

POMONA VALLEY HOSPITAL

MEDICAL CENTER

Expert care with a personal touch

2018 Community Health Needs Assessment



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

100
ONE HUNDRED TOP HOSPITALS

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Preface

California's Community Benefit Law

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

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

Federal Requirements

Federal requirements in Section 501(r)(3) of the Internal Revenue Code, created by *The Patient Protection and Affordable Care Act* (2010), require not-for-profit hospitals and healthcare organizations to conduct a triennial Community Health Needs Assessment (CHNA) and complete a companion Implementation Strategy for addressing those identified community needs. These requirements are a provision to maintaining tax-exempt status under Section 501(c)(3). In compliance with these requirements, Pomona Valley Hospital Medical Center (PVHMC) conducted a 2018 CHNA and developed a Community Benefit Plan and Implementation Strategy to describe the actions PVHMC will take to address the significant needs identified in this assessment. PVHMC makes its Community Health Needs Assessment (CHNA), Community Benefit Report and Implementation Strategy widely available to the public at pvhmc.org.

Approval from a Governing Body

PVHMC's 2018 Community Health Needs Assessment (CHNA) included in this report was adopted by PVHMC's Board of Directors. As we proceed with 2018, PVHMC plans to continue activities and programs currently in place, and develop new programs, when appropriate, to meet the needs of the community as identified in this 2018 Community Health Needs Assessment.

Executive Summary

Pomona Valley Hospital Medical Center (PVHMC) is a 412-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 Trauma Care. Specialized services include centers for Breast Health, Sleep Disorders, a Neonatal ICU, a Perinatal Center, Physical Therapy/Sports Medicine, a Level II Trauma Center and 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, La Verne and Pomona provide a wide range of outpatient services including physical therapy, urgent care, primary care, radiology and occupational health.

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

In 2018, in compliance with California's Community Benefit Law and Section 501(r)(3) of the Internal Revenue Code, created by *The Patient Protection and Affordable Care Act* (2010), a Community Health Needs Assessment was completed. This assessment is intended to be a resource for PVHMC in the development of activities and programs that can help improve and enhance the health and well-being of the residents of Pomona Valley. In response to the assessment's findings, an Implementation Strategy was developed to operationalize the intent of PVHMC's Community Benefit Plan initiatives through documented goals, performance measures, and strategies.

PVHMC demonstrates its profound commitment to its local community and has welcomed this occasion to formalize our Community Benefit Plan and Implementation Strategy. Our community is central to us and it is represented in all of the work we do. PVHMC has served the Pomona Valley for 116 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 healthcare 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 healthcare professionals, the most advanced systems and state-of-the-art technology;
- **Be the Medical Center where healthcare 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 healthcare 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

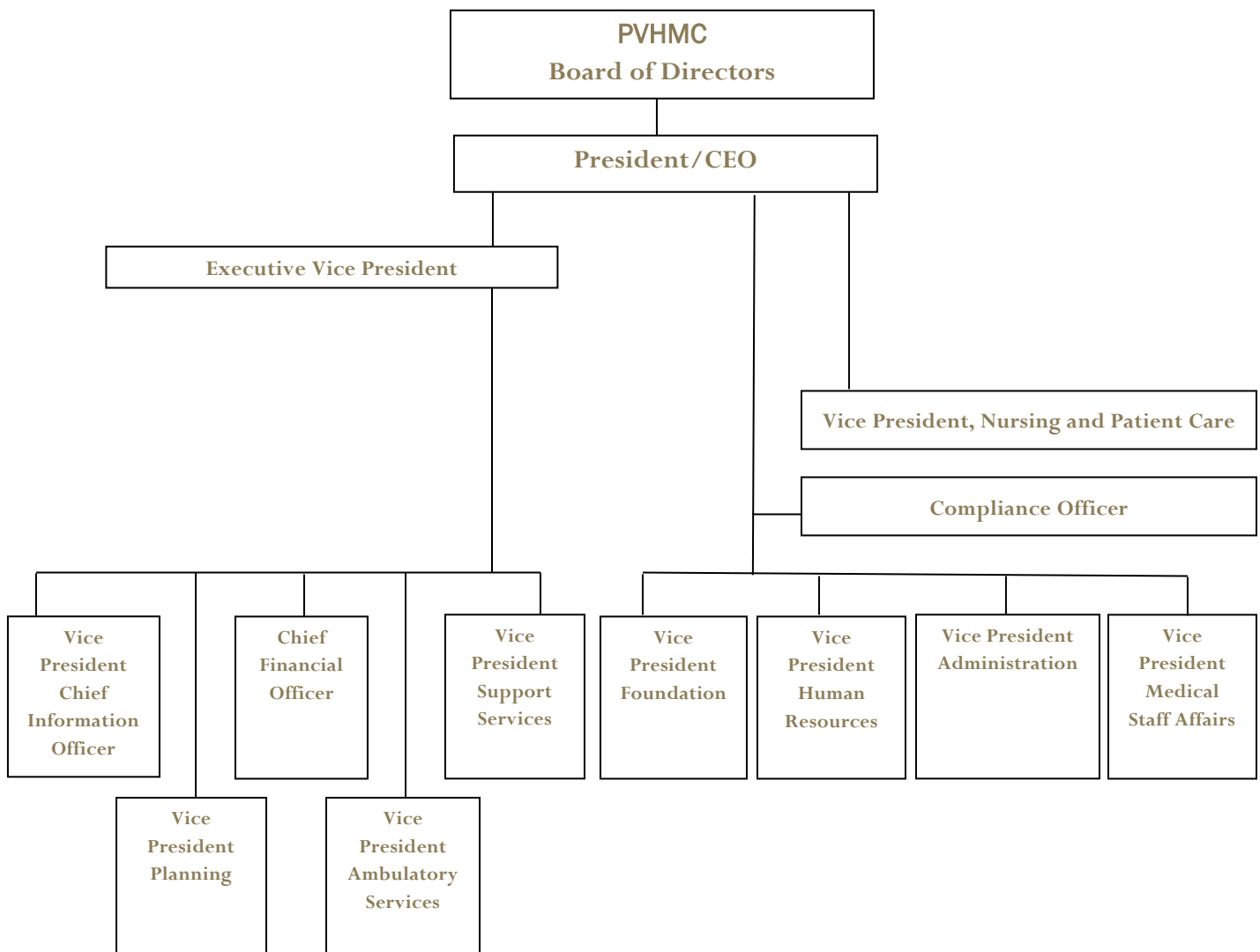
PVHMC is governed by a Board of Directors whose members are representative of the community, hospital and medical staff leadership. The Board of Directors has been integrally involved from the earliest days of the Senate Bill 697 process. The President/CEO is charged with the day-to-day administrative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

Community Benefit Coordinator: Leigh C. Cornell, FACHE

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 II Adult Trauma Center
- EDAP – Emergency Department Approved Pediatrics
- Los Angeles STEMI receiving Hospital
- Comprehensive Stroke Center certified by The Joint Commission and LA County
- Los Angeles County Disaster Resource Center

Adult Services

- General Medical and Surgical Services
- Critical Care Services
- Cardiac Cauterization and Surgery

Pediatric Services

- General Pediatric Medical and Surgical Services
- Level IIIB Neonatal Intensive Care Unit
- Neonatal Transportation Services
- Pediatric Specialty Outpatient Clinic

Obstetric Services

- Perinatology
- High Risk Obstetrics
- Maternal/Fetal Transport Services

Ambulatory Services

- Radiation and Medical Oncology
- GI Lab
- Kidney and Urological Services
- Sleep Disorders Center
- Radiology
- Rehabilitation Services including physical, occupational, speech and cardiovascular

Family Medicine Residency Program

- Affiliated with the David Geffen School of Medicine at UCLA

Awards and Designations

- Joint Commission Accredited Hospital and Laboratory
 - Certification for In-patient Diabetes, Orthopedic Joint Replacement, Palliative Care, and Perinatology
- Baby Friendly Designation
- American Heart Association / American Stroke Association Get with the Guidelines “Stroke Gold Plus Quality Achievement Award – Target: Stroke Elite Honor Roll
- American Heart Association / American Stroke Association Get with the Guidelines “Gold Plus Achievement Award for Treating Heart Failure
- American College of Cardiology Certification as a “Chest Pain” center
- Healthgrades Cardiac Surgery Excellence Award (Top 10% in the Nation two years in a row)
- Healthgrades 5-Stars for Carotid Surgery
- Healthgrades 5-Stars for Coronary Bypass Surgery
- Healthgrades 5-Stars for Back Surgery
- Los Angeles Regional Agency and City of Duarte “San Gabriel Valley Environmental Award”

- US News and World Report “High Performing Hospital in GI Surgery and Gastroenterology”
- Smart Care California Achievement award for achieving the Health People 2020 target for low-risk first-birth C-section rates.

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

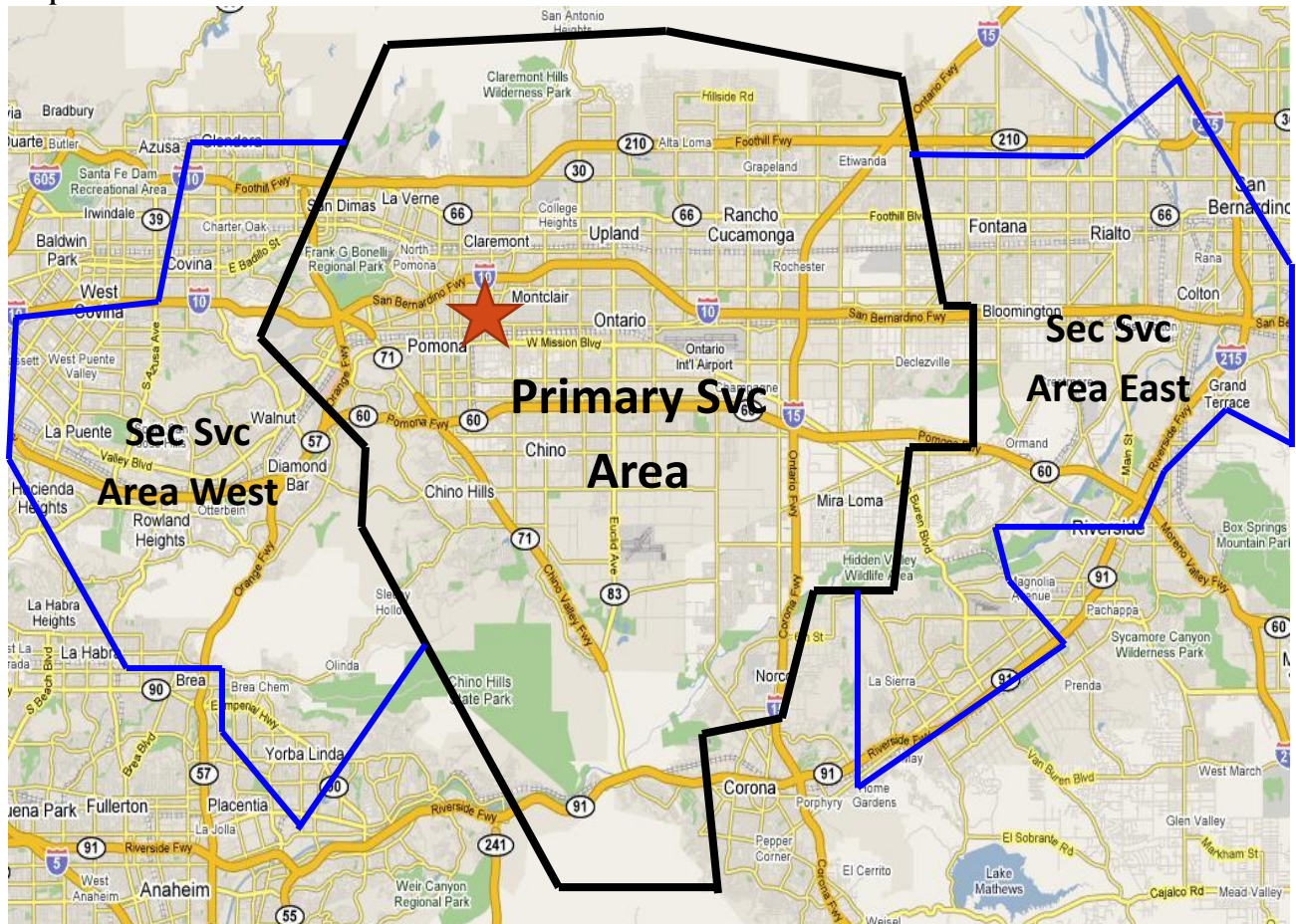


Table 1: PVHMC's Primary Service Area Population

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

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

Table 2. Ethnic Diversity of Our Community 2010

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

Source: U.S. Census Bureau, 2010

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

2018 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 2018 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 and Implementation Strategy.

Methodology

Primary data was collected via telephone survey and consisted of input from 319 from the eleven cities within PVHMC's service area, resulting in a 95 percent level of confidence and an accuracy of +/- 5.5%. A total of 26 out of 319 of the surveys (8.15% response) were conducted in Spanish. 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. The surveys were conducted between March 2 and March 12, 2018. Surveys were conducted on a variety of days and times (Monday- Friday from 3:00 p.m. to 9:00 p.m.; and Saturday 11:00 a.m. to 5:00 p.m. and Sunday 1:00 p.m. to 7:00 p.m.) in order to maximize the chances of completing a survey. The Principal Investigator was Barbara Sirotnik, PhD and the Project Coordinator was Lori Aldana, MBA. Primary data was obtained through IAR's executive interviews with Los Angeles Public Health official, Christin Mondy, on April 13, 2018, and with Dr. Dr. Maxwell Ohikhuare, San Bernardino County Public Health Dept. Health Officer, on April 18, 2018. Additional primary data were collected through two focus group meetings with 12 community-based organizations within PVHMC's primary and secondary service areas whose organizations serve and represent minority, low-income and medically underserved individuals. 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 2018 CHNA were consistent with those of previous CHNA's, in that PVHMC desired 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

In the first phase of PVHMC's assessment process, **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 previous studies. 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;
- **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), and **types of cancer** of greatest concern;
- Best **ways of providing information** about disease prevention;
- **Use of tobacco;** and
- **Experience with and evaluation of PVHMC:** reasons for selecting PVHMC, health care services, classes, support groups, and emergency room experience.

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.

Third, IAR conducted **executive interviews** with officials of both the Los Angeles County and San Bernardino County Public Health offices in order to gain their perspectives of:

- Unmet needs in the community relative to **primary care and preventive care;**
- Unmet needs in the community relative to **support for patients and families** (e.g., support groups, classes, caregiver services);
- Unmet needs in the community relative to **chronic disease management;**
- **Health needs priorities** of the community;
- **Barriers** to receiving routine and urgent health care;
- Ways in which PVHMC can help **improve the health and wellness** of the general community as well as the subgroups of low-income, minority, and medically underserved populations.

Finally, PVHMC conducted two **focus groups** with individuals representing various community based organizations in PVHMC’s service area, including organizations serving low income, minority and medically underserved populations.

Primary Data Collection (Telephone Survey)

Methodology

Questionnaire Construction

In consultation with PVHMC, IAR reviewed and slightly modified the questionnaires used for the 2009, 2012, 2015 surveys to ensure that the 2018 questionnaire included all the items required for PVHMC’s decision-making needs. Using similar questionnaires for these needs assessment reveals notable trends over time, but the few unique questions each year also provide information regarding new issues of interest to PVHMC.

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.¹ 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) for the remaining potential participants, all zip codes for this service area were 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, in May of 2017, the Center for Disease Control’s National Center for Health Statistics, reported that a majority of the U.S. population (50.8%) are now cell-phone only households. And 95% of Americans now own a cellphone of some kind (up from 35% in 2011). 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 March 2 and March 12, 2018. Surveys were conducted on a variety of days and times (Monday- Friday from 3:00 p.m. to 9:00 p.m.; and Saturday 11:00 a.m. to 5:00 p.m. and Sunday 1:00 p.m. to 7:00 p.m.) in order to maximize the chances of completing a survey with the selected respondents. A total of 319 residents were surveyed from the eleven cities within PVHMC’s service area, resulting in a 95 percent level of confidence and an accuracy of +/- 5.5%. A total of 26 out of 319 of the surveys (8.15%) were conducted in Spanish.

¹. The amount of time to complete the survey actually exceeded 10 minutes this year. The median was 12 minutes, and the mean length of time was 12.6 minutes.

Highlights of telephone survey findings

Following are highlights of the major findings from the 2018 **PVHMC** telephone survey. In general, this section of the report is divided by conceptual categories (e.g. demographic profile, self-reported health evaluation and health behaviors, health insurance coverage, barriers to receiving needed health services, utilization of health care services for routine primary/preventative care, need for specialty health care, and experience with PVHMC and desires for classes/groups).

Demographic profile of respondents and self-reported health evaluation

As seen in the table below, approximately 41% (40.6%) of the survey respondents are male, and most (61.8%) are married. Nearly three quarters (74.6%) have at least some college education, with a relatively high median income. Approximately half of respondents (52.0%) identified themselves as Caucasian and 37.1% as Hispanic (with 39.1% indicating that they are of Hispanic or Latino origin)². On average respondents are 56 years old, have lived in their community 24 years, and have 3 people living in the household. Most of them (65.7%) 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 (39.4%) or two children (37.6%).

One brief note regarding the demographic profile of respondents: the table shows that the sample is somewhat skewed toward older, more affluent and educated individuals than would appear in the population. Further, Hispanics are slightly underrepresented. Sadly, as noted in a report by the Pew Research Center, this is a nationwide trend.³ Overall response rates have been in decline since the late 1997s and have finally begun to stabilize, however young adults and Hispanics are still under-represented somewhat in most telephone surveys.

Relative to the age distribution: young adults are used to multi-tasking and responding via text messages or tweets, so they tend to be unwilling to take 10 minutes of their time for a survey unless it is of extreme relevance to them (which is not the case for a health needs survey). They also are more likely to live in cell-phone only households (which is the reason IAR ensured that cell phones were well represented in the sampling frame). The median age of adults (18+ years old) in Los Angeles and San Bernardino Counties is approximately 50 years old, thus the median of 56 years old is slightly elevated.

Relative to ethnicity: surveying Hispanics is known to be especially difficult due to concerns about confidentiality.⁴ Further, sampling accuracy can suffer based on the Latino tendency to live in households with many family members, and the fact that “Hispanics are relatively heavy users of mobile technology”⁵. Our sample includes approximately 39% of people with Hispanic/Latino origin, whereas the population figure is approximately 49% in the two county area.

So what is the solution? One solution is to apply a weighting scheme to correct for potential bias based on demographics. The other solution – the one we use in this report and have used in the last three reports – is to analyze the data based on demographic subgroups to point out significant differences by subgroup (where they exist).

². Ethnicity was a multiple response question.

³. <http://www.pewresearch.org/2017/05/15/what-low-response-rates-mean-for-telephone-surveys/>

⁴. <http://www.pewresearch.org/2015/11/12/the-unique-challenges-of-surveying-u-s-latinos/>

⁵. <https://www.insightsassociation.org/article/challenges-finding-reliable-hispanic-consumer-insights>

Table 4: Demographic Profile of Respondents

	2012	2015	2018
Gender			
Male	32.5%	42.3%	40.6%
Female	67.5%	57.4%	59.4%
Married	58.8%	55.8%	61.8%
Some College or College Degree	74.4%	67.8%	74.6%
Median Household Income Category	\$50,000- \$66,000	\$50,000- \$65,000	\$65,000- \$80,000
Ethnicity			
Caucasian	57.7%	51.3%	52.0%
Hispanic	26.1%	41.8%	37.1%
Average (Mean) Age	55	53	56
Average (Mean) # of Years Living in Community	23	20	24
Average (Mean) # of People Living in the Household	3	3	3
Those with No Children Living in the Household	57.2%	61.7%	65.7%
(Of those with Children): # of Children Living in the Household			
One	42.5%	44.1%	39.4%
Two	37.2%	25.2%	37.6%

When respondents were asked “would you say that in general your health is excellent, very good, fair or poor” (Question 25), the answer from most of the respondents (66.8% -- down slightly from 2015’s 68.8%) was “excellent” or “very good”. Only 3.9% said their health is “poor.” These figures are not a significant shift from the health evaluations offered by respondents in previous surveys.

Table 5: Respondents’ Rating of their Health

	2012	2015	2018
Excellent	16.4%	15.2%	15.4%
Very Good	51.4%	53.6%	51.4%
Fair	25.1%	27.9%	29.3%
Poor	4.3%	3.3%	3.9%

There are obviously many factors contributing to a person’s overall health. One of those factors is good nutrition. As stated on the HHS.gov website: “Good nutrition is an important part of leading a healthy lifestyle. Combined with physical activity, your diet can help you to reach and maintain a healthy weight, reduce your risk of chronic diseases (like heart disease and cancer), and promote your overall health.”⁶

Most evaluations of health status include a question such as Question 11 on the telephone survey: ‘Do you typically find it difficult to eat healthy or maintain a healthy body weight?’ In this 2018 survey, the majority of respondents (62.9%) indicated that they *do not find it difficult*, whereas 28.3% said “yes” and the remainder (8.8%) said that they “sometimes” find it difficult.

Those who reported finding it difficult (or somewhat difficult) to eat healthy or maintain a healthy body weight were then asked a follow-up question: “What would you say is the number one reason it is difficult?” None of the responses below will be surprising. Nearly 3 out of 10 people (29.7%) said they are simply too busy to exercise or prepare healthy meals. This is consistent with statistics from the Centers for Disease Control and Prevention which indicates that nationwide, this is the most common reason cited for not exercising. Yet the “too busy” rationale may be more of an issue of “failure to

⁶. <https://www.hhs.gov/fitness/eat-healthy/importance-of-good-nutrition/index.html>

prioritize,” considering that data show that Americans 15 years old and older spend, on average, 4.81 hours per day on non-sports leisure activities (2.73 hours watching TV, 0.65 hours socializing and communicating, 0.32 hours relaxing and thinking, 0.41 hours playing games or using the computer for leisure, and 0.29 hours reading for personal interest).⁷ In short, most people have the time to exercise and prepare healthy meals if they wish to make those activities a priority. Other reasons for finding it difficult to eat healthy or maintain a healthy body weight include “liking food too much”, the difficulty of changing habits, and the cost of eating healthy. All of these themes can be used as PVHMC conducts its community classes.

Table 6. What would you say is the number “ONE” reason it is difficult?

	Responses		Percent of Cases
	N	Percent	
Too busy (to exercise or prepare healthy meals)	35	29.2%	29.7%
I like food too much	23	19.2%	19.5%
It's hard to change my eating and exercise habits	16	13.3%	13.6%
Cost of healthy food (fruits and vegetables)	13	10.8%	11.0%
Not sure how to cook/prepare healthy foods	3	2.5%	2.5%
Not sure what is considered "unhealthy"	3	2.5%	2.5%
I don't care about my weight	2	1.7%	1.7%
Other	19	15.8%	16.1%
Don't know	6	5.0%	5.1%
Total	120	100.0%	101.7%

NOTE: This is a multiple response question in which the respondent was able to indicate more than one response. “Percent of responses,” therefore, sums to 100% but “Percent of cases” will not.

The 19 people who gave “other” reasons cited the temptations from fast food places and advertising; specific diet regimens required to deal with diabetes, the “lack of good teeth,” injuries/ disabilities/ health concerns, stress and/or fatigue from school and work, and one interesting and poignant comment expressing frustration: “I am healthy and exercise and still don’t lose weight!”

Failure to eat a healthy diet and maintain a healthy body weight are clearly factors contributing which diminish a person’s health status, and smoking tobacco is another factor. Indeed, the Centers for Disease Control and Prevention notes that “smokers are more likely than nonsmokers to develop heart disease, stroke, and lung cancer. Estimates show that smoking increases the risk for coronary heart disease by 2 to 4 times, increase the risk for stroke by 2 to 4 times, and increases the risk of developing lung cancer by 25 times for men and 25.7 times for women. It diminishes overall health, increases absenteeism from work, and increases health care utilization and cost.”⁸

A new question was placed on the survey this year asking whether anyone living in the house smokes tobacco -- cigarettes, cigars, or pipes (Q182018). Only 9.5% of respondents were willing to admit that someone in the house smokes tobacco. It will be interesting to track this health behavior over time to determine whether all of the information on the negative effects of smoking have an effect on people’s behaviors.

⁷. <https://www.bls.gov/charts/american-time-use/activity-leisure.htm>

⁸. https://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/index.htm

Health insurance coverage

The Affordable Care Act (ACA) signed into law in 2010 was designed to provide an opportunity for all Americans access to affordable, quality health insurance (the HealthyPeople 2020 target is that 100% of all Americans should have some form of health insurance). The major provisions of the ACA came into force in 2014, and by 2016 the proportion of the population without health insurance had been cut approximately in half. The question is: has the percentage of uninsured residents in the PVHMC service area also dropped?

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 (87.9%) said that **all** of the adults in the household are covered by insurance, with another 10.2% saying that **some** of the adults are covered. Only 1.9% 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, and a significant jump from 2015 when 80.5% said that all were covered. For the most part, 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 5 adults, however there were so few households in that category (only 13) that this could be a statistical aberration and should not be a focus of analysis or interpretation. In addition, it is important to note that coverage is significantly increased across the board.

Table 7. Adults Covered by Health Insurance

Number of Adults Living in the Household	2012 Number and percent of households in which....				2015 Number and percent of households in which....				2018 Number and percent of households in which....			
	All are covered	Some are covered	None are covered		All are covered	Some are covered	None are covered		All are covered	Some are covered	None are covered	
1	65 94.2%	0 0.0%	4 5.8%	1	65 94.2%	0 0.0%	4 5.8%	1	65 94.2%	0 0.0%	4 5.8%	1
2	123 82.0%	14 9.3%	13 8.7%	2	123 82.0%	14 9.3%	13 8.7%	2	123 82.0%	14 9.3%	13 8.7%	2
3	38 54.3%	24 34.3%	8 11.4%	3	38 54.3%	24 34.3%	8 11.4%	3	38 54.3%	24 34.3%	8 11.4%	3
4	18 69.2%	7 26.9%	1 3.8%	4	18 69.2%	7 26.9%	1 3.8%	4	18 69.2%	7 26.9%	1 3.8%	4
5	2 40.0%	2 40.0%	1 20.0%	5	2 40.0%	2 40.0%	1 20.0%	5	2 40.0%	2 40.0%	1 20.0%	5
6 or more	0 0.0%	1 100%	0 0.0%	6 or more	0 0.0%	1 100%	0 0.0%	6 or more	0 0.0%	1 100%	0 0.0%	6 or more
Total	246 76.6%	48 15.0%	27 8.4%	Total	246 76.6%	48 15.0%	27 8.4%	Total	246 76.6%	48 15.0%	27 8.4%	Total

Table 8: Children Covered by Health Insurance

Number of Children Living in the Household	2012 Number and percent of households in which....				2015 Number and percent of households in which....				2018 Number and percent of households in which....			
	All are covered	Some are covered	None are covered		All are covered	Some are covered	None are covered		All are covered	Some are covered	None are covered	
1	46 95.8%	0 0.0%	2 4.2%	1	46 95.8%	0 0.0%	2 4.2%	1	46 95.8%	0 0.0%	2 4.2%	1
2	41 97.6%	0 0.0%	1 2.4%	2	41 97.6%	0 0.0%	1 2.4%	2	41 97.6%	0 0.0%	1 2.4%	2
3	18 100%	0 0.0%	0 0.0%	3	18 100%	0 0.0%	0 0.0%	3	18 100%	0 0.0%	0 0.0%	3
4	3 75.0%	0 0.0%	1 25.0%	4	3 75.0%	0 0.0%	1 25.0%	4	3 75.0%	0 0.0%	1 25.0%	4
5 or more	1 100%	0 0.0%	0 0.0%	5 or more	1 100%	0 0.0%	0 0.0%	5 or more	1 100%	0 0.0%	0 0.0%	5 or more
Total	109 69.5%	0 0.0%	4 3.5%	Total	109 69.5%	0 0.0%	4 3.5%	Total	109 69.5%	0 0.0%	4 3.5%	Total

IAR also asked how many **children** living in the household are covered by health insurance (Question 6), and the vast majority (98.1%, up from 95.2% in 2015) said that **all** of their children are covered. Only 1 person said that **none** of the children are covered, and another one said the some of the children are covered. Again, these figures are a significant improvement from previous reports (see Table 8 above).

In the 2015 report we noted that there were significant differences in health insurance coverage based on demographics such as age, ethnicity, income, or education. We reported that older people, as well as people with higher incomes and education, are the most likely to have households where all adults are covered. Further, in 2015, non-Hispanics were more likely than Hispanics to have coverage for all adults in the household. The 2018 data show similar trends, however the differences are no longer statistically significant. The “gap” is closing, probably due to the implementation of the Affordable Care Act.

Table 9. Number of Adults Covered by Health Insurance Selected Subgroup results

		% None Covered	% Some Covered	% All Covered	Pattern
Age	18 to 34	0%	14%	86%	Younger people are somewhat less likely to have all adults covered than older people
	35 to 54	3%	14%	83%	
	55 or older	1%	7%	92%	
Ethnicity	Hispanic	3%	14%	83%	Hispanics are somewhat less likely to have all adults covered than non-Hispanics
	Non-Hispanic	1%	8%	91%	
Income	Less than \$35,000	3%	19%	78%	People with higher incomes are somewhat more likely to have all adults covered than those with lower incomes
	\$35,000 to < \$80,000	1%	11%	88%	
	\$80,000 or more	1%	6%	93%	
Education	Some high school or less	4%	12%	84%	Those people with more education are most likely to report that all adults are covered
	Some college	1%	13%	86%	
	College degree	2%	10%	88%	

Finally, IAR asked respondents a multiple response question: “What type of health insurance covers people in your household?” (Question 7). The largest group of individuals named “private insurance” (either HMO or PPO) as the type of insurance coverage for at least some of the family members (72.1%). Another large group of people (20.7%) mentioned Medicare and 15.7% mentioned Medi-Cal.

Table 10. What type(s) of health insurance cover(s) people in your household?

	Responses		Percent of Cases
	N	Percent	
Have insurance, but don't know what type	6	1.5%	1.9%
Private insurance (either HMO or PPO)	230	58.1%	72.1%
Medi-Cal	50	12.6%	15.7%
Medicare	66	16.7%	20.7%
Veterans (VA)	4	1.0%	1.3%
Obamacare, covered California, ACA	6	1.5%	1.9%
Other government insurance (WIC, CHIP, ETC.)	5	1.3%	1.6%
Not covered (no insurance at all)	3	0.8%	0.9%
Don't know	21	5.3%	6.6%
Refused	5	1.3%	1.6%
Total	396	100.0%	124.1%

NOTE: This is a multiple response question in which the respondent was able to indicate more than one response. “Percent of responses,” therefore, sums to 100% but “Percent of cases” will not.

As noted above, the vast majority of people said that at least some of the people in their household are covered by health insurance. Why are the few others not covered? The only comments were either that they had lost or changed jobs (2 people) or didn’t really know (1 person).

One final comment: our data show that the percent of people covered by health insurance has increased (probably due to the advent of the Affordable Care Act). It is unclear whether that improvement will continue as the current administration takes steps to modify or dismantle the ACA.

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 9.9% (31 people) said “yes.” As might be expected, income was strongly related to this question’s responses: 20.6% 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 3.7% 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 35.5% (11 people) saying they are worried about the cost of services and/or co-payments. A total of 22.6% (7 people) cited lack of availability of services, and another 12.9% (4 people) said that their provider wouldn’t accept their insurance.

Table 11. What kept you or your family members from getting the health services you needed?

	Responses		Percent of Cases
	N	Percent	
Worried about the cost of service/co-payments	11	26.8%	35.5%
Needed services weren't available	7	17.1%	22.6%
Provider wouldn't accept insurance	4	9.8%	12.9%
Didn't like the programs or services	3	7.3%	9.7%
No health insurance at all	3	7.3%	9.7%
Lacked transportation	2	4.9%	6.5%
Difficulty scheduling	2	4.9%	6.5%
Worried about cost of prescription	1	2.4%	3.2%
Pomona Valley Hosp Med Ctr. didn't have the services needed	1	2.4%	3.2%
Other	7	17.1%	22.6%
Total	41	100.0%	132.3%

NOTE: This is a multiple response question in which the respondent was able to indicate more than one response. "Percent of responses," therefore, sums to 100% but "Percent of cases" will not.

Respondents were also asked to indicate what services they were unable to get (Question 8b). The answers from the 31 people who responded were quite varied: 3 mentioned dental care and another 3 mentioned not being able to get the medications they needed. There was no consistency in the remainder of the comments.

Utilization of Health Care Services for Routine Primary / Preventative Care

Most respondents reported that they keep up with regular doctor visits. That is, 80.0% 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 relatively stable over the last three needs assessment reports.

Table 12: Length of Time since Respondent's Last Physical Exam

	2012 %	2015 %	2018 %
Within the past year	254 79.6%	261 80.3%	252 80.0%
Within the past 2 years	26 8.2%	28 8.6%	36 11.4%
Within the past 5 years	21 6.6%	17 5.2%	15 4.8%
More than 5 years ago	13 4.1%	13 4.0%	7 2.2%
Never	5 1.6%	6 1.8%	5 1.6%

The results for children are even more encouraging (Question 10). Most of the respondents with children said that all of their children had a preventative health care check-up within the past year (85.6% of respondents) and another 1.9% said that *some* of the children had a check-up. On the other hand, that still means that 12.5% said their children did NOT have a health-care check-up within the past year. Clearly, the reason for the lack of check-ups was not a lack of health insurance since all of those families had earlier indicated that all of the children are covered by insurance.

A follow-up question (Question 10a) probed to see if the child(ren) had received all of the immunizations the doctor recommended. Almost all (93.3%) said that all of their children have received all of the immunizations the doctor has recommended, and another 1.0% said that *some* of the children had received all of their vaccinations. The rest (5.7%) said that not all vaccinations were given, however there wasn't a question on the survey asking for the reasons why, and so an opportunity exists to add this as a question to the next assessment cycle.

Table 13: Check-ups and Immunizations for Children

	2012 %	2015 %	2018 %
Q10: Number of families whose children all had preventative health care check-ups within the past year	95 85.6%	104 83.2% ⁹	89 85.6%
Q10a: Number of families whose children have received all of the immunizations the doctor recommended	107 93.9%	119 94.4%	98 93.3%

The next series of questions (Questions 12b-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 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 below, however, is that there is still progress to be made before the data show that Healthy People 2020 targets are being reached.

Table 14. Percent of Respondents Who Said They or a Family Member Has Had a Health Screening

Health Screening Test	% "Yes" 2009	% "Yes" 2012	% "Yes" 2015	% "Yes" 2018	HP 2020 Targets
Pap smear in the past year (2009 & 2012) or three years (2015 and now 2018)	51.2%	49.8%	63.1%	61.0%	93.0% ^a
Mammogram in the past year	52.9%	53.9%	50.8%	58.8%	81.1% ^b
Blood test for cholesterol in the past year	75.5%	76.5%	79.6%	84.8%	82.1% ^c
Screened for colon cancer in the past five years (2009 & 2012) or ten years (2015)	46.6%	49.8%	52.9%	61.2%	70.5% ^d

NOTES:

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

Considering that these screening tests have proven over time to be invaluable in detecting medical problems early, why did people choose to avoid them? The predominant reason cited in an open ended multiple response question was being too old or too young to need the test (47.5%). A much smaller percentage said they don't think the test is important or necessary (11.7%), the doctor has not recommended/told them to have the test (10.6%), the perception that "healthy

⁹. This figure is a slight decrease from the 2012 statistics, however it is within the margin of error.

people don't need it" (7.8%), or said that they are "too busy" to get the test (6.7%). Very few people cited a lack of insurance (2.8%) or a fear or dislike of the test (2.2%) as a rationale for not getting the screening(s).

Table 15: Reasons for not getting all cancer screenings

	Responses		Percent of Cases
	N	Percent	
No insurance	5	2.4%	2.8%
Financial the out of pocket cost even with insurance	4	1.9%	2.2%
Fear of the test/dislike of the test	4	1.9%	2.2%
Didn't think it is important or necessary [not broken don't fix]	21	10.2%	11.7%
Too old or too young to need the test	85	41.3%	47.5%
No transportation	2	1.0%	1.1%
No women in the household	5	2.4%	2.8%
No regular doctor	4	1.9%	2.2%
Healthy person	14	6.8%	7.8%
Doctor has not recommended or told me to have yet.	19	9.2%	10.6%
Hysterectomy	6	2.9%	3.4%
Appointment is made	6	2.9%	3.4%
No time, too busy	12	5.8%	6.7%
Doctor did not want to do the test	5	2.4%	2.8%
Other	14	6.8%	7.8%
Total	206	100.0%	115.1%

NOTE: This is a multiple response question in which the respondent was able to indicate more than one response. "Percent of responses," therefore, sums to 100% but "Percent of cases" will not.

Finally, an analysis shows that there are differences by various demographic factors in rates of being screened. Overall, older people had higher rates of receiving the screening tests (other than a pap smear). Hispanics received pap smears and mammograms more often than non-Hispanics, but were tested at lower rates for cholesterol and colon cancer (but the differences were not statistically significant). There were no statistically significant differences in rates of getting screened based on income, although we note that fewer low-income individuals received pap smears than did middle or high-income individuals (see bolded figures below). More people with advanced education (i.e. college degrees) got pap smears and colon cancer screenings than did those with lower levels of education (bolded).

Table 16. Percentage Who Received Screening Tests- Selected Subgroup results – FY 2015

		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%

Table 17. Percentage Who Received Screening Tests- Selected Subgroup results - FY 2018

		Pap Smear	Mammogram	Cholesterol	Colon Cancer
Age	18 to 34	81%	32%	66%	22%
	35 to 54	75%	54%	80%	41%
	55 or older	48%	68%	93%	83%
Ethnicity	Hispanic	67%	63%	81%	54%
	Non-Hispanic	59%	56%	87%	66%
Income	Less than \$35,000	54%	65%	83%	59%
	\$35,000 to < \$80,000	69%	56%	83%	63%
	\$80,000 or more	64%	58%	89%	64%
Education	Some high school or less	58%	67%	81%	47%
	Some college	53%	57%	91%	65%
	College degree	70%	55%	83%	66%

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). Over a quarter (25.5%) of respondents said that they didn’t have any of the conditions listed. The table below shows that high blood pressure is the major “specialty” health issues reported by our respondents, with diabetes, arthritis, high cholesterol, and obesity also mentioned by a large percentage of individuals. There has been a significant increase since the 2015 report in the incidence of diabetes and high blood pressure (yellow highlighting).

Table 18: Percent of Respondents Who Said They or a Family Member has a Chronic or Ongoing Health Condition¹⁰

Chronic or Ongoing Health Condition	% Who Said “Yes” 2009	% Who Said “Yes” 2012	% Who Said “Yes” 2015	% Who Said “Yes” 2018
Cancer	15.8%	9.0%	13.4%	11.7%
Diabetes	32.1%	19.5%	25.9%	42.4%
Asthma	25.0%	11.8%	16.5%	16.0%
High Blood Pressure	51.5%	36.5%	42.7%	60.6%
Obesity	17.3%	8.7%	21.6%	25.5%
Osteoporosis	13.3%	8.7%	10.7%	11.7%
Chronic Heart Failure	8.2%	3.4%	4.6%	5.2%
High cholesterol/arteriosclerosis*	--	--	32.3%	36.8%
Arthritis*	--	--	29.9%	37.7%

Most of the respondents (89.8%) said that they and/or their family member have received adequate help in managing the disease (Question 14). There were 23 people who made comments regarding help they were not able to get. Those comments reflected people’s perceptions that they did not receive the proper medication, or help with meal planning and nutrition education, or access to a health care professional that cares and was familiar enough with the person’s case to provide needed services.

Cancer is not the top issue our respondents are dealing with, however many people still have concerns about cancer. This year respondents were asked: “Which type of cancer are you most concerned about?” (Question Q152018). Nearly a quarter (24.2%) said that they are not concerned about cancer at all. “Cancer in general” topped the list of concerns for those who *are* concerned about cancer, followed by breast cancer.

Table 19. Some people are concerned about cancer. Which type of cancer are you most concerned about?

	Responses		Percent of Cases
	N	Percent	
Breast cancer	63	27.4%	31.3%
Lung	21	9.1%	10.4%
Colorectal	31	13.5%	15.4%
Prostate	14	6.1%	7.0%
Skin Cancer	21	9.1%	10.4%
Cancer in general (all cancers)	80	34.8%	39.8%
Total	230	100.0%	114.4%

NOTE: This is a multiple response question in which the respondent was able to indicate more than one response. “Percent of responses,” therefore, sums to 100% but “Percent of cases” will not.

This year, new questions were added regarding the best sources of information about diseases and disease prevention (Question Q162018).

¹⁰. “Other” responses (not read to the respondent or shown in the table) included allergies, COPD, Fibromyalgia, Kidney disease, chronic pain, gout, and a variety of other health issues.

Table 20. What are the best ways of providing you with information about disease prevention such as cancer, diabetes, heart disease, and stroke?

	Responses		Percent of Cases
	N	Percent	
Community events	31	7.2%	10.1%
Doctor's visits	176	40.9%	57.1%
TV or social media	78	18.1%	25.3%
Mail sent home	68	15.8%	22.1%
Calls/Calling	4	0.9%	1.3%
Classes	2	0.5%	0.6%
Email/Email Newsletter	20	4.7%	6.5%
From Insurance Companies	3	0.7%	1.0%
Internet/Online	20	4.7%	6.5%
Magazine/Articles	2	0.5%	0.6%
Newspaper	1	0.2%	0.3%
Pamphlets/flyers	2	0.5%	0.6%
YouTube	1	0.2%	0.3%
Not interested in the information	15	3.5%	4.9%
Other	7	1.6%	2.3%
Total	430	100.0%	139.6%

NOTE: This is a multiple response question in which the respondent was able to indicate more than one response. “Percent of responses,” therefore, sums to 100% but “Percent of cases” will not.

The data in table 20 show that having a doctor provide information during an appointment is the best way of learning about disease prevention. TV or social media can also be effective, as can mail sent home, but these methods are not deemed to be as effective as doctor’s visits.

A new follow-up question was also asked in this needs assessment (Q172018): “There are a number of places where people can learn more about diseases such as cancer, diabetes, and heart disease. **In addition to a doctor’s office or hospital**, where else would you like to see the information being shared?” Not surprisingly, people mentioned the Internet as an information source (36.0%), in addition to public schools (27.5%) and community events (21.1%).

Table 21. In addition to a doctor's office or hospital, where else would you like to see information being shared about diseases such as cancer diabetes, and heart disease?

	Responses		Percent of Cases
	N	Percent	
Churches	35	8.1%	14.2%
Community colleges	29	6.7%	11.7%
Workplace	40	9.3%	16.2%
Libraries	25	5.8%	10.1%
Public Schools	68	15.8%	27.5%
Supermarkets	22	5.1%	8.9%
Community events	52	12.1%	21.1%
Internet	89	20.7%	36.0%
Billboards	2	0.5%	0.8%
Community Centers	3	0.7%	1.2%
Senior Centers	7	1.6%	2.8%
Magazines	4	0.9%	1.6%
Mailers to homes	9	2.1%	3.6%
Social Media	6	1.4%	2.4%
TV	10	2.3%	4.0%
Others	29	6.7%	11.7%
Total	430	100.0%	174.1%

NOTE: This is a multiple response question in which the respondent was able to indicate more than one response. "Percent of responses," therefore, sums to 100% but "Percent of cases" will not.

Experiences with Pomona Valley Hospital Medical Center and Desires for Classes/Groups

Slightly over half of the survey respondents (57.2%) reported that they had at some time gone to PVHMC for health care (Question 18). As in the past, 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 22. Respondents Who Have Gone to PVHMC and the Reason(s) for choosing PVHMC

	Percent Who Said “Yes” 2009	Percent Who Said “Yes” 2012	Percent Who Said “Yes” 2015	Percent Who Said “Yes” 2018
Have you ever gone to PVHMC for health care?	151 49.3%	169 52.6%	167 51.1%	179 57.2%
<i>Why did you Choose PVHMC?</i>				
Close to home	74 49.3%	72 42.9%	75 44.9%	78 43.6%
Insurance	38 25.3%	30 17.9%	34 20.4%	50 27.9%
Referred by Physician	30 20.0%	31 18.5%	33 19.8%	33 18.4%
Services offered	21 14.0%	12 7.1%	24 14.4%	13 7.3%
Quality / reputation	16 10.7%	25 14.9%	32 19.2%	23 12.8%
Word of mouth (friend, neighbor, family, or co-worker)	4 2.7%	11 6.5%	7 4.2%	9 5.0%
My doctor is there				4 2.2%
Work site	5 3.3%	4 2.4%	2 1.2%	1 .6%
Community Presentation	--	--	--	2 1.1%
Other	7 4.7%	13 7.7%	5 3.0%	6 3.4%
Ambulance took me there, so there was no choice	--	--	16 9.6%	22 12.3%

NOTE: This is a multiple response question in which the respondent was able to indicate more than one response. “Percent of responses,” therefore, sums to 100% but “Percent of cases” will not.

Whereas the above question dealt with choosing PVHMC for “health care” (whatever that meant to the respondent), the next question focused on the need for services at an emergency room. A large proportion of respondents (48.2%) said they or a member of their household had received services at PVHMC’s emergency room (Question 23 – in 2018 the phrase “members of the household” was included in the question, whereas it hadn’t been included in previous surveys). The predominant reason for the visit(s) was injury or accident (30.7%), followed by chest pain/heart attack (11.7%), breathing difficulties from sinus infections or this year’s severe flu season (10.9%), gallbladder/kidney/appendix attacks (10.2%), and pain (10.2%).

Table 23. What was the reason emergency services were needed?

	Responses		Percent of Cases
	N	Percent	
Injury or accident	42	27.8%	30.7%
Chest pain/heart attack	16	10.6%	11.7%
Stroke	2	1.3%	1.5%
Breathing difficulties (flu, sinus infection,...)	15	9.9%	10.9%
Allergic Reaction	2	1.3%	1.5%
Asthma attacks	2	1.3%	1.5%
Diabetes issues	2	1.3%	1.5%
Gallbladder/kidney/appendix attacks	14	9.3%	10.2%
High blood pressure issues	2	1.3%	1.5%
Labor/miscarriage/pregnancy	5	3.3%	3.6%
Lightheaded/dizzy/passed out	4	2.6%	2.9%
Pain (Back, neck, leg, abdominal, throat)	14	9.3%	10.2%
Pneumonia, coughing blood, fever	4	2.6%	2.9%
Seizures	4	2.6%	2.9%
Other	23	15.2%	16.8%
Total	151	100.0%	110.2%

NOTE: This is a multiple response question in which the respondent was able to indicate more than one response. “Percent of responses,” therefore, sums to 100% but “Percent of cases” will not.

The following table shows that although almost two-thirds (65.7%) of respondents and/or household members who went to the Emergency Room for services did not try to see the doctor before going to the Emergency Room (Question 24). That figure is a significant decrease from the 71.7% in 2015. As has been the case in years past, a large group of people indicated that their emergency was after doctor’s office hours or on a weekend, thus they went to the ER for care. Another 40.9% simply said that it was an emergency situation and 26.1% said they were brought by ambulance, thus there was no opportunity to visit a doctor before going to the Emergency Room.

Table 24: Did you or the household member try to see the doctor before going to the Emergency Room?

	Percent Who Said “No” 2009	Percent Who Said “No” 2012	Percent Who Said “No” 2015	Percent Who Said “No” 2018
	78 72.2%	99 73.3%	86 71.7%	94 65.7%
<i>Reasons for not visiting the doctor before going to the ER</i>				
After office hours or on a weekend	26 33.3%	32 36.0%	33 39.8%	32 36.4%
Emergency situation	20 27.0%	22 24.7%	24 28.9%	36 40.9%
Brought by ambulance	12 16.2%	15 16.9%	22 26.5%	23 26.1%

* As noted above, in 2018 the phrase “members of the household” was included in the question, whereas it hadn’t been included in previous surveys.

NOTE: Reasons for not visiting is a multiple response question in which the respondent was able to indicate more than one response. “Percent of responses,” therefore, sums to 100% but “Percent of cases” will not.

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). This year 11.7% stated that they had (up from 6.6% in 2015), and 21.5% indicated that there are classes they would *like* PVHMC to offer.

Table 25: PVHMC Classes

	Percent Who Said “Yes” 2009	Percent Who Said “Yes” 2012	Percent Who Said “Yes” 2015	Percent Who Said “Yes” 2018
Q19: Have you attended any classes offered by PVHMC?	31 10.1%	35 10.9%	22 6.6%	36 11.7%
Q20: Are there any classes you’d like them to offer?	35 12.8%	41 15.0%	62 18.6%	56 21.5%

Upon probing, the most often mentioned class desired (by 23 of 56 people who chose to make suggestions) was something dealing with healthy eating and nutrition. 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, 7 people asked for classes dealing with diabetes issues, 5 wanted CPR classes, and 4 wanted classes dealing with female health issues (pre-natal care, miscarriage support, lactation, etc.).

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 11.6% -- virtually unchanged from 2015. Nearly half of respondents (42.9%) had no interest in such groups, but others mentioned an interest in groups focused on nutrition (33 people), diabetes (21 people), obesity and weight problems (15 people), cancer (17), high blood pressure (8), heart disease (7) or anything having to do with mental health, depression, or PTSD (16). Further, for the first time, people asked for grief and bereavement groups (9) or a caregiver support group (7). It is unclear whether people would actually translate their desires into behavior by attending such support groups, but there is clearly interest in the community for at least some of the groups mentioned.

Table 26: PVHMC Support Groups

	2009 %	2012 %	2015 %	2018 %
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%	35 11.6%
<i>What Types of Support Groups Are you Interested in?</i>				
Not interested in any groups	115 50.2%	82 37.4%	114 46.9%	102 42.9%
Nutrition	24 10.5%	19 8.7%	36 14.8%	33 13.9%
Diabetes	24 10.5%	16 7.3%	24 9.9%	21 8.8%
Obesity and Weight Loss	20 8.7%	14 6.4%	18 7.4%	15 6.3%
Heart Disease	6 2.6%	13 5.9%	3 1.2%	7 2.9%
Cancer	11 4.8%	12 5.5%	16 6.6%	17 7.1%
High Blood Pressure	11 4.8%	12 5.5%	14 5.8%	8 3.4%
Mental Health	--	--	--	10 4.2%
Depression/PTSD	--	--	--	6 2.5%
Grief and Bereavement	--	--	--	9 3.8%
Caregivers	--	--	--	7 2.9%

On previous needs assessment surveys, the last (and perhaps most important) substantive question was “Are there any health related services that you need that are not being provided in your community?” Typically there was little commonality of responses as to what specific health services were needed. This year the focus was changed to a question asking: “What is the biggest health related issue or service that *the community* needs to focus on? (Question Q262018). This was presented as an open-ended, multiple response question in order to elicit people’s final comments about community needs. The numbers show that the most pressing issue on the minds of respondents was healthy lifestyle (e.g. obesity, nutrition and health eating, and exercise).

Table 27. What is the biggest health related issue or service that the community needs to focus on?

	Responses		Percent of Cases
	N	Percent	
Affordable Health Care/Free Screening	30	6.8%	11.5%
Housing for Homeless	33	7.5%	12.6%
Mental Services (Better advertising and Lower Cost)	41	9.3%	15.6%
Obesity/Nutrition/Exercise/Healthy Living	93	21.0%	35.5%
Preventive care	28	6.3%	10.7%
Place to buy healthy foods affordably	31	7.0%	11.8%
Services for diabetes	35	7.9%	13.4%
Heart Disease	12	2.7%	4.6%
Elderly care	7	1.6%	2.7%
Addiction treatment	22	5.0%	8.4%
Cancer cure/treatment	33	7.5%	12.6%
Affordable Medicine	25	5.7%	9.5%
Others	52	11.8%	19.8%
Total	442	100.0%	168.7%

NOTE: Reasons for not visiting is a multiple response question in which the respondent was able to indicate more than one response. “Percent of responses,” therefore, sums to 100% but “Percent of cases” will not.

The table above includes a great many “others.” Many of those comments were unhelpful in that they lacked specificity (e.g. “general health” or “focus on everything”). A few mentioned better doctors or services in the ER, and transportation issues. The complete variety of comments is available in the data display.

Secondary Data

For the purposes of this report, secondary data have been collected 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
- 2011 – 2012 and 2016 California Health Interview Survey (CHIS)
- 2011 – 2012 and 2014 California Health Interview Survey (CHIS), Neighborhood Edition
- 2016 LA County Health Survey (<http://publichealth.lacounty.gov>)
- Centers for Disease Control and Prevention Leading Causes of Death in California (<https://www.cdc.gov/nchs/pressroom/states/california/california.htm>)
- California Department of Public Health, County Health Status Profiles [https://www.cdph.ca.gov/Programs/CHSI/CDPH Document Library/CHSP-County Profiles 2018.pdf](https://www.cdph.ca.gov/Programs/CHSI/CDPH%20Document%20Library/CHSP-County%20Profiles%202018.pdf)

- U.S. Dept of Health and Human Services
<https://www.healthdata.gov/dataset/leading-causes-death-zip-code-1999-current>
- 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-Healthways Well-Being Index
- State of California Dept. of Justice, Office of the Attorney General
<http://oag.ca.gov/crime/cjsc/stats/domestic-violence>
- http://publichealth.lacounty.gov/ha/docs/2015LACHS/KeyIndicator/PH-KIH_2017-sec%20UPDATED.pdf
- <https://www.healthypeople.gov/2020/topics-objectives/topic/tobacco-use>
- Centers for Disease Control and Prevention, <http://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm>

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 secondary data presented in this section of the report reflects a picture of the community in 2016 (countywide statistics) or 2014 (city-specific statistics) rather than 2017 (as would be desired). Further, it was often the case that the different data sources defined their data slightly differently (e.g. physical activity per *month* vs. *daily* physical activity, or age categories such as 13 – 17 in one source vs. 12 – 17 in another), thus making comparisons over time difficult.

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. . Where relevant, the data reported in the previous community health needs assessment are compared with the most current data collected.

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

In the 2014 report, 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)). The comparable figures in the 2016 survey are similar, with 51.7% of LA County respondents, 51.2% of San Bernardino County respondents, and 52.9% of SPA3 respondents reporting their health as “excellent” or “very good” (see bold figures in the table below).

These aggregate figures, however, mask the fact that in San Bernardino County, there has been a decrease in the percentage of “excellent” and “very good” evaluations for females since the last report. Whereas 30.5% of females rated their health as “very good” in 2011/12, that figure was only 20.4% in 2016. The combined percentages of “excellent” and “very good” dropped from 48.9% to 41.7% (yellow highlighting). For males in SPA3, there was a significant increase in the percentage that listed their health as “good” (28.5% to 39.0%) and a decrease in only “fair” evaluations (17.6% to 9.7% -- blue highlighting)

Finally, although the majority of residents have health status that is at least “good,” it is still important to note that 18.3% of Los Angeles County residents, 19.3% of San Bernardino County residents, and 15.4% of SPA3 residents rate their health as “fair” or “poor.”

Table 28: General Health of Children, Teens, and Adults

2011 – 2012 Data

	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%

2016 Data¹¹

	LA County			SB County			San Gabriel Valley (SPA3)		
	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL
Excellent	24.0%	25.0%	24.5%	27.6%	21.3%	24.7%	24.3% *	27.1%	25.8%
Very good	26.6%	27.7%	27.2%	31.5%	20.4%	26.5%	24.3%	29.5%	27.1%
Good	30.0%	30.0%	30.0%	27.7%	31.6%	29.4%	39.0%	27.0%	32.7%
Fair	16.2%	14.7%	15.5%	8.5% *	21.5%	14.3%	9.7% *	14.4% *	12.2%
Poor	3.0%	2.7%	2.8%	4.8% *	5.2% *	5.0%	2.7% *	1.9% *	2.3% *
Total	99.8%	100.1%	100.0%	100.1%	100.0%	99.9%	100.0%	99.9%	100.1%

Sources: 2011 – 2012 and 2016 California Health Interview Survey

* Statistically unstable

In the 2014 study, IAR gathered city-specific data from 2011 - 2012 regarding the percent of adults (18 – 64) who rated their health as “Fair” or “Poor.” The most recent data from the Neighborhood Edition of the California health Interview Survey (2014 data) has added data from children/teens and senior citizens in its data displays at the city, zip code, or region level. The following table (next page) shows those data.

In 2011 – 2012 the cities with the highest percentages of adult results rating their health as only “fair” or “poor” were Montclair, Ontario, and Pomona (yellow highlighting).

There has been a significant decrease in those negative ratings over time in Montclair and Ontario. The not-so-good news, however, is that the figures for the other cities/regions did not show significant improvement (with changes remaining within the margin of error). Further, the table shows that Pomona and Ontario have high percentages of seniors (age 65+) in only fair or poor health (see blue highlighting). In the future, PVHMC will be able to view changes over time for all age groups.

¹¹ CHIS uses the coefficient of variation (CV) to express the sampling variance (or “sampling error”) around an estimate. The CV indicates whether or not a point estimate (e.g., a mean, proportion, total) is statistically stable relative to its standard error, and shows the proportion of the estimate that reflects sampling variability. In AskCHIS, estimates with a CV greater than 30% are “flagged” as statistically unstable with an asterisk. Those figures should be interpreted with caution.

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.”¹² The following table presents those data:

Table 29. % Rating Their Health as "Fair" or "Poor" (City/Region Specific), by Age

CITY	2011-2012	2014		
	%	%		
	18 to 64 years old	0 - 17 years old	18 to 64 years old	65+ years old
Chino	20.9%	2.8%	17.2%	30.5%
Chino Hills	15.8%	2.3%	15.3%	25.8%
Claremont	12.1%	NA	11.2%	21.5%
La Verne	12.9%	1.8%	11.9%	21.5%
Montclair	31.5%	3.6%	26.5%	N/A
Ontario	27.0%	3.3%	21.6%	35.7%
Pomona	25.9%	2.9%	23.7%	41.3%
Rancho Cucamonga	18.8%	2.4%	14.7%	25.7%
San Dimas	13.5%	1.8%	12.6%	23.2%
Upland	19.7%	2.5%	15.4%	23.0%

COUNTY/REGION	2011-2012	2014		
	%	%		
	18 to 64 years old	0 - 17 years old	18 to 64 years old	65+ years old
Los Angeles	20.8%	4.8%	19.9%	33.9%
San Bernardino	21.8%	0.6%	25.0%	29.0%
San Gabriel (SPA3)	21.7%	0.5%	15.2%	34.4%

Sources: 2016 California Health Interview Survey, and 2014 California Health Interview Survey (Neighborhood Edition)

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 tables show the prevalence of those diseases, broken down by geographical region and gender. Tables for 2011/12 and 2016 are shown below for comparison purposes.

¹². The city-specific data are not available for individuals ages 65 or older

Table 30: Percent of Adults Diagnosed With Various Diseases (Male, Female, Total)

2011 – 2012 Data

	LA County			SB County			San Gabriel Valley		
	MALE	FEM.	TOT.	MALE	FEM.	TOT.	MALE	FEM.	TOT.
Cardio-vascular	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%	32.3%	33.2%	32.8%	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%

2016 Data

	LA County			SB County			San Gabriel Valley		
	MALE	FEM.	TOT.	MALE	FEM.	TOT.	MALE	FEM.	TOT.
Cardio-vascular	6.4%	4.9%	5.6%	6.6% *	9.8% *	8.2% *	5.4% *	7% *	6.3% *
Diabetes	6.0%	4.6%	5.3%	10.3% *	7.4% *	8.9% *	5.3% *	5.8% *	5.6% *
High BP	26.1%	17.1%	21.5%	25.7%	25.9%	25.8%	24.4%	10.1% *	16.5%
Cancer	3.3%	5.8%	4.5%	3.4%	7.0%	5.2%	2.8%	4.1%	3.5%
Obesity	32.0%	29.1%	30.5%	32.6%	42.8%	37.6%	29.5%	20.0% *	24.3%

Source: 2011 – 2012 and 2016 California Health Interview Survey

* Statistically unstable

The yellow highlighting in the tables above show that the prevalence of obesity has increased significantly among both males and females in Los Angeles County, and San Bernardino County saw an increase for women. The incidence of high blood pressure dropped for residents of both counties and for the San Gabriel Valley region (green highlighting). City specific data are not available for most major chronic diseases, but they are available for diagnoses of heart disease, diabetes, and obesity (BMI ≥ 30).

Table 31: % of Adults Diagnosed With Heart Disease, Diabetes, or Obesity (City-Specific)

CITY	% Heart Disease	% Diabetes	% Obese (BMI ≥ 30)
Chino	4.8%	10.1%	34.8%
Chino Hills	5.1%	9.8%	26.6%
Claremont	6.8%	8.4%	17.6%
La Verne	6.6%	8.2%	18.7%
Montclair	4.5%	13.1%	40.7%
Ontario	4.4%	11.5%	39.9%
Pomona	4.4%	11.2%	28.4%
Rancho Cucamonga	4.8%	8.9%	30.2%
San Dimas	6.4%	8.4%	19.4%
Upland	5.6%	9.5%	30.4%

Source: 2014 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 2016 show that leading causes of death include heart disease (rate = 143.1), cancer (rate = 139.7), stroke (rate = 36.9), Alzheimer's (rate = 36.2), chronic lower respiratory diseases (rate = 32.6), and accidents (rate = 32.0).¹³

Focusing on Los Angeles County, San Bernardino County, and SPA3: In the last community needs assessment, heart disease was the leading cause of death, followed by all cancers. The most current data for this report shows that cancer has now overtaken heart disease as the leading cause of death in Los Angeles and San Bernardino Counties, however heart disease is still the leading cause of death in the PVHMC region.

There are two different ways of presenting data on leading causes of death. The first method focuses on the number (or percentage) of deaths from a certain cause, and the second focuses on death rates per 100,000 population (crude and/or age-adjusted rate). The table below provides both percentages and rates for LA County and San Bernardino County, however the data for SPA3 is only available in terms of percentage of deaths.

Table 32: Leading Causes of Death

Cause of Death	LA County			SB County			PVHMC Region	HP 2020
	%	Crude Rate	Age-Adjusted	%	Crude Rate	Age-Adjusted	%	Target
All Cancers	23.51%	141.0	134.8	21.97%	138.9	157.6	23.64%	161.4
Heart Disease	18.34%	110.0	103.9	13.66%	86.3	106.5	24.61%	103.4
Stroke	5.76%	34.5	33.2	5.19%	32.8	40.5	5.55%	34.8
Chronic Lower Respiratory Disease (COPD)	4.84%	29.0	28.2	6.69%	42.3	52.1	6.09%	a
Alzheimer's Disease	5.83%	35.0	32.9	4.71%	29.8	40.0	6.23%	a
Unintentional injuries (accidents)	3.84%	23.0	22.2	4.12%	26.0	27.5	3.27%	36.4
Diabetes Mellitus	3.90%	23.4	22.3	4.61%	29.1	33.2	4.54%	b
Influenza and Pneumonia	3.41%	20.5	19.6	1.73%	11.0	13.2	2.08%	a
Chronic Liver Disease & Cirrhosis	2.35%	14.1	13.1	2.40%	15.2	15.5	2.24%	8.2

Sources include:

[https://www.cdph.ca.gov/Programs/CHSI/CDPH Document Library/CHSP-County Profiles 2018.pdf](https://www.cdph.ca.gov/Programs/CHSI/CDPH%20Document%20Library/CHSP-County%20Profiles%202018.pdf)
(data reflect average deaths 2014 – 2016)

<https://www.healthdata.gov/dataset/leading-causes-death-zip-code-1999-current>

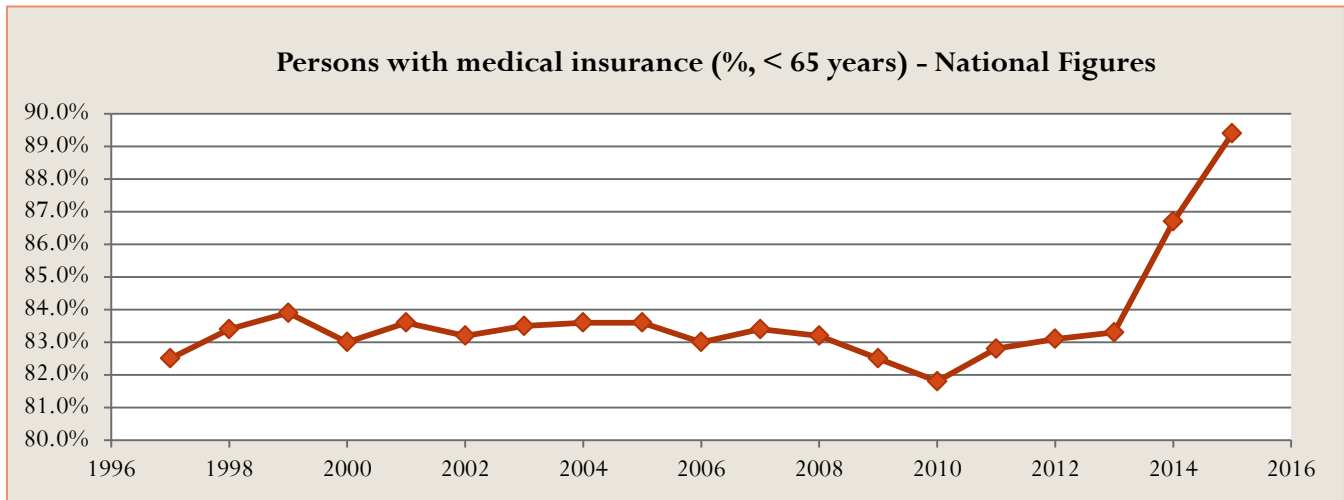
a. HP2020 target not yet established

b. 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

¹³ <https://www.cdc.gov/nchs/pressroom/states/california/california.htm>

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.*”¹⁴ 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.



The Los Angeles County, San Bernardino County, and SPA3 areas have shown similar increases, as noted in the table below. The Healthy People 2020 target has not yet been realized, however the counties are getting closer.

Table 33: Health Insurance Status

		LA County	SB County	SPA3
2011 – 2012 data	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%
2016 data	Adults with health insurance (18 – 64 years old)	86.3%	85.3% *	91.2% *
	Population with health insurance (all ages)	90.5%	89.6% *	94.3% *

Source: 2011 – 2012 and 2016 California Health Interview Survey

* Statistically unstable

It must be noted that the LA County Health Survey released in January 2017 (data for 2016) had slightly different estimates (but within the margin of error). That survey showed 88.3% of LA County adults with health insurance, and 88.7% of SPA3 adults with health insurance.¹⁵

Following are the city-specific data on insurance coverage. The yellow highlighting in the table below indicates that the lowest percentages of insured adults are in the cities of Montclair, Ontario, and Pomona.

¹⁴. http://www.who.int/kobe_centre/ageing/ahp_vol5_glossary.pdf?ua=1

¹⁵. http://publichealth.lacounty.gov/ha/docs/2015LACHS/KeyIndicator/PH-KIH_2017-sec%20UPDATED.pdf

¹⁵. <https://www.healthypeople.gov/2020/topics-objectives/topic/tobacco-use>

Table 34: % Insured (City-Specific)

CITY	2011 - 2012		2016	
	% children & teens	% adults (18 - 64)	% children & teens	% adults (18 - 64)
Chino	97.6%	73.9%	NA	78.5%
Chino Hills	97.9%	81.5%	97.7%	84.5%
Claremont	96.8%	83.2%	NA	86.3%
La Verne	96.2%	83.1%	NA	85.5%
Montclair	97.7%	68.4%	N/A	73.4%
Ontario	97.5%	69.8%	97.5%	74.8%
Pomona	94.8%	70.4%	94.4%	74.2%
Rancho Cucamonga	97.8%	78.8%	97.8%	82.6%
San Dimas	N/A	82.1%	N/A	84.6%
Upland	97.8%	78.1%	N/A	81.6%

Source: 2011 – 2012 and 2014 California Health Interview Surveys, Neighborhood Edition

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.”¹⁶

The following table shows the percentage of people (of any age) who are current smokers, former smokers, or who never smoked. Over time there has been a slight decrease in the percentage of *current* smokers. The figure for *former* smokers in San Bernardino County increased significantly, as did the figure for “never smoked” in SPA3.

Table 35: Tobacco Use

		LA County	SB County	SPA3	HP2020 Target
2011 – 2012 data	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%	---
2016 data	Current smokers	11.4%	11.4%	10.5%	12.0%
	Former smokers	20.1%	27.0%	17.1%	---
	Never smoked	68.5%	61.6%	72.5%	---

The data from the LA County Department of Public Health survey conducted in 2016 and released in January 2017 indicate that 13.3% of LA County adults and 12.8% of San Gabriel (SPA3) adults are current smokers. These figures appear to be within the margin of error (or close to it) of the figures above, and are virtually unchanged from those in the report released in 2013.

City-specific figures follow:

¹⁶. <https://www.healthypeople.gov/2020/topics-objectives/topic/tobacco-use>

Table 36: Tobacco Use Among Adults (City-Specific)

CITY	2011 – 2012 % Current Smokers	2014 % Current Smokers
Chino	13.7%	9.5%
Chino Hills	10.7%	9.6%
Claremont	14.0%	10.8%
La Verne	11.4%	11.0%
Montclair	15.5%	9.9%
Ontario	14.5%	9.3%
Pomona	15.5%	12.8%
Rancho Cucamonga	14.5%	10.7%
San Dimas	12.0%	11.1%
Upland	14.7%	10.2%

Sources: 2011 – 2012 and 2014 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.¹⁷

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), **heavy drinking** (for women, 8 or more drinks per week; for men, 15 or more drinks per week), or any drinking by pregnant women or people younger than age 21.

The following data address binge drinking by adults and teens. Binge drinking among adults is slowly increasing.

Table 37: Alcohol Use

		LA County	SB County	SPA3
2011 – 2012 data	% <i>adults</i> binge drinking in the past <i>year</i>	30.1%	29.6%	28.6%
	% <i>teens</i> (12 – 17) binge drinking in the past <i>month</i>	4.4%	1.3%	3.3%
2015 data	% <i>adults</i> binge drinking in the past <i>year</i>	33.8%	33.6%	27.0%
2016 data	% <i>teens</i> (12 – 17) binge drinking in the past <i>month</i>	1.2% *	0.0% *	0.0% *

Sources: 2011 – 2012 and 2016 California Health Interview Survey (CHIS); healthypeople.gov

* Statistically unstable

¹⁷. Centers for Disease Control and Prevention, <http://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm>

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.¹⁸ In contrast, healthy eating can play a major role in the prevention of such diseases.

The California Health Survey (published by the UCLA Center for Health Policy Research) includes a variety of measurements to determine the health behaviors of residents relative to food and nutrition. Some of the definitions of those measurements/variables have changed since the last PVHMC Community Health Needs Assessment so comparisons over time cannot be made for all variables.

The following table is a snapshot of healthy (and not-so-healthy) eating patterns. In 2011-2012, the percentage of children and teens who ate fast food in the past week was recorded as 72.6% in LA County, 76.8% in SB County, and 70.0% in SPA3. Those figures have risen significantly since the last needs assessment (yellow highlighting). The rest of the figures in the tables are only slightly changed from the previous report.

One specific figure in the table below warrants comment: the percent of teens in San Bernardino County who ate five or more servings of fruits and vegetables daily was only 8.2% (in contrast to 22.5% for Los Angeles County teens and 22.0% of SPA3 teens. This may be an area that deserves focus by public health officials, particularly when this figure is considered in concert with the 86.3% of San Bernardino County children and teens who ate fast food in the past week, and the 55.1% of adults without the consistent ability to afford enough food (green highlighting below).

Table 38: Food and Nutrition

	LA County	SB County	SPA3
% <i>all residents</i> (children, teen, adult) who ate fast food in the past week	72.5%	78.7%	71.6%
% <i>adults</i> who ate fast food in the past week	71.7%	76.1%	71.8%
% <i>children & teens</i> who ate fast food in the past week	79.7%	86.3% *	75.3% *
Average weekly consumption of soda by adults (% <i>adults</i> who consume 1 or more sodas per week)	43.4%	51.2%	38.6%
% <i>children & teens</i> who consumed ≥ 2 glasses of soda yesterday	3.4%	3.4%	7.5%
% <i>children & teens</i> who consumed ≥ 2 glasses of sugary drinks (other than soda) yesterday	12.2%	30.2%	5.0%
% <i>teens</i> who ate ≥ 5 servings of fruits and vegetables daily	22.5%	8.2%	22.0%
% <i>teens</i> who ate ≥ 2 servings of fruits and vegetables yesterday	69.5%	65.0%	67.3%
% <i>adults with income < 200% of federal poverty level</i> without the consistent ability to be able to afford enough food	43.1%	55.1%	34.8%
% of <i>all adults</i> without the consistent ability to be able to afford enough food	9.9%	8.5%	N/A

Source: 2016 California Health Interview Survey and 2014 California Health Interview Survey, Neighborhood Edition

* Statistically unstable...see footnote 6 above.

¹⁸. 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.

City-specific food insecurity data is shown below. The reader will note that the survey question was only asked of adults ages 18+ with an income < 200% federal poverty level, however those not asked were considered/assumed to be food secure.

Table 39: Food Insecurity (adults 18+) (City-Specific)

CITY	% Unable to Consistently Buy Food
Chino	7.0%
Chino Hills	3.3%
Claremont	2.5%
La Verne	3.6%
Montclair	13.0%
Ontario	10.7%
Pomona	13.4%
Rancho Cucamonga	4.1%
San Dimas	3.9%
Upland	5.0%

Source: 2014 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 and SPA3.¹⁹

Table 40: Measures of Physical Activity

	LA County	SPA 3	HP 2020
Percent of <i>adults</i> who obtain recommended amount of aerobic exercise per week (≥150 minutes/week, moderate exercise or ≥75 min vigorous exercise)	65.1%	64.2%	47.9%
Percent of <i>adults</i> who obtain recommended amount of muscle-strengthening (≥2 days/week)	41.3%	37.3%	24.1%
Percent of <i>adults</i> who obtain recommended amount of aerobic and muscle strengthening exercise per week	34.1%	31.3%	20.1%
Percent of <i>children</i> ages 6-17 who obtain recommended amount of aerobic exercise each week (≥60 min daily)	28.5%	28.4%	N/A

Sources: 2016 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 2016 CHIS data about physical activity. 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:

¹⁹. IAR was unable to find current similar data for San Bernardino County

Table 41: Other Measures of Physical Activity

	LA County	SB County	SPA3
Percent <i>children</i> physically active \geq 1 hour during at least 5 days in the past week	44.9% *	48.3% *	20.3% *
Percent <i>teens</i> physically active \geq 1 hour during at least 5 days in the past week	31.0% *	64.9% *	53.6% *
Percent <i>children and teens</i> (5 – 17) who visited a park, playground, or open space in the last month	87.2%	89.9% *	91.8% *
\geq 5 hours spent by <i>children and teens</i> on sedentary activities on typical weekdays after school	14.0% *	16.2% *	29.8% *
\geq 5 hours spent by <i>children and teens</i> on sedentary activities on typical weekend days	22.6% *	9.5% *	34.8% *
Percent <i>adults</i> who regularly walked for transportation, fun, or exercise	38.5%	33.0%	37.8%

Sources: 2016 California Health Interview Survey (CHIS)

* Statistically unstable, see Footnote 6 above. This table has some figures that are especially questionable where the confidence intervals are literally 0% – 100%. *The results should be interpreted with caution.*

Following is the available city-specific data for physical activity in the past week.

Table 42: Physical Activity in the Past Week

CITY	% 5 – 17 yr olds \geq 1 hr of daily physical activity (excluding PE)	% adults who walked \geq 150 minutes
Chino	23.5%	30.6%
Chino Hills	22.1%	27.5%
Claremont	21.3%	32.2%
La Verne	21.4%	31.4%
Montclair	20.8%	29.6%
Ontario	21.5%	30.4%
Pomona	17.4%	31.9%
Rancho Cucamonga	25.2%	28.9%
San Dimas	20.5%	30.2%
Upland	24.8%	29.8%

Source: 2014 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).

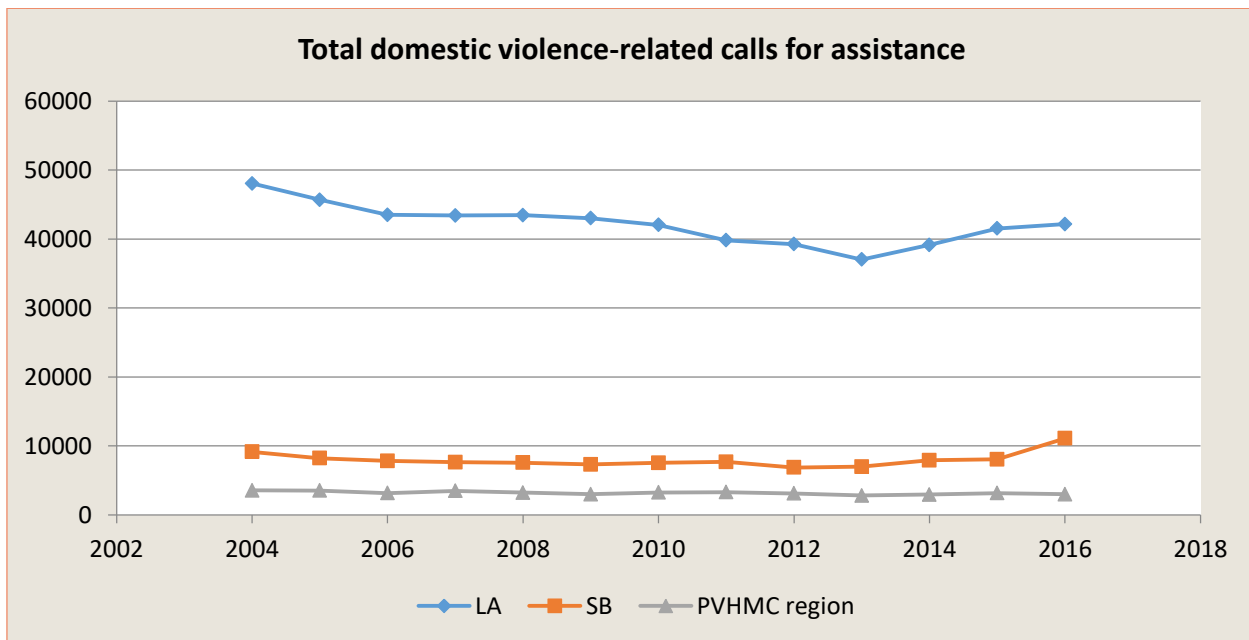
As the table below demonstrates, domestic violence-related calls for assistance had been decreasing over time in LA County, SB County, and in PVHMC’s primary service area until 2014. In 2015 and 2016, that downward trend reversed, particularly in San Bernardino County.

Table 43: Total Domestic Violence-Related Calls for Assistance

Year	LA County	SB County	PVHMC 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
2014	39145	7919	2958
2015	41534	8052	3175
2016	42148	11109	2998

Source: State of California Dept. of Justice, Office of the Attorney General

<http://oag.ca.gov/crime/cjsc/stats/domestic-violence>



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, Division of Nutrition, Physical Activity, and Obesity (<https://www.cdc.gov/nccdphp/dnpao/>)
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System (<http://www.cdc.gov/brfss/>)
- Centers for Disease Control and Prevention, Leading Causes of Death (<http://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm>)
- California Health Interview Survey (www.chis.ucla.edu)
- National Center for Health Statistics (<https://www.cdc.gov/nchs/fastats/health-care-and-insurance.htm>)
- San Bernardino County Department of Behavioral Health (<http://wp.sbcounty.gov/dbh/about-dbh/>)
- California Department of Health Care Services (<http://www.dhcs.ca.gov/provgovpart/Pages/CalOMSPv.aspx>)
- 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: 2016-2017 (<https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/cancer-treatment-and-survivorship-facts-and-figures/cancer-treatment-and-survivorship-facts-and-figures-2016-2017.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 (https://assessment.communitycommons.org/UserContents/CHNA_Content/CHNA26296RPT_4.pdf)
- U.S. Health Resources and Services Administration Data Warehouse (<https://datawarehouse.hrsa.gov/>)
- 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) (<http://www.oshpd.ca.gov/HID/>)
- 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/>
- 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/>)

- Youth Risk Behavior Surveillance System (YRBSS) – 2017 data are results are due to be released on June 14, 2018. http://www.cdc.gov/healthyyouth/yrbs/pdf/trends/us_tobacco_trend_yrbs.pdf

Summary of Public Health Executive Interviews

The third component of PVHMC’s FY 2018 Community Health Needs Assessment includes interviews of public health officials in both Los Angeles and San Bernardino Counties. IAR conducted an in-depth telephone interview with Ms. Christin Mondy (Los Angeles County SPA3 and SPA4 Public Health Officer) on April 13, 2018, and with Dr. Dr. Maxwell Ohikhuare, San Bernardino County Public Health Dept. Health Officer, on April 18, 2018. The interviews consisted of questions regarding the health needs of the community in the areas of:

- Support for patients and families (education, support groups, etc.),
- Primary care and preventative health services,
- Chronic disease management, and
- Wellness (nutrition, physical activity, smoking, etc.).

Respondents were asked to identify unmet needs in the community relative to those health need categories, and also indicate which populations are most affected. In addition, they were asked to provide suggestions for meeting the needs of the community.

FINDINGS

Overall, the executive interviews focused heavily on the social determinants of health and health equity. In short, if people live in poor conditions, they have limited access to health care. Respondents were clear that the lack of access to education, good health care, housing, and opportunities to improve economic standing had far-reaching effects on the health of the community. However these are issues which can only be solved by fostering collaboration/ partnerships between hospitals, community-based organizations, and government organizations.

Following is an overview of respondent comments for each of the health need categories noted above.

Support for patients and families (education, support groups, etc.)

One of the ways people can lift themselves out of poverty is education. Hospitals need to **work with educational institutions** to increase high school graduation rates (particularly in terms of low-performing schools). That begins at the elementary school level (improving reading) and continues at the upper levels via vocational training for high paying jobs that don’t necessarily require a college education. Hospitals are well-positioned to offer internships and vocational training.

In addition, a huge unmet need for **affordable housing**. The issues of poverty and homelessness need to be addressed through partnerships between legislatures, city leaders, and community based organizations.

NOTE: both of these upstream determinants of health were mentioned throughout the interviews relative to each of the health need categories addressed.

Primary care and preventative health services

Issues in this category included:

- Increase the number of primary care providers in the region. This is a problem for populations across the board, but it especially affects the poverty population, Hispanics and African Americans, the uninsured or underinsured. In addition, immigrants and the undocumented are strongly affected. Suggestions: Bring in more primary care providers, and provide training for primary care providers on providing “culturally sensitive” care. Provide language interpretation services. Conduct outreach to communities of color and immigrant communities, the homeless population, and the undocumented population.
- Expand efforts at getting help for the homeless. Be sure the hospital is involved in partnerships dealing with the issue. Suggestions: do targeted outreach to communities of color and immigrant communities, the homeless population, and the undocumented population.
- Address the rising incidence of sexually transmitted infections (especially among youth). Suggestion: Partner with school districts to offer STD education.
- Address the high incidence of TB due to the large percentage of foreign born and homeless individuals in the area. Suggestions: Provide education and training for medical providers on diagnostic treatment. Work to improve the completion rate for TB preventive treatment so that active TB will decrease.
- Address teen pregnancy. Suggestions: Improve access to family planning for teens, support educational programs in schools, and engage patients to improve preventative care.
- Address poverty. The poverty population is dealing with competing priorities. They work long hours to earn enough money to pay for food and housing, so unless they are extremely sick they won’t go to the doctor. Suggestion: Work with other organizations to address poverty.

Chronic disease management

Unmet needs exist for the following diseases:

- Coronary heart disease: The rate has decreased over time, but it is still the leading cause of death. Pomona has high rates of coronary heart disease.
- Obesity (especially for Latinos and African Americans): Pomona has a high rate, both for adults and children.
- Diabetes: The diabetes rate is higher than the rest of LA County (age adjusted rate per 100,000 of 45.3 in SPA3 vs. 21.9 in LA County as a whole)
- Hypertension

Suggestions:

- Use the model of the “LA Partnership.” For example, there is a diabetes work group that would be a good group to work with. Best practices/experiences are shared.
- Work with other organizations to address poverty. The more upward mobility a person has, the more able he or she is to be able to deal with (and control) chronic disease.
- Improve preventative care to avoid chronic diseases. People need to “know their numbers.” By the time a disease is diagnosed it’s too late.

Wellness

Nutrition is a big issue, especially on the east end of the county. The food environment index is really bad (the ratio of healthy food stores to liquor stores, etc.). The population in poverty is the population most affected. People in poverty will eat what they can *afford* (e.g. McDonald’s) rather than what is *healthiest*.

Suggestions:

- City leaders should encourage stores that carry healthy foods (at a reasonable price) to locate in neighborhoods where nutrition is an issue.
- Hospitals should promote the fact that people need to pay attention to what they eat (i.e., decrease salt and oil intake). Train people to look at healthy alternatives. Train them to be able to cook some of their favorite ethnic foods in a way that will taste similar but will be healthy. In other words, education is the key! Hospitals can do outreach (i.e. run workshops, cooking classes, etc.) to educate people about healthy eating.
- Hospitals should promote exercise as a bigger component of people's lives. Stress physical activity and reinforce that people don't need to join a gym to exercise. People can walk around the block. Partner with schools to open their fields to the community after hours so that people can come to exercise in a safe environment. Reach out to city planning divisions that are now incorporating healthy places to exercise in their plans (i.e. physical spaces that people can go to walk and exercise).

In terms of smoking: a lot of progress has been made at the national and state levels, but there is still more that can be done. Where possible, work with cities to control tobacco use in public (example, have "smoke-free" parks). Raise the awareness in the community of the dangers of tobacco. Ask, advise, and refer. Take a look at FDA approved cessation services.

It is still unknown what the effects of new legislation on marijuana will be.

Barriers to health

Both respondents noted the following barriers:

- Socioeconomic Barriers; poverty, homelessness
- Undocumented immigrants have difficulty and mistrust; therefore, they are less likely to take care of health, especially preventative health. They will go to clinics to get health care, but they are afraid to go to a hospital due to the perception that they will be at risk if the hospital gets information about their status. This fear makes them delay needed medical treatment. They are able to get outpatient care, but not inpatient care.
- Language and cultural barriers– if providers don't understand "culturally competent services," it is hard to convince patients to live healthy lives.
- Lack of awareness of the need for preventative health

Focus Groups

Introduction

As part of 2018 Community Health Needs Assessment process, two DrPH students at Claremont Graduate University (CGU) were asked to facilitate two focus groups with individuals who work with minority and medically underserved populations and are aware of their unique healthcare needs of these populations. The purpose of the focus group is to gather information from local health leaders regarding the health needs of the community in PVHMC's primary service area. The focus group environment is designated to create a space where community health leaders can help identify priority health areas. The focus groups generate discussion of health needs of the community including but not limited to primary care and preventative care, support for patients and families, chronic disease management, and wellness. Discussions also included barriers to receiving both routine and urgent health care. The input of these health care leaders helps PVHMC to better understand the unique health needs of those living in PVHMC's service area and seeks to improve the quality of health services available in the region.

Methodology

Design

Based on the previous needs assessment and information received from PVHMC, we created an outreach list based off the hospital's Primary Service area that spans mainly from Pomona, Claremont, Upland, Rancho Cucamonga, and Chino Hills. We searched for organization leaders from CEOs to Directors of Departments. (Please refer to Appendix- Figure 1 for PHVMC Primary Service Area).

Two groups of emails were sent out to the interest groups in this Primary Service area with the invitation letter (refer to Appendix Figure 2). Two sets of mailings were sent out to interest groups whose email contact could not be found. Responses to attend one of the focus groups were mainly received through email although 1 participant confirmed by phone. Reminder emails with logistical information were sent out to each focus group participant several days prior to the focus group meeting to ensure attendance or answer any questions.

Participating Organizations

- Inland Empire Health Plan
- Community Senior Services
- Pilgrim Place
- House of Ruth
- San Gabriel/Pomona Regional Center
- Tri City Mental Health Services
- Parktree Community Health Center
- Inter Valley Health Plan
- Project Sister
- Upland New Health Center
- PHFE WIC
- City of Montclair- Human Services

Summary of Focus Group Design

PVHMC offered two focus groups in order to accommodate various work schedules. The focus groups were conducted in the evenings of April 5, 2018 and April 12, 2018 at Pomona Valley Hospital Medical Center. The sessions ran for approximately 90 minutes, and participants discussed the health needs of the community-- primary care and preventative care, support for patients and family, chronic disease management, and wellness. An additional discussion sought to explore barriers to receiving both routine and urgent health care. On April 5, 2018, PVHMC and the CGU-DrPH students had the opportunity to meet with eight community leaders and on April 12th they met with six community leaders. Combined, a total of 14 community leaders represented the homeless, low income, youth and adults, disability and seniors, and domestic violence victims. Each organization provides direct services and resources such as; health education, nutrition, and wellness programs for the youth and seniors; primary care services; acupuncture services; comprehensive healthcare for individuals of all ages; comprehensive services for seniors' emergency food and shelter; working with victims of emotional and physical trauma in need of counseling intervention, shelter, transitional housing, and anger management services; and medical and Medicare enrollment.

Before the focus group began, each participant was provided with a packet that included a Consent Form (Refer to Appendix), Survey Instrument (Refer to appendix), list of questions, and a ranking exercise.

Summary of Focus Group Findings

The following is a brief summary of themes and responses to the two focus groups:

Question 1 Responses (Support for Patients and Families):

1. In the area of support for patients and families (education, support groups, etc.) can you identify any unmet needs in our community?
 - A. Which populations are most affected?
 - B. Do you have any suggestions for meeting the needs of our community in this area?

- There is a need for more gerontologists to understand the needs of the senior population
- There is a need for more case management regarding senior services, especially regarding discharge protocol
- The use of promotoras would be useful to better communicate health care to families of different cultural backgrounds
- Having a patient advocate accompany individuals who need help navigating their care would be beneficial
- Trauma patients may not respond well to support group settings
- Connections and awareness of resources available in the community is needed
- Knowing your community and that education is a “rich man’s sport”
- Educate people where they are already at (grocery store, library, government agency, etc.)
- Health education may not be a priority of community members given social circumstances (education level, need to work or care for family members)

Question 2 Responses (Primary Care and Preventative Health Services):

2. In the area of primary care and preventative health services in our community, can you identify any unmet needs in the community?
 - A. Which populations do you believe are most affected?
 - B. Do you have any suggestions on how to meet the needs of our community in this area?

- Educate and walk patients through the process of their medical care in language and terms they can understand; forms in large print for senior population
- Informal or Formal partnerships can generate liaisons on patient advisory to serve and work with the hospital.
- Create informal partnerships for patients of particular needs (ie: sexual assault). A trained staff member could help navigate sensitivity in their care

- Generate resources lists of community based organizations surrounding the hospital and follow-up with sites if services/resources provided
- Increase the promotion of screenings to help people become more comfortable with medical services.
- Trust Building in the Community for health services through community programs, health fairs, and farmer's market.
- Telemedicine
- Bring back better vision/ hearing screenings at schools
- Address the dilemma with the opioid crisis and individuals who come in just to get their prescription drugs
- There is a need for mental health urgent care for behavioral health
- Need more psychologists, more psychiatrists, and medication management specialists
- Need more addiction recovery specialists
- Address issues with referral agencies needing patients to fully transfer over to them
- There are a low number of child beds at health centers in the local area
- Create incentives for low income communities to come get these preventive screenings (ie. Parktree gave gift cards during holidays to come get pap smears)
- Enhance continuity and continuum of care; dashboard of resources and services received for the patients

Question 3 Responses (chronic disease management):

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

- A. Which population are most affected?
- B. Do you have any suggestions on how to meet the needs of our community in this area?

- Incorporate follow-up phone calls for seniors to check on their health and well-being
- Homeless populations at risk for chronic disease, but may feel stigmatized to come in for care
- Educate police and fire departments of what to look for regarding health issues related to chronic disease
- Be aware of the health needs of domestic violence survivors such as fibromyalgia or neurological trauma
- Awareness of LGBTQ health needs and action taken to address
- Broaden the definition of chronic diseases to bring in the topic of mental health and addiction
- Be aware of the social determinants such as transportation and the effort and time it takes a someone without a vehicle to get around on public transportation to get to a variety of appointments (and if they have kids with them too)
- Access to healthy foods and the struggle with farmers markets that are often too expensive for small amounts of food

Question 4 Responses (wellness):

4. In the area of wellness (nutrition, physical activity, smoking, etc.) can you identify any unmet needs in our community?

- A. Which populations do you believe are the most affected?
- B. Do you have any suggestions on how to meet the needs of our community in this area?

- EBT cards often cover more fast food and unhealthy products making healthy eating difficult for low-income adults and families
- Promotion of local food pantries/ farms for low-income residents
- Free cooking classes for low-income communities with ingredients they could actually afford
- A “How to Shop” course at food pantries
- Use community health workers to promote wellness in low-income populations and paying them
- Utilize health education classes to promote positive mental health (coloring classes, Zumba, and physical activity classes)
- Pomona Farmers Market 1st/2nd Saturdays in June 7:30am-11:30am where those on WIC receive \$20 for fruits/vegetables (WIC partnership with First 5)
- Acupuncture as an alternative method to smoking cessation

Question 5 Responses (any other unmet health-related needs):

5. Can you identify any other unmet health-related needs in our community that we did not mention?

- Health needs of undocumented citizens who are nervous and distrust their names being in any system due to ICE (instances of people coming to organizations and hospital to have their name cleared from system)
- Creating best policies and practices that all community health organizations strive to work by so that the same message is being echoed throughout the community
- Educating via radio which is popular among Spanish communities
- Protecting patients from Medicare fraud
- Sex workers in Pomona and the STI issue it presents to the workers and the community

Barriers to Health Responses

In order of ranking, what do you believe are the top three or more barriers to meeting the health needs of our community? Which health needs do you believe are top priorities to improve the health and wellness in our community?

- Trust
 - Current political climate
- Education
- Transportation
- Knowledge of resources
- Homelessness
 - Move around
 - criminalization
- Language Barriers
- Cultural Understanding
- Motivation
- Money
- Underlying causes
 - Low income; poverty
 - Health not a priority
- Keep primary care out of ED
- Coordinate with FQHC
- Have Urgent Cares open longer (have the right types of care open at the appropriate hours)

Suggestions and Additional Comments:

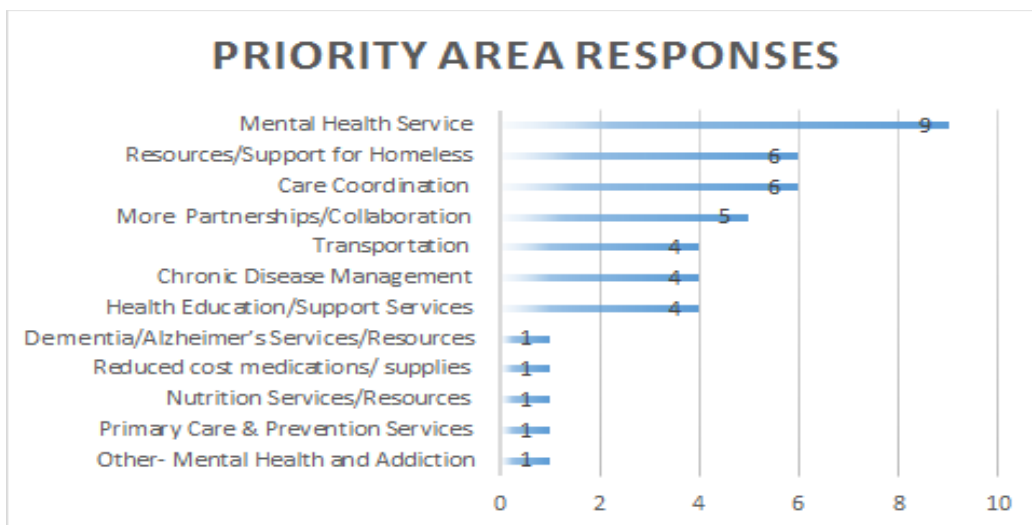
Do you have suggestions from other agencies in which PVHMC can work with to meet the needs of our community? Other Comments?

- Investing more in afterschool programs
- Creating a PVHMC cookbook for healthy food options
- Influences of the current political climate
- More attention on helping the homeless populations
- Constant trainings to ensure vulnerable population medical information remains private
- Host Community Organization meetings at hospital site for networking and awareness of services and resources
- Hospital to attend community partner meetings
- Resource/service guide

Ranking Exercise

Out of 24 possible choices for the ranking exercise with options to add open ended comments, the focus groups selected 12 that they considered a *significant unmet need and should be considered a priority*. The chart below illustrates the top priority choices and number of responses from the focus group participants for each priority area.

Priority Area Responses from Focus Group Participants.



After tabulating the top 3 priorities for the focus groups as a whole, the findings were as follows:

1. 64.3% reported Mental Health as a priority
2. 42.3% reported Care Coordination and Resources/Support for Homeless Populations as a priority
3. 35.7% reported more Community Wide Partnerships/Collaboration as a priority

Conclusion

The focus groups conducted contributed to a better understanding of the specific needs that these local community health organizations have. Each focused group was comprised of members from health plans, senior services, sexual assault, social services, mental health, and disabilities. This diverse group allowed different community perspectives to be shared for each of the questions. Representatives had the opportunity to brainstorm solutions and to network with each other. The focus group facilitators were able to record and take notes on these discussions to examine the top themes. The most common themes in both discussions were 1) **chronic disease management in terms of mental health**, 2) **access to care in terms of homeless, low income and medically underserved populations**, and 3) **health education and support services through increased community-wide partnerships and collaboration**. With this information, PCHMC is better informed and prepared to better utilize the available resources in the community.

Summary of 2018 Needs Assessment Findings

Overall, nearly two-thirds of telephone survey respondents rate their health as “excellent” or “good.” This figure has remained relatively stable over time. As IAR has recommended in the past, PVHMC may want to increase its outreach efforts to the community in an effort to improve the health and wellness of residents in its service area. Secondary data shows that the percent of 18 to 64-year olds rating their health as “fair” or “poor” has decreased in Montclair and Ontario (cities which had the highest rates of poor health in 2011-2012). That is encouraging, and hopefully the hospital (in cooperation with CBOs and primary care providers) can continue and expand upon these successes.

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, 2012, and 2015 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. And secondary data show that the percentage of insured adults is lowest in the cities of Montclair, Ontario, and Pomona, so special attention should be placed on those areas.

One of the big takeaways from this community needs assessment was the need to focus on obesity, nutrition, exercise, and “healthy living.” For example, the phone survey revealed that there is interest in support groups and/or classes dealing with healthy eating and nutrition. Considering that cholesterol, high blood pressure, obesity, and diabetes were also mentioned by phone survey respondents as ongoing health concerns, it is encouraging that there appeared to be a call for education in these areas – something that PVHMC can easily provide. To validate these results, secondary data show that the incidence of obesity has significantly increased (especially in San Bernardino County) since 2011-2012. The data also show high proportions of individuals who ate fast food in the past week. And in San Bernardino County, the percent of teens who ate the recommended number of daily servings of fruits and vegetables is extremely low while the percent of adults without the consistent ability to be able to afford food is quite high (especially in Montclair, Ontario, and Pomona). All of these issues were reinforced during the executive interviews. The executive interviews also highlighted the need to focus on the social determinants of health and health equity.

Prioritized Health Needs

PVHMC's Community Benefit Committee reviewed the 2018 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:**

- Mental Health
- Care Coordination Services/Patient Navigators
- Resources/Support/Outreach for Homeless
- Chronic Disease
 - Diabetes
 - High Blood Pressure; Cardiovascular Disease
 - Mental Health
- Disease Prevention & Education
- Obesity & Weight Management
- Nutrition Education and Support Groups
- Physical Activity Programs
- Access to Affordable Preventative and Specialty Healthcare Services/Access to No-Cost Screenings
- Primary Care, Psychiatry, and Gerontology Providers
- Awareness of Available Resources in the Community

Major Influencers of Health Identified (Social-Determinants of Health):

- Health Insurance Status (city-specific)
- Cost of Healthy Food/Access to Healthy Food (city-specific)
- Poverty/Economic standing
- Education level
- Language and Cultural Barriers as Influencers of Trust

Input was solicited through 1) primary data collection: 319 community-member telephone survey, two focus groups, and two executive interviews with Los Angeles and San Bernardino County public health departments, and 2) secondary data from a multitude of local, state and national resources. All solicited feedback and data was assessed in detail and used by PVHMC in identifying significant community needs and setting priorities.

The identified needs above were prioritized and grouped into the three overarching areas:

- ***Chronic Disease***
- ***Obesity***
- ***Access to Care***

Table 44, below, shows Pomona Valley Hospital Medical Center’s prioritized health needs:

PRIORITY AREA	COMMUNITY HEALTH NEED PRIORITY
1. Chronic Disease	Diabetes High Blood Pressure Mental Health
2. Obesity	Free Classes & Support Groups targeting Nutrition, Weight Management, and Physical Activity Affordable, Healthy Food Access
3. Access to Care	Access to Primary and Specialty Care/Providers Improved Awareness of Services & Resources Care Coordination/Patient Navigation Services Homeless Outreach

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 within the next triennial CHNA cycle, and (3) alignment between the identified health need and Pomona Valley Hospital Medical Center’s mission, vision, and strategic plan.

Evaluation of the Impact of Actions Taken to Address Needs

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 is documented here.

Although this list is *not* comprehensive and a more complete listing of all of PVHMC's actions and services can be found in PVHMC's Community Benefit Report and Implementation Strategy on our website (pvhmc.org), the following list summarizes PVHMC's actions since our previous CHNA:

- Education both verbal and in print at various health fairs and within PVHMC's community classes to raise awareness about cardiovascular health, diabetes, cancer, emergencies (CPR) including risk reduction.
- Diabetes Program Outreach, specifically, collaboration with the UniHealth Foundation, Claremont Graduate University and ParkTree (federally-qualified health center) to research prevalence of diabetes and pre-diabetes in the community, providing education and screenings(500 blood tests in 2017) at the following:
 - Cardenas Health Fair
 - Hilda Solis Health & Wellness Fair
 - PVHMC Stroke Awareness Day
 - PVHMC Charity Car Show & Health Fair
 - San Gabriel Regional Health Fair
 - Women's Health Fair, hosted by Assemblymember Freddie Rodriguez
 - Pomona Diabetes Month Health and Wellness Fair-Lyons Club
 - Mount San Antonio Gardens – Diabetes Evening Lecture for all Residents
- Stroke Program outreach to local community, providing in-community education about signs and symptoms of stroke emergencies, what-to-do in an emergency, and risk reduction. Community outreach included:
 - Glendora After Stroke Program
 - LA County Fair
 - Side walk CPR
 - Community Nursing Homes
 - Community Senior Services
 - Community Caregiver Day
 - Engage Local Schools in Primary Prevention
 - High Schools
 - Elementary Schools
 - Community events
 - Concerts in the park
 - "Children's Art for Heart" with local schools
 - "Power of Red" Event
 - AHA Heart Walk

- Cancer Care Program outreach, including cancer care navigators, multiple programs and support groups offered to meet the needs of the community and to aid them through cancer diagnosis, treatment, and recovery. Programs offered:
 - Women with Cancer
 - Look Good...Feel Better Support Group
 - Pomona Valley Ostomy Association
 - Leukemia/Lymphoma Support Group
 - Bereavement/Loss Support Group
 - When Cancer Enters Your Life
 - Cancer Treatment Fatigue.
 - Integrated Wellness Arts
 - Stretch and Yoga
 - No cost Wig Program
- Clinical research trials are currently in progress in the areas of Breast Cancer, Gastrointestinal Cancers, Head and Neck Cancers, Lung Cancer, Symptom Management, and Prostate Cancer. Additionally in 2017, a 19 person research study began, looking at Gene Expression, Meditative Movement and Emotional Distress. Background and Objectives:
 - Cardiac Rehab and Fitness Gym
 - Maternal Fetal Transport Program (Access to Specialized Care)
 - Wellness Farmers Markets in PVHMC's parking lot
 - Hospital tours to local schools, students and community-based organizations
 - Sports Medicine Evening Clinic; Pre-sports physicals that raise money for local high school sports programs
 - Community blood drives
 - No cost car seats and infant clothing for new moms in need
 - No cost flu shots in a mobile community setting
 - In-kind support to ParkTree FQHC for startup dental service needs.
 - Homeless Recuperative Care Program
 - Women's and Children's Services no-cost classes open to public including breastfeeding support, CPR, sibling support and preparation, new father support and "boot camp training",
 - As part of our Trauma Center designation, PVHMC is expanding its injury prevention program to decrease the incidence of trauma. Programs in development include fall prevention for the elderly, violence outreach and prevention, and pedestrian safety and distracted driving, for example. PVHMC already participates in a program to reduce drunk driving in the teenage population, and we provide car seat safety information to new mothers and families. Improving safety throughout the community is a very important part of our Trauma Center's role.

Anticipated Impact

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 actions, 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

Evaluation of Impact

Evaluating primary and secondary data in our most recent Community Needs Assessment, including public health and focus group input, compared to previous needs assessments, findings indicate the following areas of health improvement in the community:

- The percentage of community members who have received cholesterol testing, mammograms and colon cancer screenings has increased since PVHMC's last assessment. Among those that had not received all recommended screenings within recommended time periods, the predominant reason was being too old/too young for the test, no time or too busy, or didn't think it was important or necessary. Additionally, the 2018 needs assessment revealed that Hispanics received pap smears and mammograms more often than non-Hispanics, but were tested at lower rates for cholesterol and colon-cancer. PVHMC will continue to seek out ways to further increase the numbers of community members receiving preventative health screenings and providing education on the importance of regular recommended screenings.
- Most respondents reported that they keep up with regular doctor visits. That is, 80.0% 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, a figure that has been relatively stable across the last few CHNAs. Another 11.4% had received a physical exam within the past two years, an increase from 8.6% in 2015. Furthermore, the percentage of people who had a physical exam within 5 years or more than five years ago has decreased from 2015 to 2018, an encouraging figure.
- In the 2015 report we noted that there were significant differences in health insurance coverage based on demographics such as age, ethnicity, income, or education. We reported that older people, as well as people with higher incomes and education, are the most likely to have households where all adults are covered. Further, in 2015, non-Hispanics were more likely than Hispanics to have coverage for all adults in the household. The 2018 data show similar trends; however, the differences are no longer statistically significant. The "gap" is closing, probably due to the implementation of the Affordable Care Act. 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.

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 mammograms, cholesterol testing, and colon cancer screenings since PVHMC's last assessment 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.
- Percentage of respondents who said they or a family member diabetes or high blood pressure increased significantly from 2015 to 2018. PVHMC has taken significant actions to address Diabetes and Cardiovascular Health and Stroke in the community, and combined with the increase in health insurance coverage, PVHMC believes the significant increase in respondents reporting diabetes and high blood pressure is likely related to the increase in reported recommended screenings and physical exams. Thus, respondents who likely were unaware they were living with these conditions may now be aware. Even so,

these figures demonstrate a significant need for services, classes, and partnerships with local non-profits to address Diabetes and High Blood pressure needs as well as raise awareness about prevention.

- More than 40% of respondents believe the best way to provide information about disease prevention is through doctor's office visits. In addition to doctor's office or hospital, respondents reported the public schools, community events, and through internet are the best locations and/or sources to share disease prevention information. This provides PVHMC with some ideas about how to best address the need of "raising awareness about services" and "disease prevention education."
- 40% of respondents would like to see PVHMC offer classes related to healthy eating and nutrition, followed by diabetes, weight management, cancer, high blood pressure, and mental health or depression. Considering that cholesterol, high blood pressure, obesity, and diabetes were mentioned as top health concerns, it is encouraging to see that the community has a desire for education in these areas.

Our evaluation of the anticipated impact of our actions and 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 widely published its previous CHNA (FY 2015) both in print and on the PVHMC website. Although PVHMC did receive requests for copies of the CHNA and provided those at no cost upon request, PVHMC did not receive written public comments related to the previous Needs Assessment or Implementation Strategy.

Community Partners

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 have partnered with the following organizations over the years 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 PVHMC has identified to potentially address the health needs of the 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

ADDITIONAL RESOURCES THAT PVHMC HAS IDENTIFIED TO POTENTIALLY ADDRESS THE HEALTH NEEDS OF THE COMMUNITY CAN BE FOUND IN APPENDIX V.

Plans for Public Review

As we proceed with 2018 and move into 2019, 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 2018 Community Needs Assessment. PVHMC's next steps include:

- Continuous review of the Community Benefit Plan and 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 Community Health Needs Assessment, Community Benefit Plan and Implementation Strategy.

The Community Benefit Plan and 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 these documents in electronic form, please visit pvhmc.org and navigate to the Community Outreach tab on our home page. The direct link is <https://www.pvhmc.org/About-Us/Community-Services.aspx>

Questions, comments, and requests for a paper copies can be made by phone, by email, or by mail, by contacting:

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

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

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

Appendices

APPENDIX I TELEPHONE QUESTIONNAIRE

Pomona Valley Hospital Medical Center

2018 Community Needs Assessment

Items in capital letters are not read to the respondent

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.

Is here anyone else at home that I could speak with?

[PRESS ANY KEY TO TERMINATE INTERVIEW OR BACK 2 TIMES]

APPT

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

[HOURS MON-FRI 3-9 PM]

[SAT 11-5 SUN 1-7]

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?

REFUSED [ENTER 999]

Q4

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

REFUSED [ENTER 999]

IF (Q3 = 1) SKIPTO Q4

Q5

How many persons in your household AGES 18 AND ABOVE are covered by Medical Insurance?

REFUSED [ENTER 999]

Q6

How many children in your household AGE 0-17 YEARS are covered by medical insurance?

REFUSED [ENTER 999]

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 (EITHER HMO OR PPO)
3. MEDI-CAL
4. MEDICARE
5. VETERANS (VA)
6. OBAMA CARE, COVERED CALIFORNIA, AFFORDABLE CARE ACT INS
7. OTHER GOVERNMENT INSURANCE (WIC, CHIP, ETC.)
8. OTHER (PLEASE SPECIFY)

97. NOT COVERED (NO INSURANCE AT ALL)

98. DON'T KNOW

99. REFUSED

IF NO INSURANCE AND SOMETHING ELSE CLICK 97 AND CONTROL "N" WE NEED 97 AND A NOTE OF THE OTHER INSURANCE...

IF (ANS not = 97) SKIPTO ACCESS

NOTES:

- IF BLUE CROSS, BLUE SHIELD, IEHP, UNITED HEALTHCARE, AETNA, ETC CHECK PRIVATE INSURANCE NUMBER 2
- WIC = WOMAN, INFANT & CHILDREN PROGRAM
- CHIP = CHILDREN'S HEALTH INSURANCE PROGRAM
- IF UNSURE, CLICK "OTHER " AND WRITE IT IN

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 MEDI-CAL 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.

[INTERVIEWER: PRESS ANY KEY TO CONTINUE]

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 > 1) SKIPTO Q9

Q8a

What kept you or your family members FROM GETTING the health services you needed?

[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 VALLEY HOSP. MED. CTR. DIDN'T HAVE THE SERVICES NEEDED
- 11. DIDN'T LIKE THE PROGRAMS OR SERVICES
- 12. PROVIDER WOULDN'T ACCEPT INSURANCE
- 13. MEDICAL 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 (13 months to 2 years)
3. WITHIN PAST 5 YEARS (25 months to 5 years ago)
4. MORE THAN 5 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

Q112018

Changing subjects now... Do you typically find it difficult to eat healthy or maintain a healthy body weight?

- 1. YES
- 2. NO [SKIP TO Q12B]
- 3. SOMETIMES
- 8. DON'T KNOW [SKIP TO Q12B]
- 9. REFUSED [SKIP TO Q12B]

Q11A: What would you say is the NUMBER ONE reason it is difficult?

[INTERVIEWER—ONE ANSWER ONLY]

- 1. COST OF HEALTHY FOOD (FRUITS AND VEGETABLES)
- 2. NOT SURE HOW TO COOK/PREPARE HEALTHY FOODS
- 3. NOT SURE WHAT IS CONSIDERED "UNHEALTHY"
- 4. IT'S HARD TO CHANGE MY EATING AND EXERCISE HABITS
- 5. I LIKE FOOD TOO MUCH
- 6. I DON'T CARE ABOUT MY WEIGHT
- 7. TOO BUSY (TO EXERCISE OR PREPARE HEALTHY MEALS)
- 8. OTHER (SPECIFY)

98. DON'T KNOW

99. REFUSED

Q12B

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

1. YES
2. NO
7. NO FEMALE IN HOUSEHOLD **[SKIP TO Q12D]**
8. DON'T KNOW
9. REFUSED

Q12C – DISPLAY ONLY IF Q12b IS NOT 7

In the past YEAR, have you or any members of your household had a mammogram?

1. YES
2. NO
7. NO FEMALE IN HOUSEHOLD **[SKIP TO Q12D]**
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

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

Q12ADD DISPLAY ONLY IF 12B, C, OR E IS "NO"

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

[PAP, MAMMOGRAM, COLON] [DON'T READ--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

Q12COMNT

USE THIS BOX ONLY IF PEOPLE HAD AN EXTRA CLARIFICATION COMMENT ON Q12ADD SUCH AS: 'I DIDN'T GET THE COLON CANCER TEST BECAUSE I HATE IT, AND DIDN'T HAVE THE MONEY FOR THE MAMMOGRAM'. EXPLAIN IF THEY HAD DIFFERENT REASONS FOR DIFFERENT CANCER SCREENINGS. OTHERWISE LEAVE BLANK---CLICK ANY KEY AND MOVE ON.

Q13

Do you or any member of your family have any of the following chronic or ongoing health problems: [READ THE OPTIONS AND 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 [ahr-teer-ee-oh-skluh-roh-sis]
9. Arthritis
10. Are there any other chronic conditions (specify) _____
11. NONE
98. DON'T KNOW
99. REFUSED

IF (answer > 10) SKIPTO Q152018

Q14

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

[IF THEY DON'T KNOW WHAT WE ARE ASKING... "help from doctors, or support groups, classes"]

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

IF (ANS = 1) SKIPTO Q152018

IF (ANS > 7) SKIPTO Q152018

Q14a

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

Q152018

Some people are concerned about cancer? Which type of cancer are you most concerned about? [DON'T READ...CHECK ALL THAT APPLY]

1. BREAST CANCER
2. LUNG
3. COLORECTAL
4. PROSTATE
5. SKIN CANCER
6. CANCER IN GENERAL (ALL CANCERS)
7. NOT CONCERNED ABOUT CANCER
8. OTHER (PLEASE SPECIFY)
98. DON'T KNOW
99. REFUSED

Q162018

What are the best ways of providing you with information about DISEASE PREVENTION such as cancer, diabetes, heart disease, and stroke? [READ AND CHECK ALL THAT APPLY]

1. Community events
2. Doctor's visits
3. TV or social media
4. Mail sent home
5. Other (PLEASE SPECIFY)
7. NOT INTERESTED IN THE INFORMATION
8. DON'T KNOW
9. REFUSED

Q172018

There are a number of places where people can learn more about diseases such as cancer, diabetes, and heart disease. In addition to a doctor's office or hospital, where else would you like to see the information being shared? [DON'T READ... CHECK ALL THAT APPLY, IF THEY DON'T KNOW READ... "for example, places like church, public schools, or supermarkets."]

1. CHURCHES
2. COMMUNITY COLLEGES
3. WORKPLACE
4. LIBRARIES
5. PUBLIC SCHOOLS
6. SUPERMARKETS
7. COMMUNITY EVENTS
8. OTHER (SPECIFY) _____
9. INTERNET
98. DON'T KNOW
99. REFUSED

Q182018

Does anyone living in the house smoke tobacco? [CIGARETTES, CIGARS, OR PIPES]

1. YES
2. NO
3. NO, BUT SOME VISITORS TO THE HOUSE SMOKE IN OUR HOUSE
4. NO, BUT JUST VAPING
5. ON OCCASION/SOMETIMES ONLY
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 > 1) SKIPTO Q19

Q18a

Why did you choose Pomona Valley Hospital Medical Center?

[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/DON'T REMEMBER
9. REFUSED

Q20

Are there classes you'd like them to offer?

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

IF (ANS >1) 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 /DON'T REMEMBER
9. REFUSED

Q22

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

[DON'T READ... CHECK ALL THAT APPLY]

1. NOT INTERESTED AT ALL
2. SMOKING CESSATION / STOP SMOKING
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 or a member of your household received services at Pomona Valley's emergency room?

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

IF (ANS > 1) SKIPTO Q25

Q23A

What was the reason emergency services were needed?

[DON'T READ... CHECK ALL THAT APPLY]

- 1. INJURY OR ACCIDENT
- 2. CHEST PAIN/HEART ATTACK
- 3. STROKE
- 4. BREATHING DIFFICULTIES (FLU, SINUS INFECTION, ...)
- 5. OTHER (SPECIFY)
- 8. DON'T REMEMBER

9. REFUSED

Q24

Did you or the household member try to see your doctor before going to the Emergency Room?

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

IF (ANS = 1) SKIPTO Q25

IF (ANS > 2) SKIPTO Q25

Q24a

May I ask why not? [DON'T READ --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 REMEMBER
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

Q262018

What is the biggest health related issue or service that the community needs to focus on? [OPEN ENDED, MULTIPLE RESPONSE.]

1. AFFORDABLE HEALTH CARE/FREE SCREENINGS
2. HOUSING FOR HOMELESS
3. MENTAL SERVICES (BETTER ADVERTISING AND LOWER COST)
4. OBESITY
5. PREVENTIVE CARE
6. PLACE TO BUY HEALTHY FOODS AFFORDABLY
7. SERVICES FOR DIABETES
8. OTHER (PLEASE SPECIFY, GET WORD FOR WORD)
9. AFFORDABLE MEDICINE
10. ADDICTION TREATMENT
11. CANCER CURE/TREATMENT
98. DON'T KNOW
99. NO COMMENT/REFUSED

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?

[DON'T READ.... 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?

GAVE YOU A YEAR [ENTER 997 THEN, CONTROL "n" and type in the year for me.]

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 2017? 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.

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

Question Lng

In what language was the interview conducted?

- 1. English
- 2. Spanish

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

APPENDIX II
FOCUS GROUP PARTICIPANT CONSENT FORM



Expert care with a personal touch

Focus Group Consent Form

Introduction: Pomona Valley Hospital Medical Center (PVHMC) is in the process of gathering information for its 2018 Community Health Needs Assessment. You have been invited to take part in this focus group because you are an individual who works in the community health field and have access to working with minority and medically underserved populations and are aware of their unique healthcare needs.

Purpose: The purpose of the focus group is to gather information from local health leaders regarding the health needs of the community in PVHMC's primary service area. The focus group environment is designated to create a space where community health leaders can help identify priority health areas.

Participation: As a participant of this focus group you will be asked about 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 create the foundation for improving the quality of health services available in the region.

Risk & Benefits: The risks associated with this focus group are minimal. However, you may feel uncomfortable answering some of the questions at this given setting. You are free to skip any question that makes you feel uncomfortable or refuse to answer any item. Please ask questions about anything that you do not understand. You may not benefit from participating in this research directly. You are free to send the research team further information after the focus group that you forgot to mention or felt uncomfortable mentioning in the focus group at that given time.

- This session will be audio recorded for the purpose of reviewing statements that will be vital for the Pomona Valley Hospital Medical Center Report.

Confidentiality: All of your responses to the interview will be private and confidential. The focus group session will be audio recorded the purpose of reviewing statements that will be vital for the Pomona Valley Hospital Medical Center Report. Every effort will be made to keep any information collected about you confidential by PVHMC and CGU students. We will not include your name or any identifiable information in written notes or reports of the focus group. Your privacy is important and this is the reason for having rules which control who can use or see your information. Your responses will be password protected, and kept under lock and key by the CGU students.

If you have any questions or would like additional information about this research, please contact:

Courtney Greaux: courtney.greaux@pvhmc.org

Agreement: By signing this consent form you indicate that you have read the form and agree to voluntarily participate in the focus group. If you agree to take part, you are free to withdraw from the study at any time. If you choose not to take part, no penalty or consequence will occur.

I _____, understand the above information and voluntarily give my informed consent to participate in this study.

The research project and consent form was explained to:

Signature of Participant

Date

The person who provided consent confirmed that all of their questions had been answered and they agreed to participate in this research project. They verbally authorized their participation into this research project. They agreed to have Claremont Graduate University use their responses from the focus group for research purposes.

PVHMC FOCUS GROUPS

April 5, 2018

April 12, 2018



Expert care with a personal touch

Part I.

Introductions- Skylar & Devin

- a. Explain agenda & purpose of today's FG

Introductions of Attendees

- b. Brief background of attendee's role and organization

Part II a.

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) Organization: _____

3) Job Title and role in the organization?

4) What populations do you primarily serve?

5) Briefly, what experience do you have working with minority and medically underserved populations in PVHMC's service area?

- 6) What types of services does your organization offer?
- 7) What is the most important thing PVHMC can do to improve the health and wellness of minorities and medically underserved populations in its region?

OPEN DISCUSSION

On the following topic areas

Part II b. Health Needs of the Community:

1. In the area of support for patients and families (education, support groups, etc) can you identify any unmet needs in our community? Which populations are most affected? Do you have any suggestions for meeting the needs of our community in this area?
2. In the area of primary care and preventative health services in our community, can you identify any unmet needs in the 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?
3. In the area of chronic disease management, can you identify any unmet needs in our community? Which population are most affected? Do you have any suggestions on how to meet the needs of our community in this area?
4. In the area of wellness (nutrition, physical activity, smoking, etc) can you identify any unmet needs in our community? Which populations do you believe are the most affected? Do you have any suggestions on how to meet the needs of our community in this area?
5. Can you identify any other unmet health-related needs in our 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:

In order of ranking, what do you believe are the top three or more barriers to meeting the health needs of our community? Which health needs do you believe are top priorities to improve the health and wellness in our community?

Part IV. Suggestions and Additional Comments

Do you have suggestions from other agencies in which PVMHC can work with to meet the needs of our community?
Other comments?

Part V. Ranking Exercise

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 priorities** most significant unmet needs and should be considered a priority and requires more discussion.

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

APPENDIX IV RESOURCES FOR SECONDARY DATA

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.ucl.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
2020 <http://www.healthysanbernardinocounty.org/index.php?module=DemographicData&type=user&func=qfview&vaset=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/>

APPENDIX V
IDENTIFIED COMMUNITY RESOURCES TO ADDRESS HEALTH NEEDS

POMONA COMMUNITY LINKS AND ASSISTANCE REFERENCE

The following is a comprehensive list of programs and organizations that PVHMC has identified through this needs assessment process that are possibly able 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-hour hotline for crisis intervention, shelter intake, information and referral. Provides emergency shelter and transitional housing for women and children who are victims of domestic violence.

HPRP

Pomona Plus

248 Monterey
Pomona, Ca. 91767
909.622.2091
Fax 909.629.0328

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

Mercy House/Trinity House

2040 N. Garey Ave
Pomona, CA 91767
(909) 593-4281

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

Prototypes Women's Center Residential Program

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

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

Total Restoration Ministries

420 N. Reservoir
Pomona, Ca. 91767
909.620.7838

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

Fountain of Love Church

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

Helping Hands Caring Hearts Ministry

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

Inland Valley Hope Partners Beta

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

Inland Valley Hope Partners

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

Inter City Volunteers

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

New Life Community Church

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

Pomona First Baptist Church

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

Pomona Neighborhood Center

999 W. Holt Ave., Pomona

(909) 620-7691

Emergency food/shelter, Educational counseling, job development, placement

Pomona Valley Christian Ministry

1006 S. Garey Ave

Pomona, Ca. 91768

(951) 212-2031

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

Trinity Methodist Church

676 N. Gibbs St.,

Pomona, CA 91767

909-629-9748

Food pantry

The Treasure Box

www.thetreasurebox.org

Orders via Online

\$30.00 box of food valued at 75.00-100.00

program available to everyone

WIC Program

Women, Infant and Children

888-942-2229

Food and nutritional assistance for women with children up to age 5, or women who are pregnant. Service based on income level.

Dept. of Public and Social Services

12860 Crossroads Parkway South

City of Industry, CA 91746

562-908-8400

Provided services to residences in need of financial assistance to meet their basic needs for food housing, childcare, in-home care, and/or medical assistance

Pomona District Office

2040 W. Holt Ave.,

Pomona CA 91768

909-865-5210

www.co.la.ca.us/dpss

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

Social Security Office

960 W. Mission Blvd.

Pomona, CA 91766

909-772-1213

www.ssa.gov

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

Family Resources

Pomona Unified School District

1690 S. White Ave.

Pomona, CA 91766

909-397-5045

Medical referral, Health Family application, childcare referral available, information, and resource referral. Will assist the children of homeless families. No Fee.

LA County

Dept. of Military and Veterans Affairs

1427 W. Covina Parkway

West Covina, CA 91790

626-813-3402

Counsels veterans, their dependents and survivors regarding federal and state benefits such as compensation, pensions, disability, education, hospitalization, home loans, etc., and provides referrals concerning drug and alcohol abuse and post-traumatic stress disorders.

Adult Education Center

Pomona Unified School District

1515 W. Mission Blvd.

Pomona, CA 91766

(909) 469-2333

www.pusd.org

Adult education services: High school diploma; General Education Development (GED); job training, referral and placement; English as a Second Language (ESL) Parent Education; community courses.

**Employment Development
Department (EDD)**

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

Los Angeles Urban Assistance League

264 E. Monterey Avenue
Pomona, CA 91767
(909) 623-9741
Employment and vocation training services.

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

151 East Second St. Pomona, CA 91766
(909) 620-0383
800-548-2722 – 24 hour hotline
Provides crisis assistance and placement for women and families of domestic violence.

**Pomona Community
Crisis Center**

240 E. Monterey, Pomona
(909) 623-1588
Offers outpatient drug rehabilitation including individual, group and family counseling; youth counseling for ages 7-21; drug screening; and drug and domestic violence diversion

**Project Sister Sexual
Assault Crisis Services**

303 S. Park Ave., Ste. 303, Pomona
(909) 623-1619
(909) 626-HELP / 24-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



Expert care with a personal touch