

POMONA VALLEY HOSPITAL

MEDICAL CENTER

Expert care with a personal touch

2017

Community Benefit Plan

and Implementation Strategy in Support of Pomona Valley Hospital Medical Center's 2015 Community Health Needs Assessment



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Prepared in Compliance with
California's Community Benefit Law and
Section 501(r)(3) of the Internal Revenue Code
Report for fiscal year 2016



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Preface

California's Community Benefit Law

California's Community Benefit Law, referred to as Senate Bill 697 (SB 697) is found in the California Health and Safety Code, section 127340-127365. A detailed description of the law may be found in the appendix. The law began in response to increasing interest from the community on contributions not-for-profit hospitals gave to their communities. The California Association of Catholic Hospitals and the California Healthcare Association co-sponsored SB 697 which was signed into law September, 1994.

Senate Bill 697 requires private not-for-profit hospitals in California to describe and document the full range of community benefits they provide to their communities. Hospitals are required to provide a written document describing the hospital's charitable activities to the community as a not-for-profit organization and submit this report annually. Every three years, hospitals conduct a community needs assessment and consequently develop a formal planning process addressing those issues. The goals and intent of SB 697 is that hospitals will collaborate with regional community partners to identify community needs and to work together in developing a plan to meet those needs.

Federal Requirements

Federal requirements in Section 501(r)(3) of the Internal Revenue Code, created by *The Patient Protection and Affordable Care Act* (2010), require not-for-profit hospitals and healthcare organizations to conduct a triennial Community Health Needs Assessment (CHNA) and complete a companion Implementation Strategy for addressing those identified community needs. These requirements are a provision to maintaining tax-exempt status under Section 501(c)(3). In compliance with these requirements, Pomona Valley Hospital Medical Center (PVHMC) conducted a 2015 CHNA and completed an Implementation Strategy to address the significant needs identified in our assessment. A summary of the 2015 CHNA and Implementation Strategy has been included in our 2016 Community Benefit Plan and PVHMC continuously monitors performance metrics to track progress and gauge the success of our outlined programs and strategies.

Approval from a Governing Body

PVHMC's 2015 Community Health Needs Assessment (CHNA) and Implementation Strategy included in this report were adopted by the Board of Directors on May 7, 2015. As we proceed with 2017, PVHMC plans to continue supporting its varied community benefit activities and programs currently in place as described in this report, and develop new programs, when appropriate, to meet the needs of the community as identified in our most recent Community Health Needs Assessment.

Executive Summary

Pomona Valley Hospital Medical Center (PVHMC) is a 437-bed, fully accredited, acute care hospital serving eastern Los Angeles and western San Bernardino counties. For over a century, PVHMC has been committed to serving our community and plays an essential role as a safety-net provider and tertiary referral facility for the region.

A nationally recognized, not-for-profit facility, the Hospital's services include Centers of Excellence in Cancer Care, Cardiac and Vascular Care, Women's and Children's Services, and Kidney Stones. Specialized services include centers for Breast Health, Sleep Disorders, a Neonatal ICU, a Perinatal Center, Physical Therapy/Sports Medicine, a full-service Emergency Department which includes our Los Angeles County and San Bernardino County STEMI receiving center designation, Robotic Surgery, and the Family Medicine Residency Program affiliated with UCLA. Satellite Centers in Chino Hills, Claremont, Covina, and Pomona provide a wide range of outpatient services including physical therapy, urgent care, primary care, radiology and occupational health. Along with being named one of Healthgrades 100 Best Hospitals for Cardiac Care, 2014-2015 (only one of 3 in California to receive all 3 Top 100 recognitions in 2014-2015) and receiving Healthgrades 2015 Patient Safety Award, The Joint Commission has given PVHMC the Gold Seal of Approval™ for certification as a Primary Stroke Center for Los Angeles County, demonstrating what we have been doing all along - providing quality care and services in the heart of our community.

As a community hospital, we continuously reflect upon our responsibility to provide high-quality healthcare services, especially to our most vulnerable populations in need, and to renew our commitment while finding new ways to fulfill our charitable purpose. Part of that commitment is supporting advanced levels of technology and providing appropriate staffing, training, equipment, and facilities. PVHMC works vigorously to meet our role in maintaining a healthy community by identifying health-related problems and developing ways to address them.

In 2015, in compliance with California's Community Benefit Law and Section 501(r)(3) of the Internal Revenue Code, created by *The Patient Protection and Affordable Care Act* (2010), a Community Health Needs Assessment was completed. This assessment is intended to be a resource for PVHMC in the development of activities and programs that can help improve and enhance the health and well-being of the residents of Pomona Valley. In response to the assessment's findings, an Implementation Strategy was developed to operationalize the intent of PVHMC's Community Benefit Plan initiatives through documented goals, performance measures, and strategies.

PVHMC demonstrates its profound commitment to its local community and has welcomed this occasion to formalize our Community Benefit Plan and Implementation Strategy. Our community is central to us and it is represented in all of the work we do. PVHMC has served the Pomona Valley for 114 years, and we value maintaining the health of our community.

About Pomona Valley Hospital Medical Center

Our Mission

Pomona Valley Hospital Medical Center is dedicated to providing high-quality, cost-effective health care services to residents of the greater Pomona Valley. The Medical Center offers a full range of services from local primary acute care to highly specialized regional services. Selection of all services is based on community need, availability of financing and the organization's technical ability to provide high quality results. Basic to our mission is our commitment to strive continuously to improve the status of health by reaching out and serving the needs of our diverse ethnic, religious and cultural community.

Our Vision

PVHMC's vision is to:

- **Be the region's most respected and recognized Medical Center and market leader** in the delivery of quality health care services;
- **Be the Medical Center of choice for patients and families** because they know they will receive the highest quality care and services available anywhere;
- **Be the Medical Center where physicians prefer to practice** because they are valued customers and team members supported by expert health care professionals, the most advanced systems and state-of-the-art technology;
- **Be the Medical Center where health care workers choose to work** because PVHMC is recognized for excellence, initiative is rewarded, self-development is encouraged, and pride and enthusiasm in serving customers abounds;
- **Be the Medical Center buyers demand (employers, payors, etc.) for their health care services** because they know we are the provider of choice for their beneficiaries and they will receive the highest value for the benefit dollar; and,
- **Be the Medical Center that community leaders, volunteers and benefactors choose to support** because they gain satisfaction from promoting an institution that continuously strives to meet the health needs of our communities, now and in the future.

Our Values

- C = Customer Satisfaction
- H = Honor and Respect
- A = Accountability: The Buck Stops Here
- N = New Ideas!
- G = Growing Continuously
- E = Excellence: Do the Right Things Right!

Our Location

1798 N. Garey Avenue, Pomona, CA 91767

Our Organizational Structure

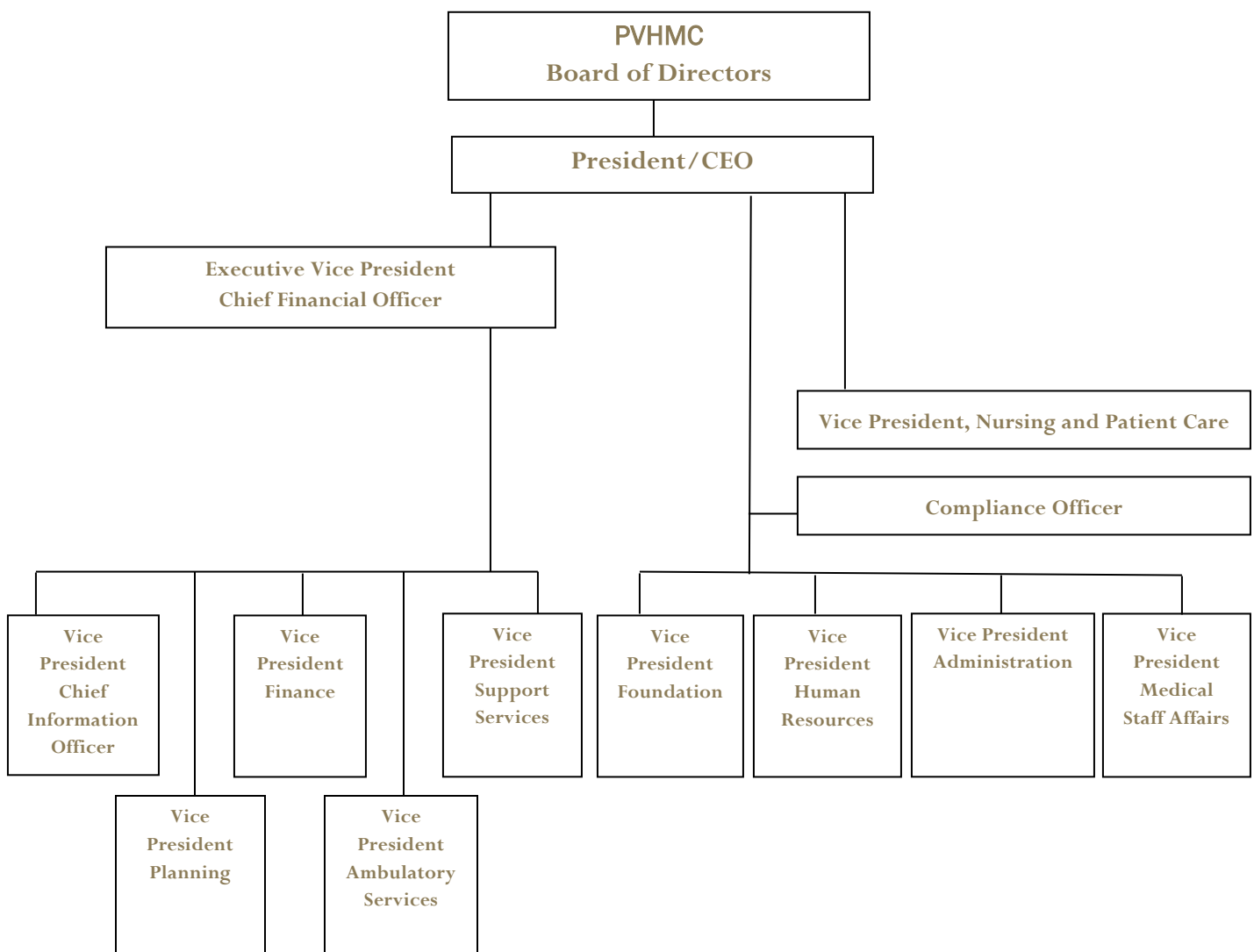
PVHMC is governed by a Board of Directors whose members are representative of the community, hospital and medical staff leadership. The Board of Directors has been integrally involved from the earliest days of the Senate Bill 697 process. The President/CEO is charged with the day-to-day administrative leadership of the organization and is assisted by an executive team of vice presidents who oversee specific departments.

President/Chief Executive Officer: Richard E. Yochum, FACHE

Chairman, Board of Directors: Kevin McCarthy

Community Benefit Executive: Leigh C. Cornell, MHA

Figure 1. Organization Chart



Unique Pomona Valley Hospital Medical Center Assets

PVHMC offers the following healthcare services and distinguished designations to our community:

Services

- **Emergency Care Services**
(Level 2 Emergency Center; pre-Trauma designation)
- **Adult Services**
(General Medical and Surgical Services, Critical Care Services, Cardiac Catheterization and Surgery)
- **Pediatric Services**
(General Pediatric Medical and Surgical Services, Level IIIB Neonatal Intensive Care, Pediatric Outpatient Clinics)
- **Obstetric Services**
(High Risk Obstetrics, High Risk Obstetric Transport Services, Perinatology)
- **Ambulatory Services**
(Cancer Care Center, Regional Kidney Stone Center, Sleep Disorders Center, Family Health Center, Radiology and Physical, Occupational, and Speech Therapy)
- **Family Medicine Residency Program**
(Affiliated with the David Geffen School of Medicine at UCLA)

Awards and Designations

- Joint Commission Accredited Hospital
- Los Angeles County STEMI-receiving Hospital; EDAP- Emergency Department Approved Pediatrics
- Los Angeles County Disaster Resource Center
- US News & World Report rankings as a “Best Hospital” for 2014-2015
- “A” Rating by the LEAPFROG Group 2013, 2014, 2015
- Healthgrades America’s 100 Best Hospitals for Coronary Intervention, 2013-2015
- Healthgrades America’s 100 Best Hospitals for Cardiac Care, 2014-2015 *(only one of 3 in California to receive all 3 Top 100 recognitions in 2014-2015)*
- Primary Stroke Center certified by The Joint Commission
- Advanced certification in Palliative Care by The Joint Commission (only the third Hospital in California)
- The Joint Commission Certification for Orthopedic Joint Replacement, 2015 (only 24 in the state of California)
- Healthgrades “Top 100” Hospital in America for Cardiac Care, Cardiac Surgery, and Coronary Intervention
- American Heart Association/American Stroke Association (AHA/ASA) “Get With the Guidelines” Gold Plus Target Recognition for treating Strokes, 2014, 2015
- American Heart Association (AHA), “Get with the Guidelines” Gold Plus Recognition award for treating Heart Failure patients in 2010, 2011, 2012, 2013, 2014, 2015
- Blue Distinction Center recipient for spine care, knee and hip replacement, and cardiac care-2013
- Maternity Care Excellence Award – Healthgrades 2008, 2009, 2011, 2012, 2013, 2014 (Denotes top 5% in the nation); Baby Friendly Designation -2014
- Healthgrades Outstanding Patient Safety Excellence Award-2013 and Outstanding Patient Experience Award - 2012
- US News and World Report Best Hospitals – Nephrology & Urology 2014

PVHMC Admission Statistics

	2014	2015	2016
Total Admissions	20,102	21,538	22,279
Percentage Direct Admit	56%	52%	46%
Overall Hospital Length of Stay	4.5	4.3	4.1
Average Daily Census (Acute)	249	252	247
Average Daily Census (Adult-Only)	193	202	203
Emergency Visits (including LWBS and Admissions)	93,499	102,226	101,442
Hours on Diversion	113	373	451
Surgery			
Inpatient	3,300	3,444	3,247
Cardiac Surgery	190	197	192
Specialty Lab	6,383	6,324	5,566
Cath Lab Procedures			
Inpatient	2,491	2,195	1,967
Outpatient	3,791	3,062	2,851
Dialysis Treatments	3,270	3,518	3,343
Radiation Oncology	25,975	29,211	27,580
Deliveries	7,016	7,479	7,076
NICU Days	17,595	15,325	13,029
Ambulatory Visits	472,796	506,091	514,391
Sweet Success Visits	9,156	9,439	9,659
Respiratory	199,119	237,919	219,217

Facts and Figures

Year PVHMC Established: 1903

Number of Licensed Beds: 437

Average Number of Associates: 3,179

Number of Volunteers: 1,061

Number of Volunteer Service Hours: 92,412

Number of Active Physicians on Medical Staff: 437

Our Community

Pomona Valley Hospital is located in Los Angeles County within Strategic Planning Area 3 (SPA 3) and closely borders San Bernardino County. Our community is defined by our primary service area, which encompasses the cities of Pomona, Claremont, Chino, Chino Hills, La Verne, Ontario, Rancho Cucamonga, Alta Loma, Upland, and San Dimas and make up a total population of 840,789 (Source: U.S. Census Bureau, 2010). Our secondary service area includes additional surrounding cities in San Gabriel Valley and western San Bernardino County.

For the purposes of the California Community Benefit Law, the ACA, and the new federal requirement to conduct a triennial Community Health Needs Assessment and Implementation Strategy, our service area was determined and defined by analyzing inpatient admissions data and discharge data from the Office of Statewide Health Planning and Development (OSHPD).

Map 1: The Communities We Serve

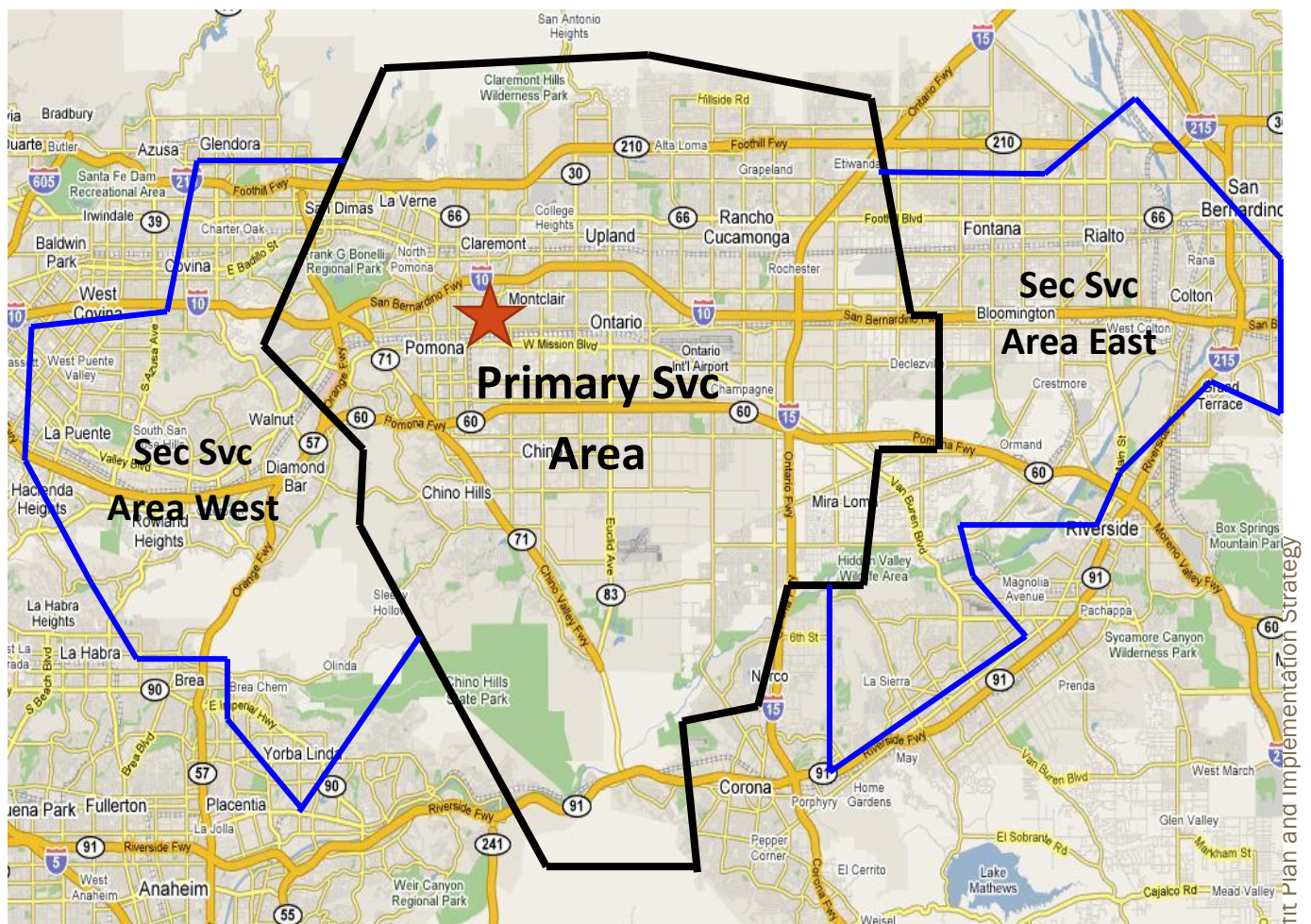


Table 1: PVHMC's Primary Service Area Population

City	County	2010 Population
Pomona	Los Angeles	149,058
Claremont	Los Angeles	34,926
La Verne	Los Angeles	31,063
Chino	San Bernardino	77,983
Chino Hills	San Bernardino	74,799
Ontario	San Bernardino	163,924
Upland	San Bernardino	73,732
Montclair	San Bernardino	36,664
San Dimas	Los Angeles	33,371
Rancho Cucamonga	San Bernardino	165,269
Alta Loma	San Bernardino	n/a ¹

Source: U.S. Census Bureau, 2010

¹Alta Loma data were not available separately (included with Rancho Cucamonga data)

Table 2. Ethnic Diversity of Our Community 2010

City	White	Hispanic or Latino	Black/African-American	American Indian	Asian	Hawaiian/Pacific Islander	Other	Two or More Races
Pomona	48.0%	70.5%	7.3%	1.2%	8.5%	0.2%	30.3%	4.5%
Claremont	70.6%	19.8%	4.7%	0.5%	13.1%	0.1%	5.8%	5.2%
La Verne	74.2%	31.0%	3.4%	0.9%	7.7%	0.2%	9.1%	4.5%
Chino	56.4%	53.8%	6.2%	1.0%	10.5%	0.2%	21.2%	4.6%
Chino Hills	50.8%	29.1%	4.6%	0.5%	30.3%	0.2%	8.7%	4.9%
Ontario	51.0%	69.0%	6.4%	1.0%	5.2%	0.3%	31.3%	4.7%
Upland	65.6%	38.0%	7.3%	0.7%	8.4%	0.2%	12.9%	4.8%
Montclair	52.7%	70.2%	5.2%	1.2%	9.3%	0.2%	27.0%	4.4%
San Dimas	72.0%	31.4%	3.2%	0.7%	10.5%	0.1%	8.5%	4.9%
Rancho Cucamonga	62.0%	34.9%	9.2%	0.7%	10.4%	0.3%	12.0%	5.4%
Alta Loma ¹	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Source: U.S. Census Bureau, 2010

¹Alta Loma data were not available separately (included with Rancho Cucamonga data)

2015 Community Health Needs Assessment

Grounded in a longstanding commitment to address the health needs of our community, Pomona Valley Hospital Medical Center (PVHMC) partnered with California State University San Bernardino's Institute of Applied Research (IAR) to conduct a formal Community Health Needs Assessment (CHNA). The complete 2015 CHNA process consisted of primary and secondary data collection, including valuable community, stakeholder, and public health input, that was examined to prioritize the most critical health needs of our community and serve as the basis for our Community Benefit Plan initiatives and Implementation Strategy.

Methodology

Primary data was collected via telephone survey and consisted of input from 333 residents- including low income, medically-underserved and minority members- within eleven communities that we serve. Telephone surveys were conducted between January 7, 2015 and January 10, 2015. The Principal Investigator was Barbara Sirotnik, PhD and the Project Coordinator was Lori Aldana, MBA. Additional primary data was obtained through PVHMC's interview with Christin Mondy, Los Angeles County SPA 3 and SPA 4 Health Officer, and through three focus group meetings with organizations who represent the broad interests of the communities we serve. Secondary supporting data highlighting health status indicators and major health influencers was collected from several sources, and when appropriate, compared to Healthy People 2020 goals.

Every attempt was made to solicit primary, secondary, and health-related information relative to the communities we serve. In some instances, PVHMC's ability to assess the health needs was limited by lack of existing data at the city and county level. Additionally, in some instances, comparable health-related data was limited across both counties in which our primary service area encompasses.

Objectives

The objectives of the 2015 CHNA were to: 1) objectively look at demographic and socioeconomic aspects of the community, health status, and barriers to receiving care, 2) identify opportunities for collaboration with other community based organizations 3) identify communities and groups that are experiencing health disparities, and 4) to assist PVHMC with the development of resources and programs that will improve and enhance the well-being of the residents of Pomona Valley.

The following is a summary of PVHMC's 2015 CHNA. The full report is widely available for review on our website (pvhmc.org).

Community Profile

- **Densely populated**
Over 840,000 residents living in PVHMC's primary service area¹
- **Ethnically and Linguistically Diverse**
PVHMC's service area is predominately Hispanic and Caucasian¹
- **Young**
26.6% of the population is under the age of 18; 64.3 % are under the age of 65¹
- **Limited Education**
36.8% of Pomona residents have less than a 12th grade education; 26% are high school graduates²

¹ United States Census Bureau, 2010

² American Community Survey, 2006-2010 5 year estimates, California Department of Finance

- **Low Income**

17.2% of Pomona residents are living at or below the federal poverty level²

Summary of Needs Assessment Findings

In general, this section of the report is divided by conceptual categories. The following is a summary of findings from surveying 333 members of our community:

Demographic and Self-Reported Health Status

		2009	2012	2015
Gender	Male	35.9%	32.5%	42.3%
	Female	64.1%	67.5%	57.4%
Married		63.4%	58.8%	55.8%
Some College or College Degree		71.4%	74.4%	67.8%
Median Household Income Category		\$ 50,000 - \$66,000	\$50- \$66,000	\$ 50,000- \$65,000
Ethnicity	Caucasian	62.2%	57.7%	51.3%
	Hispanic	28.3%	26.1%	41.8%
Average Age		54	55	53
Average # of Years Living in Community		23	23	20
Average # of People Living in the Household		3	3	3
Those with No Children Living in the Household		58.0%	57.2%	61.7%
(Of those with Children): # of Children Living in the Household				
	One	44.2%	42.5%	44.1%
	Two	31.0%	37.2%	25.2%

When respondents were asked “would you say that in general your health is excellent, very good, fair or poor” (Question 25), most of the respondents (68.8%) said “excellent” or “very good”. Only 3.3% said their health is “poor.” These figures are not a significant shift from 2009 and 2012 values.

Table 3: Respondents’ Rating of their Health

	2009	2012	2015
Excellent	15.1%	16.4%	15.2%
Very Good	54.9%	51.4%	53.6%
Fair	23.7%	25.1%	27.9%
Poor	6.2%	4.3%	3.3%

Health Insurance Coverage:

- The majority of respondents (80.5%) said that **all** of the adults in the household are covered by insurance, with another 14.0% saying that some of the adults are covered. Only 5.5% of them said that **none** of the adults are covered by health insurance. This is a significant improvement from previous year’s needs assessments when only 76.6% of respondents said that all of the adults in the household were covered by insurance
- The vast majority (95.2%) said that **all** of their children are covered by health insurance. Only 3 people (2.4%) said that **none** of the children are covered, and another 3 people (2.4%) said the some of the children are covered. These figures are a significant improvement from 2009 and approximately the same as those collected in 2012 for previous assessment reports.
- The health insurance trend found in the 2015 assessment is as follows:
 - Younger people are less likely to have all adults covered than older people
 - Hispanics are less likely to have all adults covered than non-Hispanics

- People with higher incomes are more likely to have all adults covered than those with lower incomes
- Those people with more education are most likely to report that all adults are covered

Barriers to Receiving Needed Health Services:

- When asked if they or anyone in their family had needed any health services within the past year that they could not get, 11.6% (38 people) said “yes.”
- As might be expected, income was strongly related to the this question: 24% of those making \$35,000 a year or less reported that they had needed services that they couldn’t get, as opposed to 11% of those making \$35,000 up to \$80,000, and 5% of those making \$80,000 or more.
- When asked what kept them from getting needed services (Question 8a), cost was the number one factor, with 27.0% (10 people) saying they are worried about the cost of services and/or co-payments, and 13.5% (5 people) indicating a concern about the cost of needed prescriptions. Another 9 said they do not have health insurance and 3 said their provider wouldn’t accept their insurance coverage.
- What services were those people unable to get in the last year? The answers from the 37 people who responded were quite varied: 7 mentioned dental care, 4 mentioned some type of surgery, three mentioned vision, and another 3 indicated that they couldn’t get prescriptions filled.

Utilization of Primary Care and Preventative Services:

- Most respondents reported that they keep up with regular doctor visits. That is, 80.3% of them said they had visited their doctor for a general physical exam (as opposed to an exam for a specific injury, illness or condition) within the past year
- 83.2% said that all of their children had a preventative health care check-up within the past year; another 0.8% said that *some* of the children had a check-up. On the other hand, that still means that 16.0% said their children did NOT have a health-care check-up within the past year. It is unknown why the 16% (20 families) did not seek that service since almost all of them (19 of the 20) had earlier indicated that all of the children are covered by insurance. This question was noted for consideration in future needs assessment surveys.
- 94.4% of respondents said that all of their children have received all of the immunizations the doctor has recommended, and another 3.2% said that *some* of the children had received all of their vaccinations.

Table 4. Percent of Respondents Who Said They or a Family Member Has Had a Health Screening

Health Screening Test	% “Yes” 2009	% “Yes” 2012	% “Yes” 2015	HP 2020 Targets
Prenatal care in the past year	5.2%	6.5%	10.4%	N/A
Pap smear in the past year (2009 & 2012) or three years (2015)	51.2%	49.8%	63.1%	93.0% ^a
Mammogram in the past year	52.9%	53.9%	50.8%	81.1% ^b
Blood test for cholesterol in the past year	75.5%	76.5%	79.6%	82.1% ^c
Screened for colon cancer in the past five years (2009 & 2012) or ten years (2015)	46.6%	49.8%	52.9%	70.5% ^d

NOTES:

- The HP 2020 target for cervical cancer screening is age adjusted, 21 – 65 years, and refers to receiving a Pap test within the past **3 years**.
- The HP 2020 target for mammograms refers to the past **2 years**, not the past year, and is age adjusted for ages 50 – 74.
- The HP 2020 target for having their blood cholesterol checked is an age-adjusted percentage for the preceding **5 years**, NOT the past year.
- No time element is given for the colon cancer screenings in HP 2020.

Considering that these screening tests have proven over time to be invaluable in detecting medical problems early, why did people choose not to get them? The predominant reasons cited in an open ended multiple response question included being too old or too young to need the test (47.5%), not thinking the test is important or necessary (21.0%), the perception that “healthy people don’t need it” (11.5%), and not having insurance (9.0%). Very few people (2.5%) indicated that a fear or dislike of the test kept them from getting the screening.

Utilization of Urgent Care Services:

- 47.2% (154 people) have visited an urgent care within the past year
- 61.8% had *not* tried visiting their primary care doctor prior to going to urgent care; 38.2% said they had. In most cases (52.6%), the doctor directed the person to go to urgent care

Need for Specialty Care:

Table 5. Percent of Respondents Who Said They or a Family Member has a Chronic or Ongoing Health Condition

Chronic or Ongoing Health Condition	Percent Who Said “Yes” 2009	Percent Who Said “Yes” 2012	Percent Who Said “Yes” 2015
Cancer	15.8%	9.0%	13.4%
Diabetes	32.1%	19.5%	25.9%
Asthma	25.0%	11.8%	16.5%
High Blood Pressure	51.5%	36.5%	42.7%
Obesity	17.3%	8.7%	21.6%
Osteoporosis	13.3%	8.7%	10.7%
Chronic Heart Failure	8.2%	3.4%	4.6%
High cholesterol/arteriosclerosis*	--	--	32.3%
Arthritis*	--	--	29.9%
Other	15.3%	9.9%	13.4%

* These were new categories included in 2015 assessment and were surveyed in prior assessments

- Most of the respondents (88.7%) said that they and/or their family member have received adequate help in managing the disease
- When we focus on those who felt that they didn’t receive adequate help, many are people with “high incidence” conditions: 12.7% of people with high cholesterol, 11.8% of those with obesity, 11.7% of those with arthritis, 10.3% of those with high blood pressure, and 9.9% of those with diabetes apparently need more help managing the disease.

Experience and Evaluation with Pomona Valley Hospital Medical Center:

- 51.1% reported that they have at some time gone to PVHMC for healthcare ; 44.9% chose PVHMC because it was nearby
- 46.2% said they had been to PVHMC’s Emergency Room; a figure virtually unchanged from previous needs assessment figures. The majority of those who actually needed care (71.7%) said they *did not* try to see their doctor before going to the emergency room (Question 24), predominantly because it was after hours (39.8%) or an emergency situation (28.9%), or a situation that required transportation by ambulance (26.5%).
- 6.6% of respondents reported they have utilized classes offered by PVHMC; a decrease from previous assessment figures of 10.9%

- 18.6% would like to see more classes offered; an increase from previous assessments. Over half of those individuals are Hispanics, thus it might make sense to offer some classes targeted specifically at that group.
- 10.1% had attended a health-related support group in the past year; a decrease from the previous assessment figure of 14.0%
- Nutrition (14.8%), Diabetes (9.9%), Obesity and Weight Loss (7.4%), High Blood Pressure (5.8%) and Cancer Care (6.6%) were the most requested health classes; interests in all categories increased from previous assessments.
- Only 5.4% responded that there are unmet health related services in the community; responses included general health insurance needs, pain management, gym/exercise, services for high blood pressure, and dental services.
- When asked what PVHMC can do to improve the health of the community, 24.6% said they couldn't think of anything, and 15.5% said PVHMC is doing a good job and they are happy with the services offered. However, suggestions to improve the health of the community were: 1) provide more outreach and awareness of programs and services (6.7%), 2) provide affordable health care services, free screenings, and accept all insurances payers (9.1%) and 3) provide more classes, events, and support groups (11.1%).

Summary of Focus Group Studies

On January 20, 2015, IAR had the opportunity to meet with six community leaders representing minorities and medically underserved individuals. More specifically, these leaders represented the homeless, low income, youth and adults, and domestic violence victims. They are on the “front lines,” providing services such as: delivering comprehensive health care for individuals of all ages; organizing fitness programs for families and individuals who are trying to regain or maintain a healthy lifestyle; working with victims of domestic violence who have suffered emotional and physical trauma and need counseling, intervention, shelter, transitional housing, and anger management services; providing primary care; overseeing services such as emergency food and shelter, and a community Farmer’s Market; and engaging in community outreach and health care coverage enrollment.

PVHMC representatives conducted two additional focus groups studies on October 2, 2014 and again on January 6, 2015 with stakeholders in the community: Community Senior Services, a not-for-profit organization primary serving the needs of our senior population, and The Health Consortium of the Greater San Gabriel Valley, comprised of representatives from various health organizations whose primary focus is on improving the health and well-being of Los Angeles County’s SPA 3 through collaborative partnerships that strengthen the healthcare safety net.

Following is a brief summary of themes and responses to the three focus groups:

- When asked about **disease and needs for specialty care**, respondents verbalized and/or wrote the following:
 - More community resources should be allocated for addressing diabetes
 - High blood pressure is a serious health issue
 - Addressing obesity will significantly improve the quality of life in the community
 - Lack of available mental health providers and resources is a significant concern for the wellbeing of the community
 - Lack of education about the need for (and frequency of) of preventative health screenings, and the lack of a strong link with a primary care provider
 - Lack of available Alzheimer’s and Dementia services and support, including a significant need for caregiver specific resources and education

- When asked about **barriers to health** the community faces, respondents written and verbal comments included:
 - Language and cultural barriers between providers and patients
 - Lack of trust and lack of knowledge of how to access care and navigate the healthcare system
 - Lack of insurance coverage
 - Lack of affordable and easily accessible healthy food; lack of financial resources to purchase healthy food
 - Lack of extended-hour urgent care facilities; it was mentioned that low-income and minorities especially struggle with missing work for preventative healthcare that is oftentimes only open during normal business hours.
 - Lack of internet services; it was mentioned that providers are moving more and more to web based services but many low-income and minority and senior populations do not have easy access

- When asked to **identify any other unmet needs** in the communities PVHMC serves, responses were as follows:
 - Transportation services, specifically for those who are not disabled and do not qualify for certain transportation assistance but are lacking reliable transportation to appointments ; specific mention also included that vouchers for bus services often expire before next appointment
 - More health education classes and groups out in the community
 - Short term housing and a transitional housing program for homeless
 - Need for improved care coordination among healthcare providers; need for improved linkages between hospitals, clinics, and other community-based organizations
 - Financial and insurance education classes specific to seniors and their caregivers who are often overwhelmed by the financial aspect that comes with changes in health as they age and the costs of care.
 - Better promotion of what is offered to the community; oftentimes there are services available to meet these needs, but *“patients are lost on where to start and where to go for services and support.”*
 - Health literacy classes that educate on the basics of health and the healthcare system, such as the what, why, who, where, and how of healthcare

- When asked for **suggestions** on how PVHMC can work to improve the health of the community, responses included:
 - Relationship building; increasing partnerships and program collaborations with primary care providers and Community Based Organizations (CBOs). In previous assessments, IAR suggested that PVHMC may want to increase outreach efforts to the community. That recommendation still holds, both for the general community and for CBOs which are eager to partner with PVHMC in an effort to improve the health and wellness of the community. A related suggestion (mentioned by focus group participants) is to enhance linkages between the hospital and primary care services so that there is a better continuity of care, particularly for low income or homeless individuals.
 - Others reiterated that spending time focusing on diseases just “silos” the problem. As noted by one individual: *“There needs to be a focus on prevention, wellness, being healthy, and getting early intervention. Resources need to be allocated to prevention starting with children so they don’t get these health issues. Obesity is an epidemic in the Pomona Valley School district. We know there are a lot of variables that prevent cost of food but we need to educate to make good decisions, exercise, food, etc.”* And as said by another: *“We need to educate people on healthy eating and how to make good decisions to prevent the health problems in the first place.”*
 - It was felt that there needs to be more **promotoras** to help the people in the neighborhoods. These individuals would be able to mitigate somewhat the issues of lack of trust, lack of understanding of

culture, language barriers, and the fear factor which exists among some undocumented residents. This is clearly not a health care need per se; however, focus group respondents feel that it IS a need in the community relative to primary and preventive care

- Better *promotion* of what PVHMC offers to the community, especially in regards to insurance enrollment, social services, and classes;

Bottom line: As one participant said, *“People don’t know how good PVHMC is...it is a diamond in the rough!”* Based on participants’ input, PVHMC is already doing a great deal to improve the wellness of minorities and medically underserved populations and the community overall, but could do more through partnerships and a focus on early intervention and disease prevention.

Public Health Identified Community Needs:

Table 6, below, summarizes the health needs that were identified through interviewing Los Angeles County SPA 3 and SPA 4 Public Health Officer with the Los Angeles County Public Health Department, Christin Mondy, on December 5, 2014.

<p>Health Concerns</p>	<ul style="list-style-type: none"> • Physical fitness and nutrition habits related to a high percentage of obesity (cause of premature death) • Identified need for primary and preventative care services to accommodate working schedules; low-income minority populations with financial concerns do not miss work to make doctor’s appointments during business hours • High incidence of Diabetes in SPA3 (cause of premature death) • Need for Mental Health services • Need for additional transportation services
<p>Barriers to Health</p>	<ul style="list-style-type: none"> • Language Barriers to Health; identified need for language resources • Concerns for safety in the community directly correlates to the level of physical activity among children • High level of homelessness in Pomona Valley and SPA3 • Lack of knowledge about insurance, navigating, and what is offered in the community
<p>Recommendations for PVHMC’s Implementation Strategy</p>	<ul style="list-style-type: none"> • Programs for healthy food access and nutrition education, diabetes education and heart disease education • Increase utilization and promotion of health education classes • Consider developing measures to set up ED patients with primary care if currently unassigned to a Physician
<p>Recommended Short-term or Long-term goals for PVHMC</p>	<ul style="list-style-type: none"> • Identified need for Diabetes and Coronary Heart Disease education and management in the community to reduce premature deaths • Health outreach and services for homeless individuals
<p>Recommendations for Collaboration</p>	<ul style="list-style-type: none"> • Increase collaboration with public health liaisons in the Pomona Valley region • Focus efforts to compliment community services- not duplicate services; collaborate with others versus working in silos • Identified need to make healthy living and education easy for people; consider collaborating with schools to reach children and parents in their environment

Summary of Secondary Data

Together with the primary data from the telephone survey, this information is helpful for the development of PVHMC’s Implementation Strategy and helps in identifying which areas within PVHMC’s primary service area are experiencing the health disparities.

The following tables present secondary data from the most recent available California Health Interview Survey (2011-2012)

Table 7. Percent of Adults (18 – 64) Rating Their Health as “Fair” or “Poor” (City-Specific)

COUNTY/SPA	%	CITY	%
Los Angeles	20.8%	Chino	20.9%
San Bernardino	21.8%	Chino Hills	15.8%
San Gabriel (SPA3)	21.7%	Claremont	12.1%
		La Verne	12.9%
		Pomona	25.9%
		Montclair	31.5%
		Ontario	27.0%
		Rancho Cucamonga	18.8%
		San Dimas	13.5%
		Upland	19.7%

Sources: 2011 – 2012 California Health Interview Survey; 2011 – 2012 California Health Interview Survey, Neighborhood Edition

Table 8. Percent of Adults Diagnosed With Heart Disease, Diabetes, or Obesity (City-Specific)

CITY	% Heart Disease	% Diabetes	% Obese (BMI ≥ 30)
Chino	5.7%	9.4%	31.7%
Chino Hills	5.2%	8.4%	24.8%
Claremont	5.8%	5.4%	16.9%
La Verne	6.3%	6.6%	21.7%
Pomona	4.8%	8.6%	29.3%
Montclair	6.2%	12.6%	37.2%
Ontario	5.8%	11.9%	35.3%
Rancho Cucamonga	5.8%	8.1%	29.3%
San Dimas	6.2%	6.3%	22.1%
Upland	7.0%	9.1%	30.1%

Sources: 2011 – 2012 California Health Interview Survey, Neighborhood Edition

Poor diet (eating too little or too much, not having enough fruits and vegetables in the diet, and not having a varied diet) tends to contribute to several disease states, including heart disease, obesity, diabetes, some cancers, high cholesterol, and high blood pressure.³ In contrast, healthy eating can play a major role in the prevention of such diseases.

³. US Department of Agriculture and US Department of Health and Human Services. Dietary Guidelines for Americans, 2010. 7th edition. Washington, DC: US Government Printing Office; 2010.

The following table is a snapshot of healthy (and not-so-healthy) eating patterns.

Table 9. Food and Nutrition

	LA County	SB County	SPA3
% <i>all residents</i> (children, teen, adult) who ate fast food in the past week	68.4%	73.6%	68.1%
% <i>adults</i> who ate fast food in the past week	67.2%	72.4%	67.6%
% <i>children & teens</i> who ate fast food in the past week	72.6%	76.8%	70.0%
% <i>adults</i> who consume 1 or more sodas per <i>week</i>	46.5%	47.3%	41.1%
% <i>children & teens</i> who consumed ≥ 2 glasses of soda or sugary drinks <i>yesterday</i>	16.5%	18.7%	15.0%
% <i>children</i> who ate ≥ 5 servings of fruits and vegetables daily	55.4%	57.8%	61.8%
% <i>teens</i> who ate ≥ 5 servings of fruits and vegetables yesterday	22.1%	15.7%	15.6%
% <i>adults</i> without the consistent ability to be able to afford enough food	9.9%	11.3%	---

Sources: 2011 – 2012 California Health Interview Survey (CHIS)

Table 10. Food Insecurity (City-Specific)

CITY	% Unable to Consistently Buy Food
Chino	9.1%
Chino Hills	4.3%
Claremont	2.4%
La Verne	3.2%
Pomona	15.3%
Montclair	18.0%
Ontario	14.9%
Rancho Cucamonga	5.9%
San Dimas	3.6%
Upland	6.8%

Source: 2011 – 2012 California Health Interview Survey, Neighborhood Edition

Environmental and Behavioral Influencers of Health:

The following findings were made through evaluation of primary and secondary data, including input from members of our medically underserved and minority population, and input from community stakeholders who represent those members:

- Lack of access to primary care and specialty care services
- Lack or inadequate health insurance
- Socioeconomic status

- Educational attainment
- Poverty and homelessness
- Safety as a health issue; limited physical activity outdoors

Prioritized Health Needs

PVHMC's Community Benefit Committee reviewed the 2015 Community Needs Assessment and through analysis of primary, secondary, focus group and public health input received, the following were identified as significant health needs in PVHMC's primary service area:

- Health Education and Support Groups for Patients and Caregivers
- Diabetes
- Obesity
- High Blood Pressure
- Alzheimer's and Dementia
- Access to Primary and Specialty Care
- Care Coordination
- Transportation
- Promotoras
- Mental Health
- Promotion of what PVHMC offers; increasing community awareness of what is available/offered in the community

Three overarching health themes emerged from our 2015 Community Health Needs Assessment (CHNA) as considerations for PVHMC to organize community benefits:

- *Chronic Disease Management*
- *Health Education and Support Groups*
- *Access to Care*

Table 11, below, shows Pomona Valley Hospital Medical Center’s prioritized health needs. Those needs that the Hospital does not plan to address in the current Community Benefit Plan/Implementation Strategy are noted.

PRIORITY AREA	COMMUNITY HEALTH NEED	PLAN TO ADDRESS
1. Chronic Disease Management	Diabetes	Yes
	Obesity	Yes
	High Blood Pressure	Yes
	Alzheimer’s & Dementia	No
2. Health Education and Support Groups	Free Classes & Support Groups	Yes
	Improved Awareness of Services/Resources	Yes
	Promotoras Services	No
3. Access to Care	Access to Primary and Specialty Care	Yes
	Mental Health Services	No
	Transportation	No
	Care Coordination	Yes

Prioritization Process

Health needs identified in our CHNA were determined to be significant through evaluation of primary and secondary data, whereby those identified health needs were prioritized based upon: (1) community respondents and key informants identified the need to be significant, or largely requested specific services that they would like to see Pomona Valley Hospital Medical Center provide in the community (2) feasibility of providing interventions for the unmet need identified in the community, in such that Pomona Valley Hospital Medical Center currently has, or has the current means of developing the resources to meet the need, and (3) alignment between the identified health need and Pomona Valley Hospital Medical Center’s mission, vision, and strategic plan. PVHMC’s 2015 CHNA and Implementation Strategy was approved and adopted by the Board of Directors on May 7, 2015.

Health Needs Not Being Addressed

Pomona Valley Hospital Medical Center (PVHMC) responds to priority health needs in many ways. In addition to uncompensated and charity care, PVHMC annually provides direct financial support to local nonprofit organizations that are uniquely qualified to provide specialty services to our community and targeted populations. Of the priority health needs identified through our needs assessment, PVHMC evaluated its capacity to serve the mental health, transportation, Promotoras and Alzheimer’s/Dementia needs of our community. PVHMC does not have a licensed psychiatric facility or the current capacity to provide inpatient and outpatient mental health or substance abuse treatment, and also does not currently have trained *promotoras* on staff to perform peer-to-peer education out in the community. PVHMC does not currently have programs in place to directly address Alzheimer’s and Dementia and currently does not have concrete plans to develop this specific program; however, PVHMC does seek to address this need indirectly through our vast efforts in care coordination and social services. Additionally, while PVHMC has some services in place to assist with transportation needs, such as taxi vouchers and services in place to assist with ambulance transports between facilities, it was determined that this need at a community-wide level is best served by others. Accordingly, PVHMC will continue to support Tri-City Mental Health, the Department of Mental Health, Prototypes, the YWCA of the San Gabriel Valley and Inland Communities, Community Senior Services, and other community based organizations that directly provide services to address these needs. We are committed to our relationships with these organizations and continuously seek partnerships and opportunities to directly address these needs in the future.

Evaluation of Anticipated Impact

As a non-profit organization, Pomona Valley Hospital Medical Center takes pride in our commitment to continuously strive to improve the status of health of our community. Even so, PVHMC's vast efforts in promoting community health, and dedication to providing "Expert Care with a Personal Touch" serves as an opportunity to examine some of our current programs, strategies, and successes. Taking a close look at specific actions that PVHMC has taken to address priority health needs identified in prior Community Health Needs Assessments, PHVMC's brief evaluation of the anticipated impact of such actions is as follows:

Through PVHMC's efforts and strategy to meet the growing health needs of our community, we have previously anticipated and continue to anticipate through current efforts, the following impact on the health of the community:

- reduced prevalence rate of targeted chronic diseases,
- increased awareness of risk factors associated with targeted chronic diseases,
- increased awareness of early intervention and prevention strategies,
- increased access to emergency, specialty, and primary care, and
- increased awareness of resources available in the community to meet health needs

Evaluating primary and secondary data in our most recent Community Needs Assessment compared to previous needs assessments indicates the following areas of health improvement in the community:

- The percentage of community members who have received prenatal care, pap smears, cholesterol testing, and colon cancer screenings has increased since PVHMC's last assessment (Table 5). Through our vast efforts and dedicated programs in chronic disease management, along with our physician recruitment program, PVHMC will continue to seek out ways to further increase the numbers of community members receiving preventative health screenings.
- The majority of respondents (80.5%) said that all of the adults in the household are covered by insurance and 95.2% of all children in household are covered, a significant improvement from previous assessments that indicated only 76% of adults were covered. Through PVHMC's participation in the hospital presumptive eligibility program and the trained Covered California representatives in place at the hospital, we will continue our work and efforts to further increase insurance coverage in our community, which in turn will provide residents better access to established primary care and hospital services.

Evaluating the following areas within the needs assessment demonstrates areas in which there remain unmet needs:

- Although the assessment indicates an increase in the percentage of community members who have received prenatal care, pap smears, cholesterol testing, and colon cancer screenings since PVHMC's last assessment (Table 5), these percentages are currently below recommended Healthy People 2020 targets, and demonstrates there is still a need for promoting the benefit and availability of health screening tests.
- Percent of respondents who said they or a family member has a chronic or ongoing health condition such as cancer, diabetes, obesity, high blood pressure, osteoporosis, and asthma increased from prior needs assessments (Table 6) which demonstrates there is still a need for services, classes, and partnerships with local non-profits to address these needs.
- 18.6% of respondents would like to see more classes offered at PVHMC; an increase from previous surveys. Similarly, 6.6% of respondents reported they have utilized classes offered by PVHMC; a decrease from previous assessments. This demonstrates an opportunity to better promote what PVHMC has made available to the community.

Our evaluation of the anticipated impact of our strategies further looked at both successes as well as areas in which the Hospital might consider future strategies to meet additional needs. The conclusion of the evaluation was as follows:

PVHMC will –

- continue providing free and partial payment hospital services for those without the ability to pay or limited financial resources
- continue reaching out to our local schools and community groups on the importance of healthy living
- continue providing medical services in underserved areas through free and community based clinical services
- continue providing yearly vaccinations and screenings to children and the elderly
- continue training health professionals like Family Medicine residents and nursing students in order to meet the needs of the future, especially in medically underserved areas
- participate in continuous review of PVHMC’s Implementation Strategy to gauge the success of community benefit strategies
- continue working collaboratively with other community groups (i.e. local public health departments, community based clinics) to optimize PVHMC’s outreach efforts,
- seek to identify where gaps in services exist and identify opportunities for additional partnerships
- continue to meet with community groups and stakeholders to gather input that will be helpful in outlining PVHMC’s Community Benefit programs and activities
- consider future community benefit programs in the areas of Alzheimer’s/Dementia, health literacy, financial and insurance education, transportation, and other programs identified as a need or suggested by community members and stakeholders

Consideration of Comments from Previous CHNA and Implementation Strategy:

PVHMC received one formal written comment on its previous report, from Dr. Gregory Dahlquist, which suggested the following:

- Instead of having the demographics within the assessment list the average age, it was suggested to perhaps to break down demographics by both community and age
- When querying what chronic disease and prevention services the community members have recently received, it was mentioned that the interval perhaps be changed. Pap smears are no longer recommended annually for healthy women, rather, they are recommended every three years. Additionally, a colonoscopy is now recommended every 10 years.

Considering these written comments, PVHMC’s 2015 needs assessment surveyed the community using the suggested intervals. PVHMC’s 2015 needs assessment also made comparisons at the SPA and County Level as well as compared to Healthy People 2020. This was additional secondary data that was not collected in previous assessment years.

PVHMC openly welcomes suggestions and comments related to the Community Health Needs Assessment and Implementations Strategy for future consideration. PVHMC provides a comment section on the *Community Outreach* section of our website, **pvhmc.org**.

PVHMC further evaluates its strategies, programs and the anticipated impact in which they have in our community throughout the “Expert Care with a Personal Touch” and Community Benefit section of this report.

Community Partners and Resources

Pomona Valley Hospital Medical Center invests in partnerships with community organizations that share our mission and vision for serving the diverse ethnic and cultural needs of our community. It is essential to work closely to help strengthen our community and create solutions. We are very fortunate to partner with the following organizations to address the health needs of our community:

- American Cancer Association
- American Heart Association
- American Stroke Association
- American Health Journal
- American Red Cross
- Auxiliary of PVHMC
- Bright Prospect
- Boys and Girls Club of Pomona
- CAHHS Volunteer Services
- Cal Poly Pomona
- Casa Colina Hospital for Rehab Medicine
- Chaffey College
- Chino Hills Chamber of Commerce
- Chino Valley Unified School District
- Chino Valley YMCA
- Claremont Chamber of Commerce
- Claremont Graduate University
- Community Senior Services Board
- Firefighters Quest for Burn Victims
- Foothill Family Services
- IEHP
- International Association for Human Values
- InterValley Health Plan
- Kids Come First Community Clinic
- Ladies Plastic Golf Association
- Loma Linda University
- Meals on Wheels
- Mount San Antonio College
- National Health Foundation
- Pomona Chamber of Commerce
- Pomona Host Lions Club
- Pomona Rotary
- Pomona Unified School District
- Pomona Valley YMCA
- Project Sister
- St. Lucy's Benedictine Guild
- The Learning Centers at Pomona Fairplex
- Upland and Chino Kiwanis
- Western University of Health Sciences
- YMCA of San Gabriel Valley

Additional resources and organizations identified to address the health needs of our community:

- East Valley Community Health Center
- Mission City Community Clinic, Pomona
- Planned Parenthood, Pomona
- Planned Parenthood, Upland
- Chino Valley Medical Center, Chino
- Montclair Hospital, Montclair
- San Antonio Community Hospital, Upland
- Community Hospital of San Bernardino, San Bernardino
- Kaiser Permanente, Fontana
- House of Ruth
- Prototypes
- Pomona Valley Health Center, Chino
- Pomona Valley Health Center, Chino Hills
- Pomona Valley Health Center, Claremont
- Family Health Center, Pomona
- Pomona Community Health Center
- Arrowhead Regional, Lake Arrowhead
- Loma Linda University Medical Center
- St. Bernadine Medical Center
- San Dimas Community Hospital
- Citrus Valley Health Partner

Implementation Strategy

In support of PVHMC's 2015 Community Health Needs Assessment (CHNA), and ongoing Community Benefit Plan initiatives, Pomona Valley Hospital Medical Center's FY2015 – FY2017 Implementation Strategy documents the priority health needs for which PVHMC will address in the community and translates our CHNA data and research into actual strategies and objectives that can be carried out to improve health outcomes. PVHMC determined a broad, flexible approach was best as strategies and programs for community benefit are budgeted annually and may be adjusted during this 12-month period of time. Accordingly, the Implementation Strategy will be continuously monitored for progress in addressing our community's health needs and will serve as a tool around which our community benefit programs will be tailored.

Priority Area 1: Chronic Disease Management

Identified Need: High Blood Pressure, Diabetes, Obesity

Description: Managing chronic disease encompasses prevention, intervention, evidence-based education, self-management tools, treatment, and wellness support provided for those with chronic health conditions such as cancer, high blood pressure, diabetes, asthma, obesity, osteoporosis, chronic heart failure, and others. Chronic disease is a condition that can be controlled, but not cured, and is often a contributor to premature death.

Strategies to address this need:

- Provide glucose screenings at health fairs and events (local and on-campus)
- Provide free or low cost diabetes, weight management and nutrition education classes and resources
- Provide education to promote cardiovascular health and risk reduction
- Offer blood pressure screenings at health fairs and events (in-community and on-campus)
- Publish information on cardiovascular health, diabetes, cancer treatment, and available resources to address these conditions
- Provide care coordination services that seek to assure patients are positioned for a safe discharge home, with positive health outcomes and increased awareness and understanding of their healthcare needs after discharge
- Provide Cancer Care Patient Coordinators (Navigators) and Social Services to guide patients with making appointments, receiving financial assistance, and enrolling in support groups

Anticipated Impact: Through the above strategies, PVHMC anticipates the following improvements in community health over time: 1) reduced prevalence rate of targeted chronic diseases, 2) increased awareness about self-management tools, and 3) increased awareness of risk factors associated with targeted chronic diseases, and 4) improved community-wide program collaboration to address health needs

Metrics and/or Methods of Evaluation:

- Number in attendance at health fairs and events in which PVHMC participates; number of screenings performed
- Number of publications distributed; number of sources and avenues in which PVHMC promotes what is offered to the community
- Number of participants in cardiovascular, diabetic, and cancer classes, support groups, and lectures provided by PVHMC

Programs and services provided by PVHMC, specifically designated to address Priority Need 1 - Chronic Disease Management:

- Stead Heart and Vascular Center lectures and classes for cardiovascular health
- Saving Strokes Event
- Annual Los Angeles County Half- Marathon
- Community blood pressure screenings
- Diabetes community planning research and screenings
- Nutrition education
- The Robert and Beverly Lewis Family Cancer Care Center education, wellness classes, workshops, forums, and events
- Cancer Program Annual publication
- Stead Heart and Vascular Center publications

Priority Area 2: Health Education and Support Services

Identified Need: Health Education, Wellness Classes, Support Groups

Description: PVHMC identifies health education and support services as being those that provide the delivery of health education, disease prevention programs, wellness classes, speaking engagements, and support groups that aide our community in disease recovery and healthy lifestyle choices that lead to better health outcomes, improved quality of life, and longevity of life.

Strategies to address this need:

- Provide free or low-cost health education classes, wellness support groups, and other health improvement services both at PVHMC and out in a community setting
- Collaborate with community partners and participate in community-wide initiatives to improve the health of the community
- Increase awareness of available classes offered at PVHMC through reaching out directly to the community and other organizations through written and verbal communication and publications
- Develop education, resources, and/or classes that promotes healthy eating, disease prevention, and weight management
- Participate and host speaking engagements to communicate to the community about health and services in the community
- Provide comprehensive, culturally sensitive health forums, support groups, and workshops that provide hands-on healthy lifestyle support to the community

Anticipated Impact: Through the above strategies, PVHMC anticipates the following improvements in the health of our community: 1) increased awareness of disease-specific risk factors, early intervention, and prevention strategies, and 2) improved awareness of community benefit programs offered at PVHMC and throughout the community

Metrics and/or Methods of Evaluation:

- Number of classes, workshops, and support groups and other designated community benefit programs PVHMC provides to the community
- Number of community participants in attendance *or aware* of the programs that are available to them

- Community feedback

Programs and services provided by PVHMC, specifically designated to address Priority Need 2 – Health Education and Support Services:

- The Robert and Beverly Lewis Family Cancer Care Center wellness classes, support groups, early detection and prevention lectures, and community forums
- Women’s and Children’s Services health and education classes
- Stead Heart and Vascular Center Risk Reduction Class; cardiac education
- Cancer Program Annual Report
- Health Fairs/Community Events
- Hands-Only CPR
- Sleep Disorders Meetings
- Nutrition education
- Hospital tours in English, Spanish, and Chinese
- Inpatient smoking cessation education
- Inpatient asthma education
- “Every 15 Minutes” drunk driving education

Priority Area 3: Access to Care

Identified Need: General Access to Care, Access to Primary and Preventative Care, Care Coordination

Description: Access to healthcare represents the need to improve accessibility to general health care, specialty care, or preventative care services for members of our communities who lack the ability to receive needed care, either as a result of being uninsured or underinsured, or as a result of other key environmental and behavioral drivers of health. Access to comprehensive, quality health care is vital for the improvement of health outcomes.

- **General Access:** encompasses access to emergency care, specialty care, home healthcare, transportation services, access to mobility devices, reduced cost medications, promotion of low-cost health-related resources in the community, collaborative efforts with other community groups to provide healthcare services, and insurance enrollment services
- **Access to Preventative Services:** encompasses promotion of low-cost primary and preventative health services in the community including access to immunizations and preventative screenings
- **Care Coordination** includes efforts to aid community members in accessing appointments and needed services as well as efforts to assist in navigating the healthcare system and reducing readmissions and overutilization of emergency care.

Strategies to address this need:

- Provide on-site enrollment assistance and for appropriate health insurance plans; participation in the hospital presumptive eligibility program
- Increase community awareness about health services offered, wellness classes, and support groups
- Provide discharge transportation for vulnerable patients who are otherwise unable to get home
- Provide free, low-cost or reduced-cost health services, medications, and medical devices

- Provide free or reduced cost screenings and immunizations at local health fairs
- Collaborate with primary care providers and clinics to improve access to preventative and specialty care
- Continue working with PVHMC’s Family Medicine Residency Program through UCLA to increase the number of primary care physicians in the region
- Continue to increase PVHMC’s capacity to care for patients needing emergency treatment, trauma services, surgery, and primary care
- Continue providing enrollment assistance in appropriate health plans for our community’s vulnerable populations

Anticipated Impact: Through the above strategies, PVHMC anticipates the following improvements in community health: 1) increased access to emergency, specialty, and primary care, 2) increased awareness of established resources available in the community to meet health needs, and 3) increased insurance coverage

Metrics and/or Methods of Evaluation:

- Number of patient encounters among general, specialty, and community outreach services
- Number of new and recurring community partnerships established
- Number of immunizations and screenings provided in the community
- Amount of transportation services provided; Amount of medical device and medication assistance provided

Programs and services provided by PVHMC, specifically designated to address Priority Need 3 – Access to Care:

- PVHMC Family Medicine Residency Program
- Sports Injury Evening Clinic
- Enrollment assistance in appropriate health plans for our patients who are admitted without insurance
- Discharge transportation services for our vulnerable patients; ambulance transports
- Medication assistance
- Immunizations provided (in-community and on-campus)

Additional Investments in Community Healthcare Needs

In addition to the community benefit programs and strategies to address the priority areas identified in most recent Community Health Needs Assessment, years of planning will culminate in expanded facilities to care for the changing healthcare needs of the community. For the next three years, Pomona Valley Hospital Medical Center will embark on the first phase of an expansive master plan to add beds, increase access to care, and improve the patient and visitor experience. This transformation will increase capacity and ensure quality healthcare for generations to come.

Projects

- The Robert and Beverly Lewis Outpatient Pavilion
- Emergency Department Expansion
- Main Entrance and Lobby Renovation
- Intensive Care Unit (ICU) Expansion
- New, larger Physical Therapy Department and Stead Cardiac Wellness Center

Highlights

- 5 Additional Operating Rooms
- 20 Pre & Post-Surgical Bays
- 24 Additional Medical/Surgical Beds
- Additional Telemetry Beds
- New Pre-Operative Testing Center
- 23 Additional Emergency Beds
- 12 Additional Intensive Care Beds
- Increase Private Rooms
- Increase Emergency Department Parking



PVHMC – Outpatient Pavilion



Additional Investments in Community Health

To help address and combat influences outside of the hospital environment affecting our most vulnerable populations, Pomona Valley Hospital Medical Center (PVHMC) actively invests in activities that focus on social, environmental, and behavioral drivers of health. Such activities include:

- ***In-Kind Support:*** PVHMC supports local community organizations that share the same mission and vision for improving the health of our community. In 2016, more than \$100,000 was provided to nonprofit organizations in support of their efforts to improve the health of the community.
- ***Economic Development:*** As one of the largest employers in our service area, PVHMC generates thousands of jobs and is committed to the economic prosperity of our community. PVHMC employs over 3,000 Associates and has 437 active Physicians on Medical Staff.
- ***Cultural Diversity:*** PVHMC provides translation services to all patients and visitors and prints publications in both English and Spanish language.
- ***Charity and Uncompensated Care:*** PVHMC is a designated Disproportionate Share Hospital (DSH), providing healthcare services to indigent, uninsured, and underinsured populations at a cost of \$48,729,754 in unreimbursed and charity care in 2016.
- ***Education:*** Pomona Valley Hospital Medical Center invests in health professions training to support educational attainment in our community, providing student training for nursing, physical therapy, dietetics, social services, and billing. PVHMC also collaborates with the University of California at Los Angeles (UCLA) to provide a Family Medicine Residency Program and provides sponsorship to Chino Valley Unified School District for their “Attendance Counts” program. PVHMC also has an Associate Simulation Program, an educational in-service program using real life mannequins to simulate medical emergencies. Simulation education supports PVHMC’s goals to continuously provide the best in patient safety and clinical outcomes.
- ***Research:*** The Robert and Beverly Lewis Family Cancer Care Center at Pomona Valley Hospital Medical Center engages in annual clinical research and trials to improve the delivery of cancer care. In 2015, the Stead Heart and Vascular Center at PVHMC began engaging in clinical research with the American Stroke Association regarding medication administration and patient perception of their recovery progress.
- ***Associate Engagement:*** Pomona Valley Hospital Medical Center invests in the health of our Associates and Volunteers through engaging participation in PVHMC’s onsite gym and exercise room, Los Angeles County Half-Marathon, and Associate Wellness Program. Additionally, PVHMC engages Associate participation in the community through donating time and goods to local nonprofit organizations such as food banks, schools, and homeless shelters.
- ***Technology:*** PVHMC strives to provide high-quality personalized care with the best in medical technology and innovative treatment to all members of our community. All mammography machines at PVHMC have been upgraded to state-of-the-art 3D Tomosynthesis machines, offering high resolution, 3D screenings to all women - the first in the region to do so.

Annual Focus Study Update

As a non-profit organization, Pomona Valley Hospital Medical Center (PVHMC) takes pride in our commitment to continuously strive to improve the status of health in our community, reaching out to meet health needs by:

- Providing free and partial payment hospital services for those without the ability to pay or limited financial resources
- Reaching out to local community groups on the importance of healthy living
- Providing medical services in underserved areas through free and community based clinical services
- Providing yearly vaccinations and screenings to children and the elderly
- Training health professionals like Family Medicine residents and nursing students in order to meet the needs of the future

Pomona Valley Hospital Medical Center's vast efforts in promoting community health and dedication to providing **"Expert Care with a Personal Touch"** serves as an opportunity to evaluate some of our programs and identify our successes in meeting the needs of our community this past year. PVHMC's 2017 focus study highlights some of our programs developed from our Implementation Strategy and evaluates the anticipated impact those strategies have in addressing priority health needs identified in our needs assessment. Programs PVHMC has chosen to especially highlight in the 2017 Community Benefit Plan, demonstrating our dedicated work in addressing identified needs are:

- **Maternal-Fetal Transport Program – Priority Area 3 (Access to Care)**
- **Family-Medicine Residency Program – Priority Area 3 (Access to Care)**
- **Diabetes Care Update– Priority Area 1 & 2 (Chronic Disease Management and Health Education and Support)**
- **Pomona Community Health Center Update– Priority Area 3 (Access to Care)**

Maternal-Fetal Transport Services in California

PVHMC offers one of the most advanced maternal and neonatal programs in Southern California including a Maternal-Fetal Medicine program, an advanced Labor and Delivery program, and a 53-bed, Level IIIB Neonatal Intensive Care Unit (NICU). Pomona Valley Hospital is also consistently ranked as one of the top-three largest delivering hospitals in California delivering more than 7,000 babies a year. Each of these programs confirms PVHMC's commitment to providing life-saving care to our patients and bespeak of the breadth and depth of our community benefit programs and our commitment to the health of the community as a whole, both near and far.

Our Maternal-Fetal transport program - which has traveled as far as Bullhead City, Arizona to provide specialized care to a patient in need - is an example of PVHMC striving to improve the status of health by reaching out and serve the needs of our community – our mission since 1903.

Women who are pregnant and experience complications often require special attention and need rapid medical care during their pregnancy. Pomona Valley Hospital Medical Center’s Maternal-Fetal Transport Unit provides a mobile intensive care environment for pregnant patients en route to the hospital, transferring more than 150 high-risk pregnant women safely and quickly each year while receiving the most advanced maternal and neonatal medical care available in the greater Southern California area regardless of their diagnosis, race, ethnicity or financial status.

Established in 1994, PVHMC’s program was first and the only one of its kind in California – a true pioneer. By 2000 PVHMC was only 1 of 3 hospitals providing this type of benefit in the state. Now in 2016, we are 1 in only 10 programs but remain the only licensed transport team by ICEMA. Since establishing this program, more than 26 hospitals in Imperial, Inyo, Kings, Los Angeles, Mono, Riverside, San Bernardino and Tulare counties within Southern California have requested PVHMC’s maternal-fetal transport assistance. Hospitals which lack the capabilities to provide appropriate care for sick, at-risk mother-to-be and/or their unborn babies. **PVHMC’s 2015 community needs assessment reveals that granting access to specialized health care services in this region remains a top priority. Our goal is to provide high-quality transport services for the mother and take the necessary steps to keep the mother safe and the baby in the womb for as long as possible.**

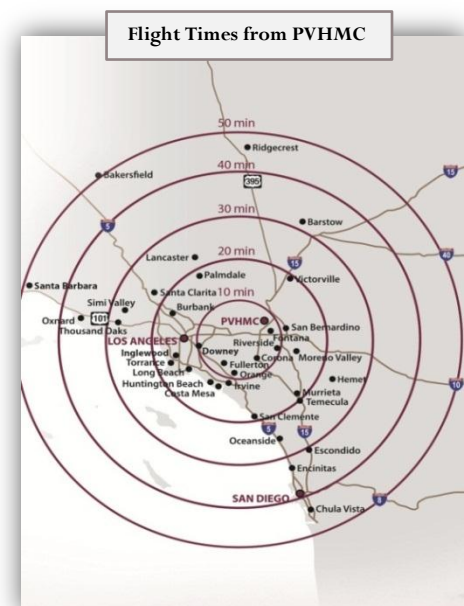
Advanced Care....Fast

Health Outcomes and Access to High-Quality Care Drives the Need

*“Sophisticated neonatal transport has improved the safety of transporting preterm infants, but **may not substitute for the benefit of in utero transport...**A significantly greater mean NICU and total length of stay as well as longer ventilator time and oxygen therapy exposure were noted in those transported neonatally. The incidence of RDS, BPD, intraventricular hemorrhage, PDA and mortality were all significantly greater among the neonatal transports”*

-SHLOSSMAN P. A. (1); MANLEY J. S. (1); SCISCIONE A. C. (1); COLMORGEN G. H. C. (1); 2008

PVHMC’s Maternal-Fetal Transport unit is available 24 hours-a-day, 7 days-a-week and our designated team coordinates every transport. One call immediately puts our team into action. Our 41-member team has more than 740 combined years of labor and delivery experience and PVHMC has provided further specialized training and continuing education to them so that these Associates, across several disciplines, are able to quickly access and stabilize the patient’s condition during mobile transport. The team includes Maternal-Fetal Medicine Physicians, Obstetricians, Physician Sub-specialists, Registered Nurses and Respiratory Therapists. PVHMC appropriately staffs these individuals each and every day, so that we are always ready to not only coordinate the method of transport (ground or air), but so that our multidisciplinary team is ready to respond and deploy within **30 minutes of accepting the request.**



Quality outcomes and access-to-care needs has driven PVHMC to not only establish this program in 1994 but also to continually improve-upon and expand the program, including now offering both ground and air transports. During transport, our Maternal-Fetal Transport team maintains communication with our Maternal-Fetal Medicine Physicians, and is specially trained to care for the full range of maternal medical emergencies in the field, including but not limited to:

- Bleeding after 20 weeks
- Hypertensive disorders
- Preterm Rupture of Membranes
- Preterm labor
- Multiple gestation (twins, triplets, etc.)
- Diabetes
- Fetal Anomalies
- Medical Complications of Pregnancy

If needed, our 53 bed Level IIIB Neonatal Intensive Care Unit offers specialized care for critically ill infants. We offer programs to our High-Risk moms and their babies that include:

- Sweet Success-Diabetes and Pregnancy
- Inpatient and Outpatient breastfeeding support programs
- Perinatal and Neonatal Bereavement Support Programs-“Helping Hands” & “Care Connect”
- California Children’s Services (CCS) Provider
- Complete Pediatric Sub-Specialty Care

Education for Referring Facilities

In addition to the program’s clinical services and specialized training, we pride ourselves in our active involvement with our referring facilities. We offer formal and informal educational opportunities for staff and physicians regularly at their site location at no cost to the requesting facility. PVHMC’s specialized team of Maternal-Fetal Medicine Associates offer classes in OB Emergencies, Obesity in Pregnancy, Prolapsed Cord/Breech/Shoulder Dystocia Deliveries, The Art of Perinatal Care, Labor Management, Pain Management, Induction, Breastfeeding, Stroke and Pregnancy, Newborn Assessment, Cultural Care & Perinatal Loss, Review of the New NRP Guidelines, Diabetes in the Perinatal Period, Bleeding/Hemorrhage/Shock/DIC in Pregnancy, and High-Risk Pregnancies.

Community Health – Beginning in the Womb

The associated costs of the program’s training, coordinating, travel-time and hands-on specialized care in the field by our mobile team is provided to the patient at no cost - the patient and requesting facility can be confident that PVHMC will be available 24-hours a day, 7-days a week to meet their access-to-care needs, regardless of ability to pay, and initiated with a simple, one-time phone call. Our Maternal-Fetal transport program is truly a testament to PVHMC’s thoughtful, purposeful and strategic approach to community-wide health – beginning with health in the womb.



Family-Medicine Residency Program

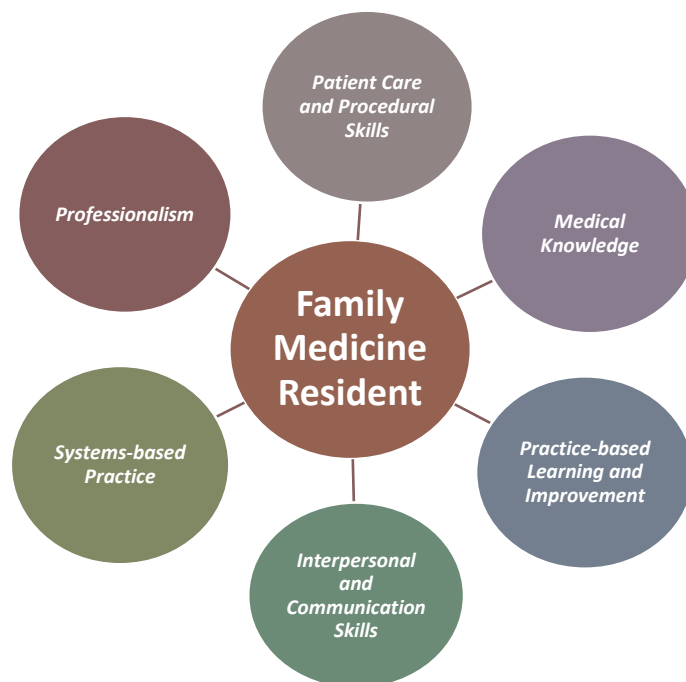
Caring for the Community

Many physicians, especially those who practice Family Medicine, stay in areas where they complete their residency. Through affiliation with the David Geffen School of Medicine at UCLA and academic relationship with Western University of Health Sciences, College of Osteopathic Medicine of the Pacific, PVHMC provides a Family Medicine Residency program that aims at keeping physicians in the Pomona Valley region.

The program, which currently has 21 residents and has graduated over 100 residents in the past 20 years, is committed to developing compassionate physicians with strong clinical and communication skills to care for our community. Our belief is that the clinical and academic goals of residents are best achieved working alongside experienced family physicians in a facility dedicated to the care of patients and families. Residents function in a team environment emphasizing creativity, innovation, integrity, and the care of patients and families from the beginning to the end of life. Recognizing the cultural richness and ethnic diversity of our community, we select residents and faculty who mirror that diversity and share a common set of values and commitment to caring for this population.

Located across from the hospital, the program is centered at our Family Health Center (FHC). The center is staffed by faculty, resident physicians, and a nurse practitioner. The FHC offers comprehensive care through the continuum of life; this includes: adult and well child care, complete maternity care, specialty gynecologic, dermatologic, and musculoskeletal procedures. Our physicians also care for the elderly in the community at skilled nursing facilities and hospice. Our residents are trained in underserved medicine through a Federally Qualified Health Center (FQHC) system in the community.

In addition, the program offers a Family Medicine Residency Clerkship, offering medical students the opportunity to accompany residents and faculty in an inpatient and ambulatory setting. The clerkship integrates concepts of resource utilization, continuous quality improvement and clinical effectiveness into the curriculum. Based upon our community's demographic profile, issues related to minority and underserved populations are our highest priorities. In 2016, the family medicine residency program offered over a dozen family medicine rotations to medical students in their third and fourth year of training. Over one hundred medical students from varying specialties were processed and oriented to the hospital through the Department of Academic Affairs, an administrative role served by the staff of the family medicine residency program.



Program Requirements

The Accreditation Council for Graduate Medical Education (ACGME) requires that all family medicine residents be trained in six competencies throughout residency.

PATIENT CARE AND PROCEDURAL SKILLS

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents must be able to competently perform all medical, diagnostic, and surgical procedures considered essential for the area of practice.

MEDICAL KNOWLEDGE

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.

PRACTICE-BASED LEARNING AND IMPROVEMENT

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.

INTERPERSONAL AND COMMUNICATION SKILLS

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

PROFESSIONALISM

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

SYSTEMS-BASED PRACTICE

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

Curriculum

First Year of Residency	Second Year of Residency	Third Year of Residency
Dental Health -1 Week	Behavioral Medicine - 3 Weeks	Addiction Medicine - 2 weeks
Infectious Disease - 4 Weeks	Cardiology - 3 Weeks	CME/Elective* - 1 week
Inpatient Pediatrics - 4 weeks	CME/Elective - 1 week	Dermatology - 2 weeks
Inpatient Surgery - 4 weeks	Elective - 3 weeks	Elective - 9* weeks
Vacation - 3 weeks	Geriatrics - 2 weeks	Emergency Medicine - 4 weeks
Wound Care - 1 week	Gynecology - 4 weeks	Vacation - 3 weeks
Sports Medicine - 2 weeks	High Risk Obstetrics - 2 weeks	Emergency Pediatrics - 2 weeks
Introduction to Behavior Medicine - 1 week	ICU - 2 weeks	ENT - 2 weeks
Obstetrics - 8 weeks	NICU - 2 weeks	Geriatrics - 2 weeks
Orientation - 4 weeks	Night Float - 5 weeks	Inpatient Pediatrics - 2 weeks
Palliative Care - 1 week	Orthopedic Surgery - 4 weeks	Night Float - 5 weeks
Primary Care Services - 16 weeks	Outpatient Pediatrics - 2 weeks	Outpatient Pediatrics - 4 weeks
	Podiatry – 2 weeks	
Radiology - 2 weeks	Primary Care Services - 10 weeks	Practice Management - 4 weeks
Sleep Medicine - 1 week	Vacation - 3 weeks	Primary Care Services - 8 weeks
	Emergency Medicine - 4 weeks	Urology - 2weeks

Track System

Specialized tracks to augment learning in geriatrics, sport's medicine, women's health, and care of the underserved are available in the second and third year of training. These tracks are coordinated by faculty with added qualifications in geriatrics, palliative and hospice medicine, sports medicine as well as fellowship training in obstetrics. All tracks include academic faculty development and additional conference stipend. Track residents are selected based on their interest and good academic standing at the end of first year of residency.

Geriatrics

The Geriatrics Track is an opportunity for those residents considering a geriatrics fellowship, inpatient work or caring for the elderly with a strong interest in internal medicine and/or end of life issues to pursue a more intense geriatric experience.

Obstetrics and Women's Health

Obstetrics and Women's Health are vital components of Family Medicine. The OB and Women's Health track was instituted to provide interested residents with greater exposure, training, and mentoring in this area.

Sports Medicine

The sports medicine track trains residents to be competent in management of musculoskeletal health. The curriculum provides the resident with a solid foundation for care of individuals with athletic injuries.

Medically Underserved Health

The Medically Underserved Health track was instituted to provide interested residents with greater exposure, training, and mentoring in health care disparities, the patient-centered medical home and community clinics.

Employment opportunities for graduates

Post training employment opportunities are available within Premier Family Medicine Associates and with Pomona Valley Hospital Medical Center. These include but are not limited to, the PVHMC Family Medicine Residency Program, PVHMC hospitalist group, outpatients practice and urgent care.

Twenty Years of Preparing Physicians to Serve Our Community

Started in 1997 with 10 residents, 6 clinical physician faculty and 1 continuity clinic; we now have 21 residents, 18 faculty, and 2 sites for continuity clinic. In June of 2017, we will graduate a total of 108 Family Medicine Physicians from our residency program. The majority of our graduates practice primary care, 28% have stayed in the surrounding community, 9 have completed a fellowship, and many have become academic physicians. Alumni have established various practice types, from academic, urgent care, FQHC, private practice, small group practice, HMO, Veterans Affairs, corporate, and hospitalist roles. This is a tremendous achievement and puts us well on our way to accomplishing the original mission of the residency; to populate the Inland Empire and our community with young well trained family physicians. Over the next 20 years we will continue to provide our community with the highest quality physicians who provide the best in patient care and display qualities in line with our values.

PVHMC's Residency Program journey has been and continues to be informed by our values:

Commitment to Community is pivotal as community is at the center; all else flows from it.

Commitment to Ethical Principles of honesty, integrity, humility and empathy;

Commitment to Diversity and Cultural Competency ideal for patient and family centered care;

Commitment to Patient Advocacy to ensure appropriateness of care;

Commitment to Physician Wellness to ensure the sustainability of a healthy community;

Commitment to Excellence in patient care with a strong foundation in evidence based medicine.

PVHMC Family-Medicine Residency Timeline	
Year	
1997	Family Health Center – Pomona opens Family Medicine Residency Program begins with 10 residents
1999	Graduation of first class 3 residents graduate
2000	Establishment of PVHMC Satellite Division - first PVHC clinic opens in Chino Hills 1 graduate establishes practice at Chino Hills clinic 2 graduates establish private practice in Pomona Introductions of specialty tracks: Sports Medicine & Women's Health
2002	Pomona Clinic Coalition - focus on underserved population 1 graduate establishes practice at Pomona Clinic Coalition
2003	Introduction of Geriatric Track Pomona Valley Health Center – Grand Avenue, Chino Hills opens 3 graduates establish practice at new PVHC site
2005	First graduate accepted into a Sports Medicine Fellowship Since 2005, 3 graduates have completed a Sports Medicine Fellowship
2006	First graduate accepted into a Geriatric Fellowship Since 2006, 5 graduates have completed a Geriatric Fellowship
2007	Pomona Valley Health Center - Crossroads, Chino Hills opens 4 graduates establish practice at new PVHC site
2008	Introduction of technology (Electronic Practice Management/ Electronic Health Record)
2010	Pomona Valley Health Center - Claremont opens 2 academic faculty establish practice at new PVHC site
2012	Residents begin leading PVHMC Rapid Response team Federally Qualified Health Center (FQHC) - designation 3 graduates establish practice at the FQHC
2014	Introduction of the Underserved Track First graduate accepted into Sleep Medicine Fellowship
2015	ACGME approval to expand from 6-6-6 program to 7-7-7 program Establishment of Urgent Care fellowship at PVHMC 1 graduate to date; working with Premier Medical Group Urgent Care First graduate named as Associate Program Director
2016	Resident graduate/faculty member completes Academic fellowship 2 faculty have completed Academic Fellowship to date
2017	PVHC - La Verne location projected to open 4 graduates are scheduled to establish their practice at the new site

Diabetes Care

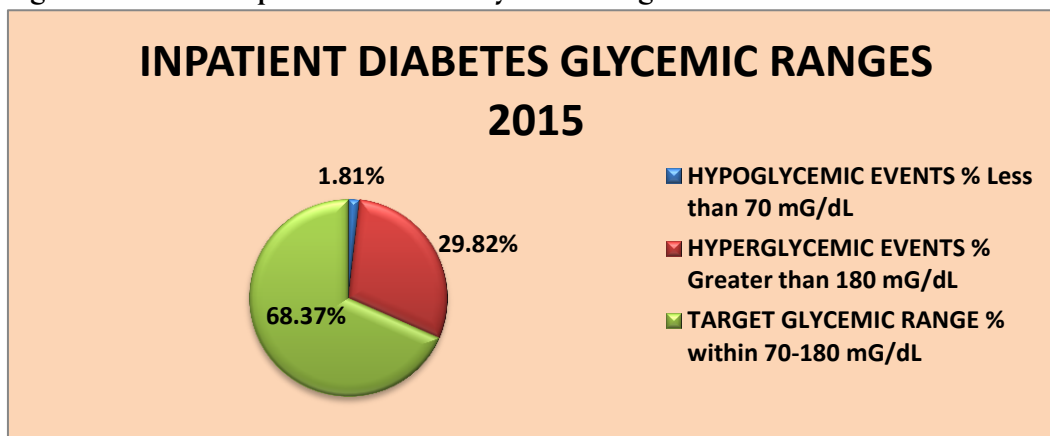
Stopping Diabetes in its Tracks

Type 2 Diabetes (T2D) is a growing problem. It has tripled over the last decade and it is anticipated to triple over the next several decades (CDC, 2015). Approximately 9.3% of Americans have diabetes; 90-95% of which is T2D. This equates to 21 million individuals diagnosed with Diabetes (CDC 2014 Report Card on DM). More so, it is estimated that 8.1 million individuals are undiagnosed (CDC 2014 Report Card on DM). This is a staggering number, and prediabetes diagnoses are also on the rapid rise.

Furthermore, in PVHMC's 2015 Community Health Needs Assessment, approximately 25.9% said that they or a family member were living with a diagnosis of either Type 1 or Type II Diabetes. This percentage is in alignment with estimates of the prevalence of diabetes within the patients discharged from PVHMC with an existing or new diagnosis of Diabetes (average of 25% of patients discharged from PVHMC). We know, however, this is likely to be an underestimate given that until now there has been no routine screening for diabetes across hospital services. Most of the known T2D cases also suffer from comorbidities, including especially cardiovascular disease. The incidence of high blood pressure (42%), obesity (21%, likely a low estimate), and arteriosclerosis (32%), were also significant in our community responses. Such data paints a poor prognosis for the residents of Pomona and the surrounding communities. It is for the reasons above that PVHMC identified Diabetes as a priority area to address in the community.

To further explore the need to manage and prevent Diabetes and take actionable steps to improve the health of our Community, PVHMC in partnership with the Pomona Community Health Center (PCHC), implemented diabetes screenings for patients. Although data on prediabetes and diabetes in hospital, clinic, and community populations in Pomona Valley are sparse and fragmented given the lack of routine screenings in any of those settings until now, we present here the best data available. Out of 1673 adult patients seen in the Pomona Community Health Center in the 6-month period January 6 – July 6, 2015, 28.3% were diabetic. On June 17th of 2015, we began testing/collecting A1C values on all adult admissions to medical-surgical and telemetry units of PVHMC. Since that date, 395 tests were performed on this population. Of the 395 tests performed, 207 patients had a value range between 5.7-6.4, approximately 53% of those tested. However, although in partnership we were able to effectively screen and educate more than 2000 residents, no *community-based* general diabetes screenings have been carried out in Pomona region communities to date. Community based prediabetes screenings in a similar population in nearby communities of Riverside County revealed a prediabetes rate of 34.1% in adults, increasing with age, and a combined overweight/obesity rate of 85% regardless of age, further supported PVHMC's decision to make Diabetes management a priority for our Community.

Figure 1. PVHMC Inpatient Diabetes Glycemic Ranges 2015



Stemming from our 2015 CHNA, PVHMC's Implementation Strategy highlighted actionable strategies to address Diabetes and other chronic diseases such as high blood pressure and heart disease in the community. These strategies included, but not limited to, providing free glucose screenings on campus and out in the community, providing free or low cost diabetes education, weight management and nutrition education, providing cardiovascular education and risk reduction resources. Working with our Community Partners, we will be able to make this strategy a reality.

Through the collaborative efforts of PVHMC, the Pomona Community Health Center (PCHC), Claremont Graduate University (CGU) and the Community Translational Research Institute (CTRI), we will examine the feasibility of population-based screenings for three different patient populations of interest to the intervention(s) we are planning—(1) individuals who meet the criteria for prediabetes (A1C = 5.7-6.4 for adults, and two or more of obesity, familial risk, and A1C (5.3-5.8) for children), 2) individuals who have undiagnosed T2D (A1C above 6.5 for adults and 5.8 for children), and 3) individuals already diagnosed with diabetes who exhibit poor adherence in the management of their disease (A1C >9.0). These screenings will help us understand the true prevalence of the disease at three critical stages (pre-, early-, and advanced/uncontrolled T2D) in each of the three populations (hospital, clinic, and community), and guide the design of the interventions we will propose for each population and disease stage. Once implemented, the intervention designed during this planning phase will: a) prevent and delay progression from prediabetes to T2D, b) prevent/delay progression from early stage diabetes to advanced stages with co-morbidities, and c) improve the control of advanced cases of diabetes in the patient populations of Pomona Valley Hospital Medical Center (PVHMC), its related Pomona Community Health Center (PCHC), and the communities they serve. There will be a lifespan approach concentrating first on adults at risk of disease progression, and second on children and adolescents at high risk of developing T2D in the short and long term. The unique inclusion of children and adolescents in our pilot testing and screening (and as-needed interventions) addresses one of our greatest hopes, extrapolating a goal from our project title, "Stopping Diabetes in its Tracks."

With additional support from the UniHealth Foundation, PVHMC and its partners have begun the planning process to develop and test this data-driven, integrated and sustainable 3-level prediabetes and diabetes-screening program which will lead to developing an intervention that translates evidence-based approaches to obesity and diabetes prevention and control into effective and sustainable programs. During the 9-month period we will undergo extensive planning efforts that help to set the stage for effective and efficient implementation of an intervention that addresses important health needs within the community of Pomona. To achieve these ends, we will develop the leadership structure, team organization, and operational procedures necessary to achieve the screening, intervention, and evaluation objectives during the implementation phase. In an effort to develop the most cutting-edge and effective intervention for this community context, our team will also translate existing evidence-based approaches to obesity and diabetes prevention and control into the final intervention we propose for implementation. This novel, approach will facilitate the identification of an intervention that is carefully tailored to the community of interest and capable of identifying and empowering individuals who face the greatest risk and have the greatest need for an effective approach at managing diabetes.

Key activities of our planning process are to:

- a. Develop a structure and process of program leadership and organization
- b. Identify team functions and form collaborative teams integrating key personnel from the participating organizations: PVHMC, PCHC, CGU, and CTRI. These teams are:
 - Leadership team
 - Screening team
 - Intervention team
 - Evaluation team

- c. Explore additional community resources that may be needed for effective screenings and program implementation (e.g., community centers, churches, schools that have facilities in which the team can perform screenings as well as facilities such as kitchens and recreational facilities that will help to support other key intervention components)
- d. Carry out a pilot test of population screenings to assess feasibility in hospital, clinic, and community settings, and do a preliminary assessment of the prevalence of prediabetes and T2D in the populations of those settings.
- e. Conduct screenings of at least 100 adults in each – the Hospital, the Health Center, and in community settings, and at least 50 children at PCHC. Actual numbers of persons screened could be much higher in the hospital and clinic, at least for adults.
- f. Perform a process evaluation specifically examining the participation rate in the screening pilot and reasons for high/low participation.
- g. Scan clinic and hospital data to quantify the number of individuals who have been previously diagnosed with diabetes and persons with other risk factors and co-morbidities, including obesity and hypertension.
- h. Use Geographic Information Systems to identify “hotspots” and “cold spots,” and consider using smart phones to communicate with patients in order to encourage behaviors that should lead to better outcomes. Hotspots would be of two types: large clusters of fast food and conveniences stores that might lead to unhealthy eating and clusters of areas in which people live that have a high concentration of individuals with diabetes and prediabetes. Cold spots include clusters of locations such as: (1) farmer’s markets and other healthy eating venues and (2) places where individuals can exercise.
- i. Develop a plan to meet the objectives of the ultimate program we will propose to the UniHealth Foundation and prepare a grant proposal accordingly.
- j. Develop an evaluation plan - Utilize the general approach outlined in the *CDC Framework for Program Evaluation in Public Health* (1999) to develop an evaluation plan. Engage team and other stakeholders (as appropriate) in describing the intervention, its intended outcomes, and causal pathways. Specifically:
 - Delineate the intended outcomes of the intervention. This includes performing a literature review and hosting discussions with principal investigators of similar intervention approaches to understand what types of outcomes we would anticipate arising as a result of our efforts and the timing of such outcomes (e.g., do they occur 1 month, 6 months, 1 year after intervention exposure).
 - In collaboration with the planning team and other stakeholders (as appropriate), delineate the hypothesized causal pathways between intervention implementation and outcomes. Similar to the identification of outcomes, this step will also leverage information already available for similar evidence-based interventions regarding presumed causal pathways.

Ultimately, the aim of the planning grant period is to design a program that will significantly reduce the prevalence and severity of untreated TD2 through an integrated screening, intervention and adherence program, specifically develop an intervention that will lead to the following:

- Active and sustained patient participation in an integrated program of classes, coaching and technology to reduce risk through lifestyle modification, leading to
- Reduction in BMI
- Reduction in A1C
- Reduction in Blood Pressure
- Reduction in medication(s) to manage DM
- Improved Kidney function
- Lipid reduction
- Reduction in prevalence of T2D in the hospital, clinic, and community populations (measurable in the long run if not within the period of this grant funding)

Specific health-related needs being met by this project include:

- a. Identification of adults (over age 21) who are pre-diabetic by A1C (5.7-6.4%) criteria and introduction of prevention interventions to forestall the development of T2D.
- b. Identification of children and adolescents (ages 5-21) who exhibit high levels of known risk factors for T2D, including two or more of obesity, A1C=5.3-5.8, and at least one parent who is known to be diabetic or prediabetic
- c. Identification of previously unknown cases of T2D (adult A1C>6.4, child A1C>5.8).
- d. Identification of individuals with poorly controlled T2D (A1C > 9.0)
- e. Reduction of cardiac and neurological risks through improved glycemic control, weight loss and lipid reduction.
- f. Recruitment of identified prediabetics and diabetics into an evidence based program for diabetes prevention and control
- g. Reduction in the use and cost of services including fewer inpatient hospitalizations, fewer emergency room visits.
- h. Reduction and/or better control of comorbidities.
- i. Improved adherence to medication management and lifestyle changes. Benefits include: reduced risk of heart attack and stroke, the development of cardiovascular and kidney disease and the development of autonomic neuropathy disorders.

Type 2 Diabetes is preventable, primarily by control of body weight as evidenced by trials in the U.S., Finland, and China. There is evidence that the risk of T2D can be reduced as well by effective blood pressure and lipid control, and by reduction of exposure to environmental pollutants, especially tobacco smoke. In addition to our efforts to address Diabetes, as described above, we will adapt the best evidence based strategies for obesity control for all, and for BP, lipid, and tobacco smoke exposure where appropriate. Our screenings will add the important component of identifying the impact that the above have on adults as well as children and adolescents and address the other Chronic Disease risk factors and causes that give diabetes a foothold.

2016 Diabetes Update

Through the support of the UniHealth Foundation, this consortium of healthcare organizations and academic institutions, further supported by two affiliated organizations, has completed a successful feasibility study and planning process to pave the way for a comprehensive and integrated (community, clinic, hospital) program. This ambitious plan is to prevent and control obesity and type-2 diabetes in a high risk, underserved population. Although created for Pomona, the program is designed to be scalable and replicable for other communities. Toward these ends, the consortium successfully met all of the proposed *Planning Grant* objectives fully or in large measure.

The consortium established strong inter-institutional working relationships and developed an evidence base to support the need for, and approach to, the goal of improved population health outcomes through reduced risk and prevalence of type 2 diabetes. The team is poised to produce the full grant proposal to UHF in March that will describe the outreach and intervention implementation project designed for 2017-2020.

What follows in this 2016 summary update is a description of the challenges faced, an explanation of what was accomplished in the *Planning Grant*, and a framework of what we plan to propose for moving forward. This summary highlights the accomplishments realized through productive inter-institutional collaboration in the face of a number of expected and some unanticipated challenges. The capacity of the consortium for carrying out a full implementation program is greatly enhanced by its proven ability to adapt to a variety of challenges, solve problems in a collaborative way, and find creative solutions that take mutual advantage of the resources found at the member institutions.

Planning and Collaboration

Beginning June 2016, general meetings were replaced by the Implementation and Assessment Team (IAT) meetings to develop implementation and measurement protocols and monitor coordinate the demonstration screenings. Sub-teams, consisting of community, clinic, hospital and evaluation teams, met and carried out work specific to their individual objectives in the interim periods between IAT and General Meetings. Graduate students and staff from CTRI and CGU filled out the Community and Evaluation teams, and medical, nursing and administrative staff filled out the Hospital and Clinic teams. The IAT, then, became the organizational structure for the inter-institutional collaboration that led to the successful feasibility demonstrations and planning for a full program implementation.

Assessment and Screening

Geographic Information Systems (GIS) and an Environmental Scan (ES) were completed in 2016 as part of the general assessment of the Pomona community; both maps were used in combination to better understand resources and possible barriers to health for Pomona residents. In order to accomplish this, CTRI used ArcGIS to construct a map using publicly available administrative data (e.g. Business census). The map included several categories of data, such as grocery stores, fast food outlets, restaurants, Federally Qualified Health Centers, pharmacies, schools, parks, smoke/vape shops, and bars. A 5-minute drive-time analysis was conducted for the two screening sites to ascertain the geographic area in which residents in our targeted community would be most likely to purchase food or receive relevant services. As seen in prior efforts in GIS mapping, administrative databases do not always accurately reflect the current landscape. This is where an Environmental Scan becomes an important tool to “Ground truth” onto what is displayed in a GIS map derived from archival data, by verifying the archival data against new data points derived from direct observations in the field. Furthermore, mapping in this way can be useful for intervention development and evaluation by informing potential interventions in regards to food and recreational access and barriers, and availability of related community resources.

After receiving approval of the Pomona Valley Hospital Medical Center (PVHMC) IRB to conduct screenings, each of the screening teams (PVHMC, Pomona Community Health Center (PCHC), and community) initiated their respective trainings and screenings. Development of the screening and research protocols were built upon protocols developed previously by CTRI and were collaborative among the community, clinic, and hospital teams.

The hospital followed the general format of the community screening protocol, but was unique in many ways. Same with the clinic, the hospital did not need to identify screening sites; instead, PVHMC patients were the target population. The hospital setting allows for first hand encounter of those suffering from the catastrophic physiologic and financial effects of diabetes and how a collaborative team can affect change for the future of those at risk for diabetes.

Findings

The hospital A1C reports from Jan. 1 – Dec. 10, 2016 had total A1C readings for 11,292. From these patients, 31.8% were prediabetic (A1C=5.7-6.4%) and 24.6% were diabetic (A1C>6.4%). From the prediabetic patients, 100 of them consented to participate in the study. Participants' measurements were collected from their medical chart, and were surveyed. Majority of this participants were male (56%), while 46% were female. The mean age was 56.8 (Std. Dev.=14.1), with ages ranging from 24 -88 years old. This population of participants consisted mostly of Latino or Hispanic people (54%), while 31% were White. Majority of participants were married (35%), and had a high school degree (33%). The ADA risk score and a 10-item survey were administered. Eighty three percent of participants scored equal or higher than 5; which indicates a higher risk for type-2 diabetes. From the 10-item survey, 35% did not engage in moderate physical activities, and 20% currently smoke. From the physical measurements, calculated Body mass index (BMI) among our participants showed that 26% were overweight (BMI=25-29.9), and 49% were obese (BMI≥30) and 22% were hypertensive.

At the Pomona Community Health Center (PCHC), a total of 102 adults and 26 children were screened. For adults, 63.7% were female and 36.3% were male. Participants age ranged from 18-71 years old with a mean age of 41.8 (Std. Dev.=11.7). This population of participants consisted mostly of Latino or Hispanic people (78.4%), while 13.7% were White. Majority of participants were married (40.2%), and had a high school degree (34.3%). The ADA risk score and a 10-item survey were also administered. Almost 68% of participants scored equal or higher than 5; which indicates a higher risk for type 2 diabetes. From the 10-item survey, the majority (35.3%) engaged in moderate physical activities 4-6 days a week and 15.7% currently smoke. From the physical measurements, calculated Body mass index (BMI) was obtained and we found that 36.6% were overweight (BMI=24-29.9) and 48% were obese (BMI≥30). A1C levels were also collected where 17.6% were prediabetic (A1C=5.7-6.4%) and 3.9% were diabetic (A1C>6.4%). Blood pressure measured 13.7% of our samples were hypertensive.

A total of 26 children were also screened at PCHC and only physical measurements (weight, height, blood pressure, and A1C levels) were collected. The age range of children screened was 5-17 years old, 53.8% were male and 46.2% were female. BMI criteria indicated that 15.4% were overweight and 23.1% were considered obese. A1C levels showed that 7.7% of children screened were prediabetic (A1C=5.7-6.4%).

Finally, in the community, two screening sites were selected: (1) Renacimiento Community Center, a highly populated area surrounded by multiple apartment complexes located in the Angela and Chanslor streets; and (2) Philadelphia Elementary School (Pre K-6 grade). A total of 40 participants were screened in the community where 72.5% were female and 27.5% were male. Age of these participants ranged from 19 to 74 years old, with an average age of 47.4 (Std. Dev. = 13.2). Our sample was predominantly Latino or Hispanic (92.3%), 53.8% were married, 46.2% had a high school degree and 53.9% were below 100% of the Federal Poverty Level (FPL). Information on insurance coverage was also collected and we found that 33.3% had Medi-Cal and 35.7% were uninsured. Anthropometric measures, A1C and cholesterol levels were also collected and we found that 35.9% were overweight (BMI= 25-29.9), 48.7% were obese (BMI≥30), 67.5% were obese using waist circumference (WC) criteria (WC>35" for females, and WC>40" for males).

From the A1C tests we found that 17.5% were newly diagnosed prediabetic (A1C=5.7-6.4%), and 7.5% were newly diagnosed diabetic (A1C>6.4%), and 32.5% of the participants were hypertensive. Readings for total cholesterol (TC) showed that 40% had borderline high levels of TC (200-239mg/dL), 60% had low High-density lipoprotein (HDL

<40mg/dL), 37.5% had high levels of triglycerides (200-499mg/dL). Furthermore, glucose levels showed that 57.1% of the participants were within the 100-125mg/dL range indicating an increased risk for diabetes.



Developing an Intervention Plan

After thorough research and discussion with biweekly meetings regarding the various interventions to be instituted for diabetes prevention and diabetes management, the partners favored the Centers for Disease Control and Prevention program, National Diabetes Prevention Program (NDPP), in particular, the new PreventT2 curriculum launched in March 2016 that expands on the original 2002 Diabetes Prevention Program (DPP) trial and follow-up studies for the prevention of type 2 diabetes (T2). This new curriculum promotes modest weight loss (5%-7% of current weight if overweight or obese) and increased physical activity through a 12-month lifestyle change program and is ideal for the Pomona Community. The curriculum also reflects new literature on self-efficacy, physical activity, and diet.

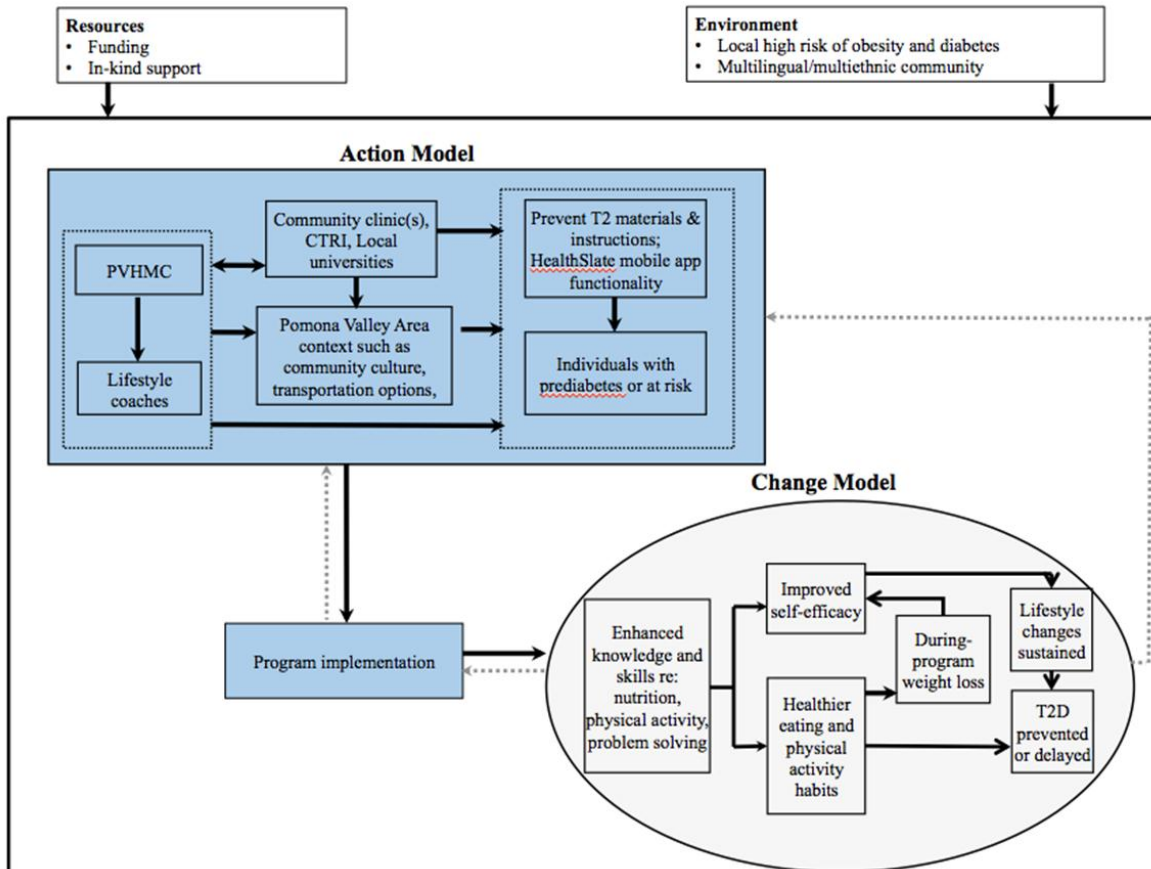
Because culture plays an integral role in people's food choices and lifestyle decisions, lessons will be tailored to the Pomona population. Spanish language curriculum will be available and the interventions modified to meet the needs of the interventional group. As well, witnessing the success of the nearby Diabetes Free Riverside Intervention (DeFeR), we plan to take these lessons learned and basic program components and translate the intervention to the Pomona Community with modifications. Our program will utilize a partnership between community members, hospital and clinic staff, as well as volunteers, as educators and health coaches.

Our goal is to personalize the program based on participant needs, desires, and cultural preferences. As well, adding a more structured exercise component utilizing exercise tracking wearable technology, applications, and additional exercises courses for participants. In the past we have used community volunteers to provide group exercise classes to community members to coordinate with in-class NDPP sessions. Utilizing the process used in our screening protocol, described above, we will refer and enroll eligible and willing participants in a 1-year program consisting of a minimum of 20 courses including diet and lifestyle intervention modules, taken in a group setting. In addition to the traditional in-person courses, the intervention assessment team is also exploring alternative meeting locations including virtual classrooms and application-based programming which utilizes the NDPP via smart phone applications.

In-line with CDC Diabetes Prevention Recognition Program guidelines and with agreement of the intervention team, we will supplement existing NDPP T2 curriculum to fit our audience and cover topics of specific importance to diabetes prevention and overall health. The T2 curriculum addresses one of our concerns by decreasing somewhat the heavy emphasis on dietary fat intake. Additional agreed upon enhancements include information about the basic principle of glycemic load and introduction of a tool for choosing lower glycemic foods over higher glycemic index foods, discussion on intuitive eating, recognizing the 'why' of food choice and mood versus hunger, the use of activity tracking devices to

enhance and encourage physical activity as well as virtual and/or in-person activity sessions, use of local food market tours, and limited virtual home-visits to provide feedback on the home food environment.

The Change Model, depicted below describes some of the presumed changes that will occur within the participants as a result of engaging in the intervention.



Evaluation

The evaluation as envisioned will consist of two phases. The first phase focuses on providing valuable insights to the project team on how to improve upon initial implementation efforts. Every intervention, irrespective of previous evidence supporting its effectiveness, requires program implementer’s take extensive efforts to tailor it appropriately within the current context. As such, the first year of the implementation process is envisioned in essence as a “pilot” phase during which time the project team can continue to learn how to integrate the proposed intervention into Pomona successfully.

The second phase of the evaluation focuses on answering questions that relate to the effectiveness of the intervention as implemented in Pomona and the costs relative to benefits imparted through this intervention. During the first phase of the evaluation, the team will focus on putting into place the data collection activities required to obtain high-quality data for use in the effectiveness and cost analyses.

Moving Forward

Through the robust community assessment completed during this project, we have learned more about the local community we serve. Moreover, our clinic partners beyond enthusiastic about preventing diabetes in the community, have also undertaken steps to care for their own health and prevent diabetes with greater vigor. In the end, our academic

partner's incredible expertise and fresh approach has also enabled us to develop an evaluation plan for monitoring our long term goals and outcomes in preventing diabetes and treating uncontrolled diabetes.

The 2016 Planning Grant was not only funded by the UniHealth Foundation but it was also encouraged by UHF because UHF observed the potential wide-spread impact of the "*Stopping Diabetes in its Tracks*" program, as initially proposed. UHF's sponsorship of other community diabetes fighting endeavors at Henry Mayo, White Memorial, Little Company of Mary and other hospitals programs assured PVHMC and CGU and CTRI that UHF was a leader in the search for community health initiatives that would develop the most practical and effective ways to reduce and hopefully curtail the endemic growth of diabetes. During our 2014 discussion with Mary Odell, she requested that PVHMC develop a plan for our proposed program that would, if properly created and implemented in Pomona, could, and hopefully would, be scalable and replicable throughout southern California and beyond.

The PVHMC hospital team has been, and is proactive in keeping up to date with best practices in care of patients with diabetes while hospitalized. However, the intractable challenge becomes what to do or can be done for the patient at risk for diabetes or who already has uncontrolled diabetes once he or she leaves the hospital and transitions back into the community. This provoking task of planning the implementation of a feasible and sustainable integrated hospital, clinic and community health assessment and intervention to curtail diabetes was our mission. We think, throughout this narrative and its support documents that UHF will agree that our collaborative has achieved its initial goal of develop a winning plan. The project team is unanimous in its belief that the completion of the planning grant has given us further confidence, confirmation and conviction that we should definitely proceed with the project as planned. The project team feels confident and primed to now prepare a PVHMC intervention program that will that a funded intervention led by PVHMC that will achieve its intended results of curtailing the rampant diabetes in Pomona.

Next Steps

In fulfillment of UHF's expectations of the *Planning Grant*, PVHMC and our collaborative partners will forthwith prepare a well-articulated full-grant proposal requesting UHF support of a multi-year program of interventions and process evaluation and outcome assessments. We will build upon findings, lessons learned about teamwork, leadership, organizational structure, institutional and community engagement, multi-dimensional and integrated program content, capacity for engagement, and sustainability to craft the proposal. Pomona Valley Hospital Medical Center, the Community Translational Research Institute, Rand Health, and *Pomona Valley Family Health Center* are all confident that with this plan, if properly funded, Diabetes can be stopped in its tracks in the Pomona region. And within three years, be proven and replicated.

Pomona Community Health Center

Ontario Expansion

Founded with the same purpose, Pomona Community Health Center (PCHC) and Kids Come First have been serving the greater Pomona Valley since the late 1990s. As not-for-profit, safety-net clinics, PCHC and Kids Come First have paved the way for access to high quality, low-cost health care and support services to the Pomona and Ontario's most vulnerable patients and families. As PCHC states, "*No one is every turned away due to lack of funds.*" Understanding the pivotal role these two clinics would play in improving access to health care for this region, PVHMC became a founding partner for both clinics more than 17 years ago. Now, these clinics serve more than 5,400 patients annually in our community. PVHMC recognizes the success of this partnership and continues to provide visionary support to ensure that our mission, vision, and dedication to meeting the diverse needs of our community are fulfilled.

Today, PCHC has two locations situated in the City of Pomona to serve the needs of the community, offering primary care, obstetrical and prenatal care, medications, immunizations, social services, homeless health care and case management, chronic disease management, Medi-Cal and Covered California enrollment, WIC health screenings and more. According to Office of Statewide Health Planning and Development (OSHPD) 2015 data, PCHC assisted more

than 3,922 unique patients across 13,553 visits. Among these patients, 85% were between the ages of 20 and 64 years. In contrast, Kids Come First serves only a pediatric population (2,950 unique patients in 7,507 visits according to 2015 OSHPD data), of which approximately 85% qualify for one of more insurance programs and the other 15% remain uninsured. Kids Come First services include treatment and follow-up care for illness and injury, well-child care and physical exams, immunizations, vision and hearing screenings, teen services, and health guidance and support for parents and guardians, encouraging healthy lifestyle choices. In addition, Kids Come First provides literacy support, food stamp assistance and resources such as shoes, clothing and food for those in need.

In August of 2015, realizing that even *more* can be accomplished together, Pomona Community Health Center entered into discussions to acquire Kids Come First in a mutual decision to expand services and further increase access to quality health care. This ideal partnership came to fruition in February 2016 as a merger of missions, sharing of best-practices and an acquisition of operations. Now as one entity, PCHC will be able to address the healthcare needs to adult and pediatric populations without the need for patients to travel across cities.

PCHC at its now three sites (two in Pomona and one in Ontario) are providing access to care for the most underserved and vulnerable patients in our community and PVHMC prides itself in these partnerships. Although access to care is identified as a priority need in our most recent community health needs assessment, PVHMC, PCHC and Kids Come First have been working and collaborating to meet this need for nearly two decades. Living true to PVHMC's value of *Growing Continuously*, PVHMC is looking forward to partnering further on the expansion of services across our community.

2016 Update

As part of PVHMC's support in the Pomona Community Health Center's Ontario expansion, PVHMC provided in-kind support throughout 2016 in the form of grant writing, marketing and logo design, and information technology (IT) support - specifically, extensive IT support for the establishment of dental services at the site. Throughout 2016, PVHMC's Systems team, Desktop team, Ambulatory analyst team, and others assisted in the setup of a new health center for PCHC. They readied computer hardware, software and upgraded the telecommunications system. But their expertise was truly put to the test between August and October 2016 when they were called to action to install and set up a dental practice. In providing an update for our Community Benefit and Implementation Plan, PVHMC thought the biggest testimony to our collaborative efforts and the impact it has on the community was best highlighted and summarized by Ellen Silver, Chief Executive Officer of the Pomona Community Health Center. In a November 2016 letter to the PVHMC Information Technology team, she writes:

"Dear IT staff,

I just wanted to take a few minutes to let you know the tremendous impact your work at the Ontario site has had on the patients we serve. Many of the people cared for during the first few weeks of our dental operation had never had access to a dentist before! And they show up at this small, school-based site not knowing what to expect. The people/families are poor, often monolingual and have issues with trust when it comes to receiving care from a doctor/dentist. So when they walk in and see state of the art equipment and within seconds of sitting in the dental chair can see their teeth in the x-rays that are being taken – they know they are in good hands. The visual of seeing your X-rays instantly is magic. The dentist can show them where problems exist and use the computer images and equipment to show them how it will be fixed/treated/cared for. So while you think you were hanging cable, wiring or putting a monitor on a pole of a dental chair – what YOU were really doing was giving hope to the thousands of people who will be cared for by our dental team at this site. The computer equipment not only gives our dental staff real-time responses to the needs of our patients but also helps build trust between the patient and the dentists. The work you did for us has tremendous impact on the lives of thousands. Their oral health will not be in jeopardy because of the work you did. On behalf of our patients, staff and Board of Directors – I am eternally grateful for what you did."

*Respectfully, Ellen
Ellen R. Silver, Chief Executive Officer*

Community Benefit Activities and Programs

Measuring outcomes of community benefit activities and programs may not always tell the true story of community benefits; its purpose, however, is doing something that makes a difference in the lives of the people in our community. We have organized our Hospital's comprehensive listing of community benefit activities and programs into five different areas:

<i>Emergency Services</i>
<i>Women's and Children's Services</i>
<i>Ambulatory Services</i>
<i>Ancillary Services</i>
<i>Outreach Services</i>

Within each of these areas, the following major categories were used based on the new Schedule H of the Internal Revenue Service (IRS) Form 990:

1. **Community Health Improvement Services**: community health education, community based clinical services, health care support services
2. **Health Training (Education) Programs**: physicians/medical students, nurses/nursing students, other health professions education
3. **Scholarships/funding for professional education**
4. **Subsidized Health Services**: emergency services, subsidized continuing care
5. **Research**
6. **Financial and In-Kind Contributions**
7. **Community Building Activities**: community support, environmental improvements, coalition building, and workforce development

The examples you will find in this report will serve to highlight what we believe are our true successes, whether they affected hundreds of community residents or impacted only one; whether they required thousands of dollars, or were free of cost – they are insights into an organization and a community actively involved in improving the health status of residents living in the Pomona Valley and in the communities beyond.

Emergency Services

The Emergency Department (ED) at Pomona Valley Hospital Medical Center (PVHMC) is a 24-hour, 7-day a week, full service department offering immediate and effective evaluation and treatment. The department's dedicated Associates are specifically trained in emergency medicine to offer prompt and accurate diagnoses and skilled medical treatment. The medical team includes board-certified emergency Physicians and nationally certified Nurses, Physician Assistants, Emergency Medical Technicians and Respiratory Therapists along with other support staff.

The Emergency Services team is committed to provide technologically advanced, lifesaving medical services with compassionate care. Although regular, on-going medical care for non-life-threatening conditions is best provided in a private physician's office or urgent care setting, emergencies do arise when immediate medical care is needed. Regardless of insurance coverage, all patients are treated and stabilized in our Emergency Department, per federal guidelines.

The following are some of the community benefits and activities within Emergency Services:

Subsidized Health Services

Physician On-Call Coverage: PVHMC provides physician coverage in the Emergency Department in the following specialties: Adult Medicine; Cardiology; Ear, Nose, and Throat (ENT); General Surgery; Neonatal Intensive Care Unit-Ophthalmology; Neurosurgery; Ophthalmology; Orthopedic Surgery; Urology; and, Vascular Surgery.

Paramedic Base Station: As a part of the PVHMC mission to provide quality comprehensive care to our community, we operate one of the 20 remaining Paramedic Base Stations in Los Angeles County. The PVHMC Base Station operates under the regulatory control of the Los Angeles County Emergency Medical Services Agency and is manned by specially trained nurses called Mobile Intensive Care Nurses (MICNs), certified by Los Angeles County. As a paramedic base station, we provide services to our surrounding communities including: Pomona, Claremont, La Verne, San Dimas, Diamond Bar and parts of Walnut. PVHMC has been a base station since July, 1979.



This vital component of patient care provides emergency care givers in the field (Paramedics and Emergency Medical Technicians) with a direct link to the ED, allowing direct contact with the nurse, and if necessary the ED Physician. The ED staff is better prepared for the imminent arrival of a critically ill or injured patient, recognizing potential problems early or redirecting the paramedics if necessary to another more appropriate facility such as a Trauma Center or other specialty center.

Ambulance Transports: Working with Case Management, the PVHMC Emergency Department provides appropriate level ambulance transports home or to another acute care facility or skilled nursing facility in an effort to meet the indigent or underinsured patient's continuing medical needs. In 2016, PVHMC provided this service to 133 persons.

Community Building Activities

Every 15 Minutes: This program educates high school students of the dangers of drunk driving. It involves local fire and police departments, ambulances, schools, students, families and Pomona Valley Hospital Medical Center. A drunk-driving accident is simulated outside of a high school's premises with a teenage driver and students acting injured and killed. The Grim reaper enters the classroom every 15 minutes and escorts a student out. This symbolizes the fact that every 15 minutes someone is killed by a drunk driver.



Emergency Department Approved for Pediatrics: Designated by Los Angeles County as an ED Approved for Pediatrics (EDAP), our Emergency Department provides specialized emergency care that can greatly improve outcomes for young patients. EDAP (Emergency Department Approved for Pediatrics) is a component of the Los Angeles County Emergency Medical System, which indicates the designation to receive 911-ambulance traffic of pediatric patients. There are currently 40 **EDAP hospitals** in Los Angeles County. To qualify as an **EDAP**, a hospital emergency department must meet specific criteria, including requirements for pediatric equipment, physician coverage, ongoing pediatric education and policies as well as having a designated Pediatric Liaison Nurse (PdLN). Our Pediatric Transport Unit stands ready 24-hours-a-day to transport critically ill or injured children to PVHMC for care in our ED or in our Pediatric Care Unit.



Safe Surrender: The Safe Surrender program began in August, 1996 by a woman named Debi Faris who obtained permission to take custody of the remains of abandoned and unwanted newborns by giving them a name and a dignified burial. This place became known as the "Garden of Angels" and to date, 46 markers symbolize the work of Ms. Faris. From this beginning, Ms. Faris realized there was a crisis in our society that deserved immediate attention. Senator James Brulte was approached and immediately the Senator created a bill, Senate Bill 1368, which became known as the Newborn Abandonment Prevention Law. This law became effective in California on January 1, 2001. The law states that a parent of a newborn less than 72 hours of age can relinquish their baby anonymously and without the fear of criminal prosecution, to an employee at any hospital emergency department within the state of California. To date, Pomona Valley Hospital Medical Center has had three (3) newborns surrendered and we continue to prepare ourselves for future opportunities to save a life, which is basic to our mission and vision. The program has been shared with local schools and community programs; however, the need to increase awareness is crucial to the ongoing success of the program.

Disaster Resource Centers (DRC): As a participant in the National Bioterrorism Hospital Preparedness Program (NBHPP), Pomona Valley Hospital Medical Center is a one of 13 designated Disaster Resource Centers (DRC) in Los Angeles County, prepared to be a resource to our community in the event of a declared disaster. As the DRC for the region, PVHMC is responsible for twelve (12) 'umbrella hospitals' and annually coordinates drills, training, and sharing of plans to bring together the community and our resources for disaster preparedness.

Women's and Children's Services

At Pomona Valley Hospital Medical Center, we are focused on family health, perhaps that's why so many of families get their start here. **Ranked 2nd in California and 1st in Los Angeles County** for number of deliveries, 7,076 according to the most recent data from the Office of Statewide Health Planning and Development (OSHPD), PVHMC has the privilege of serving several generations of women in our community.

In response to the growing healthcare needs of women and children in the eastern Los Angeles, San Bernardino and Inland Empire region, Pomona Valley Hospital Medical Center (PVHMC) built a state-of-the-art medical facility. Ground was broken in 1990 and the impressive, three story Women's Center, designed specifically to meet the medical and personal needs of women and children, was opened in February 1992.

The Women's Center at PVHMC provides personalized, home-like single birthing and postpartum rooms, making PVHMC the hospital of choice for expectant mothers. We offer specialized classes and support, including *Childbirth Preparation*, *Having a Healthy Baby Program*, and the *Sweet Success Program* for diabetic mothers. To provide our mothers and babies with the very best patient experience, along with high-quality care, PVHMC adheres to the evidence based *Ten Steps to Successful Breastfeeding*. These guidelines include helping and teaching mothers to initiate bonding and breastfeeding immediately after birth, showing mothers how to maintain lactation, and offering mothers the information, skills, and support needed to successfully continue breastfeeding upon their return home. We also practice "rooming-in" by allowing mothers and infants to remain together 24-hours a day. In February 2014, as a result of these efforts, PVHMC became the largest birthing hospital in California to receive the **Baby-Friendly** designation from the World Health Organization and UNICEF.

For patients experiencing complications during pregnancy, our Perinatal Center is led by a team of experts in maternal-fetal medicine who provide comprehensive care for high-risk mothers and their newborns. A pioneer and Southern California leader, our Maternal-Fetal Transport Program is equipped to handle any emergency when high-risk expectant mothers need to be quickly and safely transported to PVHMC from other nearby hospitals. Part of the program's uniqueness is it meets patients where they are, 24 hours/day, and deploys within 30 minutes of accepting a transport. The service transported 144 expectant mothers in 2016 and 155 in 2015. Goals of the program include serving the needs of expectant mothers in seven outlying counties, providing maternal-fetal ambulance and air transport for mothers needing emergency maternal services with a full-equipped level IIIb Neonatal Intensive Care Unit (NICU) on-site, and providing fully trained labor & delivery RNs capable of emergency care and able to deliver in route, if necessary. As part of our outreach, the PVHMC Maternal-Fetal Transport Team also provides training and education to healthcare providers on this specialty service.

New mothers can take comfort in knowing that our 53-bed NICU is staffed by a team of healthcare professionals with special expertise in the care of sick and premature newborns. In fact, other hospitals often send their fragile newborns to us for care. The NICU at PVHMC is designated as a level IIIb unit, which means we are defined as being equipped and trained to care for infants born at less than 32 weeks gestation or weighing less than 1500 grams. Pomona Valley Hospital Medical Center is proud to offer these life-saving services.



Women's and Children's Services at Pomona Valley Hospital Medical Center offers extensive and continuously expanding services tailored to meet a variety of special needs. In addition to our obstetrics, pediatrics, and infant care, PVHMC offers complete care for women throughout all stages of life.

The following is a list of Women's and Children's Programs and activities provided to the community in 2016:

Subsidized Health Services

In-House Obstetrics Coverage: PVHMC has 7 participating Laborists (Hospital-based Obstetrics/Gynecology Physicians) providing 24-hours a day/7 days per week coverage for deliveries.

Community Health Improvement Services

Women's and Children's Community Health Improvement Services are offered through our Family Education Resource Center and provides resources for childbirth, breastfeeding, parenting, CPR, babysitting, and support for bereaved parents.

Childbirth Preparation Class: Offered in a 5 week series or a one-day course, our Childbirth Preparation Class provides community education on the physical and emotional aspects of the labor process. This class is designed to prepare the parent with hands on learning, comfort and breathing techniques, parenting, CPR, and the role of the support person. In 2016, 166 persons were served.

Baby Express: Designed to help parents get ready for the new baby experience, Baby Express education includes baby care, health, safety, and the "Happiest Baby" class which aims to teach new parents techniques to calm and soothe a baby.

Big Brother/Big Sister: Children, three to six years of age, are prepared for their first meeting with the new baby in the hospital and learn to help care for him/her at home. In 2016, 79 persons served.

Boot Camp for Dads: A unique workshop designed to provide education to new dads. Boot camp veterans return with their 2-3 months old infant and give soon-to-be dads tips and support to head in the right direction with their new family. In 2016, 63 persons were served.

Doctor Dad: Dr. Dad was created as a follow up to Boot Camp for Dad's class. Would you know what to do if your child were to become ill or hurt if mommy was not around? Dr. Dad gives fathers the necessary tools to feel confident in those circumstances. We encourage fathers to attend to gain the knowledge needed to handle an unexpected event.

Breastfeeding Class: Expectant parents receive current information and education about breastfeeding. In 2016, about 236 persons were served.

Breastfeeding Clinic: Our free 4 day-a-week clinic is open to breastfeeding mothers and provides education, emotional support, pump rentals, and problem-solving techniques for successful breastfeeding. A lactation consultant is on hand to assist with their need. In 2016, 705 persons were served.

Infant/Child CPR: This class provides infant/child Cardiopulmonary Resuscitation (CPR) skills for parents, grandparents and babysitters. Additional education provided on choking prevention how to handle other emergencies; also available in Spanish. In 2016, 94 persons were served.

Cesarean Birth Preparation: Question and answer sessions provide information to prepare families for what to expect during their special delivery. In 2016, 166 persons were served.

Every Woman's Journey: Women's education lecture series with topics appropriately changing monthly to encourage a healthy lifestyle. In 2016, 202 persons were served.

Having a Healthy Baby: Offers support and education to our uninsured pregnant population. Services are designed with the goal of getting pregnant women enrolled in presumptive eligibility, Medi-Cal, and early entry into prenatal care. Additional services are provided for nutrition, health, emotional support, and psychosocial interventions for women and their families through every stage of their lives.

Maternity Orientation: A tour and orientation expectant parents to help them get acquainted with our labor, delivery, recovery, and postpartum units. Tours are also offered in Spanish and Chinese. In 2016, 4,012 persons were served.

Mommy n’ Me Group: Education and activities for moms with infants, birth to 6 months of age. Participants join other mothers to share and compare ideas, experiences, and information. In 2016, 124 persons served.

Safesitter Class: Safesitter is a class to teach adolescents safe babysitting techniques. Students receive hands on practice in basic lifesaving techniques and education is provided on child development and age-appropriate activities. In 2016, 95 persons served.

Women’s Conference: This health awareness and resource “day of learning” is open to all women in our community and provides informational speakers on health and wellness as well as fun and entertaining topics. Vendors fill the room with community resources, health screenings, food and music.

The Caring Connection: A support network for parents and families while their babies are in the Neonatal Intensive Care Unit (NICU), and even after they have gone home. Trained nurses and social workers offer parents emotional support, guidance, information and community resource referrals. This group is also offered in Spanish.

Walk to Remember: Each October during National Perinatal Bereavement Month, PVHMC invites families who have experienced the loss of an infant or child to participate in a “Walk to Remember”. The evening includes an inspirational program of sharing, a memorial service and a candlelight walk. In 2016, 250 persons served.

Memorial Wall and Garden: For those families who lose an infant or child, The Memorial Wall offers a way to give lasting tribute by having a child’s name permanently etched on one of the wall’s granite tiles.

Health Professions Education

Perinatal Symposium: Labor and Delivery and Neonatal education for the medical community (physicians and nurses). Education topics include management of various clinical situations that arise in practice with emphasis on optimizing the outcome for mother and infant. In 2016, about 667 persons served.



Ambulatory Services

At Pomona Valley Hospital Medical Center (PVHMC), we strive to balance the best in medical technology with the best in truly personalized, family-centered care. Our ambulatory services provide the highest level of care in the areas of cancer, cardiovascular health, and kidney health, as well as primary and specialty services to meet the unique needs of our residents in every stage of life. PVHMC's ambulatory services include:

- *The Robert and Beverly Lewis Family Cancer Care Center*
- *Pomona Valley Health Center - Chino Hills*
- *Pomona Valley Health Center - Crossroads*
- *Pomona Valley Health Center - Claremont*
- *Regional Kidney Stone Center*
- *Sleep Disorders Center*
- *Stead Heart and Vascular Center*
- *Family Health Center*

The Robert and Beverly Lewis Family Cancer Care Center

The Robert and Beverly Lewis Family Cancer Care Center, a part of PVHMC, has been helping our community battle cancer since 1993, and is dedicated to education, prevention, diagnosis, treatment, support and recovery. Located one block northeast of the Hospital's main campus, our Cancer Care Center is home to the Breast Health Center, Radiation Oncology, Medical Oncologists, Patient Care Coordinators, a Social Worker, and our Community Library. Outpatient services include education classes, diagnostic tests and screenings, chemotherapy, radiation oncology, wellness programs, counseling and more. Cancer specialists, trained to provide the most sophisticated, technologically advanced cancer care available in a non-threatening, homelike atmosphere, tailor care to each person's individual situation. We make every effort to keep our patients fully informed so that they are involved every step of the way. We never forget that we are dealing with people – not just a disease.

Community Health Improvement Services

Living Well After Cancer: This exercise program for cancer survivors involves the staff of the Cancer Care Center, PVHMC's Physical Therapy department, and the Claremont Club, and is supported by the Oak Tree Charitable Foundation in Arcadia, California. *Living Well After Cancer* is targeted to aid in rehabilitation after cancer treatment and to improve fitness levels to live a better quality of life. In 2016, 49 persons served.

Health and Wellness Fairs, Forums and Events, Speaking Engagements, and Celebrations (e.g. Survivor's Day): About 580 persons served in 2016.

Patient Workshops: Patient workshops provide nutrition education, side-effect management, and offer ways to heal during cancer treatment. Workshops like Laughter Yoga, Non-Hodgkin's Lymphoma Update, and Peaceful Practices are designed to help improve the quality of life of our cancer patients. In 2016, about 81 persons served.

Patient and Community Library: Books, periodicals, pamphlets, and videos/DVD's/CD's on cancer-related topics are available to patients and family members at this library, as well as internet access. Approximately 500 people visit annually.

Publications: The Cancer Program Annual Report provides updates on diagnosis and treatments and includes statistics and survival data comparing PVHMC to the National Cancer Database. Annually, 250 copies are published and distributed to our community. In addition, a quarterly newsletter provides information and education to the public regarding availability and access to social and health services.

Breast Prosthesis Display: For women seeking information on breast prostheses, bras and lingerie, this activity is made available with the support of the American Cancer Society.

Cancer Care Programs: Multiple programs and support groups are offered to meet the needs of the community and to aid them through cancer diagnosis, treatment, and recovery. In 2016, 3,170 persons were served through the following cancer care support:

Classes and Support Groups:

- **Breast Cancer Support Group:** This group meets to discuss all issues related to breast cancer, and is led by a Breast Health Program Nurse.
- **Women with Cancer:** A support group for all women with all types of cancer meets to address their needs.
- **Look Good...Feel Better Support Group:** The focus is on the personal appearance of women who have experienced radiation or chemotherapy. Skin care and makeup techniques are presented along with a free makeup kit. Sponsored by The American Cancer Society.
- **Pomona Valley Ostomy Association:** Education and mutual support for "ostomates."
- **Leukemia/Lymphoma Support Group:** Support and education for people with leukemia, Hodgkin's disease, lymphoma, and multiple myeloma.
- **Bereavement/Loss Support Group:** This support group is for anyone who has suffered the loss of a loved one and is experiencing the grieving process; open to family members and friends.
- **When Cancer Enters Your Life:** A sharing support group for everyone - a cancer patient, a relative, friend, loved one, or co-worker- who has been affected by someone with cancer.
- **Cancer Treatment Fatigue-** Fatigue is the most common side effect of cancer treatment. Attendees learn the causes of fatigue, how to treat them, and how to cope with this challenging side effect.
- **"Do We Really Need to Talk About It?"** – This free program provides open discussion of the importance of Advanced Care Planning and the legal, financial and healthcare decision making processes, including Advance Directives, wishes, and how to access services in the community to assist with these needs.

Wellness Programs:

- **Creative Relaxation and Guided Imagery:** Focused on learning the basics of progressive relaxation and guided imagery. These skills can be important in the healing journey throughout the cancer experience.
- **Integrated Wellness Arts:** Each meeting focuses on the creative arts to aid in healing (Journaling, T'ai Chi, Art).
- **Stretch and Yoga:** Opened to the community to become more flexible, to gain strength and to improve circulation, and fitness level, especially for patients recovering from cancer treatment.



Research

The Robert and Beverly Lewis Family Cancer Care Center advances medical science while offering the community cutting-edge therapy. The center's physicians are able to offer patients the most current treatment available through participation in various types of clinical research studies. Clinical research trials are currently in progress in the areas of Breast Cancer, Gastrointestinal Cancers, Head and Neck Cancers, Lung Cancer, Symptom Management, and Prostate Cancer.

Cash and In-Kind Contributions to Community

Wig Program: Wigs are available, free of charge, for women who have lost their hair as a result of cancer treatment.

Pomona Valley Health Centers- Chino Hills

In order to maintain the health of the rapidly growing cities of the Chino Valley, two primary health care center locations offer nationally recognized medical services to this neighborhood. Our **Pomona Valley Health Center at Chino Hills** (PVHC-CH) and **Pomona Valley Health Center at the Crossroads** (PVHC-CR) are both affiliated with Pomona Valley Hospital Medical Center (PVHMC) and provide patients with access to the top medical services in the region.

Equipped with state-of-the-art medical equipment and staffed by highly experienced, compassionate physicians, nurses and other caregivers, Pomona Valley Health Centers are the region's leading centers of patient care, enhancing the quality of life in the thriving Chino Valley for years to come. The separately licensed Urgent Care Center and Family Practice is just one more example of our continuing commitment to providing health care to its surrounding communities.

Pomona Valley Health Center-Claremont

The PVHC Claremont team is proud to serve many families and professionals who live and work in the area. Patients can enjoy our state-of-the-art facilities and easy access to comprehensive, caring medical services in their neighborhood. PVHC Claremont offers Urgent Care, Family Medicine, Occupational Medicine, Radiology, Physical Therapy, Sleep Disorders, Sports Medicine, and Milestones Center for Child Development.

Community Health Improvement Services

Community Blood Pressure Screenings and Health Fairs: Blood pressure screenings are provided out in the community free of charge in an effort to educate and promote the accessibility of preventative services available. In 2016, approximately 250 persons were served.

Regional Kidney Stone Center

The Regional Kidney Stone Center at Pomona Valley Hospital Medical Center (PVHMC) is the region's premier facility for the evaluation and treatment of kidney stones and related urological conditions in the San Bernardino and greater Los Angeles area. Since the center's inception, thousands of kidney stone patients have turned to us for the most technologically advanced comfortable and convenient medical care available. Our highly skilled team— including more than 10-boarded Urologists, specially trained Nurses and board-certified Anesthesiologists – is committed to providing the best kidney stone care available in Southern California. We are proud that the American Lithotripsy Society designates the PVHMC Regional Kidney Stone Center as both a patient care center and a certified training site.

Sleep Disorders Center

As an Accredited Member of the American Academy of Sleep Medicine (AASM) for more than twenty years, our Sleep Disorders Center located in the Pomona Valley Health Center at Claremont is a multi-disciplinary specialty clinic that provides diagnosis and treatment for people of all ages experiencing problems with poor sleep. We take a comprehensive approach to treating all sleep problems, including snoring, sleep apnea, insomnia, restless legs, narcolepsy, fatigue, excessive daytime sleepiness, sleep behaviors such as sleep walking and adjustment to shift work.

The Center provides both in-lab and at-home sleep study services for the diagnosis and monitoring of sleep-related disorders. An in-lab sleep study involves an overnight stay in one of our eight, comfortable and specially equipped patient rooms. The patient is closely monitored during the night and discharged early the next day.

In addition to comprehensive diagnostic services, PVHMC's Sleep Disorders Center offers the most advanced treatment modalities available. Treatment for sleep disorders may include: Continuous Positive Airway Pressure (CPAP), drug therapy, the use of dental prostheses, testing of oral appliance efficacy with the use of specialized mandibular advancement titration test, and surgical referrals, among other procedures and therapies. We also offer sleep disorder support groups that provide ongoing emotional support and educational services for patients and their families.

Stead Heart and Vascular Center

Since 1986, Pomona Valley Hospital Medical Center's Stead Heart Center has been a leader in innovative cardiovascular care, earning the confidence and respect of the surrounding communities and beyond. In 2006, the center expanded to become the first designated heart and vascular center in the region.

The addition of the word "vascular" in Stead Heart and Vascular Center (SHVC), now more accurately represents our capabilities and comprehensive expertise. A comprehensive program is beneficial to the patient by offering seamless and exceptional care for atherosclerosis (hardening of the arteries and a major cause of coronary artery disease), carotid artery disease (can cause strokes), aortic aneurysms, peripheral vascular disease (circulation in the legs) and other cardiovascular conditions.

The Stead Heart and Vascular Center at PVHMC continues to offer one of the most complete lines of cardiac, vascular and stroke services in Los Angeles and San Bernardino Counties, providing access to pre-eminent diagnostic, treatment and rehabilitation services. With this access, the SHVC's umbrella of Physicians, Specialists, Nurses, Technicians and

Therapists work together to provide the finest treatment options. The following is a listing of some of the nationally recognized services that our SHVC advanced clinical care team provides:

- Diagnostic Testing
- Interventional Treatment Procedures
- Electrophysiology/Pacemaker Program
- Heart and Vascular Surgical Treatment Procedures
- Cardiac and Stroke Rehabilitation
- Heart Failure and Diabetes Education

As important as knowing the causes and risk factors of heart disease and stroke, it is also important to know where to go for the best treatment. In the past two years we've been recognized by objective organizations such as American Heart Association (AHA)®, American Stroke Association (ASA)®, Blue Cross®, Blue Shield®, HealthGrades®, California Coronary Artery Bypass Graft Outcomes Reporting Program (CCORP), Society of Thoracic Surgeons, and American College of Cardiology. Our recognitions include:

- First acute heart attack (STEMI) Receiving Center with dual county designation.
- Currently ranked in the top-ten among Los Angeles County's 34-hospital STEMI Receiving Center system for STEMI treatment times (LA County – Emergency Medical Services Agency)
- Top 5% nationally for STEMI treatment times (American College of Cardiology)
- Top 5% nationally for Stroke Treatment (HealthGrades)
- Top 5% nationally for Heart Failure Treatment (HealthGrades)
- Top 10% nationally for cardiac surgery outcomes (Society of Thoracic Surgeons)
- GOLD – American Heart Association/American Stroke Association Get With The Guidelines for Heart Failure
- Healthgrades "Top 100" Hospital in America for Cardiac Care, Cardiac Surgery, and Coronary Intervention
- Healthgrades Cardiac Services Excellence Award- 2014

PVHMC's Stead Heart and Vascular Center takes pride in its more than 20-year history as the regional leader for innovative treatments. Throughout the years this leadership, along with honoring our values, has allowed us to become a Trusted Source™ in the community.

Community Health Improvement Services

Community Education Group Lectures: Chronic disease education is provided through lectures presented in the community; topics include: heart disease, vascular disease, diabetes, exercise, weight management, stress management and healthy lifestyles. In 2016, approximately 520 individuals were served at a variety of locations in the community, including local nursing homes, local chambers, and middle schools.

Community Education Events: Several events are offered in the community to raise awareness about cardiovascular health and to provide education and access to resources.

- **Power of Red:** This American Heart Association approved event - hosted in part by the Stead Heart and Vascular Center - celebrated the power that women have to fight against stroke and heart disease. Women, dress in red and learn about risk factors and how to make heart-healthy choices. The Power of Red event also celebrates attending heart attack survivors.



- **Stroke Awareness Day:** Pomona Valley Hospital Medical Center (PVHMC) gave stroke survivors and community members a chance to engage in free screenings and education as part of our stroke rehabilitation program. *Superheroes* was the 2016 theme, and PVHMC Associates offered blood pressure screenings, stroke risk assessments, education on signs and symptoms of stroke, showcasing newest tech in stroke diagnostics, recreational adaptive equipment, support and resources for caregivers, after stroke care programs, light refreshments & nutritional information.



Stead Heart for Women Outreach and Education: Provides education, support, and resources for women’s health, especially regarding heart disease, stroke prevention, and making healthy nutrition choices. Built on the concept of the TV show, “The View”, the 2016 event consisted of a panel of a Nurse practitioner, cardiologist, pulmonologist neuro-interventionalist and cardiac surgeon who spoke to the female audience about risk of heart disease and how to manage their risk.

Cardiovascular Education Series: A key component to risk factor modification is education. It is very important for all of our patients to attend our classes and support groups. Patients and community members wanting to learn more about heart health, or talk with others in a welcoming setting, are encouraged to attend. Classes are offered weekly. Approximately 50 individuals participated in 2016. Risk reduction education is focused on the following:

- EXERCISE – Participants are taught training principles, the components of an exercise program, how to improve each component, and the benefits of regular exercise.
- NUTRITION – Members learn about heart healthy eating, how fat and cholesterol impact the heart and vessels, planning a balanced meal, and what the major nutrients do for the body and why they should consume them.
- HEART DISEASE – Most of the classes explain the major risk factors for heart disease, which risk factors are modifiable, and how to decrease specific factors.
- HYPERTENSION – This class educates those with hypertension and those at risk for developing hypertension; topics include pathophysiology, diagnosis, and treatment of high blood pressure. In addition, members receive instruction regarding stroke - the causes, signs/symptoms, and the methods of diagnosis and treatment of a stroke.
- STRESS MANAGEMENT – The importance of stress management in the primary and secondary prevention of coronary heart disease is taught in this class. Participants learn what stress does to the entire body, both physically and psychologically, and are given numerous tips on how to decrease and manage stress.
- WEIGHT MANAGEMENT – Attendees learn the importance of consuming a variety of nutrients, how to lose weight safely, and are instructed in behavior therapy and altering the environment in which they live.
- CARDIAC SUPPORT GROUP – This class allows adults with cardiac disease, and at risk of cardiac disease, to share their feelings, needs, and concerns with other cardiac patients who have experienced the same events. This is a proven therapeutic model for coping and achieving a faster recovery.
- OPEN FORUM WITH PHYSICIAN – Patients at risk of cardiac disease are able to freely ask questions regarding heart disease pathophysiology, diagnosis, treatment, medications and cardiac rehabilitation.

Community Building Activities

Community Senior Services Board: Meetings directed at addressing and better understanding the needs of our senior community, including risk factors.

Ancillary Services

Pomona Valley Hospital Medical Center's Ancillary Services include:

- *Case Management*
- *Social Services*
- *Chaplain Services*
- *Education*
- *Epidemiology and Infection Control*
- *Administration/Human Resources*
- *Marketing and Public Relations*
- *Patient Relations and Risk Management*
- *Pharmacy*
- *Laboratory*
- *Food and Nutrition Services*
- *Physical Therapy*
- *Respiratory*
- *Volunteers Services*
- *Medical Staff and Family Medicine Residency Program*

Administration and Human Resources

Pomona Valley Hospital Medical Center (PVHMC) Administration and Human Resources Departments actively work to support local community organizations that share our mission and vision for a healthy community. Donations are made to organizations that provide community support services such as assistance to victims of domestic violence, sexual assault crisis and prevention services, healthcare support services, social service, socio-economic development, and child development.

Cash Donations and In-Kind Contributions

In 2016, Pomona Valley donated over \$100,000 to local community organizations that support the needs of our broader community and our most vulnerable populations. Such organizations include:

- Inland Valley Hope Partners
- Casa Colina Health Foundation
- Fairplex Child Development Center
- Chino Valley YMCA; San Gabriel Valley YWCA
- NAMI
- Pomona Community Health Center
- Boys and Girls Club of Pomona Valley; Boys and Girls Club of San Gabriel Valley
- Project Sister
- Boys Republic
- Bright Prospect
- House of Ruth

Additionally, in 2016, PVHMC Human Resources awarded \$600 in scholarships for Regional Opportunity Program (ROP) students.

Community Building Activities

Coalition Building: Participation in community health groups such as the Health Consortium of the Greater San Gabriel Valley (formerly known as Los Angeles County Service Planning Area (SPA) 3 Health Planning Group).

Physician Assistance Program: This program provides loans to new physicians in specialties identified as a need, to help them with starting their practices in our community. Pomona is a designated Medically Underserved Area (MUA) and PVHMC recruits physicians to fill the shortage and actively address the needed medical care to many of our Medi-Cal and indigent patients.

Career Day: PVHMC Human Resources annually attends Pomona Valley Unified School District to speak to high school students about careers in healthcare. In 2016, PVHMC also participated in a Community-wide career day at Ganesha Park to provide information about healthcare careers. In 2016, approximately 300 individuals were served.

Case Management, Social Services, and Chaplain Services

Subsidized Health Services

Home Medication: This service provides oral or parenteral medications as prescribed by the physician for home, and ensures the continuing healthcare needs of the indigent and underinsured patients are met post discharge.

Durable Medical Equipment: Provides equipment such as walkers, wheelchairs, oxygen, glucometers, apnea monitors, beds, wound VACs (Vacuum Assisted Closure) or other durable medical equipment ordered by the physician. This benefit assists in the indigent or underinsured patient's recovery course at home.

Home Health Visits: Provides a visiting nurse to the indigent or underinsured patient's home to administer a service ordered by the physician. This service is able to provide treatment, medication, and assessment of physical condition, and would allow patients to continue their treatment at home - especially when their illness prevents them from getting care outside of that environment. In 2016, 44 persons served.

Community Health Improvement Services

Social Services: Discharge planning and community resources for underinsured and uninsured persons beyond routine discharge planning; planning includes, but is not limited to, skilled board and care placement and referral for mental health and substance abuse treatment.

Clothing Donation: Provides clothing to our homeless and indigent patients before discharge.

Homeless Recuperative Care Program: Housing for homeless while recovering (Recuperative Care program). Also contributes to providing clothing for homeless patients.

Health Professions Education

Social Services Internships: PVHMC partners with the University of Southern California (USC) and California State University, Long Beach (CSULB) to provide onsite training for Masters of Social Work (MSW) students.

Education

Pomona Valley Hospital Medical Center's Education Department provides both in-house and community education services and training.

Community Health Improvement Services

Hands-Only CPR: The Hands Only CPR program is a one-day event that provides basic hands-on Cardio-Pulmonary Resuscitation (CPR) training to individuals in the community. Using the American Heart Association's Family &



Friends CPR Anytime kit - which includes a demonstration manikin and training video –PVHMC’s Education and Emergency Department collaborate with local fire departments and spend the day at various locations in the community teaching the layperson life-saving CPR. About 525 persons served in 2016.

Health Professions Education

Nursing Student Preceptorship: Senior nursing students work clinically with staff nurses in Medical/Surgical and Telemetry units. 113 students served.

Clinical Nursing Experience: The Education Department offers clinical experience for nursing students from community colleges, and universities (public and private). Instructors from the Education Department are oriented on how to competently supervise in clinical areas and assist in orienting these nursing students.

Nursing Advisory Board: The Education Department serves on Nursing Advisory Boards as advisors to local schools (e.g., Chaffey College, Western University of Health Sciences, Mount San Antonio College, Citrus College), to assist in meeting requirements for their Nursing programs.

Food and Nutrition Services

Community Health Improvement Services

Community Nutrition Education: Support for community through nutrition education such as senior nutrition, prostate cancer forum, diabetes workshop, healthy eating, and Ostomy support. Approximately 40 persons served in 2016.

Health Professions Training

Dietetic Internships: PVHMC is a clinical and management site for Dietetic student interns from California State Polytechnic University, Pomona (CPP) and California State University, Los Angeles.

Food and Nutrition Regional Opportunity Program (ROP): Training for high school students enrolled in an ROP program. 4 students served.

Cash and In-Kind Contributions

Meals on Wheels: Meals are provided to homebound members of our community. In 2016, 5,911 persons served.

Marketing and Public Relations

Marketing and Public Relations reaches out to our community through actively participating in a variety of community health improvements services and community building activities.

Community Health Improvement Services

Community Health Fairs and Events: Provides published health information to the community via local health fairs and events, and proactively brings “PVHMC to the community”. Approximately 4800 persons reached in our primary and secondary service areas.

Los Angeles County Half-Marathon: A community event whereby PVHMC was the provider of medical support and first aid during and after the races. Health information was also provided during the two-day health exposition.

American Health Journal: A televised educational series featuring health lectures from specialty Physicians in the community.

Hospital Information: To keep our community informed, current and essential Hospital information is displayed for every visitor of PVHMC; information displayed includes: patient rights, Hospital regulations, where to address concerns, facility maintenance, and upcoming classes and community events.

Hospital Website: PVHMC's website is designed to inform the public of all services, programs, classes and special events that take place at PVHMC. With this tool, the local community can access information 24/7, and provides a place to submit requests for additional information. Requests are linked directly to PVHMC Associates. This year, PVHMC expanded its website services to include a mobile compatible version.

Hospital Tour: PVHMC provides tours to community residents interested in learning more about the Hospital and the health services available to them.

Speakers Bureau: A free community service whereby the Hospital provides speakers to community groups (i.e., Rotary, Kiwanis, The Ostomy Group) and employer-based audiences on a variety of health-related topics. Speakers include physicians, clinicians, dietitians, administrators, and health exercise physiologists. Approximately 2,500 persons served.



Community Building Activities

Sponsorship Ads for Local Non-Profit Organizations: PVHMC supports the economic development of the community by allowing local not-for-profit organizations to participate in creating a sponsorship ad for their organization in our Hospital's program books distributed at community events.

Community Roundtable Meetings: To address the identified need to improve awareness about programs, services and needs of the community, quarterly meetings are held with stakeholders in PVHMC's primary service area.

Cash and In-Kind Contributions

Annual Tree Lighting: During the December holidays, PVHMC hosts an event to light an outdoor Christmas tree for the community and provide free photos with Santa. Approximately 400 persons served.

Medical Staff Office and Family Medicine Residency Program

The Family Medicine Residency Program (FMRP) is committed to creating a healthy community in the Pomona Valley region. In realizing this commitment, the residency program trains Physicians to develop outstanding clinical skills, compassion, communication, and leadership abilities - which will rival those of any physician in the Nation.

Residents function in a team environment that emphasizes creativity, innovation, integrity, and the care of patients and families throughout their lifecycles. To accomplish this, the residency program promotes and integrates resource utilization, quality improvement measures, and clinical effectiveness into the curriculum. Recognizing the cultural

richness and ethnic diversity of our community, the program selects residents and faculty who share a common sense of values and commitment to practice in this type of environment.

Health Professions Education

Medical Student Clerkships: Inpatient clerkships for medical students from Western University of Health Sciences and Family Health Center clerkships for medical students from the David Geffen School of Medicine at the University of California, Los Angeles (UCLA).

Nurse Practitioner Training: Training at the Pomona Family Health Center to Nurse Practitioner students from Western University of Health Sciences and other colleges.

Medical Library: All types of library services available to the community and to students in health-related programs, including printing and online resources, reference and research assistance, guidance and instruction on research skills, and evaluation of information. Also, use of computers, copier, and meeting rooms are available.

Continuing Medical Education (CME): CME is provided in various scenarios at PVHMC to increase knowledge, performance, and competence of our Physicians, Residents, and Associates. The most frequently attended is the Tuesday Noon Conference (3 of the 4 Tuesdays each month) at which Medical Staff members, Hospital Associates and all other Physicians in the community are welcome to attend; Physicians do not have to be on staff with PVHMC. We also have *Insights* and *Tumor Board* conferences available to Physicians at no cost to them.

Patient Relations and Risk Management

Community Health Improvement Services

Transportation Services: Provides taxi vouchers to needy patients and families to assist with transportation to home and/or other facilities.

Pharmacy

Community Health Improvement Services

Medications for those unable to pay: A transition supply of medications is provided for patients who cannot pay or who are uninsured, particularly children and the homeless in the Emergency Department (ED). In 2016, 305 persons served.

Physical Therapy and Rehabilitation Services

Pomona Valley Hospital Medical Center's Physical Therapy Department (PT) offers a full service, state-of-the-art rehabilitation department providing comprehensive physical, occupational, and speech therapy services seven days a week. In addition, our highly trained clinicians offer a multitude of specialized therapy and wellness-aftercare programs.

The department of Physical Therapy and Rehabilitation at PVHMC has a long history in our community. Established in 1954, we were the only Physical Therapy practice from Pasadena to San Bernardino. From this historic beginning, this department has grown to over 50 licensed Therapists and has long been the region's most comprehensive and successful provider of rehabilitation services.

In the 1980s, our Hospital-based rehabilitation department began expanding its services into neighboring communities and now offers PVHMC outpatient clinics in Claremont, Chino Hills and Covina. This has allowed us to fulfill the needs of both our medical staff and our patients with convenient, quality rehabilitation services in those communities.

The last decade has seen an explosion in the scope and specialization of rehabilitation services. Diagnostic specific specialized therapy programs that improve the quality and efficiency of treatment by utilizing evidence-based practice guidelines and highly skilled clinicians are our standard of practice. Through the years, the PVHMC Physical Therapy and Rehabilitation Department has established specialized “Get Well” programs, all offered in addition to traditional rehabilitative services, and led by therapists with advanced certification.

Our Associates regularly participate in continuing education and many serve as in-service trainers for student entering a rehabilitation profession. We are proud to be designated as a clinical education site for the highly regarded Physical Therapy Programs at the University of Southern California (USC) and Western University of Health Sciences. Our senior Associates serve as both associate and clinical professors, providing top quality classroom and clinical expertise and training to students pursuing their masters and doctoral degrees.

Community Health Improvement Services

Living Well After Cancer: *Living Well After Cancer* program includes screenings and recommendations for gym conditioning following cancer treatment. In 2016, about 89 persons served.

Community Balance Lectures: PowerPoint lectures with question & answer sessions that introduce balance and vestibular problems to senior citizen residents. Lecture given to Hillcrest Homes.

Sports Medicine Center: As the first hospital-based Sports Medicine Program in the region, the Sports Medicine Center (SMC) at Pomona Valley Hospital Medical Center (PVHMC) has been setting the pace in the education, prevention, treatment, and rehabilitation of sports-related injuries for athletes of all ages and skill levels since 1983. This program provides support, education, service, and assessment to local student and schools through the utilization of the Sports Medicine Clinic (SMC) resources.

1. SUPPORT of local athletic trainers who need additional assistance with event coverage are provided through the SMC’s network of Physicians and Physical Therapists.
2. SERVICE to the local athletic community is provided through the SMC’s performance enhancement and injury prevention for athletes. Pre-participation Sports Physicals are available to all local athletes. Through partnering with local schools (Bonita High School, Charter Oak High School, Claremont High School, Damien High School, and San Dimas High School), student athletes’ sports physicals at PVHMC’s SMC provide fundraising for the schools’ athletics programs. A total of \$11,765 was raised for these schools in 2016. Long-time partners with Cal Poly Pomona (CPP) Athletics, the Sports Medicine Center (SMC) provides athletes with injury assessment, rehabilitation, and advice to the athletic training staff. In addition, the SMC Physicians serve as team doctors for CPP Athletics and these local high schools.
3. ASSESSMENT of sports injuries are provided free of charge in our Sports Medicine Center Evening Clinic. Continuing our long tradition of providing free expert, timely, cost-effective treatment for all athletes in the community, the Sports



Medicine Center at PVHMC is available through our expanded network of board-certified Physicians, Residents, and PVHMC Physical Therapists; services provided include free injury assessment, free Physical Therapy consultation, free x-rays when needed, and free specialist referral to local athletes of all ages. In 2016, 357 sports injury screenings and 113 x-rays were provided at no cost to individuals in need.

Wellness and Aftercare Programs: Although our Wellness & Aftercare programs are located at our rehabilitation facilities, these programs are not Physical Therapy (PT) or Cardiac Rehabilitation. Wellness programs focus on an individual's general ongoing health and fitness - as opposed to PT and Cardiac Rehab where patients are directed through a structured recovery from a specific injury, disease or illness. Wellness sessions can be led or supervised by licensed Physical Therapists, licensed Physical Therapy Assistants, Certified Massage Therapists, Exercise Physiologists and Athletic Trainers. Wellness participants are not required to have been a patient at PVHMC, however, in some cases, former patients may transition into our Wellness and Aftercare Programs as they regain their independence. *These programs are offered at a minimal fee for participation.*

“Get Well” programs offered to our community include:

- **Aquatic Fitness Program:** Supervised group classes allow participants to work independently on aquatic exercises in warm water indoor pools. Benefits include: decreased impact on weight bearing joints while exercising, increased endurance and strength, maintenance and development of muscle tone, and weight management.
- **Cardiac Wellness:** Community members can exercise in a medically supervised fitness center located at PVHMC, staffed with Physical Therapists and clinical Exercise Physiologists who provide pre-participation health screening and risk stratification, blood pressure assessments, individually tailored exercise regimens, and more. This program is structured to assist those in need of managing heart-related conditions.
- **Massage Therapy:** Patients and community members are offered a choice of a variety of massages performed in a private room by a medically trained and experienced Certified Massage Therapist (CMT). Benefits of this service include: relief of tired and aching muscles, cramps, and spasms, low back pain, stiff neck pain, frequent headache, as well as soften scar tissue, reduces chronic pain, increases flexibility and circulation, and provides general relaxation.
- **Pilates:** An exercise technique that emphasizes core stabilization as well as upper and lower extremity strengthening. Pilates focuses on posture while developing coordination, balance, control and fluid movement. We offer one-on-one training by a Physical Therapist who is also a Certified Pilates Instructor. Benefits include: longer, leaner muscles, improved posture, increased balance, flexibility, and enhanced sports performance.
- **Physical Therapy Gym Fitness Program:** Participants utilize the equipment in our rehabilitative gym to perform an independent exercise routine. Our rehab Associates monitor participant's safety and are available to answer questions. Benefits include: building strength and flexibility in a safe, non-intimidating environment; excellent for former patients as they regain their independence.

Health Professions Education

Clinical Experience for Rehab (PT, OT, SLP) Students: Provides orientation and training for Physical Therapy, Occupational Therapy, and Speech-Language Pathology Students in clinical areas.

Family Practice Residency Training: Orientation of resident Physicians to physical therapy services and how to order appropriately. Residents also receive musculoskeletal assessment training and/or wound care observation.

Community Building Activities

High School Career Day: Provides lecture and education to students regarding a career in Physical Therapy. Approximately 75 students served in 2016.

Laboratory

The Clinical Laboratory at Pomona Valley Hospital Medical Center (PVHMC) provides comprehensive, state-of-the-art clinical and anatomical testing services to inpatients and outpatients. The Laboratory is fully accredited with Clinical Laboratory Improvement Amendments (CLIA), The Joint Commission, AABB and the State of California.

Health Professions Training

Clinical Experience for Phlebotomy Students: Phlebotomy externships for students from Chaffey College. 16 students served.

Clinical Experience for Histology Students: Histology externships for students from Mount San Antonio College. 8 students served.

Radiology

The Radiology Department at PVHMC provides comprehensive radiology services to the physicians and patients within our region 24 hours per day, 7 days per week. The services provided include General Radiology, CT Scanning, Ultrasound, MRI, Nuclear Medicine, PET/CT, Mammography, Dexa and Interventional Radiology. Radiology Services are provided at the main hospital campus and at 5 satellite facilities located in our surrounding communities of Pomona, Chino, Chino Hills and Claremont. In addition, our Breast Health Center is located within The Robert & Beverly Lewis Cancer Center.

Health Professions Education

Radiology Technician Internship: PVHMC is a training facility for Radiology students from Chaffey College. 6 students served in 2016.

Ultrasound and Nuclear Medicine Training: PVHMC is a training facility for Ultrasound and Nuclear Medicine students from Loma Linda University. 14 students were served in 2016.

Respiratory Services

Community Health Improvement Services



Asthma Education: Our highly qualified, licensed Respiratory Care Practitioners (RCP) offer a complete and comprehensive asthma education class. The class follows the newest recommendations issued by the National Heart, Lung and Blood Institute of the National Institutes of Health. During the asthma education class, patients meet one-on-one with one of the RCPs to learn about:

- Pulmonary physiology
- Recognizing your asthma symptoms
- Identifying “asthma triggers” (those allergens and irritants that cause asthma)
- Controlling asthma triggers
- Asthma medications
- What is a peak flow meter and why it is important to monitor your peak flows
- Using a spacer with your metered dose inhaler
- New asthma medications
- Asthma prevention
- Action Plans

These classes are offered free of charge. Classes are available in both English and Spanish.

Smoking Cessation: Support for inpatients who wish to be “smoke-free”; provides education, support, and strategies for patients who are trying to quit smoking. Additionally, since 1994, PVHMC annually hosts the American Cancer Society’s “Great American Smoke Out” by encouraging smokers to use the date to make plans to quit. On November 15th each year, PVHMC provides a booth in our Hospital lobby with smoking cessation resources for all associates, patients, and visitors.

Pulmonary Outpatient Program: This free program involves a moderate level of exercise that requires patients to have an order from their Physician. Patients attend two 2-hour lectures given by a licensed Respiratory Care Practitioner (RCP). Topics include: lung anatomy and physiology, self-management concepts, medications, spirometry values and preserving lung capacity, oxygen therapy, exercise and nutrition, breathing control, coughing techniques, and dealing with a chronic illness.

Health Professions Education

Mount San Antonio College Students: PVHMC’s adult Intensive Care Unit (ICU) is a hospital-based training location for students enrolled in the Respiratory Program at Mount San Antonio College; 6 students served.

San Joaquin Valley College Students: PVHMC is a clinic site for respiratory and nursing students from San Joaquin Valley College; 18 students served.

NICU Student Rotation: Respiratory Therapy students are provided with a Neonatal Intensive Care Unit (NICU) rotation with clinical education relating to the diagnosis, assessment, and treatment of respiratory diseases in the neonatal population; 16 students served.

Volunteer Services

Volunteers at PVHMC help make a difference in the lives of our patients and their families. We had a total of **1,061** Volunteers (adults, college and high school students) in 2015 totaling **92,412** hours of service. This translates to an estimated value of more than \$2 million for the Hospital based on a California rate (Source: Independent Sector). We are proud of our Volunteers and the invaluable service they provide to our community.

Volunteers may choose to participate in direct patient care services or in non-patient care services. Programs and activities provided through our volunteer services include:



Community Health Improvement Services

Flu Clinic: Free flu shots were given to senior citizens in a drive-thru setting so they do not have to get out of their vehicles. 155 persons served in 2016.

Health Professions Education

Chaplain Training: Clinical chaplain training and experience for community ministers.

Cash and In-Kind Contributions

Children's Services: The Volunteer Services Department provides comfort items to children (patients, visitors, siblings) including blankets, plush toys, games, pediatric toy box items, crayons, and coloring books. Additionally, children's items are donated to community agencies such as local Adopt-A-Family programs, Santa Claus Incorporated, and local churches for holiday toy drives in our community; 776 persons served.

Scholarships: The Auxiliary of PVHMC grants scholarships to high school and college Volunteers that are pursuing careers in the medical field. In 2016, 23 students were served, totaling \$15,000 in scholarships.

Infant Layette Sets: Infant layette sets are given to families in need for their new baby, including clothing and blankets; 24 persons served.

Car Seats: A safety rated infant car seat is provided to low income and needy families with a newborn infant; 17 persons served.

Outreach Services

A part of PVHMC's mission is our dedication to "continuously strive to improve the status of health by reaching out and serving the needs of our diverse ethnic, religious and cultural community." PVHMC has partnered in initiatives like the Pomona Community Health Center (PCHC) that allow the Hospital to reach out to the medically underserved local community.

Pomona Community Health Center

Initially founded by Pomona Valley Hospital Medical Center (PVHMC) in August, 1995, in response to the high volume of emergency care services sought by the most vulnerable members of our community, Pomona Community Health Center (PCHC) provides comprehensive primary care services and medication at no or reduced cost.

In March, 2007, under the stewardship of PVHMC Family Medicine Residency Program graduate, Dr. Jamie Garcia, the original 2-exam room clinic in the Department of Public Health achieved Federally Qualified Health Center (FQHC) status and re-located to a new 12 room exam clinic in the Village complex located on Indian Hill and Holt Avenues. The Village was visited by Barack Obama in 2008 and recognized for its innovative "one stop - wrap around social services" for the homeless and working poor.

Today there are two locations situated in the City of Pomona to better serve the needs of Pomona Valley and San Bernardino residents, offering:

- Primary healthcare including diagnosis, treatment, medications, and laboratory tests
- Pediatric care such as well child visits, immunizations, and WIC health screenings
- Prenatal care
- Reproductive healthcare for men and women including contraceptive services, screening and treatment of sexually transmitted infections, and cancer detection
- Teen services
- Homeless healthcare and case management
- Chronic disease management for diabetes, asthma, and other illnesses
- Medi-Cal and Covered California enrollment assistance

The mission of the PCHC is to provide preventive and primary care services to the needy in the community. Accomplishing this mission depends on the generous support of a number of foundations, corporations, and caring individuals. PCHC collaborates with Pomona Valley Hospital Medical Center (PVHMC), Blue Shield of California Foundation, California Community Foundation, LA Care Health Plan, IEHP, Kaiser Permanente, The Ahmanson Foundation, The Rose Hills Foundation, The UniHealth Foundation, and the Valley Academics Foundation. Additional Information, including locations and hours, can be found by visiting PVHMC's website (pvhmc.org) or the Pomona Community Health Center website (www.PomonaCHC.org).

PVHMC continues to provide visionary support and in-kind support to PCHC including Information Technology, Maintenance, Marketing, Financial Advisement, and Grant Writing services.

Summary of Key Services

The following table provides a summary of key Community Benefit programs and activities provided by PVHMC to address the health needs of our community, identified in our 2015 Community Health Needs Assessment (CHNA). It is organized according to categories on Schedule H of the Internal Revenue Service (IRS) 990 form.

<i>PVHMC Programs Addressing Priority Need</i>	Chronic Disease Management	Health Education/ Wellness	Access to Care	Broader Community	Vulnerable Population
Community Health Improvement Services	Cancer Education, Events, Wellness Programs and Support Groups	✓	✓	✓	✓
	Cardiac Education, Events and Support Groups	✓	✓	✓	✓
	Family Birth Services Education, Events, and Support Groups	✓	✓	✓	✓
	Recuperative Care Program	✓	✓	✓	✓
	Hands-Only CPR in Community		✓	✓	
	Health Fairs, Community Events, Immunization Clinic	✓	✓	✓	✓
	Sports Medicine Center		✓	✓	✓
	Maternal-Fetal Transport Program			✓	✓
	Family Medicine Residency Program			✓	✓
	Hospital Food Drive				✓
Meals on Wheels	✓	✓		✓	

<i>PVHMC Programs Addressing Priority Need</i>		Chronic Disease Management	Health Education/ Wellness	Access to Care	Broader Community	Vulnerable Population
	Speakers Bureau	✓	✓		✓	
	Community Blood Pressure Screenings	✓	✓	✓	✓	✓
	Hands-Only CPR		✓		✓	
	Women's Conference	✓	✓		✓	
	Diabetes Research and Community Screenings	✓	✓	✓	✓	✓
Health Professions Education	Physicians, Residents, Nurses and other professions; training and education	✓	✓	✓	✓	
	Perinatal Symposium	✓	✓		✓	
	High School Career Day		✓		✓	
Subsidized Health Services	Paramedic Base Station			✓	✓	
	Ambulance and Transportation			✓		✓
	Medications and Durable Medical Equipment		✓	✓		✓
	Home Health Visits	✓	✓	✓	✓	✓
Research	Cancer Care & SHVC Clinical Trials	✓		✓	✓	✓
Cash and In- Kind Contributions	Wig Program		✓		✓	✓
	Administration, Human Resources and Facilities Donations		✓		✓	✓

<i>PVHMC Programs Addressing Priority Need</i>		Chronic Disease Management	Health Education/ Wellness	Access to Care	Broader Community	Vulnerable Population
	Pomona Community Health Center Support			✓		✓
	Medical Coverage for Los Angeles County Marathon		✓	✓	✓	
Community Building Activities	Coalition Building	✓	✓	✓	✓	✓
	Nursing Advisory Committee and Senior Services Board	✓	✓		✓	
	Physician Assistance Program	✓	✓	✓	✓	✓
	High School & Veterans Career Days		✓		✓	✓

Valuation of Community Benefits

For 2016, PVHMC's total value of community benefits came to **\$58,356,942** (Schedule H (Form 990) Part I.7.k.). The amounts for Charity Care, Means-Tested Government Programs, and Other Benefits are shown.

Table 12. Economic Valuation of Community Benefit in 2016.

Charity Care and Means-Tested Government Programs	
Charity Care	\$2,838,415
Medi-Cal ¹	\$45,891,339
Total Unreimbursed Care and Charity Care	\$48,729,754
Other Benefits	
Community Health Improvement Services and Community Benefit Operations	\$1,370,739
Health Professions Education	\$4,166,567
Subsidized Health Services	\$3,662,873
Research	\$100,134
Cash and In-kind Contributions to Community Groups	\$326,875
Total Other Benefits	\$9,627,188
Total Community Benefits for 2015²	\$58,356,942

¹Medi-Cal Inpatient is the net unreimbursed cost (equivalent to Unreimbursed Cost less the Disproportionate Share Payment); Medi-Cal Outpatient is net unreimbursed cost

²The value of Community Building Activities is an additional \$107,363

The process for determining the economic value of the documented community benefits was as follows:

- Uncompensated care was valued in the same manner that such services were reported in the Hospital's annual report to OSHPD
- Charity care was valued by computing the estimated cost of charges (including charity care donations)
- Other services were valued by estimating the costs of providing the services and subtracting any revenues received for such services. Costs were determined by estimating staff and supervision hours involved in providing the services. Other direct costs such as supplies and professional services were also estimated. Any offsets, such as corporate sponsorship, attendance fees, or other income contributed or generated were subtracted from the costs reported

Plans for Public Review

As we proceed with 2017, PVHMC plans to continue supporting its varied community benefit activities and programs currently in place as described in this report, and develop new programs, when appropriate, to meet the needs of the community as identified in our 2015 Community Needs Assessment. PVHMC's next steps include:

- Continuous review of the Implementation Strategy to track performance measures to gauge the success of strategies and programs in place
- Continue working collaboratively with other community groups (i.e. local public health departments, community based clinics) to optimize PVHMC's outreach efforts, identify where gaps exist, and identify opportunities for additional partnerships
- Continue to meet with community groups and stakeholders to gather input that will be helpful in outlining PVHMC's community benefit programs and activities; PVHMC openly welcomes comments and feedback on our current publications

The Community Benefit Plan, Implementation Strategy, and Community Health Needs Assessment (CHNA) are made widely available to all interested members in both electronic and paper format. The cost of production and distribution of these reports will be absorbed by the Hospital.

To access the Community Benefit Plan and Implementation Strategy, and CHNA on our website, please visit [pvhmc.org](http://www.pvhmc.org) and navigate to the Community Outreach tab on our home page. The direct link is <http://www.pvhmc.org/Community-Outreach.asp>

Requests for a paper copies can be made by phone, in person, by email, or by mail, by contacting:

Courtney Greaux
Administrative Services Coordinator
Pomona Valley Hospital Medical Center
courtney.greaux@pvhmc.org
1798 North Garey Avenue
Pomona, CA 91767
(909)630-7398

In addition, the following methods will be utilized to reach members of the community with this information.

- Distribution through our local community collaboratives
- Distribution to city councils within our defined community
- Copies supplied to libraries and community centers within our community
- Copies provided to any agency or business within our community upon request
- Copies supplied to individual members of our community upon request
- Distributed to Hospital managers and staff upon request, with review of goals and objectives

Appendices

Appendix A. 2015 Community Health Needs Assessment – Telephone Survey Questionnaire

Appendix B. 2015 Community Health Needs Assessment Focus Group guides

Appendix C. Community Resource Directory

Appendix D. California Health and Safety Codes Section 127340-127365

Appendix E. Internal Revenue Service Section 501(r)3- Community Health Needs Assessments

Appendix F. Patient Financial Assistance Program Policy; Full Charity Care and Discount Partial Charity Care Policies

Appendix A. 2015 Community Needs Assessment – Questionnaire **Pomona Valley Hospital Medical Center 2015 Community Needs Assessment**

SHELLO

Hello, I am calling from the Institute of Applied Research at Cal State San Bernardino. Have I reached [READ PHONE # FROM SCREEN]? We're conducting a scientific study of residents' health-related needs for Pomona Valley Hospital Medical Center and we need the input of the head of the household or his or her partner.

1. CONTINUE
2. DISPOSITION SCREEN

SHELLO2 (used only to complete a survey already started)

Have I reached [READ PHONE NUMBER]? Hello, this is _____, calling from the Institute of Applied Research at CSU San Bernardino. Recently, we started an interview with the [MALE/FEMALE] head of the household and I'm calling back to complete that interview. Is that person available?

INTERVIEWER: PRESS '1' TO CONTINUE

SPAN

INTERVIEWER: PLEASE CODE WHICH LANGUAGE THE INTERVIEW WILL BE CONDUCTED IN

1. ENGLISH
2. SPANISH

SHEAD

Are you that person?

1. YES
2. NO
8. DON'T KNOW/NO RESPONSE
9. REFUSED

IF (SHEAD = 1) SKIPTO INTRO

SHEAD2

Is there an adult resident at home?

1. YES
2. NO

8. DON'T KNOW/NO RESPONSE

9. REFUSED

IF (SHEAD2 = 1) SKIPTO INTRO

CALLBK

Is there a better time I could call back to reach an adult resident?

1. YES (SCHEDULE CALL BACK)

2. NO

IF (CALLBK = 2) END SURVEY

INTRO

This survey takes about 10 minutes to complete, and your answers may be used by hospital officials to better meet the health needs of the community. Your identity and your responses will remain completely confidential, and of course, you are free to decline to answer any particular survey question.

I should also mention that this call may be monitored by my supervisor for quality control purposes only. Is it alright to ask you these questions now?

1. YES

2. NO

IF (ANS = 2) SKIPTO APPT

AGEQAL

First, I'd like to verify that you are at least 18 years of age.

1. YES

2. NO

IF (ANS > 1) SKIPTO QSORRY

IF (ANS = 1) SKIPTO BEGIN

QSORRY

I'm sorry, but currently we are interviewing people 18 years of age and older

Thank you for your time.

END SURVEY

APPT

Is it possible to make an appointment to ask you the survey questions at a more convenient time?

1. YES

2. NO

IF (APPT = 2) END SURVEY

BEGIN

I'd like to begin by asking you some general questions.

INTERVIEWER PRESS ANY KEY TO CONTINUE

Q1

First, what city do you live in?

1. ALTA LOMA

2. CHINO

3. CHINO HILLS
4. CLAREMONT
5. LA VERNE
6. MONTCLAIR
7. ONTARIO
8. POMONA
9. RANCHO CUCAMONGA
10. SAN DIMAS
11. UPLAND
12. OTHER (SPECIFY)
13. OUT OF GEOGRAPHICAL REGION
98. DON'T KNOW
99. REFUSED

IF (ANS = 13) SKIPTO QSORRY2

Q2

What is your zip code in (CITY NAME SHOWS FROM SELECTED Q1)

1. 91701 ALTA LOMA
2. 91737 ALTA LOMA
3. 91708 CHINO
4. 91710 CHINO
5. 91709 CHINO HILLS
6. 91711 CLAREMONT
7. 91750 LA VERNE
8. 91763 MONTCLAIR
9. 91758 ONTARIO
10. 91761 ONTARIO
11. 91762 ONTARIO
12. 91764 ONTARIO
13. 91766 POMONA
14. 91767 POMONA
15. 91768 POMONA
16. 91729 RANCHO CUCAMONGA
17. 91730 RANCHO CUCAMONGA
18. 91773 SAN DIMAS
19. 91784 UPLAND
20. 91785 UPLAND
21. 91786 UPLAND
22. OTHER (SPECIFY)
98. DON'T KNOW
99. REFUSED

Q3

Including yourself, how many people live in your household?

Q4

How many children ages 0 - 17 years old live in your household?

IF (Q3 = 1) SKIPTO Q4

Q5

How many persons in your household ages 18 and above are covered by medical insurance?

Q6

How many children in your household age 0-17 years are covered by medical insurance?

IF (Q4 = 0) SKIPTO Q7

Q7

What type of health insurance covers people in your household?

[INTERVIEWER: IF NO INSURANCE CHECK 97 AND MOVE ON – CHECK ALL THAT APPLY]

1. HAVE INSURANCE, BUT DON'T KNOW WHAT TYPE
2. PRIVATE INSURANCE-HMO
3. PRIVATE INSURANCE-PPO (CAN GO TO ANY DOCTOR WE WANT)
4. PRIVATE INSURANCE- DON'T KNOW IF HMO OR PPO
5. MEDI-CAL
6. MEDICARE
7. WIC (WOMEN, INFANT, AND CHILDREN) PROGRAM
8. CHIP (CHILDREN'S HEALTH INSURANCE PROGRAM)
9. VETERANS (VA)
10. OTHER GOVERNMENT PLANS
11. HEALTHY FAMILIES
12. HEALTHY KIDS
13. OTHER, (SPECIFY)_____
14. SUPPLEMENTAL INSURANCE (THEY PAY EXTRA FOR)
15. OBAMA CARE, COVERED CALIFORNIA, AFFORDABLE CARE ACT INS
16. KAISER PERMANENTE
17. BLUE CROSS
97. NOT COVERED (NO INSURANCE AT ALL)
98. DON'T KNOW
99. REFUSED

IF (ANS = 18) SKIPTO Q7a

ALL OTHER ANSWERS SKIPTO ACCESS

Q7a

What is the main reason you or your family members don't have health insurance?

[INTERVIEWER CHECK ALL THAT APPLY]

1. I AM HEALTHY
2. I DON'T NEED INSURANCE
3. DID NOT UNDERSTAND PLANS WELL ENOUGH TO BUY INSURANCE
4. LOST JOB OR CHANGED JOB
5. PERSON WITH PRIMARY POLICY (SPOUSE OR PARENT) LOST OR CHANGED JOBS
6. DIVORCE OR SEPARATION

7. PERSON WITH POLICY DIED
8. BECAME INELIGIBLE BECAUSE OF AGE OR LEFT SCHOOL
9. EMPLOYER DOESN'T OFFER OR STOPPED OFFERING COVERGE
10. CUT BACK TO PART-TIME OR BECAME TEMP EMPLOYEE
11. COULDN'T AFFORD PREMIUMS
12. INSURANCE COMPANY REFUSED COVERGE (DUE TO A PRE-EXISTING
CONDITION)
13. LOST MEDICAID OR MEDICAL ASSISTANCE ELIGIBILITY
14. OTHER (SPECIFY)_____
98. DON'T KNOW
99. REFUSED

ACCESS

Now I want to ask you a few questions about your health care experiences.

Q8

In the past year, have you or any members of your household needed any health services that you could not get?

1. YES
2. NO
8. DON'T KNOW
9. REFUSED

IF (ANS = 2) SKIPTO Q9

IF (ANS > 7) SKIPTO Q9

Q8a

What kept you or your family members from getting the health services you needed?

[INTERVIEWER; DO NOT READ---CHECK ALL THAT APPLY]

1. WORRIED ABOUT COST OF SERVICE/CO-PAYMENTS
2. WORRIED ABOUT COST OF PRESCRIPTION
3. LACKED TRANSPORTATION
4. LACKED CHILD CARE/BABY SITTER
5. HAD PROBLEMS WITH THE ENGLISH LANGUAGE
6. HOURS WERE NOT CONVENIENT
7. DIFFICULTY SCHEDULING
8. NEEDED SERVICES WEREN'T AVAILABLE
9. DIDN'T KNOW WHERE TO FIND THE SERVICES
10. POMONA VALLY HOSP. MED. CTR. DIDN'T HAVE THE SERVICES NEEDED
11. DIDN'T LIKE THE PROGRAMS OR SERVICES
12. PROVIDER WOULDN'T ACCEPT INSURANCE
13. TECHNOLOGY WASN'T AVAILABLE IN THE AREA
14. OTHER (SPECIFY) _____
15. NO HEALTH INSURANCE AT ALL
98. DON'T KNOW
99. REFUSED

Q8b

What services couldn't you get?

Q9

About how long has it been since you visited a doctor for a general physical exam, as opposed to an exam for a specific injury, illness, or condition.

1. WITHIN PAST YEAR (1-12 months ago)
2. WITHIN PAST 2 YEARS (over 1-2 years ago)
3. WITHIN PAST 5 YEARS (over 2-5 years ago)
4. 5 OR MORE YEARS AGO
5. NEVER
8. DON'T KNOW
9. REFUSED

IF (Q4 = 0) SKIPTO Q11

Q10

[Has your child] / [Have your children] had a preventative health care check-up within the past year?

1. YES
2. NO
3. SOME OF THE CHILDREN HAVE
8. DON'T KNOW
9. REFUSED

IF (Q4 = 1)

SHOW "Has your child had"

IF (Q4 > 1)

Show "Have your children had" 5 5

B10a

[Has your child] / [Have your children] received all of the immunizations the doctor recommended?

1. YES
2. NO-NOT ALL VACCINATIONS GIVEN
3. SOME (NOT ALL) KIDS HAVE GOTTEN ALL VACCINATIONS
8. DON'T KNOW
9. REFUSED

IF (Q4 = 1)

SHOW "Has your child"

IF (Q4 > 1)

SHOW "Have your children" 5 5

Q11

About how many times a week do you exercise or play sports hard enough to make you breathe hard and make your heart beat faster for 20 minutes or more?

1. 0 times
2. 1-2 times a week
3. 3-4 times a week

- 4. 5 or more times a week
- 9. REFUSED

Q12a

In the past year, have you or any members of your household had Prenatal Care

- 1. YES
- 2. NO
- 8. DON'T KNOW
- 9. REFUSED

Q12c

How about a mammogram?

- 1. YES
- 2. NO
- 8. DON'T KNOW
- 9. REFUSED

Q12d

Has anyone had a blood test for cholesterol in the past year?

- 1. YES
- 2. NO
- 8. DON'T KNOW
- 9. REFUSED

Q12b

Has any member of your household had a Pap Smear within the past three years?

- 1. YES
- 2. NO
- 8. DON'T KNOW
- 9. REFUSED

Q12e

Has anyone in your household had a screening test for colon cancer in the past ten years?

- 1. YES
- 2. NO
- 8. DON'T KNOW
- 9. REFUSED

IF (12c, 12b, 12e answer is Yes) SKIPTO Q13

Q12ADD

May I ask why people in your household haven't had all of the cancer screenings I mentioned?

[PAP, MAMMOGRAM, COLON, INTERVIEWER --CHECK ALL THAT APPLY]

- 1. NO INSURANCE
- 2. FINANCIAL THE OUT OF POCKET COST EVEN WITH INSURANCE
- 3. FEAR OF THE TEST/DISLIKE OF THE TEST
- 4. DIDN'T THINK IT IS IMPORTANT OR NECESSARY

- 5. LACK OF CHILD CARE
- 6. FEAR OF THE RESULTS
- 7. TOO OLD OR TOO YOUNG TO NEED THE TEST
- 8. NO TRANSPORTATION
- 9. NO WOMEN IN THE HOUSEHOLD
- 10. NO REGULAR DOCTOR
- 11. HEALTHY PERSON
- 12. OTHER (SPECIFY) _____
- 98. DON'T KNOW
- 99. REFUSED

Q13

Do you or any member of your family have any of the following chronic or ongoing health problems? [READ THE OPTIONS, CHECK ALL THAT APPLY]

- 1. Cancer
- 2. Diabetes
- 3. Asthma
- 4. High Blood Pressure
- 5. Obesity
- 6. Osteoporosis
- 7. Chronic Heart Failure
- 8. High Cholesterol/Arteriosclerosis
- 9. Arthritis
- 10. Are there any other chronic conditions (specify) _____
- 11. NONE
- 98. DON'T KNOW
- 99. REFUSED

IF (answer > 10) SKIPTO Q15

Q14

Do you feel you and your family have received adequate help managing the disease?
[FALLBACK: HELP FROM DOCTORS OR SUPPORT GROUPS OR CLASSES]

- 1. YES
- 2. NO
- 3. ONLY FOR SOME OF THE ILLNESSES
- 8. DON'T KNOW
- 9. REFUSED

IF (ANS = 1) SKIPTO Q15

IF (ANS > 7) SKIPTO Q15

Q14a

What help did you need that you didn't get?

Q15

Have you or a member of your family visited any urgent care center during the past year?

- 1. YES

- 2. NO
- 8. DON'T KNOW
- 9. REFUSED

IF (ANS = 2) SKIPTO Q18

IF (ANS > 7) SKIPTO Q18

Q16

Did you try to see your doctor before you visited the urgent care center?

- 1. YES
- 2. NO
- 8. DON'T KNOW
- 9. REFUSED

IF (ANS = 1) SKIPTO Q17

IF (ANS = 8) SKIPTO Q18

IF (ANS = 9) SKIPTO Q18

Q16a

May I ask why not? [INTERVIEWER --CHECK ALL THAT APPLY]

- 1. DON'T HAVE A REGULAR DOCTOR
- 2. AFTER OFFICE HOURS
- 3. BROUGHT BY AMBULANCE
- 4. DOCTOR TOO BUSY TO FIT ME IN
- 5. OTHER (SPECIFY) _____
- 8. DON'T KNOW
- 9. REFUSED

SKIPTO Q18

Q17

Did your doctor tell you to go to urgent care center?

- 1. YES
- 2. NO
- 8. DON'T KNOW
- 9. REFUSED

IF (ANS > 1) SKIPTO Q18

Q17a

May I ask why urgent care instead of taking care of you at the office?

[INTERVIEWER --CHECK ALL THAT APPLY]

- 1. DON'T HAVE A REGULAR DOCTOR
- 2. AFTER OFFICE HOURS
- 3. IT WAS TOO SERIOUS/OR PROCEDURE NOT DONE IN OFFICE
- 4. DOCTOR TOO BUSY TO FIT ME IN
- 5. OTHER (SPECIFY) _____
- 8. DON'T KNOW
- 9. REFUSED

Q18

Have you ever gone to Pomona Valley Hospital Medical Center for health care?

- 1. YES
- 2. NO
- 8. DON'T KNOW
- 9. REFUSED

IF (ANS = 2) SKIPTO Q19

IF (ANS > 7) SKIPTO Q19

Q18a

Why did you choose Pomona Valley Hospital Medical Center?

[INTERVIEWER: DON'T READ--CHECK ALL THAT APPLY]

- 1. CLOSE TO HOME (CONVENIENCE/LOCATION)
- 2. INSURANCE
- 3. REFERRED BY MY PHYSICIAN
- 4. SERVICES OFFERED
- 5. QUALITY/REPUTATION
- 6. WORD OF MOUTH (FRIEND, NEIGHBOR, FAMILY, CO-WORKER)
- 7. LOOKED IN THE PHONE BOOK
- 8. INTERNET
- 9. NEWSPAPER
- 10. RADIO
- 11. TELEVISION
- 12. WORK SITE
- 13. COMMUNITY PRESENTATION
- 14. OTHER (SPECIFY)
- 15. 911/EMERGENCY/AMBULANCE/SENT THERE/NO CHOICE
- 98. DON'T KNOW
- 99. REFUSED

Q19

Have you attended any classes offered by Pomona Valley Hospital Medical Center?

- 1. YES
- 2. NO
- 8. DON'T KNOW
- 9. REFUSED

Q20

Are there classes you'd like them to offer?

- 1. YES
- 2. NO
- 8. DON'T KNOW
- 9. REFUSED

IF (ANS = 2) SKIPTO Q21

IF (ANS = 8) SKIPTO Q21

IF (ANS = 9) SKIPTO Q21

Q20a

What type of classes?

Q21

Have you or any member of your family attended any health-related support groups in the past year?

1. YES
2. NO
8. DON'T KNOW
9. REFUSED

Q22

What kind of support groups might you or someone else in your family be interested in?

[CHECK ALL THAT APPLY]

1. NOT INTERESTED AT ALL
2. SMOKING CESSATION
3. DIABETES
4. HIGH BLOOD PRESSURE
5. CANCER
6. NUTRITION
7. PREGNANCY/NEW MOMS/NEW DADS
8. HEART DISEASE
9. ASTHMA
10. ARTHRITIS
11. STROKE
12. GRIEF AND BEREAVEMENT
13. SLEEP APNEA/SLEEP DISORDERS
14. LIVING WITH A DISABILITY
15. OBESITY AND WEIGHT PROBLEMS
16. CAREGIVERS
17. HOMELESSNESS
18. CHILD/ELDER ABUSE
19. OTHER (SPECIFY)_____
98. DON'T KNOW
99. REFUSED

TRANSER

And now just a few questions about the emergency room at Pomona Valley Hospital Medical Center. [INTERVIEWER: PRESS ANY KEY TO CONTINUE]

Q23

Have you been to Pomona's emergency room?

1. YES
2. NO
8. DON'T REMEMBER/DON'T KNOW
9. REFUSED

IF (ANS > 1) SKIPTO Q25

Q24

Did you try to see your doctor before you went to the Emergency Room?

1. YES
2. NO
7. NOT FOR ME, WENT WITH A FRIEND OR FAMILY MEMBER
8. DON'T KNOW
9. REFUSED

IF (ANS = 1) SKIPTO Q25

IF (ANS > 6) SKIPTO Q25

Q24a

May I ask why not? [INTERVIEWER --CHECK ALL THAT APPLY]

1. DON'T HAVE A REGULAR DOCTOR
2. AFTER OFFICE HOURS
3. BROUGHT BY AMBULANCE
4. DOCTOR TOO BUSY TO FIT ME IN
5. OTHER (SPECIFY) _____
8. DON'T KNOW
9. REFUSED

Q25

Would you say that in general your health is excellent, very good, fair, or poor?

1. EXCELLENT
2. VERY GOOD
3. FAIR
4. POOR
8. DON'T KNOW
9. REFUSED

Q26

Are there any health related services that you need that are not being provided in your community?

1. YES
2. NO
8. DON'T REMEMBER/DON'T KNOW
9. REFUSED

IF (ANS = 2) SKIPTO Q27

If (ANS > 7) SKIPTO Q27

Q26a

What services do you need?

Q27

What can the hospital do to improve the health and quality of life in the community?

DEMOGRAPHIC QUESTIONS

And finally I'd like to ask a few questions about you and your background...
[INTERVIEWER: PRESS ANY KEY TO CONTINUE]

D1

What was the last grade of school that you completed?

1. SOME HIGH SCHOOL OR LESS
2. HIGH SCHOOL GRADUATE
3. SOME COLLEGE
4. COLLEGE GRADUATE (BACHELOR'S DEGREE)
5. SOME GRADUATE WORK
6. POST-GRADUATE DEGREE
8. DON'T KNOW
9. REFUSED

D2

Which of the following best describes your marital status? ...

1. Single, never married
2. Married
3. Divorced
4. Widowed
5. Separated, or
6. Single, living with partner
7. OTHER (SPECIFY)
9. REFUSED

D3

Are you of Hispanic, Spanish, or Latino origin?

1. YES
2. NO
8. DON'T KNOW
9. REFUSED

D4

How would you describe your race or ethnicity?

[CHECK ALL THAT APPLY]

1. ASIAN (SPECIFY)
2. BLACK OR AFRICAN AMERICAN
3. CAUCASIAN OR WHITE
4. HISPANIC
5. OTHER (SPECIFY)
8. DON'T KNOW
9. REFUSED

D5

What was your age at your last birthday?

DON'T KNOW [ENTER 998]

REFUSED [ENTER 999]

D6

How long have you lived in your community?

[OVER 6 MONTHS...ROUND UP]

JUST MOVED HERE 6 MONTHS OR LESS [ENTER 997]

DON'T KNOW [ENTER 998]

REFUSED [ENTER 999]

D7

Which of the following categories best describes your total household or family income before taxes, from all sources, for 2014? Let me know when I get to the correct category.

1. Less than \$25,000
2. \$25,000 to less than \$35,000
3. \$35,000 to less than \$50,000
4. \$50,000 to less than \$65,000
5. \$65,000 to less than \$80,000
6. \$80,000 to \$110,000
7. Over \$110,000
8. DON'T KNOW
9. REFUSED

END

Well, that's it. Thank you very much for your time - we appreciate it. [INTERVIEWER HANGSUP]

Question Gender

The respondent was...

1. Male
2. Female
3. Couldn't tell

Question Coop

How cooperative was the respondent?

1. Cooperative
2. Uncooperative
3. Very Uncooperative

Question Undstd

How well did the respondent understand the questions?

1. Very easily
2. Easily
3. Some difficulty
4. Great deal of difficulty

Appendix B. Community Needs Assessment Focus Group Guide

INSTITUTE OF APPLIED RESEARCH FOCUS GROUP, TUESDAY JANUARY 20, 2015

Thank you for agreeing to participate in this focus group! Your input will be invaluable in helping decision-makers better understand the health needs of those who live in PVHMC's service area, and will hopefully help create the foundation for improving the quality of health services available in the region. Please be assured that your individual responses to this survey (and your contribution to the focus group discussion) will remain anonymous.

- 1) Name: _____
- 2) Employer and job title: _____
- 3) Briefly, what experience do you have working with minority and medically underserved populations in PVHMC's service area?
- 4) What types of services does your organization offer?
- 5) From your experience, what is the biggest barrier to receiving routine and urgent health care in this region, especially for minorities and medically underserved populations in the region?
- 6) Please indicate with a "✓" or an "X" whether you strongly agree, agree, disagree, or strongly disagree with each of the following statements. Be sure you answer *relative to the subgroup of the community* you are here to represent (e.g. seniors, youth, minority):

	Strongly agree	Agree	Disagree	Strongly disagree
More community resources should be allocated for addressing diabetes among the group I represent				
High blood pressure is a serious health issue for the group I represent				
Addressing obesity among the group I represent will significantly improve the quality of life in the community				
Medical centers and hospitals should do more to promote what they are doing in the community (e.g. health fairs, programs, events)				

- 7) What is the one most important thing PVHMC can do improve the health and wellness of minorities and medically underserved populations in its region?

Focus Group Semi-Structured Guide

PVHMC FOCUS GROUP GUIDE, 1/20/15

Design	Details
Purpose of Focus Group	<p>Purpose: Part of the data gathering effort for Pomona Valley Hospital Medical Center’s (PVHMC’s) 2015 Community Health Needs Assessment.</p> <p>Composition of group: People who work with minority and medically underserved populations in PVHMC’s service area and have knowledge of the health care needs of these populations.</p> <p>We will be discussing the health needs of the community – primary care and preventative care, support for patients and family, chronic disease management, and wellness. We will also discuss barriers to receiving both routine and urgent health care.</p> <p>Your input will help decision-makers better understand the health needs of those who live in PVHMC’s service area and will hopefully help create the foundation for improving the quality of health services available in the region.</p>

Logistics	Details
Date and Time	<p>Tuesday Jan 20th, 5:30pm-7pm in the Pitzer Conference Room (Main Hospital Tower, 1st floor).</p> <ul style="list-style-type: none"> ❑ Set Up: ~4:45 pm ❑ Meet and greet: ~5:15 pm ❑ Begin & End: 5:30 – 7 pm <p>Light dinner provided by PVHMC</p>

Types and Sequence of Questions	Draft Questions
Introductions – brief, factual, everyone answers, establishes common ground	<ol style="list-style-type: none"> 1. Name, employer and job, work with minorities and medically underserved populations in PVHMC service area. Which populations (kids, seniors, homeless, ...) 2. Job or volunteer? 3. What types of services does your organization offer? 4. Have you worked with those populations in other areas?
Introductory – introduces topic, open ended, helps participants connect to topic	<ol style="list-style-type: none"> 1. Each of you has in front of you a sheet with a few questions we had you answer when you arrived. We will collect that sheet when you leave and it’s your private place to share with us anything you didn’t feel comfortable saying or didn’t get a chance to say. Remember, we want to pick your brain about any aspect of health care needs you’d like to talk about...primary care, support for patients and family, chronic disease management, barriers to receiving health care, anything. Obviously PVHMC can’t solve all the problems itself, but if they don’t know about the problems they

<p>Key questions – focus of the study and analysis</p>	<p>can't address them!</p> <p>1. Let's start with question of primary care and preventive care. What are the unmet needs in the community, focusing especially on minority and medically underserved populations? PROBES:</p> <ul style="list-style-type: none"> <input type="checkbox"/> physicians not doing memory screening <input type="checkbox"/> Access to care for homeless <input type="checkbox"/> Mental health <p>How can the needs be met?</p> <p>2. Now let's talk about support for patients and families – in other words, support groups, classes, caregiver services, whatever... What are the unmet needs in the community? PROBES:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Education for caregivers <input type="checkbox"/> Transportation <input type="checkbox"/> Respite for caregivers <p>How can the needs be met?</p> <p>3. Now let's talk about chronic disease management –What are the unmet needs in the community? PROBES:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Diabetes <input type="checkbox"/> Arthritis <input type="checkbox"/> High blood pressure <input type="checkbox"/> Dementia <input type="checkbox"/> Transportation to dialysis <p>How can the needs be met?</p> <p>4. We all know there are barriers to receiving health care, especially for the minority and medically underserved populations we are focusing on. From your experience, what is keeping people from getting the health care they need? PROBES:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Language <input type="checkbox"/> Access to assisted living <input type="checkbox"/> Doctors have too many people to see <input type="checkbox"/> Not enough doctors <p>How can the barriers be removed?</p> <p>5. In our survey we found that a lot of people, especially low income, are not receiving the cancer screenings that are</p>
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	<p>recommended...pap smears, colonoscopies, mammograms, etc. Can you shed some light on why this is the case?</p> <p>How can people be convinced to get these lifesaving tests?</p> <p>6. Finally, let's talk about the area of wellness...nutrition, physical activity, smoking, etc. What can PVHMC do to improve wellness of the populations we are discussing?</p> <p>7. Other issues:</p> <ul style="list-style-type: none"> ❑ Do people know about the Affordable Care Act, and have they taken advantage of low cost insurance? ❑ Unmet needs specifically for kids, or seniors, or another sub-group?
<p>Ending – summarizes or highlights most important points of looks for gaps</p>	<p>1. Now, reflect on our entire discussion. What have we missed? What are the final opinions you would like to offer to help PVHMC meet the needs of the community?</p>



Expert care with a personal touch

Community Health Needs Assessment 2015

Community Stakeholder Interview

Name of Interviewee:

Date of Interview:

Agency:

Part I. About You

Please tell us about you and your agency:

What is your title and role in your agency?

What populations do you primarily serve?

OPEN DISCUSSION: Please use the topics listed below as a focus study guide. We will be openly discussing them.

Part II. Health Needs of Our Community.

We would like to ask your views on health needs of the community:

- a. In the area of support for patients and families (education, support groups, etc.), can you identify any significant unmet needs in the SPA 3 community? Which populations are most affected? Do you have any suggestions for meeting the needs of our community in this area?
- b. In the area of primary care and preventative health services in our community, can you identify any unmet needs in the SPA 3 community? Which populations do you believe are most affected? Do you have any suggestions on how to meet the needs of our community in this area?
- c. In the area of chronic disease management, can you identify any unmet needs in the SPA 3 community? Which populations are most affected? Do you have any suggestions on how to meet the needs of our community in this area?
- d. In the area of wellness (nutrition, physical activity, smoking, etc.), can you identify any unmet needs in the SPA 3 community? Which populations do you believe are most affected? Do you have any suggestions for meeting the needs of our community in this area?
- e. **Can you identify any other unmet health-related needs in the SPA 3 community that we did not mention?**

Part III. Barriers to Health

Please provide your opinion on the types of barriers to meeting the needs of our community:

What do you believe are the most significant barriers to meeting the health needs of the SPA 3 community? Which do you believe is top priority to improve the health and wellness in our community?

Part IV. Working Together in the Community

Do you have suggestions for organizations in which PVHMC can work with to meet these unmet needs?

Ranking Exercise

Part V. Please see listing of health needs and health drivers below. In order of ranking, **please leave a checkmark on what you believe are the top 3** most significant unmet needs and should be considered a priority.

- Health Education/Support Groups
- Care Coordination
- Chronic Disease Management
 - Heart Disease/Heart Failure
 - Stroke
 - Diabetes
 - Asthma
 - Other:
- Cancer Support/Treatment/Resources
- Primary Care and Preventative Services
- Resources/Support for Homeless Populations
- Nutrition Services/Resources
- Physical Activity Services/Resources
- Mental Health Services/Resources
- Substance Abuse Services/Resources
- Transportation
- More community-wide partnerships / Collaboration
- Palliative Care
- Home Health Services
- Reduced cost Medications or Medical Supplies
- Dementia/Alzheimer's Services/Resources
- Day Treatment/Adult Day Care Services
- Physical Therapy/Rehabilitation Services
- Dental Services

Appendix C. Community Resource Guide

POMONA COMMUNITY LINKS AND ASSISTANCE REFERENCE

Source:

http://www.ci.pomona.ca.us/mm/comdev/pdf/Community_Resource_Directory_Vol12.2_2014.pdf

Los Angeles Information Line

(800) 339-6993 TDD (800) 660-4026

Services in Los Angeles County including emergency shelter, disability, welfare, emergency food, legal referrals, senior services, rehabilitation, and many more.

DPSS (CalWORKs & GAIN Programs)

2040 W. Holt Ave

Pomona, Ca. 91768

DPSS Eligibility Worker

(909) 865-5315

GAIN Career Center

909.392.3032

Counseling/rehabilitation, Case management, Housing Links, Employment Resources, School/Education, Training Links, Skills Building (budget, saving, etc.)

Pomona Homeless Outreach

2040 N. Garey Ave

Pomona, Ca. 91767

(909) 593-4796

Resource and referral for social services

Pomona Neighborhood Center, Inc.

999 West Holt Blvd.

Pomona, CA

(909) 620-7691

Provides general needs assistance to homeless individuals and families. Clothing, direct emergency assistance and community referral.

Inland Empire United Way

9644 Hermosa Ave.

Rancho Cucamonga

(909)980-2857

www.unitedwayla.org

Resource and referral for social services

Mercy House

905 E. Holt Blvd.

Ontario, Ca. 91764

(909) 391-2630

Motel vouchers, Food Vouchers, Hygiene kits

Diapers, Laundry detergent, feminine hygiene products,

Bus Passes for employment or medical appointments.

Use of telephone, and referrals of reemployment, shelter, food, housing.

Catholic Charities

248 E. Monterey Ave

Pomona, CA 91768

(909) 629-0472

www.catholiccharitiesa.org

Utility assistance and Motel Vouchers

Foothill Family Shelter

1501 W. 9th Street, Ste D

Upland, Ca. 91786

(909) 920-0453

Assistance to families with children; geared towards temporary housing up to 120 days.

Pomona Plus Link-up Service

248 Monterey

Pomona, Ca. 91766

(909) 620-2571

Housing relocation and stabilization, house search and placement, legal services, credit repair.

Inland Valley Hope

Partners

Our House Shelter

1753 N. Park Ave.,

Pomona, CA 91768

909-622-3806, x234

Provides up to 90 days of residential emergency shelter to single women and families. Services include room

and board, case management, individual counseling, support groups, parenting classes, savings program, assistance with job and housing search, tutoring and homework assistance for the children.

Salvation Army

490 E. La Verne Ave.
Pomona, CA 91767
909-623-1579
909-620-6232 fax
www.salvationarmysocal.org
Can assist with meal vouchers and/or motel vouchers

San Gabriel Valley Center

11046 Valley Mall
El Monte, Ca. 91731
Outreach, intake and assessment services for homeless persons. On site supportive services include intake/assessment, case mgmt., housing assistance, employment assistance, veterans' services, mental health services, life skills training, benefits advocacy, parenting classes, medical services and referrals
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West Covina Access Center

415 S. Glendora, Ste F
West Covina, Ca. 91790
(626) 814-2421
A drop-in center where homeless persons can access a wide variety of services.

W.E.W.I.N/For Christ's

Sake

727 W. 12th Street
Pomona, Ca. 91766
(909) 622-0094
(909) 721-2915
Provide non-Perishable food, clothing, small appliances, bedding, etc.

American Recovery Center

2180 W. Valley Blvd.
Pomona, CA
(909) 865-2336

Chemical dependency recovery: Provide inpatient detox, inpatient and outpatient

Crossroads, INC.

P.O. Box 15, Claremont
(909) 626-7847

Home for female parolees re-entering the community.

Foothill Family Shelter

1501 W. 9th Street, Ste D
Upland, Ca. 91786
(909) 920-0453

Must call for an appointment to apply for shelter. Assistance to families with children; temporary housing up to 90 days.

Fresh Start Housing Program Tri-City Mental Health Center

2008 N. Garey Avenue
Pomona, Ca. 91767
(909) 623-6131

Transitional housing for adults with psychiatric disabilities.

House of Ruth

Address Confidential

(909) 623-4364

(909) 988-5559 Hotline

Call the 24-hour hotline for crisis intervention, shelter intake, information and referral. Provides emergency shelter and transitional housing for women and children who are victims of domestic violence.

HPRP

Pomona Plus

248 Monterey
Pomona, Ca. 91767
909.622.2091

Fax 909.629.0328

Provides financial assistance and services to either prevent individuals and families from becoming homeless or to help those who are experiencing homelessness to be quickly rehoused and stabilized.

Mercy House/Trinity House

2040 N. Garey Ave

Pomona, CA 91767
(909) 593-4281

This is a transitional living shelter for single homeless men 18 and older. Participants must be employed or willing to find employment and have no history of violent or sexual crime. This program provides one-on-one evaluation process to set goals

Prototypes Women's Center Residential Program

845 E. Arrow Hwy
Pomona, CA 91767
(909) 624-1233

www.prototypes.org

Substance abuse treatment facility for women and their children offering comprehensive residential, outpatient and day treatment programs. Mental health and HIV/AIDS services available.

Total Restoration Ministries

420 N. Reservoir
Pomona, Ca. 91767
909.620.7838

Sober Living- offers a 24 hour Resident Director, Regular Drug/Alcohol testing, 12-step Meetings at house weekly, Meals prepared daily, Structured Schedule implemented by a caring and trained staff which eases the transition to a new way of life.

Fountain of Love Church

Community Development Center
188 W. Orange Grove Ave.
Pomona, CA
Resources and referral for homeless. Food can be picked up. resources.

Helping Hands Caring Hearts Ministry

New Harvest Church
480 W. Monterey St.
Pomona, Ca.
Sunday Dinner @ 3:45
Pantry 3:30-5:30
Sunday Dinner and clothing available

Inland Valley Hope Partners Beta

Program Center
1095 W. Grand Ave.
Pomona, CA 91766
909-622-7278
First time and every 30 days after that applicants will receive 5 days-worth of food (15 meals).

Inland Valley Hope Partners

Certified Farmers Market Garey Ave. and Pearl Street, Pomona, CA
Fresh fruits and vegetables; accepting food stamps, and WIC

Inter City Volunteers

P.O. Box 209
Pomona, CA 91769
909-865-8853
Food assistance. Provides hot meals to homeless individuals and families living in motels.

New Life Community Church

275 E. Foothill Blvd
Pomona, CA 91767
909-620-8137
Food distribution

Pomona First Baptist Church

586 N. Main St.
Pomona, CA 91767
909-629-5277
Fourth Saturday of the month dinner on this day only. Haircuts available at this time.
Portable Wellness Clinic-\$5 to see doctor.
First Wednesday of each mo.

Pomona Neighborhood Center

999 W. Holt Ave., Pomona
(909) 620-7691
Emergency food/shelter, Educational counseling, job development, placement

Pomona Valley Christian Ministry

1006 S. Garey Ave
Pomona, Ca. 91768
(951) 212-2031

Meals, clothes, provide resources and refer to other agencies. Food Pantry 4th Thursday of each month.

Trinity Methodist Church

676 N. Gibbs St.,
Pomona, CA 91767
909-629-9748
Food pantry

The Treasure Box

www.thetreasurebox.org
Orders via Online
\$30.00 box of food valued at 75.00-100.00
program available to everyone

WIC Program

Women, Infant and Children
888-942-2229
Food and nutritional assistance for women with children up to age 5, or women who are pregnant. Service based on income level.

Dept. of Public and Social Services

12860 Crossroads Parkway South
City of Industry, CA 91746
562-908-8400
Provided services to residences in need of financial assistance to meet their basic needs for food housing, childcare, in-home care, and/or medical assistance

Pomona District Office

2040 W. Holt Ave.,
Pomona CA 91768
909-865-5210
www.co.la.ca.us/dpss

Able-bodied adults are provided a variety of services to help them become employed and achieve economic self-sufficiency as quickly as possible

Social Security Office

960 W. Mission Blvd.
Pomona, CA 91766
909-772-1213
www.ssa.gov

Benefits assistance-Social Security and Medicare benefits, Social Security card, Social Security disability, Supplemental Security Income (SSI).

Family Resources

Pomona Unified School District
1690 S. White Ave.
Pomona, CA 91766
909-397-5045
Medical referral, Health Family application, childcare referral available, information, and resource referral. Will assist the children of homeless families. No Fee.

LA County

Dept. of Military and Veterans Affairs
1427 W. Covina Parkway
West Covina, CA 91790
626-813-3402
Counsels veterans, their dependents and survivors regarding federal and state benefits such as compensation, pensions, disability, education, hospitalization, home loans, etc., and provides referrals concerning drug and alcohol abuse and post-traumatic stress disorders.

Adult Education Center

Pomona Unified School District

1515 W. Mission Blvd.
Pomona, CA 91766
(909) 469-2333
www.pusd.org
Adult education services: High school diploma; General Education Development (GED); job training, referral and placement; English as a Second Language (ESL) Parent Education; community courses.

Employment Development Department (EDD)

264 E. Monterey Avenue
Pomona, CA 91769
(909) 392-2659
Unemployment and Employment services

Los Angeles Urban Assistance League

264 E. Monterey Avenue

Pomona, CA 91767

(909) 623-9741

Employment and vocation training services.

Chicana Service Action Center,**Chicano Family Services**

151 East Second St. Pomona, CA 91766

(909) 620-0383

800-548-2722 – 24 hour hotline

Provides crisis assistance and placement for women and families of domestic violence.

Pomona Community**Crisis Center**

240 E. Monterey, Pomona

(909) 623-1588

Offers outpatient drug rehabilitation including individual, group and family counseling; youth counseling for ages 7-21; drug screening; and drug and domestic violence diversion

Project Sister Sexual**Assault Crisis Services**

303 S. Park Ave., Ste. 303, Pomona

(909) 623-1619

(909) 626-HELP / 24-Hour Hotline

Project Sister is a sexual assault crisis service dedicated to reducing the incidence and trauma of sexual assault in the West San Gabriel and Pomona Valleys. Provides support groups, individual counseling, and self-defense classes.

The Butterfly Club

6921 Edison Avenue

Chino, Ca. 91710

(909) 597-8570

Healing for victims of Sexual Assault/Trauma

Victim's Witness Assistance Program

400 Civic Center Plaza, Room 201, Pomona

(909) 620-3381

Assists victims of crimes in obtaining reimbursement for medical expenses, loss of income/support, therapy and funeral expenses.

St. Anne's Transitional Home For Soldiers

(909) 612-1197

Provides supportive housing and support for male homeless Veterans and obtain residential stability skills.

Veteran's Benefit Information and Assistance

1-800-827-1000

Resource and referral for veterans

Boys and Girls Club of**Pomona Valley**

1420 S. Garey Ave

Pomona, CA 91769

(909) 623-8538

Offers various activities such as swimming, summer leagues, basketball, indoor soccer, arts and crafts, woodshop, tournaments and other special events.

Goodwill Goodguides Youth Mentoring Program

264 East Monterey Ave

Pomona, Ca. 91767

(909) 973-9915

Mentoring Careers, leadership skills, Vision opportunities.

Pomona Valley 4-H club

Condit Elementary School

1759 N. Mountain Ave.

Claremont, CA 91771

(909) 374-8342

4-H is open for boys and girls ages 5-19 years of age. 4-H emphasizes leadership, community services and life skills.

Youth Crisis Hotline

(909) 448-4663

Runaway Switchboard

(800) 621-4000

Wilene's Re-Growth Center

637 N. Park Ave

Pomona, CA

(909) 469-6757

The Center hopes to reduce the number of youth who upon separating from group homes or foster families at

age 18 have no place to live. Services include counseling, housing placements, job training, employment assistance, referrals and support to homeless families.

YMCA

350 N. Garey Ave
Pomona, CA
(909) 623-6433

Offers shower passes to organizations and individuals at a low cost.

Community Senior Services

2120 Foothill Blvd. Ste 115
La Verne, CA 91750

Provides several program assisting senior. Their programs include: Get About Transportation, Retired and Senior Volunteers, In-Home Respite, Senior Poor Counseling and the Senior Resource Directory

Meals on Wheels

845 E. Bonita Avenue
Pomona, Ca. 91768
909-593-6907

Provides home delivered meals to homebound seniors and persons with disabilities.

AEGIS MedicalSystems, INC.

1050 N. Garey Avenue,
Pomona
(909) 623-6391

Drug diversion / Drug treatment

American Recovery Center

2180 W. Valley Blvd.
Pomona, CA
(909) 865-2336

Chemical dependency recovery: Provide inpatient detox, inpatient and outpatient

Pacific Clinic

790 East Bonita Avenue
Pomona, CA 91767
(909) 625-7207
(626) 254-5000

Pacific Clinics provides substance abuse prevention and education groups on-site to youth and adults ages 12 and up. They provide relapse prevention services, domestic violence services, anger management, and drug testing. The program duration is at least one year

Pomona Open Door

259 S. East End Ave.
Pomona, CA
(909) 622-8225

Services include outpatient therapy, alcohol/drug treatment, marriage/family counseling,

National Council on Alcoholism and Drug Dependence

160 E. Holt, Suite 101, Pomona
(909) 629-4084

Provides parenting classes, family re-unification, drug testing, one-on one counseling, and self-help meetings.

Ability First, Claremont Center

480 S. Indian Hill Blvd.
Claremont, CA 91711
(909) 621-4727

www.abilityfirst.org

Programs designed to help children and adults with physical and developmental disabilities after school programs, recreation aquatic exercise.

Casa Colina Centers for Rehabilitation

2850 N. Garey Ave.
Pomona, CA 91769
(909) 596-7733

This organization has many programs to address rehabilitation; Vocational and transitional living programs are also available.

National Alliance on Mental Illness (NAMI)

1111 N. Mountain Ave.
Claremont, CA 91711
(909) 399-0305

Offering education and support to people whose lives are affected by serious mental illness – family members and clients alike.

San Gabriel/Pomona Regional Center

761 Corporate Center Drive

Pomona, CA 91768

800-822-7504

Diagnostic and evaluation, information and referral, case management, advocacy and education to develop mentally disable persons and their families.

Services for Independent Living, Inc.

P. O. Box 1296, Claremont, CA 91711

(909) 621-6722

Disability information, referral and advocacy; disability counseling, benefits assistance, housing search assistance, sign language interpretation, attendance registry. Transitional Housing Programs for homeless men with disabilities. Motel and food vouchers.

Tri-City Mental Health Center

2112 S. Garey Ave., Suite C

Pomona, CA 91766

(909) 591-6773

Assistance for children, adolescent and adults.

East Valley Community Health Center

Pomona. CA

(909) 620-8088

Medical Services: primary health care, pediatrics, free immunization, OB-GYN, pregnancy testing and counseling, contraception, AIDS/HIV testing and counseling, TB screening. Teen outreach.

Ennis W. Cosby Child and Family Services

Friendmobile

300 West Second St., Pomona, CA

(909) 869-3799

Free counseling services to children, families and adults.

Family Health Center

1770 N. Orange Grove Ave., Suite 101

Pomona, CA 91767

(909) 469-9494

Medical Services: Full primary care services for adults and children. Health benefits application assistance.

Pomona Adult Day Health Care Center

324 N. Palomar Dr.

Pomona, CA

(909) 623-7000

Designed to serve the frail elderly and those individuals eighteen years of age and older coping with a physical, cognitive or developmental disability.

Pomona Health Center/LA County Health Center

750 S. Park Ave. Pomona, CA

(909) 868-0235

Medical Services: Vaccinations and STD Immunizations for children (0-18); Primary Care Services and prescriptions at no or low cost

Planned Parenthood

1550 North Garey Ave, Pomona, CA

(909) 620-4268 Emergency Line: 800-328-2826

Pregnancy counseling, family planning, prenatal services, STD and HIV/AIDs testing.

Abortion and sterilization services.

Western University Health Clinic

887 E. 21st St. Suite C., Pomona, CA

(909)865-2565

Medical Services: Full primary care services for adults and children.

Foothill Aids Project

233 W. Harrison Ave, Claremont, CA

(909) 482-2066

HIV/AIDs services: referrals, case management, counseling, support groups, prevention, bilingual services, Housing assistance, housing case management, substance abuse counseling and mental health counseling. and outreach education

Inland Hospice

233 W. Harrison, Claremont, CA 91711

(909) 399-3289

Bereavement groups for persons who have lost a friend or family member – call for a schedule of meeting for both adults and children.

Interlink Hospice

2001 N. Garey Pomona, Ca. 91767

(909) 784-3600

Hospice provides comfort care for terminally ill patients. Hospice caregivers can help with the patient's daily activities and medical needs and also help the

patient and family deal with the psychological and spiritual needs when facing the end of life. Hospice care can be received at home or in a facility. Services include nursing, social work, etc.

Pomona First Baptist Church

586 N. Main St.

Pomona, CA 91767

909-629-5277

Support groups: Divorce Care and Divorce Care 4 Kids, Women's Cancer Support, Parenting classes, Caregiver's Support Group, Celebrate Recover, Griefshare, AA.

Dial-a-Ride

(909) 623-0183

Transportation services

Foothill Transit

Pomona Regional Transit Center

100 W. Commercial St. Pomona, CA

800-743-3463

www.foothilltransit.org

Metropolitan Transportation Authority (MTA)

Information: 800-COM-MUTE

MetroLink

800-371-5465

Public Transportation

Appendix D. California Health and Safety Codes Section 127340-127365

SB 697 (Chapter 812, Statutes of 1994)

Health and Safety Code Sections 127340-127365

Article 2. Hospitals: Community Benefits

127340. The Legislature finds and declares all of the following:

(a) Private not-for-profit hospitals meet certain needs of their communities through the provision of essential health care and other services. Public recognition of their unique status has led to favorable tax treatment by the government. In exchange, nonprofit hospitals assume a social obligation to provide community benefits in the public interest.

(b) Hospitals and the environment in which they operate have undergone dramatic changes. The pace of change will accelerate in response to health care reform. In light of this, significant public benefit would be derived if private not-for-profit hospitals reviewed and reaffirmed periodically their commitment to assist in meeting their communities' health care needs by identifying and documenting benefits provided to the communities which they serve.

(c) California's private not-for-profit hospitals provide a wide range of benefits to their communities in addition to those reflected in the financial data reported to the state.

(d) Unreported community benefits that are often provided but not otherwise reported include, but are not limited to, all of the following:

- (1) Community-oriented wellness and health promotion.
- (2) Prevention services, including, but not limited to, health screening, immunizations, school examinations, and disease counseling and education.
- (3) Adult day care.
- (4) Child care.
- (5) Medical research.
- (6) Medical education.
- (7) Nursing and other professional training.
- (8) Home-delivered meals to the homebound.
- (9) Sponsorship of free food, shelter, and clothing to the homeless.
- (10) Outreach clinics in socioeconomically depressed areas.

(e) Direct provision of goods and services, as well as preventive programs, should be emphasized by hospitals in the development of community benefit plans.

127345. As used in this article, the following terms have the following meanings:

(a) "Community benefits plan" means the written document prepared for annual submission to the Office of Statewide Health Planning and Development that shall include, but shall not be limited to, a description of the activities that the

hospital has undertaken in order to address identified community needs within its mission and financial capacity, and the process by which the hospital developed the plan in consultation with the community.

(b) “Community” means the service areas or patient populations for which the hospital provides health care services.

(c) Solely for the planning and reporting purposes of this article, “community benefit” means a hospital’s activities that are intended to address community needs and priorities primarily through disease prevention and improvement of health status, including, but not limited to, any of the following:

(1) Health care services, rendered to vulnerable populations, including, but not limited to, charity care and the unreimbursed cost of providing services to the uninsured, underinsured, and those eligible for Medi-Cal, Medicare, California Children’s Services Program, or county indigent programs.

(2) The unreimbursed cost of services included in subdivision (d) of Section 127340.

(3) Financial or in-kind support of public health programs.

(4) Donation of funds, property, or other resources that contribute to a community priority.

(5) Health care cost containment.

(6) Enhancement of access to health care or related services that contribute to a healthier community.

(7) Services offered without regard to financial return because they meet a community need in the service area of the hospital, and other services including health promotion, health education, prevention, and social services.

(8) Food, shelter, clothing, education, transportation, and other goods or services that help maintain a person’s health.

(d) “Community needs assessment” means the process by which the hospital identifies, for its primary service area as determined by the hospital, unmet community needs.

(e) “Community needs” means those requisites for improvement or maintenance of health status in the community.

(f) “Hospital” means a private not-for-profit acute hospital licensed under subdivision (a), (b), or (f) of Section 1250 and is owned by a corporation that has been determined to be exempt from taxation under the United States Internal Revenue Code. “Hospital” does not mean any of the following:

(1) Hospitals that are dedicated to serving children and that do not receive direct payment for services to any patient.

(2) Small and rural hospitals as defined in Section 124840.

(g) “Mission statement” means a hospital’s primary objectives for operation as adopted by its governing body.

(h) “Vulnerable populations” means any population that is exposed to medical or financial risk by virtue of being uninsured, underinsured, or eligible for Medi-Cal, Medicare, California Children’s Services Program, or county indigent programs.

127350. Each hospital shall do all of the following:

(a) By July 1, 1995, reaffirm its mission statement that requires its policies integrate and reflect the public interest in meeting its responsibilities as a not-for-profit organization.

(b) By January 1, 1996, complete, either alone, in conjunction with other health care providers, or through other organizational arrangements, a community needs assessment evaluating the health needs of the community serviced by the hospital, that includes, but is not limited to, a process for consulting with community groups and local government officials in the identification and prioritization of community needs that the hospital can address directly, in collaboration with others, or through other organizational arrangement. The community needs assessment shall be updated at least once every three years.

(c) By April 1, 1996, and annually thereafter adopt and update a community benefits plan for providing community benefits either alone, in conjunction with other health care providers, or through other organizational arrangements.

(d) Annually submit its community benefits plan, including, but not limited to, the activities that the hospital has undertaken in order to address community needs within its mission and financial capacity to the Office of Statewide Health Planning and Development. The hospital shall, to the extent practicable, assign and report the economic value of community benefits provided in furtherance of its plan. Effective with hospital fiscal years, beginning on or after January 1, 1996, each hospital shall file a copy of the plan with the office not later than 150 days after the hospital's fiscal year ends. The reports filed by the hospitals shall be made available to the public by the office. Hospitals under the common control of a single corporation or another entity may file a consolidated report.

127355. The hospital shall include all of the following elements in its community benefits plan:

(a) Mechanisms to evaluate the plan's effectiveness including, but not limited to, a method for soliciting the views of the community served by the hospital and identification of community groups and local government officials consulted during the development of the plan.

(b) Measurable objectives to be achieved within specified timeframes.

(c) Community benefits categorized into the following framework:

- (1) Medical care services.
- (2) Other benefits for vulnerable populations.
- (3) Other benefits for the broader community.
- (4) Health research, education, and training programs.
- (5) Nonquantifiable benefits.

127360. Nothing in this article shall be construed to authorize or require specific formats for hospital needs assessments, community benefit plans, or reports until recommendations pursuant to Section 127365 are considered and enacted by the Legislature.

Nothing in this article shall be used to justify the tax-exempt status of a hospital under state law. Nothing in this article shall preclude the office from requiring hospitals to directly report their charity activities.

127365. The Office of Statewide Health Planning and Development shall prepare and submit a report to the Legislature by October 1, 1997, including all of the following:

(a) The identification of all hospitals that did not file plans on a timely basis.

(b) A statement regarding the most prevalent characteristics of plans in terms of identifying and emphasizing community needs.

(c) Recommendations for standardization of plan formats, and recommendations regarding community benefits and community priorities that should be emphasized. These recommendations shall be developed after consultation with representatives of the hospitals, local governments, and communities. <http://www.leginfo.ca.gov/bilinfo.html>

Appendix F. Patient Financial Assistance Program Policy; Full Charity Care and Discount Partial Charity Care Policies

Policy Name: Patient Financial Assistance Program Policy #: HW#1A.200

Division: Manual: Hospital Wide Policy Page 1 of 14

Origination Date: 12/31/2007 **Revised Date:** 12/4/2014

SUBJECT: Patient Financial Assistance Program Policy
Full Charity Care and Discount Partial Charity Care Policies

Purpose:

Pomona Valley Hospital Medical Center (PVHMC) serves all persons in the Pomona Valley and greater Inland Empire community. As a community hospital provider, Pomona Valley Hospital Medical Center strives to provide healthcare services within a high quality and customer service oriented environment. Providing patients with opportunities for financial assistance coverage for healthcare services is an essential element of fulfilling the Pomona Valley Hospital Medical Center mission. This policy defines the PVHMC Financial Assistance Program including its criteria, systems, and methods.

Nonprofit acute care hospitals must comply with the California Hospital Fair Pricing Act (codified in California's Health & Safety Code Sections 127400 et seq.), and with Section 501(r) of the Internal Revenue Code requiring written policies providing discounts and charity care to financially qualified patients. This policy provides for both charity care and discounts to patients who financially qualify under the terms and conditions of the Pomona Valley

Hospital Medical Center Financial Assistance Program.

The Finance Department has responsibility for general accounting policy and procedure. Included within this purpose is a duty to ensure the consistent timing, recording and accounting treatment of transactions at PVHMC.

Patient Access and Business Office staff are responsible for assisting the patient with the financial assistance application as needed to include handling of patient accounting transactions in a manner that supports the mission and operational goals of Pomona Valley Hospital Medical Center.

Policy:

It is the policy of Pomona Valley Hospital Medical Center to offer financial assistance to patients who are unable to pay their hospital bills due to a financial inability to pay. Designated management will review individual cases to determine a patient's eligibility for financial assistance and determine the discount for which the patient qualifies.

All requests for financial assistance from patients, patient families, physicians or hospital staff shall be addressed in accordance with this policy.

Introduction

Pomona Valley Hospital Medical Center strives to meet the health care needs of all patients who seek inpatient, outpatient and emergency services. PVHMC is committed to providing access to financial assistance programs when patients are uninsured or underinsured and need help paying their hospital bill. These programs include state- and county-sponsored coverage programs, charity care, and discount partial charity care as defined herein. This policy focuses on charity care and discount partial charity care for which eligibility for financial assistance and qualification for a discount is determined solely by the patient's and/or patient's family's ability to pay.

The Hospital makes every effort to inform its patients of the Hospital's Financial Assistance Program.

Specifically:

- Every registered patient receives a written notice of the Hospital's Financial Assistance Policy written in
- plain language per IRC 501(r);

- Upon request, paper copies of the Financial Assistance Policy, the Financial Assistance application form and the plain language summary of the Financial Assistance Policy are made available free of charge . These documents are also available on the Hospital’s website;
- Whenever possible, during the registration process, uninsured patients are screened for eligibility with government -sponsored programs and/or the Hospital’s Financial Assistance Program;
- Public notices are posted throughout the Hospital notifying the public of financial assistance for those who qualify (See “Reporting & Billing: Public Notice” within this policy for more information);
- Guarantor billing statements contain information to assist patients in obtaining government -sponsored coverage and/or financial assistance provided by the Hospital (See “Reporting & Billing: Billing Statements” within this policy for more information);
- The hospital will provide patients with a referral to a local consumer assistance center housed in a legal services office

This policy addresses the following:

- Definitions
- Financial Assistance Eligibility Criteria
- Financial Assistance Discount Qualification Criteria
- Application Submission and Review Process
- Partial Charity Discount Methodology
- Reporting & Billing
- General Provisions

DEFINITIONS

Amounts Generally Billed (ABG): The amount generally billed by the hospital for emergency and other medically necessary services to patients who have health insurance.

Essential living expenses: Expenses for any of the following: rent or house payments (including maintenance expenses), food and household supplies, utilities and telephone, clothing, medical and dental payments, insurance, school or child care, child and spousal support, transportation and automobile expenses (including insurance, fuel and repairs), installment payments, laundry and cleaning expenses, and other extraordinary expenses.

Full Charity: A discount representing 100% of a patient’s liability. A full charity discount is equivalent to 100% of billed charges when the patient is uninsured and equivalent to the patient’s unmet deductible, coinsurance and/or copay when the patient is insured.

High Medical Costs: An insured patient is a “High Medical Costs” patient if:

- Annual out-of-pocket hospital/medical costs incurred by the patient and/or the patient’s family members
- during the last 12 months exceed 10% of the patient’s family income,
- The patient’s family income does not exceed 400% of the federal poverty level;

Income: The sum of all the wages, salaries, profits, interests payments, rents and other forms of earnings received by all members of a patient’s family during a one year period of time. This includes gross receipts less cost of goods sold for self-employed family members.

Monetary Assets: Assets that are readily convertible to cash, such as bank accounts and publicly traded stock but not assets that are illiquid, such as real property and/or the following assets:

- Retirement funds and accounts;
- Deferred compensation plans qualified under the Internal Revenue Code;
- Nonqualified deferred compensation plans;
- The first \$10,000 of qualified monetary assets;

- 50% of monetary assets after the first \$10,000.

Necessary Services: Inpatient, outpatient or emergency medical care that is deemed medically necessary by a physician. Necessary services would not include purely elective services for patient comfort and/or convenience, including but not limited to a cosmetic lens implanted during cataract surgery.

Partial Charity Discount: A discount available to an uninsured or an insured patient that reduces an eligible uninsured patient's balance to an amount not to exceed 50% of the amount Medicare would have paid if Medicare was the primary payer or that limits an eligible insured patient's balance to the applicable Medicare inpatient deductible or outpatient coinsurance. The partial charity discounted balances is further limited to the established cash prices.

Patient's Family Size: is dependent on the age of the patient as defined below -

- 1) For patients 18 years of age and older, the patient's family includes the patient's spouse, domestic partner and dependent children under 21 years of age, whether living at home or not;
- 2) For patients under 18 years of age, the patient's family includes the patient's parent(s), caretaker relatives and other children less than 21 years of age

PROCEDURE FOR FINANCIAL ASSISTANCE

FINANCIAL ASSISTANCE ELIGIBILITY

Financial assistance eligibility is based upon the patient's ability to pay as determined by the Patient's Family incomerelative to the current Federal Poverty Level.

The primary eligibility categories are:

- Patient is uninsured AND Patient's Family Income is at or less than 400% of the Federal Poverty Level
- designated for the patient's family size
- Patient is insured AND Patient's Family Income is at or less than 400% of the Federal Poverty Level
- designated for the patient's family size AND patient meets the definition of a "High Cost Medical" patient

The following conditions must also be satisfied:

- If the patient is insured, the patient's liability is NOT a Medicaid share of cost or unmet deductible, coinsurance and/or copay related to subsidized coverage provided through a Covered CA qualified health plan or similar plan;
- Patient does not qualify for other income-based/means test government-sponsored coverage;
- A pending application for another health coverage program shall not preclude eligibility for financial assistance under this policy, however, final approval of financial assistance may be deferred until the pending application is processed and eligibility is determined
- Patient completes and submits a Financial Assistance Application;
- Patient submits all required and requested documents and responds to any questions that arise from the Financial Assistance Application.

A patient who is deemed eligible for financial assistance will not be charged for emergency or other medically necessary care more than amounts generally billed (AGB) to individuals who have insurance covering such care. Emergency physicians providing emergency services in the hospital are required to provide discounts to uninsured and high medical cost patients whose incomes are at or below 350 percent of the Federal Poverty Level. Eligible patients are offered a reasonable, extended payment plan. If an agreement is not reached, a reasonable payment formula similar to the hospital's payment formula defined in the "Payment Plans" section within this policy must be used in determining the monthly payment. A patient may obtain additional information regarding the emergency physicians discount policy by

contacting California Emergency Physician's (CEP) billing service, MedAmerica Billing Services, Patient Services Department at (800) 498-7157.

FINANCIAL ASSISTANCE DISCOUNT QUALIFICATION CRITERIA

Once eligibility is established, the discounted amount and/or discounted balance is determined as defined in the following section of this policy depending upon:

- The Patient's eligibility category;
- The Patient's Family income;
- The Patient's Family Monetary Assets;

Full Charity Discount Criteria

The following chart summarizes the criteria that must be satisfied for a patient to qualify for full charity care:

- Uninsured <200% FPL <\$10,000
- Insured with High Medical Costs <200% FPL <\$10,000
- All patients who are eligible for financial assistance within this policy will receive full charity when the patient's family income is at or less than 200% of the Federal Poverty Level and their monetary assets are less than \$10,000.

To qualify for this level of discount, the patient will apply for and submit the documentation required for full charity within this policy.

Partial Charity Discount Criteria

If a patient does not qualify for full charity care based on the criteria above, the patient may qualify for partial charity (discounted) care. Monetary Assets are not considered as criteria used to determine a partial charity discount. The following chart summarizes the criteria that must be satisfied for a patient to qualify for partial charity care:

Insured with High Medical Costs <400% FPL NTE MEDICARE OOP
Uninsured <400% FPL 50% of MEDICARE RATES

The discounted balance for an eligible uninsured patient is described in further detail in the "Partial Charity Discount

Methodology" section below. The applicable discounted rates are documented in Addendum A, based upon the year the service was provided and limited to the established cash prices.

An eligible insured patient shall receive a reduction of their out-of-pocket costs not to exceed the Medicare inpatient deductible or the Medicare outpatient coinsurance as applicable limited to the established cash prices.

Dates of Service included in Application

When the hospital determines that a patient qualifies for Financial Assistance, that determination will apply to the specific services and service dates for which the patient or the patient's family representative submitted the application. In cases of continuing care relating to a patient diagnosis that requires ongoing, related services, the hospital will treat continuing care as a single case for which qualification applies to all related ongoing services provided by the hospital. Management may, based on its review, determine that other pre-existing patient account balances outstanding at the time of qualification may be eligible for write-off. Generally, a patient will re-apply for financial assistance eligibility at least every 180 days, but management has the discretion to not require further application(s) for subsequent services following an initial application approval.

Other Eligible Circumstances qualifying for Charity: Medi-Cal Payment Denials

PVHMC deems those patients that are eligible for government -sponsored low-income assistance programs (e.g. Medi-Cal/Medicaid, California Children's Services and any other applicable state or local low-income program) to be indigent. Therefore such patients are eligible under the Financial Assistance Policy when payment is not made by the governmental program. For example, patients who qualify for Medi-Cal/Medicaid as well as other programs serving the needs of low-income patients (e.g. CHDP and CCS), where the program does not make payment for all services or days during a hospital stay, are eligible for Financial Assistance Program coverage limited to the amount the payer denied instead of paid. Consistent with Medicare cost reporting guidance for the calculation of the Hospital's low income percentage for Medi-Cal DSH, non-covered services and all other denied services provided to eligible Medicaid beneficiaries will be reported as "Uncompensated Care" for cost reporting purposes without requiring a FAP application from each patient. Specifically included as Uncompensated Care are charges related to denied stays, denied days of care, and non-covered services. All Treatment Authorization Request (TAR) denials and any lack of payment for non-covered services provided to Medi-Cal/Medicaid and other patients covered by qualifying low-income programs, and other denials (e.g. restricted coverage) are to be classified as Charity Care.

The patient is NOT eligible for financial assistance on Medi-Cal share of cost or a patient's subsidized or discounted out-of-pocket expenses determined by Covered California or any other state or federal government insurance exchange. A patient's unsubsidized out of pocket expense may qualify for a discount as defined within this policy.

Other Eligible Circumstances qualifying for Charity: Medicare Deductibles and Coinsurance Denials

Patients whose primary coverage is Medicare and secondary coverage is Medi-Cal are eligible for financial assistance and may qualify for full charity. The amount qualifying for full charity is limited to the Medicare coinsurance and deductible amounts unreimbursed by any other payer including Medi-Cal/Medicaid, and which is not reimbursed by Medicare as a bad debt, if:

- 1) The patient is a beneficiary under Medi-Cal/Medicaid or another program serving the health care needs of low income patients; or
- 2) The patient otherwise qualifies for financial assistance under this policy and then only to the extent of the write off provided for under this policy.

Other Eligible Circumstances qualifying for Charity: Reassignment from Bad Debt to Charity

Any account returned to the hospital from a collection agency that has determined the patient or family representative does not have the resources to pay his or her bill, may be deemed eligible for Charity Care.

Documentation of the patient or family representative's inability to pay for services will be maintained in the Charity Care documentation file.

Criteria for Re-Assignment from Bad Debt to Charity Care:

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

- 1) Patient accounts must have no applicable insurance (including governmental coverage programs or other third party payers);
- 2) The patient or family representative has not made a payment within 150 days of assignment to the collection agency;
- 3) The patient's credit & behavior score is within the lowest 25th percentile as of November 2007, PVHMC's secondary agency has determined the credit and behavior score representing the lowest 25th percentile is 547 or lower as reported by Transunion;);
- 4) The collection agency has determined that the patient/family representative is unable to pay; and/or

5) The patient or family representative does not have a valid Social Security Number and/or an accurately stated residence address in order to determine a credit score

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

Prompt Pay Discount

A patient is not eligible for financial assistance, including a financial assistance discount, when the patient's family income is greater than 400% of the established Federal Poverty Level. Instead, uninsured patients qualify for a prompt pay discount, which shall apply to all necessary inpatient, outpatient and emergency services provided by PVHMC. The discounted balance is dependent on the type of service provided:

- 1) For outpatient services, the discounted balance represents the average commercial HMO/PPO collection rate on outpatient services, not to exceed established cash prices
- 2) For inpatient services, the discounted balance represents the Medicare DRG amount for adult inpatient services and the Medi-Cal APR DRG amount of pediatric inpatient services, not to exceed established cash prices

Payment Plans

When a determination of discount partial charity has been made by the hospital, the patient shall have the option to pay any or all outstanding amounts due in one lump sum payment, or through a scheduled term payment plan.

The hospital will discuss payment plan options with each patient that requests to make arrangements for term payments. Individual payment plans will be negotiated between the hospital and patient based upon the patient's ability to effectively meet the payment terms. As a general guideline, payment plans will be structured to last no longer than 12 months. The hospital shall negotiate in good faith with the patient; however there is no obligation to accept the payment terms offered by the patient. If the patient and the hospital are unable to agree on negotiated payment terms, the hospital shall offer the patient the default payment plan. Under the default payment plan, the patient's monthly payment shall not exceed 10% of a patient's family income for one month, excluding deductions for "essential living expenses" as defined herein above.

Partial Charity Discount Methodology

Patients below 400% of the current Federal Poverty Level, who meet all eligibility and qualification criteria, will not pay more than Medicare would typically pay for a similar episode of service. Section 501(r) of the Internal Revenue Code ("IRC") added by the Affordable Care Act, provides two methodologies to determine the "Amounts Generally Billed," the "Look-back" method or the "Prospective" method. For ease of administration, the Hospital has selected the "Look-back" method for outpatient services and the "Prospective" method for inpatient services. The "Prospective" method will be used to discount inpatient services provided to eligible uninsured patients. The applicable MediCal APR DRG reimbursement applies to obstetrics, newborns, neonatal intensive care and pediatrics. The Medicare DRG applies to all other inpatient services. The expected payment from the patient will be 50% of the amount determined to be the "Amounts Generally Billed" limited to the cash price established by the Hospital's service department. This amount will be billed once a patient has submitted and is approved for partial discounted financial assistance. Prior to submitting an application for financial assistance, the amounts billed will represent full billed charges consistent with the amount ALL payers and patients are charged. The "Look Back" method was selected for outpatient services due to the ease of administration to allow all support staff the ability to calculate and quote the patient based on a percentage of charges. The expected payment will be updated each year no later than January 31 by summarizing the claims paid in full by Medicare for the preceding calendar year. The reimbursement rate will be calculated by dividing the total collections on the claims paid in full for the preceding calendar year by the total billed charges on the claims paid in full, adjusted for the annual rate increase effective January 1 of the current year. The rate calculated will be rounded up to the nearest 5/100th of a percent. The reimbursement rates for each calendar year will be documented in Addendum A and updated each year.

APPLICATION SUBMISSION & REVIEW PROCESS

Single, Unified Application

The PVHMC Financial Assistance Program utilizes a single, unified patient application for both Full Charity Care and Discount Partial Charity Care. The process is designed to give each applicant an opportunity to receive the maximum financial assistance benefit for which they may qualify. The financial assistance application provides patient information necessary for determining patient qualification and such information will be used to qualify the patient or family representative for maximum coverage under the PVHMC Financial Assistance Program. The financial assistance application should be completed as soon as there is an indication that the patient may be in need of financial assistance. The application form may be completed prior to service, during a patient stay, or after services are completed and the patient has been discharged.

The hospital will provide guidance and/or direct assistance to patients or their family representative as necessary to facilitate completion of program applications. Financial counselors, eligibility services liaisons and/or patient account representatives are available to provide guidance over the phone or meet in person.

The application will cover all outstanding guarantor balances at the time the application is completed. Patients may be required to re-apply for financial assistance at least every 180 days.

Required Documentation

Eligible patients may qualify for the PVHMC Financial Assistance Program by following application instructions and making every reasonable effort to provide the hospital with documentation and health benefits coverage information such that the hospital may make a determination of the patient's qualification for coverage under the program. Eligibility alone is not an entitlement to coverage under the PVHMC Financial Assistance Program. To determine eligibility and to maximize the qualifying assistance/discount amount, the following documentation is required when applicable:

- 1) Completed & signed financial assistance application;
- 2) Current pay stubs from the last two pay periods or if self-employed, current year-to-date profit & loss statement to determine current income;
- 3) Award letters for social security, SSI, Disability, Unemployment, General Relief, Alimony, etc.;
- 4) For full charity only, last calendar year's filed tax return with all required schedules to determine income generating assets including monetary assets for a full charity discount only;
- 5) For full charity only, last two months' bank, brokerage & investment statements for a full charity discount only;
- 6) For full charity only, copies of prior year's 1099 for interest income, dividends, capital gains, etc.

Completion of a financial assistance application provides:

- Information necessary for the hospital to determine if the patient has income sufficient to pay for services;
- Documentation useful in determining qualification for financial assistance; and
- An audit trail documenting the hospital's commitment to providing financial assistance

The Hospital may require waivers or releases from the patient or the patient's family authorizing the hospital to obtain account information from financial or commercial institutions or other entities including but not limited to credit reporting entities that hold or maintain the monetary assets, in an attempt to verify information the patient has provided on the charity care application. Information obtained pursuant to this paragraph regarding assets of the patient or the patient's family shall not be used for collection activities.

Reasons for Denial of Assistance

The PVHMC Financial Assistance Program relies upon the cooperation of individual patients who may be eligible for full or partial assistance. Financial assistance may be denied for failure to submit applicable required documentation.

The hospital may deny financial assistance for reasons including, but not limited to, the following:

- 1) Patient is not eligible for partial charity discounted care based on amount of income;
- 2) Patient is not eligible for full charity care based on amount of income plus monetary assets;

- 3) Patient is uncooperative or unresponsive, preventing the Hospital from determining financial assistance eligibility and qualification;
- 4) Service provided to a full charity care patient is not considered medical necessary;
- 5) Application is incomplete;
- 6) Patient's balance results from withholding from the Hospital an insurance payment;
- 7) Patient's balance after insurance pays does not meet the definition of high medical cost;
- 8) Patient meets eligibility for income-based government -sponsored coverage but failed to apply and/or cooperate with the application process;
- 9) Assistance was requested on a service provided more than 180 days after the most recent request for assistance was approved.; and
- 10) Patient's liability is a Medicaid share of cost or out-of-pocket expense related to means tested and/or income based coverage such as a subsidized Covered CA qualified health plan.

The financial assistance application should be completed as soon as there is an indication the patient may be in need of financial assistance. The application form may be completed prior to service, during a patient stay, or after services are completed and the patient has been discharged.

Approval Process

The patient or patient's representative shall submit the financial assistance application and required supplemental documents to the Patient Financial Services department at PVHMC. The Patient Financial Services department's contact information shall be clearly identified in the application instructions.

PVHMC will provide personnel who have been trained to review financial assistance applications for completeness and accuracy. Application reviews will be completed as quickly as possible considering the patient's need for a timely response. Upon receipt of a completed financial assistance application, assigned staff in the business office will prepare a "Request for Consideration of Uncompensated Care (Charity)" attaching all supporting documentation as defined within this policy and submit to an applicable manager based upon the amount of the discount requested as defined below. For the circumstances defined below which do NOT require submission of a financial assistance application, the staff will prepare a "Request for Consideration of Uncompensated Care (Charity)" clearly noting the reason an application was NOT prepared and attaching a credit report if a valid social security number is available.

A financial assistance determination will be made only by approved hospital management personnel according to the eligibility criteria specific to the patient and the amount of financial assistance requested. Financial assistance shall not be provided on a discriminatory or arbitrary basis. The hospital retains full discretion, consistent with laws and regulations, to establish eligibility criteria and determine when a patient has provided sufficient evidence of qualification for financial assistance.

The Hospital's designee authorized to approve financial assistance applications is based on the amount of the financial assistance requested; larger discounts require a higher level of approval as indicated below:

- Discounts less than \$25,000: Assistant Director or Director of Patient Financial Services
- Discounts greater than \$25,000: Vice President of Finance

Application Exceptions

A completed financial assistance application may not be required in certain circumstances. These circumstances are limited to situations when PVHMC determines it has sufficient patient financial information from which to make a financial assistance eligibility and qualification decision. Examples of circumstances not requiring a financial assistance application include, but are not necessarily limited to:

- 1) Patient is homeless;
- 2) Patient is a resident at a shelter including but not limited to Prototypes and The American Recovery Center;
- 3) Patient's address is the address for the Department of Public Social Services (DPSS) 2040 Holt Ave Pomona;
- 4) Patient is unknown;
- 5) Patient is receiving General Relief, Cal WORKS or Cal Fresh (documentation required);
- 6) Patient qualified for Medi-Cal without a share of cost (SOC) during a portion of the confinement or subsequent to their discharge/visit (proof of eligibility required); or

7) Non-covered and/or denied services provided to Medi-Cal eligible patients

Appeal Process

In the event that a patient disagrees with the hospital's determination regarding qualification, the patient may file a written appeal for reconsideration with the hospital as follows:

The written appeal should contain a complete explanation of the patient's dispute and rationale for reconsideration. Any or all additional relevant documentation to support the patient's claim should be attached to the written appeal. Any or all appeals will be reviewed by the hospital Director of Patient Accounting. The director shall consider all written statements of dispute and any attached documentation. After completing a review of the patient's claims, the director shall provide the patient with a written explanation of findings and determination. In the event that the patient believes a dispute remains after consideration of the appeal by the Director of Patient Accounting, the patient may request in writing, a review by the hospital Vice President of Finance. The Vice President of Finance shall review the patient's written appeal and documentation, as well as the findings of the director of patient financial services. The Vice President of Finance shall make a determination and provide a written explanation of findings to the patient. All determinations by the Vice President of Finance shall be final. There are no further appeals.

REPORTING AND BILLING:

Billing Statements

Consistent with Health and Safety Code Section 127420, the Hospital will include the following clear and conspicuous information on a patient's bill:

- (1) A statement of charges for services rendered by the hospital.
- (2) A request that the patient inform the hospital if the patient has health insurance coverage, Medicare, Medi-Cal, or other coverage.
- (3) A statement that if the consumer does not have health insurance coverage, the consumer may be eligible for coverage offered through the California Health Benefit Exchange (Covered CA), Medicare, Medi-Cal, California Children's Services Program, or charity care.
- (4) A statement indicating how patients may obtain an application for the Medi-Cal program, coverage offered through the California Health Benefit Exchange, or other state- or county-funded health coverage programs and that the hospital will provide these applications. If the patient does not indicate coverage by a third-party payer or requests a discounted price or charity care, then the hospital shall provide an application for the Medi-Cal program, or other state- or county-funded programs to the patient. This application shall be provided prior to discharge if the patient has been admitted or to patients receiving emergency or outpatient care. The hospital shall also provide patients with a referral to a local consumer assistance center housed at legal services offices.
- (5) Information regarding the financially qualified patient and charity care application, including the following:
 - (A) A statement that indicates that if the patient lacks, or has inadequate, insurance, and meets certain low and moderate-income requirements, the patient may qualify for discounted payment or charity care.
 - (B) The name and telephone number of a hospital employee or office from whom or which the patient may obtain information about the hospital's discount payment and charity care policies, and how to apply for that assistance.
 - (C) If a patient applies, or has a pending application, for another health coverage program at the same time that he or she applies for a hospital charity care or discount payment program, neither application shall preclude eligibility for the other program.

Public Notice

PVHMC shall post notices informing the public of the Financial Assistance Program. Such notices shall be posted in high volume inpatient, areas and in outpatient service areas of the hospital, including but not limited to the emergency department, inpatient admission and outpatient registration areas, or other common patient waiting areas of the hospital.

Notices shall also be posted at any location where a patient may pay their bill. Notices will include contact information on how a patient may obtain more information on financial assistance as well as where to apply for such assistance.

These notices shall be posted in English and Spanish and any other languages that are representative of 5% or greater of patients in the hospital's service area. The notice states the following:

Pomona Valley Hospital Medical Center provides financial assistance to our patients who qualify.

Contact our Eligibility Services Department at (909) 630-7720 to speak with a representative to obtain more information.

Access to the Financial Assistance Policy

A copy of this Financial Assistance Policy and a plain language summary is available on the Hospital's website. A hard copy of the policy will be made available to the public upon request at the Hospital's main campus or by mail.

OSHPD Reporting

PVHMC will report actual Charity Care provided in accordance with regulatory requirements of the Office of Statewide Health Planning and Development (OSHPD) as contained in the Accounting and Reporting Manual for Hospitals, Second Edition. To comply with the applicable requirement, the hospital will maintain written documentation regarding its Charity Care criteria, and for individual patients, the hospital will maintain written documentation regarding all Charity Care determinations. As required by OSHPD, Charity Care provided to patients will be recorded on the basis of actual charges for services rendered.

In compliance with OSHPD adopted regulations approved by the Office of Administrative Law on August 8, 2007 (Title 22, Sections 96040-96050), the Vice President of Finance of PVHMC will submit an electronic copy of its discount payment and charity care policies, eligibility procedures and review process (as defined and documented in one, comprehensive Financial Assistance Program Policy) and its Financial Assistance application form to OSHPD at least every other year by January 1 beginning January 1, 2008, or whenever a significant change to the policy is made.

GENERAL PROVISIONS:

Equal Opportunity

The Hospital is committed to upholding the multiple federal and state laws that preclude discrimination on the basis of race, sex, age, religion, national origin, marital status, sexual orientation, disabilities, military service, or any other classification protected by federal, state or local laws.

Confidentiality

It is recognized that the need for financial assistance is a sensitive and deeply personal issue for recipients. Confidentiality of requests, information and funding will be maintained for all that seek or receive financial assistance. The orientation of staff and selection of personnel who will implement this policy should be guided by these values. The Charity Care documentation will not be reviewed or accessed by staff involved in collection activities.

Good Faith

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

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

Additional Resources

For more information, please visit the following websites:

Pomona Valley Hospital Medical Center

www.pvhmc.org

Office of Statewide Health Planning and Development Health care Information Division – Hospital Community Benefit Plan

<http://www.oshpd.ca.gov/HID/hospital/hcpb/faqshcbp.htm>

Hospital Annual Financial Data

<http://www.oshpd.state.ca.us/HQAD/Hospital/financial/hospAF.htm>

Internal Revenue Service on Section 501(c) (3) Organizations

<http://www.irs.gov/publications/p557/ch03.html>

Institute of Applied Research

<http://iar.csusb.edu/index.htm>