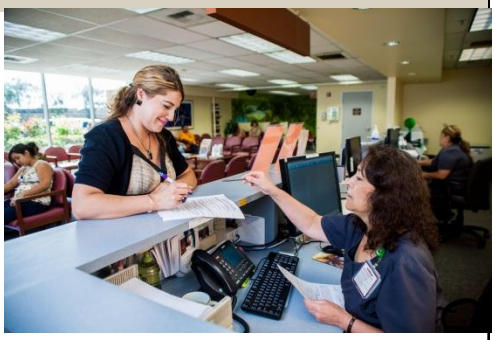
POMONA VALLEY HOSPITAL
MEDICAL CENTER

Expert care with a personal touch

2015 Community Health Needs Assessment



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

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1798 North Garey Avenue, Pomona, CA 91767

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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 section 501(r)(3) requirements, Pomona Valley Hospital Medical Center conducted a 2015 CHNA and completed an Implementation Strategy to address the needs identified in our health needs assessment. PVHMC continuously evaluates programs to track progress and gauge the success of our outlined strategies.

Approval from a Governing Body

PVHMC's Community Benefit Plan, Community Health Needs Assessment (CHNA) and Implementation Strategy were adopted by the Board of Directors on May 7, 2015. As we proceed with 2015 and move into 2016, PVHMC plans to continue supporting its varied community benefit activities and programs currently in place, and develop new programs, when appropriate, to meet the needs of the community as identified in our 2015 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, radiology and occupational health. Along with being named one of Thomson Reuter's 50 Top Cardio Hospitals in the nation (2011), 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 health care 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 Section 501(r) 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 to measure and assist with 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 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 112 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 service 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

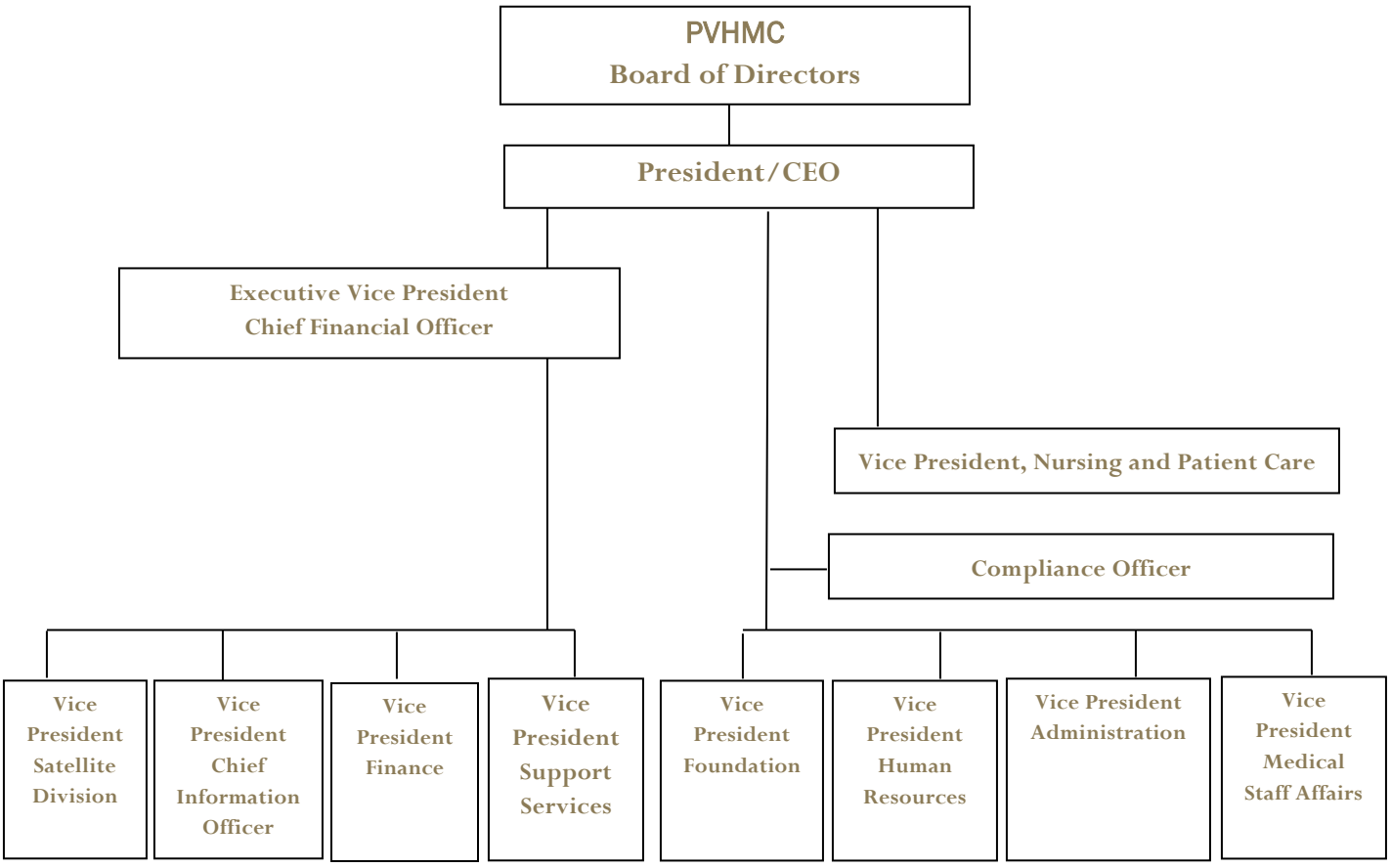
PVHMC is governed by a Board of Directors whose members are representative of the community, hospital and medical staff leadership. The Board of Directors has been integrally involved from the earliest days of the Senate Bill 697 process. The President/CEO is charged with the day-to-day administrative 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 Plan Coordinator: Leigh C. Cornell, MHA

Figure 1. Organization Chart



Unique Pomona Valley Hospital Medical Center Services:

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

Services

- **Emergency Care Services**
  (Level 2 Emergency Center)
- **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
- Primary Stroke Center certified by the Joint Commission
- Advanced certification in Palliative Care by the Joint Commission
- Healthgrades "Top 100" Hospital in America for Cardiac Care, Cardiac Surgery, and Coronary Intervention
- Healthgrades Cardiac Services Excellence Award- 2014
- American Heart Association "Get with the Guidelines" gold plus rating- 2012-2013
- Joint Commission Top Performer on Key Quality Measures for heart attack, heart failure, pneumonia-2012
- Blue Distinction Center recipient for spine care, knee and hip replacement, and cardiac care-2013
- CALNOC Sustained Excellence Award recipient for Best Performance in the Reduction of Pressure Ulcers (Stage II+)-2013
- CalHEN Improvement Champion for falls, pressure ulcers, surgical site infection, ventilator-associated pneumonia, and venous thromboembolisms- 2013
- Healthgrades Outstanding Patient Safety Excellence Award-2013 and Outstanding Patient Experience Award - 2012
- Thomas Reuters Top 50 Cardio Hospitals-2011
- Four time "Top 100 Hospital" rating achievement- 1996, 1998, 1999, 2000
- U.S. News and World report ranking for Gynecology and Nephrology care – 2011

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.

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

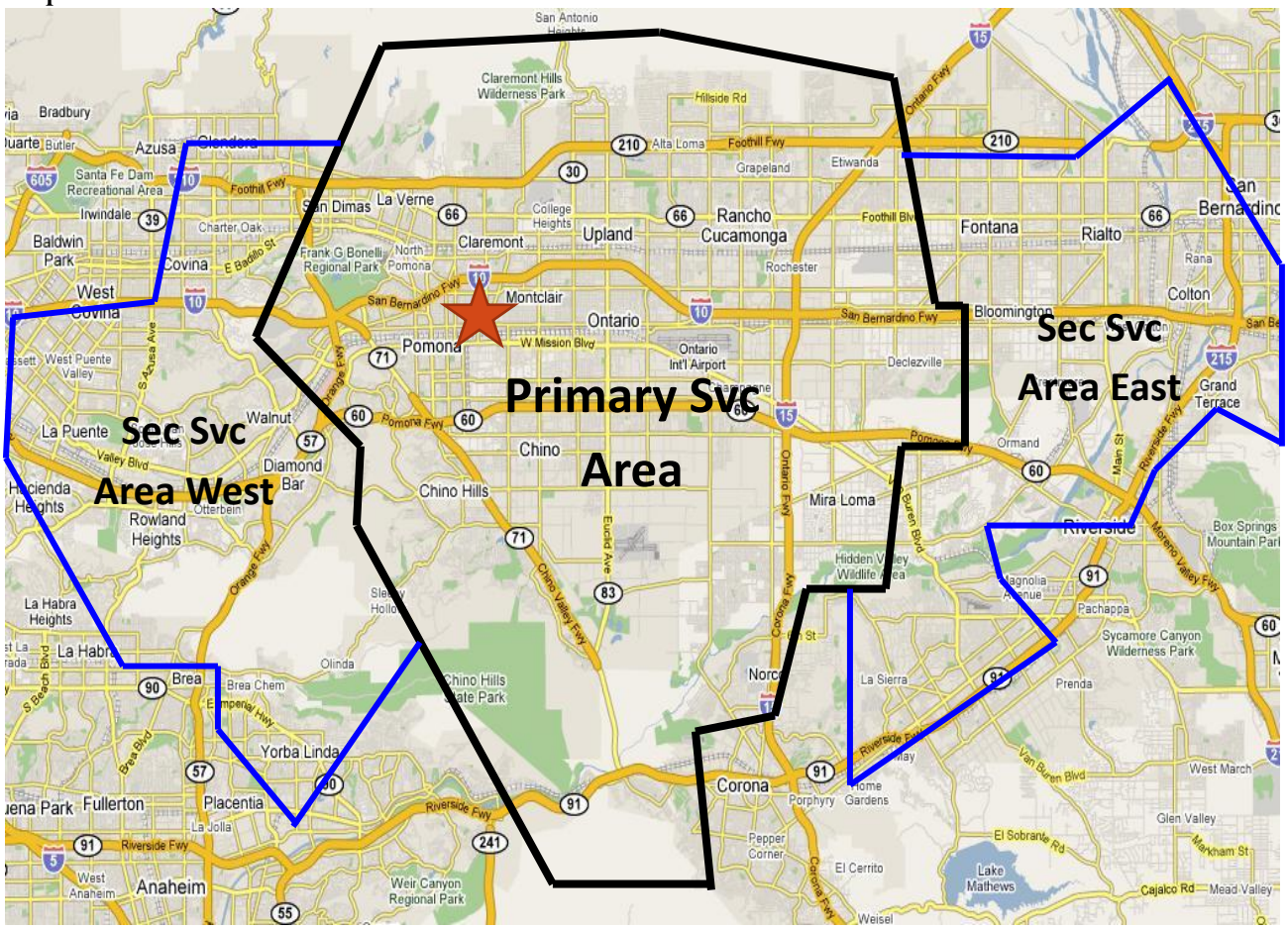


Table 1: PVHMC's Primary Service Area Population

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

[1]Alta 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

[1]Alta 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.

Introduction

The Institute of Applied Research (IAR) is pleased to present the results of its **2015 Community Needs Assessment** for Pomona Valley Hospital Medical Center (PVHMC). Whereas in 2009 and 2012 IAR contributed to the needs assessment by collecting primary data for the study, this report summarizes IAR's results of both primary data and secondary data collection, as well as one focus group composed primarily of individuals representing minority and low-income individuals (a medically underserved population).

More specifically, **primary data** were collected via a telephone survey from residents within PVHMC's service area to determine their perceptions and needs regarding various health issues, and to see if there have been any changes since the 2009 and 2012 data in previous needs assessments. Specific issues and questions included:

- **Demographic profile (including self-reported health evaluation);**
- **Health insurance coverage:** insurance coverage, type of insurance, reason(s) for no coverage;
- **Barriers to receiving needed health services;**

- **Utilization of health care services for routine primary/preventative care:** how long since last physical, children's preventative care and immunizations; adult's routine health screening tests;
- **Utilization of urgent care services;**
- **Need for specialty health care:** chronic or ongoing health problems, adequate help dealing with disease, unmet needs;
- History of getting **screened for cancer** (and reasons for not being screened);
- **Experience with and evaluation of PVHMC:** reasons for selecting PVHMC, health care services, classes, support groups, emergency room, improving the health of the community; and
- Suggestions for ways PVHMC can **improve the health of the community**.

In addition**, secondary data** were collected from a variety of sources regarding health status indicators and major health influencers for PVHMC's service area:

- **Health status indicators**: cardiovascular disease, diabetes, cancer, high blood pressure, obesity, leading cause of death. These indicators were compared to Healthy People 2020 goals at the SPA (Service Planning Area) 3 level, Los Angeles County level, and San Bernardino County level.
- **Major health influencers**: smoking/tobacco use, physical activity levels, health insurance coverage. These indicators were compared to Healthy People 2020 goals at the SPA 3 level, Los Angeles County level, and San Bernardino County level.

Finally, IAR was asked to conduct a **focus group** consisting of representatives of low-income, minority, and medically underserved populations.

Section I of this report summarizes the methodology underpinning the primary data collection effort (telephone survey), as well as the results of that survey. Section II presents the requested secondary data, and section III includes a summary of focus group findings. Section IV includes Public Health Interview results and additional focus group data collected independently by PVHMC

Primary Data Collection (Telephone Survey)

Methodology

Questionnaire Construction

In consultation with PVHMC, IAR reviewed and slightly modified the questionnaires used for the 2009 and 2012 surveys to ensure that the 2015 questionnaire included all the items required for PVHMC's decision-making needs. Using similar questionnaires over time allows IAR to determine whether there were any notable trends over time.

The survey was designed to take, on average, no more than 10 minutes to complete since surveys exceeding that length tend to have high non-response rates. The initial questionnaire, after its approval by PVHMC staff, was then translated into Spanish and pretested in both languages. The questionnaire is attached as Appendix I.

Sampling methods

In order to generate the initial sampling frame (that is, the list of all residents within PVHMC's service area telephone numbers), all zip codes for this service area were first identified. Next, a random sampling procedure was used within the selected zip codes to generate the sampling frame (the list of telephone numbers to appear in the sample). The numbers were then screened to eliminate business phones, fax machines, and non-working numbers.

Further, it is well known that more and more households are becoming "cell phone only" households. Indeed, a National Health Statistics Report from October 2012 estimates that in 2012, 31.7% of LA county adults were in "wireless only" households.[1] The figure was 38.9% for San Bernardino County. Those households may differ significantly from those households with landlines in terms of age group (younger people are more likely to be in cell phone only households), ethnicity, and socioeconomic status. In order to ensure that cell phone only households were well represented in the survey, IAR purchased "enhanced wireless" phone numbers which are based on the last known address of the cell phone owner. Finally, in order to ensure that some unlisted phone numbers were included in the sample, the original list was supplemented by using "working" telephone numbers as seed numbers from which others numbers were generated by adding a constant. To the extent possible, therefore, each resident within PVHMC's service area **with a telephone** had an equal chance of being included in the survey.

The following table lists PVHMC's primary service area by city, zip code and county:

Table 3: PVHMC's Primary Service Area by Zip Code

Cities	Zip Code	County
Pomona	91766, 91767, 91768	Los Angeles
Claremont	91711	Los Angeles
La Verne	91750	Los Angeles
Chino	91708, 91710	San Bernardino
Chino Hills	91709	San Bernardino
Ontario	91758, 91761, 91762, 91764	San Bernardino
Upland	91784, 91785, 91786	San Bernardino
Montclair	91763	San Bernardino
San Dimas	91773	Los Angeles
Rancho Cucamonga	91729, 91730	San Bernardino
Alta Loma	91701, 91737	San Bernardino

Telephone interviews were conducted by the Institute of Applied Research at California State University, San Bernardino using computer assisted telephone interviewing (CATI) equipment and software. The surveys were conducted between January 7 and January 10, 2015. Surveys were conducted on a variety of days and times – Wednesday, Thursday, and Friday from 3:00 p.m. to 9:00 p.m.; and Saturday 10:00 a.m. to 5:00 p.m. – in order to maximize the chances of completing a survey with the selected respondents. A total of 333 residents were surveyed from the eleven cities within PVHMC's service area, resulting in a 95 percent level of confidence and an accuracy of +/- 5.4%. A total of 12% of the surveys were conducted in Spanish.

Highlights of telephone survey findings

Following are highlights of the major findings from the 2015 PVHMC telephone survey. In general, this section of the report is divided by conceptual categories (e.g. demographic profile, health insurance coverage, barriers to receiving needed health services, utilization of health care services for routine primary/preventative care, utilization of urgent care services, need for specialty health care, history of cancer screenings, experience with PVHMC, and perceptions of ways in which PVMC can help meet the needs of the community). **The reader is encouraged to view the full data display of the results in Appendix II.**

Demographic profile of respondents and self-reported health evaluation

As noted in the above methodology discussion, wireless-only households account for an increasing number of households throughout the nation, and may be actually approaching 40+% in 2015. It is no longer possible to conduct scientifically

[1]. http://www.cdc.gov/nchs/data/nhsr/nhsr070.pdf

valid telephone surveys using the simple random sampling techniques of old, techniques that did not specifically target cell phone numbers.

This year IAR increased its efforts to include wireless-only households in the survey. That means that this year, IAR successfully elicited the views of more males, single people, young people, Hispanics, and individuals of lower socioeconomic status than ever before. Often those sub-groupings have been underrepresented in telephone surveys, and corrections needed to be made using weighting factors or other data collection techniques (e.g. focus groups). Although some under-representation still exists in the 2015 survey, it is not striking.

Only about a third of the 2012 survey respondents were male, whereas in this year's survey, 42.3% are male[2]. The majority of respondents are married (55.8%) and well-educated (67.8% have either some college education or a college degree). The median household income category is $50,000 to $65,000. Approximately half of respondents (51.3%) identified themselves as Caucasian and 41.8% as Hispanic (with 42.2% indicating that they are of Hispanic or Latino origin)[3]. On average respondents are 53 years old, have lived in their community 20 years, and have 3 people living in the household. Most of them (61.7%) have no children under the age of 18 living in the household with them. Of those who ***do*** have children living in the household, most have one (44.1%) or two children (25.2%).

Table 4: Demographic Profile of Respondents

		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 5: 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%

[2]. In IAR's experience, males reached on land lines often make comments such as: "oh, my wife answers surveys" and hand the phone to her. That doesn't tend to happen as often when a survey is conducted on a cell phone.
[3]. Ethnicity was a multiple response question.

It is well known that even moderate exercise will help protect a person from disease and improve a person's quality of life. Thus most evaluations of health status include a question such as Question 11 on the telephone survey: '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?" About a third (28.3%) said that they ***do not*** exercise or play sports on a weekly basis. That statistic is virtually unchanged from 2012. Another 19.9% said they exercise 1-2 times per week, 26.8% said 3-4 times a week and 25.0% said they exercise or play sports 5 or more times a week.

Table 6. Number of Times Per Week Respondent Reports Exercising or Playing Sports

	2009	2012	2015
0 Times	32.0%	28.2%	28.3%
1 to 2 times per week	23.9%	22.9%	19.9%
3 to 4 times per week	24.2%	31.9%	26.8%
5 or more times per week	19.9%	17.0%	25.0%

Health insurance coverage

The Affordable Care Act signed into law in 2010 was designed to provide an opportunity for all Americans access to affordable, quality health insurance. It doesn't replace other types of insurance (e.g. private insurance, Medicare) however it is just "one piece of the puzzle" to help reach the HealthyPeople 2020 target that 100% of all Americans should have some form of health insurance.

Four survey questions dealt with health insurance coverage among respondents and their family members. First, IAR asked respondents to indicate how many **adults** (age 18 and above) living in the household are covered by health insurance (Question 5). Overall, 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 2012 when only 76.6% of respondents said that all of the adults in the household were covered by insurance (see Table 5 below). Further, although the trend isn't perfect, it appears that households with more adults tend to have a reduced likelihood that all will be covered by insurance. The exception to this trend is the households where there are 6 or more adults, however there were so few households in that category (only 6) that this could be a statistical aberration and should not be a focus of analysis or interpretation.

IAR also asked how many **children** living in the household are covered by health insurance (Question 6), and the vast majority (95.2%) said that ***all*** of their children are covered. 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 (see Table 7 below).

Table 7: Children Covered by Health Insurance

Number of Children Living in the Household	2009 Number and percent of households in which….				2012 Number and percent of households in which….				2015 Number and percent of households in which….			
	All are covered	Some are covered	None are covered	Total	All are covered	Some are covered	None are covered	Total	All are covered	Some are covered	None are covered	Total
1	53 93.0%	0 0.0%	4 7.0%	**57**	46 95.8%	0 0.0%	2 4.2%	**48**	54 96.4%	0 0.0%	1 1.8%	**55**
2	37 92.5%	1 2.5%	2 5.0%	**40**	41 97.6%	0 0.0%	1 2.4%	**42**	30 93.8%	1 3.1%	1 3.1%	**32**
3	17 89.5%	2 10.5%	0 0.0%	**19**	18 100%	0 0.0%	0 0.0%	**18**	21 91.3%	1 4.3%	1 4.3%	**23**
4	9 81.8%	0 0.0%	2 18.2%	**11**	3 75.0%	0 0.0%	1 25.0%	**4**	9 100%	0 0.0%	0 0.0%	**9**
5 or more	1 50.0%	0 0.0%	1 50.0%	**2**	1 100%	0 0.0%	0 0.0%	**1**	6 85.7%	1 14.3%	0 0.0%	**7**
Total	**117 90.7%**	**3 2.3%**	**9 7.0%**	**129**	**109 69.5%**	**0 0.0%**	**4 3.5%**	**113**	**120 95.2%**	**3 2.4%**	**3 2.4%**	**126**

Table 8. Adults Covered by Health Insurance

Number of Adults Living in the Household	2009 Number and percent of households in which….				2012 Number and percent of households in which….				2015 Number and percent of households in which….			
	All are covered	Some are covered	None are covered	Total	All are covered	Some are covered	None are covered	Total	All are covered	Some are covered	None are covered	Total
1	53 88.3%	0 0.0%	7 11.7%	**60**	65 94.2%	0 0.0%	4 5.8%	**69**	63 95.5%	0 0.0%	3 4.5%	**66**
2	135 87.1%	10 6.5%	10 6.5%	**155**	123 82.0%	14 9.3%	13 8.7%	**150**	107 86.3%	8 6.5%	9 7.3%	**124**
3	34 61.8%	16 29.1%	5 9.1%	**55**	38 54.3%	24 34.3%	8 11.4%	**70**	58 75.3%	16 20.8%	3 3.9%	**77**
4	12 42.9%	10 5.7%	6 21.4%	**28**	18 69.2%	7 26.9%	1 3.8%	**26**	24 63.2%	11 28.9%	3 7.9%	**38**
5	2 40.4%	3 60.0%	0 0.0%	**5**	2 40.0%	2 40.0%	1 20.0%	**5**	8 44.4%	10 55.6%	0 0.0%	**18**
6 or more	0 0.0%	2 100.0%	0 0.0%	**2**	0 0.0%	1 100%	0 0.0%	**1**	5 83.3%	1 16.7%	0 0.0%	**6**
Total	**236 77.4%**	**41 13.4%**	**28 9.2%**	**305**	**246 76.6%**	**48 15.0%**	**27 8.4%**	**321**	**265 80.5%**	**46 14.0%**	**18 5.5%**	**329**

Table 9. Number of Adults Covered by Health Insurance- Selected Subgroups

		% None Covered	% Some Covered	% All Covered	Pattern
Age	18 to 34	5	28	67	Younger people are less likely to have all adults covered than older people
	35 to 54	9	12	79	
	55 or older	3	11	86	
Ethnicity	Hispanic	10	21	69	Hispanics are less likely to have all adults covered than non-Hispanics
	Non-Hispanic	2	10	88	
Income	Less than $35,000	12	21	65	People with higher incomes are more likely to have all adults covered than those with lower incomes
	$35,000 to < $80,000	5	12	83	
	$80,000 or more	2	11	87	
Education	Some high school or less	7	22	71	Those people with more education are most likely to report that all adults are covered
	Some college	6	14	80	
	College degree	4	7	89	

IAR then asked respondents a multiple response question: "What type of health insurance covers people in your household?" (Question 7). The largest group of individuals named Kaiser Permanente (83 people) or Blue Cross (46 people) as the type of insurance coverage for at least some of the family members, but there was no indication as to whether the insurance is HMO or PPO. Another large group of people mentioned Medicare (55 people) or Medi-Cal (62 people), with 41 people saying they have some sort of HMO private insurance (without specifying source), and 21 saying they have a PPO private insurance plan. As noted above, very few people said they have ***no health insurance*** for their family, and those people indicated upon further probing that they had either lost/changed jobs (3 people) or simply couldn't afford the premiums (3 people).

Barriers to receiving needed health services

Next, respondents were asked if they or anyone in their family had needed any health services within the past year that they could not get (Question 8), and 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 (Question 8b)? 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. The reader is encouraged to view the full array of responses in Appendix II.

Utilization of Health Care Services for Routine Primary / Preventative Care

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 (Question 9). This figure has been steadily increasing, from 72.2% in 2009 to 79.6% in 2012 to the current 80.3%.

Table 10: Length of Time since Respondent's Last Physical Exam

	2009 %	2012 %	2015 %
Within the past year	218 72.2%	254 79.6%	261 80.3%
Within the past 2 years	34 11.3%	26 8.2%	28 8.6%
Within the past 5 years	28 9.3%	21 6.6%	17 5.2%
5 or more years ago	20 6.6%	13 4.1%	13 4.0%
Never	2 0.7%	5 1.6%	6 1.8%

The results for children are even more encouraging. Most of the respondents with children (83.2%) said that all of their children had a preventative health care check-up within the past year (Question 10) and 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.

A follow-up question (Question 10a) probed to see if the child had received all of the immunizations the doctor recommended. Almost all (94.4%) 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 11: Check-ups and Immunizations for Children

	2009 %	2012 %	2015 %
Q10: Number of families whose children all had preventative health care check-ups within the past year	101 81.5%	95 85.6%	104 83.2%[4]
Q10a: Number of families whose children have received all of the immunizations the doctor recommended	125 98.4%	107 93.9%	119 94.4%

The next series of questions (Questions 12a-e) were designed to determine whether or not the respondent or any member of his/her household has had recommended health screenings recently. The reader will note that the recommended frequency of pap smears have changed since the 2012 report from every year to every ***three*** years, and the recommended frequency of colon cancer screening changed from every five years to every ***ten*** years. Thus direct comparisons over time cannot be made. Further, the Healthy People 2020 targets don't necessarily coincide with the time frames in the questions asked, thus comparisons must be made with caution. What can be concluded from the table

[4]. This figure is a slight decrease from the 2012 statistics, however it is within the margin of error.

below, however, is that there is still progress to be made before the data show that HealthyPeople 2020 targets are being reached.

Table 12. 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:

a. 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.***

b. The HP 2020 target for mammograms refers to the past ***2 years***, not the past year, and is age adjusted for ages 50 – 74.

c. The HP 2020 target for having their blood cholesterol checked is an age-adjusted percentage for the preceding ***5 years***, NOT the past year.

d. 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.

Finally, an analysis shows that there are differences in rates of getting screened by various demographic factors. Overall, older people, non-Hispanics, and those with higher incomes and education tend to get screened significantly more often than their counterparts. The bold numbers in the table below indicate *statistically* significant differences among groups.

Table 13. Percentage Who Received Screening Tests- Selected Subgroup results

		Pap Smear	Mammogram	Cholesterol	Colon Cancer
Age	18 to 34	**71%**	**26%**	**77%**	**21%**
	35 to 54	**74%**	**51%**	**65%**	**34%**
	55 or older	**50%**	**57%**	**90%**	**77%**
Ethnicity	Hispanic	61%	45%	**71%**	**38%**
	Non-Hispanic	65%	54%	**85%**	**62%**
Income	Less than $35,000	**54%**	**35%**	72%	**36%**
	$35,000 to < $80,000	**63%**	**47%**	75%	**53%**
	$80,000 or more	**77%**	**67%**	85%	**61%**
Education	Some high school or less	**58%**	48%	**71%**	**38%**
	Some college	**59%**	48%	**80%**	**55%**
	College degree	**73%**	56%	**88%**	**65%**

Utilization of urgent care services

In addition to the above questions regarding routine primary/preventative care, respondents were asked if they or anyone in their family has visited an urgent care center within the past year (Question 15), and 47.2% (154 people) said they had. Those individuals were then asked whether they had *tried* to see the doctor before visiting the urgent care center, and about a third (38.2%) said they had done so (Question 16). In most cases (52.6%), the doctor directed the person to go to urgent care (Question 17).

Table 14. Visits to Urgent Care

	Percent Who Said "Yes" 2009	Percent Who Said "Yes" 2012	Percent Who Said "Yes" 2015
Q15: Have you or a family member visited any urgent care center during the past year?	**121 39.5%**	**139 43.4%**	**154 47.2%**
Q16: Did you try to see your doctor before visiting the urgent care center?	44 36.7	52 37.7%	58 38.2%
Q17: Did your doctor tell you to go to the urgent care center?	33 of 44 75.0%	51 of 52 98.1%	30 of 57 52.6%

In the 2009 and 2012 surveys there were no probes to determine why the doctor sent them to urgent care rather than treating them in the office. This year the survey included a probe, and most of the respondents (13 of 29) indicated that the doctor was too busy to see the patient, or the person's condition was too serious to treat in the office (9 people), or it was after office hours (6 people).

This year's survey also had a probe for the 61.8% of people who did *not* try to see their doctor before visiting urgent care. Almost half of those people (44 of 93) said it was after office hours, so they just went to urgent care. Another 15 said the doctor was too busy to see them, 11 were brought by ambulance to urgent care, another 11 made comments indicating that the situation was urgent and there wasn't enough time to see the doctor, and 5 said they don't have a regular doctor.

Need for Specialty Health Care

In order to determine the community needs for "specialty" health care, the telephone interviewers read respondents a list of chronic/ongoing health conditions and were asked if they or any member of their family have the conditions (Question 13). The table below shows that high blood pressure and high cholesterol are the major "specialty" health issues reported by our respondents, with arthritis, diabetes, and obesity following close behind. Over a quarter (25.6%) of respondents said they didn't have any of the conditions listed.

Table 15. 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 (Question 14). 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. PVHMC might wish to increase its efforts at partnering with CBOs to address these issues through education and actual health care.

Experiences with Pomona Valley Hospital Medical Center and Desired Classes/Groups

Slightly over half of the survey respondents (51.1%) reported that they had at some time gone to PVHMC for health care (Question 18). The main reason(s) cited for choosing PVHMC for health care (Question 18a) were convenience/location (i.e. "close to home"), insurance, referral by a physician, and quality/reputation.

Table 16. Respondents Who Have Gone to PVHMC and the Reason(s) for their Visit

	Percent Who Said "Yes" 2009	Percent Who Said "Yes" 2012	Percent Who Said "Yes" 2015
Have you ever gone to PVHMC for health care?	**151 49.3%**	**169 52.6%**	**167 51.1%**
Why did you Choose PVHMC?			
Close to home	74 49.3%	72 42.9%	75 44.9%
Insurance	38 25.3%	30 17.9%	34 20.4%
Referred by Physician	30 20.0%	31 18.5%	33 19.8%
Services offered	21 14.0%	12 7.1%	24 14.4%
Quality / reputation	16 10.7%	25 14.9%	32 19.2%
Word of mouth (friend, neighbor, family, or co-worker)	4 2.7%	11 6.5%	7 4.2%
Work site	5 3.3%	4 2.4%	2 1.2%
Other	7 4.7%	13 7.7%	5 3.0%
Ambulance took me there, so there was no choice	--	--	16 9.6%

Note: Respondents were allowed to indicate more than one response, so percentages do not sum to 100%

Further, 46.2% said they had been to PVHMC's emergency room (Question 23), a figure virtually unchanged from 2012's figure (43.5%). Some of those individuals (28 of 150) indicated that they accompanied a friend or family member to the ER (rather than having to go for their own health care needs). 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%).

Table 17. Visits to PVHMC's Emergency Room

	Percent Who Said "Yes" 2009	Percent Who Said "Yes" 2012	Percent Who Said "Yes" 2015
Q23: Have you been to Pomona's Emergency Room?	**112 37.2%**	**138 43.5%**	**150 46.2%**
	Percent Who Said "No" 2009	**Percent Who Said "No" 2012**	**Percent Who Said "No" 2015**
Q24: Did you try to see your doctor before you went to the Emergency Room?	**78 72.2%**	**99 73.3%**	**86 71.7%**
Reasons for not visiting the doctor before going to the ER			
After office hours	26 33.3%	32 36.0%	33 39.8%
Emergency situation	20 27.0%	22 24.7%	24 28.9%
Brought by ambulance	12 16.2%	15 16.9%	22 26.5%

In addition to these experiences with PVHMC, IAR also asked respondents if they have ever attended any of the classes offered by PVHMC (Question 19). Only 6.6% said they had. When asked if there are any classes that respondents would ***like*** PVHMC to offer (Question 20), 18.6% said "yes." Over half of those individuals are Hispanics, thus it might make sense to offer some classes targeted specifically at that group.

Upon probing, the most often mentioned class desired (by 17 of 59 people who chose to make suggestions) was anything dealing with good health, e.g. nutrition, exercise, or prevention. Considering that cholesterol, high blood pressure, obesity, and diabetes were mentioned as ongoing health concerns for our respondents, it is encouraging that there appeared to be a call for education in these areas. In addition, 11 people asked for "support classes" for heart disease, cancer, arthritis, kidney disease, and high blood pressure. And 7 wanted classes specifically targeting diabetes issues.

Table 18. PVHMC Classes

	Percent Who Said "Yes" 2009	Percent Who Said "Yes" 2012	Percent Who Said "Yes" 2015
Q19: Have you attended any classes offered by PVHMC?	31 10.1%	35 10.9%	22 6.6%
Q20: Are there any classes you'd like them to offer?	35 12.8%	41 15.0%	62 18.6%

A follow-up question asked the respondents whether they or any member of their family had attended any health-related *support groups* in the past year (Question 21). The percentage of people answering in the affirmative was 10.1% -- a decrease from 14.0% in 2009 and 13.1% in 2012. Nearly half of respondents (46.9%) had no interest in such groups, but others mentioned an interest in groups focused on nutrition (36 people), diabetes (24 people), obesity and weight problems (18 people), cancer (16), high blood pressure (14), or anything having to do with aging, depression, and Alzheimer's (13). These are the same categories mentioned in the 2012 report. Interestingly, heart disease support groups were not mentioned as often in 2015 as in earlier surveys.

Table 19. PVHMC Support Groups

	2009 %	2012 %	2015 %
Q21: Have you or any member of your family attended any health-related support groups in the past year?	**43 14.0%**	**42 13.1%**	**33 10.1%**
What Types of Support Groups Are you Interested in?			
Not interested in any groups	115 50.2%	82 37.4%	114 46.9%
Nutrition	24 10.5%	19 8.7%	36 14.8%
Diabetes	24 10.5%	16 7.3%	24 9.9%
Obesity and Weight Loss	20 8.7%	14 6.4%	18 7.4%
Heart Disease	6 2.6%	13 5.9%	3 1.2%
Cancer	11 4.8%	12 5.5%	16 6.6%
High Blood Pressure	11 4.8%	12 5.5%	14 5.8%

Question 26 is one of the more important questions on this needs assessment survey: "Are there are any health related services that you need that are not being provided in your community?" Only 17 people (5.4%) said "yes" – a figure virtually unchanged from the 20 with that response in 2012. There was little commonality of responses as to what specific health services were needed (Question 26a).

What PVHMC Can Do to Improve the Community's Health and Quality of Life

Finally, respondents were asked: "What can the hospital do to improve the health and quality of life in the community?" (Question 27). The fact that 121 people gave responses such as "I can't think of anything," or "nothing," or "they are doing a good job" should indicate that PVHMC, in partnership with other health facilities, is generally meeting the health-care needs of the community.

Table 20. What Can the Hospital do to Improve the Health and Quality of Life in the Community?

	2012 %	2015 %
Don't know / can't think of anything	110 34.1%	**62** **24.6%**
Doing a good job / happy with service	32 9.9%	**39** **15.5%**
Affordable health care / free screenings / accept all insurance	31 9.6%	23 9.1%
See patients in a timely fashion / wait is too long	22 6.8%	13 5.2%
Provide more information / outreach and awareness of the programs and services offered / advertise services	20 6.2%	17 6.7%
Provide more classes / support groups / education / events	20 6.2%	28 11.1%
Nothing	23 7.1%	**20** **7.9%**

Secondary Data

For the first time this year, IAR contributed to PVHMC's triennial Community Health Needs Assessment by collecting available secondary data for PVHMC's service area regarding:

- **Health status indicators**: general health evaluation, rates of various diseases (cardiovascular disease, diabetes, cancer, high blood pressure, obesity), and leading causes of death.
- **Major health influencers**: health insurance coverage, smoking/tobacco use, alcohol use, food and nutrition, physical activity levels, and rates of domestic violence.

These data have been collected for SPA (Service Planning Area) 3, Los Angeles County as a whole, and San Bernardino County as a whole. Available city-specific secondary data for PVHMC's *primary* service area have also been collected. Secondary data sources at the local, state, and national levels included:

- www.HealthyPeople.gov
- www.healthysanbernardinocounty.org
- 2011 – 2012 California Health Interview Survey (CHIS)[5]
- 2011 – 2012 California Health Interview Survey (CHIS), Neighborhood Edition
- 2011 LA County Health Survey (http://publichealth.lacounty.gov)[6]
- California Department of Public Health, 2014 status profile for California, San Bernardino County and Los Angeles County http://www.cdph.ca.gov/programs/ohir/Pages/CHSP.aspx
  (This site includes data on 2011 – 2012 deaths)
- California Department of Public Health, Death Profiles by Zip Code
  http://www.cdph.ca.gov/data/statistics/Pages/DeathProfilesbyZIPCode.aspx (2012 data)
- State of California Dept. of Justice, Office of the Attorney General (http://oag.ca.gov/)
- Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance Survey (BRFSS)
  http://www.healthindicators.gov/
- http://phpartners.org/
- 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.
- Gallup Poll, January 7, 2015, http://www.gallup.com/poll/180425/uninsured-rate-sinks.aspx
- Bureau of Justice Statistics

Before presenting the data, it is important to mention the "positives and negatives" of secondary data. On the positive side, such data are relatively inexpensive to gather, and the secondary data sources above include a rich database of information regarding residents of the geographic areas under study. Of course, secondary data are only as good as the research that produced them, however the above sources tend to be credible, providing accurate, valid, and reliable information. Unfortunately, however, these data are not as current as the primary data from the telephone survey presented earlier in this report. Indeed, most of the data collected reflect a picture of the community in 2012 or 2013 rather than 2014 (as would be desired). Further, it is often the case that different data sources define their data slightly differently (e.g. physical activity per month vs. physical activity per year, or data for ages 13 – 17 vs. 12 – 17), thus making comparisons difficult.

[5]. The results of the 2013-14 CHIS survey are slated to be available by June or July 2015.
[6]. The most recent Los Angeles County Health Survey went into the field June 2014. The target date for availability of results is late 2015 or early 2016.

With those caveats, we now present a snapshot of health status indicators and major health influencers for residents of Los Angeles County (as a whole), San Bernardino County (as a whole), and the San Gabriel Valley region (SPA3). These figures are compared with Healthy People 2020 goals where appropriate, and with city-specific data for PVHMC's primary service area. Together with the primary data from the telephone survey, this information should help PVHMC create an action plan for improving the wellness of the community.

Health Status Indicators

Overall health self-assessment

Overall, approximately half of the people from the two county area of interest to PVHMC who responded to the 2011 – 2012 California Health Interview Survey characterized their health as "excellent" or "very good" (51.3% of LA County respondents, 54.2% of San Bernardino County respondents, and 51.9% of the respondents in SPA3 (San Gabriel Valley). Although this appears encouraging at first glance, it is still important to note that 18.8% of Los Angeles County residents, 17.2% of San Bernardino County residents, and 19.5% of SPA3 residents rate their health as "fair" or "poor."

Table 21a: General Health of Children, Teens, and Adults

	LA County			SB County			San Gabriel Valley (SPA3)		
	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL
Excellent	24.6%	21.4%	23.0%	29.1%	18.4%	23.8%	22.6%	23.3%	22.9%
Very good	27.7%	28.8%	28.3%	30.2%	30.5%	30.4%	28.2%	29.8%	29.0%
Good	30.3%	29.6%	29.9%	25.8%	31.5%	28.7%	28.5%	28.5%	28.5%
Fair	14.5%	16.1%	15.3%	12.4%	14.1%	13.2%	17.6%	14.4%	15.9%
Poor	3.0%	4.1%	3.5%	2.5%	5.4%	4.0%	3.1%	4.0%	3.6%
Total	100.1%	100.0%	100.1%	100.0%	99.9%	100.1%	100.0%	100.0%	99.9%

Source: 2011 – 2012 California Health Interview Survey

The above table focuses on residents of all ages (children, teens, and adults) and is not available at the city or zip code level. There is, however, available data at the city level for the percentage of adults 18 to 64 rating their health as "fair" or "poor."[7] The following table presents those data:

Table 21b: % of Adults (18 – 64) Rating Their Health as "Fair" or "Poor" (City-Specific)

COUNTY/SPA	%
Los Angeles	20.8%
San Bernardino	21.8%
San Gabriel (SPA3)	21.7%

CITY	%
Chino	20.9%
Chino Hills	15.8%
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

[7]. The city-specific data are not available for individuals ages 65 or older

Prevalence of chronic diseases

Although the majority of individuals in each county/region rated their health as "excellent" or "very good", many people battle conditions such as cardiovascular disease, diabetes, cancer, high blood pressure, and obesity. The following table shows the prevalence of those diseases, broken down by geographical region and gender.

Table 22: Health Outcomes – Percent of Adults Diagnosed With Various Diseases

	LA County			SB County			San Gabriel Valley		
	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL
Cardiovascular	6.2%	5.1%	5.6%	6.9%	5.8%	6.3%	7.3%	5.4%	6.3%
Diabetes	9.6%	7.7%	8.6%	9.2%	12.0%	10.6%	10.1%	6.1%	8.0%
High BP	26.0%	27.3%	26.7%	6.2%	3.6%	32.2%	29.7%	28.1%	28.9%
Cancer	5.9%	8.2%	7.1%	7.0%	9.4%	8.2%	4.2%	7.4%	5.9%
Obesity	25.9%	23.6%	24.7%	36.1%	30.4%	33.2%	25.1%	21.9%	23.4%

Source: 2011 – 2012 California Health Interview Survey

As seen in the table below, the figures from the LA County Department of Public Health survey conducted in 2011 and released in June 2013 are slightly different from those in the table above, but within the margin of error.

Table 23a: Health Outcomes – Percent of Adults Diagnosed With Various Diseases

	LA County	SPA3	HP2020
% adults ever diagnosed with diabetes	9.5%	7.7%	7.2%
% adults ever diagnosed with hypertension	24.0%	25.4%	26.9%
% of adults who are obese (BMI >30.0)	23.6%	23.9%	30.5%

Sources: 2011 LA County Health Survey; Healthypeople.gov

City specific data are not available for most major chronic diseases, but they are available for diagnoses of heart disease, diabetes, and obesity (BMI $\geq$ 30).

Table 23b: % of Adults Diagnosed With Heart Disease, Diabetes, or Obesity (City-Specific)

CITY	% Heart Disease	% Diabetes	% Obese (BMI $\geq$ 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

Leading causes of death

The reason that community health needs assessments include data on leading causes of death is that conditions with the highest mortality rates could be targeted for preventive action by health care organizations. Recent nationwide data indicate that the major causes of death are heart disease, cancer, chronic lower respiratory diseases, stroke, and accidents. California data from 2013 show that nearly a third of all deaths in California (31.2%) were caused by heart disease and 30.0% were caused by some form of cancer. And as seen in the following table, those major causes of death were also listed for the LA County, San Bernardino County, and SPA3 regions under study.

There are two different ways of presenting data on leading causes of death (both of which point to the fact that the predominant causes of death in PVHMC's region are heart disease and cancer). The first method focuses on the number (or percentage) of deaths from a certain cause, and the second focuses on age-adjusted death rates per 100,000 population. The tables below provide both types of data for LA County and San Bernardino County; however, the data for SPA3 is only available in terms of percentage of deaths.

Table 24: Leading Causes of Death

Cause of Death	LA County		SB County		SPA3	HP 2020
	% [a]	Rate [b]	% [a]	Rate [b]	% [a]	Rate [b]
Heart Disease	**26.92%**	124.9	**24.65%**	130.1	**26.26%**	103.4
Cancer	**24.22%**	149.3	**22.69%**	167.0	**23.71%**	161.4
Stroke	5.74%	35.4	5.05%	40.4	5.57%	34.8
Chronic Lower Respiratory Disease (COPD)	4.73%	31.1	7.07%	56.1	5.41%	c
Alzheimer's Disease	4.28%	25.1	3.16%	28.5	4.49%	c
Unintentional injuries (accidents)	3.48%	19.5	4.03%	23.2	3.59%	36
Diabetes Mellitus	3.75%	22.5	4.27%	34.2	3.78%	d
Influenza and Pneumonia	3.48%	21.8	1.66%	12.0	1.96%	c
Chronic Liver Disease & Cirrhosis	2.17%	12.4	2.15%	13.1	1.85%	8.2

a. Source, % of deaths from a certain cause:
http://www.cdph.ca.gov/data/statistics/Pages/DeathProfilesbyZIPCode.aspx

b. Source, Age-adjusted death rate per 100,000 population:
http://www.cdph.ca.gov/programs/ohir/Pages/CHSPCountySheets.aspx, 2014 Profile (gathered in 2011-2012)

c. HP2020 target not yet established

d. National Objective is based on both underlying and contributing cause of death which requires use of multiple cause of death files. California's data excluded multiple/contributing causes of death

Major Health Influencers

In 1948, The World Health Organization (WHO) defined health as "*the state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.*" Consistent with this concept, Healthy People 2020 has indicated that a person's health is influenced/determined by the interrelationships between multiple factors, including individual behaviors, policymaking, social factors, availability of health services, and biology and genetics. This section of secondary data includes information about some of those factors, and we begin with a look at health insurance coverage.

Insurance Coverage

The Healthy People 2020 target for the proportion of people with medical insurance (individuals 65 years old and below) is 100%. As of 2012 (the last date with data on the HealthyPeople.gov website), the national figure was 83.1. But it is

noteworthy that the percentage of insured Americans has, as of the fourth quarter 2014, apparently now increased to 87.1% because of the Affordable Care Act's requirement for Americans to have health insurance.[8]

The figures for **LA County, SB County,** and **SPA3** are shown below:

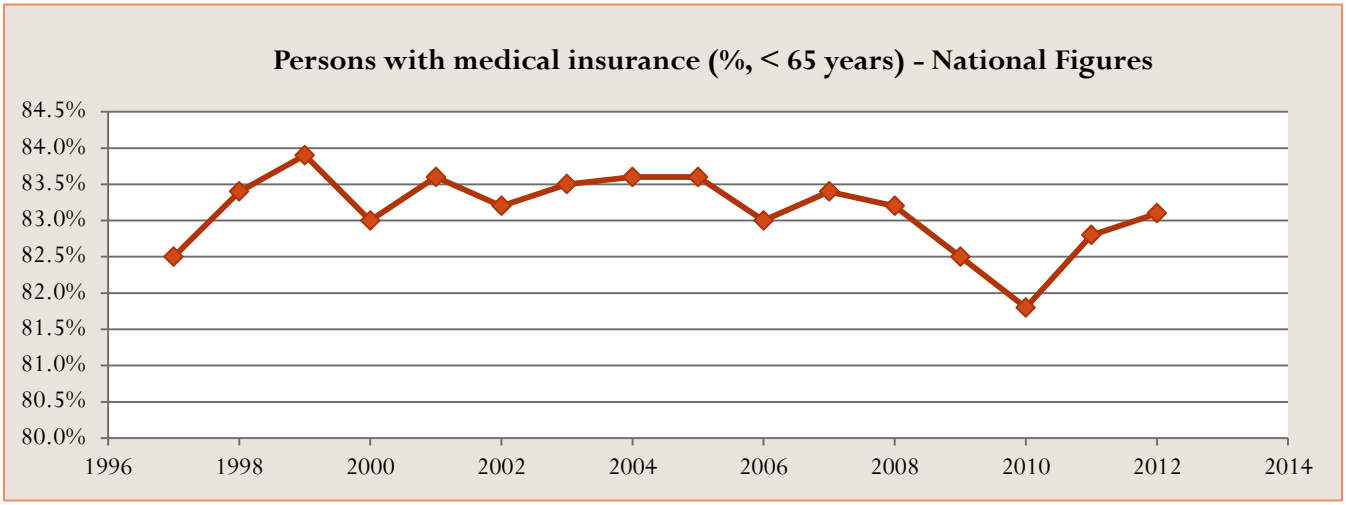


Table 25a: Health Insurance Status

	Los Angeles County	San Bernardino County	San Gabriel (SPA3)
Adults with health insurance (18 – 64 years old)	74.9%	74.3%	75.7%
Population with health insurance (all ages)	82.6%	83.7%	83.0%

Source: 2011 – 2012 California Health Interview Survey

It must be noted that the 2011 LA County Health Survey had slightly different estimates (but within the margin of error). That survey showed 71.5% of LA County adults with health insurance, and 73.1% of SPA3 adults with health insurance.[9]

Following are the city-specific data on insurance coverage:

Table 25b: % Insured (City-Specific)

CITY	% children & teens	% adults (18 - 64)
Chino	97.6%	73.9%
Chino Hills	97.9%	81.4%
Claremont	N/A	83.2%
La Verne	N/A	83.1%
Pomona	94.8%	70.4%
Montclair	N/A	68.4%
Ontario	97.5%	69.8%
Rancho Cucamonga	97.8%	78.8%
San Dimas	N/A	82.1%
Upland	97.8%	78.1%

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

[8]. Gallup Poll, January 7, 2015. http://www.gallup.com/poll/180425/uninsured-rate-sinks.aspx
[9]. http://publichealth.lacounty.gov/ha/docs/kir_2013_finals.pdf

Tobacco Use

One of the Healthy People 2020 goals is to "reduce illness, disability, and death related to tobacco use and secondhand smoke exposure." The web site indicates that tobacco use (and secondhand smoke) causes cancer, heart disease, lung diseases, a variety of health issues for pregnant women, and health problems in infants and children. It is cited as the "single most preventable cause of death and disease in the United States."[10]

Table 26a: Tobacco Use

	LA County	SB County	SPA3	HP2020 Target
Current smokers	13.9%	14.5%	13.7%	12.0%
Former smokers	21.5%	21.2%	20.0%	---
Never smoked	64.6%	64.3%	66.3%	---

Sources: 2011 – 2012 California Health Interview Survey (CHIS); healthypeople.gov

The figures from the LA County Department of Public Health survey conducted in 2011 and released in June 2013 indicate that 13.1% of LA County adults and 10.9% of San Gabriel (SPA3) adults are current smokers. These figures appear to be within the margin of error (or close to it). City-specific figures follow:

Table 26b: Tobacco Use Among Adults (City-Specific)

CITY	% Current Smokers
Chino	13.7%
Chino Hills	10.7%
Claremont	14.0%
La Verne	11.4%
Pomona	15.5%
Montclair	15.5%
Ontario	14.5%
Rancho Cucamonga	14.5%
San Dimas	12.0%
Upland	14.7%

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

Alcohol Use

Excessive alcohol use has a series of both short and long-term health risks. Short term risks include injuries from falls, drowning, burns, and vehicle crashes; violent behaviors; risky sexual behaviors, complications in pregnancy, and alcohol poisoning. Over time it can lead to a variety of chronic diseases and other serious issues such as high blood pressure, cancer, dementia, mental health problems, and social problems.[11]

How does the CDC define "excessive" alcohol use? The definition includes binge drinking (for women, 4 or more drinks during a single occasion; for men, 5 or more drinks during a single occasion) and heavy drinking (for women, 8 or more drinks per week; for men, 15 or more drinks per week).

[10]. https://www.healthypeople.gov/2020/topics-objectives/topic/tobacco-use
[11]. Centers for Disease Control and Prevention, http://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm

The following data address binge drinking in PVHMC's region for adults and teens.

Table 27. Alcohol Use

	LA County	SB County	SPA3	HP2020 Target
% ***adults*** binge drinking in the past *year*	30.1%	29.6%	28.6%	*
% ***teens*** (12 – 17) binge drinking in the past *month*	4.4%	1.3%	3.3%	8.6%

Sources: 2011 – 2012 California Health Interview Survey (CHIS), healthypeople.gov
* NOTE: The HP2020 target is presented as binge drinking in the past ***month*** rather than year

Food and Nutrition

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.[12] In contrast, healthy eating can play a major role in the prevention of such diseases.

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

Table 28. Food and Nutrition

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

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

[12]. 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.

Table 29: 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

Physical Activity

Research shows that people who engage in regular physical activity have a lower risk for chronic diseases such as cardiovascular disease, cancer, diabetes, obesity, osteoporosis, depression, and a host of other illnesses. The following table outlines the level of physical activity for adults, teens, and children in LA County, SPA3, and San Bernardino County.

Table 30: Measures of Physical Activity

	LA County	SPA 3	HP 2020
Percent of ***adults*** who obtain recommended amount of aerobic exercise per week (≥150 minutes/week, moderate exercise or ≥75 min vigorous exercise)	61.8%	58.4%	47.9%
Percent of ***adults*** who obtain recommended amount of muscle-strengthening (2 days/week)	37.1%	33.8%	24.1%
Percent of ***adults*** who obtain recommended amount of both aerobic and muscle strengthening exercise per week	29.7%	26.1%	20.1%
Percent of ***adults*** who are inactive (not reaching the recommended amounts of physical activity)	12.0%	12.7%	N/A
Percent of ***children*** ages 6-17 who obtain recommended amount of exercise each week (≥60 min daily)	28.7%	21.5%	N/A
Percent of ***children*** ages 6-17 who are inactive (not reaching the recommended amounts of physical activity)	10.9%	15.0%	N/A

Sources: 2011 LA County Health Survey; Healthypeople.gov

The California Health Interview Survey asked slightly different questions, and therefore the information from that source relevant to physical activity does not match the data above. The following table shows the CHIS data about physical activity from 2011 – 2012.

The reader will note that the questionnaire only included items about daily physical activity for children and teens, and walking for transportation and leisure for adults:

Table 31a: Measures of Physical Activity

	LA County	SB County	SPA3
Percent ***children*** physically active ≥ 1 hour during at least 5 days in the past week	50.7%	61.8%	49.2%
Percent ***children*** physically active ≥ 1 hour *daily*	33.4%	41.9%	32.6%
Percent ***teens*** physically active ≥ 1 hour during at least 5 days in the past week	33.6%	39.0%	35.9%
Percent ***teens*** physically active ≥ 1 hour *daily*	15.0%	16.1%	8.8%
Percent ***children and teens*** (5 – 17) who engaged in ≥ 1 hour of physical activity daily in the last week (excluding PE)	19.9%	23.2%	N/A
Percent ***adults*** who walked for transportation or leisure ≥ 150 minutes in the past week	35.0%	28.1%	N/A

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

Following is the available city-specific data for physical activity in the past week. The reader will note that N/A means the sample size for that city was too small to make reliable estimates.

Table 31b: Physical Activity in the Past Week

CITY	% 5 – 17 yr. olds ≥ 1 hr. of daily physical activity	% adults who walked ≥ 150 minutes
Chino	N/A	28.7%
Chino Hills	N/A	29.6%
Claremont	N/A	36.0%
La Verne	N/A	33.2%
Pomona	20.3%	32.9%
Montclair	N/A	28.2%
Ontario	21.9%	28.9%
Rancho Cucamonga	23.5%	28.6%
San Dimas	N/A	32.3%
Upland	N/A	28.7%

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

Domestic Violence

As noted in the introduction to this section of the report, the definition of "health" includes being in a state of physical, social, and mental well-being. Victims of domestic violence suffer immediate trauma, but in addition the violence can contribute to various chronic health problems (e.g. depression, substance abuse, and hypertension).

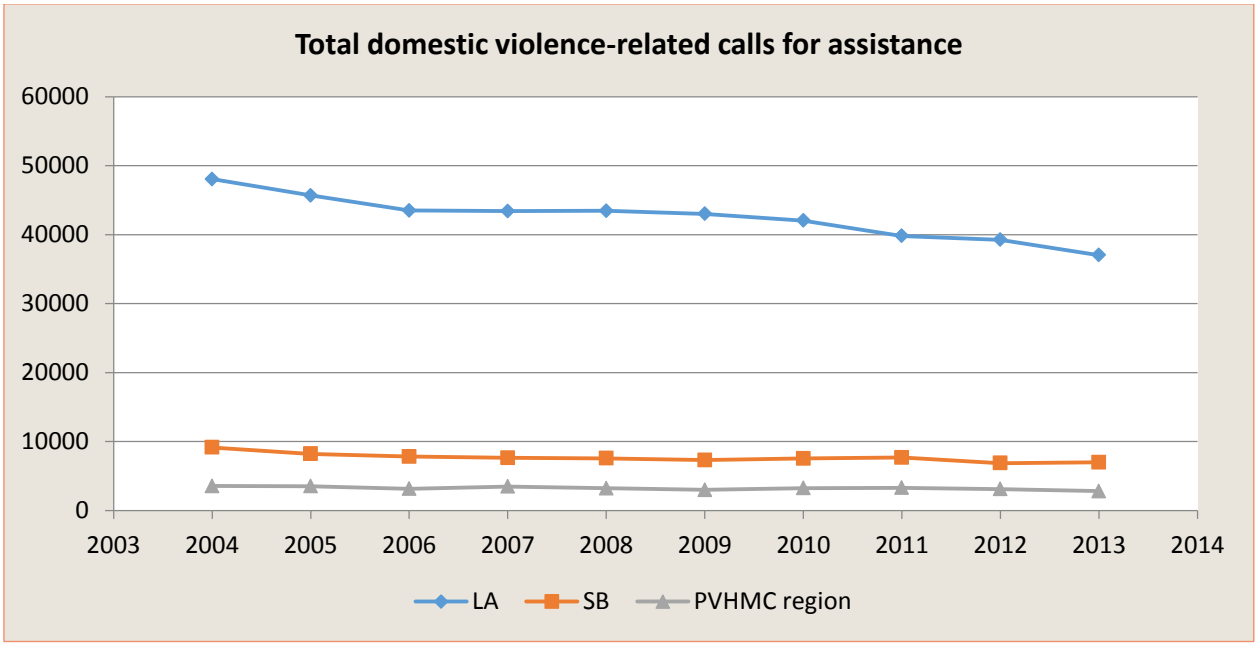
As the table below demonstrates, domestic violence-related calls for assistance have been decreasing over time in LA County, SB County, and in PVHMC's primary service area. This decrease is consistent with National Crime Victimization Survey results which cite a decline in nonfatal domestic violence nationwide from 2003 to 2012.[13]

[13]. Nonfatal Domestic Violence, 2003 – 2012; Special Report from the Bureau of Justice Statistics, Truman and Morgan, 2014.

Table 32: Total Domestic Violence-Related Calls for Assistance

Year	LA County	SB County	PVHMC's Primary Service Area
2004	48041	9146	3558
2005	45684	8235	3538
2006	43508	7831	3167
2007	43416	7650	3484
2008	43458	7579	3246
2009	43014	7327	3015
2010	42052	7563	3269
2011	39817	7681	3317
2012	39253	6882	3131
2013	37038	7002	2815

Source: State of California Dept. of Justice, Office of the Attorney General
http://oag.ca.gov/crime/cjsc/stats/domestic-violence



Institute of Applied Research Focus Group Study

Introduction

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.

When these individuals arrived at the focus group session, they were invited to have a light dinner and, while eating, read an IRB mandated Informed Consent form (Appendix III) and then complete a short written survey designed to begin to create a mindset for the upcoming topics of discussion (Appendix IV). IAR then introduced the discussion with the following introductory statement:

> ***"You are here because of your work with minorities and medically underserved populations in PVHMC's service area. We want to pick your brain about any aspect of health care needs for these individuals 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 can't address them!"***

Following is a brief summary of themes and responses to the short written survey and the focus group discussion itself.

Short Written Survey

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?

Several written comments from focus group participants indicated that communication between health care providers and patients is a definite barrier to receiving routine and urgent health care. Such communication is difficult even in the best of circumstances. But when the health care provider speaks a **different language** than the patient and his/her family, it is virtually impossible for there to be optimal quality of care and understanding of the necessary follow-up care. Language barriers, in addition to a perception that health care providers lack the understanding of **cultural barriers**, reduce the likelihood of creating the necessary linkages between hospital care and primary care. This theme also came up over and over again during the focus group discussion, and the suggestion was made to use more promotoras to serve as liaisons between the health professional and the patient/family.

A related barrier mentioned was **lack of trust** in the health care system (and specific providers). As noted by one person: "*If the patient and his/her family distrust the system, they are less likely to "hear" the information being provided and follow instructions.*"

Other focus group members cited a **lack of knowledge** of how to access regular health care services, and a lack of understanding of the health care system in general.

Finally, the **lack of health insurance** (and the cost of treatment) was cited as a barrier to receiving routine and urgent health care.

Please indicate 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, and minority):

All respondents either strongly agreed (SA) or agreed (A) that:

- "More community resources should be allocated for addressing diabetes among the group I represent" (3 SA, 3 A)
- "High blood pressure is a serious health issue for the group I represent" (2 SA, 4 A)
- "Addressing obesity among the group I represent will significantly improve the quality of life in the community" (4 SA, 2 A)
- "Medical centers and hospitals should do more to promote what they are doing in the community (e.g. health fairs, programs, events)" (4 SA, 2 A)

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

Responses to this question all revolved around the suggestion that PVHMC more actively get out into the community and pursue partnerships with CBOs. Some interesting and pointed comments include:

> *"Go to the community rather than waiting for them to come to you."*
>
> *"Improve discharge planning and linkages to primary care for follow-up."*

Focus Group Discussion

Overall, the focus group went in a slightly different direction than anticipated. Early in the session, one participant said: "*you are focusing on diseases and that's not what you should be doing. We need to focus on linkages*!" Participants seemed to be less interested in defining actual health needs than in discussing those linkages and what PVHMC can do to improve the health and wellness of the community. As eloquently stated by one of the focus group members, "*I believe a healthy community encompasses so much more than physical well-being*."

That said, following are the answers to the questions posed to participants (See Appendix V for the semi-structured focus group guide).

1. What are the unmet needs in the community relative to primary care and preventive care, focusing especially on minority and medically underserved populations?

Diabetes and **obesity** were mentioned as two main unmet needs: "*If you have a family that is obese and hypertensive, what are we doing for their children to break the cycle?*" Participants spent time talking about low income individuals (some of whom are in this country illegally) who don't qualify for some of the entitlement programs and don't have the funds to pay for healthy food.

Also mentioned was the need for **urgent care and emergency care for the homeless** population. Other participants focused on the need for a **linkage** between the hospital and primary care services (specifically the link back to primary care after leaving the hospital), both for the homeless and for other medically underserved populations. They verbalized that because this linkage often isn't there, patients end up back in the ER over and over again. When asked why case managers and social workers aren't filling that need, the response from the experience of the focus group participants is that these individuals are often "*too high-brow telling me what I have to do. What's needed is a lay person who can*

help link the patient back to primary care. They need a link who will help them get the necessary follow-up visit within 72 hours and continue their meds, get refills etc."

Following up on one of the barriers noted on the short written survey, it was felt that there **need 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.

In addition, focus group participants felt that it is important for the minority and medically underserved populations under discussion to have **continuity of care** with one particular person (preferably from staff members who reflect the community they serve relative to ethnicity and gender). They need a connection, the "personalismo." In that way they are more likely to "hear" the information being provided and follow instructions.

Another topic of conversation was the issue that health care needs cannot be met if the doctors are fully trained on **how to ask patients certain types of "sensitive" questions** (the comment was made particular in relation to asking questions of patients of domestic violence).

Bottom line overall theme: The more partnerships there are between CBOs and health care providers, the better the community's health needs can be met. For example, nonprofits have some great educators on staff that would be willing to discuss with doctors the uniqueness of dealing with certain subpopulations (e.g. victims of domestic violence, undocumented individuals, etc.).

2. What are the unmet needs in the community relative to support for patients and families – in other words, support groups, classes, caregiver services, or other… ?

Most of the responses to this question segued back to the perspective that CBOs can help provide support for patients and families. The unmet need, therefore, from the point of view of participants, is the need for a **well-established partnership** between health care providers and CBOs, and a solid conduit for maintaining communication between the providers and CBOs.

The need for **transportation** was also mentioned, and for **health education** at a location "*these folks are comfortable with*" (e.g. the faith community). Suggested topics of that health education included diabetes, obesity, and healthy eating.

Also mentioned was the need for **short term housing and a transitional housing program for homeless** individuals when they are discharged from the hospital. The following suggestion was made by one participant:

"Just as hospitals went into the hospice business, maybe they could get into the business of providing a "step down" residential place, a wing for homeless people to transition."

3. What are the unmet needs in the community relative to chronic disease management?

One participant mentioned that secondary data from the SPA3 region indicates that the health issues in PVHMC's service area are obesity, high blood pressure, cardiac disease, and diabetes. The focus group participants agreed, and linked the issue back to the lack of money to purchase healthy foods.

One person noted that mental health is a theme that complicates all other health issues.

Overall, however, the group felt that it is more important to look at ongoing lifestyle changes for disease *prevention* rather than focusing on disease itself: "*We need to focus on wellness and health status, not disease states.*" The group agreed that there

should be a focus on early intervention (e.g. childhood care) rather than focusing on chronic disease management, so that the cycle of disease (obesity, hypertension, etc.) can be broken.

4. What are the 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?

The focus group had already focused so heavily on the promotoras issue, culture, language, economics, and health care provider diversity that we did not repeat this question during the focus group. One additional comment expressed was: "One barrier is knowledge about where the services are and how to navigate and access those services."

The recommendation was made to "***improve care coordination*** *by linking with case managers/care coordinators at Pomona Valley so that we have a more complete network working with residents in our community who are also patients at Pomona Valley*."

5. In our survey we found that a lot of people, especially low income, are not receiving the cancer screenings that are recommended…pap smears, colonoscopies, mammograms, etc. Can you shed some light on why this is the case?

Responses to this question revolved around **lack of trust** in traditional medicine, the lack of **education** about the need for (and frequency of) the screenings, and the lack of a strong **link** with a primary care provider. Some enlightening quotes include:

"There is a lack of trust in traditional medicine and not integrating a culturally appropriate approach to the services. This is one reason we are providing training for neighborhood-based health promoters (promotoras) in Pomona. They can help trust."

"There needs to be more education programs to promote these screenings. Health care providers should work with its partners in the community. Perhaps select ONE issue each year which CBOs can help advance. There are so many different recommendations of when to do the screenings that people just opt out completely."

"Because of mental health issues, people don't get the screenings they need. The issue is education and linking with people that can help our clients understand."

"The problem is the lack of a link to primary care. If people had a strong link with a primary care provider they could be encouraged to get the screenings."

A great deal of discussion revolved around reaching out to the community to help educate people and make them more amenable to getting the screenings. A few of those recommendations follow:

- Have a low cost mobile mammography system
- Create an education program via social networking (e.g. YouTube campaign, Twitter, Facebook)
- Create a calendar for breast cancer awareness
- Get it on telenovelas…if the telenovela stars say "do it," people will believe it!
- Have flyers at food pantries

6. What can PVHMC do to improve wellness of the populations we are discussing? What are the final opinions you would like to offer to help PVHMC meet the needs of the community?

Partnering with Community Based Organizations (CBOs) was a major theme throughout the focus group, and additional comments were made relative to this question. Suggestions were made to be more involved with the community, to

partner with Women's Centers that deal with domestic violence, with CBOs that focus on healthy eating, with educational institutions to help train tomorrow's health care providers, with Inter Valley health care providers for seniors, etc.

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."

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, but could do more through partnerships and a focus on early intervention and disease prevention.

Public Health Identified Community Needs

Table 33, below, summarizes the health needs that were identified through PVHMC's independent interview with Los Angeles County SPA 3 and SPA 4 Public Health Officer, Christin Mondy, on December 5, 2014.

Health Concerns	• 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
Barriers to Health	• 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
Recommendations for PVHMC's Implementation Strategy	• 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
Recommended Short-term or Long-term goals for PVHMC	• 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
Recommendations for Collaboration	• 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

Additional Focus Group Studies

Community Senior Services

On October 2, 2014 a representative from PVHMC met with Community Senior Services based in Claremont, California, part of PVHMC's primary service area. Community Senior Services is a not-for-profit community-based organization that provides a broad variety of services, programs and support for older adults and caregivers in the East San Gabriel Valley. Representing the senior population in PVHMC's primary service area, the individuals at this organization provided input about barriers, support, access to care, chronic disease management, wellness, and other needs that older adults in our community to improve health and ensure a high quality of life.

Focus Group Discussion

The focus group discussion had a common theme: *meeting the health needs of seniors means looking at not only providing services for them, but also providing education and support for their caregivers who are a crucial link to health for this population.*

That said, following are the answers to the questions posed to participants (See Appendix V for the semi-structured focus group guide).

1. **In the area of support for patients and families, can you identify any unmet needs in our community?**

Alzheimer's and Dementia support were mentioned as two main unmet needs, specifically for caregivers: *"Respite care seems to be a growing need. There needs to be reprieve for caregivers who need to go out and connect to resources. Day programs for patients with Alzheimer's and Dementia will help relieve caregiver burden and provide a place for disease education and financial help."* Participants spent time talking about low income individuals who primarily qualify for adult day programs, but mentioned there is a growing concern for the middle class seniors and caregivers who don't qualify for some of the entitlement programs. With the aging baby boomer population that has working children, it poses a question brought forward by one participant: "*Who cares for those will Alzheimer's and Dementia? There are not enough affordable care options."*

Also mentioned was the need for **financial help and insurance education for the senior population**. Patients and their caregivers are often overwhelmed by the financial aspect that comes with changes in health as they age and the costs of care. With regard to insurance enrollment, one participant pointed out, "*seniors have a difficult time understanding the ever changing insurance options. They are often misinformed and unsure how to enroll and where to turn for help.*" Additionally, the group verbalized that there is a need for **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*." As also mentioned in IAR's focus group, because this knowledge of what's available is often isn't there, patients and caregivers end up back in the ER over and over again looking for support. A suggestion the group brought forward was to invest in community benefit programs for "hospital navigators" who can create links with other organizations in the community promote programs and guide patients and families to the services they need.

2. **In the area of primary and preventative health care, can you identify any unmet needs in our community?**

Like in the IAR focus group, most of the responses to this question was the identified need for a **well-established partnership** between hospitals and primary care providers, and a solid conduit for maintaining communication between the two. As summarized by one participant, "*there is a clear disconnect in communication between the hospital and the primary provider's office. There is a need to establish Case Management in the community- a case manager who can spend time at a physician's office or clinic to assist in the transition back home and bring the information from the hospital and from the Physician together."*

The need for **transportation** was also mentioned. It is difficult for aging community members to get to appointments. *"Public transportation is fast paced and confusing for seniors. Other transportation such as Access LA and Access San Bernardino leaves gaps and do not pick up from every city."*

3. In the area of chronic disease management, can you identify any unmet needs in the community?

The group identified **diabetes, high blood pressure, and dementia** as being the most prevalent chronic diseases in the communities we serve as well as being the hardest to manage. It was noted that there is a significant need for diabetes education specific to the senior population. As one group member pointed out, "*there is a lack of free health education classes available for diabetes currently offered out in the community and even less focused on senior education.*" Also mentioned was the need for support and healthcare services for **arthritis and osteoporosis**. The group suggested a program known as Bone Builders, noting that this program not only provides education related to these diseases, but doubles as an avenue to educate seniors on ways they can reduce their risk of falls.

Similar to the other focus groups, mental health was identified as a reoccurring need that complicates all other health issues.

4. What do you believe are the most significant barriers to health in our community?

The focus group identified language, socioeconomics, and a lack of linkages between providers and community-based organizations as the largest barriers to health. Language barriers, especially Mandarin, was verbalized among the group as a new barrier to health in the communities we serve, and suggestions were made to improve efforts be focused on providing materials and offering education in this language. When discussing socioeconomics as a barrier to health, one member mentioned access to the internet was a significant need, noting *"Providers are driving patients to electronic records and web-based health information, but many of the low-income members of the community cannot connect to the internet and aside from the public library, there isn't a place where they can connect."* Another barrier identified was the lack of linkages between providers and community based-organizations and a resounding 'yes' was given to a one participants suggestion that hospitals can work on improving links between Case Management, Social Services and Community-Based Organizations such as theirs.

5. Can you identify other unmet health needs?

Responses to this question revolved around **relationship building** and the group agreed that they would like more face-to-face interactions with representatives from Case Management and Social Services. It was mentioned that talking over the phone is helpful, but building strong relationships among organizations will benefit patients and families. Other identified needs were about the need for substance abuse and mental health services, and additional support and expansion of existing Meals on Wheels programs.

Health Consortium of the Greater San Gabriel Valley

On January 6, 2015 a representative from PVHMC met with the Health Consortium of the Greater San Gabriel Valley, formerly known as SPA 3 Health Planning Group. This group is a not-for-profit community-based consortium that is comprised of representatives from various health provider organizations with Los Angeles County's Service Planning Area 3 (SPA 3). Members of this consortium represent both broad and vulnerable populations in our community, including members from organizations that serve low-income and minority populations. The Consortiums mission is to advance health and wellbeing within the Greater San Gabriel Valley through collaborative partnerships, which strengthens the healthcare safety net. In addition to holding the focus group, PVHMC is an active participant and member of the Consortium.

The diverse group of organizations whose representatives participated in this focus group consisted of:

- El Monte Comprehensive Health Center
- Pomona Community Health Center
- Herald Christin Community Health Center
- Herald Christian Community Health Center
- Garfield Health Center
- Los Angeles County Department of Public Health: Substance Abuse Prevention and Control Division
- Durfee Family Care Medical Group
- City of Hope
- Foothill Unity Center

Focus Group Discussion

The focus group discussion had many similar themes to the other focus groups, but one theme that stood out among feedback from this group was sustainability. As one participant put it, *"Organizations need to consider how to move away from one-shot health programs and look to grants and other funding to support long-term sustainable programs out in the community."*

With this in mind, following are the answers to the questions posed to participants (See Appendix V for the semi-structured focus group guide).

1. **In the area of support for patients and families, can you identify any unmet needs in our community?**

Mental health and substance abuse support services were mentioned as two unmet needs, and **better promotion** of these services in the community. As one person put, *"We don't all have to offer those services, but we should be making an effort to better educate the community about who does, and where to go"* It was suggested that the hospital look at creating a directory or a guide as a free resource to patients with this need as well as the family members who are looking for support. Another unmet need identified by the group was **transportation**. Similar to the other focus groups, the group seemed to agree that there are just not enough transportation services available for the vulnerable populations, including low-income, minority and senior populations. Although it was mentioned that Foothill Transit offers vouchers, they often expire before the patient has a follow-up appointment with their provider. One person summed this up by saying, *"the community needs more than just a ride home from a visit, but also needs a ride to return for follow-up care"*

Also mentioned was the need for **insurance education in the community**. "*Newly covered patients under the Affordable Care Act have insurance, but don't know how to navigate it. There is a common misunderstanding about how to get a refill, who to call, and where to go for preventative services"* Additionally, the group verbalized that there is a need for **promotoras in the community**. This was also mentioned in IAR's focus group. One comment was: " Organizations should look at providing education out in a community setting using a face like that of the community they are serving; people feel more comfortable in their own environment and with their own culture. People are naturally more response and more likely to communicate information back to family members from a person within their culture they trust. An example is the promotoras model."

2. **In the area of primary and preventative health care, can you identify any unmet needs in our community?**

One immediate answer to this question was to think about how to add value to primary care and prevention. The comment was *"There doesn't seem to be a high value perceived for prevention; the tendency is reactive versus proactive. Organizations should think about adding value. If a grandpa is the role-model and he smokes every day but is 80 years-old, there is not value perceived*

in not smoking. The perception is, grandpa is fine." Suggestions following this comment included again the promotoras. Another unmet need identified was a lack of optometry services for adults and a lack of primary and preventative care readily available to the homeless. Suggestions include increasing partnerships with nursing programs to help hospitals with the manpower and support to go out into a community setting and provide access to these services.

3. In the areas of chronic disease management and wellness, can you identify any unmet needs in the community?

The group identified **obesity and diabetes** as being the most prevalent chronic diseases in the communities and contributors to other health problems. It was noted that there is a significant need for a "healthy food push" aimed at obesity management and diabetes education. As one group member pointed out, "*old habits are hard to break"* and suggested that PVHMC look at establishing long-term programs with other partners in the community to make a bigger impact. The group discussed how efforts for diabetes and obesity management really need to start with youth and adolescents, and suggested PVHMC look into creating a recurring program with schools and after-care centers. Also mentioned was the need for support and healthcare services for **health literacy classes**. The group agreed that there is a need for a program open to the community that educates on the basics of health and the healthcare system, such as the what, why, who, where, and how of healthcare.

4. What do you believe are the most significant barriers to health in our community?

A common theme among focus groups, participants identified language, socioeconomics, and a lack of linkages between providers and community-based organizations as the largest barriers to health.

5. Can you identify other unmet health needs?

Responses to this question were centered on the homeless population and specifically homeless youth. Pomona has a larger homeless population and it was verbalized that there is a need to bring services directly to them to relieve them from crowded emergency rooms looking for assistance. Participants suggested developing a wellness center within these motels where services can be provided for Case Management, Insurance Enrollment, Appointments, or Physical Exam.

6. Of the many health needs identified, please identify what you believe are the most important needs to address

The group identified four priorities when asked what they believed ranked the highest among unmet needs in the community. These included in order 1) developing more community-wide program collaboration, 2) access to primary and preventative care services, 3) health education and support groups, and 4) improving care coordination through relationship building and linkages.

Summary of 2015 Needs Assessment

Data from the phone survey and focus group show that PVHMC is meeting most of the health-related needs of the community. Of course, suggestions were made regarding ways PVHMC can better meet the needs of their patients and members of the community, and better leverage their resources by working more closely with community based organizations (CBOs). The following are IAR's observations and recommendations based on the results of this needs assessment:

- In the 2012 report, 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.
- The telephone survey revealed that as might be expected (given the Affordable Care Act), more people are now covered by health insurance than was the case in the 2009 and 2012 surveys. That said, many people are still concerned about the cost of health care, and the survey indicates that cost remains the number one barrier to receiving needed health services.
- Other barriers to receiving health care include language/culture, a lack of trust in the health care system, a lack of knowledge about health care options and screening tests, and a lack of health insurance.
- All data collection methods show that major health issues in the region continue to be high blood pressure, high cholesterol, arthritis, diabetes, and obesity. There may be a need (and interest) for classes and support groups addressing issues relative to these conditions.
- Secondary data show that Pomona, Montclair, and Ontario have the highest percentages of people unable to consistently buy food. Those data also show that the Ontario, Pomona, and Chino also tend to have the highest percentages of people rating their health as "fair" and "poor," and the lowest percentages of uninsured individuals. These secondary data are from a 2011 – 2012 survey (the most current available), so it is unknown whether strides have been made to improve the situation for residents of those cities.
- Focus group participants stressed the need to focus on wellness and health status, *NOT* disease states.

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

Bottom line: PVHMC is seen as a hospital that is doing a good job meeting the needs of the community, but there is always room for improvement. The integration of primary data from the telephone survey with secondary data and focus group information will help PVHMC as it creates its action plan for improving the wellness of the community.

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 34, below, shows Pomona Valley Hospital Medical Center's prioritized health needs. Those needs that the Hospital does not plan to address in the Community Benefit Plan and 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 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.

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 Kiwanis
- Chino Hills Chamber of Commerce
- Chino Valley Unified School District
- Chino Valley YMCA
- Claremont Chamber of Commerce
- Claremont Hospice Home
- Community Senior Services Board
- Firefighters Quest for Burn Victims
- 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 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
- Chino Valley Medical Center
- Montclair Hospital
- San Antonio Community Hospital
- Community Hospital of San Bernardino
- Kaiser Permanente, Baldwin Park and 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 Hospital
- Loma Linda University Medical Center
- St. Bernardine Medical Center
- San Dimas Community Hospital
- Citrus Valley Health Partners

Summary of Key Services

Table 35, below, provides a summary of **Community Benefit Programs, Activities, and Resources that PVHMC has currently designated to address the priority health needs identified in our 2015 Community Health Needs Assessment**. Programs for consideration, or in the planning phase of implementation, are noted. It is organized according to categories on Schedule H of the Internal Revenue Service (IRS) 990 form and indicates which identified priority area it is focused on addressing.

Programs Addressing Priority Need		Chronic Disease Management	Health Education/ Support Services	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	✓	✓		✓	✓
	Having a Healthy Baby		✓	✓		✓
	Health Fairs, Community Events, Immunization Clinic	✓	✓	✓	✓	✓
	Sports Medicine Center		✓	✓	✓	
	Maternal-Fetal Transport Program			✓	✓	✓
	Family Medicine Residency Program			✓	✓	✓
	Kids Health Fair		✓	✓	✓	✓
	Pomona Community Health Center			✓		✓
	Hospital Food Drive					✓

Programs Addressing Priority Need		Chronic Disease Management	Health Education/ Support Services	Access to Care	Broader Community	Vulnerable Population
	Meals on Wheels	✓	✓		✓	✓
	Speakers Bureau	✓	✓		✓	
	Community Blood Pressure Screenings	✓	✓	✓	✓	✓
	Hands-Only CPR		✓		✓	
	Women's Conference	✓	✓		✓	
	Diabetes Awareness Fair	✓	✓	✓	✓	✓
	Promotoras *plans to address, not currently implemented	✓	✓	✓	✓	✓
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 Clinical Trials	✓		✓	✓	✓

Programs Addressing Priority Need		Chronic Disease Management	Health Education/ Support Services	Access to Care	Broader Community	Vulnerable Population
Cash and In-Kind Contribution	Wig Program	✓			✓	✓
	Administration, Human Resources and Facilities Donations		✓		✓	✓
	Volunteers Services Car Seat, Layettes		✓			✓
	Medical Coverage for Los Angeles County Marathon		✓	✓	✓	
Community Building Activities	Coalition Building	✓	✓	✓	✓	✓
	Nursing Advisory Committee and Senior Services Board	✓	✓		✓	
	High School Career Day		✓		✓	✓

Plans for Public Review

As we proceed with 2015 and move into 2016, 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, Implementation Strategy, and CHNA on our website, please visit 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

Approval from a Governing Body

Pomona Valley Hospital Medical Center's Community Health Needs Assessment, Community Benefit Plan and Implementation Strategy have been formally adopted by the Board of Directors effective May 7, 2015.

Conclusion

Basic to our mission is our commitment to continuously strive to improve the status of health by reaching out and serving the needs of our diverse ethnic, religious, and cultural community. Every activity and program documented in our Implementation Strategy to meet these identified health need in this reports is budgeted for annually to manage the use of available resources, allowing for adaptation and adjustment every year.

As we proceed with 2015 and move into 2016 and 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 Health Needs Assessment.

PVHMC has welcomed the opportunity to assess, formalize, and document the significant health needs identified within our community, and we invite you to review our Community Benefit Plan and Implementation Strategy to learn about the various ways in which PVHMC is working to improve the health and wellbeing of our community.

Appendices

Appendix I
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

QSORRY2

I'm sorry, but we are only surveying people from Pomona Valley Medical Center Region at this time. Thank you for your cooperation.

INTERVIEWER: PRESS '1' TO CONTINUE

Q1: What city do you live in?

	Frequency	Percent	Valid Percent	Cumulative Percent
Alta Loma	17	5.1	5.1	5.1
Chino	34	10.2	10.2	15.3
Chino Hills	22	6.6	6.6	21.9
Claremont	20	6.0	6.0	27.9
La Verne	26	7.8	7.8	35.7
Montclair	12	3.6	3.6	39.3
Ontario	44	13.2	13.2	52.6
Pomona	67	20.1	20.1	72.7
Rancho Cucamonga	45	13.5	13.5	86.2
San Dimas	14	4.2	4.2	90.4
Upland	32	9.6	9.6	100.0
Total	333	100.0	100.0	

Q3: Including yourself, how many people live in your household?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 person	56	16.8	16.9	16.9
	2 people	69	20.7	20.8	37.7
	3 people	74	22.2	22.3	59.9
	4 people	46	13.8	13.9	73.8
	5 or more	87	26.1	26.2	100.0
	Total	332	99.7	100.0	
Missing	Refused	1	.3		
Total		333	100.0		

Descriptive Statistics for Q3: Number of people living in household

N	Valid	332
	Missing	1
Mean		3.32
Median		3.00
Minimum		1
Maximum		10

Q4: How many children age 0-17 years old live in your household?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	205	61.6	61.7	61.7
	1	56	16.8	16.9	78.6
	2	32	9.6	9.6	88.3
	3	23	6.9	6.9	95.2
	4	9	2.7	2.7	97.9
	5	6	1.8	1.8	99.7
	6	1	.3	.3	100.0
	Total	332	99.7	100.0	
Missing	Refused	1	.3		
Total		333	100.0		

Q5: How many persons in your household ages 18 and above are covered by medical insurance?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No one	18	5.4	5.5	5.5
	1 person	79	23.7	24.0	29.5
	2 people	123	36.9	37.4	66.9
	3 people	69	20.7	21.0	87.8
	4 people	26	7.8	7.9	95.7
	5 or more	14	4.2	4.3	100.0
	Total	329	98.8	100.0	
Missing	Refused	4	1.2		
Total		333	100.0		

Descriptive Statistics for Q5: Number of adults covered by medical insurance

N	Valid	329
	Missing	4
Mean		2.18
Median		2.00
Minimum		0
Maximum		8

Number of Adults Covered by Health Insurance

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	None	18	5.4	5.5	5.5
	Some	46	13.8	14.0	19.5
	All	265	79.6	80.5	100.0
	Total	329	98.8	100.0	
Missing	Refused	4	1.2		
Total		333	100.0		

Number of Children Covered by Health Insurance

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	None	3	.9	2.4	2.4
	Some	3	.9	2.4	4.8
	All	120	36.0	95.2	100.0
	Total	126	37.8	100.0	
Missing	No kids	205	61.6		
	Refused	2	.6		
	Total	207	62.2		
Total		333	100.0		

Q7: What type of health insurance covers people in your household?

	Responses		Percent of Cases
	N	Percent	
Have insurance, but don't know what type	8	1.9%	2.6%
Private Insurance--HMO	41	9.9%	13.2%
Private Insurance--PPO (can go to any doctor we want)	21	5.1%	6.8%
Private Insurance--Don't know if HMO or PPO	9	2.2%	2.9%
MEDI-CAL	62	15.0%	20.0%
MEDICARE	55	13.3%	17.7%
VETERANS (VA)	3	.7%	1.0%
Other Government Plans	9	2.2%	2.9%
Healthy Families	3	.7%	1.0%
Supplemental Insurance	4	1.0%	1.3%
OBAMA Care, Covered California, Affordable Care Act Insurance	6	1.5%	1.9%
Kaiser Permanente	83	20.1%	26.8%
Blue Cross	46	11.1%	14.8%
Not Covered (No Insurance at all)	6	1.5%	1.9%
Other Specify_____	57	13.8%	18.4%
Total Responses	413	100.0%	133.2%
Total Number of Respondents	**310**		

Note: Respondents were allowed to indicate more than one response, so percentages do not sum to 100%

"Other" Types of Health Insurance Mentioned

	Frequency
AARP	4
Aetna	5
Blue Shield	12
EHP	1
IEHP	7
Inter Valley	3
Healthnet	4
United Healthcare	8
LA Care	2
Molina	3
Other	8
Total	57

$Q7a: Main Reasons for Not Having Health Insurance

	Responses		
	N	Percent	Percent of Cases
Lost job or changed job	3	50.0%	50.0%
Couldn't afford premiums	3	50.0%	50.0%
Total	6	100.0%	100.0%

Q8: In the past year, have you or any members of your household needed any health services that you could not get?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	38	11.4	11.6	11.6
	No	289	86.8	88.4	100.0
	Total	327	98.2	100.0	
Missing	Don't Know	6	1.8		
Total		333	100.0		

$Q8a What kept people from getting services?

	Responses		
	N	Percent	Percent of Cases
Worried about the cost of service/co-payments	10	20.4%	27.0%
Worried about cost of prescription	5	10.2%	13.5%
Lacked transportation	1	2.0%	2.7%
Difficulty scheduling	4	8.2%	10.8%
Needed services weren't available	6	12.2%	16.2%
Didn't know where to find the services	1	2.0%	2.7%
Provider wouldn't accept insurance	3	6.1%	8.1%
Technology wasn't available in the area	1	2.0%	2.7%
Other (specify) _____	9	18.4%	24.3%
No health insurance at all	9	18.4%	24.3%
Total Responses	49	100.0%	132.4%
Total Number of Respondents	**37**		

Note: Respondents were allowed to indicate more than one response, so percentages do not sum to 100%

$Q8b: What services couldn't you get?

	Responses		
	N	Percent	Percent of Cases
Vision	3	6.8%	8.1%
Dental	7	15.9%	18.9%
Aquatic Therapy	1	2.3%	2.7%
Arthritis Assistance	1	2.3%	2.7%
X-Rays	2	4.5%	5.4%
Prescriptions	3	6.8%	8.1%
Referrals	4	9.1%	10.8%
Surgery	4	9.1%	10.8%
Chiropractic Services	1	2.3%	2.7%
Neurology	2	4.5%	5.4%
No medical coverage / Can't afford it	4	9.1%	10.8%
Infusions	1	2.3%	2.7%
Cancer Treatment	1	2.3%	2.7%
Psychological Services	1	2.3%	2.7%
Medical Treatment for CMT, TMJ,	2	4.5%	5.4%
Other	7	15.9%	18.9%
Total Responses	44	100.0%	118.9%
Total Number of Respondents	**37**		

Note: Respondents were allowed to indicate more than one response, so percentages do not sum to 100%

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Within past year (1-12 months ago)	261	78.4	80.3	80.3
	Within past 2 years (Over 1-2 years ago)	28	8.4	8.6	88.9
	Within past 5 years (Over 2-5 years ago)	17	5.1	5.2	94.2
	5 or more years ago	13	3.9	4.0	98.2
	Never	6	1.8	1.8	100.0
	Total	325	97.6	100.0	
Missing	Don't Know	8	2.4		
Total		333	100.0		

Q10: Has your child had preventative health care check-up within the past year?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	104	31.2	83.2	83.2
	No	20	6.0	16.0	99.2
	Some of the children have	1	.3	.8	100.0
	Total	125	37.5	100.0	
Missing	Don't Know	2	.6		
	Refused	1	.3		
	System	205	61.6		
	Total	208	62.5		
Total		333	100.0		

Q10a: Has your child received all of the immunizations the doctor recommended?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	119	35.7	94.4	94.4
	No - not all vaccinations given	3	.9	2.4	96.8
	Some (not all) kids have gotten all vaccinations	4	1.2	3.2	100.0
	Total	126	37.8	100.0	
Missing	Don't Know	1	.3		
	Refused	1	.3		
	System	205	61.6		
	Total	207	62.2		
Total		333	100.0		

Q11: About how many times a WEEK do you exercise or play sports hard enough to make you breath hard and make you heart beat faster for 20 minutes or more?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 times	94	28.2	28.3	28.3
	1 to 2 times a week	66	19.8	19.9	48.2
	3 to 4 times a week	89	26.7	26.8	75.0
	5 or more times a week	83	24.9	25.0	100.0
	Total	332	99.7	100.0	
Missing	Refused	1	.3		
Total		333	100.0		

Q12A: In the past year, have you or any members of your household had prenatal care?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	34	10.2	10.4	10.4
	No	294	88.3	89.6	100.0
	Total	328	98.5	100.0	
Missing	Don't Know	4	1.2		
	Refused	1	.3		
	Total	5	1.5		
Total		333	100.0		

Q12D: Has anyone had a blood test for cholesterol in the past year?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	258	77.5	79.6	79.6
	No	66	19.8	20.4	100.0
	Total	324	97.3	100.0	
Missing	Don't Know	9	2.7		
Total		333	100.0		

Q12C: How about a mammogram?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	159	47.7	50.8	50.8
	No	154	46.2	49.2	100.0
	Total	313	94.0	100.0	
Missing	Don't Know	19	5.7		
	Refused	1	.3		
	Total	20	6.0		
Total		333	100.0		

Q12B: Has any member of your household had a Pap Smear in the past three years?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	193	58.0	63.1	63.1
	No	113	33.9	36.9	100.0
	Total	306	91.9	100.0	
Missing	Don't Know	26	7.8		
	Refused	1	.3		
	Total	27	8.1		
Total		333	100.0		

Q12E: Has anyone in your household had a screening test for colon cancer in the past ten years?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	171	51.4	52.9	52.9
	No	152	45.6	47.1	100.0
	Total	323	97.0	100.0	
Missing	Don't Know	8	2.4		
	Refused	2	.6		
	Total	10	3.0		
Total		333	100.0		

$Q12add: Reasons for not getting all cancer screenings

	Responses		
	N	Percent	Percent of Cases
No insurance	18	7.5%	9.0%
Financial the out of pocket cost even with insurance	1	.4%	.5%
Fear of the test/dislike of the test	5	2.1%	2.5%
Didn't think it is important or necessary	42	17.4%	21.0%
Fear of the results	3	1.2%	1.5%
Too old or too young to need the test	95	39.4%	47.5%
No women in the household	16	6.6%	8.0%
No regular doctor	5	2.1%	2.5%
Healthy person	23	9.5%	11.5%
Other _ Specify	33	13.7%	16.5%
Total Responses	241	100.0%	120.5%
Total Number of Respondents	**200**		

Note: Respondents were allowed to indicate more than one response, so percentages do not sum to 100%

Q12OTHER: Other reasons why people in the household haven't had all of the cancer screenings

	Frequency
Doctor has not recommended	13
No time / haven't done it yet	5
Did not come to mind	1
Hysterectomy / or other pre-existing condition	5
Personal choice/ religious reason	2
Rescheduled appointment/plan to do in future	3
Medical does not do anything	1
Total	30
Missing	303
Total	333

$Q13: Chronic or ongoing health problems

	Responses		
	N	Percent	Percent of Cases
None	84	10.8%	25.6%
Cancer	44	5.7%	13.4%
Diabetes	85	11.0%	25.9%
Asthma	54	7.0%	16.5%
High Blood Pressure	140	18.0%	42.7%
Obesity	71	9.1%	21.6%
Osteoporosis	35	4.5%	10.7%
Chronic Heart Failure	15	1.9%	4.6%
High Cholesterol/Arteriosclerosis	106	13.7%	32.3%
Arthritis	98	12.6%	29.9%
Other chronic conditions	44	5.7%	13.4%
Total Responses	776	100.0%	236.6%
Total Number of respondents	**328**		

Note: Respondents were allowed to indicate more than one response, so percentages do not sum to 100%

$Q13other: Other chronic or ongoing health problems mentioned

	Frequency
Chronic Pain	1
Allergies	3
Hepatitis C	2
COPD / Lung Disease	5
Lupus	1
Eye Conditions	2
Thyroid	3
Psoriasis	3
Spinal Cord	3
Fibromyalgia	4
Anemia	1
Blood Disorders	1
Alzheimer	2
Kidney Disease	2
Other	12

Q14: Do you feel you and your family have received adequate help managing the disease?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	212	63.7	88.7	88.7
	No	25	7.5	10.5	99.2
	Only for some of the illnesses	2	.6	.8	100.0
	Total	239	71.8	100.0	
Missing	Don't Know	3	.9		
	System	91	27.3		
	Total	94	28.2		
Total		333	100.0		

Q14a: What help did you need but not get?

	Frequency
Blood Work	1
X-ray	1
Pain Management	5
Seeing a Doctor / Getting Help in a Timely Fashion	5
Lack of communication and information	4
Inadequate Care	1
Can't Solve Problem / Nothing Works	3
Total Responses	20
Total Number of Respondents	**18**

Q15: Have you or a member of your family visited any urgent care center during the past year?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	154	46.2	47.2	47.2
	No	172	51.7	52.8	100.0
	Total	326	97.9	100.0	
Missing	Don't Know	7	2.1		
Total		333	100.0		

Q16: Did you try to see your doctor before you visited the urgent care center?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	58	17.4	38.2	38.2
	No	94	28.2	61.8	100.0
	Total	152	45.6	100.0	
Missing	Don't Know	2	.6		
	System	179	53.8		
	Total	181	54.4		
Total		333	100.0		

$Q16a: Why didn't you try to see a doctor before going to urgent care?

	Responses		
	N	Percent	Percent of Cases
Don't have a regular doctor	5	4.7%	5.4%
After office hours	44	41.1%	47.3%
Brought by ambulance	11	10.3%	11.8%
Doctor too busy to fit me in	15	14.0%	16.1%
Other	32	29.9%	34.4%
Total Responses	107	100.0%	115.1%
Total Number of Respondents	**93**		

Note: Respondents were allowed to indicate more than one response, so percentages do not sum to 100%

Q16aOTHER: Other reasons for not seeing the doctor before going to urgent care

		Frequency
Valid	Emergency/urgent	13
	Work related injury	2
	Wanted to see an urgent care doctor	1
	Out of town/on vacation	3
	Distance, too far, no time to get there	4
	Other	7
	Total	30
Missing	System	303
Total		333

Q17 [ASKED ONLY OF PEOPLE WHO *DID* SEE THEIR DOCTOR]: Did your doctor tell you to go to urgent care center?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	30	9.0	52.6	52.6
	No	27	8.1	47.4	100.0
	Total	57	17.1	100.0	
Missing	Don't Know	1	.3		
	System	275	82.6		
	Total	276	82.9		
Total		333	100.0		

Q17a: Why did the doctor send you to urgent care?

	Frequency
After office hours	6
It was too serious/or procedure not done in office	9
Doctor too busy to fit me in	13
Other___	3
Total Responses	31
Total Number of Respondents	**29**

Note: Respondents were allowed to indicate more than one response, so percentages do not sum to 100%

Q18: Have you ever gone to Pomona Valley Hospital Medical Center for health care?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	167	50.2	51.1	51.1
	No	160	48.0	48.9	100.0
	Total	327	98.2	100.0	
Missing	Don't Know	6	1.8		
Total		333	100.0		

$Q18a: Reasons for choosing PVHMC for health care

	Responses		
	N	Percent	Percent of Cases
Close to home (convenience/location)	75	32.8%	44.9%
Insurance	34	14.8%	20.4%
Referred by my physician	33	14.4%	19.8%
Services offered	24	10.5%	14.4%
Quality/reputation	32	14.0%	19.2%
Word of mouth (friend, neighbor, family, co-worker)	7	3.1%	4.2%
Work site	2	.9%	1.2%
Community presentation	1	.4%	.6%
911/emergency/ambulance/sent there/no choice	16	7.0%	9.6%
Other (PLEASE SPECIFY)_____	5	2.2%	3.0%
Total Responses	229	100.0%	137.1%
Total Number of Respondents	**167**		

$Q18a: Reasons for choosing PVHMC for health care

	Responses		
	N	Percent	Percent of Cases
Close to home (convenience/location)	75	32.8%	44.9%
Insurance	34	14.8%	20.4%
Referred by my physician	33	14.4%	19.8%
Services offered	24	10.5%	14.4%
Quality/reputation	32	14.0%	19.2%
Word of mouth (friend, neighbor, family, co-worker)	7	3.1%	4.2%
Work site	2	.9%	1.2%
Community presentation	1	.4%	.6%
911/emergency/ambulance/sent there/no choice	16	7.0%	9.6%
Other (PLEASE SPECIFY)_____	5	2.2%	3.0%
Total Responses	229	100.0%	137.1%
Total Number of Respondents	**167**		

Note: Respondents were allowed to indicate more than one response, so percentages do not sum to 100%

Q19: Have you attended any classes offered by Pomona Valley Hospital Medical Center?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	22	6.6	6.6	6.6
	No	311	93.4	93.4	100.0
	Total	333	100.0	100.0	

Q20: Are there any classes you'd like them to offer?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	62	18.6	22.8	22.8
	No	210	63.1	77.2	100.0
	Total	272	81.7	100.0	
Missing	Don't Know	61	18.3		
Total		333	100.0		

$Classes: Desired classes

	Responses		
	N	Percent	Percent of Cases
Alzheimer's/ Strokes	1	1.5%	1.7%
Any class dealing with good health, (nutrition, exercise, prevention)	17	25.8%	28.8%
Support classes ex: (blood disorder, heart disease, cancer, arthritis, PKD, high blood pressure)	11	16.7%	18.6%
Diabetes classes	7	10.6%	11.9%
Caring for the elderly, helping to deal with elderly issues	4	6.1%	6.8%
Childhood diseases, helping improve child health	2	3.0%	3.4%
How to get an internship	1	1.5%	1.7%
CPR and First Aide classes	3	4.5%	5.1%
Maternity and Prenatal Classes, Breastfeeding, and car seat installing	4	6.1%	6.8%
Weight Control	2	3.0%	3.4%
Smoking Cessation Classes	3	4.5%	5.1%
Workshops learning your Insurance, utilizing it properly, and what is out of network, keeping cost down	3	4.5%	5.1%
Others	8	12.1%	13.6%
Total Responses	66	100.0%	111.9%
Total Number of Respondents	**59**		

Note: Respondents were allowed to indicate more than one response, so percentages do not sum to 100%

Q21: Have you or any member of your family attended any health-related support groups in the past year?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	33	9.9	10.1	10.1
	No	293	88.0	89.9	100.0
	Total	326	97.9	100.0	
Missing	Don't Know	7	2.1		
Total		333	100.0		

$Q22: Support groups of interest

	Responses		
	N	Percent	Percent of Cases
Not interested at all	114	36.1%	46.9%
Smoking cessation	8	2.5%	3.3%
Diabetes	24	7.6%	9.9%
High Blood Pressure	14	4.4%	5.8%
Cancer	16	5.1%	6.6%
Nutrition	36	11.4%	14.8%
Pregnancy/New Moms/New Dads	3	.9%	1.2%
Heart Disease	3	.9%	1.2%
Asthma	3	.9%	1.2%
Arthritis	5	1.6%	2.1%
Stroke	1	.3%	.4%
Grief and Bereavement	6	1.9%	2.5%
Sleep Apnea/Sleep Disorders	3	.9%	1.2%
Living with a Disability	5	1.6%	2.1%
Obesity and Weight Problems	18	5.7%	7.4%
Caregivers	5	1.6%	2.1%
Homelessness	1	.3%	.4%
Child/Elder Abuse	1	.3%	.4%
Other (specify)_____	50	15.8%	20.6%
Total Responses	316	100.0%	130.0%
Total Number of Respondents	**243**		

Note: Respondents were allowed to indicate more than one response, so percentages do not sum to 100%

$Q22OTHER: Other types of support groups of interest

	Frequency
Babysitting club, or babysitting certification	2
Alcohol support both stopping and for families	4
Any support to help with aging, exercising, depression, Alzheimer's	13
Relaxation, stress management	4
Mental health/therapy	6
Health in general, including how to get health care	2
Drug Abuse	2
Pain management, spinal, migraine, fibromyalgia, arthritis	4
Anxiety	3
Other	15
Family Therapy	4
Total Responses	59
Total Number of Respondents	**51**

Note: Respondents were allowed to indicate more than one response, so percentages do not sum to 100%

Q23: Have you been to Pomona's emergency room?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	150	45.0	46.2	46.2
	No	175	52.6	53.8	100.0
	Total	325	97.6	100.0	
Missing	Don't Know	8	2.4		
Total		333	100.0		

Q24: [ASKED ONLY IF THEY HAVE BEEN TO PVHMC'S ER]
Did you try to see your doctor before you went to the Emergency Room?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	34	10.2	28.3	28.3
	No	86	25.8	71.7	100.0
	Total	120	36.0	100.0	
Missing	Not for me, went with a friend or family member	28	8.4		
	Don't Know	2	.6		
	System	183	55.0		
	Total	213	64.0		
Total		333	100.0		

$Q24a [ASKED ONLY OF PEOPLE WHO DIDN'T SEE THE DR. BEFORE GOING TO ER]: Reasons for not seeing the doctor first

	Responses		
	N	Percent	Percent of Cases
Don't have a regular doctor	3	3.3%	3.6%
After office hours	33	36.3%	39.8%
Brought by ambulance	22	24.2%	26.5%
Doctor too busy to fit me in	6	6.6%	7.2%
Emergency	24	26.4%	28.9%
Other	3	3.3%	32.5%
Total Responses	91	100.0%	109.6%
Total Number of Respondents	**83**		

Note: Respondents were allowed to indicate more than one response, so percentages do not sum to 100%

Q24aOTHER: Other reasons for not seeing the doctor before going to the ER

	Frequency
I just accompanied a friend or family member who had to go	1
Other	2
Total	3

Q25: Would you say that in general your health is excellent, very good, fair or poor?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Excellent	50	15.0	15.2	15.2
	Very good	177	53.2	53.6	68.8
	Fair	92	27.6	27.9	96.7
	Poor	11	3.3	3.3	100.0
	Total	330	99.1	100.0	
Missing	Don't know	3	.9		
Total		333	100.0		

Q26: Are there any health related services that you need that are not being provided in your community?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	17	5.1	5.4	5.4
	No	295	88.6	94.6	100.0
	Total	312	93.7	100.0	
Missing	Don't Know	21	6.3		
Total		333	100.0		

Q26a: What services do you need that aren't being provided?

- Alcoholism care
- Aquatic therapy (he had to go to a faraway VA center for arthritis)
- Arthritis and substance abuse, PTSD counseling for our veterans
- Prostate cancer treatment
- Ebola
- Free clinic for blood pressure medicine
- Free clinics for people that don't work or people that don't have cards. Something fast for people who need a doctor. People are people, they need to be in a position to feel good,
- Holistic medical services, provided within my medical plan
- Insurance for her daughters
- More centralized hospital
- More for disability, needs x-rays machines

- More information on thyroids, meds to take, how to manage.
- Need a doctor who can take care of you overall. Integrated care.
- Physical therapy
- Rehabilitation therapy.
- Urgent care facility, acute care

$Q27: What can PVHMC do improve the health and quality of life in the community?

	Responses		
	N	Percent	Percent of Cases
Don't Know	62	22.5%	24.6%
Nothing	20	7.2%	7.9%
Provide information/outreach/awareness of services	17	6.2%	6.7%
Better/more parking	3	1.1%	1.2%
Faster/timely service	13	4.7%	5.2%
Provide classes/support groups/education/events	28	10.1%	11.1%
More staff/fully staffed	15	5.4%	6.0%
Affordable health care/free screenings/accept more ins.	23	8.3%	9.1%
Preventative care	5	1.8%	2.0%
Satisfied/Happy with PVHMC	39	14.1%	15.5%
Expand/improve ER	10	3.6%	4.0%
Cleanliness	2	.7%	.8%
Better/compassionate/competent doctors and staff	11	4.0%	4.4%
Add more services/more specialized medicine	3	1.1%	1.2%
Offer same day appts/better/more services/access	6	2.2%	2.4%
Expand Trauma Center	3	1.1%	1.2%
Better communication between doctor and patient/give more time to patient	5	1.8%	2.0%
Assistance with paperwork/not so much paperwork	2	.7%	.8%
More Spanish speaking staff members	2	.7%	.8%
Healthy market with low price on fruits and vegetables	2	.7%	.8%
Enlarge the hospital/too crowded	1	.4%	.4%
Provide good care/better care/they are not	4	1.4%	1.6%
Total Responses	276	100.0%	109.5%
Total Number of Respondents	**252**		

$Q27: What can PVHMC do improve the health and quality of life in the community?

	Responses		
	N	Percent	Percent of Cases
Don't Know	62	22.5%	24.6%
Nothing	20	7.2%	7.9%
Provide information/outreach/awareness of services	17	6.2%	6.7%
Better/more parking	3	1.1%	1.2%
Faster/timely service	13	4.7%	5.2%
Provide classes/support groups/education/events	28	10.1%	11.1%
More staff/fully staffed	15	5.4%	6.0%
Affordable health care/free screenings/accept more ins.	23	8.3%	9.1%
Preventative care	5	1.8%	2.0%
Satisfied/Happy with PVHMC	39	14.1%	15.5%
Expand/improve ER	10	3.6%	4.0%
Cleanliness	2	.7%	.8%
Better/compassionate/competent doctors and staff	11	4.0%	4.4%
Add more services/more specialized medicine	3	1.1%	1.2%
Offer same day appts/better/more services/access	6	2.2%	2.4%
Expand Trauma Center	3	1.1%	1.2%
Better communication between doctor and patient/give more time to patient	5	1.8%	2.0%
Assistance with paperwork/not so much paperwork	2	.7%	.8%
More Spanish speaking staff members	2	.7%	.8%
Healthy market with low price on fruits and vegetables	2	.7%	.8%
Enlarge the hospital/too crowded	1	.4%	.4%
Provide good care/better care/they are not	4	1.4%	1.6%
Total Responses	276	100.0%	109.5%
Total Number of Respondents	**252**		

Note: Respondents were allowed to indicate more than one response, so percentages do not sum to 100%

D1: What was the last grade of school that you completed?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Some high school	39	11.7	11.9	11.9
	High school graduate	67	20.1	20.4	32.2
	Some college	120	36.0	36.5	68.7
	College graduate (Bachelor's degree)	68	20.4	20.7	89.4
	Some graduate work	7	2.1	2.1	91.5
	Post-graduate work	28	8.4	8.5	100.0
	Total	329	98.8	100.0	
Missing	Don't know	1	.3		
	Refused	3	.9		
	Total	4	1.2		
Total		333	100.0		

D2: Which of the following best describes your marital status?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Single, never married	54	16.2	16.4	16.4
	Married	184	55.3	55.8	72.1
	Divorce	45	13.5	13.6	85.8
	Widowed	27	8.1	8.2	93.9
	Separated	9	2.7	2.7	96.7
	Domestic Partner	11	3.3	3.3	100.0
	Total	330	99.1	100.0	
Missing	Refused	3	.9		
Total		333	100.0		

D3: Are you of Hispanic, Spanish or Latino origin?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	138	41.4	42.2	42.2
	No	189	56.8	57.8	100.0
	Total	327	98.2	100.0	
Missing	Refused	6	1.8		
Total		333	100.0		

$D4 Frequencies

	Responses		
	N	Percent	Percent of Cases
Asian (specify)	16	4.7%	5.0%
Black or African American	15	4.4%	4.7%
Caucasian or White	163	47.7%	51.3%
Hispanic	133	38.9%	41.8%
Other (specify)	15	4.4%	4.7%
Total Responses	342	100.0%	107.5%
Total Number of Respondents	**318**		

Note: Respondents were allowed to indicate more than one response, so percentages do not sum to 100%

D5Recode: What was your age at your last birthday?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	18 - 24 years old	15	4.5	4.7	4.7
	25 - 34	43	12.9	13.4	18.0
	35 - 44	43	12.9	13.4	31.4
	45 - 54	72	21.6	22.4	53.7
	55 - 64	77	23.1	23.9	77.6
	65 - 74	35	10.5	10.9	88.5
	75 or older	37	11.1	11.5	100.0
	Total	322	96.7	100.0	
Missing	Don't know	2	.6		
	Refused	9	2.7		
	Total	11	3.3		
Total		333	100.0		

Descriptive Statistics for D5: What was your age at your last birthday?

N	Valid	322
	Missing	11
Mean		52.53
Median		53.00
Minimum		18
Maximum		90

D6Recode: How long have you lived in your community?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	10 years or less	104	31.2	31.4	31.4
	11 - 20 years	93	27.9	28.1	59.5
	21 - 30 years	70	21.0	21.1	80.7
	31 - 40 years	29	8.7	8.8	89.4
	More than 40 years	35	10.5	10.6	100.0
	Total	331	99.4	100.0	
Missing	System	2	.6		
Total		333	100.0		

Descriptive Statistics for D6: How long have you lived in your community?

N	Valid	331
	Missing	2
Mean		20.28
Median		18.00
Minimum		0
Maximum		84

D7: Which of the following categories best describes your total household or family income before taxes, from all sources, for 2014?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than $25,000	51	15.3	19.1	19.1
	$25,000 to less than $35,000	30	9.0	11.2	30.3
	$35,000 to less than $50,000	44	13.2	16.5	46.8
	$50,000 to less than $65,000	28	8.4	10.5	57.3
	$65,000 to less than $80,000	29	8.7	10.9	68.2
	$80,000 to $110,000	36	10.8	13.5	81.6
	Over $110,000	49	14.7	18.4	100.0
	Total	267	80.2	100.0	
Missing	Don't Know	22	6.6		
	Refused	44	13.2		
	Total	66	19.8		
Total		333	100.0		

Gender

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	141	42.3	42.3	42.3
	Female	191	57.4	57.4	99.7
	Couldn't tell	1	.3	.3	100.0
	Total	333	100.0	100.0	

APPENDIX III
FOCUS GROUP INFORMED CONSENT FORM

Focus Group Informed Consent Information

CALIFORNIA STATE UNIVERSITY
SAN BERNARDINO
Institute of Applied Research and Policy Analysis

Welcome to the focus group, part of the data gathering effort for Pomona Valley Hospital Medical Center's (PVHMC's) 2015 Community Health Needs Assessment. You have been invited to attend the session because of your work with minority and medically underserved populations in PVHMC's service area and your knowledge of the health care needs of these populations. We appreciate you setting aside some time to provide your input.

During this 1.5 hour session, 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. 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.

Your identity will not be included in the report and your responses will remain completely confidential. Only the researcher will have access to the data collected. We will be taking notes, but no recordings of the discussion are being made.

There are no foreseeable risks to your participating in this focus group. The benefits to your participation may help us understand better the issues facing minority and medically underserved populations in PVHMC's service area.

Your participation is voluntary and you do not have to answer any questions you do not wish to answer. Please feel free to ask questions about procedures, protocol, or anything else about the research during the focus group. And if you'd like to contact me for more information, my contact information is:

Dr. Barbara Sirotnik

Director, Institute of Applied Research, CSUSB

909-537-5729

bsirotni@csusb.edu

PVHMC 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?

PVHMC FOCUS GROUP GUIDE, 1/20/15

Design	Details
Purpose of Focus Group	**Purpose:** Part of the data gathering effort for Pomona Valley Hospital Medical Center's (PVHMC's) 2015 Community Health Needs Assessment. **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. 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. 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.

Logistics	Details
Date and Time	Tuesday Jan 20th, 5:30pm-7pm in the Pitzer Conference Room (Main Hospital Tower, 1st floor). ❑ Set Up: ~4:45 pm ❑ Meet and greet: ~5:15 pm ❑ Begin & End: 5:30 – 7 pm Light dinner provided by PVHMC

Types and Sequence of Questions	Draft Questions
Introductions – brief, factual, everyone answers, establishes	1. Name, employer and job, work with minorities and medically underserved populations in PVHMC service area. Which populations

common ground	(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	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 can't address them!
Key questions – focus of the study and analysis	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: ❑ physicians not doing memory screening ❑ Access to care for homeless ❑ Mental health How can the needs be met? 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: ❑ Education for caregivers ❑ Transportation ❑ Respite for caregivers How can the needs be met? 3. Now let's talk about **chronic disease management** –What are the unmet needs in the community? PROBES: ❑ Diabetes ❑ Arthritis ❑ High blood pressure ❑ Dementia ❑ Transportation to dialysis

	How can the needs be met? 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: ❑ Language ❑ Access to assisted living ❑ Doctors have too many people to see ❑ Not enough doctors How can the barriers be removed? 5. In our survey we found that a lot of people, especially low income, are **not receiving the cancer screenings** that are recommended…pap smears, colonoscopies, mammograms, etc. Can you shed some light on why this is the case? How can people be convinced to get these lifesaving tests? 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? 7. Other issues: ❑ 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?
Ending – summarizes or highlights most important points of looks for gaps	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?

POMONA VALLEY HOSPITAL
MEDICAL CENTER

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
- ☐ OTHER:

APPENDIX VII
WEBSITES FOR COMMUNITY HEALTH INFORMATION

Final Comments Relative to Secondary Data

While gathering the data for the tables in this section of the report, IAR reviewed a large number of web sites which might be useful to PVHMC in the future. Following is a list of those sites:

California Department of Public Health (www.cdph.ca.gov)

Census Bureau (www.census.gov)

American Community Survey Five Year Estimates http://www.census.gov/acs/www/data_documentation/data_main/

Healthy People 2020 (https://www.healthypeople.gov/)

Center for Disease Control and Prevention, Pediatric Nutrition Surveillance System http://www.cdc.gov/pednss/pdfs/PedNSS_2010_Summary.pdf

Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System http://www.cdc.gov/brfss/

California Health Interview Survey (www.chis.ucls.edu)

National Center for Health Statistics (www.cd.gov/nchs/fastats/hinsure.htm)

San Bernardino County CalOMS dataset (http://www.sbcounty.gov/dbh/calohms.asp)

Centers for Disease Control and Prevention (http://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm)

National Institute of Mental Health. Suicide in the U.S.: Statistics and Prevention. http://www.nimh.nih.gov/health/statistics/suicide/index.shtml

The State of Obesity in California Data, Rates and Trends: http://stateofobesity.org/

National Cancer Institute. http://www.cancer.gov/

Diabetes and Digestive and Kidney Diseases (NIDDK) http://www.niddk.nih.gov/health-information/health-statistics/Pages/default.aspx

American Diabetes Association. http://www.diabetes.org/diabetes-basics/statistics/

Cancer Treatment and Survivorship Facts & Figures:2014-2015 http://www.cancer.org/acs/groups/content/@research/documents/document/acspc-042801.pdf

American Cancer Society. http://www.cancer.org/cancer/breastcancer/detailedguide/breast-cancer-key-statistics

U.S. Breast Cancer Statistics. http://www.breastcancer.org/symptoms/understand_bc/statistics

Healthy San Bernardino County. Demographics, Statistics, and Tracking 2020http://www.healthysanbernardinocounty.org/index.php?module=DemographicData&type=user&func=qfview&varset=1

U.S. Health Resources and Services Administration Area Resource http://datawarehouse.hrsa.gov/looking/data.aspx

http://datawarehouse.hrsa.gov/resources/relatedSites.aspx

Dartmouth Atlas of Healthcare, Selected Measures of Primary Care Access and Quality

http://www.dartmouthatlas.org/data/topic/

http://www.dartmouthatlas.org/publications/

Los Angeles County Department of Public Health (Key Health Indicators, Epidemiology, Data and Reports)

http://publichealth.lacounty.gov/gsearch/?cof=FORID%3A11&cx=012881317483563061371%3Avdhgk7yx4bk&q=health+assessment&sa=Go

California Office of Statewide Health Planning and Development (OSHPD) Patient Discharge Data, Long Care Facilities, Hospitalizations, etc. http://www.oshpd.ca.gov/HID/DataFlow/index.html

http://data.ca.gov/category/by-agency/office-of-statewide-health-planning-and-development/

A lot of data on this site

Nielsen Claritas SiteReports, Consumer Spending Patterns (purchased program) Alcoholic Beverage Spending, Soft Drink Tobacco, Junk Food Healthcare spending (medical services, prescription drugs, medical supplies)

http://www.claritas.com/sitereports/default.jsp

Substance Abuse and Mental Health Services Administration, Results from the 2010 National Survey on Drug Use and Health: Summary of National Findings, NSDUH Series H-41, HHS Publication No. (SMA) 11-46 58. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2011.

http://www.oas.samhsa.gov/NSDUH/2k10NSDUH/2k10Results.pdf

California Office of Traffic Safety http://www.ots.ca.gov/Media_and_Research/Data_and_Statistics.asp

State Indicator on Fruits and Vegetables 2013 http://www.cdc.gov/nutrition/downloads/State-Indicator-Report-Fruits-Vegetables-2013.pdf

United States Department of Agriculture Fruit and Vegetable Pricing, http://ers.usda.gov/data-products/fruit-and-vegetable-prices.aspx#33646

Food Intakes Converted to Retail Commodities Data http://ers.usda.gov/data-products/commodity-consumption-by-population-characteristics.aspx

United States Census Health and Nutrition
http://www.census.gov/compendia/statab/cats/health_nutrition/food_consumption_and_nutrition.html

Food Research & Action Center Building Health Communities http://frac.org/pdf/food_ag_policy_collab_brochure.pdf

Gallup 2013 Study Fast Food Still Major Part of U. S. Diet http://www.gallup.com/poll/163868/fast-food-major-part-diet.aspx

Gallup Released January 7, 2015. In U.S., Uninsured Rate Sinks to 12.9% Gallup
http://www.gallup.com/poll/180425/uninsured-rate-sinks.aspx

Pew Research Center ACA at Age 4: More Disapproval than Approval But Most Opponents Want Politicians to Make Law Work http://www.people-press.org/2014/03/20/aca-at-age-4-more-disapproval-than-approval/2/

FBI Crime Statistics http://www.fbi.gov/stats-services/crimestats/

Bureau of Justice Statistics http://www.bjs.gov/

Domestic Violence Statistics http://domesticviolencestatistics.org/domestic-violence-statistics/

Center for Disease Control and Prevention Injury Prevention & Control: Division of Violence Prevention
http://www.cdc.gov/ViolencePrevention/youthviolence/stats_at-a_glance/index.html

Law Center to Prevent Gun Violence http://smartgunlaws.org/category/gun-studies-statistics/gun-violence-statistics/

National Institute of Justice http://www.nij.gov/topics/crime/gun-violence/pages/welcome.aspx

And so much more crimes and prevention, drugs & crime

Center for Disease Control and Prevention, Physical Inactivity Estimates, by County

http://www.cdc.gov/Features/dsPhysicalInactivity/

U.S. Department of Health & Human Services Preventions Surgeon General.gov Reports and Publications
http://www.surgeongeneral.gov/library/reports/index.html

California Department of Education Physical Fitness Test, State, County, District Breakdowns
http://www.cde.ca.gov/ta/tg/pf/

POMONA COMMUNITY LINKS AND ASSISTANCE REFERENCE

The following is a comprehensive list of identified programs and organizations that are available to meet the health needs of the communities we serve.

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-hourhotline 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-HourHotline
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

POMONA VALLEY HOSPITAL
MEDICAL CENTER

Expert care with a personal touch