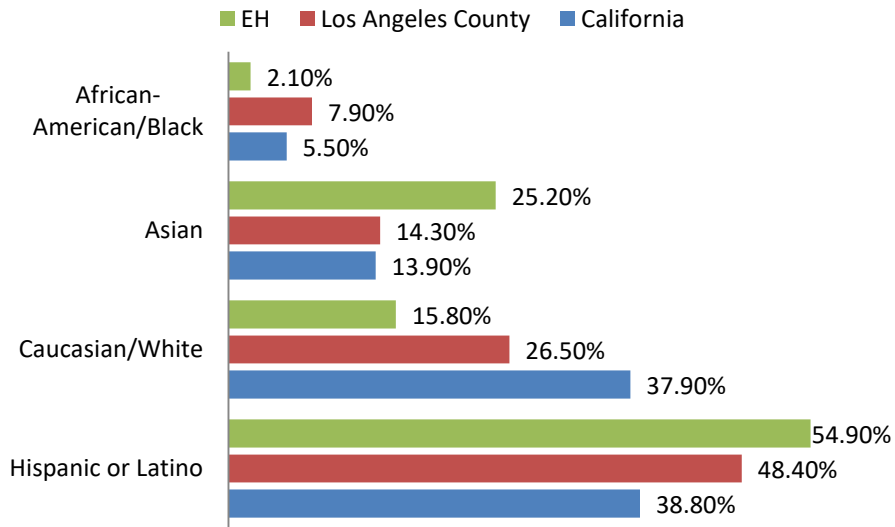
Race and Ethnicity

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

Emanate Health

VII

2020-2022 CHINA Implementation Plan



Formerly Citrus Valley Health Partners

Where

healthy

comes from

2020-2022

Community Health Needs Implementation Plan

Emanate Health – Formerly Citrus Valley Health Partners
2019 Community Benefit Needs Assessment
Implementation Strategy
2020-2022

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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 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

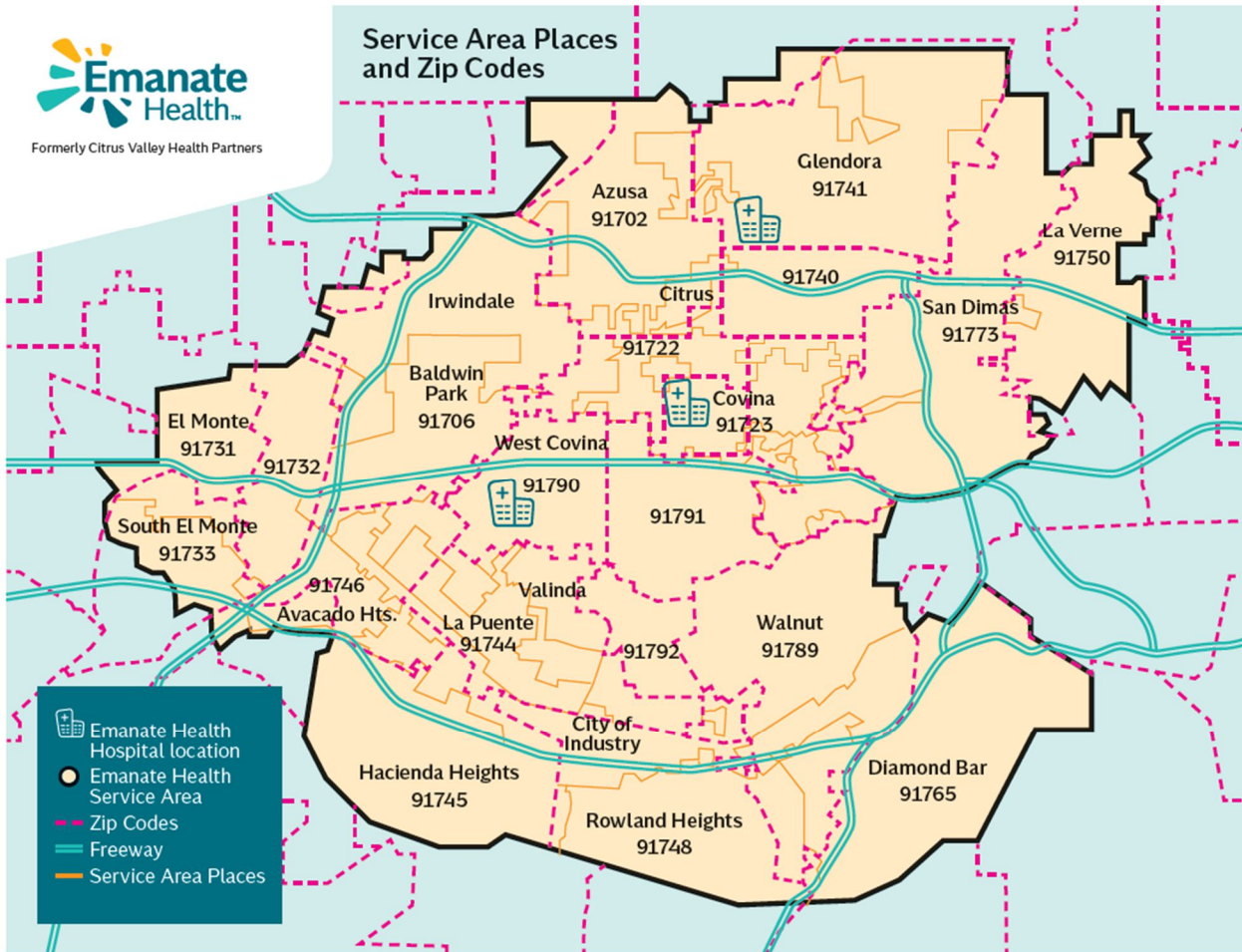
Emanate Health’s *Community Needs Implementation Strategy* is being adopted to comply with federal tax law requirements set forth in Internal Revenue Code section 501r, requiring hospital facilities owned and operated by an organization described in Code section 501(c)(3) to conduct a community health 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 $\leq 26.9\%$. 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 and 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
<p>Emanate Health will sponsor and participate in the planning and implementation of the <i>Diet and Mental Health</i> training for youth in partnership with Azusa Pacific University Counseling Canter.</p> <p>Additional partners will include interested high need school districts and community members.</p> <ul style="list-style-type: none"> • Workshop schedules • Printed materials • Videos • Healthy food demonstration and samples <p>Conduct Pre and Post Surveys on Eating Habits</p>	<p>Participants will learn how processed sugar is wreaking havoc on the mind and body.</p> <p>Participants will identify 2 common intake habits that contribute to anxiety and/or depression.</p> <p>Participants will identify at least 2 healthy food substitutes for processed sugar and carbohydrates.</p> <p>Participants will identify 2 benefits to physical health when eliminating processed sugars</p> <p>Participants will learn about how to handle potential stigma related to accessing mental health services.</p>	<p>Physical and mental wellbeing; education; positive messaging.</p> <p>Impact will be measured based in the results of the pre and post-surveys.</p>

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
<p>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.</p> <p>Warm hand-off referrals for mental health services.</p> <ul style="list-style-type: none"> • Administer the PHQ9 Assessment. • Administer the Bridges for 	<p>Identification of pregnant women who have depression.</p> <p>Identification of risk levels in three main areas: 1) basic needs, 2) physical health, and 3) psychosocial needs.</p> <p>Women receive assistance and support from Emanate Health Welcome Baby Mental Health Professional.</p> <p>Confirmation of appointment to consult with mental health</p>	<p>Increased risk screenings and assessments.</p> <p>Increase referrals to access needed mental health services.</p> <p>Decrease in the wait time for appointments.</p>

<p>New born Assessment.</p> <ul style="list-style-type: none"> • 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. 	<p>provider.</p>	
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Strategy # 4

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

Activities

Activity	Outcome	Impact
<p>Train faculty of the Family Residency Program on treatment practices in the use of alcohol and opioid use disorder.</p> <p>Partner with other community health centers to arrange for the training.</p> <p>Engage in language and cultural appropriate community outreach to identify and refer clients for services at our partner clinic, East Valley Community Health Center.</p> <p>Engage with the community about the problem of addiction, providing brief presentations and distributing treatment brochures.</p>	<p>Complete Faculty Training.</p> <p>Ongoing training for Family Practice Residents.</p> <p>Ability to assist patients with their health care needs and their alcohol and opioid use needs.</p> <p>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.</p> <p>Appointments resulted from the outreach activities.</p>	<p>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.</p> <p>Increased capacity for physician residents to integrate treatment of health and substance abuse treatments.</p> <p>Impact on faculty and resident attitudes regarding substance use disorders by increasing understanding of how and why addictions develop and substance abuse issues.</p>

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 2 nd 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

<p>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.</p> <p>Support consortium initiatives.</p>	<p>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.</p> <p>Additional programs and resources brought to the San Gabriel Valley.</p>	<p>provider services.</p>
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Strategy # 4

Community Partnerships for Homelessness Prevention.

Activities	Outcomes	Impact
<p>Emanate Health is seeking proposals from community agencies who work with fragile low-income families and individuals at-risk for becoming homeless.</p>	<p>Identification of community-based trusted agencies that work with at-risk populations.</p> <p>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.</p>	<p>Make a difference in the lives of people who are touched by this program and who, otherwise, would have become homeless.</p> <p>Quantification not available at this time.</p>

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.

	<p>including community events and other effective tactics.</p> <p>Conduct phone outreach to respond to referrals and inquiries.</p> <p>Analyse results and adapt innovative strategies.</p>	
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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.	<p>Number of applications completed.</p> <p>Compare statistics of uninsured with the 2019 CHNA data.</p>

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.	<p>Call participants to ask if they</p> <ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none">• 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

2020-2022 CHNA Implementation Plan Update

Emanate Health – 2019 Community Health Needs Assessment

Implementation Strategy

HEALTH NEEDS THAT EMANATE HEALTH WILL ADDRESS IN YEARS 2020-2022

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

Area of Focus I: Chronic Diseases/Healthy Behaviors

STRATEGY	ACTIVITIES	PROGRESS	2021 UPDATE
Chronic Disease Management			
HEART DISEASE 1. Heart Center Expansion			The Heart Center has expanded its Structural Heart Program to include the Watchman Procedure starting July 11, 2022. What this has done for the Emanate Heart Center is made the center virtually doing all Cardiac Procedures and Surgeries other than transplant; we are the only Heart Center in the East San Gabriel Valley that has such a comprehensive program.
Cath Lab #3 Expansion	Increase capacity for cardiac catheterization to respond to the needs of the community.	A 3 rd Lab is being built and expected to be functioning by the end of 2024. This strategy will expand to the next implementation strategy for YR: 2023-2025.	The 3 rd catheterization lab is on track to start construction in 2023 with operations to begin in 2024. Construction will start 1 st quarter 2023 with operations to begin 4 th quarter 2024.

Structural Heart Program	Add technological advanced complex structural heart procedures for non-invasive structural procedures.	We are actively successful from both an outcomes and financial perspective with our TAVR and MitraClip programs.	It is scheduled to start the Watchman Program on July 11, 2022.
Open Heart and Valve Repair Procedures	Add an additional cardio-thoracic surgeon to address the growing needs for open heart and valve repair procedure.	Completed	Designated surgeon departed in the latter part of 2021. Emanate Health onboarded a new CT surgeon and, to respond to the community needs, Emanate Health added a full time Physician Assistant to add support in the Operating Room. A reevaluation is taking place for the need of an additional full time Cardiovascular Surgeon for the end of 2023.
2. Primary Care			
Continuum of Care	Family Medicine Faculty to provide primary care services and continuity of care for discharged patients.	Completed	Implementation initiated in 2020 and successfully continued in year 2021.
Increase Capacity for Continuum of Care	An additional physician graduate from Emanate Health's Residency Program will increase capacity to provide primary care full time.	Dr. Luis Garcia-Ayala has graduated in year 2020 and started providing primary care services at the 1206d Family Practice.	
3. Specialty Care			
Cardiology Clinic	Foothill Cardiology was contracted with the 1206D clinic.	Completed	The Foothill Cardiology group was contracted and provided services needed cardiology services at the 1206D clinic in 2021.

4. Heart Disease Education and Awareness			
Heart Month	<p>Every February provide heart disease education and awareness events for our community. It includes:</p> <p>Education talks; to include “Ask a doctor”</p> <p>Heartfelt cooking and Diet Sessions</p> <p>Plan to increase these activities by bringing them to community locations in a linguistic and cultural manner.</p>		<p>Emanate Health Provides Heart Education Full of Heart!</p> <p>To mark the “Heart and Vascular Month,” our organization hosted a variety of events to teach the public how to love their heart. The highlights of the events include:</p> <ol style="list-style-type: none"> 1. The “<i>Watchman and Atrial Fib Heart Talk</i>” was presented by Dr. Sri Duggirala and Dr. Frank Lin, interventional cardiologists. Their presentation explained about atrial fibrillation and taking anti-coagulant medication. This led to a positive engagement from the audience. 2. Emanate Health did a drone “wear red” picture at Intercommunity Hospital that captured staff in red in a heart shaped design. 3. We could not do gatherings at this time associated with COVID.

What is Electrophysiology? Ask The Doctor.



What is Electrophysiology?

ASK THE DOCTOR



Srikant K. Duggirala, MD
Cardiac Electrophysiologist

Questions about peripheral arterial disease (PAD)? Ask The Doctor




Questions about
peripheral arterial
disease (PAD)?

ASK THE DOCTOR



Ahmad Hussain, MD, FACS
Vascular Surgeon

			
<p>“Women’s Health Subgroup”</p>	<p>Women’s Health specific education and awareness sessions starting in 2020.</p> <p>Pregnancy and Cardiovascular Disease.</p> <p>Anticipating the arrival of a new baby can warm a woman’s heart. But pregnancy can affect her heart in many other ways.</p>	<p>Emanate Health offers programs qualified as best practices for physical and psychosocial pregnancy health.</p>	<p><i>Pregnancy problems may predict heart health decades later!</i></p> <p><i>“Adverse Pregnancy Outcomes and Cardiovascular Disease Risk: Unique Opportunities for Cardiovascular Disease Prevention in Women: A Scientific Statement from the American Heart Association (AHA).”</i></p> <p>The scientific statement recently published by the AHA, has significantly validated the important work that Emanate Health has been doing for several years. The services promote and providing individualized pregnancy health prevention and improvement services.</p> <p>Growing evidence confirms that women who experience health complications while pregnant- including high blood pressure and gestational diabetes- face a higher risk of cardiovascular disease later in life, according to a recent scientific statement from the American Heart Association (AHA).</p>

	In fact, the heart pumps about 50% more blood than usual during pregnancy.	Implemented in 2020 and 2021.	The programs being offered to pregnant women are: <ol style="list-style-type: none"> 1. 270 women received the Sweet Success Program, for pregnancy with gestational diabetes. Uninsured welcomed. 2. Welcome Baby, a free home visitation program with linkage to community resources for pregnant and postpartum women and their families.
STROKE DISEASE Stroke Center Expansion	As a certified Primary Stroke Center where stroke and neuroscience patients receive care, Emanate Health plans to enhance the accreditation level and services so that the community will be able to receive higher level of services in their own neighborhood.		<i>FPH & QVH Recognized for stellar stroke treatment:</i> The American Heart Association/American Stroke Association reported that Goodwill Presbyterian Hospital in Piquas earned the 2020 Get With The Guidelines® - Stroke Gold Plus Quality Achievement Award and also qualified for recognition for the Target: Type 2 Diabetes Honor Roll . The awards recognize PHS commitment and success in implementing a high standard of stroke care by ensuring that their stroke patients receive treatment that meets nationally accepted, evidence-based standards and recommendations. Queen of the Valley Hospital received the Gold Plus Quality Award with the Honor Elite distinction, as well as the Target: Type 2 Diabetes Honor Roll . Congratulations to the Emanate Health doctors, nurses and other staff on the Stroke team for this achievement and recognition.
• PSC+	Pursuing the DNV PSC+ Stroke Center Designation		In 2020, Queen of the Valley Hospital (QVH) received the PSC Plus certification by the certifying body, DNV. In 2021, QVH received the Los Angeles County EMS designation as a comprehensive stroke center. This means that the stroke patients in our community will receive timely and lifesaving treatments faster by being routed to QVH, instead of being taken to farther locations for stroke care. The hospital is now a 9-1-1 receiving hospital for stroke patients.


<ul style="list-style-type: none"> RAPID Software Tool 	Bring a rapid platform that brings cerebrovascular imaging software for identifying individualized treatment options for stroke patients.	To be launched in February of 2020 Completed	<p>RAPID was launched in YR <u>2020</u> and has served as a tool for physicians and nurses in quick identification of stroke.</p> <p>The RAPID software tool continued to serve well in YR <u>2021</u> for quick stroke identification.</p>
2. Specialty Care <ul style="list-style-type: none"> Neurology Clinic 	Ad a full time neurologist in the 1206d clinic to see patients that otherwise would not have access due to being uninsured.	Implementation scheduled for January 2020 Completed	<p>Implemented.</p> <p>Availability of Neurologist to the community continued in YR <u>2021</u>.</p> <p>Emanate Health Care Center (1206d clinic) added a full time specialist in Neurology. Jagat Shetty, M.D.</p> <p>This acquisition is filling a great need for patients to have local access to a specialist in neurology. Consultation access is available to everyone regardless of insurance. Dr. Shetty values an integrative, open-minded approach to neurological disease, grounded in the latest science. He focuses on compassionate, patient-centered care that is oriented toward wellness.</p>

**3. Stroke
Community
Education**


“ASK THE DOCTOR”
COMMUNITY
EDUCATION.

**Stroke Education
Offered to the
Community in 2021.**

Life Saving & Changing Stroke Procedures at Queen of the Valley Hospital




**ASK THE DOCTOR
LIVE**
1/13/21 @ 11 a.m.




Richard M. Young, MD
Medical Director
Emanate Health Neurointerventional Services

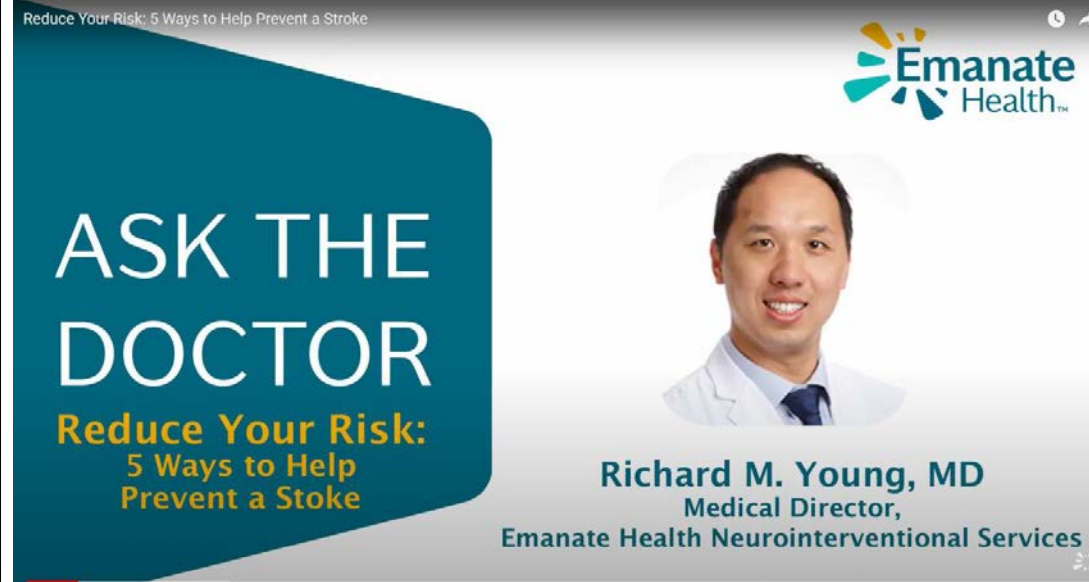
B.E.F.A.S.T.: Know the Symptoms of a Stroke



ASK THE DOCTOR
B.E.F.A.S.T.
Know the Symptoms
of a Stroke



Richard M. Young, MD
Medical Director,
Emanate Health Neurointerventional Services



Emanate Health 2021 Comprehensive Stroke Care Symposium Draws Praise, Large Group of Health Care Professionals:

With 230 people tuning in virtually, the Emanate Health 2021 Comprehensive Stroke Care Symposium, on September 10, attracted words of praise from doctors, nurses and staff. Using the comments box, participants complimented the overall quality of the program and the impressive roster of speakers, which represented leading teaching hospitals in Southern California including UCLA, USC and UC Irvine.

<p>1. Dedicated Ambulance Transport Service</p>	<p>An ambulance provider will be contracted to provide dedicated ambulances to transport stroke and neuroscience patients to the Queen of the Valley campus.</p>	<p>Implementation schedule: May 2020 Completed</p>	<p>This goal has been implemented in 2020 and 2021.</p> <p>Dedicated ambulances continue to be available 24/7 to transport stroke and neuroscience patients to Queen of the Valley Hospital.</p>
			<p>2021</p>
<p>NEW IN 2021</p> <p>FOOD INSECURITY/ CHRONIC CONDITIONS</p>	<p>Food insecurity as a determinant of health is associated with poor clinical outcomes among adults with chronic conditions. Health Affairs recently published an article Vol 41 No 7. They pooled National Health Interview Survey data from 2011 – 2018 and analyzed food insecurity among 13,116 US</p>	<p>Create and implement strategies to address food insecurity with discharged patients who have chronic conditions.</p> <p>The highlights for YR 2021 include</p> <p>1) Pt. is approached by Registered Dietitian to ask if interested in this study. 2) If Pt. agrees, Emanate Health will provide meals catered to their dietary condition.</p> <p>Patients Providing 2 meals per day 5 days a week; 2)</p>	<p>In an effort to increase capacity to identify and improve health outcomes for patients with chronic conditions, Emanate Health’s Food and Nutrition Service Department in collaboration with the Unihealth Foundation, designed the “Nutrition for Life” program to support malnourished patients discharged from the hospitals.</p> <p>The program’s goals are to: 1) maintain a 60-day health, medically-approved meal program with home delivery for identified malnourished patients; 2) monitor patient health; 3) observe health benefits for patients.</p> <p>Program Eligibility: participants had been in the hospital in-patient unit and have been diagnosed with malnutrition.</p> <p>The program started this year and has turned out to be successful.</p> <ul style="list-style-type: none"> 48 patients graduated from the program with increased weight, hand grip strength and muscle improvement.

	<p>adults ages 18-65 who had diabetes. Experiencing food insecurity, compared with being food secure, was associated with increased odds of reporting health related missed workdays, more than twice the rate of health-related missed workdays, and increased odds of overnight hospitalization within the prior twelve months. These findings underscore the broad impacts of food insecurity on health and wellness for working adults with diabetes.</p>		
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Emanate Health – 2020 Community Health Needs Assessment - Implementation Strategy

HEALTH NEEDS THAT EMANATE HEALTH WILL ADDRESS IN YEARS 2020-2022

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

Area of Focus II: Mental Health

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

STRATEGY	ACTIVITIES	OUTCOMES	IMPACT	UPDATE – YEAR 2021
1. Build Community Capacity and Increase Accessibility and Equity in Access to Mental Health Care.				
	Engage in network building activities at each of the Greater San Gabriel Valley 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	<ul style="list-style-type: none"> • Emanate Health and the SGV Health Consortium’s quarterly full group meetings and presentations were put on hold as a result of the COVID-19 pandemic. • In order to continue to foster learning and to establish

			hand-offs between providers who know each other		<p>connections among health, mental health and other community community-based organizations, the focus in 2021 was placed in offering educational webinars described below:</p> <ul style="list-style-type: none"> • The SGV Health Consortium’s provides updates on current initiatives, programs and activities spearheaded by the consortium leaders. In addition, it is an opportunity to increase knowledge related to recent community needs and trends.
	Invite keynote speakers to provide expert information about mental health-related initiatives, services and resources available in the San Gabriel Valley. Including associated social determinants of health.	Build cross-sector provider knowledge and awareness of mental health services, resources and initiatives that impact their service delivery options available for their clients			In partnership with the SGV Health Consortium, the Integration Committee delivered the following Webinars in 2021:
	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	The cross-training webinars in 2020 will result in increased behavioral and mental health integration among safety-net organizations, including community-based organizations; community	Improve inter-agency knowledge and systems to improve patient referrals among providers that are best able to serve	Community Partners: SGV Health Consortium and Integration Committee; SGV/AAIMM Community Action Team; Health Net of California; Dept. of Public	Webinar 1: Elevating the Health and Wellness of African American Infants and Moms in the San Gabriel Valley.

	<p>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</p>	<p>clinics; hospitals and county departments; and non-profit health, mental health and SUD providers.</p>	<p>client needs in a timelier manner.</p> <p>In YR 2021, there were <u>608</u> webinar attendees who benefited from receiving a wealth of education and information that will enhance planning and services and ultimately trickle down and benefit our communities.</p>	<p>Health; Foothill Transit; City of Hope; Huntington Hospital; L.A. County Regional Center; Planned Parenthood; Dept. of Mental Health Prevention Services.</p>	<p>Speaker: Annette Trejo, MSW, MPH, CHES Health Program Analyst, San Gabriel & Pomona Valleys LA County Dept. of Public Health</p> <p>Webinar 2: Tackling Perinatal Health Equity: Creating A Payor-Funded Community Doula Program for Health Net, LLC.</p> <p>Speaker: Kristin Schlater, MBA, LES Senior Health Education Specialist, Health Net, LLC</p> <p>Webinar 3: Racism and the Impact of COVID-19 on Asian Americans' Mental Health</p> <p>Speaker: Monica Cua, Community Outreach Worker, Chinatown Service Center .</p> <p>Webinar 4: COVID-19 Communications for Asian Americans, Native Hawaiians and Pacific Islanders</p> <p>Speaker: Jocelyn Estiandan, MPH Senior Public Health Analyst LA County Department of Public Health.</p>
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					<p>Webinar 5: Intersection of Public Transportation and Access to Health and Mental Health Care.</p> <p>Speakers: Yoko Igawa, MPA, Manager of Government Relations, Foothill Transit and Darren Barnes, MPA, CEO, Foothill Transit.</p> <p><i>A Panel Discussion: Diversity Practitioners Discuss the Significance of Diversity, Equity and Inclusion in HealthCare</i></p> <ul style="list-style-type: none"> • Angela Talton, MBA Senior Vice President and Chief Diversity Officer, City of Hope • Pamela Weatherspoon, MBA, Vice President, Enterprise Diversity, Equity and Inclusion, Huntington Hospital. <p>Webinar 6: Navigating Racial Trauma to Advance Racial Equity in Client Care</p> <p>Speaker: Diamond Lee, MSW, Associate Director of Regional Collaboration, LA County Department of Health Services and Founder and Principal Consultant for Liberation by Design, Inc.</p> <p>Webinar 7: Recognizing and Coping with Provider Trauma, Moral Injury and Compassion Fatigue</p>
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					<p>Speaker: Lisa Schoyer, MFA, Medical Case Worker II, Countywide Regional Center Coordinator, Countywide Regional Center, LA County Department of Mental Health Prevention Services Administration, Family & Community Partnerships Unit.</p> <p>Webinar 8: LGBTQ+ 101: Introduction to Terminology, Foundational Concepts and Issues in the Healthcare Setting</p> <p>Speaker: Christian Port, MPA, Senior Manager of Business Development, Planned Parenthood Pasadena and San Gabriel Valley.</p> <p>Webinar 9: LGBTQ+ 201: Best Practices to Address Implicit Bias and Advance Health Equity</p> <p>Speaker: Christian Port, MPA, Senior Manager of Business Development, Planned Parenthood Pasadena and San Gabriel Valley.</p> <p>The webinars had excellent attendance and the evaluations are very positive. Some topics still covered the COVID-19 crisis from the behavioral health perspective and the importance of integrating an anti-racist approach into all the community initiatives and work.</p> <p>In YR 2021, there were 608 webinar attendees.</p> <p>The webinars recordings and presentations can be accessed at: https://healthconsortiumsgv.org/recent-events/</p>
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	<p>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.</p> <p>NEW - YR 2021 Emanate Health engaged in a partnership with the SGV Hospital Collaborative to design and implement a program that would</p>	<p>A coordinated strategy across the six non-profit hospitals in the SGV to address a mental health issue.</p> <p>The SGV hospital community benefit team coordinates efforts with the tri-annual Community Health Needs Assessment. It includes data sharing and an agreement to follow selected specific community health benchmarks to measure the progress or lack of in the whole region of San Gabriel Valley.</p> <hr/> <p>Identify patients that may need assistance with supplemental food resources to better their overall health and link patients to food resources that meet their individual needs.</p>	<p>Patient Navigator Program</p> <p>The Greater Hospital Collaborative developed a joint initiative to improve access to housing and other health and mental health resources for ER and hospital discharged homeless patients.</p> <hr/> <p>—</p> <p>Food for All Program</p> <p>Emanate Health in conjunction with the Greater San Gabriel Valley Hospital Collaborative developed an</p>	<p>—</p> <p>A person is food insecure when they do not have reliable access to nutritious food. Food insecurity can lead patients from having to choose between basic needs (housing, bills, etc.) and has been linked to</p>	<p>The 2021 Homeless Patient Navigator Program Update is reported in Priority Focus Area 3 (Homelessness) in this report.</p> <hr/> <p>—</p> <p>In 2021, the Social Services Department Manager became Emanate Health’s leader for the implementation of the <i>Food for All</i> program at our hospital facilities.</p> <p>Proper privacy agreements and MOUs have been approved and signed.</p>

	<p><u>address food insecurity as a social determinant of health and mental health wellbeing.</u></p>		<p>initiative to improve access to foods for discharged patients identified as “food insecure”.</p>	<p>health problems such as diabetes, hypertension, depression and cancers.</p> <p>Partners: Six non-profit hospitals in the San Gabriel Valley; Unite Us; Project Angel Food; Seeds of Hope; Health Consortium of the SGV; Center for Non-Profit Management (evaluation).</p>	<p>Description:</p> <ol style="list-style-type: none"> 1) Emanate Health Social Services staff uses a brief screening tool to monitor the patient need. 2) Patient signs consent to Emanate Health to provide referral information to Unite Us for assistance. 3) If a need for food is identified, Social Services staff submits a private referral via the Unite Us online platform. 4) Unite Us assigns the patient to either Project Angel Food and/or Seeds of Hope Navigators. 5) The navigator will follow up with patient to further understand and assess the need. 6) The navigator then will work with the patient to provide access to their food assistance systems. 7) Angel Food provides medically tailored meals to patients after a hospital stay. 8) Seeds of Hope provides emergency and ongoing sources of food.
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STRATEGY # 2					
Address Behavioral Health Drivers for Obesity and Overweight	Education Module “Diet and Mental Health” The connection between sugar, anxiety and depression.				
	<p>Emanate Health will sponsor and participate in the planning and implementation of the <i>Diet and Mental Health</i> training for youth in partnership with Azusa Pacific University Counseling Center.</p> <p>Additional partners will include interested high need school districts and community members.</p> <ul style="list-style-type: none"> • Workshop schedules 	<p>Participants will learn how processed sugar is wreaking havoc on the mind and body.</p> <p>Participants will identify 2 common intake habits that contribute to anxiety and/or depression.</p> <p>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</p> <p>Participants will learn about how to handle</p>	<p>Physical and mental wellbeing; education; positive messaging.</p> <p>Impact will be measured based in the results of the pre and post-surveys.</p>	<p>Partners: Azusa Pacific University Counseling Center; Student Interns and School Districts.</p>	<p>This strategy was tabled to YR 2022 as a result of the COVID-19 remaining pandemic restrictions.</p>

	<ul style="list-style-type: none"> Printed materials Videos Healthy food demonstration and samples <p>Conduct Pre and Post Surveys on Eating Habits</p>	potential stigma related to accessing mental health services.			
Strategy # 3					
Provide Depression and Risk Assessments for Prenatal and Postpartum Women.	Grant and Partnership with First 5 LA Welcome Baby Program and LABBN; LA County Department of Public Health; DCFS and other Social Service Agencies				Update - Year 2021
	<p>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.</p> <p>Warm hand-off referrals for mental health services.</p> <ul style="list-style-type: none"> Administer the PHQ9 Assessment. 	<p>Identification of pregnant women who have depression.</p> <p>Identification of risk levels in three main areas: 1) basic needs, 2) physical health, and 3) psychosocial needs.</p> <p>Women receive assistance and support from Emanate Health Welcome Baby Mental Health Professional.</p> <p>Confirmation of appointment to consult with mental health provider.</p>	<p>Increased risk screenings and assessments.</p> <p>Increase referrals to access needed mental health services.</p> <p>Decrease in the wait time for appointments.</p>		<p>3848 pregnant and/or postpartum women received the PHQ high risk screening/assessment for depression. Assessments are provided by Welcome Baby (WB) Hospital Liaisons, Parent Coach Supervisors, Parent Coaches and RNs at various engagement points.</p> <p>373 pregnant women were positive in PHQ2 and received PHQ-9 screening.</p> <p>1206 women received the Bridges for Newborn Assessment by WB Hospital Liaisons. The mother's and the family psychosocial risk level are measured in</p>

	<ul style="list-style-type: none"> • Administer the Bridges for 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. 				<p>this assessment. This assessment provides WB staff with areas of need such as Basic needs (food, housing, employment, etc.), physical health and psychosocial needs.</p> <p>Participants receive support from the WB’s Licensed Clinical Social Worker (LCSW), particularly those considered high risk. Welcome Baby enrolled 1,202 women in 2021.</p> <p><u>116</u> warm hand-off referrals for mental health services were provided to women.</p> <p><u>2091</u> GAD-7 General Anxiety Disorder Assessments were administered to participants at predesignated timeframes during the postpartum period. Follow-up action is conducted based on the results of the assessment.</p> <p>The Life Skills Progression (LSP) Tool was administered to <u>856</u> participants. It is used to measure a variety of family competencies and can record information in key categories; one of them being mental health and substance abuse plus six (6) other determinants of health.</p>
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					WB Parent Coaches follow-up with all participants to confirm that they are receiving their mental health services.
Strategy # 4	Emanate Health Faculty and Residents Training: Use of Alcohol and Opioid Use Disorder				Update – Year 2021
	<p>Train faculty of the Family Residency Program on treatment practices in the use of alcohol and opioid use disorder.</p> <p>Partner with other community health centers to arrange for the training.</p> <p>Engage in language and cultural appropriate community outreach to identify and refer clients for services at our partner clinic, East Valley Community Health Center.</p> <p>Engage with the community about the problem of addiction, providing brief presentations and</p>	<p>Complete Faculty Training.</p> <p>Ongoing training for Family Practice Residents.</p> <p>Ability to assist patients with their health care needs and their alcohol and opioid use needs.</p> <p>Information disseminated in the community.</p> <p>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.</p> <p>Appointments resulted from the outreach activities.</p>	<p>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.</p> <p>Increased capacity for physician residents to integrate treatment of health and substance abuse treatments.</p> <p>Impact on faculty and resident attitudes regarding substance use disorders by increasing understanding of how and why addictions develop and substance abuse issues.</p>	<p>Sustainability:</p> <p>Emanate Health remains committed to continuing the training for the YR 2021-2022 generation resident of trainees.</p> <p>Word of mouth from treated patients has also been described as a referral source.</p>	<p>The faculty training was completed.</p> <p>The training for Family Practice Residents continues on an ongoing basis.</p> <p>In 2021, the Family Medicine Residents outreach to the Emanate Health ED departments and continued to provide patient referrals to mental health and substance abuse services to clinics, health centers and behavioral health care resources.</p> <p>In 2020 a residency graduate was hired by East Valley Community Health Center (EVCHC) (FQHC) in Emanate Health’s service area. The doctor has provided Medication Assisted Therapy (MAT) for</p>

	distributing treatment brochures.				<p>the treatment of patients with alcohol or opioid use disorders.</p> <p>In 2021 a second resident graduate was hired by a local outpatient clinic in Emanate Health’s service area.</p> <p>This program training equipped this physician to qualify for the position. Shortly thereafter, residents doing their psychiatry/addiction medicine rotation are able to spend time there seeing and learning from MAT patients under the supervision of this physician.</p> <p>Plans for significant community outreach were curtailed due to the pandemic.</p>
Added Strategy # 5	Engage in community partnerships to increase access to mental health and substance abuse services in Emanate Health’s service area.				YEAR 2021

		<p>Community residents will have a 24/7 access to URGENT Crises Stabilization Care Services in the San Gabriel Valley. Immigrants and uninsured welcome.</p> <p>Participants will have rapid access to mental health assessment, crisis intervention and urgent medication support.</p>	<p>The CHNA data demonstrated that there is a significant need for additional access to specialized urgent care services in the community.</p>	<p>Partners agencies include: Stars Behavioral Health Group and L.A. County Department of Mental Health Services.</p>	<p>Emanate Health PhD Director of the Family Residency Behavioral Health Medicine established a partnership with the Behavioral Health Group during the planning and implementation of the new Behavioral Health Urgent Care Center (BHUCC) in the city of Irwindale; strategically located in mid San Gabriel Valley.</p> <p>Emanate Health and the BHUCC signed a Memorandum of Understanding by which both parties agree to collaborate and accept referrals from each other to best serve the person’s individual circumstances.</p> <p>The operation of the psychiatric crisis urgent care facility is through LA County Department of Mental Health Services.</p>
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Emanate Health – 2020 Community Health Needs Assessment - Implementation Strategy

HEALTH NEEDS THAT EMANATE HEALTH WILL ADDRESS IN YEARS 2020-2022

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

Area of Focus III: Homelessness

Partners: United Way of Greater Los Angeles and L.A. County Union Station.

STRATEGY	ACTIVITIES	OUTCOMES	IMPACT	UPDATE – YEAR 2021
<p># 1 Initiate a Patient Navigator Pilot Program</p> <p><i>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,</i></p>	<p>Determine program goals and metrics.</p> <p>Create consistent/standardized processes for referrals and communication/information sharing with local clinics and other hospital partners.</p> <p>Finalize MOU with Union Station</p> <p>Coordinate with other neighboring SGV hospitals to collaborate and share the patient navigator.</p> <p>Initiate the pilot program by the 2nd Quarter of 2020.</p>	<p>The goals and procedures will guide successful implementation of the program.</p> <p>In YR 2021 formalized partnership, and scope of work. Developed and signed 1) MOU and BAA with Union Station; and 2) MOU/Agreement with Heluna Health c/o the Health Consortium of the SGV Hospital Collaborative.</p> <p>Program initiated in 2021.</p> <p>Shared knowledge and shared resources with other hospitals.</p>	<p>The metrics will assist with capturing the impact of the program for evaluation purpose.</p> <p>Partners: United Way; Union Station; Los Angeles County Homeless Services Agency (LAHSA); SGV Health Consortium and Hospital Collaborative; Heluna Health; and Center for Nonprofit Management (evaluation).</p> <p>Participating Hospitals:</p> <ul style="list-style-type: none"> • Emanate Health • Huntington Memorial • Kaiser Permanente B.P. • Pomona Valley Hospital • USC Methodist 	<p style="text-align: center;">UPDATE – YEAR 2021</p> <p>1) The BAA, Agreements and MOUs have been signed and approved</p> <p>2) Patient Homeless Navigator recruitment and training was implemented.</p> <p>3) The Patient Navigation (PN) pilot program initiated services and is working under the direction and supervision of Emanate Health’s Director of Social Services.</p> <p>4) The PN pilot merged with the Homeless Hospital Liaison pilot. Details are described below under Strategy # 2.</p> <p>Summary of homeless navigation pilot program accomplishments and services:</p> <ul style="list-style-type: none"> • The hospital collaborative identified and referred 306 unduplicated patients who met criteria. • The total enrollment was 110 participants who accepted the services.

<p><i>substance use, food, housing, etc.).</i></p>	<p>Participate in pilot evaluation and in periodic meetings to share progress, challenges, lessons learned, etc.</p>	<p>Patient Navigator (PN) program has been integrated in the hospital Social Services/Discharge team.</p> <p>Monitor performance, challenges and lessons learned.</p> <p>The PN program holds monthly coordination meetings with all partners to monitor and discuss successes, challenges and lessons learned.</p>	<p>The program impact is being measured by the Center for Non-Profit Management.</p> <p>The pilot program will benefit several communities in the San Gabriel Valley and will strengthen collaboration between hospitals.</p> <p>A smooth start with the patient navigator coordination with Social Services and Discharge Team.</p>	<ul style="list-style-type: none"> • All Emanate Health identified patients met criteria for the program. • Emanate Health had the highest number of enrolled patients. • Every patient approached accepted the program. • PN follow-up with patients even though the homeless population is difficult to reach. • Criteria were developed for: transitional housing access, temporary access and motel access. • For participants to access public assistance programs like Cal Fresh (food), CalWORKs (financial); General Relief (financial); Medi-Cal; Social Security and other resources, the PN assists them with setting up appointments, transportation and offers support to obtain basic documents such as an I.D., driver's license; birth certificates, etc. <p>Preliminary information identifies data for patient exits:</p> <ul style="list-style-type: none"> • Permanent Destinations 5% • Temporary Housing 27% • Institutional Settings 23% • Other Destinations 45% <p>More data will become available in year 2022.</p> <p>Background:</p>
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				<ul style="list-style-type: none"> • Worked and partnered with United Way and the Union Station for a “patient navigator” trained individual who would visit Emanate Health hospitals’ homeless patients at-risk for homelessness prior to their discharge. • The role of the patient navigator is to conduct an assessment of the patient’s health and psychosocial needs to connect them with the needed services; i.e. Identify shelter or housing resources for the patient being discharged; food attainment; follow-up medical appointments and prescriptions; employment, etc. The navigator is granted special access to the LA County resource system and works under the hospital Social Services leadership.
5%				UPDATE - YEAR 2021
<p>Strategy # 2</p> <p><i>Engage in a partnership with Los Angeles Homeless Services Authority (LAHSA) and Union Station to initiate a new pilot of “Hospital Liaisons</i></p> <p>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).</p>	<p>Hospital Liaison launch event.</p> <p>Designation of Hospital staff to work with the Hospital Liaison.</p> <p>Designation of Hospital Liaison that will work with the hospital.</p> <p>Introductions to hospital staff and orientation to hospital setting.</p> <p>Develop procedures and schedule.</p>	<p>Will facilitate better coordination between hospitals and CES.</p> <p>Lessons learned. Successes and challenges.</p> <p>Hospital staff assigned to implement the program.</p> <p>Development of Procedures.</p>	<p>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.</p>	<p>During the planning and preparation to initiate the Hospital Liaison Pilot program, it was determined that since the Patient Navigator and Hospital Liaison share the same goal of assisting homeless patients being released from the hospital.</p> <p>For efficiency and better use of resources, it was decided to integrate the Hospital Liaison pilot with the Patient Navigation pilot. Our community partner for this initiative, Los Angeles Services and Housing Authority joined the Patient Navigation partner group.</p>

				<p>As a result, effective in 2021 the implementation plan report updates for Strategy #2 are integrated and reported jointly in the Patient Navigation Strategy # 1.</p> <p>Background:</p> <ul style="list-style-type: none"> • Worked and partnered with Los Angeles Services Housing Authority (LASHA) and United Way for a “Hospital Liaison” trained individual who would visit Emanate Health hospitals’ homeless patients or at-risk for homelessness prior to their discharge. • The role of the hospital liaison is to conduct an assessment of the patient’s health and psychosocial needs to connect them with the needed services; i.e. Identify shelter or housing resources for the patient being discharged; food attainment; follow-up medical appointments and prescriptions; employment, etc. The navigator has been granted especial access to the LA County resource system and works under the hospital Social Services leadership.
<p>Strategy # 3</p> <p>Collaborate and support the San Gabriel Valley Consortium on Homelessness</p>	<p>Secure conference room for all twelve (12) monthly meetings each year along with refreshments free of charge.</p> <p>Provide room set up services and audio-visual equipment assistance.</p> <p>The San Gabriel Valley has a vibrant and effective group</p>	<p>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.</p> <p>Emanate Health’s staff from social services and community benefit department leaders</p>	<p>Collaboration among providers.</p> <p>Improved services program coordination.</p> <p>Improved knowledge and use of available shelter and housing services.</p> <p>Improved access to mental health and substance abuse provider services.</p>	<ul style="list-style-type: none"> • Due of the incidence of COVID-19, in 2021, the Consortium meetings were held virtually via Zoom. • Emanate Health will continue to promote collaboration and information sharing among providers to best serve the San Gabriel Valley Homeless individuals and families.

	<p>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.</p> <p>Support consortium initiatives.</p>	<p>collaborate with consortium members and identify opportunities to partner to secure warm hand-off referral opportunities to best serve ER homeless patients upon discharge.</p> <p>Additional programs and resources brought to the San Gabriel Valley.</p>		<ul style="list-style-type: none"> • It has been established that homeless population has increased significantly due to the pandemic housing crisis. People lost their jobs and others had to remain at home to home school their children. Financial strains made it challenging for people to meet their basic needs. • Emanate Health’s Community Benefit leadership will re-establish in 2022 communication with the Homeless Coalition to learn about their plans for future winter homeless shelters and to see how Emanate Health can support the efforts. The shelters were put on hold due to the pandemic. • The hospitals’ Social Service department and Community Benefit staff will join in partnership with the innovative “Project Room Key” program.
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Emanate Health – 2019 Community Health Needs Assessment Implementation Strategy

HEALTH NEEDS THAT EMANATE HEALTH WILL ADDRESS IN YEARS 2020-2022

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

Area of Focus IV: Access to Care

STRATEGY	ACTIVITIES	TRACKING SYSTEM	UPDATE - YEAR 2021
Strategy # 1 Conduct Community Outreach			
	<p>Identify service area data on number of uninsured.</p> <p>Map the areas of highest need of health insurance. Elaborate a neighborhood outreach plan based on priority regions.</p> <p>Continue fostering partnerships with school districts, CBO's, resource centers, etc.</p>	<p>Enter outreach reports in the data entry system.</p> <p>Identify trends</p> <p>Evaluate results.</p> <p>Identify the need for new strategies to reach the target population.</p>	<p>The Emanate Health's GEM (Get Enrollment Moving) program conducted <u>7,672</u> outreach phone contacts to potentially uninsured individuals and families. See attachment.</p> <p>Telephone outreach was the tool utilized for outreach during the remaining of the pandemic in 2021.</p> <p>The GEM program conducted research to identify areas with concentration of uninsured in the service area. One of the sources of this information is the UCLA Center for Public Research/Health Interview Survey which includes Los Angeles County's cities and zip code areas. This is a reputable and reliable source of data to identify areas of focus for outreach. https://healthpolicy.ucla.edu/chis/Pages/default.aspx</p>

			Covered California is also a reliable source of mapped data for Emanate Health’s most recent Community Health Needs Assessment (CHNA) is an additional trusted source to identify the cities and/or unincorporated areas with low-income residents with potential uninsured.
Strategy # 2 Enrollment Assistance			UPDATE – YEAR 2021
	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. Track # of applications completed. Compare statistics of uninsured with the 2019 CHNA data.	As a result of the outreach efforts and community partnerships with schools and Community Based Organizations, enrollment navigators assisted <u>2,132</u> individuals with screening and with completing an <u>application</u> in various public insurance programs such as Medi-Cal; MCAP; Emergency Medi-Cal; Medi-Cal Share of Cost; MC-TLIP and Covered California. See attachment. Individuals who did not qualify for these programs were connected with Community Clinics and Health Centers to receive outpatient healthcare services through the My Health LA program and for
Strategy # 3 Enrollment Verification			UPDATE – YEAR 2021
	Conduct follow-up phone contact to confirm successful enrolment with at least 80% of applications assisted. Call participants to ask if they <ul style="list-style-type: none"> • Have received their insurance card/approval. • If unable to reach participant, check the Meds 	Enter each participant’s enrollment verification information in the CHOI data system. Review enrollment verification data reports. Identify trends or challenges.	In year 2021, Emanate Health GEM enrollment navigators <u>confirmed enrollment with a 89% rate of success of applications assisted</u> . This is considered “best practices” in the industry. Enrollment navigators conduct <u>follow-up calls to 100% of participants</u> whose applications were completed ninety (90) days earlier to verify that they received approval and have their insurance card.

	<p>system to verify enrolment outcomes.</p>		<p>Enrollment navigators also provide assistance to participants with <u>completing their post enrollment <i>Medical Choice Packet</i></u>. In addition, if the case was denied, the navigators review the case and, if it was denied in error, they will <u>assist participant appeal their case.</u></p>
<p>Strategy # 4 Assistance and Advocacy to resolve insurance access or access to healthcare problems.</p>			<p style="text-align: center;">UPDATE – YEAR 2021</p>
	<p>Provide ongoing assistance to people experiencing problems with enrolment, utilizing benefits, or retention of health insurance.</p> <p>Offer system navigation support.</p> <p>Conduct troubleshooting/problem solving and advocacy services.</p> <p>Offer utilization of services assistance to ensure that the person is accessing health, dental and vision services.</p> <p>Educate participants on how to navigate the health system.</p> <p>Assist with completing the Medi-Cal packet including plan and provider selection.</p>	<p>Completed forms with assistance documented.</p> <p>CHOI Data system records of number of people contacted and assisted.</p>	<p>1. In YR 2021, it was observed that the enrollment navigators experienced a higher demand of participants experiencing problems with Medi-Cal or Covered California. Emanate Health’s GEM team assisted with <u>4,285 troubleshooting issues</u>. See attached table.</p> <p>Enrollment Navigators offer technical assistance and advocacy to participant various forms. For example, three way calls with DPSS Medi-Cal Eligibility Worker and the participant. Some problems are quite complex and may take up to two weeks (or more) to resolve; including going to the supervisor or helping participant to make an appeal. These services are time consuming and absorb many work hours. The ultimate goal is to avoid interruptions and retain coverage.</p> <p>2. In 2021 the navigators called 100% of participants six (6) months after application to verify that they are using their health, mental health and dental services. This is a time when participants express if they want to change plan or provider or if they need additional assistance. The rate of success in reaching clients is 87.67%.</p>

			This is also an opportunity to educate participants on how to navigate the system and advocate for themselves.
Strategy # 5 Insurance Retention			UPDATE – YEAR 2021
	<p>Offer assistance with redetermination and/or renewal processes to retain coverage.</p> <p>Achieve at least 80% rate of retention at 11 month after completion of application.</p> <p>Contact participants by telephone to determine if they have completed the redetermination forms or if they need assistance.</p> <p>Provide determination assistance as needed.</p> <p>Verify that they are still enrolled.</p>	<p>Completed retention verification forms.</p> <p>Completed renewal assistance forms.</p> <p>Verify 80% minimum retention rate.</p> <p>CHOI Data system report.</p>	<p>1. In 2021, the program’s rate of success for retention was over 90%. These results also qualify for best practices in the industry.</p> <ul style="list-style-type: none"> The GEM navigators contact the participants whose applications were successful in the program eleven (11) months after to verify that they are still enrolled and to offer assistance with completing the redetermination/renewal process to retain coverage. Conducted <u>1,641</u> calls to investigate and support. In addition, Emanate Health’s GEM navigators also assisted <u>865</u> participants who completed their application elsewhere with completing the redetermination/renewal process.
Strategy # 6 Increase Accessibility to Ambulatory services at community sites			UPDATE – YEAR 2021
	<p>Increase accessibility to needed outpatient services through expansion of community-based service capacity.</p> <p>Foster community partnerships to increase accessibility to outpatient services in on a timely manner.</p>	<p>List of community clinics and health centers.</p> <p>Provided information and referred uninsured to the “My Health LA” program.</p> <p>Number of referrals for health care services.</p>	<ul style="list-style-type: none"> Emanate Health continues to respond to the need to access local culturally competent physicians and specialists by establishing a 1206D clinic to increase accessibility to outpatient services in a timely manner. The health center has been welcomed by the community. The outpatient center offers free vaccination clinics and COVID testing.

	Continue to foster partnerships to improve access to specialty care services.	List of specialties available at community locations.	<ul style="list-style-type: none"> Emanate Emergency Departments have a comprehensive list of clinics and health centers available for patients for follow-up on their care. The comprehensive list is also shared with community residents who are looking for low or no-cost outpatient services. They are also screened for eligibility in Medi-Cal and, if they do not qualify, they are informed about the “My Health LA” County program which serves low-income and uninsured undocumented residents. <p>This strategy responds to the needs to access specialty care services.</p>
	<p>Increase capacity of hospital physician services to the community through partnerships with FQHCs, Clinics and Emanate Health’s Family Residency Program.</p> <p>Strategize to increase recruitment of specialty services physicians to meet the needs of the community.</p>	<p>Number of new physicians in Emanate Health’s service area.</p> <p>List of specialties.</p>	
Strategy # 7 Information Dissemination on Public Insurance program changes with focus on Public Charge			UPDATE – YEAR 2021
	Information campaign to bring reliable information to the community related to the new	Information dissemination on updates and health access changes	In order to give accurate information regarding Public Charge, Emanate Health GEM navigators receive expert trainings to keep

	<p>federal legislation on public charge.</p> <p>Train the enrolment navigators on Public Charge. Provide the tools on how to educate residents.</p> <p>Promote the Medi-Cal programs that do not count for public charge.</p> <p>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</p>	<p>as a result of the new federal government mandate.</p> <p>GEM Project staff will communicate changes and will support community members in making informed decisions related to Public Charge.</p> <ul style="list-style-type: none"> • 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. 	<p>updated with the legislative and legal changes related to the <i>Public Charge</i> law.</p> <ul style="list-style-type: none"> • Current federal law indicates that Medi-Cal is not subject to <i>Public Charge</i>. • If further assistance is required, GEM navigators offer information on non-profit community legal agencies who provide more in depth information and advice according to individual circumstances. Examples include Western Center on Law and Poverty; Neighborhood Legal Services; etc. • COVID-19 Public Charge Resource Manual prepared by the California Protecting Immigrant Families. Contains several useful resources to inform immigrant communities about <i>Public Charge</i> and COVID-19. • Make available copies of federal published information on <i>Public Charge</i>.
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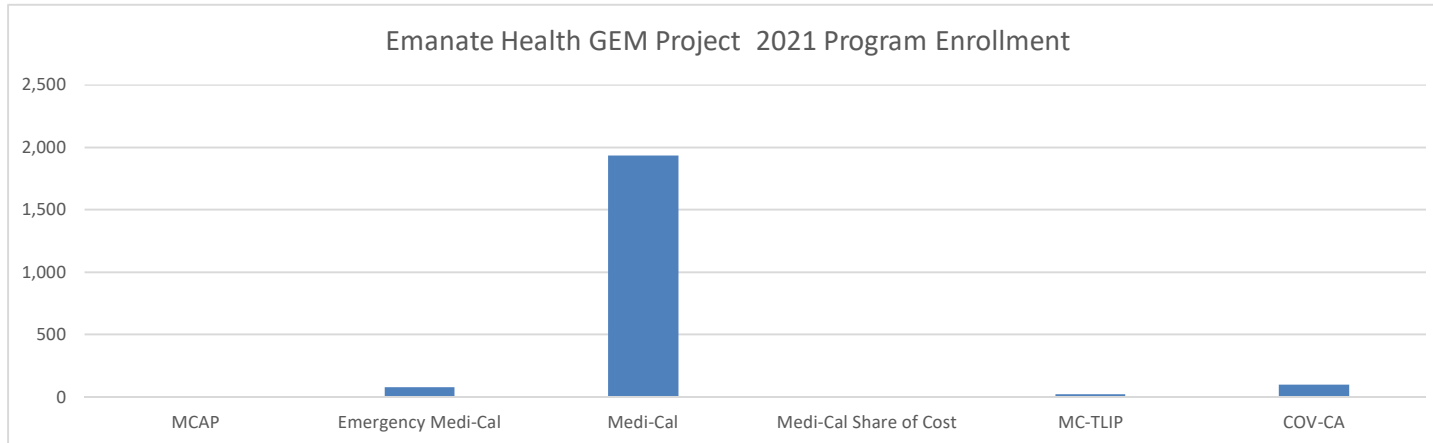
Emanate Health

Plan Update Exhibits

**Emanate Health
GEM Project
Breakdown of Enrollment by Health Insurance Program
Period: January 2021-December 2021**

2021 PROGRAM TOTALS	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	TOTAL
MCAP	1	2	0	0	1	0	0	0	0	0	0	0	4
Emergency Medi-Cal	5	6	3	9	5	14	7	5	6	4	6	7	77
Medi-Cal	111	156	152	175	170	185	141	215	161	157	163	149	1935
Medi-Cal Share of Cost	0	0	0	0	0	0	0	0	1	0	0	0	1
MC-TLIP	4	6	2	1	0	0	0	0	3	0	2	0	18
COV-CA	13	6	14	9	20	3	4	8	9	3	4	4	97

Total Applications 2,132



**Emanate Health
GEM Project
Community Outreach, Insurance Enrollment, Retention, and Utilization Report
Period: January 2021-December 2021**

2021 TOTALS	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	TOTAL
Community Outreach	331	290	343	2154	733	434	663	602	533	495	672	422	7,672
Applications	134	176	171	194	196	202	152	228	180	164	175	160	2,132
Referrals	189	265	273	332	293	331	221	366	303	275	301	277	3,426
Investigated Enrollment	100% 226	100% 184	100% 216	100% 134	100% 176	100% 171	100% 194	100% 196	100% 202	100% 152	100% 228	100% 180	100%
Enrollment Confirmed	87.61% 198	91.30% 168	90.74% 196	92.54% 124	88.07% 155	88.89% 152	87.63% 170	83.67% 164	91.58% 185	90.13% 137	85.96% 196	94.44% 170	89.20% 2015
Troubleshooting / Advocacy Assistance	260	319	345	329	418	430	311	448	334	357	354	380	4,285
Utilization Assistance	90.81% 168	81.68% 156	91.85% 124	94.76% 181	93.90% 154	87.57% 162	78.51% 95	79.75% 126	86.84% 132	84.71% 144	92.02% 150	87.23% 164	87.67% 1756
Redetermination Assistance	81.94% 127	86.26% 113	83.77% 129	92.68% 152	91.01% 162	91.77% 145	93.55% 145	85.60% 107	93.37% 169	92.31% 144	95.68% 155	97.89% 93	90.46% 1641
Other Assistance	48	103	74	44	51	69	105	99	56	41	52	123	865

updated 05/09/22

Emanate Health

IX

No Cost Community
Health Improvement,
Education, and
Wellness Programs



2021 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.

Executive Summary

Emanate Health advocates and coordinates health prevention programs and community education over the full continuum of care.

2. **Health Education and Support Groups** – Education and Support Groups are offered by Emanate Health hospitals. Particularly at the onset of COVID-19 and the restrictions, the organization has been offering the services via telephone, social media and email. Most sessions are provided free of charge; occasionally there is a minimal charge for materials. All programs fall under one of the following categories:

Childbirth Education

- Breast-Feeding Educational Classes (online)
- Breastfeeding Support Groups (online)
- Stroke Survivors
- Cancer Survivors (Grupo de apoyo) Spanish support group for adults with diabetes
- Diabetes Education
- Breath Savers Club

Multiple departments coordinate all activities, classes and programs.

3. **2021 Virtual Stroke Community Event/Video** - To help combat sobering statistics on the impacts of stroke, Emanate Health hosted a Facebook Live Chat focused on Stroke Care and Seizures on February 3, 2021.

COVID-19 - Education

As the COVID-19 pandemic continued in 2021, it was recognized that community residents would be putting themselves at greater health risk by delaying their primary care checkups, follow-up specialty care appointments and surgeries. Those experiencing serious symptoms, including signs of stroke and heart attack, might delay emergency room visits. Emanate Health kicked off the **“It’s Time. Don’t Delay Your Care” Campaign** to encourage residents in the San Gabriel Valley to

1. _____
 1: 1 2021 Community Education and Outreach

access healthcare services including *Telehealth* to enroll in free and/or low cost health insurance, schedule appointments and receive care.

In July of 2020, Emanate Health had introduced its “**Ask the Doctor**” informational series of live chats, videos and articles. All Ask the Doctor series videos continue to be available to the public in Emanate Health’s website, <https://www.emanatehealth.org/resources/video-library/>. Building upon the series produced in the previous year, Emanate Health continued to offer a total of 46 new videos and article-segments, including twelve Facebook Live segments, during year 2021.

Emanate Health engaged in **virtual Town Hall meetings** with staff and community residents to offer trustworthy updates on COVID-19 and to provide answers to important questions. Emanate Health reached out to elected officials, chambers of commerce, schools, community-based organizations and the public via email and social media to maintain everyone well informed. The hospital system posted consistent updates on COVID-19 resources to staff and the public.

Emanate Health’s Disease Control Specialty Physicians served as COVID-19 subject-matter experts in a variety of *media interviews*.

Blood Drive

Emanate Health continued to partner with American Red Cross (ARC) and hosted a total of twenty (20) blood drives at its three hospitals. 1. Foothill Presbyterian Hospital: 4 blood drives; 2) Inter-Community Hospital: 6 blood drives; and Queen of the Valley Hospital: 10 blood drives respectively. As a result of the partnership, the ARC collected 761 units of blood that will help save hundreds of lives.

Vaccination Clinics

Emanate Health Out-Patient Services hosted a free two-day community COVID-19 vaccine clinic in April of 2021, where 1,824 shots were dispensed. In early May 2021, Emanate Health Out-Patient Services hosted a second free two-day community Covid-19 vaccine clinic, to provide a second dose of the previously administered shot. At the second clinic 1,743 individuals received their second dose. On November 13, a Covid-19 vaccine clinic for children ages 5 to 11, and a community flu vaccine clinic were hosted concurrently. Over 200 children received their first dose and were invited to return for their second dose on December 4. The public was invited and encouraged to make an appointment to receive the vaccine. Due to the COVID-19 pandemic, Emanate Health followed the CDC guidelines for social distancing and face cover.

Emanate Health Volunteer Support Groups offer Preventative Health Support and Education

The Breath Savers Club

The Breath Savers are a non-profit volunteer group, under the umbrella of Emanate Health Foundation’s non-profit status. The group is still awaiting the opportunity to resume monthly luncheons, and until then, still complies with the guidelines and direction of Emanate Health’s

Infection Control department. Prior to the COVID lockdown, the Breath Savers met monthly. The purpose of the gatherings is to provide important peer support, education, and to encourage follow-up care and health maintenance. The respiratory therapists, from EH Pulmonary Rehab, help with the serving of food. This also gives them an opportunity to visually observe members, especially those who have not been attending the EH Pulmonary Maintenance Program.

Breath Savers continue to offer scholarships to the patients of Pulmonary Rehab who cannot afford to pay for the maintenance and preservation of lasting rehabilitation therapy.

Breath Savers continues to publish its quarterly newsletter, *Our Daily Breath*. We have a readership of over 550 copies nationally, with over 200 readers within Emanate Health's service area. The content of *Our Daily Breath* focuses on breathing in general, various pulmonary diseases and conditions. Also included are motivational and emotionally supportive information, like maintaining healthy relationships and how to cope with the COVID-19 quarantine. The newsletter is available in Emanate Health's website, <https://www.emanatehealth.org/services/pulmonary-rehabilitation/>.

The Breath Savers continue to make *phone calls* to pulmonary patients to check how they are and to offer support with accessing care.



Life Saving & Changing Stroke Procedures at Queen of the Valley Hospital



Richard M. Young, MD
Medical Director

Emanate Health Neurointerventional Services

ASK THE DOCTOR LIVE

1/13/21 @ 11 a.m.



**Q&A with
Ankur Patel, MD**

Emanate Health Orthopedic Surgeon

ASK THE DOCTOR



ASK THE DOCTOR LIVE

2/3/21 @ 11 a.m.



Claudia Muñoz, MD, MPH
Medical Director of Neurosciences
Emanate Health



Questions about heart disease?

ASK THE DOCTOR



Frank Lin, MD, FACC
Co-medical Director
Inter-Community Hospital Cath Lab



ASK THE DOCTOR LIVE

February 17, 2021 at 11 a.m.
Wound Care & COVID-19

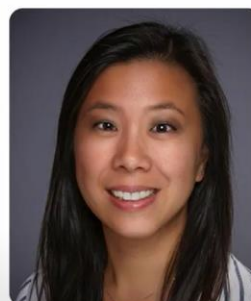


John W. Lindberg, MD
Medical Director of
Rehabilitation Services



ASK THE DOCTOR LIVE

February 24, 2021 at 11 a.m.
**Getting Healthy at Home
with COVID-19**



Cynthia S. Chen-Joea, DO, MPH





ASK THE DOCTOR LIVE

March 3, 2021 at 11 a.m.
Emergency Medicine Today



Sergio Hernandez, MD
Emergency Medicine Physician



ASK THE DOCTOR LIVE

March 10, 2021 at 11 a.m.
**Endometriosis, What You
Need To Know**



Edward Tangchitnob, MD
Medical Director, Minimally Invasive
Gynecologic & Robotic Surgery



Ask the Doctor: Don't Delay Your Care



ASK THE DOCTOR

Don't Delay Your Care



Kevin Hua, DO
Site Director, Emergency Medicine
Inter-Community Hospital

Ask the Doctor: Back to School Health & Safety



ASK THE DOCTOR LIVE

March 24, 2021 at 11 a.m.
**Back to School Health
& Safety**



Aarti Kulshrestha, MD
Pediatrician



ASK THE DOCTOR

Don't Delay Your
Emergency Care



Augusto Cigliano, MD
Emergency Medicine
Inter-Community Hospital



ASK THE DOCTOR

What You Need To Know
To Have Happy Feet



Anna Maria M. Tan, DPM
Podiatrist
Emanate Health Care Center



IT'S TIME!
DON'T DELAY
YOUR CARE.



VISITORS
WELCOME
emanatehealth.org

According to the Centers for Disease Control and Prevention, women who are pregnant are more likely to develop serious symptoms from COVID-19. Since the new vaccines have become available, there have been questions around the safety and efficacy of the COVID-19 vaccine for pregnant women.

For this week's Ask The Doctor, Maggie Pham, MD shares 3 facts about COVID-19 vaccines for moms-to-be. [Click here](#) to see this week's Ask The Doctor, blog edition.

Maggie Pham, MD is a board certified obstetrics & gynecology medicine physician practicing at Emanate Health Care Center. She attended medical school at Western University in Pomona, CA and completed her residency at Advocate Illinois Masonic Medical Center in Chicago, Illinois.




Learn More about Emanate Health OB/GYN

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




What You Need To Know About Urology & COVID-19



ASK THE DOCTOR

What You Need To Know About Urology & COVID-19



Jeremy Montez, MD
Urologist



IT'S TIME!
DON'T DELAY
YOUR CARE.



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Black Americans are at higher risk of developing a stroke than other populations. A new study published in the journal *Hypertension* found that Black young adults are nearly four times more likely than their white peers to have a stroke.

For this week's Ask The Doctor, Neurologist Jagat Shetty, MD, shares 3 ways to help prevent stroke, especially in black communities. [Click here](#) or the link below to see this week's Ask The Doctor, blog edition.

Read the Full Story

Jagat Shetty, MD is a board certified neurology physician practicing at Emanate Health Care Center.

His areas of expertise include:

- Sleep medicine
- Headache
- Movement disorders
- Epilepsy

He attended undergraduate school at Duke University, medical school and an internship at University of Connecticut and completed his residency at Mount Sinai Hospital, NYC, and a fellowship at the University of Michigan.



ASK THE DOCTOR

Advances in Medicine:
Interventional Radiology



K. Arsalaan Ahmed, MD
Interventional Radiologist



ASK THE DOCTOR

B.E.F.A.S.T.
Know the Symptoms
of a Stroke



Richard M. Young, MD
Medical Director,
Emanate Health Neurointerventional Services



ASK THE DOCTOR

Reduce Your Risk:
5 Ways to Help
Prevent a Stroke



Richard M. Young, MD
Medical Director,
Emanate Health Neurointerventional Services

ASK THE DOCTOR

Joint Pain & Arthritis:
What You Need To Know



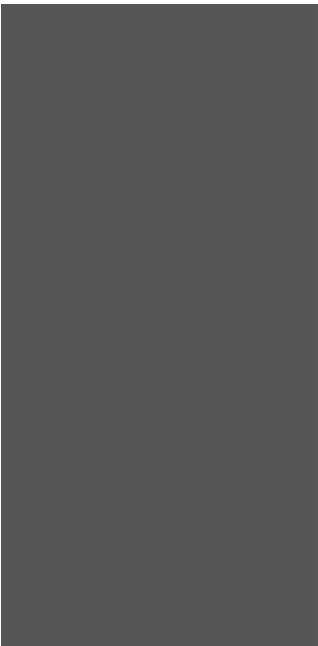
Paul Yang, MD
Orthopedic Surgeon
Emanate Health Orthopedics

Questions about
prostate health?

ASK THE DOCTOR



Jeremy Montez, MD
Urologist



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COVID-19 vaccines are safe, effective and free. And virtually anyone 12 and older who wants one can now get vaccinated. That's good news in America's fight against the pandemic. But not everyone is seizing this opportunity.

That may be particularly true of young, healthy people. Polls suggest that some individuals are hesitant when it comes to the vaccine. For this week's Ask The Doctor, click the link below to learn more about vaccines and adolescents, as told by pediatrician, Michael Madanat, MD.

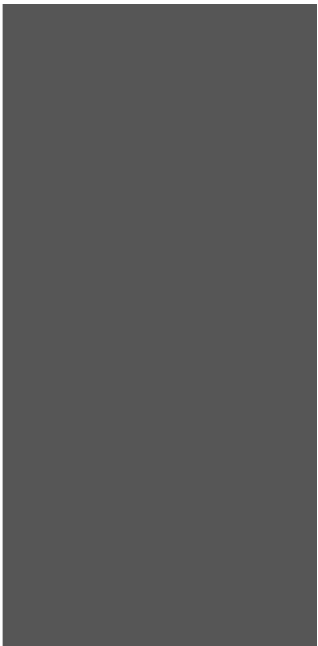
4 Reasons For Gen Z To Roll Up Their Sleeves

Michael G Madanat MD, MBA, MS, FAAP is a board certified pediatric physician providing care in the San Gabriel Valley. He speaks English, Arabic and Spanish.

Dr. Madanat attended medical school at Tufts University in Massachusetts and served an internship at UCLA Medical Center. He completed his residency at UCLA Mattell Children's Hospital.



Where **{healthy}** comes from



Questions about total joint replacement? Ask The Doctor

Emanate Health™

**Questions about total joint replacement?
ASK THE DOCTOR**



Paul Yang, MD
Orthopedic Surgeon
Emanate Health Orthopedics

Questions about your vascular health? Ask The Doctor



Questions about your
vascular health?

ASK THE
DOCTOR



Ahmad Hussain, MD, FACS
Vascular Surgeon

Managing High Blood Pressure: What You Need To Know



Managing High Blood Pressure:
What You Need To Know

ASK THE
DOCTOR



Srikant K. Duggirala, MD
Cardiac Electrophysiologist



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Cervical cancer used to be one of the most common causes of cancer death for American women. The good news is that early detection and prevention has caused the fatality rate to drop significantly thanks to the pap test screening.

In addition to keeping up with your doctor visits, there are other preventative methods and lifestyle changes that may help prevent the development of cervical cancer.

For this week's Ask The Doctor, click on the link below to learn more about what you can do to prevent cervical cancer from Samuel Kassir, MD.

[What every woman can do to prevent cervical cancer](#)

Samuel Kassir, MD is a board certified obstetrics and gynecology physician with Emanate Health, serving patients in the San Gabriel Valley. He attended medical school and served a residency at Kansas City School of Medicine.



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Questions about peripheral arterial disease (PAD)? Ask The Doctor



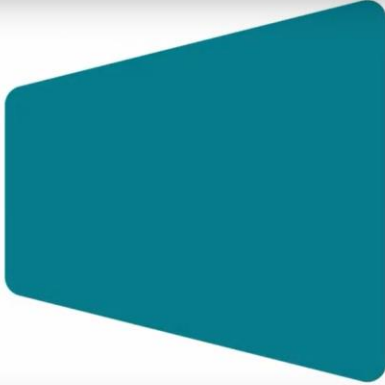
Questions about
peripheral arterial
disease (PAD)?

ASK THE
DOCTOR



Ahmad Hussain, MD, FACS
Vascular Surgeon

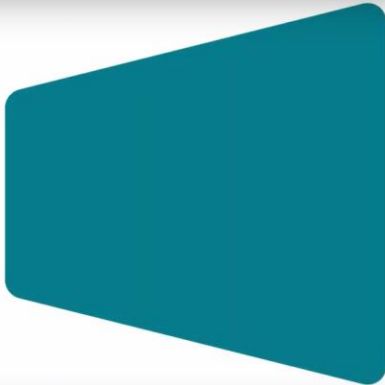
Swim Safe this Summer: Ask the Doctor - Special Edition



Swim Safe This Summer
Drowning Prevention Tips



Heat Exhaustion vs Heat Stroke: Ask the Doctor - Special Edition



Heat Exhaustion vs. Heat Stroke
Know the Difference



How has the pandemic affected kids? Ask The Doctor



How has the pandemic affected kids?

ASK THE DOCTOR



Michael G. Madanat, MD, MBA, MS, FAAP
Pediatrician

Managing High Blood Pressure: What You Need To Know



Managing High Blood Pressure:
What You Need To Know

ASK THE DOCTOR



Srikant K. Duggirala, MD
Cardiac Electrophysiologist

Well-child visits, vaccines & more: Ask The Doctor



Well-child visits,
vaccines & more

ASK THE DOCTOR



Michael G. Madanat, MD, MBA, MS, FAAP
Pediatrician

How to self-care with COVID-19: Ask The Doctor



How to self-care
with COVID-19

ASK THE DOCTOR



Cynthia Chen-Joea, DO, MPH, CPH
Director of Inpatient Medicine



**COVID-19 & Vaccine Facts:
What You Should Know**

ASK THE DOCTOR



Sohanjeet S. Bassi, MD
Infectious Diseases Specialist



**What You Need to Know
About the Delta Variant**

ASK THE DOCTOR



Sohanjeet S. Bassi, MD
Infectious Diseases Specialist



Keeping Your Kids
Safe In The Classroom

ASK THE DOCTOR



Aarti Kulshrestha, MD
Pediatrician



The Mind Matters

ASK THE DOCTOR LIVE

September 29, 2021 at Noon

A Discussion of
Brain Injury & Stroke



John W. Lindberg, MD
Medical Director of
Rehabilitation Services



How Breast Cancer Screenings Can Save Lives

ASK THE DOCTOR



Te-Jung (Tiffany) Tsai, MD
Breast Imaging Radiologist



Questions About Telemedicine?

ASK THE DOCTOR



Steven Davis, DO
Family Medicine



How Can I Make The Most Of My Televisit?

ASK THE DOCTOR



Steven Davis, DO
Family Medicine



What is Electrophysiology?

ASK THE DOCTOR



Srikant K. Duggirala, MD
Cardiac Electrophysiologist



What are the ABC's of Diabetes? Ask the Doctor



What are the A,B,Cs
of Diabetes?

ASK THE DOCTOR



Harnek Singh, MD
Chief Resident

Emanate Health Family Medicine Residency Program

What Should You Know About Diabetes Treatment and Prevention? Ask The Doctor



What should you know about
diabetes treatment & prevention?

ASK THE DOCTOR



Harnek Singh, MD
Chief Resident

Emanate Health Family Medicine Residency Program



Questions about epilepsy
and seizures?

ASK THE DOCTOR



Claudia Muñoz, MD, MPH
Medical Director of Neurosciences
Emanate Health



Questions about
Sports Medicine?

ASK THE DOCTOR



Michael Yeranorian, MD
Orthopedic Surgeon
Sports Medicine Specialist

Got wrist pain or numb fingers? Ask The Doctor



Got wrist pain or numb fingers?

ASK THE DOCTOR



Rosemary Yi, MD
Orthopedic Surgeon
Upper Extremity Specialist

