

2013

Community Health Needs Assessment



Pomona Valley Hospital Medical Center

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Pomona, CA 91767

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Executive Summary

Pomona Valley Hospital Medical Center (PVHMC) is a 453-bed, fully accredited, acute care hospital serving eastern Los Angeles and western San Bernardino counties.

A nationally recognized, not-for-profit facility, the Hospital's services include Centers of Excellence in oncology and cancer care, cardiac and vascular care, women's and children's services, and kidney stones. Specialized services include centers for breast health, sleep disorders, a Neonatal ICU, a Perinatal Center, physical therapy/sports medicine, a full-service Emergency Department which includes our Los Angeles County and San Bernardino County STEMI receiving center designation, robotic surgery, and the Family Medicine Residency Program affiliated with UCLA. Satellite Centers in Chino Hills, Claremont and Pomona provide a wide range of outpatient services including physical therapy, urgent care, radiology and occupational health. Additionally, we are Primary Stroke Center certified. The Joint Commission recently notified us that we have earned the Gold Seal of Approval™ for certification as a Primary Stroke Center for Los Angeles County, along with being named one of Thomson Reuter's 50 Top Cardio Hospitals in the nation demonstrates what we have been doing all along; providing quality care and services in the heart of our community.

As a community hospital, we continuously reflect upon our responsibility to provide high quality health care services, especially to our most vulnerable populations in need, and to renew our commitment while finding new ways to fulfill our charitable purpose. Part of that commitment is supporting advanced levels of technology, 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 an effort to identify the community's health needs, and consistent with legislation, Pomona Valley Hospital Medical Center partnered with California State University San Bernardino's Institute of Applied Research (IAR) to conduct a formal Community Health Needs Assessment (CHNA). The assessment is intended to be a resource for PVHMC to identify and prioritize the health needs of our community as well as to assist with the development of activities and programs that can help improve and enhance the health and well-being of the residents of Pomona Valley.

Pomona Valley Hospital Medical Center's Community Health Needs Assessment process, including assessment findings, prioritized health needs, and community profile is detailed in this report. Results of the assessment, in conjunction with input from PVHMC's CHNA team, will be used to develop an Implementation Strategy and Community Benefit Plan for addressing the health needs of our community. Furthermore, results are openly shared with community leaders, community-based organizations, and the public in an effort to improve the quality and quantity of services offered at PVHMC, identify opportunities for collaboration, and to make future assessment considerations.

Introduction

Pomona Valley Hospital Medical Center's Health Needs Assessment is data-driven, survey, and interview based, objectively looking at demographic and socioeconomic aspects of the community, health status, barriers to receiving care, and PVHMC's role in the community.

Methodology

Pomona Valley Hospital Medical Center (PVHMC) collaborated with the Institute of Applied Research (IAR) at California State University, San Bernardino to complete a formal Community Health Needs Assessment. Data was collected via telephone survey and included input from 323 residents within eleven communities that we serve. The Co-Principal Investigators were Shel Bockman, PhD, Barbara Sirotnik, PhD, Christen Ruiz, MA, and the Project Coordinator was Lori Aldana, MBA. Specific sampling methods and findings are provided in the Community Health Needs Assessment section of this report.

Additional community input was obtained through a community health needs interview with Christin Mondy, Los Angeles County SPA 3 and SPA 4 Health Officer, representing the broad interests of the communities we serve. Detailed interview information and findings are found in the Community Health Needs Assessment section of this report.

Secondary sources used to complete the assessment include:

- U.S. Census Bureau
- American Community Survey
- California Department of Finance
- California Health Interview Survey
- Healthcity.org
- Los Angeles County Department of Public Health
- California Department of Public Health
- San Bernardino Health Community

Information Gaps

Every attempt was made to collect 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.

About Pomona Valley Hospital Medical Center

Our Mission

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

Our Vision

PVHMC's vision is to:

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

Our Values

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

Our Services

Varied range of services provided by PVHMC to our community include:

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

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.

Facts and Figures

Year PVHMC Established: 1903

Number of Licensed Beds: 453

Average Number of Associates: 3,042

Number of Volunteers: 968

Number of Hours of Services: 95,595

Annual Emergency Department Visits: 83,402

Number of Pediatric Emergency Department Visits: 24,178

Number of Physicians on Medical Staff: 654

Sources: PVHMC Decision Support Services, Human Resources, Medical Staff, Volunteer Services for 2012

Our Community

Pomona Valley Hospital Medical Center is located in Los Angeles County, within an area referred to as Strategic Health Planning Area 3 (SPA 3). Our community is defined by our primary service area, as mapped in Figure 1, and is determined from discharge data obtained through the Office of Statewide Health Planning and Development. PVHMC's secondary service area includes additional surrounding cities in San Gabriel Valley and western San Bernardino County. Data presented in this section includes our primary service area and related information for Los Angeles and San Bernardino Counties as a whole.

Primary Service Area

Table 1: PVHMC's Primary Service Area

<u>City</u>	<u>Zip Code(s)</u>	<u>County</u>
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, 91786	San Bernardino
Montclair	91763	San Bernardino
San Dimas	91773	Los Angeles
Rancho Cucamonga	91729, 91730	San Bernardino
Alta Loma	91701, 91737	San Bernardino

Source: United States Census Bureau

Map 1: The Communities We Serve



Demographic Profile

Population

According to the 2010 United States Census, Pomona Valley Hospital Medical Center’s primary service area has a total population of 840,789. Table 1 highlights population and age of residents by city.

Table 2: Population

<u>City</u>	<u>2010 Population</u>
Pomona	149,058
Claremont	34,926
La Verne	31,063
Chino	77,983
Chino Hills	74,799
Ontario	163,924
Upland	73,732
Montclair	36,664
San Dimas	33,371
Rancho Cucamonga	165,269
Alta Loma ¹	n/a
TOTAL	840,789

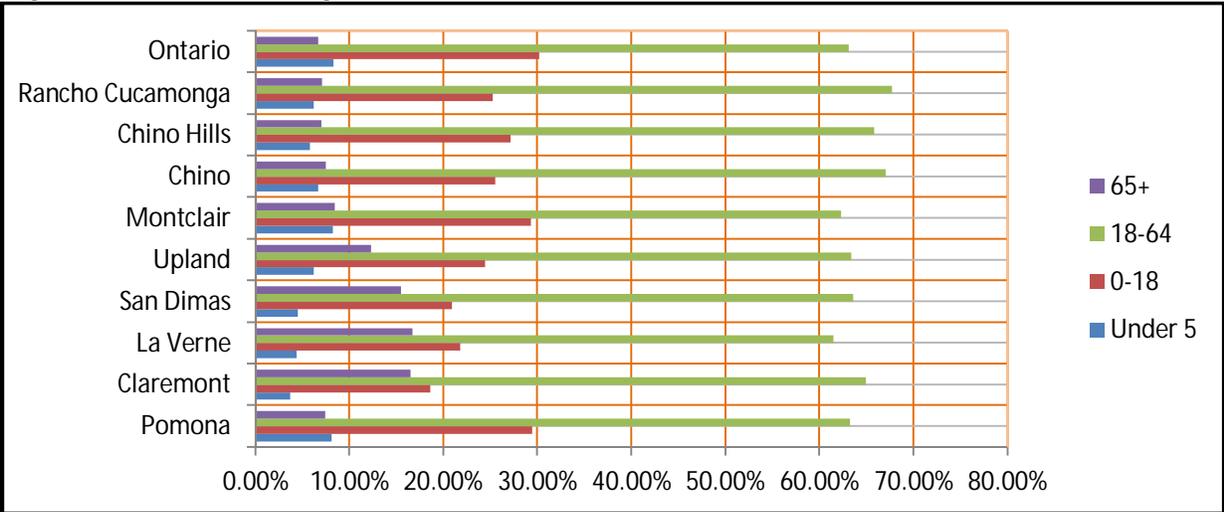
Source: U.S. Census Bureau, 2010

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

Age

According to the 2010 Census, of the 840,789 residents within our Primary Service Area, 26.6% are under the age of 18, 64.3% are between the ages of 18-64, and 9.0% are ages 65 and older. Figure 1 illustrates the age distribution within specific cities in our service area. Montclair, Pomona, and Ontario have the highest youth population (ranging from 29-32% of their total population), whereas Claremont, San Dimas, and La Verne have the highest senior population, in fact double the average senior population of our other service areas (15-16% compared to 7-8%).

Figure 1: Distribution of Age



Source: U.S. Census Bureau, 2010

Ethnicity

Pomona Valley Hospital Medical Center serves a diverse ethnic community. Pomona has the highest percentage of Hispanic and Latino population of 70.5%; La Verne has the highest percentage of the population that is white/Caucasian at 74.2%; Pomona and Upland have the highest percentage of Black/African American population (7.3%) and Chino Hills has the highest Asian population (30.3%). Ontario has the highest population who identified as Other (31.3%). The following table uses orange shading to highlight the highest racial/ethnic percentages across cities.

Table 3: Ethnic Diversity

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

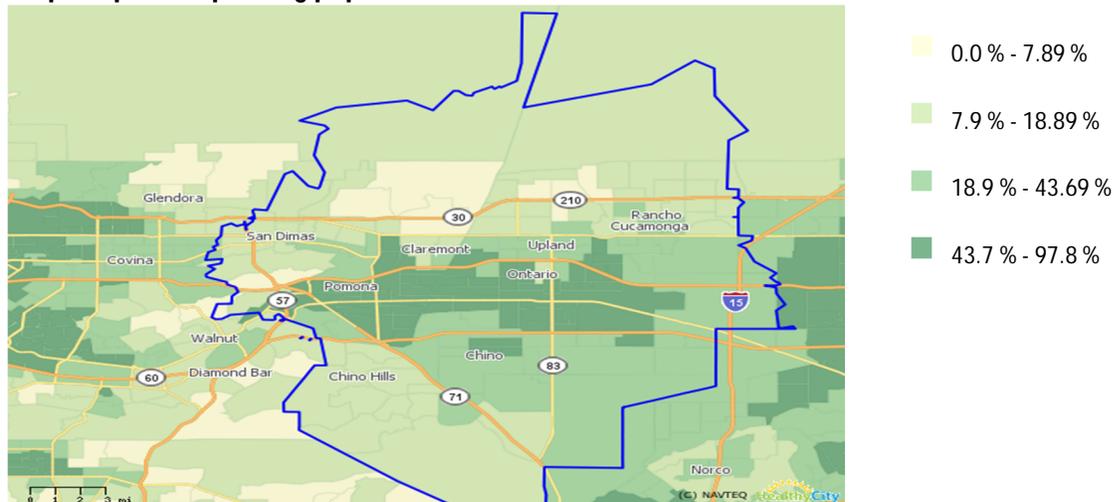
Source: U.S Census Bureau, 2010

1: Data is not available for Alta Loma

Linguistic Diversity

The following figure illustrates the distribution of PVHMC’s service area population, age 5 and over, who primarily speak Spanish in the home. Pomona and Montclair have the highest population of residents within our community whose primary language is Spanish.

Map 2: Spanish speaking population



Map created on October 23, 2013 at HealthyCity.org; Data level: Census Tract (2010)
 Data source: American Community Survey 5-Year Estimates. Data Year: 2006 - 2010.

Social and Economic Characteristics

Income

The following table provides data on the median household income for cities within our primary service area. Chino Hills has the highest median household income (\$101,905) and Pomona has the lowest median income (50,893).

Table 4: Median Household Income

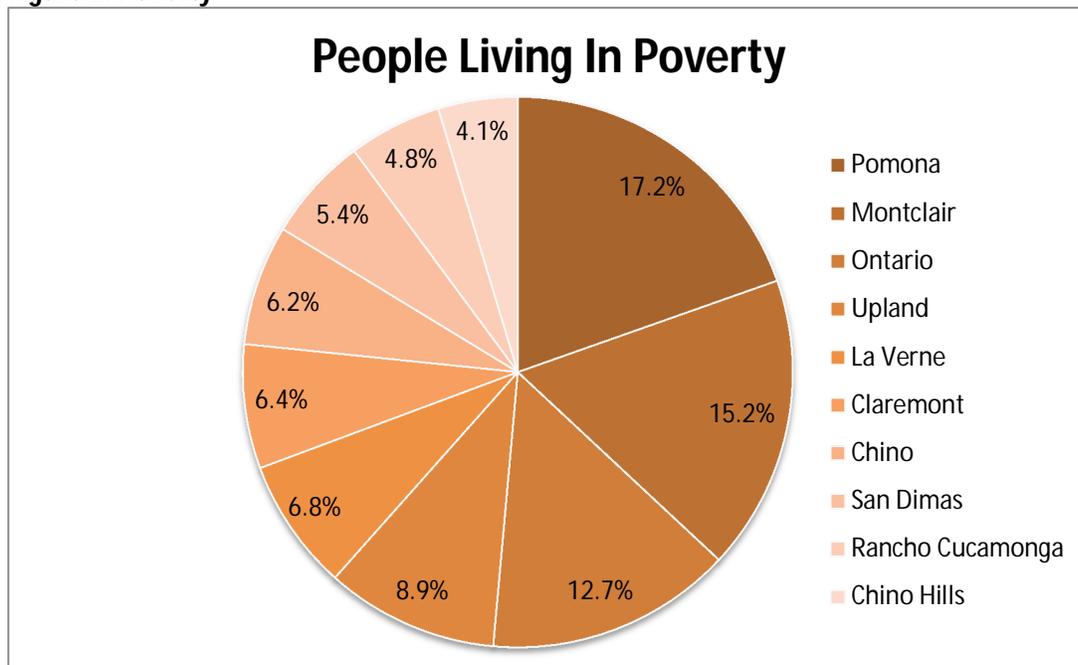
<u>City</u>	<u>Median Household Income (2010)</u>
Pomona	\$50,893
Claremont	\$81,715
La Verne	\$77,088
Chino	\$73,400
Chino Hills	\$101,905
Ontario	\$55,902
Upland	\$67,449
Montclair	\$50,959
San Dimas	\$74,610
Rancho Cucamonga	\$78,782
Alta Loma ¹	n/a

Source: 2007-2011 American Community Survey, 5 year estimates; United State Census Bureau

1: Data is not available for Alta Loma

Of the total population, Pomona has the highest percentage (17.2%) of residents living at or below the federal poverty threshold. In contrast, Chino Hills has the lowest percentage of residents (4.1%) living at or below the FPL.

Figure 2: Poverty



Source: 2006-2010 American Community Survey 5 year estimates, United State Census Bureau

Educational Attainment

Among PVHMC's primary service area, Pomona has the highest percentage of residents who have less than a 12th grade education (36.8%), followed by Ontario, Montclair, and Chino.

Table 5: Level of Education

City	Percent less than 9 th grade	Percent 9 th to 12 th grade, no diploma	Percent High School graduate	Percent Associate's degree	Percent Bachelor's Degree	Percent Graduate Degree or professional degree
Pomona	21.1%	15.7%	26.0%	6.1%	10.2%	4.0%
Claremont	3.3%	3.8%	12.7%	7.4%	25.1%	27.7%
La Verne	1.7%	6.4%	22.3%	10.9%	19.6%	12.0%
Chino	10.1%	15.2%	26.0%	6.8%	13.1%	4.7%
Chino Hills	2.9%	4.8%	17.6%	9.7%	28.8%	13.7%
Ontario	17.9%	12.0%	26.3%	6.7%	11.4%	3.9%
Upland	5.2%	6.7%	22.4%	10.7%	18.0%	10.9%
Montclair	15.9%	13.9%	29.8%	6.6%	10.5%	2.7%
San Dimas	2.9%	4.2%	23.5%	12.4%	19.1%	12.9%
Rancho Cucamonga	3.3%	6.2%	22.8%	10.5%	18.9%	10.3%
Alta Loma ¹	n/a	n/a	n/a			

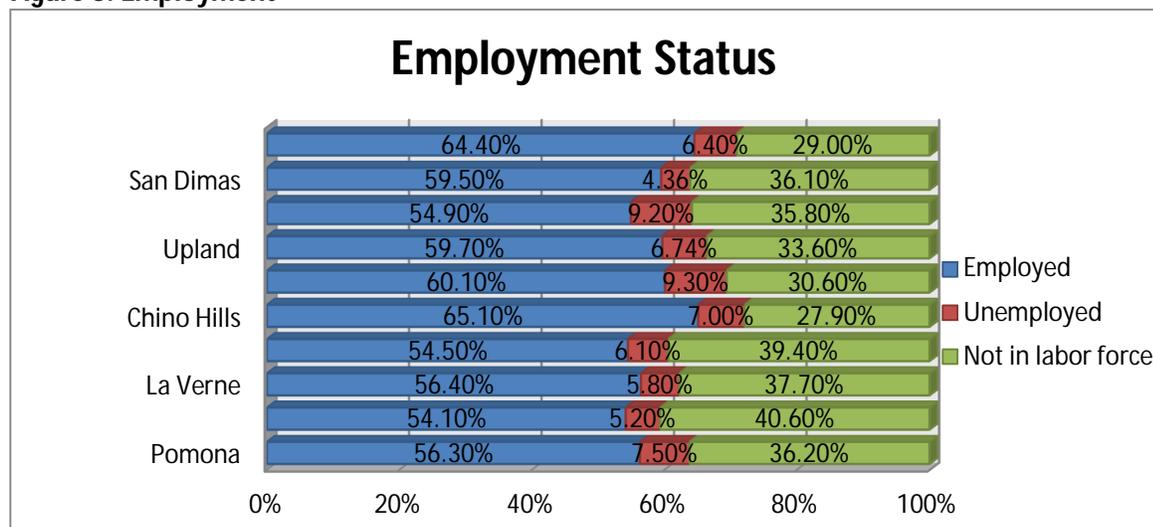
Source: Extracted from California Department of Finance; Based on American Community Survey 2006-2010 data 5 year estimates, U.S Census Bureau.

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

Employment Status

At a county level, 58.7% of the Los Angeles County population is employed, 6.4% is unemployed and 34.8% is not in the labor force. In San Bernardino County, 54.3% is employed, 8.0% is unemployed, and 36.7% is not in the labor force. Pomona Valley Hospital Medical Center's Primary Service Area as a whole correlates with both county wide employment rates, however Ontario and Montclair have unemployment levels higher than county averages, at 9.3% respectively.

Figure 3: Employment

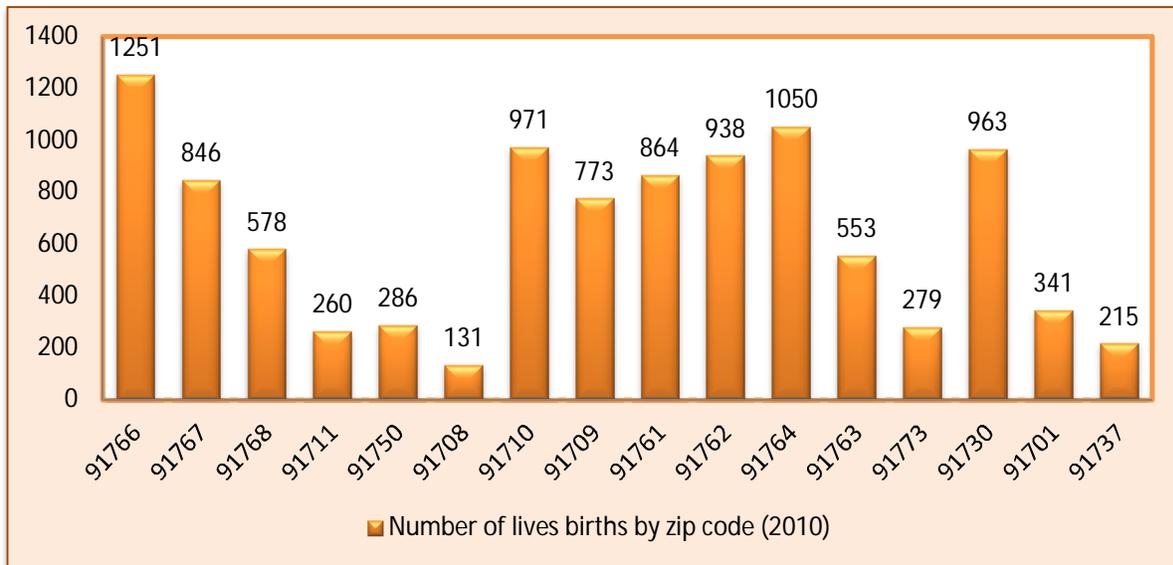


Source: 2007-2011 American Community Survey 5 year estimates, United States Census Bureau

Birthing Characteristics

In 2012, Pomona Valley Hospital Medical Center had 6,917 deliveries. Figure 4 illustrates the distribution of live births across our primary service area. Chino had the highest number of live births (2,852) followed by Pomona (2,675) in 2010. Zip code 91766 (Pomona) had the highest number of live births than any other single zip code in our community.

Figure 4: Birthing Rate by Zip Code



Source: California Department of Public Health, Center for Health Statistics: Birth Profiles by Zip Code (2010)

Within SPA 3 (Los Angeles County), rate of births per 1000 live births to teen mothers, ages 15-19, is 22.4% which ranks better than the other SPAs combined¹, based on statistical comparisons. The teen birth rate in Los Angeles County as a whole is 32.4% and San Bernardino County has a teen birth rate of 39.8%. Both counties have teen birth rates significantly higher than the 3-year aggregate teen birth rate in the state (31.6).² Ontario, located in San Bernardino county, had the highest number of live births in our primary service area in 2010, but Pomona, despite having less live births in the same year, had a higher number of births born to teen mothers.³

Ontario	<ul style="list-style-type: none"> • 2,852 live births in 2010 • 309 babies were born to mothers under the age of 20 (approximately 10% of live births) • 184 babies were born with low to moderately-low birthweight (under 2500 grams) • The highest number of births were born to the Hispanic population (2,232)
Pomona	<ul style="list-style-type: none"> • 2,675 lives births in 2010 • 375 babies were born to mothers under the age of 20 (approximately 14% of live births) • 194 babies were born with low to moderately-low birthweight (under 2500 grams) • The highest number of births were born to the Hispanic population (2,197)

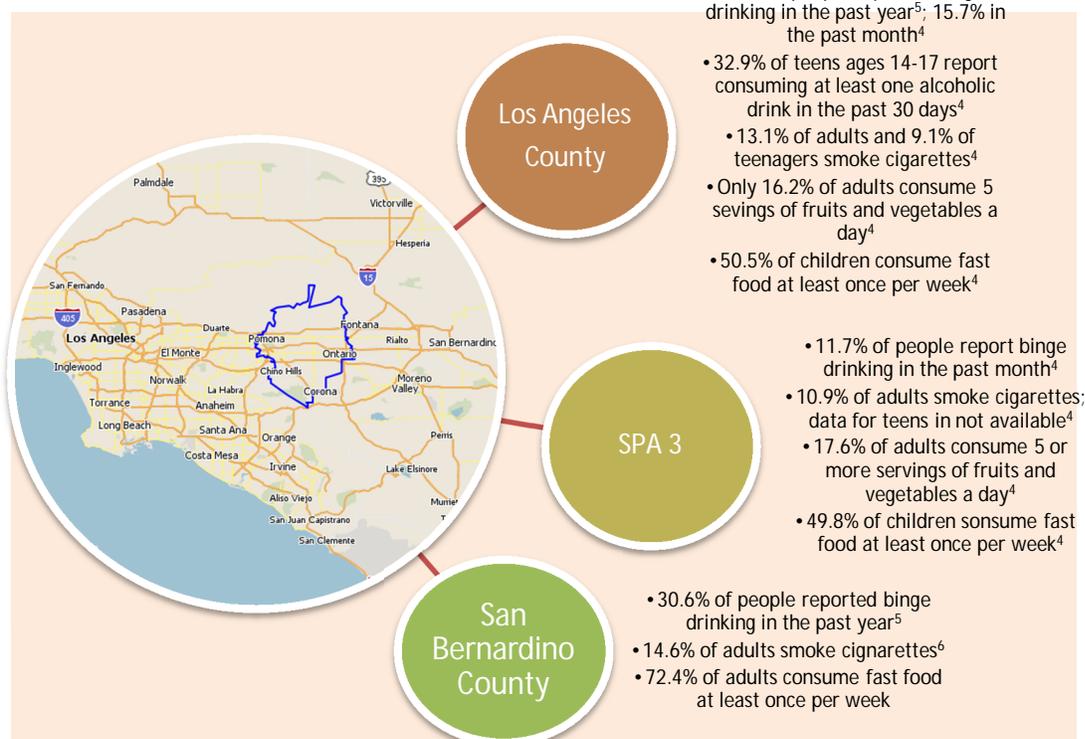
1: Key Indicators of Health by Service Planning Area, Los Angeles County Department of Public Health, 2013.

2: Teen Births: Years 2009-2011, *Birth Statistical Master File*, California Department of Public Health, Health Information and Research Section.

3: Source: California Department of Public Health, Center for Health Statistics: Birth Profiles by Zip Code (2010)

Risky Behaviors

Risky behaviors include alcohol and drug use, diet, level of physical activity, and smoking. The following figure highlights risky behaviors at the county and service planning area levels.



4: 2011 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology. *Binge drinking is defined as consumption of 5 alcoholic beverages for men, and 4 alcoholic beverages for women.

5: California Health Interview Survey, 2009

6: California Health Interview Survey, 2007

Physical Activity

In six measurements of physical activity, SPA 3 in which PVHMC resides, scores significantly lower than Los Angeles County in statistical comparisons.⁷ Data for San Bernardino County shows did not have equally comparable measurements. However, San Bernardino County data shows 71% of children do not meet the fitness standards, two-thirds of adults are not meeting the recommended guidelines, and it is ranked the fourth most obese region in the United States⁸ with 33.2% of adults considered obese.⁹

Table 6: Measurements of Fitness

Physical Activity	LA County	SPA 3
Percent of adults who obtain recommended amount of aerobic exercise per week (≥ 150 minutes/wk. moderate exercise or ≥ 75 min vigorous exercise)	61.8%	58.4%
Percent of adults who obtain recommended amount of muscle-strengthening (2 days/wk.)	37.1%	33.8%
Percent of adults who obtain recommended amount of both aerobic and muscle strengthening exercises per week	29.7%	26.1%
Percent of adults who are inactive	12.0%	12.7%
Percent of children ages 6-17 who obtain recommended amount of exercise each week (≥ 60 min daily)	28.7%	21.5%
Percent of children ages 6-17 who are inactive	10.9%	15.0%

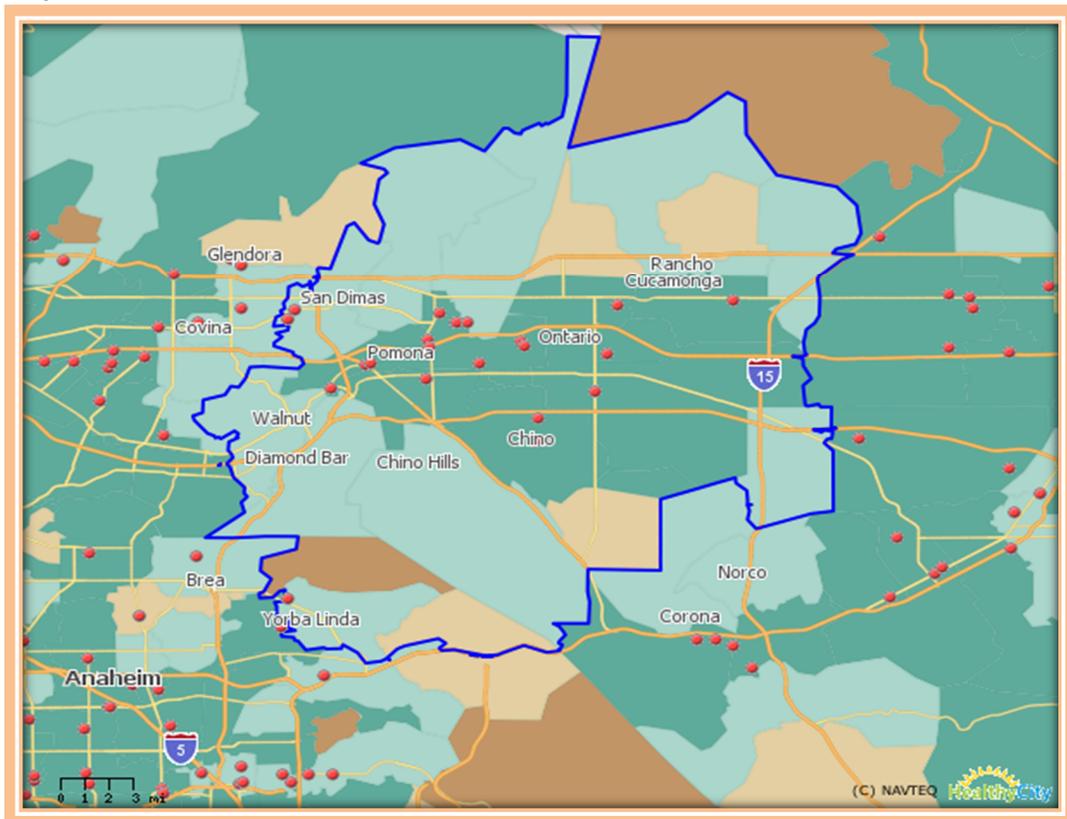
Source: Los Angeles County Department of Public Health, Key Health Indicators 2013

Insurance Coverage

Approximately 17.4% of Los Angeles County residents and 16.3% of San Bernardino County residents are uninsured. The percentage of those without dental insurance in the past year was much higher, with 37% of Los Angeles County and 32.7% of San Bernardino County residents with no dental insurance coverage.⁽⁹⁾ The map below illustrates the distribution of Medi-Cal beneficiaries within our primary service area. Darker green areas indicate higher percentages.

The Office of Statewide Health Planning and Development reports 60.9% of PVHMC's Core Market¹⁰ is composed of Medi-Cal payers, 17.5% have private insurance, 18.3% have Medicare, and 3.1% are self-pay.

Map 3: Insurance Status



Map 3 above also marks hospitals and community clinics within our primary service area. Since 2004 Pomona has been classified as a medically underserved area (MSA) with a shortage of both primary care services and healthcare professionals.

Healthcare facilities both in our primary service area and in surrounding areas that are available to respond to the needs of our community are listed in Table 6 below. A comprehensive list of healthcare facilities serving our community can be found in Appendix A.

7: Los Angeles County Department of Public Health, Key Health Indicators 2013

8. San Bernardino County Healthy Communities

9. California Health Interview Survey, 2011-2012

10: California Office of Statewide Health Planning, <http://gis.oshpd.ca.gov/atlas/topics/markets/106190630>, retrieved 11/04/13

Table 7: Hospitals Serving Our Community

<u>Hospital</u>	<u>City</u>	<u>Percent of Market Share</u>
Kaiser Hospital	Fontana	11.83%
San Antonio Community Hospital	Upland	11.57%
Chino Valley Medical Center	Chino	6.42%
Arrowhead Regional Medical Center	Lake Arrowhead	6.08%
Montclair Hospital Medical Center	Montclair	5.29%
Loma Linda University Medical Center	Loma Linda	3.05%
Canyon Ridge Hospital	Chino	2.01%
Kaiser Hospital	Baldwin Park	1.61%
Community Hospital of San Bernardino	San Bernardino	1.58%
San Dimas Community Hospital	San Dimas	1.33%
Citrus Valley Medical Center-QV Campus	West Covina	1.20%
All Others		20.54%

Source: Pomona Valley Hospital Medical Center Strategic Planning Committee

Community Health Needs Assessment

Community Survey

Pomona Valley Hospital Medical Center (PVHMC) collaborated with the Institute of Applied Research (IAR) at California State University, San Bernardino to complete the Community Health Needs Assessment. The Co-Principal Investigators were Shel Bockman, PhD, Barbara Sirotnik, PhD, Christen Ruiz, MA, and the Project Coordinator was Lori Aldana, MBA. The assessment is intended to be a resource for PVHMC to identify significant areas of need and become involved with developing and maintaining activities and programs that can help improve the health and well-being of the residents of Pomona Valley.

Research Objectives:

- ◆ **Demographic profile (including self-reported health evaluation);**
- ◆ **Health insurance coverage:** insurance coverage, type of insurance, reason(s) for no coverage;
- ◆ **Barriers to receiving needed health services;**
- ◆ **Utilization of health care services for routine primary/preventative care:** how long since last physical, children's preventative care and immunizations; adult's routine health screening tests;
- ◆ **Utilization of urgent care services;**
- ◆ **Need for specialty health care:** chronic or ongoing health problems, adequate help dealing with disease, unmet needs; and,
- ◆ **Experience with and evaluation of PVHMC:** reasons for selecting PVHMC, health care services, classes, support groups, emergency room, improving the health of the community.

The Questionnaire

In order to make direct comparisons to the 2009 study, IAR used the same questionnaire for the current study. The initial questionnaire, after its approval by PVHMC staff, was then translated into Spanish, pretested (in both languages) and modified and revised where warranted. The questionnaire is attached in the appendices.

Sampling Methods

In order to generate the initial sampling frame (that is, the list of all residents within PVHMC's service area telephone numbers), all telephone prefixes for this service area were first identified and related to working blocks (groupings of 100 contiguous numbers which contain at least one listed phone number). Next, a random sampling procedure was used within working blocks to select the telephone numbers to appear in the sample. The numbers were then screened to eliminate business phones, fax machines, and non-working numbers. Finally, in order to ensure that some unlisted phone numbers were included in the sample, the original list was supplemented by using the working number as a seed number 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. A total of 323 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%.

Telephone interviews were conducted by the IAR using computer assisted telephone interviewing (CATI) equipment and software. The surveys were conducted between March 4 and March 11, 2012. Surveys were conducted Monday through Friday from 9:00 a.m. to 9:00 p.m., and on weekends (Saturday 10:00 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 finding respondents home to complete the survey. A total of 323 respondents completed the survey with 2.8% of them from Spanish-speaking households.

Findings

Following are highlights of the major findings from the Community Health Needs Assessment survey.

Demographic Profile of Respondents:

- 67.5% are female and 32.5% are male.
- 58.8% are married.
- 74.4% have either some college education or a college degree.
- Median household income category is \$50,000 to \$66,000.
- 57.7% are Caucasian and 26.1% are Hispanic.
- Average age of respondents is 55 years.

- Average length of time lived in their community is 22 years.
- Average number of people living in the household is 3.
- 57.2% 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 child 42.5% or two children 37.2%.
- 69.8% said their general health is “excellent” or “very good”. Only 4.5% said their health is “poor.”
- One measure of health status is the amount of exercise a person gets. 28.2% said that they **do not** exercise or play sports on a weekly basis, 22.9% said they exercise 1-2 times per week, 31.9% said 3-4 times a week and 17.0% said they exercise or play sports 5 or more times a week.

Health Insurance Coverage

The majority of respondents (76.6%) said that **all** of the adults (age 18 and above) in the household are covered by insurance and only 8.4% of them said that **none** of the adults are covered by health insurance. IAR then asked how many children living in the household are covered by health insurance, and again, most (96.5%) said that **all** of their children are covered. Only 3.5% said that **none** of the children are covered.

Most of them have a private HMO (29.4%), Medicare (27.9%), or a private PPO (14.5%). Another 16.0% said they have private insurance but it is unknown if it is an HMO or a PPO. It is noteworthy that 6.5% of all respondents said they have **no health insurance** for their family. When asked why not, respondents either said they lost or changed jobs (81.3%) or they couldn’t afford the premiums (18.8%).

Barriers to Receiving Needed Health Services

Respondents were asked if they or anyone in their family needed any health services within the past year that they could not get, and 10.2% said “yes” (33 respondents). When asked what kept them from getting these services, 39.4% (13 respondents) said they are worried about the cost of services and/or co-payments, and 15.2% (5 respondents) said they do not have insurance to pay for it. They were then asked what type of service they needed but couldn’t get, and 15.2% (5 respondents) said they needed surgery. Other services mentioned include Dental, Ob/Gyn, CAT Scans/X-rays, prescriptions, general checkups, Optometry/Ophthalmology, mobility devices (such as wheelchairs, scooters, and walkers), and services for children.

Utilization of Health Care Services for Routine Primary / Preventative Care

Most respondents reported that they keep up with regular doctor visits and immunizations for their children. Specifically, 79.6% of them said they have visited their doctor for a general physical exam within the past year. Most of the respondents with children (85.6%) said their child(ren) had a preventative health care check-up within the past year. On the other hand, that means that 12.6% said their children did NOT have a health-care check-up within the past year. In addition, **almost all** of them (93.9%) said their child(ren) have received all of the immunizations the doctor has recommended.

Questions were then asked to determine whether or not the respondent or any member of his/her family has had certain health screenings recently. The following table shows the number who indicated that they or a member of their household had a particular health screening test:

Table 8. Percent of Respondents Who Said They or a Family Member Has Had a Health Screening

<u>Health Screening Test</u>	<u>Percent of Respondents Who Said "Yes"</u>
Prenatal care in the past year	6.5%
Pap smear in the past year	52.4%
Mammogram in the past year	56.1%
Blood test for cholesterol in the past year	78.4%
Screened for colon cancer in the past <i>five</i> years	50.6%

Utilization of Urgent Care Services

In addition to the above questions regarding routine primary/preventative care, respondents were asked if they or anyone in their family has visited an urgent care center within the past year, and 43.4% said they had. When asked if they had tried to see their doctor before visiting the urgent care center, almost two-thirds (62.3%) said they had **not**. Among the 37.7% who did try to see their doctor, 98.1% of them said their doctor told them to go to urgent care.

Furthermore, in the 2012 findings, out of 138 responses, 99 (or 73.3%) of the patients who visited the Emergency Department (ED) said they **did not** try to see their doctor before going to the ED. The main reasons given for not trying to see their doctor first were because it was after hours (32 or 36%), it was an emergency situation (22 or 24.7%), or they were brought by ambulance (15 or 16.9%). More patients used the ED when it seemed appropriate as it related to the day and to the extent of the emergency compared to the 2008 Community Needs Assessment. We are doing a better job of informing our communities of the differences between emergent situations and what can wait for a visit with their primary care physician or the use of urgent care services. In addition, we can do more to make use of our primary care and urgent care services to meet the needs of our community and offload a large proportion of the pressure on our Emergency Department.

Need for Specialty Health Care

Respondents were then given a list of various chronic or ongoing health problems and asked if they or any member of their family have any of the conditions.

Table 9. Percent of Respondents Who Said They or a Family Member has a Chronic or Ongoing Health Condition. Most of these respondents (88.9%) said that they and/or their family member have received adequate help in managing the disease.

<u>Chronic or Ongoing Health Condition</u>	<u>Percent of Respondents Who Said “Yes”</u>
Cancer	14.5%
Diabetes	31.5%
Asthma	19.0%
High Blood Pressure	59.0%
Obesity	14.0%
Osteoporosis	14.0%
Chronic Heart Failure	5.5%
Other	16.0%

Experiences with and Evaluation of Pomona Valley Hospital Medical Center

In order to find out whether or not the respondents had personal experience with PVHMC and to measure their satisfaction with PVHMC, IAR asked a series of questions related specifically to PVHMC. The first question asked if they have ever gone to PVHMC for health care, and more than one-half (52.6%) said they had. When asked why they chose PVHMC, one-half of them (42.9%) said because it is close to their home, 17.9% said because of their insurance, and 18.5% were referred by their physician (the reader should note that multiple answers were allowed for this question).

IAR next asked respondents if they have ever attended any of the classes offered by PVHMC and only 10.9% said they had. When asked if there are any classes respondents would *like* PVHMC to offer, 15.0% said “yes.” Some of the classes mentioned include both English and Spanish classes in prevention and good health (15 respondents).

Respondents were also asked if they or any member of their family have attended any health-related support group in the past year, and 13.1% said yes. All respondents were then asked “what kind of support-groups would you or your family member be interested in?” and one-half of them (37.4%) said “none”. Of those that were mentioned, Nutrition (8.7%) and Diabetes (7.3%) were at the top of the list followed by obesity and weight loss (6.4 %), high blood pressure and cancer (5.5% each).

Next, respondents were asked if they have ever been to PVHMC's emergency room and 43.5% said they have. Of those, most of them (73.3%) said they **did not** try to see their doctor before going to the emergency room. The main reasons given for not trying to see their doctor first were because it was after hours (36.0%), it was an emergency situation (24.7%), or they were brought by ambulance (16.9%).

One of the most interesting findings in this report relates to "Are there are any health related services that they need that are not being provided in your community?" Only 8.4 % of respondents said "yes." From IAR's point of view, this low figure is somewhat astonishing, and indicates that the hospital and other health service agencies appear to be meeting the health needs of the community. When the 25 people indicating that there were unmet needs were asked what they need that is not being provided, the most common response was "health care/ health insurance in general" (4 people) followed by "pain management, gym/exercise services, services for high blood pressure, and dental services" (2 people each).

Finally, respondents were asked what the hospital can do to improve the health and quality of life in the community, and most said they "don't know" (34.1%), "nothing" (7.1%), or they are "doing a good job" (9.9%). This confirms the finding above that PVHMC and other health agencies are meeting the health needs of the community.

A few specific respondent suggestions to help improve the health of the community include: "provide more affordable health care" (31 people), "see patients in a more timely fashion" (22 people), "provide more information, outreach and awareness of programs and services" (20 people), and "provide more classes, support groups, and events" (20 people).

Summary

When IAR takes a step back and looks at the data from the Community Needs Assessment Survey, it would appear that PVHMC and other area health services agencies are doing a fine job meeting the needs of its service area.

For PVHMC, survey findings show an area for improvement is making the community more aware of the classes and support groups offered by the hospital. The hospital currently provides many of the classes and support groups that residents stated they were interested in such as CPR classes, parenting classes, preventative care classes, smoking cessation group, nutrition, and cancer support groups, however, it was found that the community was unaware they were available to them.

Key Informant Interview

In order to obtain input from persons representing the broad interests of the community, with specific expertise in the area of public health, PVHMC consulted with Christin Mondy, Public Health Officer for SPA3 and SPA 4 in Los Angeles County. A telephone interview was conducted on August 28, 2013 and lasted approximately 30 minutes. Findings were used to support primary community survey data.

Interview Objectives:

- The community's primary health concerns, risky behaviors, and most evident chronic health conditions
- Identifying barriers to receiving needed care
- Recommendations for interventions and/or approaches to take in our Implementation plan
- Short-term and long-term objectives for PVHMC to make a significant impact on the health of the community
- Recommendations for collaboration with other community organizations to address the significant needs of the community

Interview Findings:

Primary Health Concerns	<ul style="list-style-type: none"> • Physical Fitness and Nutrition habits related to a high percentage of obesity (cause of premature death) • High incidence of Diabetes in SPA3 (cause of premature death) • Access to Mental Health Services • Substance Abuse (risky behavior)
Barriers to health	<ul style="list-style-type: none"> • Concerns for safety in the community directly correlates to the level of physical activity among children • High level of homelessness in Pomona Valley and SPA3 • Lack of regular preventative care services
Recommendations for Implementation Plan	<ul style="list-style-type: none"> • Programs for healthy food access and nutrition education • Increase utilization and promotion of health education classes • Analysis of Emergency Care visits and potential for referral out to community clinics for preventative care
Short-term or Long-term goals	<ul style="list-style-type: none"> • Diabetes education and management in the community to reduce premature deaths • Health outreach and services for homeless individuals
Recommendation for Collaboration	<ul style="list-style-type: none"> • Increase collaboration with public health liaisons in the Pomona region • Focus collaboration efforts to compliment community services, not duplicate services

Supplemental Community Input

In addition to PVHMC's primary community survey, public health interview, and secondary data, the following community input was taken into consideration during evaluation of primary and secondary data sources in identifying significant health needs in Pomona Valley and our broader community:

SPA 3 Health Planning Group

Pomona Valley Hospital Medical Center actively participates in the Los Angeles County, SPA 3 Health Planning Group. The mission of this group is to improve the health and wellbeing of the SPA 3 community by increasing access to care and promoting health lifestyles, and is comprised of members throughout the region who are knowledgeable about our medically underserved and minority populations. A representative from PVHMC attended meetings throughout 2013 and recorded agenda items being discussed within the group. The following items, recorded from group discussion, were:

- Need for specialty care within the region; access to specialty care
- Insurance coverage as a barrier to receiving needed care

Wellness Program Survey

Currently offered at PVHMC's Robert and Beverly Lewis Cancer Care Center are our Wellness Programs, comprised of a group of classes and support provided to members of our community suffering or recovering from health disparities, specifically cancer. A survey was distributed in October 2013 throughout the Robert and Beverly Lewis Cancer Care Center, at doctor's offices, and to those currently participating in a PVHMC Wellness Program. The survey's primary focus was to evaluate satisfaction of the programs, but also collected input regarding what respondents feel they would like to see offered in the community to meet their health and cancer treatment needs. A total of 44 surveys were collected. The majority did not provide a suggestion, however those suggestions that were received included: offering Nutrition support (2), a Prostate Cancer support group (1), and providing more frequent class times (2).

Assessment Findings

The following in bold are the significant health needs identified within our community through review of qualitative and quantitative assessment sources. Data gathered from the report is provided in support of findings:

Access to Healthcare

- Key informant interview revealed the high level of homelessness in the region is a significant contributor to lack of accessibility to healthcare services. Secondary data supports primary interview data in such that Pomona has the second highest population among communities in our service area, but the highest percentage of residents living in poverty.

- Secondary data revealed that Ontario and Pomona have the highest birth rates (above 2500 births); Over 10% of babies born in these cities are low birth weight (less than 2500 grams) and would be in need of Neonatal Intensive Care Unit Services upon birth
- Primary Community Survey data revealed that 8.4% of adult respondents had no insurance, 3.5% of children within the home were without insurance coverage, and a total of 6.4% of respondents revealed that no one within the family had health insurance coverage; Secondary data supports this finding and revealed that approximately 17.4% of Los Angeles County residents and 16.3% of San Bernardino County residents are uninsured. The percentage of those without dental insurance in the past year was even higher, with 37% of Los Angeles County and 32.7% of San Bernardino Residents without coverage. Furthermore, data collected from the Office of Statewide Health Planning and Development reports that 60.9% of PVHMC's core market is composed of Medi-Cal payers, 18.3% are Medicare payers, and 3.1% are self-pay.
- Primary community survey data reveals that 10.2% of respondents report that they, or their family, needed healthcare services in the past year that they were unable to get; 39.4% attributed this to being worried about the cost of services and 15.2% responded it was a result of being without health insurance coverage

Mental Health Services

- Key Informant Interview revealed significant need for mental health services in the region

Healthy Lifestyle Support

- A significant number of questionnaire respondents (20) indicated that they would like more community classes and education offered in the community
- Primary Community Survey Data revealed that 28.2% of respondents said that they do not exercise or play sports on a weekly basis; Key Informant Interview data supports this finding, and secondary data revealed that only 29% of adult residents in L.A County and 26.1 % within SPA 3 meet the recommended amount of aerobic and muscle-strengthening exercise each week
- Secondary data collected revealed that Pomona has the highest percentage of residents who have less than a 12th grade education (36.8%)
- Secondary data revealed residents within our communities are actively engaging in risky behaviors such as smoking , binge drinking, and poor dietary habits. Within SPA 3, secondary data revealed 11.7% of adults reported binge drinking within the last month, 10.9% of adults smoke cigarettes, and only 17.9% of adults consume the recommended serving of 5 or more fruits and vegetables per day. Secondary data also revealed that 50.5% of children in Los Angeles County consume fast food at least once per week

Healthy Environment

- Key Informant Interview revealed that fear of violence in the community is a contributing factor to lack of regular exercise among children, and therefore identified safety within the community as a significant need.

Chronic Disease Management

- Primary Community Survey data revealed that 59% of respondents had or have a family member with high blood pressure; 31% have diabetes; 14.5% reported cancer
- Key Informant interview revealed that SPA 3 has a high incidence of Diabetes, identified as a leading cause of premature death in the region.

Prioritized Health Needs

Evaluation of primary and secondary data assessment findings led Pomona Valley Hospital Medical Center's team to select three overarching priority health areas that PVHMC is prepared to address in our community: Chronic Disease Management, Healthy Lifestyle Support, and Access to Healthcare. Within these priority health areas, health needs were prioritized and used in the development of an Implementation Plan:

Priority Health Areas	Prioritized Need
Chronic Disease Management	<ul style="list-style-type: none"> • Cardiovascular Health • Diabetes • Cancer
Healthy Lifestyle Support	<ul style="list-style-type: none"> • Health Education Classes and Support Groups • Promoting Healthy Behaviors
Access to Healthcare	<ul style="list-style-type: none"> • General Healthcare Access • Access to Preventative Care

Chronic Disease Management

The management of chronic disease represents the prevention, evidence-based education, self-management tools, treatment, and decision-making support provided for chronic health conditions such as cancer, high blood pressure, diabetes, asthma, obesity, osteoporosis, chronic heart failure, and others. Chronic disease is a condition that can be controlled, but not cured, and is often a contributor to premature death. As a priority health area identified through evaluation of our CHNA data, chronic disease management served as the framework for PVHMC's prioritization of specific health needs. Chronic Disease Management needs are prioritized in order, as follows:

- Cardiovascular health: encompasses chronic heart disease, high blood pressure, and obesity as indicators that contribute to cardiovascular health outcomes within our community
- Diabetes
- Cancer

Healthy Lifestyle Support

Healthy Lifestyle Support addresses the need to promote and encourage healthy living through the delivery of health education, prevention programs, and support groups that aide our community in making healthy lifestyle choices that lead to better health outcomes, improved quality of life, and longevity of life. As a priority health need area identified through evaluation of our CHNA data, the need for Healthy Lifestyle Support in our community revealed specific health needs that are prioritized as follows:

- **Health Education Classes & Support Groups:** encompasses the development and delivery of health education classes and support groups within our community, as well as the promotion of those classes to keep the community well informed of the services available to meet their health needs
- **Promoting Healthy Behaviors:** encompasses education and support groups targeted for members of our community that engage in risky health behaviors such as smoking, alcohol consumption, substance abuse, poor dietary habits, and sedentary lifestyles

Access to Healthcare

Access to Healthcare represents the need to improve accessibility to general care or preventative care services for members of our communities who lack the ability to receive needed care, either as a result of being uninsured or underinsured, or as a result of poor educational attainment, low socioeconomic status, cultural and language barriers, unemployment, or homelessness, among others. As a priority health area identified through evaluation of CHNA data, Increasing Access to Care served as the framework for the identification and prioritization of access to care needs within our communities. Prioritized needs are as follows:

- **General Healthcare Access:** encompasses access to timely emergency care, home health care, transportation services, access to mobility devices, reduced cost medications, promotion of low-cost health-related resources in the community, collaborative efforts with other community groups, and effective use of insurance enrollment services
- **Access to Preventative Services:** encompasses promotion of low-cost health related resources in the community and access to immunizations and preventative screenings

Prioritization Process

Areas of need were determined to be significant through the CHNA team's evaluation of primary and secondary data, whereby the significance of needs were rated and PVHMC's priorities were selected based upon: (1) community respondents and key informants identified the need as significant, or largely requested specific services that they would like to see Pomona Valley Hospital Medical Center provide in the community (2) feasibility of providing interventions for the unmet need identified in the community, in such that Pomona Valley Hospital Medical Center currently has, or has the current means of developing the resources to meet the need, and (3) alignment between the identified health need and Pomona Valley Hospital Medical Center's mission, vision, and strategic plan. The Community Health Needs Assessment and priorities were formally adopted by the PVHMC Board of Directors on September 5, 2013.

Next Steps

Pomona Valley Hospital Medical Center's planned next steps include:

- Development of an Implementation Strategy to highlight Pomona Valley Hospital Medical Center's efforts to address our prioritized health needs within our community
- Continue working collaboratively with other community groups (i.e.: local public health departments, community clinics, existing SPA level efforts) to optimize PVHMC's outreach efforts, identify additional, existing services available to the communities we serve, and identify key opportunities for partnership
- Promote resources being conducted throughout the region (i.e.: Kids Come First, YMCA)
- Continue to meet with community groups and key community stakeholders to continuously gather input and feedback from the community that will be helpful in the maintenance or development of our Community Benefit Programs and Services.

Conclusion

Basic to our mission is our commitment to continuously strive to improve the status of health by reaching out and serving the needs of our diverse ethnic, religious, and cultural community. Pomona Valley Hospital Medical Center has served the Pomona Valley for over 100 years, and we value maintaining the health of our community by providing accessible, high quality medical care.

PVHMC has welcomed the opportunity to assess, formalize, and document the significant health needs identified within our community, and we thank you for allowing us to share the results with you. The Community Health Needs Assessment will be made available to all interested members within our community, through our hospital website and in print. The cost of production and distribution of the report will be absorbed by the hospital. The following methods will be utilized to reach members of our community with this information:

- Distribution through our local community collaboratives
- Distribution to city councils within our defined community
- Copies provided to all individuals, businesses, or agencies upon request
- Report widely available through our website

We openly welcome feedback and suggestions for future Community Health Needs Assessment considerations. Please direct questions and comments to:

Leigh Cornell, MHA
Vice President, Administration
Community Benefit Coordinator
(909) 865-9500

Additional Resources

For more information, please visit the following websites:

Pomona Valley Hospital Medical Center

www.pvhmc.org

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

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

Hospital Annual Financial Data

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

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

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

Institute of Applied Research

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

Appendix A

Healthcare facilities and resources within PVHMC's primary service area

Chino Hills Primary Care and Urgent Care
2140 Grand Ave, Suite 125
Chino Hills, CA 91709

Chino Valley Medical Center
5451 Walnut Avenue
Chino, CA 91710

Chino Hills Primary Care & Urgent Care
3110 Chino Avenue
Chino Hills, CA 91709

Montclair Hospital Medical Center
5000 San Bernardino Street
Montclair, CA 91763

Family Health Center-Claremont
1601 Monte Vista Avenue
Claremont, CA 91711

San Antonio Hospital Medical Center
999 San Bernardino Road
Upland, CA 91786

Family Health Center-Pomona
1760-70 North Orange Grove Avenue, Suite 101
Pomona, CA 91767

Kaiser Permanente Fontana Medical Center
9961 Sierra Avenue
Fontana, CA 92335

Alternate Avenue Women's Resource Center
9675 Monte Vista Avenue
Montclair, CA 91763

Community Hospital of San Bernardino
1805 Medical Center Drive
San Bernardino, CA 92411

Casa Colina Hospital for Rehab Medicine
255 East Bonita Avenue
Pomona, CA 91767

Kids Come First Community Clinic
1501 South Bon View Avenue
Ontario, CA 91761

East Valley Community Health Center-Pomona
680 Fairplex Drive
Pomona, CA 91768

Mission City Community Clinic-Pomona
831 East Arrow Highway
Pomona, CA 91767

Planned Parenthood Los Angeles Pomona Center
1550 North Garey Avenue
Pomona, CA 91767

Planned Parenthood Orange/San Bernardino Counties
918 West Foothill Boulevard
Upland, CA 91786

Appendix B**2012 Community Needs Assessment – Questionnaire**

Q1. First, what city do you live in?

- a. Alta Loma
- b. Chino
- c. Chino Hills
- d. Claremont
- e. La Verne
- f. Montclair
- g. Ontario
- h. Pomona
- i. Rancho Cucamonga
- j. San Dimas
- k. Upland
- l. Other (specify) _____

Q2. What is your zip code? _____

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

Q4. How many children age 0 – 17 years old live in your household? _____

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

Q6. How many children in your household age 0 - 17 years are covered by medical insurance? _____

Q7. What type of health insurance do you have?

- a. Have insurance, but don't know what type
- b. Private insurance – HMO
- c. Private insurance – PPO (can go to any doctor we want)
- d. Medi-Cal
- e. Medicare
- f. WIC (Women, Infant, and Children) Program
- g. CHIP (Children's Health Insurance Program)
- h. Veterans (VA)
- i. Other Government Plans
- j. Healthy Families
- k. Healthy Kids
- l. Other (specify) _____
- m. Not Covered (no insurance at all)
- n. Don't Know
- o. Refused

- Q7(a). What is the main reason you don't have insurance?
- a. I am healthy
 - b. I don't need insurance.
 - c. Did not understand plans well enough to buy insurance.
 - d. Lost job or changed job
 - e. Person with primary policy (e.g., spouse or parent) lost or changed jobs
 - f. Divorce or separation
 - g. Person with policy died
 - h. Became ineligible because of age or left school
 - i. Employer doesn't offer or stopped offering coverage
 - j. Cut back to part-time or became temp employee
 - k. Couldn't afford premiums
 - l. Insurance company refused coverage (e.g., due to a pre-existing medical condition)
 - m. Lost Medicaid or medical assistance eligibility
 - n. Other (Specify) _____
 - o. Don't Know
 - p. Refused

- Q8. In the past year, have you or any members of your household needed any health services that you could not get?
- a. Yes
 - b. No
 - c. Don't Know
 - d. Refused

- Q8a. What kept you from getting the health services you needed?
- a. Worried about cost of service/co-payments
 - b. Worried about cost of prescription
 - c. Lacked transportation
 - d. Lacked child care/baby sitter
 - e. Had problems with the English language
 - f. Hours were not convenient
 - g. Difficulty scheduling
 - h. Needed services weren't available
 - i. Didn't know where to find the services
 - j. Pomona Valley Hospital Med Ctr. didn't have the services needed
 - k. Didn't like the programs or services
 - l. Provider wouldn't accept insurance
 - m. Technology wasn't available in the area
 - n. Other (Specify) _____
 - o. Don't Know
 - p. 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.
- a. Within past year (1- 12 months ago)
 - b. Within past 2 years (1- 2 years ago)
 - c. Within past 5 years (2- 5 years ago)
 - d. 5 or more years ago
 - e. Never
 - f. Don't Know
 - g. Refused
- Q10. Has your child had a preventative health care check-up within the past year?
- a. Yes
 - b. No
 - c. Some of the children have
 - d. Don't Know
 - e. Refused
- Q10a. Has your child received all of the immunizations the doctor recommended?
- a. Yes
 - b. No – not all vaccinations given
 - c. Some (not all) kids have gotten all vaccinations
 - d. Don't Know
 - e. Refused
- Q11. About how many times a WEEK do you exercise or play sports hard enough to make you breathe hard and make your heart beat faster for 20 minutes or more?
- a. 0 times
 - b. 1 to 2 times a week
 - c. 3 to 4 times a week
 - d. 5 or more times a week
 - e. Refused
- Q12. In the past year, have you or any members of your household had Prenatal Care?
- a. Yes
 - b. No
 - c. Don't Know
 - d. Refused
- Q12a. Has any member of your household had a Pap Smear in the past year?
- a. Yes
 - b. No
 - c. Don't Know
 - d. Refused

- Q12b. How about a mammogram?
- a. Yes
 - b. No
 - c. Don't Know
 - d. Refused
- Q12c. Has anyone had a blood test for cholesterol in the past year?
- a. Yes
 - b. No
 - c. Don't Know
 - d. Refused
- Q12d. Has anyone in your household had a screening test for colon cancer in the past five years?
- a. Yes
 - b. No
 - c. Don't Know
 - d. Refused
- Q13. Do you or any member of your family have any of the following chronic or ongoing health problems: cancer, diabetes, asthma, high blood pressure, obesity, osteoporosis or chronic heart failure?
- a. Cancer
 - b. Diabetes
 - c. Asthma
 - d. High Blood Pressure
 - e. Obesity
 - f. Osteoporosis
 - g. Chronic Heart Failure
 - h. Are there any other chronic conditions? (Specify) _____
 - i. Refused
- Q14. Do you feel you and your family have received adequate help managing the disease?
- a. Yes
 - b. No
 - c. Only for some of the illnesses
 - d. Don't Know
 - e. Refused
- Q14a. What help did you need that you didn't get? _____
- Q15. Have you or a member of your family visited any urgent care center during the past year?
- a. Yes
 - b. No
 - c. Don't Know
 - d. Refused

- Q16. Did you try to see your doctor before you visited the urgent care center?
- a. Yes
 - b. No
 - c. Don't Know
 - d. Refused
- Q17. Did your doctor tell you to go to the urgent care center?
- a. Yes
 - b. No
 - c. Don't Know
 - d. Refused
- Q18. Have you ever gone to Pomona Valley Hospital Medical Center for health care?
- a. Yes
 - b. No
 - c. Don't Know
 - d. Refused
- Q18a. Why did you choose PVHMC?
- a. Close to home (convenience/location)
 - b. Insurance
 - c. Referred by my physician
 - d. Services offered
 - e. Quality/reputation
 - f. Word of mouth (friend, neighbor, family, co-worker)
 - g. Looked in the phone book
 - h. Internet
 - i. Newspaper
 - j. Radio
 - k. Television
 - l. Work site
 - m. Community presentation
 - n. Other (specify) _____
 - o. Don't Know
 - p. Refused
- Q19. Have you attended any classes offered by Pomona Valley Hospital Medical Center?
- a. Yes
 - b. No
 - c. Don't Know
 - d. Refused

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

- a. Yes
- b. No
- c. Don't Know
- d. Refused

Q20a. What type of classes? _____

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

- a. Yes
- b. No
- c. Don't Know
- d. Refused

Q22. What kind of support groups would you or someone else in your family be interested in?

- a. Not interested at all
- b. Smoking cessation
- c. Diabetes
- d. High Blood Pressure
- e. Cancer
- f. Nutrition
- g. Pregnancy/New Moms/New Dads
- h. Heart Disease
- i. Asthma
- j. Arthritis
- k. Stroke
- l. Grief and Bereavement
- m. Sleep Apnea/Sleep Disorders
- n. Living with a Disability
- o. Obesity and Weight Problems
- p. Caregivers
- q. Homelessness
- r. Child/Elder Abuse
- s. Other (specify) _____

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

- a. Yes
- b. No
- c. Don't Know
- d. Refused

Q24. Did you try to see your doctor before you went to the Emergency Room?

- a. Yes
- b. No
- c. Don't Know
- d. Refused

Q24a. May I ask why not?

- a. Don't have a regular doctor
- b. After office hours
- c. Brought by ambulance
- d. Doctor too busy to fit me in
- e. Other (specify) _____
- f. Refused

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

- a. Excellent
- b. Very Good
- c. Fair
- d. Poor
- e. Don't Know
- f. Refused

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

- a. Yes
- b. No
- c. Don't Know
- d. Refused

Q26a. What services do you need?

Q27. What can the hospital do to improve the health and quality of life in the community?

Appendix C

SB 697 (Chapter 812, Statutes of 1994)

Health and Safety Code Sections 127340-127365

Article 2. Hospitals: Community Benefits

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

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

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

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

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

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

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

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

(a) "Community benefits plan" means the written document prepared for annual submission to the Office of Statewide Health Planning and Development that shall include, but shall not be limited to, a description of the activities that the hospital has undertaken in order to address identified community needs within its mission and financial capacity, and the process by which the hospital developed the plan in consultation with the community.

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

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

- (1) Health care services, rendered to vulnerable populations, including, but not limited to, charity care and the unreimbursed cost of providing services to the uninsured, underinsured, and those eligible for Medi-Cal, Medicare, California Children's Services Program, or county indigent programs.
- (2) The unreimbursed cost of services included in subdivision (d) of Section 127340.
- (3) Financial or in-kind support of public health programs.
- (4) Donation of funds, property, or other resources that contribute to a community priority.
- (5) Health care cost containment.
- (6) Enhancement of access to health care or related services that contribute to a healthier community.
- (7) Services offered without regard to financial return because they meet a community need in the service area of the hospital, and other services including health promotion, health education, prevention, and social services.
- (8) Food, shelter, clothing, education, transportation, and other goods or services that help maintain a person's health.

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

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

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

- (1) Hospitals that are dedicated to serving children and that do not receive direct payment for services to any patient.
- (2) Small and rural hospitals as defined in Section 124840.

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

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

127350. Each hospital shall do all of the following:

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

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

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

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

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

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

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

(c) Community benefits categorized into the following framework:

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

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

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

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

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

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

(c) Recommendations for standardization of plan formats, and recommendations regarding community benefits and community priorities that should be emphasized. These recommendations shall be developed after consultation with representatives of the hospitals, local governments, and communities.