



MEDICAL CENTER

Expert care with a personal touch

2020 Community Benefit Plan

and Implementation Strategy in Support of Pomona Valley Hospital
Medical Center's 2018 Community Health Needs Assessment



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

Report for fiscal year 2019

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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 completed an Implementation Strategy to address the significant needs identified in our assessment. A summary of the 2018 CHNA and Implementation Strategy has been included in our 2020 Community Benefit Plan (report for fiscal year 2017) and PVHMC continuously monitors performance metrics to track progress and gauge the success of our outlined programs and strategies. Additionally, in accordance with these state and federal requirements, PVHMC is in the process of conducting our next triennial needs assessment for FY 2021.

Approval from a Governing Body

PVHMC's 2018 Community Health Needs Assessment (CHNA) and Implementation Strategy featured in this 2020 update was adopted by the Board of Directors on May 7, 2018. PVHMC plans to continue supporting its varied community benefit activities and programs currently in place as described in this report, and develop new programs, when appropriate, to meet the needs of the community as identified in our most recent Community Health Needs Assessment.

Executive Summary

For more than 117 years, Pomona Valley Hospital Medical Center (PVHMC) has been committed to serving eastern Los Angeles and western San Bernardino counties with the highest quality patient and family-centered care.

A nationally recognized, 412-bed, fully accredited, acute care not-for-profit facility, the Hospital is home to four Centers of Excellence: The Robert and Beverly Lewis Family Cancer Care Center, Stead Heart and Vascular Center, Women's and Children's Services, and Trauma Care. Specialized services include centers for Breast Health, Sleep Disorders, Physical Therapy/Sports Medicine, Robotic Surgery, Family Medicine Residency Program affiliated with UCLA, and a Level II Trauma Center and Emergency Department which includes our Los Angeles County and San Bernardino County STEMI receiving center designation. As California's 8th largest birthing hospital, PVHMC is proud to be recognized with the international Baby-Friendly designation for offering optimal level of care for breastfeeding mothers and their babies. The Hospital level IIIB Neonatal Intensive Care Unit. 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.

We have received many national designations as well as recognition throughout the region and state for the specialized level of care and resources we offer. Among PVHMC's recent accolades, the Hospital received designation by the Emergency Medical Services Agency as a Comprehensive Stroke Center (2018), is named one of the Healthgrades Top 10% in the Nation in Cardiac Surgery (2019) and is a recipient of the Patient Safety Excellence Award - 5 Stars (2019), recognizing PVHMC's focus on delivering a superior quality of medical care to our local community.

PVHMC continuously reflects 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 117 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 services 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 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 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

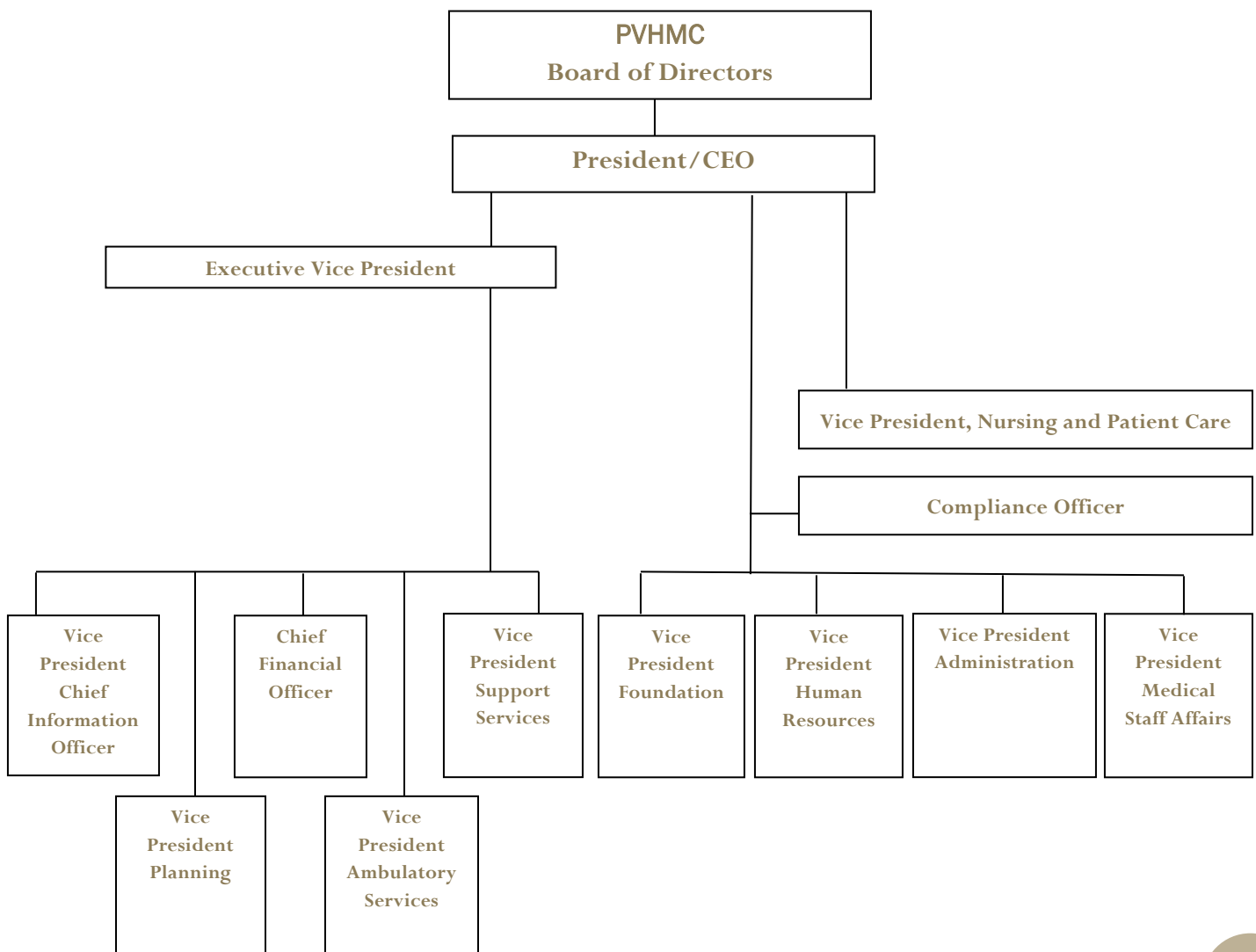
PVHMC is governed by a Board of Directors whose members are representative of the community, hospital and medical staff leadership. The Board of Directors has been integrally involved from the earliest days of the Senate Bill 697 process. The President/CEO is charged with the day-to-day administrative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

Community Benefit Executive: Leigh C. Cornell, FACHE

Figure 1. Organization Chart



Unique Pomona Valley Hospital Medical Center Assets

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

Services

- **Emergency Care Services**
 - Level 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
 - Rehabilitations 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 Inpatient Diabetes, Orthopedic Joint Replacement, Palliative Care, Stroke, Sepsis 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)
- Healthgrades 5-Stars for Carotid Surgery, Coronary Bypass Surgery, Back Surgery
- Healthgrades Labor & Delivery Excellence Award (Top 5% in Nation)

- American College of Radiology - Breast Imaging Center of Excellence
- 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”
- 2019: California Health & Human Services Agency and the Hospital Quality Institute, Honor Roll Award for Opioid Care Program
- 2019: California Health & Human Services Agency and the Hospital Quality Institute, Honor Roll Award for Maternity Care

Facts and Figures

Year PVHMC Established: 1903

Number of Licensed Beds: 412

Average Number of Associates: 3,565

Number of Volunteers: 997

Number of Volunteer Service Hours: 72,560

Number of Active Physicians on Medical Staff: 496

PVHMC Admission Statistics

	2017	2018	2019
Total Admissions	22,229	21,386	20,164
Percentage Direct Admit	41%	41%	40%
Overall Hospital Length of Stay	4.0	4.1	4.5
Average Daily Census (Acute)	245	243	244
Average Daily Census (Adult-Only)	245	204	209
Emergency Visits (including LWBS and Admissions)	101,744	99,112	98,984
Hours on Diversion	166	288	---
Surgery			
Inpatient	3,595	3,749	3,763
Cardiac Surgery	175	168	140
Specialty Lab	5,058	5,071	4,357
Cath Lab Procedures			
Inpatient	2,238	2,310	3,027
Outpatient	2,519	2,275	2,894
Dialysis Treatments	3,479	3,634	3,919
Radiation Oncology	26,451	27,021	25,759
Deliveries	6,294	5,986	5,560
NICU Days	12,287	12,191	10,854
Ambulatory Visits	528,100	553,085	496,303
Sweet Success Visits	10,003	10,173	8,319
Respiratory	220,765	212,052	204,128

Our Community

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

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

Map 1: The Communities We Serve

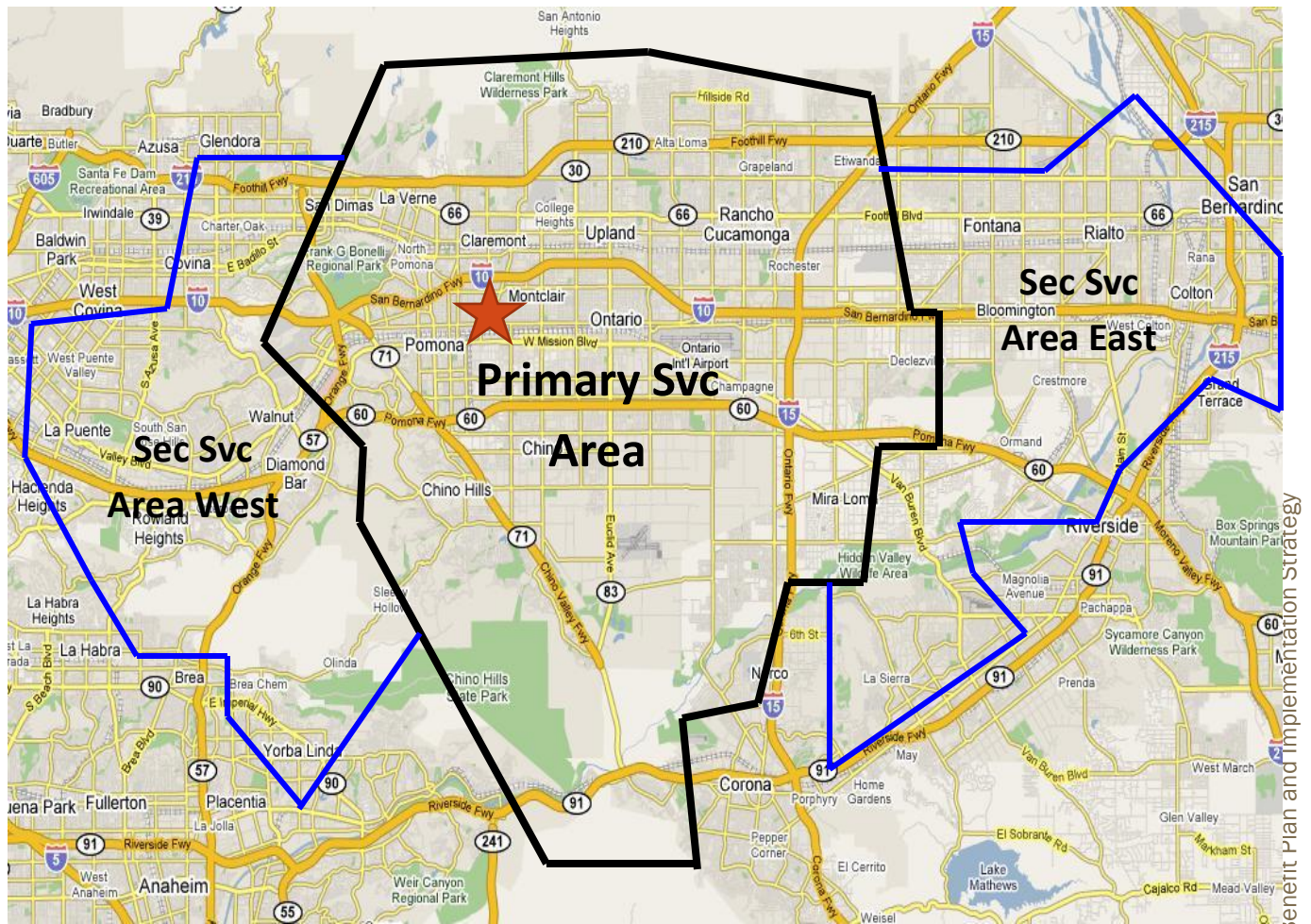


Table 1: PVHMC's Primary Service Area Population

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

Source: U.S. Census Bureau, 2010

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

Table 2. Ethnic Diversity of Our Community 2010

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

Source: U.S. Census Bureau, 2010

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

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. 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, healthcare 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.

The reader is encouraged to view the full data display of the results in Appendix II.

Demographic profile of respondents and self-reported health evaluation

As 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 1990's 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.

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

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 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.

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

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.

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. 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 one 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 (two people) or didn’t really know (one 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% (seven people) cited lack of availability of services, and another 12.9% (four 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: three mentioned dental care and another three 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:

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

Considering that these screening tests have proven over time to be invaluable in detecting medical problems early, why did people choose 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

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

necessary (11.7%), the doctor has not recommended/told them to have the test (10.6%), the perception that “healthy 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, seven people asked for classes dealing with diabetes issues, five wanted CPR classes, and four 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

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.

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.

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)

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:

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>

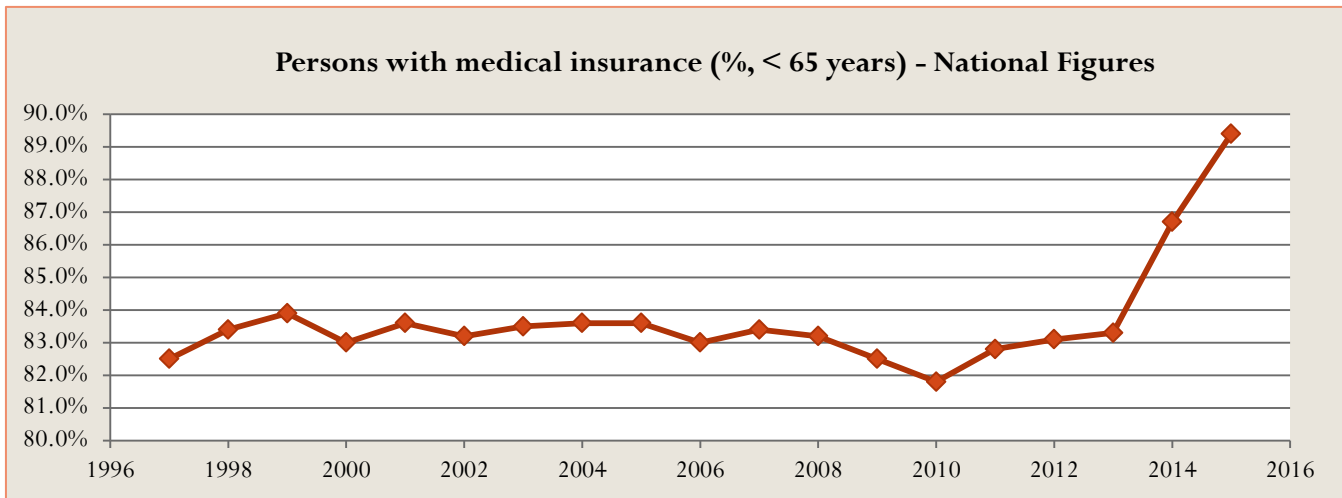
a. HP2020 target not yet established

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.

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

City-specific figures follow:

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

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

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

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 <i>week</i>)	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) <i>yesterday</i>	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.

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.

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.

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).

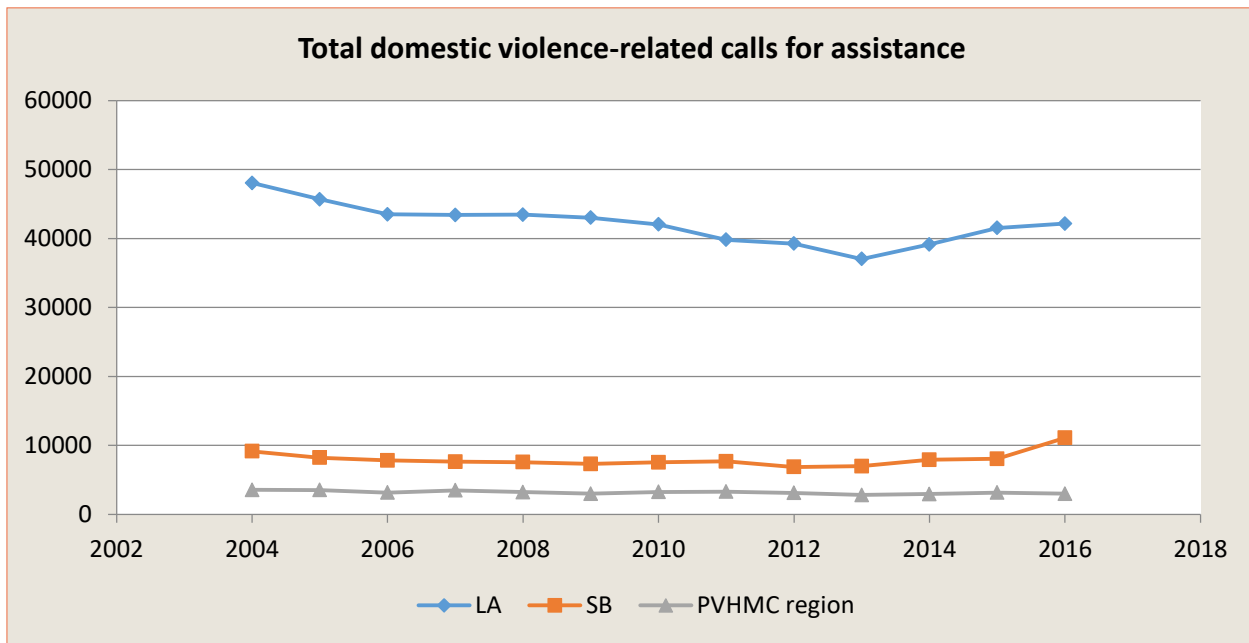
As the table below demonstrates, domestic violence-related calls for assistance had been decreasing over time in LA County, SB County, and in PVHMC’s primary service area until 2014. In 2015 and 2016, that downward trend reversed, particularly in San Bernardino County.

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-2016-2017.pdf](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:

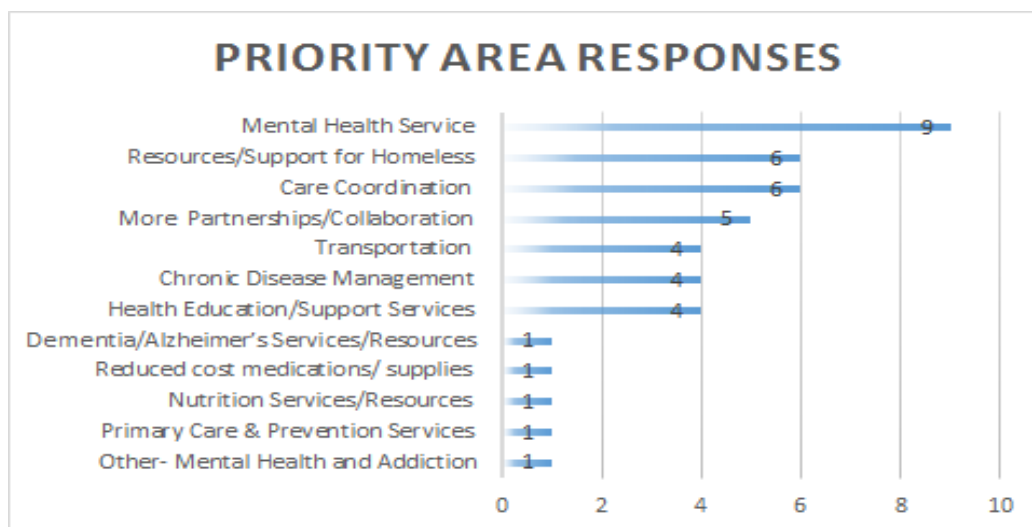
Do you have suggestions from other agencies in which PVHMC can work with to meet the needs of our community? Other Comments?

- 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, PVHMC 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 PRIORITIES
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 Care, Specialty Care, & Mental Health Providers
	Improved Awareness of Services & Resources
	Care Coordination/Patient Navigation Services
	Homelessness

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.

Implementation Strategy

In support of PVHMC’s 2018 Community Health Needs Assessment (CHNA), and ongoing Community Benefit Plan initiatives, Pomona Valley Hospital Medical Center’s FY2018 – FY2020 Implementation Strategy documents the priority health needs for which PVHMC will address in the community and translates our CHNA data and research into actual strategies and objectives that can be carried out to improve health outcomes. PVHMC determined a broad, flexible approach was best as strategies and programs for community benefit are budgeted annually and may be adjusted as new programs are developed. Accordingly, the Implementation Strategy will be continuously monitored for progress in addressing our community’s health needs and will serve as a tool around which our community benefit programs will be tailored.

Priority Area 1: Chronic Disease Management

Identified Community Need: High Blood Pressure, Diabetes, Mental Health

Strategies to address this need:

- Provide glucose screenings at health fairs and events (local and on-campus)
- Provide free or low cost diabetes and nutrition education classes and resources
- Provide education to promote cardiovascular health and risk reduction
- Offer blood pressure screenings at health fairs and events (in-community and on-campus)

- Publish information on stroke, cardiovascular health, diabetes, cancer treatment, and available resources to address these conditions
- Provide care coordination services that seek to assure patients are positioned for a safe discharge home, with positive health outcomes and increased awareness and understanding of their healthcare needs after discharge
- Provide Cancer Care Patient Coordinators (Navigators) and Social Services to guide patients with making appointments, receiving financial assistance, and enrolling in support groups

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

Metrics and/or Methods of Evaluation:

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

Priority Area 2: Obesity

Identified Community Need: Education, Classes and Support Groups targeting Nutrition, Weight Loss/Management and Physical Activity

Strategies to address this need:

- Collaborate with community partners and participate in community-wide initiatives centered around obesity, diabetes, and food/nutrition
- Develop free or low-cost education, resources, and/or classes that promotes healthy eating, disease prevention, and weight loss/management

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

Metrics and/or Methods of Evaluation:

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

Priority Area 3: Access to Care

Identified Community Need: Access to Primary and Specialty Care, Access to Mental Health Services, Care Coordination/Patient Navigation

Strategies to address this need:

- Provide on-site enrollment assistance and for appropriate health insurance plans; participation in the hospital presumptive eligibility program
- Promote community awareness about health services offered, wellness classes, and support groups
- Provide discharge transportation for vulnerable patients who are otherwise unable to get home
- Provide free, low-cost or reduced-cost health services, medications, and medical devices
- Provide free or reduced cost screenings and immunizations at local health fairs
- Collaborate with primary care providers and clinics to improve access to preventative and specialty care
- Continue working with PVHMC's Family Medicine Residency Program through UCLA to increase the number of primary care physicians in the region
- Continue to increase PVHMC's capacity to care for patients needing emergency treatment, trauma services, surgery, and primary care
- Continue providing enrollment assistance in appropriate health plans for our community's vulnerable populations

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

Metrics and/or Methods of Evaluation:

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

Evaluation of Impact

Evaluating primary and secondary data in our most recent Community Needs Assessment (2018), 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 five 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 who had 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 CHNA (FY 2018) 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/questions 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:

- Western University of Health Sciences Pomona Chamber of Commerce
- Pomona Host Lions Club
- San Gabriel Pomona Regional Center
- Prototypes
- Executive Women International
- dA Center for the Arts
- Bright Prospect
- CAHHS Volunteer Services
- InterValley Health Plan
- Cal Poly Pomona
- Boys and Girls Club of Pomona
- Kids Come First Community Clinic
- Care Harbor
- Ladies Plastic Golf Association
- American Heart Association
- National Health Foundation
- Pomona Valley Ostomy Association
- Kennedy Austin Foundation
- San Gabriel Valley NAACP / NAACP Pomona Valley
- Latino/Latina Roundtable
- House of Ruth
- Pomona Valley Runners
- Pomona Valley Health Center, Chino
- Pomona Valley Health Center, Chino Hills
- Pomona Valley Health Center, Claremont
- Family Health Center, Pomona
- Parktree Community Health Center
- Cooperative Economic Empowerment Movement
- Inland Empire Health Professions Coalition
- Pomona Leadership Network
- Claremont Educational Foundation
- Youth & Family Club of Pomona Valley
- Upland Kiwanis

- YMCA of San Gabriel Valley
- Pomona Rotary
- Pomona Unified School District
- American Stroke Association
- American Cancer Association
- American Health Journal
- American Red Cross
- Auxiliary of PVHMC
- 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
- Loma Linda University
- Meals on Wheels
- Mount San Antonio College
- Pomona Valley YMCA
- Project Sister
- St. Lucy's Benedictine Guild
- The Learning Centers at Pomona Fairplex
- City of Chino Hills
- City of Walnut
- City of Claremont
- City of La Verne
- San Dimas Farmer's Market
- Wingstop - Pomona
- Diamond Bar Community Foundation
- Pomona Valley Historical Society
- INSAN Foundation
- Holy Name of Mary Parish
- Health Consortium of the Greater 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
- Arrowhead Regional Hospital
- Loma Linda University Medical Center
- Dignity Health - St. Bernardine Medical Center
- San Dimas Community Hospital
- Emanate Health

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

2019 Focus Study and Progress Report

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

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

While the Implementation Strategy and Community Benefit Report provides a comprehensive overview of the array of programs and services PVHMC provides to address the health needs of the community, specifically PVHMC has chosen to recognize and highlight the following programs that demonstrate our dedicated work in addressing our community's health needs:

- **Trauma Services**
- **Diabetes Care**
- **Stroke Care**
- **Palliative Care**
- **Care Harbor Medical Outreach**

Trauma Services

Trauma Community Programs and Services

PVHMC's Trauma designation and community programs are a tremendous achievement and benefit to the community, serving more than 6,500 trauma patients since opening in 2017. PVHMC's Trauma Centers is equipped to treat life-threatening injuries 24- hours per day, seven days a week. PVHMC has eight trauma surgeons who are double-board certified in general surgery and surgical critical care. They are supported by elite orthopedic surgeons, neurosurgeons, and anesthesia coverage. PVHMC's Trauma Center also has:

- Immediately available operating rooms
- Staffed and available CT scanners
- Trauma-trained nurses and technicians
- Surgical critical care capabilities
- Around-the-clock blood bank operations
- Helipad to receive and transfer Trauma patients by air transport

PVHMC has expanded its injury prevention program to decrease the incidence of trauma in our community by hiring a full time Injury Prevention Coordinator in 2019. PVHMC actively participates in **Hospital and Morgue (H.A.M)**; a program to reduce drunk driving in the teenage population, **Stop the Bleed Program**, a program in collaboration with local schools and police designed to train community members on how to use tourniquets (bands that help control bleeding) to prevent deaths from life-threatening bleeding wounds, as well as providing car seat safety information to new mothers and families. Programs that are currently in development include fall prevention for the elderly (Matter of Balance), violence outreach and prevention, pedestrian safety and distracted driving. Additionally, PVHMC has expanded our current MCI (Multi Casualty Incident) system in preparation to provide large scale care for our community. Our Trauma team completes extensive education and yearly competencies related to helipad safety, new equipment orientation, and review of research studies and PVHMC's Trauma nurses are Trauma Nursing Core Course (TNCC) certified to provide the optimal care for our patients. Improving safety throughout the community is a very important part of our Trauma Center's role to increase the health of our community in alignment with our mission at PVHMC.

Stroke Care

Along with our improvements in providing access to emergency care, Pomona Valley Hospital Medical Center (PVHMC) has a long history as a regional leader in innovative stroke treatment. The Stead Heart and Vascular Center at PVHMC is committed to providing advanced clinical care for patients and families in the midst of a health crisis. Our care has been nationally recognized for saving lives by the American Heart Association, American Stroke Association, Healthgrades, and several other independent national organizations.

Recognizing that stroke is the 5th leading cause of death in the United States and the 2nd leading cause of death in Los Angeles County, it is clear why cardiovascular health appeared as a priority health need in PVHMC's 2018 Community Health Needs Assessment. In response to these findings, PVHMC's Stead Heart and Vascular Center has vigorously worked to address this critical need and is continually committed to proactively fight stroke with education, coordinated care, and rapid-response treatment.

2019 Stroke Program Progress Report

In 2019, Pomona Valley Hospital Medical Center (PVHMC) continued to provide exceptional stroke care to the Southern California region while maintaining its status as a premiere comprehensive stroke center (CSC) and earning the American Heart Association Gold Plus Achievement Awards and Get With the Guidelines Target Stroke Honor Roll Elite Plus. To uphold its continuous dedication to stroke care, PVHMC showed its leadership through countless responsible acts in promoting stroke care throughout 2019. Some of its offerings to the community and other hospitals included providing stroke education, utilizing new research into practice, using state-of-the-art technology to yield better health results, and providing prevention screenings and education for the community.

To maintain our status as a Comprehensive Stroke Center and to continue improving the health outcomes in our community, PVHMC prides itself in providing an extensive annual stroke care training program for Associates and providing outreach, education, and training for our local and regional community partners. PVHMC Stroke Team members go out into the community and provide education on stroke to local outpatient clinics, nursing homes, other hospitals, and the Emergency Medical Systems teams (EMS) within the local counties. In 2019 PVHMC provided 236 hours of community education which included Stroke SIMS education to community healthcare and EMS providers. In addition, these activities included PVHMC's stroke support group, provided 96 hours of post discharge support to stroke survivors and caregivers, which meets every 2nd and 4th Thursday of the month. The Stroke Program also provided more than 400 hours of telephonic support and follow-up care to post discharge stroke survivors and caregivers. PVHMC also

hosted the annual Stroke Awareness Day, with more than 50 dedicated clinical and non-clinical Associates who volunteered their time in providing valuable education to the community on stroke and cardiovascular disease risk factors, provide blood pressure screenings, and share free tools to assist in the community in recognizing the signs of stroke and how to quickly respond.

Moreover, PVHMC dedicated 1800 hours to train and educate 225, of our own Associates, including Stroke unit staff in the Telemetry unit, ICU and Emergency Department. Fifteen Emergency Department EMT Associates also received four hours of education, for a total of 60 hours of dedicated education specific to stroke and stroke management. This education included simulation labs, online training, and didactic lectures. PVHMC also hosted the Annual Stroke Symposium providing didactic lectures from nationally recognized stroke experts addressing a wide variety of health care professionals, with record number of attendees from our healthcare community, exceeding 150 in 2019. Along with trainings, the PVHMC stroke team engaged in inter-disciplinary neuroscience case reviews to enhance our knowledge about stroke care and implemented new best practice and technology to allow for even faster treatment during a stroke. One example of this advancement is the addition of Clinical Pharmacists directly in PVHMC’s Emergency Room, to participate as stroke alert responding team member. Placing pharmacists directly on our stroke response team has eliminated the steps and time to receive stroke medications from the Pharmacy and placed that capability at the site of the Emergency. Additionally, PVHMC’s recent implementation and dedicated resource to purchase of iRapid software, an atomized CT Scanner that interprets a CT scan and reports back to the provider and stroke team within minutes. The iRapid software provides improved radiological imaging process time and reporting time. As Karen Tse-Chang, RN, PVHMC’s Stroke Coordinator, “time is brain,” and the iRapid has single handedly helped save numerous lives by providing accurate CT scan reports faster than before enabling our Physicians to have more time to care for the patients in need.

Along with PVHMC’s advances in technology and the training and support we provide to our local community partners, PVHMC’s stroke program provides our patients and community residents with direct education and tools to prevent stroke and manage recovery post stroke *PVHMC’s 2019 Stroke Program Activity Summary:*

Internal Education Activities:







- Eight hours stroke education to stroke units (ICU and Telemetry) nurses - including Simulation Labs, CE DIRECT Online, didactic lecture
- Four hours stroke education to ED nurses
- Inter-disciplinary neuroscience case reviews
- Tuesday Noon Stroke lectures/Updates quarterly

External Health Professions Education Activities:

- 2019 Neuro-Symposium
- EMS education
- West Covina Fire
- La Verne Fire



Stroke Symposium Presenters

 <p>8:00 - 8:10 am <i>Welcome and Opening Remarks</i> Bhupat Desai, MD Medical Director, PVHMC Comprehensive Stroke Center</p>	 <p>10:15 - 11:00 am <i>Stroke and Little Folk</i> Jasmin Dao, MD, PhD Long Beach Memorial</p>
 <p>8:10 - 8:55 am <i>Modern Stroke Therapy: Teaching New Tricks to an Old Dogma</i> KEYNOTE SPEAKER Patrick Lyden, MD, FAHA, FAAN, FANA Cedars-Sinai Medical Center</p>	 <p>11:00 - 11:45 am <i>Neuro Critical Care— Management of Intracranial Pressure</i> Cyrus K. Dastur, MD UCI Medical Center Neurology</p>
 <p>8:55 - 9:40 am <i>Long-Term Monitoring for Atrial Fib Relation and Cryptogenic Stroke</i> Royya Modir, MD UCSD Medical Center</p>	 <p>11:45 am - 12:30 pm <i>Wake Up! STROKE</i> Sophia Nazli Janjua, MD PVHMC Comprehensive Stroke Center</p>

9:45 - 10:15 am - Break and Vendor Fair



- AMR flight teams
- LA County Fire, Pomona
- LA County Fire, San Dimas
- SBC Montclair, Claremont, Chino Valley
- Community Partners - SNF/Rehab stroke education
 - Inland Valley Rehab Presentation
 - Claremont Care Center Education
 - Mt San Antonio Gardens Education
- Community Hospitals Stroke Update and In-service
 - San Dimas Hospital
 - Chino Valley Hospital
 - Montclair Hospital

Community Stroke Awareness Education Activities and Presentations:

- Los Angeles County Fair
- Stroke Awareness Day May 2019
- Stroke Support Group - on going - every 2nd and 4th Thursday of the month
- Inland Valley Health Plan Stroke Presentation
- La Verne Rotary Club Stroke Presentation
- New Beginnings Stroke Support Group and Summer Picnic
- Annual Stroke Symposium

Pomona Valley Hospital Medical Center remains a leader in the provision of expert stroke care in our region. We have adopted the latest research and medical evidence to assure our patients are receiving technically advanced clinical care. This was best demonstrated this past year in the adaptation of our Expanded Stroke Alert activation time window. By extending the treatment window to 24 hours for thrombectomy (blood clot removal we increased the number of Stroke Alert activations by 50% resulting in more stroke patients being treated.

POMONA VALLEY HOSPITAL MEDICAL CENTER

Join Us! **2019 Stroke Awareness Day** Celebrating *The Rhythm of Life*

SPEAKER Angela Yi, PhD 10-11:00 am
Neuropsychology & Rehabilitation Psychology


- Blood Pressure Screenings
- Stroke Risk Assessments
- Signs and Symptoms of Stroke and What To Do
- Showcasing the Newest Technology in Stroke Diagnostics
- Recreational Adaptive Equipment
- Support and Resources for Caregivers
- After Stroke Care Programs
- Light Refreshments and Nutritional Information

This day offers stroke survivors, families, caregivers and our community a day of celebration, education, awareness and fun with our knowledgeable and dedicated stroke team


Sat., May 18, 2019
9:00 to Noon
Pomona Valley Health Center,
Claremont
1601 Monte Vista Ave., Claremont

Please RSVP by calling
909.865.9983

MUSIC THERAPY DEMONSTRATION
Mary DiCamillo, EdD
Board Certified Music Therapist
11:00 am - Noon

 
The Joint Commission American Heart Association
American Stroke Association

CERTIFICATION
Meets standards for
Comprehensive Stroke Center


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Pomona Valley Hospital Medical Center's Stroke Program is certified as a Comprehensive Stroke Center by The Joint Commission, the foremost accrediting body in health care in the United States, awarded to centers that pass a rigorous on-site review and a thorough examination of the program and patient care. The certification recognizes the center's commitment to following national standards and guidelines that can significantly improve outcomes for stroke patients.

POMONA VALLEY HOSPITAL MEDICAL CENTER **2019**

MAY IS Stroke Awareness Month

May 1 Dr. Desai presents "Stroke Update" at Stroke Awareness Day at Chino Valley Medical Center
12:30 pm to 2:00 pm • Chino Valley Medical Center

May 6-10 **Stroke Education Week**
Stroke Program Coordinators will visit the Stroke Units to test your stroke knowledge. Join the game, win a prize.

May 16 Dr. Janjua presents "Stroke Update" to Emergency Department Providers/ED PA Group
10:00 am to 11:00 am • 430 N. Vineyard Ave, Ontario.

May 18 **Annual Stroke Awareness Day - The Rhythm of Life**
This is a free community event provides Stroke Education not only for the Stroke Survivors—it is also for the family and friends of those that have experienced a stroke and their caregivers. This year's speaker: Dr. Angela Yee, Neuropsychologist and Dr. Mary DeCamillo, Music Therapist.
9:00 am to Noon • For more information or to RSVP call 909.865.9983
Pomona Valley Health Center, Claremont • 1601 Monte Vista Ave, Claremont.

May 21 **Emergency Department/Stroke Alert Responders Appreciation Breakfast and Education** • Sponsored by Genetech
Enjoy breakfast and a quick stroke in-service on "Assessing Minor but Disabling Stroke." • 6:00 am to 9:00 am, Pitzer Auditorium

May 21 **Dr. Janjua Presents at Tuesday Noon CME - Stroke Program Update**
12:00 Lunch; 12:30 pm to 1:30 pm Presentation • Pitzer Auditorium

May 27-31 **Stroke Education Week**
Stroke Program Coordinators will visit the Stroke Units to test your stroke knowledge. Join the game, win a prize.

Throughout the month of May -
Stroke Program Update presented to Medical Staff Committees.

 
The Joint Commission American Heart Association
American Stroke Association

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For more information call
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2020 Community Benefit Plan and Implementation Strategy

2019 Diabetes Progress Update

Stopping Diabetes in Its Tracks (SDIT) – Pomona

PVHMC is working to “Stop Diabetes in its Tracks”

Pomona Valley Hospital Medical Center (PVHMC) is fighting back against diabetes with rigorous standards of care and community outreach. This vigilant approach has placed PVHMC among the top hospitals in the nation treating the disease in the community.

PVHMC is the lead partner in *Stopping Diabetes in its Tracks (SDIT)*, a collaborative demonstration of an integrated systemic approach to diabetes prevention and diabetes self-management education. Program partners include the Pomona Valley Health Center; Claremont Graduate University; the Community Translational Research Institute; and Heluna Health. It also includes an extended network of community partners, including the City of Pomona, the Pomona Unified School District, Western University, Keck Graduate Institute and youth program Day One. The program, *Stopping Diabetes in its Tracks*, is funded through 2021 by a three-year grant from the UniHealth Foundation.



Stopping Diabetes in its Tracks

As originally proposed, the three-year mission of *Stopping Diabetes in its Tracks* is to develop and demonstrate an integrated set of community clinic, and hospital interventions to prevent and control type 2 diabetes (T2D) in the Pomona community, and demonstrate a model that is replicable, scalable, and sustainable – the crux of the *feasibility* question. Over the three years of the project, screenings are carried out in community, clinic, and hospital populations to identify people at high risk for T2D and those with previously undiagnosed diabetes, offering access to evidence-based primary and secondary prevention interventions, respectively. It is proposed additionally to develop a community component that would address aspects of the social, institutional, and physical environment relative to effective diabetes risk reduction. Much of the innovation and developmental work over the last two years has occurred here. Over the course of the last two years, we have elaborated on the project mission, strategy, and tactics (programs and methods) to ground the project in what has proved to be most needed and feasible relative to the integrated systems demonstration.

SDIT screening data collected up to January 20, 2020 found the prevalence rates for pre-diabetes (A1C between 5.7-6.4%) and diabetes (A1C over 6.4%) to be 23.3% and 16.2%, respectively, among adults 18 years + in Pomona

communities. These estimates are higher than what we found in the earlier 2017 planning grant period, 20% and 15% for pre-diabetes and diabetes, respectively. This could indicate increasing levels of diabetes and diabetes risk for the city's population or could be the result of sampling error. Either way, the rate for diabetes in Pomona is much higher compared to the rate reported by CDHS for diabetes in Los Angeles County (9%) as a whole. Although, our community screenings were not designed to be a population representative, our findings suggest (confirmed by population representative NHANES projections) that the diabetes epidemic in our region is much worse than thought.



Diabetes Self-Management Education (DSME) is a five-class series, which is free to those who qualify. DSME is a critical element of care for people with diabetes and those at risk for developing the condition. DSME is the ongoing process of facilitation the knowledge, skills, and ability necessary for pre-diabetes and diabetes self-care, as well as activities that assist a person in implementing and sustaining the behaviors needed to manage their condition on an ongoing basis. Recent program results include an average A1c decrease of 3% for DSME participants. On average, participants had a starting A1c of 10.9% and 7.9% at the end of the program. A review of the meta-analysis on DSME programs indicates that most DSME programs facilitate a 1% decrease in A1c. The Diabetes Prevention Program (DPP) and DSME are the two intact evidence-based programs implemented in SDIT. DSME has seen the following success:

- The target is to enroll 100 DSME participants. By the end of 2019, 50 persons with diabetes had successfully graduated from the hospital-based DSME program and another 22 were enrolled in classes. Completion rate is high with only 11 persons having withdrawn after starting the program

- 57% of DSME participants were male and predominantly Hispanic. This stands in contrast to other programs where considerably more females than males participated
- Average HgA1C values dropped from 10.9 % at program startup to 7.9% at program end, twice the effect typically found in DSME
- Classes are under way for multiple DPP cohorts in the community, both in English and Spanish. It will be some time before the first of these yearlong classes is completed.
- DPP classes will begin in hospital in 2020
- It is likely that we will ask for a no-cost extension of the grant to maximize the number of persons participating in the year-long DPP so that we can assess impact on body weight and A1C and risk factors that drive them
- At the community level, challenges to screening and DPP administration have included the amount of personnel time it has taken to identify and network with potential community sites to access their resources
- Screening in community settings has proved to be resource intensive requiring at least 5-6 people on-site for each data collection session. Colleges in and around Pomona and their health profession training programs have provided the necessary volunteer personnel
- CDC endorsement once acquired can facilitate sustainability of a community-based DPP system through insurance coverage for eligible participants
- Hospital and clinic-based DPP and DSME is probably easier to initiate and sustain where those organizations have and are willing to allocate space and personnel for classes at times convenient to participants and where they are willing to provide up-front financial resources for the period necessary to get program approval for billing purposes. Feasibility increases greatly when these programs meet criteria for recognition by providing the option for billing 3rd party payers for services

Participants are supported by a Navigation Team consisting of a social worker and social work students, who provide participants access to community resources they need during participation. Participants' progress and outcomes are tracked with real-time data and by a team of scientists and healthcare professionals. All of this significantly contributes to the program's excellent graduation rate of 82% for DSME. Introduction and assessment of the feasibility of innovations arising from SDIT include:

- The navigation (and counseling, as it turns out) functions of navigators would appear to have sustainability potential and can be modified to a variety of purposes and applications. The model tested is relying on graduate social work and nursing student interns would require proximity to schools offering similar programs.
- Innovations in ecological assessment have proved to be useful and are likely replicable and sustainable. These include a combination of GIS and real time observations to identify and classify environmental resources and obstacles to risk reduction at the individual level. Among these are methods for identifying and gaining access to optimal nutritional and recreational resources in the community consistent with dietary, activity, and weight management objectives.

PVHMC believes our unique success is a result of the collaboration with our community partners, and the bilingual and culturally sensitive competence of our program instructors, who are able to communicate well with the program's target

population – the predominantly Hispanic community in the far eastern portion of Los Angeles County. Additionally, PVHMC’s program has seen impressive engagement and retention among Hispanic males, a group that is less likely than the general population to seek care and interact with the health care system.

PVHMC has responded quickly, growing its diabetes program over the last three years by engaging its healthcare providers, expanding community education and free screenings, and collaborating with five other institutions and an extended network of community partners in a translational research program to prevent and control type 2 diabetes in the Pomona community (see *PVHMC is Working to Stop Diabetes in its Tracks*).

Only 1% of hospitals in the United States have earned a Certificate of Distinction for Inpatient Diabetes Care from The Joint Commission, the accrediting organization for hospitals – and PVHMC is at the top of that 1%, said Lisa Diaz, MSN, RN, CDE, PVHMC’s Diabetes Program Manager.

“We received our initial certification in 2015 and our second re-certification in December 2019,” Lisa said. “What that means is we have all the critical elements in place to help patients achieve long-term success in improving and managing their diabetes.”

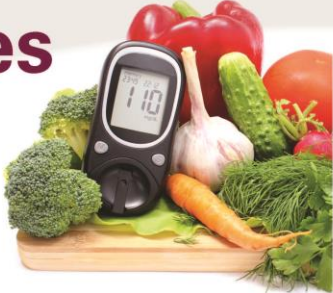
That’s a huge achievement considering that about 14% of adults in Los Angeles County have diabetes, according to the Centers for Disease Control and Prevention. In the communities PVHMC serves, the percentage is much higher. “On any given day, about 60% of the patients in our Hospital have diabetes or pre-diabetes,” Lisa said. “That’s a lot of people that we want to help. And more and more people throughout the community are telling us they want information about managing diabetes and risk factors like obesity.”

Patients in the Hospital benefit from Physicians, Nurses and other healthcare professionals who are up to date on the latest in ever-changing diabetes research and care guidelines. Every Hospital unit has at least one, and sometimes several, Diabetes Champions – Nurses armed with information and data about diabetes best practices who ensure every patient gets the best care possible. Ninety-nine percent of patients in the hospital are tested for diabetes and those who have it are achieving better blood sugar control while there. When patients leave the Hospital, their diabetes results are printed on their discharge instructions to share with their Doctor or to improve on their own.

In the community, PVHMC RN volunteer Associates have more than doubled the number of free blood glucose screenings they provide at health fairs and events, from 500 in 2017 to 1,213 in 2019. More than 150 registered nurses volunteered their time at these events in 2019. "Along with their screening results, we give them information in English

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Diabetes 101



**Every 2nd Tuesday
of the month,
6:00 - 7:30 pm**

Diabetes management is not a simple task. When you are informed about the best steps to take, you can manage it more successfully. Attending this **free** educational class will help you gain a better understanding of living well with diabetes. This class is for those with both Type 1 and Type 2 diabetes, and is hosted by a clinical diabetes specialist from Pomona Valley Hospital Medical Center’s Diabetes Team.

Come and learn about:

- Diabetes in general
- What glucose levels mean
- How episodes of high and low sugar are treated
- How to check sugars
- Medications and their side effects
- Preventing complications
- Lifestyle modifications like diet and exercise and how they can (positively) affect your health

Family and friends are welcome! Light refreshments will be served.

**Held in the Community Room of
The Robert and Beverly Lewis Family Cancer Care Center
1910 Royalty Drive, Pomona, CA 91767**

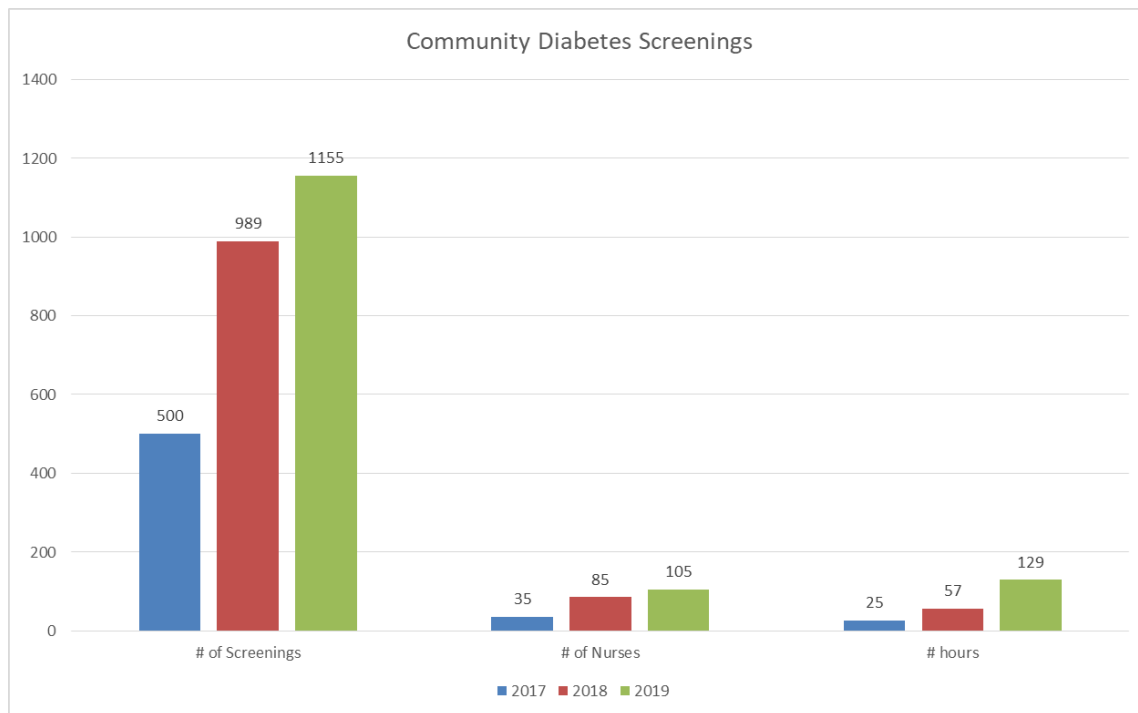
*For more information, or to RSVP, please call our
Family Education and Resource Center at 909.865.9858.*

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and Spanish that explains what their results mean and diabetes risk factors,” Lisa said. “We refer many people to free or low-cost diabetes nutrition and education resources.” These include PVHMC’s Diabetes 101 class and its interactive Diabetes Self-Management Education five-class series, which is free to those who qualify.

PVHMC Diabetes Outreach: Community-Based Glucose Screenings - 2019

Date	# Screenings	Event Name
1/26/2019	67	3 rd Annual PUSD Latino Symposium
3/15/2019	N/A	STEAM at Fairplex
3/23/2019	55	2 nd Annual Cesar Chavez Day of Service
5/18/2019	49	2019 PVHMC Stroke Awareness Day
5/25/2019	77	Prototypes 5k Health and Wellness
6/22/2019	38	NAACP Poor People's Rally
7/20/2019	29	Freddie Rodriguez- Summer Open House
7/26/2019	94	LA Veterans Jobs, Health & Resource Expo
7/27/2019	22	5th Annual Family Day-Wingstop
8/30/2019	167	LA County Fair Glucose Screening
9/13/2019	181	LA County Fair Glucose Screening
9/26/2019	67	San Gabriel Regional Center
10/12/2019	78	3rd Annual Pomona 5K/10k
10/27/2019	106	HNM 2nd Annual Health and Wellness Fair
11/2/2019	43	La Verne Police and Fire Open House
11/14/2019	57	PVHMC Diabetes World Day
11/19/2019	25	Pomona Wellness Meeting
12/7/2019	58	Empire Health Fair
Total	1213	



“It takes a lot to help people manage their diabetes,” Lisa said. “At PVHMC we strive to do as much as we can in every way that we can.” PVHMC hosted a Diabetes World Day, along with additional community events in recognition of Diabetes Month in 2018 and 2019.

PVHMC Celebrates National Diabetes Awareness Month



Pomona Valley Hospital Medical Center Diabetes Program Educators

More than **100 million adults** in the United States are currently living with diabetes or prediabetes. Join our Diabetes Team during the month of November to spread awareness to prevent diabetes and help those with the disease better manage their symptoms and lifestyles.



2019 Diabetes Research Lecture (CME/CEU Available)

Stopping Diabetes in Its Tracks: An innovative approach to improving diabetes care through Diabetes self-management education and support. Shown to be cost-effective by reducing hospital admissions and readmissions, as well as decreasing estimated lifetime health care costs related to a lower risk for complications. Pitzer Auditorium, 12:30-1:30 p.m. *Part of Tuesday at Noon Lecture Series.



Walk for Health!

Bring your family and friends and join us on a brisk 2.5 mile walk/hike in Ganesha Park. We'll be sharing information about diabetes and pre-diabetes as we walk for good health! Meet us near the pool at 8 a.m.

Ganesha Park, 1575 N White Ave, Pomona, Ca 91768
*Don't forget to bring water, sunscreen and a hat!



Diabetes 101 Class

This free class is for those with both Type 1 and Type 2 diabetes. We'll help you gain a better understanding of living well with diabetes, including what diabetes is, how to check sugars, lifestyle modification and more. For more information, please call: 909.865.9858.

Espanol: 5 - 6:00 p.m. **English:** 6 - 7:30 p.m.
Held in the Community Room of The Robert and Beverly Lewis Family Cancer Care Center at 1910 Royalty Drive, Pomona, CA 91767.



World Diabetes Day Health Fair

World Diabetes Day is a global campaign to promote awareness of diabetes. Stop by our Pitzer Auditorium (check-in at the Main Lobby) from 12-2 p.m. to take a free risk assessment test, a free blood glucose screening and education on risk factors and symptom management from our Diabetes Clinical Resource Team and Sweet Success Team.



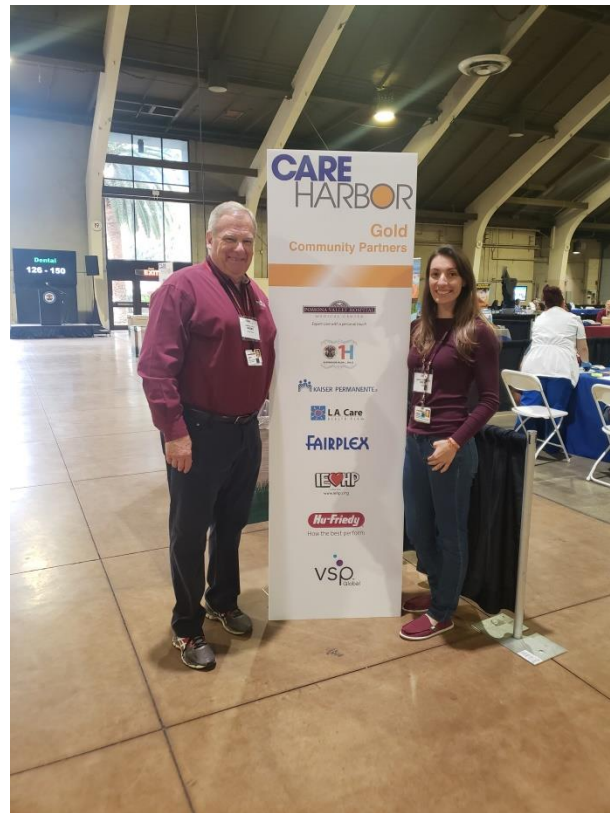
Palliative Care Program

Palliative Care is an interdisciplinary service provided to patients who have a chronic, life-limiting illness like congestive heart failure, kidney or liver disease, stroke, dementia, cancer, trauma and many other conditions. While PVHMC only provides Palliative Care while patients are hospitalized, we work with many external agencies to continue palliative care treatments outside of the Hospital. Palliative Care can begin at any stage of illness and PVHMC's palliative care team works with the patient's other treating physicians to manage discomfort and symptoms such as pain, anxiety, depression, nausea and appetite. The team – made up of a Physician, Nurse, Social Worker and Chaplain – work together to optimize the quality of life for all patients, while allowing the patient to define their course of treatment. Many times the team becomes familiar with a patient because of readmissions to the Hospital, so their palliative care treatments become an ongoing conversation, and if patients wish to change directions with their treatments, the team works to support their decisions. Palliative care services are not reimbursable by insurance, and PVHMC sponsors our half-a-million dollar a year

Palliative Care program so that it is available to all patients, regardless of ability to pay. PVHMC's mission supports the Palliative Care program because we recognize the value it is to the physical, emotional, psychological and spiritual health of our patients and community. PVHMC's Palliative Care program provided services to 1,282 patients and their family members in 2019.

Care Harbor 2019

In April 2019 more than 100 PVHMC Physicians and Associates came together to volunteer for the first-ever Care Harbor event at the Fairplex. The mega-clinic offered free medical, dental and vision services to more than 1,400 uninsured and underinsured members of our community. Most importantly, the event provided resources to ensure that all patients were matched with a local, long-term medical facility for follow-up primary and specialty care. From teaching and guiding student physicians and nurses, to providing blood pressure and blood glucose screenings in triage, to educating patients on their diagnoses and follow-up care, our PVHMC team was at the forefront of this endeavor.



Community Benefit Activities and Programs

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

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

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

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

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

Emergency Services

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

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

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

Subsidized Health Services

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

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

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

Ambulance Transports: Working with Case Management, the PVHMC Emergency Department provides appropriate level ambulance transports home or to another acute care facility or skilled nursing facility in an effort to meet the indigent or underinsured patient's continuing medical needs. Additionally, PVHMC's helipad receives and transfers critically ill patients via air transport.



Community Building Activities

Every 15 Minutes: This program educates high school students of the dangers of drunk driving. It involves local fire and police departments, ambulances, schools, students, families and Pomona Valley Hospital Medical Center. A drunk-driving accident is simulated outside of a high school's premises with a teenage driver and students acting injured and killed. The Grim reaper enters the classroom every 15 minutes and escorts a student out. This symbolizes the fact that every 15 minutes someone is killed by a drunk driver. In 2019, students from Pomona Catholic, Claremont High School and Bonita High School participated.



Emergency Department Approved for Pediatrics:

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



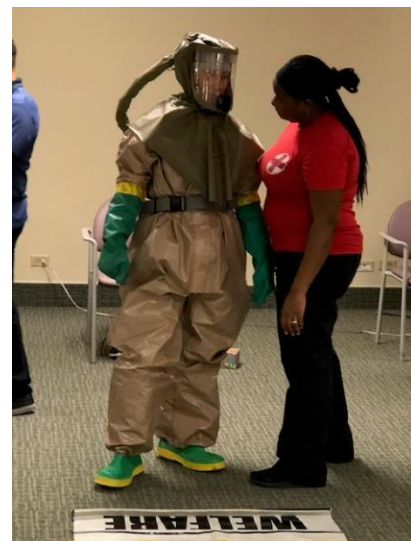
Safe Surrender: The Safe Surrender program began in August, 1996 by a woman named Debi Faris who obtained permission to take custody of the remains of abandoned and unwanted newborns by giving them a name and a dignified burial. This place became known as the "Garden of Angels" and to date, 46 markers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

Disaster Resource Center (DRC): As a participant in the National Bioterrorism Hospital Preparedness Program (NBHPP), Pomona Valley Hospital Medical Center is a one of 13 designated Disaster Resource Centers (DRC) in Los Angeles County, prepared to be a resource to our community in the event of a declared disaster. As the DRC for the

region, PVHMC is responsible for twelve (12) ‘umbrella hospitals’ and annually coordinates drills, training, and sharing of plans to bring together the community and our resources for disaster preparedness.

In 2019, PVHMC’s Environmental Preparedness and Disaster Resource Team provided the following community building, education and training activities:

- Staffed Earthquake Preparedness Booth for the Southern California Earthquake Alliance in February 2019 to assist in instructing the Access and Functional needs community in Emergency Preparedness.
- Served as advisors on the Hospital Incident Command National Steering Committee for the sixth revision of the Hospital Incident Command process, at the request of the California Hospital Association.
- Served as Hospital Disaster Management Instructor for LA County Emergency Medical Services Authority
- Coordinated a Mass Decontamination Exercise in June 2020 at San Dimas Community Hospital
 - Over 13 hospitals with 100+ attendees
 - Instruction and practice on Pediatric Decontamination.
- Presented PVHMC’s National Best Practice Access and Functional Needs Disaster Risk Assessment Tool at the following conferences:
 - The Joint Commissions Emergency Management Conference in Washington DC, April 2019
 - SCAHRM Conference in Palm Springs, May 2019
 - California Hospital Association Emergency Management Conference in Pasadena California, September 2019



Women’s and Children’s Services

Pomona Valley Hospital Medical Center (PVHMC) was built as state-of-the-art medical facility in the 1990s in response to the growing healthcare needs of women and children in the eastern Los Angeles, San Bernardino and Inland Empire region. In 2014, PVHMC became the largest birthing hospital in California to receive the **Baby-Friendly** designation from the World Health Organization and UNICEF. Currently, PVHMC is ranked 8th in California for the number of deliveries in 2019, 5,838, according to most recent data from the Office of Statewide Health Planning and Development (OSHPD).

Women’s and Children’s Services at PVHMC offers extensive and continuously expanding services tailored to meet a variety of special needs. In addition to obstetrics, pediatrics, and infant care, PVHMC offers complete care for women throughout all stages of life. Community health improvement services are offered through our Family Education Resource Center and provides resources for childbirth, breastfeeding, parenting, CPR, babysitting, and support for bereaved parents. Specialized classes and support are offered for expectant and new mothers, including: *Childbirth Preparation*, *Baby Express*, and the *Sweet Success Program*. Classes and support are also offered for expectant and new fathers, including: *Boot Camp for Dads* and *Dadvice*.

Pomona Valley Hospital Medical Center (PVHMC) offers both a *Breastfeeding Class* and *Breastfeeding Clinic* for expectant and new parents to receive current information and education about breastfeeding that adheres to the evidence based on *Ten Steps to Successful Breastfeeding*. These guidelines include helping and teaching mothers to initiate bonding and breastfeeding immediately after birth, showing mothers how to maintain lactation, and offering mothers the information, skills, and support needed to successfully continue breastfeeding upon their return home. The Women’s Center at PVHMC provides personalized, home-like single birthing and postpartum rooms, making PVHMC the hospital of choice for expectant mothers. PVHMC offers “rooming-in” that allows mothers and infants to remain together 24-hours a day.

As one of the most advanced maternal and neonatal providers in Southern California, PVHMC has a Maternal-Fetal Medicine program, an advanced Labor and Delivery program, and a 53-bed, Level IIIB Neonatal Intensive Care Unit (NICU). Each of these programs confirms PVHMC’s commitment to providing life-saving care to patients and demonstrates the range and depth of community benefit programs and commitment to the health of women and children. PVHMC also provides complete pediatric services especially designed to meet the needs of both the child and his/her family. Using advanced technology and procedures, PVHMC highly skilled staff is prepared for even the most complicated pediatric cases. From accepting and transporting neonatal intensive care patients to follow up care and specialty clinics, all pediatric care is done in a compassionate, supportive and nurturing environment.

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

PVHMC programs for High-Risk moms and their babies that include:

- Sweet Success-Diabetes and Pregnancy
- Inpatient and Outpatient breastfeeding support programs

- Perinatal and Neonatal Bereavement Support Programs - “Helping Hands” & “Care Connect”
- California Children’s Services (CCS) Provider
- Complete Pediatric Sub-Specialty Care

PVHMC services for care of the newborn include, but are not limited to:

- Medical Care
- High frequency ventilation
- Surfactant replacement therapy
- Genetic screening
- Sub-specialty consultations
- Surgical Care
- Cardiothoracic: PDA and diaphragmatic hernia
- Gastrointestinal: Hernia, funduplications, gastrostomy tube, bowel obstructions, intussusception, ileostomy, colostomy, pyloromyotomy, imperforate anus, omphalocele, and gastroschisis.
- Neurosurgery: VP shunt and ventriculostomy

The following is a list of Women’s and Children’s Programs and activities provided to the community in 2019:

Subsidized Health Services

In-House Obstetrics Coverage: PVHMC has hospital-based Obstetrics and Gynecology Physicians that provide 24-hours a day/7 days per week coverage for deliveries.

Community Health Improvement Services

Baby Express: A three-hour class designed to help parents get ready for the new baby experience. Baby Express education includes baby care, bathing and diapering, how to calm and soothe your baby, car seat safety, and breastfeeding basics. In 2019, 160 persons were served.

Big Brother/Big Sister: Children three to six years of age are prepared for their first meeting with the new baby in the hospital and learn to help care for him/her at home. In 2019, 30 persons were served.

Boot Camp for Dads: A unique workshop designed to provide education to new dads. Boot camp veterans return with their 2-3 months old infant and give soon-to-be dads tips and support to head in the right direction with their new family. In 2019, 133 persons were served.

Breastfeeding Class: This class is designed to give expectant parents the knowledge and skills necessary for a successful breastfeeding experience. In 2019, 177 persons were served.

Breastfeeding Clinic: Our free 5 day-a-week clinic is open to breastfeeding mothers and provides education, emotional support, pump rentals, and problem-solving techniques for successful breastfeeding. A lactation consultant is on hand to assist with their need. In 2019, 700 persons were served.

Cesarean Birth Preparation: Question and answer sessions provide information to prepare families for what to expect during their special delivery. In 2019, 7 persons were served.

Childbirth Preparation Class: Offered in a 3-week series, weekend two-day class or a one-day course, our Childbirth Preparation Class provides community education on the physical and emotional aspects of the labor process. This class is

designed to prepare the parent with hands on learning, comfort and breathing techniques, parenting, and the role of the support person. In 2019, 448 persons were served.

Every Woman's Journey: Women's education lecture series with topics appropriately changing monthly to encourage a healthy lifestyle. In 2019, 175 persons were served.

Family and Friends CPR: This class provides infant/child Cardiopulmonary Resuscitation (CPR) skills for parents, grandparents and babysitters. Additional education provided on choking prevention how to handle other emergencies. In 2019, 103 persons were served.

Maternity Orientation: Expectant families are invited to take a complimentary tour and orientation to help them get acquainted with our labor and delivery, recovery, and postpartum suites. Tours are also offered in Spanish and Chinese. In 2019, 1235 persons received tours in English, 126 persons received tours in Spanish, and 589 persons received tours in Chinese.

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

Safesitter Class: Safesitter is a class to teach adolescents safe babysitting techniques. Students receive hands on practice in basic lifesaving techniques and education is provided on child development and age-appropriate activities. In 2019, 98 persons were served.

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

Walk to Remember: Each October during National Perinatal Bereavement Month, PVHMC invites families who have experienced the loss of an infant or child to participate in a "Walk to Remember". The evening includes an inspirational program of sharing, a memorial service and a candlelight walk. In 2019, 234 persons were served.

Dadvice: This group is for dads who may be experiencing or living with someone experiencing stress, depression, anxiety or other issues related to pregnancy, birth and the postpartum period.

Postpartum Depression Support: This is an emotional support group for pregnant and new Moms. This support group discusses stress, depression, anxiety, and difficulty adjusting to changes. Participants learn coping skills, relaxation techniques, and communication skills. Lunch and childcare is provided.

Health Professions Education

Perinatal Symposium: Labor and Delivery and Neonatal education for the medical community (physicians and nurses). Education topics include management of various clinical situations that arise in practice with emphasis on optimizing the outcome for mother and infant. In 2019, 936 persons were served.

POMONA VALLEY HOSPITAL MEDICAL CENTER

Pregnancy & Postpartum Support Group

In this group for Pregnant and New Moms, we will:

- Discuss stress, depression, anxiety and difficulty adjusting
- Learn coping skills, relaxation techniques, communication skills
- Support moms to recover from pregnancy and birth
- Help you feel well and be the mom you want to be

Lunch and childcare will be provided.

Facilitated by **Nayeli Corona-Zitney, LCSW**

Every first and third Wednesday
12:30 pm to 2:00 pm
1798 N. Garey Ave., Pomona • Women's Center Auditorium

For more information please call **909.865.9858**

For up-to-date scheduling, please go to:
<https://www.meetup.com/Pregnancy-Postpartum-Stress-Support/>

POMONA VALLEY HOSPITAL
MEDICAL CENTER
WOMEN'S AND CHILDREN'S SERVICES
Expert care with a personal touch

Maternal-Fetal Transport Program

Due to quality outcomes and access-to-care needs, the **Maternal-Fetal Transport Program** was established in 1994 and was first and the only one of its kind in California. By 2000, PVHMC was only one of three hospitals providing this type of benefit in the state. Since establishing this program, more than 26 hospitals in Imperial, Inyo, Kings, Los Angeles, Mono, Riverside, and San Bernardino Counties have requested PVHMC's Maternal-Fetal Transport assistance. PVHMC Maternal-Fetal Transport Team also provides training and education to healthcare providers on this specialty service.



Pregnant women who experience complications often require special attention and need rapid medical care during their pregnancy. The PVHMC Maternal-Fetal Transport Unit is equipped to handle any emergency when high-risk expectant mothers need to be quickly and safely transported to PVHMC from other nearby hospitals. The unit provides a mobile intensive care environment for pregnant patients en route to the hospital, transferring more than 150 high-risk pregnant women safely and quickly each year regardless of their diagnosis, race, ethnicity or financial status. This program is truly a testament to PVHMC's thoughtful, purposeful and strategic approach to community-wide health – beginning with health in the womb.

The goals of the Maternal-Fetal Transport Program include serving the needs of expectant mothers in seven outlying counties, providing maternal-fetal ambulance and air transport for mothers needing emergency maternal services. The IIIB Neonatal Intensive Care Unit (NICU) is on-site and provides fully trained labor & delivery RNs to assist with emergency care and transport. This program is unique because it meets patients where they are, 24 hours/day, and deploys within 30 minutes of accepting a transport.

The unit team includes Maternal-Fetal Medicine Physicians, Obstetricians, Physician Sub-specialists, specially trained Registered Nurses and Respiratory Therapists who can quickly access and stabilize the patient's condition during mobile transport. During transport, our unit team maintains communication with our Maternal-Fetal Medicine Physicians, and is specially trained to care for the full range of maternal medical emergencies in the field, including but not limited to:

- Bleeding after 20 weeks
- Hypertensive disorders
- Preterm Rupture of Membranes
- Preterm labor
- Multiple gestation (twins, triplets, etc.)
- Diabetes
- Fetal Anomalies
- Medical Complications of Pregnancy
- Existing co-morbidities complicating pregnancy
- Accreta and Percretas

Neonatal Intensive Care Unit

Pomona Valley Hospital Medical Center (PVHMC) has a state-of-the-art 53 bed level IIIB NICU facility for the treatment of sick or premature babies from the surrounding area of Pomona, Chino Hills, Corona, Claremont, Eastvale, Diamond Bar, and throughout the San Bernardino and Los Angeles County area. The IIIB Neonatal Intensive Care Unit offers

specialized care for critically ill infants, since it is equipped and trained to care for infants born at less than 32 weeks' gestation or weighing less than 1500 grams. Every member of the Neonatal Intensive Care Unit (NICU) team has been specially trained to care for newborns needing advanced medical service and functions as a multi-disciplinary team. The team is headed by a pediatric physician specialist (neonatologist), additional physician specialists from fields such as cardiology and neurology, registered nurses and respiratory therapists, pharmacists, developmental therapists, dieticians and medical social workers. In addition, the level IIIB Neonatal unit is designated as a Surgical Center by California Children Services. At PVHMC, we understand that having an infant in the Neonatal Intensive Care can be stressful. For this reason, we were able to have secured cameras installed at each infant bedside. This allowed parents to view their infant from their phone or iPad, 24 hours a day when they cannot be at the bedside.

Established in 1994, the Neonatal Transport Team at PVHMC is a highly skilled group of registered nurses and respiratory therapists working with Board Certified Neonatologists to provide safe and efficient ground and air transport of sick newborns to a level IIIB intensive care unit. The associated costs of the program's training, coordinating, travel-time and hands-on specialized care in the field by our mobile team is provided to the patient at no cost. The patient and requesting facility can be confident that PVHMC will be available 24-hours a day, 7-days a week to meet their access-to-care needs, regardless of ability to pay.

Children's Services

The pediatric services unit at PVHMC offers a caring environment that encourages the participation of parents in the health care of their children. We host a special pre-admitting program in which the child and family are introduced to their own case manager, who coordinates care throughout their stay. Medical social workers and discharge planners are available to address any concerns, should they arise. They will also help coordinate post-hospital care; provide community care referrals and emotional support for the family.

At PVHMC, pediatricians and nurses who specialize in the care of children, use the most advanced technology available to ensure a calm and healing environment. To help ease children's fears of treatment and technologically advanced machines, a colorful jungle theme has been incorporated into the pediatric unit. Hand painted by a PVHMC Pediatric nurse, it is very welcoming to our small patients. To help add a measure of comfort, sleep chairs are included in each room allowing parents to be with their child during overnight stays.

The pediatric services unit provides diagnostic and treatment services for a variety of medical conditions, including:

- Gastrointestinal disorders
- Infectious diseases
- Orthopedic disorders and injuries
- Respiratory diseases
- Sleep disorders

Pomona Valley Hospital Medical Center is one of the region's premier medical centers, our outstanding doctors and caring nurses and staff have met the expectations of parents for more than 100 years with excellent maternity care. With more than 5,000 babies born here each year, PVHMC is dedicated to providing a gratifying family experience.

Ambulatory Services

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

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

The Robert and Beverly Lewis Family Cancer Care Center

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

Community Health Improvement Services

Health and Wellness Fairs, Forums and Events, Speaking Engagements, and Celebrations (e.g. Survivor's Day): About 577 persons served in 2019.

Screening and Prevention Workshops: A patient workshop providing nutrition education to help improve the quality of life of our cancer patients. In conjunction with Cal Poly Pomona we provided two cancer prevention cooking demonstrations. Another workshop for the community included breast cancer prevention and early detection. We also provided a workshop to healthcare workers outlining the importance of cervical cancer prevention, screening and early detection. These workshops served 102 persons in 2019.

Cancer Care Classes and Support Groups: Multiple programs and support groups are offered to meet the needs of the community and to aid them through cancer diagnosis, treatment, and recovery. In 2019, 2,897 persons were served through the following cancer care support:

- **Women with Cancer:** A support group for all women with all types of cancer meets to address their needs.
- **Pomona Valley Ostomy Association:** Education and mutual support for "ostomates."
- **Leukemia/Lymphoma Support Group:** Support and education for people with leukemia, Hodgkin's disease, lymphoma, and multiple myeloma.
- **Bereavement/Loss Support Group:** This support group is for anyone who has suffered the loss of a loved one and is experiencing the grieving process; open to family members and friends.
- **When Cancer Enters Your Life:** A sharing support group for everyone - a cancer patient, a relative, friend, loved one, or co-worker- who has been affected by someone with cancer.
- **Living Well After Cancer:** This exercise program for cancer survivors involves the staff of the Cancer Care Center, PVHMC's Physical Therapy Department, and the Claremont Club. *Living Well After Cancer* is targeted to aid in rehabilitation after cancer treatment and to improve fitness levels to live a better quality of life. In 2019, 58 persons served.

Wellness Programs:

- **Expressive Wellness Arts:** Each meeting focuses on the creative journaling to aid in healing.
- **TaijiFit:** Combines fitness, meditation, and the ancient art of Tai Chi connecting mind and body in what is called FLOW. It is movement meditation.
- **Stretch and Yoga:** Opened to the community to become more flexible, to gain strength and to improve circulation, and fitness level, especially for patients recovering from cancer treatment.

The Robert and Beverly Lewis Family **CANCER CARE CENTER**

2020 ONGOING SUPPORT

Bereavement/Loss Support Group
For those who have lost a loved one.
Every Wednesday – 7:00 pm

Expressive Arts
Stress reduction and relaxation tools to help deal with emotional upheaval and live a happier life.
Second and Fourth Wednesday - 9:30 am

Leukemia/Lymphoma/Myeloma Support Group
For those with Leukemia, Hodgkins Disease, Lymphoma & Multiple Myeloma.
First Wednesday – Noon

Pomona Valley Ostomy Association
Support and education for "ostomates."
Fourth Monday – 7:00 pm

TaijiFit™
Combines fitness, meditation and the ancient art of Tai Chi, connecting the Mind and Body in what is called FLOW. It is Movement Meditation. All levels can benefit from this workout.
Every Thursday - 2:00 pm

Breast Prosthesis Display
See samples of prostheses. Not available for purchase.
Call 909.865.9907 to schedule an appointment

Pomona Valley Hospital Medical Center and The Claremont Club present
Living Well After Cancer
A program held at The Claremont Club specially designed to improve cancer survivor's fitness level, quality of life and self-esteem. It is offered at no charge to cancer survivors.
For more information contact: livingwellaftercancer@pvhmc.org

Stretch & Yoga
For all fitness levels.
Every Monday – 3:00 pm
Every Wednesday – 10:00 am*
* Tailored for cancer patients
Every Thursday – 5:00 pm
(except 1st Thursday of each month)

When Cancer Enters Your Life Support Group
Support for cancer patients, their loved ones, friends or co-workers.
First Thursday – 6:00 pm

Women With Cancer
Sharing support group for women with all types of cancer.
Second Monday - 4:00 pm

Newly Diagnosed Orientation Meeting
Newly diagnosed breast and lung cancer patients treated at the Cancer Care Center are invited to learn about the journey ahead. Come meet your nurse navigator and receive resources to help you manage your care. To schedule an appointment or for more information call 909.865.9691.

Free Wig Program
One free wig available for all women undergoing cancer therapy.
Call 909.865.9907 to schedule an appointment.

Our Library is open to the community Monday – Friday 8:00 am to 5:00 pm

All groups are subject to change. To confirm the group is meeting, call 909.865.9907



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

Publications: The Cancer Program Annual Report provides updates on diagnosis and treatments and includes statistics and survival data comparing PVHMC to the National Cancer Database. Annually, 250 copies are published and distributed to our community.

Breast Prosthesis Display: For women seeking information on breast prostheses, bras and lingerie.

Cash and In-Kind Contributions to Community

Wig Program: Wigs are available, free of charge, for women who have lost their hair as a result of cancer treatment. In 2018, 76 persons served.

Research

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

Additionally, in 2019, we completed a research study looking at Gene Expression, Meditative Movement and Emotional Distress:

- **Background/Purpose:** Breast cancer survivors (BCSs) report decrements in cognitive functioning. A Meditative Movement (MM) program (Qigong/Tai Chi Easy) combines meditation and exercise, practices known to improve cognitive function.
- **Method:** Using a single group, pre- to post-intervention assessment design, a pilot study was conducted in BCSs to test the effects of an 8-week MM intervention on cognitive functioning, sleep and mood and to explore changes on selected gene expression factors, BDNF, NF-kB1, and TP53, expected to improve with symptoms. BCSs (n=14; mean age = 61) completed the MM intervention, provided blood samples and answered questionnaires assessing cognitive function using the Functional Assessment of Cancer Therapy-Cognitive Function (FACT-*COG*) and the Wechsler Adult Intelligence Scale (WAIS-III). Sleep and mood were assessed using the Pittsburgh Sleep Quality Index (PSQI) and Profile of Mood States (POMS) subscales for anxiety and depression.
- **Results:** Significant improvements were noted in the FACT-*COG* subscales: Perceived Cognitive Impairments ($p = .01$), Perceived Cognitive Abilities ($p = .03$), Perceived Impairments on Quality of Life ($p = .04$), and Comments from Others ($p = .04$). The WAIS-III results indicated a significant improvement in Letter-Number sequencing (p -value = $.01$), but not for Digit Span Forward/Backwards (p -value = $.60$). The PSQI ($p = .03$) and the POMS/anxiety subscale ($p = .05$) showed a significant decrease. Significant changes in POMS/depression, BDNF, NF-kB1, and TP53 were not found. The intervention was shown to improve cognitive functioning, sleep quality and anxiety suggesting that MM may contribute to the recovery of a subset of persistent symptoms among BCSs

Pomona Valley Health Centers

Pomona Valley Health Centers believes no one should have to sacrifice quality for convenience, or pay higher costs for compassionate, personalized care. All health centers provide patients with access to the top medical services in the region.

They are equipped with state-of-the-art medical equipment and staffed by highly experienced, compassionate physicians, nurses, and other caregivers. Pomona Valley Health Centers are the region's leading centers of patient care, enhancing the quality of life for years to come.

Pomona Valley Health Center-Chino Hills (PVHC-CH) and Crossroads (PVHC-CR)

- Family Medicine, Physical Therapy, Digital Mammography, and more
- Licensed Urgent Care Center and Family Practice

Pomona Valley Health Center-Claremont

- Urgent Care, Family Medicine, Occupational Medicine, Radiology, Physical Therapy, Sleep Disorders, Sports Medicine, and Milestones Center for Child Development

Pomona Valley Health Center-La Verne

- Recently opened its doors in 2018 to serve families who live and work in La Verne and surrounding communities
- Urgent Care, Family Medicine, Radiology, Occupational Medicine, and Physical Therapy

Sleep Disorders Center

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

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

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

Stead Heart and Vascular Center

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

As a comprehensive cardiovascular program we offer the patient exceptional care, with the most complete lines of cardiac, vascular and stroke services in Los Angeles and San Bernardino Counties, providing access to pre-eminent diagnostic, treatment and rehabilitation services. With this access, the SHVC's umbrella of Physicians, Specialists, Nurses, Technicians and Therapists work together to provide the region with the finest treatment options. The following is a listing of some of the nationally recognized services that our SHVC advanced clinical care team provides:

- Diagnostic Cardiac, Vascular and Neuro Procedures
- Interventional Cardiac, Vascular and Neuro Procedures
- Electrophysiology/Pacemaker Program
- Heart and Vascular Surgical Treatment Procedures
- Endovascular repair of Aortic Aneurysm
- Trans catheter Aortic Valve Replacement
- Left Atrial Appendage Closure
- Patent Foramen Ovale Closure
- Cardiac, Vascular and Neuro Rehabilitation
- Heart Failure and Diabetes Education

Community Health Improvement Services

Community Education Group Lectures: Chronic disease education is provided through lectures presented in the community; topics include: heart disease, vascular disease, diabetes, exercise, weight management, stress management and healthy lifestyles. Individuals were served at a variety of locations in the community, including nursing homes, local community groups, and rotary clubs.

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

- **Power of Red:** This American Heart Association approved event - hosted in conjunction with PVHMC Foundation and the Stead Heart and Vascular Center - celebrates the power that women have to fight against stroke and heart disease. Women, dress in red and learn about risk factors and how to make heart-healthy choices. The Power of Red event also celebrates attending heart attack survivors.
- **Stroke Awareness Day:** Pomona Valley Hospital Medical Center (PVHMC) gave stroke survivors and community members a chance to engage in free screenings and education as part of our stroke rehabilitation program. *The Rhythm of Life* was the 2019 theme, and PVHMC Associates offered blood pressure screenings, stroke risk assessments, education on signs and symptoms of stroke, showcasing newest technology in stroke diagnostics, recreational adaptive equipment, support and resources for caregivers, after stroke care programs, light refreshments & nutritional information.

PVHMC Celebrates National Heart Health Month

- 1 National Wear Red Day!**
PVHMC is joining the American Heart Association, and the nation, to wear red and raise awareness for heart failure and stroke victims.
- 1 First Annual Women's Heart Walk**
In partnership with Pomona City Councilmember Nora Garcia, Day One, and Pomona Valley Runners.
- 6 Heart Attack Prevention and Hands Only CPR**
At Allegen in Diamond Bar.
- 10 Cardiac Rehabilitation Week**
Our Cardiac Rehab Team will celebrate with our patients who are currently in the program.
- 12 Emergency Medical Services Education**
As a STEMI-Rescueway Center, our Heart Team will educate and inform our EMS partners on our Heart Attack protocols.
- 14 Heart-to-Heart Support Group**
Gloria Galvan, RN, will facilitate this support group for our heart patients.
- 14 Heart Attack Prevention**
Tammy Freehling, RN, Chest Pain Coordinator will speak to the La Verne Rotary.
- 14 Heart Failure Support Group**
Tammy Freehling, RN, will speak on Heart Attack Prevention and demonstrate Hands-Only CPR.
- 21 Heart Health Awareness Fair**
At Therapak in La Verne.
- 21 Power of Red**
This Foundation Fundraiser topic is "What's in Your Medicine Cabinet" presented by Janet Wei, MD, FACC and "Where Science Meets Art, Heart to Heart" presented by Christine Neil, BS, Masters in Teaching, Technical Surgeon. \$100 for a Power of Red Membership or \$60 for dinner and presentation only. Held at the Sheraton Fairplex Hotel in Pomona. Contact the Foundation office at 909.865.9139 or email emailevents@pvhmc.org.
- 23 Hands Only CPR**
Gloria Galvan, RN, and Melissa Griesler, RN, will teach Hands-Only CPR to community members. At Wing Stop in Pomona.
- 26 Heart-to-Heart Support Group**
Gloria Galvan, RN will facilitate this support group for our heart patients.
- 26 Heart Attack Prevention**
Tammy Freehling, RN will speak at the Central Baptist Church in Pomona.
- 27 Heart Attack Prevention and Hands Only CPR**
Our Heart Nursing Team will provide education at The Salon.
- 2 Hands Only CPR**
Demonstrations will be held for the Clamont Links Club at the Ontario Airport Hotel in Ontario.
- 23 Heartbeat Gala**
PVHMC Foundation Fundraiser for the Stead Heart and Vascular Center. Please call the Foundation at 909.865.913 or email emailevents@pvhmc.org.

POMONA VALLEY HOSPITAL
MEDICAL CENTER
STEAD HEART & VASCULAR CENTER
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- ***Stead Heart for Women Outreach and Education:*** Provides education, support, and resources for women’s health, especially regarding heart disease, stroke prevention, and making healthy nutrition choices. On Thursday, February 23, 2019 in support of the American Heart Association’s Go Red for Women campaign, which is part of an ongoing effort to educate the public about heart disease in women and to advocate for preventative services. This event to support the Stead Heart and Vascular Center’s Stead Heart for Women Program, a program that offers information on risk factors, lifestyle modification, diet and exercise, as well as individual support to women in the community. More than 100 attendees, dressed in red, heard Dr. Janet Wei of the Barbra Streisand Women’s Heart Center at Cedars-Sinai discuss “What’s In Your Medicine Cabinet: the benefits or hoaxes that come with taking medications, vitamins and supplements as it relates to heart health.
- ***New Beginnings Support Group*** where patients and their care partners can meet other survivors share experiences and learn to reduce their risk factors. We offer New Beginning Support Groups for Stroke survivors and Heart Failure patients.

- ***Hands-Only CPR:*** The Hands Only CPR program is a one-day event that provides basic hands-on Cardio-Pulmonary Resuscitation (CPR) training to individuals in the community. Using the American Heart Association’s Family & Friends CPR Anytime kit - which includes a demonstration manikin and training video –PVHMC’s Education and Emergency Department collaborate with local fire departments and spend the day at various locations in the community teaching the layperson life-saving CPR. In 2019, Hands only CPR events were conducted at the LA County Fair, Heart Walk, Claremont Links Club, Allegion in Diamond Bar, and other health fairs throughout the community. About 500 persons served in 2019.



- ***Heart Walk:*** A 1-mile walk around a park to raise awareness of heart disease and promote heart health – at this event hands only CPR & AED demonstrations are done to educate the public on how to respond to a cardiac emergency, along with heart health education & resource information.
- ***Children’s Art Project:*** Local schools are given a topic related to cardiovascular health and draw and color a page related to the topic and entered into a contest. The artwork is displayed in the hospital to raise awareness and bring joy to visitors.
- ***Stroke Symposium:*** PVHMC hosted the Annual Stroke Symposium providing didactic lectures from nationally recognized stroke experts addressing a wide variety of health care professionals, with record number of attendees from our healthcare community, exceeding 150 in 2019.
- ***First Annual Cardiac Symposium.*** The theme for the presentation was “Clinical Advancements in Cardiovascular Care.” The lecturers were presented by Pomona Valley Hospital Medical Center physicians and guest speakers from Cedars-Sinai.

- **Cardiovascular Education Series – Heart Smart Education**

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

BENEFITS OF EXERCISE – Participants are taught training principles, the components of an exercise program, how to improve each component, and the benefits of regular exercise.

NUTRITION – Members learn about heart healthy eating, how fat and cholesterol impact the heart and vessels, planning a balanced meal, and what the major nutrients do for the body and why they should consume them.

HEART DISEASE – Most of the classes explain the major risk factors for heart disease, which risk factors are modifiable, and how to decrease specific factors.

HYPERTENSION – This class educates those with hypertension and those at risk for developing hypertension; topics include pathophysiology, diagnosis, and treatment of high blood pressure. In addition, members receive instruction regarding stroke - the causes, signs/symptoms, and the methods of diagnosis and treatment of a stroke.

STRESS MANAGEMENT – The importance of stress management in the primary and secondary prevention of coronary heart disease is taught in this class. Participants learn what stress does to the entire body, both physically and psychologically, and are given numerous tips on how to decrease and manage stress.

WEIGHT MANAGEMENT – Attendees learn the importance of consuming a variety of nutrients, how to lose weight safely, and are instructed in behavior therapy and altering the environment in which they live.

CARDIAC SUPPORT GROUP – This class allows adults with cardiac disease, and at risk of cardiac disease, to share their feelings, needs, and concerns with other cardiac patients who have experienced the same events. This is a proven therapeutic model for coping and achieving a faster recovery.

OPEN FORUM WITH PHYSICIAN – Patients at risk of cardiac disease are able to freely ask questions regarding heart disease pathophysiology, diagnosis, treatment, medications and cardiac rehabilitation.



Ancillary Services

Pomona Valley Hospital Medical Center's Ancillary Services include:

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

Administration and Human Resources

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

Cash Donations and In-Kind Contributions

In 2019, PVHMC donated over \$100,000 to local community based organizations that support the needs of our broader community and our most vulnerable populations. Such organizations include:

- Pomona Valley Habitat for Humanity
- Bright Prospect
- Casa Colina Health Foundation
- Fairplex Child Development Center
- Community Senior Services
- Hillcrest Senior Center
- Inland Valley Hope Partners
- Inland Valley Recovery
- Kiwanis Club
- St. Lucy's Priory
- Namiwalk Los Angeles
- National Health Foundation
- YMCA
- ParkTree Community Health Clinic
- Project Sister
- Shoes that Fit
- National Hispanic Foundation
- Youth and Family Club

Community Building Activities

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

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

In 2019 PVHMC recruited the following specialties:

- Pulmonary Critical Care Medicine
- Vascular Surgery
- Gastroenterology
- Neurology

Career Day: PVHMC Human Resources annually attends surrounding school districts to speak to high school students about careers in healthcare. In 2019, PVHMC participated in a career day at Chaffey High School and Rancho Cucamonga Middle School.

Case Management, Social Services, and Chaplain Services

Subsidized Health Services

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

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

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

Palliative Care/Community Education: Promotes community knowledge of Palliative Care, Hospice, End of Life, Advanced Directives etc.

Community Health Improvement Services

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

Clothing Donation: In conjunction with PVHMC's Materials Management team, our Case Management and Social Services team provides weather-appropriate clothing to our homeless and indigent patients before discharge.

Homeless Recuperative Care Program: Provides housing for homeless who require ongoing medical care post-acute care hospitalization in order to receive services needed to recover from illness or injury.

Health Professions Education

Social Services Internships: PVHMC partners with the University of Southern California (USC) and California State University, Long Beach (CSULB) to provide onsite training for Masters of Social Work (MSW) students. Also, educational in-services offered to health professionals on mental health topics in the community.

Chaplain Internships: In 2019, we had 5 chaplain interns completing 2,160 hours at PVHMC.

Education Department

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

Health Professions Education

Nursing Student Preceptorship: Senior nursing students work clinically with staff nurses in Medical/Surgical and Telemetry units. 148 students served in 2019.

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

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

Food and Nutrition Services

Community Health Improvement Services

Community Nutrition Education: Support for community through nutrition education such as senior nutrition, diabetes workshop, healthy eating, and Ostomy support. Wellness Markets offered in collaboration with Cal Poly Pomona.

Health Professions Training

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

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

Cash and In-Kind Contributions

Meals on Wheels: Meals were provided to homebound members of our community. In 2019, 3,864 persons served.

Marketing and Public Relations

Marketing and Public Relations participates in the community by attending several yearly activities to inform and educate.

Community Health Improvement Services

Community Health Fairs and Events: A wide variety of health information is provided to participants. Some events include health risk assessments and/or screenings (diabetes, blood pressure, etc.). Included in this category is the LA County Half-Marathon where health information is provided to thousands of walkers/runners over the two day event. We also were present at the Extreme STEA²M Fair, an experiential event designed to inspire students from grades K-12 to explore and pursue learning and careers in the areas of Science, Technology, Engineering, Arts and Agriculture, and Math. In 2019, we also participated in our first Care Harbor Medical Outreach Event at the Fairplex to provide education and health screening/assessments to our most vulnerable and medically underserved in the community, including linking these residents to medical homes for follow-up care. Over 4,000 persons in our primary and secondary service areas benefited from these events.



Speakers Bureau: Physicians, clinicians, dietitians and other healthcare providers speak to local community-based groups (i.e. Kiwanis, Rotary, retirement communities, employer-based audiences, etc.) on a multitude of health topics.

American Health Journal Segments and Programs: Televised on PBS nationally, interviews with community Physicians on health topics of interest.

Hospital Information: Essential Hospital information is provided to all who enter the Hospital via the “Patient Guide.” This guide includes all state and federal required patient rights and responsibilities along with how and where to find services (i.e. Food Court, visitor guidelines, etc.)

Hospital Website: The website is designed to inform the public of all services, programs, classes and special events that take place at PVHMC. The community can access information 24/7, and provides a place to submit requests for additional information that is sent directly to Associates to reply.

Hospital Tours: Tours can be scheduled for community residents and schools interested in learning more about the Hospital and what services are available.

Cash and In-Kind Contributions

Annual Tree Lighting: PVHMC holds an annual event where the community is invited to see the lighting of the Christmas tree atop of the main Hospital. Free photos with Santa, children’s activities, entertainment and refreshments make for a festive holiday event.

Medical Staff Office and Family Medicine Residency Program

Health Professions Education

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

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

Medical Library: All types of library services, including printing and online resources, reference and research assistance, guidance and instruction on research skills, and evaluation of information, are available to the community and to students in health-related programs, as well as to affiliated physicians and other health care providers.

Continuing Medical Education (CME): Pomona Valley Hospital Medical Center is accredited by the Institute for Medical Quality, and the California Medical Association (IMQ/CMA) to provide continuing medical education for physicians. CME courses are provided at PVHMC to increase the knowledge, performance, and competence of our physicians, residents, and associates. The most frequently attended CME activity is the Tuesday Noon Conference which Medical Staff members, Hospital Associates and any other interested physicians in the community are welcome to attend; physicians do not have to be on staff with PVHMC. Most of our CME events, with the exception of several full- and half-day seminars, are provided free of charge.

Family-Medicine Residency Program

Caring for the Community

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

The program, which currently has 24 residents and has graduated over 122 residents in the past 24 years, is committed to developing compassionate physicians with strong clinical and communication skills to care for our community. Our belief is that the clinical and academic goals of residents are best achieved working alongside experienced family physicians in a facility dedicated to the care of patients and families. Residents function in a team environment emphasizing creativity, innovation, integrity, and the care of patients and families from the beginning to the end of life. Recognizing the cultural richness and ethnic diversity of our community, we select residents and faculty who mirror that diversity and share a common set of values and commitment to caring for this population.

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

In addition, the program offers a Family Medicine Residency Clerkship, offering medical students the opportunity to accompany residents and faculty in an inpatient and ambulatory setting. The clerkship integrates concepts of resource utilization, continuous quality improvement and clinical effectiveness into the curriculum. Based upon our community's demographic profile, issues related to minority and underserved populations are our highest priorities. In 2019 over 350 medical students from varying specialties were processed and oriented to the hospital through the Department of Academic Affairs, an administrative role served by the staff of the family medicine residency program.

Track System

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

Geriatrics

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

Obstetrics and Women's Health

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

Sports Medicine

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

Medically Underserved Health

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

Employment Opportunities for Graduates

Post training employment opportunities are available within Premier Family Medicine Associates and with Pomona Valley Hospital Medical Center. These include but are not limited to, the PVHMC Family Medicine Residency Program, PVHMC hospitalist group, outpatient practices, urgent care, or Federally Qualified Health Centers (FQHCs) and other clinics in the community.

Twenty Years of Preparing Physicians to Serve Our Community

Started in 1997 with 10 residents, 6 clinical physician faculty, and 1 continuity clinic, we now have 24 residents, 25 faculty, and 2 sites for continuity clinic. As of June of 2019, we graduated a total of 122 Family Medicine Physicians from our residency program. The majority of our graduates go on to practice Primary Care and many stay in the local community and enjoy working with the underserved, while some move on to become academic physicians or continue their education by completing a specialty fellowship. Alumni have established various practice types, from academic, urgent care, FQHC, private practice, small group practice, HMO, Veterans Affairs, corporate, and hospitalist roles. This is a tremendous achievement and puts us well on our way to accomplishing the original mission of the residency; to populate the Inland Empire and our community with young, well-trained family physicians. Over the next 20 years, we will continue to provide our community with the highest quality physicians who provide the best in-patient care and display qualities in line with our values.

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

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

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

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

Commitment to Patient Advocacy to ensure appropriateness of care;

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

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

PVHMC Family-Medicine Residency Timeline

Year	
1997	Family Health Center – Pomona opens Family Medicine Residency Program begins with 10 residents
1999	Graduation of first class 3 residents graduate
2000	Establishment of PVHMC Satellite Division - first PVHC clinic opens in Chino Hills 1 graduate establishes practice at Chino Hills clinic 2 graduates establish private practice in Pomona Introductions of specialty tracks: Sports Medicine & Women's Health
2002	Pomona Clinic Coalition - focus on underserved population 1 graduate establishes practice at Pomona Clinic Coalition
2003	Introduction of Geriatric Track Pomona Valley Health Center – Grand Avenue, Chino Hills opens 3 graduates establish practice at new PVHC site
2005	First graduate accepted into a Sports Medicine Fellowship Since 2005, 3 graduates have completed a Sports Medicine Fellowship
2006	First graduate accepted into a Geriatric Fellowship Since 2006, 5 graduates have completed a Geriatric Fellowship
2007	Pomona Valley Health Center - Crossroads, Chino Hills opens 4 graduates establish practice at new PVHC site
2008	Introduction of technology (Electronic Practice Management/Electronic Health Record)
2010	Pomona Valley Health Center - Claremont opens 2 academic faculty establish practice at new PVHC site
2012	Residents begin leading PVHMC Rapid Response team Federally Qualified Health Center (FQHC) - designation 3 graduates establish practice at the FQHC
2014	Introduction of the Underserved Track First graduate accepted into Sleep Medicine Fellowship
2015	ACGME approval to expand from 6-6-6 program to 7-7-7 program Establishment of Urgent Care fellowship at PVHMC 1 graduate to date; working with Premier Medical Group Urgent Care First graduate named as Associate Program Director
2016	Resident graduate/faculty member completes Academic fellowship 2 faculty have completed Academic Fellowship to date
2017	PVHC - La Verne location projected to open 4 graduates are scheduled to establish their practice at the new site
2018	ACGME approval to expand from 7-7-7 program to 8-8-8 program 8 graduates have completed fellowship Addition of Fellowship Trained Family Medicine Obstetrics and Geriatrician to Faculty
2019	Increasing Minority Presence in Healthcare; A pipeline project” Bi-lingual diabetes education sessions for community diabetic patients Added a Pediatric clinic at the FQHC

Patient Relations and Risk Management

Community Health Improvement Services

Transportation Services: Provides taxi vouchers to needy patients and families to assist with transportation to home and/or other facilities. Approximately 1,835 persons served in 2019.

Pharmacy

Community Health Improvement Services

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

Physical Therapy and Rehabilitation Services

Rehabilitation Services

The Charles M. Magistro Physical Therapy and Rehabilitation Center, home to PVHMC's Rehabilitation Services Department, was established 1954 by its namesake, Charles Magistro, PT, a pioneering physical therapist and innovative icon in the profession who led the development and expansion of the department and served as its director for 35 years. Since then, the department continues to lead the way in the field of rehabilitative healthcare.

Today, PVHMC's Physical Therapy and Rehabilitation Services are located on the first floor of the Robert and Beverly Lewis Outpatient Pavilion at PVHMC. In addition to our Pomona location, we offer convenient outpatient rehabilitation services 5-6 days a week at our clinics in Claremont, Chino Hills, Covina, and La Verne and at our Milestones Centers for Child Development in Chino Hills and Claremont. We also provide inpatient services at PVHMC seven days a week.

We employ over 60 licensed therapists, including a Certified Hand Therapist (CHT). Many others hold board certified credentials from the American Physical Therapy Association (APTA) naming them as clinical specialists in the fields of Orthopedics (OCS), Neurology (NCS), Geriatrics (GCS), and Pediatrics (PCS). Our staff is committed to continuing education. In fact, many serve as clinical instructors and frequently speak to athletic teams, fitness clubs, universities and other organizations.

We have long been a trusted and successful provider of the region's most comprehensive rehabilitation services. Each and every one of our services is designed to meet the needs of our community. Whether our patient's daily activities are performed at home, at work, or on the athletic field, our qualified therapists will address their condition and help them get back to doing what they love.

Our services range from physical therapy, to occupational and speech therapy, to cardiovascular and pulmonary rehabilitation – all with customized treatment plans to meet the exact needs of the patient. The scope and specialization of our services provide diagnostic specific therapy programs that improve quality and efficiency. Utilizing evidence-based practice guidelines, our seventeen specialized "Get Well" programs are led by therapists with advanced certification.

Rehabilitation at PVHMC extends from the routine to the highly specialized, offering expertise ranging from neonates, to geriatrics, to injured workers, to weekend warriors through our outpatient clinics, acute care units, Sports Medicine Center, Wound Care Center, Milestones Center for Child Development and Stead Wellness Center.

Community Health Improvement Services

Living Well After Cancer: Performed at The Claremont Club, the *Living Well After Cancer* program includes physical screenings for individuals following their cancer treatment. PVHMC Physical Therapists offer recommendations on appropriate gym exercises as well as precautions. In 2019, 77 persons were served.

Community Balance and Fall Reduction Lectures: PowerPoint lectures with question & answer sessions offer information on common balance and vestibular problems to senior citizen residents. Approximately 80 persons served in 2019.

Sports Medicine Center: As one of the first hospital-based Sports Medicine Programs in the area, the Sports Medicine Center (SMC) at Pomona Valley Hospital Medical Center (PVHMC) has consistently set the pace in the education, prevention, treatment, and rehabilitation of injuries for local athletes of all ages and skill levels since 1983. Today our affiliation with Premier Family Medicine and the PVHMC Family Medicine Residency Program expands our services with further medical expertise and innovative programs. Providing support, education, service, and assessment to local students and schools for over three decades has made us one of the leading sports medicine centers in the region.

- SUPPORT of local athletic trainers who need additional assistance with event coverage are provided through the SMC's network of Physicians and Physical Therapists, including on field physician game coverage during football season.
- EDUCATION is provided by the SMC on many levels. Resident physicians in the PVHMC Family Medicine Residency Program-Sports Medicine Track receive training as part of our weekly Sports Medicine clinic. High school sports medicine students are taught to assist with blood pressure and vision checks during sports physicals. High school athletic trainers and sports medicine club students are offered opportunities to assist the SMC at community athletic events.
- SERVICE to the local athletic community is provided through the SMC's performance enhancement, injury prevention and pre-participation sports physicals available to all local athletes. Partnering with local schools (Bonita High School, Charter Oak High School, Claremont High School, Damien High School, San Dimas High School, St. Lucy's Priory High School) to provide group sports physicals at PVHMC's SMC clinic, offers fundraising opportunities for the schools' athletics programs. In 2019, a total of \$11,390 was raised, and donated back, to five local high schools.
- ASSESSMENT of sports injuries are provided free of charge in our Sports Medicine Center Evening Clinic. Continuing our long tradition of providing free expert, timely, cost-effective treatment for all athletes in the community, the SMC clinic offers free injury assessment performed by a sports trained physician who is often assisted by family medicine residents. When needed, the screening also includes free Physical Therapy consultation, free x-rays, and free referrals to other medical specialists. In 2019, 158 free sports injury screenings and 54 x-rays were provided at no cost to individuals in need.

Over a past decade, SMC and PT staff has provided medical coverage for the Holiday 5K and Half Marathon. In 2019, PVHMC had 65 volunteers on our medical coverage team, including physicians, athletic trainers and physical therapists ready to serve more than 6,700 participants. Runners in need are treated for conditions ranging from dehydration, dizziness, nausea/vomiting, shortness of breath, abrasions, blisters, cramps, muscle spasms and miscellaneous joint pain.

Wellness and Aftercare Programs: Different from formal rehabilitation, our four "Stay Well" programs focus on general health and fitness. Supervised by our rehabilitation staff at our clinics, these Wellness and Aftercare programs are

designed to help former patients as they transition to independent exercise. Each program is offered for a small fee and participation is open to the community. Our Wellness programs include:

- **Aquatic Wellness:** Supervised group classes allow participants to work independently on aquatic exercises in warm water indoor pools. Benefits include: decreased impact on weight bearing joints while exercising, increased endurance and strength, improved balance, maintenance and development of muscle tone, and weight management.
- **Cardio-Pulmonary Wellness:** Independent exercisers can work out in a medically supervised fitness gym located at PVHMC, staffed with clinical Exercise Physiologists who provide pre-participation health screening and risk stratification, blood pressure assessments, and individually tailored exercise regimens. This program is structured to assist those in need of managing heart and pulmonary-related conditions.
- **Gym Wellness:** Participants utilize the equipment in our rehabilitative gym to perform an independent exercise routine. Our Associates monitor participant's safety and are available to answer questions. Benefits include: building strength and flexibility in a safe, non-intimidating environment; excellent transition for former patients as they regain their independence.

Health Professions Education

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

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

Community Building Activities

High School Career Day: Provides lectures and education to students regarding a career in Physical Therapy.

Laboratory

The Clinical Laboratory at Pomona Valley Hospital Medical Center (PVHMC) provides comprehensive, state-of-the-art clinical and anatomical testing services to inpatients and outpatients. The Laboratory is fully accredited with Clinical Laboratory Improvement Amendments (CLIA), The Joint Commission, AABB and the State of California. A total of eight blood drives were hosted by PVHMC in 2019.

Mobile Phlebotomy Services: PVHMC's mobile phlebotomy team travels to local assisted living and skilled nursing facilities to draw blood and collect lab samples from patients with physician orders. The team visits scheduled locations on a rotating schedule. All patients receive a lab draw, regardless of insurance, and all samples are returned to the hospital and triaged to their respective testing facilities. PVHMC's mobile phlebotomy supports our senior community members by alleviating the burden finding transportation to an Outpatient lab location and waiting for service.

Health Professions Training

Clinical Experience for Phlebotomy Students: Phlebotomy externships for students from Chaffey College and Health Staff Training. 40 students served in 2019.

Clinical Experience for Histology Students: Histology externships for students from Mount San Antonio College. Eight students served in 2019.

Radiology

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



Health Professions Education

Radiology Technologist Internship: PVHMC is a training facility for Radiology students from Chaffey College.

Ultrasound, Nuclear Medicine, CT and MRI Training: PVHMC is a training facility for Ultrasound, Nuclear Medicine, CT and MRI students from Loma Linda University.

Respiratory Services

Community Health Improvement Services

Smoking Cessation: Respiratory provides free support for inpatients who wish to be “smoke-free.” Education and brochures are provided at bedside, and Therapists work collaboratively with physicians to obtain orders that support patients while they are in the Hospital and when they are discharged for long term success.

Health Professions Education

Mount San Antonio College Students: PVHMC’s adult Intensive Care Unit (ICU) is a hospital-based training location for students enrolled in the Respiratory Program at Mount San Antonio College; Six students served in 2019.

San Joaquin Valley College Students: PVHMC is a clinic site for respiratory students from San Joaquin Valley College; 24 Respiratory students served in 2019.

NICU Student Rotation: Respiratory Therapy students are provided with a Neonatal Intensive Care Unit (NICU) rotation with clinical education relating to the diagnosis, assessment, and treatment of respiratory diseases in the neonatal population; 20 students served in 2019.

Volunteer Services

Volunteers at PVHMC help make a difference in the lives of our patients and their families. We had a total of **997** Volunteers (adults, college, and high school students) in 2019 totaling **72,560** hours of service. This translates to an estimated value of more than \$2.17 million for the Hospital based on a California rate (Source: Independent Sector). We are proud of our Volunteers and the invaluable service they provide to our community.

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

Community Health Improvement Services

Flu Clinic: Free flu shots were given at five community events to provide much needed services to our underserved populations; 166 vaccinations were administered to members of the community in 2019.

Cash and In-Kind Contributions

Children's Services: The Volunteer Services Department provides comfort items to children (patients, visitors, siblings) including blankets, plush toys, games, pediatric toy box items, crayons, and coloring books. Additionally, children's items are donated to community agencies such as local Adopt-A-Family programs, House of Ruth, and local churches for holiday toy drives in our community; approximately 2,000 persons served in 2019.

Scholarships: The Auxiliary of PVHMC grants scholarships to high school and college Volunteers that are pursuing careers in the medical field. In 2019, a total of \$10,000 dollars was award between nine Pomona Valley Hospital Medical Center Volunteers.

Infant Layette Sets: Infant layette sets are given to families in need for their new baby, including clothing and blankets; 260 layette sets were distributed in 2019.

Car Seats: A safety rated infant car seat is provided to low income and needy families with a newborn infant; nine families were served in 2019.

NICU Parent Transportation Assistance: PVHMC's NICU serves many low-income families; a percent of this population is unable to afford regular trips to and from PVHMC to visit their babies. The Auxiliary of PVHMC provides gas cards for distribution as seen fit by the assigned social worker to assist with the cost of transportation to and from the NICU. Thirty-four \$20 cards were distributed to NICU families in 2019; these thirty-four gift cards assisted 14 families in transportation to visit their newborn.



Outreach Services

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

ParkTree Community Health Center (Formerly Pomona Community Health Center)

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

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

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

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

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

In 2019 PVHMC continued to provide visionary support and in-kind support to ParkTree including Information Technology, Maintenance, Financial Support, Contract Management Support, and Grant Writing services.

Valuation of Community Benefits

For 2019, PVHMC's total value of community benefits came to **\$50,056,494** (Schedule H (Form 990) Part I.7.k.). The amounts for Charity Care, Means-Tested Government Programs, and Other Benefits are shown.

Table 12. Economic Valuation of Community Benefit in 2019.

Charity Care and Means-Tested Government Programs	
Charity Care	\$2,373,229
Medicaid ¹	\$32,776,873
Total Unreimbursed Care and Charity Care	\$35,150,103
Other Benefits	
Community Health Improvement Services and Community Benefit Operations	\$2,139,270
Health Professions Education	\$5,478,800
Subsidized Health Services	\$6,870,309
Research	\$134,500
Cash and In-kind Contributions to Community Groups	\$283,512
Total Other Benefits	\$14,906,391
Total Community Benefits for 2019²	\$50,056,494

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

²The value of Community Building Activities is an additional \$1,039,316

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

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

Plans for Public Review

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

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

To access the Community Benefit Plan Implementation Strategy and CHNA on our website, please visit pvhmc.org and navigate to the Community Benefit Plan Outreach tab under the About Us section on our home page. The direct link is <https://www.pvhmc.org/About-Us/Community-Services.aspx>

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

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

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

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

Appendices

- **Appendix A.** 2018 Community Health Needs Assessment – Telephone Survey Questionnaire
- **Appendix B.** 2018 Community Health Needs Assessment Focus Group guides
- **Appendix C.** Secondary Data Resources
- **Appendix D.** Community Resource Directory
- **Appendix E.** California Health and Safety Codes Section 127340-127365
- **Appendix F.** Patient Financial Assistance Program Policy; Full Charity Care and Discount Partial Charity Care Policies

APPENDIX A 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 B
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 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.

FOCUS GROUP SEMI-STRUCTURED GUIDE

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 C

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&vareset=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 D

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

APPENDIX E
CALIFORNIA HEALTH AND SAFETY CODES SECTION 127340-127365

SB 697 (Chapter 812, Statutes of 1994)

Health and Safety Code Sections 127340-127365

Article 2. Hospitals: Community Benefits

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(5) Health care cost containment.

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

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

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

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

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

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

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

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

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

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

127350. Each hospital shall do all of the following:

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

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

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

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

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

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

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

(c) Community benefits categorized into the following framework:

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

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

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

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

- (a) The identification of all hospitals that did not file plans on a timely basis.
- (b) A statement regarding the most prevalent characteristics of plans in terms of identifying and emphasizing community needs.
- (c) Recommendations for standardization of plan formats, and recommendations regarding community benefits and community priorities that should be emphasized. These recommendations shall be developed after consultation with representatives of the hospitals, local governments, and communities. <http://www.leginfo.ca.gov/bilinfo.html>

APPENDIX F

PATIENT FINANCIAL ASSISTANCE PROGRAM POLICY; FULL CHARITY CARE AND DISCOUNT PARTIAL CHARITY CARE POLICIES

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

Division: Manual: Hospital Wide Policy

Origination Date: 12/31/2007 **Revised Date:** 07/01/2017 **Reviewed Date:** 01/05/2018

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

Purpose:

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

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

The Finance Department has responsibility for general accounting policy and procedure. Included within this purpose is a duty to ensure the consistent timing, recording and accounting treatment of transactions at PVHMC. Patient Access and Business Office staff are responsible for assisting the patient with the financial assistance application as needed to include handling of patient accounting transactions in a manner that supports the mission and operational goals of Pomona Valley Hospital Medical Center. PVHMC's Board of Directors is responsible for approving this policy.

Policy:

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

All requests for financial assistance from patients, patient families, physicians or hospital staff shall be addressed in accordance with this policy. This policy will be applied to financial assistance applications approved on or after November 1, 2017.

Introduction

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

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

- Every registered patient receives a written notice of the Hospital’s Financial Assistance Policy written in plain language per IRC 501(r);
- Upon request, paper copies of the Financial Assistance Policy, the Financial Assistance application form and the plain language summary of the Financial Assistance Policy are made available free of charge . These documents are also available on the Hospital’s website;
- Whenever possible, during the registration process, uninsured patients are screened for eligibility with government -sponsored programs and/or the Hospital’s Financial Assistance Program;
- Public notices are posted throughout the Hospital notifying the public of financial assistance for those who qualify (See “Reporting & Billing: Public Notice” within this policy for more information);
- Guarantor billing statements contain information to assist patients in obtaining government –sponsored coverage and/or financial assistance provided by the Hospital (See “Reporting & Billing: Billing Statements” within this policy for more information);
- The hospital will provide patients with a referral to a local consumer assistance center housed in a legal services office;
- In an effort to widely publicize the Hospital’s Financial Assistance Policy, the Hospital has collaborated with several community clinics to provide Financial Assistance literature for clinic patients.

This policy addresses the following:

Definitions

Financial Assistance Eligibility Criteria

Financial Assistance Discount Qualification Criteria

Application Submission and Review Process

Reporting & Billing

General Provisions

DEFINITIONS

Amounts Generally Billed (AGB): The amount generally billed by the hospital for emergency and other medically necessary services to patients who have health insurance. This amount does not represent the Hospital’s usual and customary charge. It represents the amounts generally paid by a third-party payer as defined herein.

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

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

High Medical Costs: An insured patient with “High Medical Costs” means:

A person whose family income does not exceed 350% of the federal poverty level if the individual does not receive a discounted rate from the hospital as a result of third-party coverage, and any of the following:

- Annual out-of-pocket costs incurred by the individual at the hospital that exceed 10% of the patient’s family income in the prior 12 months,
- Annual out-of-pocket expenses that exceed 10% of the patient’s family income, if the patient provides documentation of the patient’s medical expenses paid by the patient or the patient’s family in the prior 12 months

- A lower level determined by the hospital in accordance with the hospital's charge care policy

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

Local Consumer Assistance Center: An agency designed to provide consumers with information about health care coverage and services. In California, The Health Consumer Alliance (HCA) was designated as the CCI/CalMediconnect Ombudsprogram effective April 1, 2014. More information regarding HCA can be found at <http://healthconsumer.org>. Consumers may call 888-804-3536 for routing to the correct consumer center.

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

- Retirement funds and accounts;
- Deferred compensation plans qualified under the Internal Revenue Code;
- Nonqualified deferred compensation plans;
- The first \$10,000 of qualified monetary assets;
- 50% of monetary assets after the first \$10,000.

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

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

1) For patients 18 years of age and older, the patient's family includes the patient's spouse, domestic partner and dependent children under 21 years of age, whether living at home or not;

2) For patients under 18 years of age, the patient's family includes the patient's parent(s), caretaker relatives and other children less than 21 years of age

PROCEDURE FOR FINANCIAL ASSISTANCE

FINANCIAL ASSISTANCE ELIGIBILITY

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

The primary eligibility categories are:

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

The following conditions must also be satisfied:

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

- Patient completes and submits a Financial Assistance Application;
- Patient submits all required and requested documents and responds to any questions that arise from the Financial Assistance Application.

A patient who is deemed eligible for financial assistance will not be charged for emergency or other medically necessary care more than amounts generally billed (AGB) to individuals who have insurance covering such care. Physicians providing emergency services in the hospital are required to provide discounts to uninsured and high medical cost patients whose incomes are at or below 350 percent of the Federal Poverty Level. The discounts by physicians providing emergency services in the hospital are not included in the Hospital’s Financial Assistance Policy. These discounts are administered independently by the physician, physician’s medical group and/or the physician billing agent. Eligible patients are offered a reasonable, extended payment plan. If an agreement is not reached, a reasonable payment formula similar to the hospital’s payment formula defined in the “Payment Plans” section within this policy must be used in determining the monthly payment. See Addendum A for a complete list of emergency providers.

FINANCIAL ASSISTANCE DISCOUNT QUALIFICATION CRITERIA

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

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

Full Charity Discount Criteria

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

ELIGIBILITY CATEGORY	INCOME	ASSETS
Uninsured	<400% FPL	<\$10,000
Insured with High Medical Costs	<400% FPL	<\$10,000

All patients who are eligible for financial assistance within this policy will receive full charity when the patient’s family income is at or less than 400% of the Federal Poverty Level and their monetary assets are less than \$10,000. To qualify for this level of discount, the patient will apply for and submit the documentation required for full charity within this policy.

Dates of Service included in Application

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

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

PVHMC deems those patients that are eligible for government -sponsored low-income assistance programs (e.g. Medi-Cal/Medicaid, California Children’s Services and any other applicable state or local low-income program) to be indigent. Therefore such patients are eligible under the Financial Assistance Policy when payment is not made by the governmental program. For example, patients who qualify for Medi-Cal/Medicaid as well as other programs serving the needs of low-income patients (e.g. CHDP and CCS)), where the program does not make payment for all services or days during a hospital stay, are eligible for Financial Assistance Program coverage limited to the amount the payer denied instead of paid. Consistent with Medicare cost reporting guidance for the calculation of the Hospital’s low income percentage for

Medi-Cal DSH, non-covered services and all other denied services provided to eligible Medicaid beneficiaries will be reported as “Uncompensated Care” for cost reporting purposes without requiring a FAP application from each patient. Specifically included as Uncompensated Care are charges related to denied stays, denied days of care, and non-covered services. All Treatment Authorization Request (TAR) denials and any lack of payment for non-covered services provided to Medi-Cal/Medicaid and other patients covered by qualifying low-income programs, and other denials (e.g. restricted coverage) are to be classified as Charity Care.

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

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

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

- 1) The patient is a beneficiary under Medi-Cal/Medicaid or another program serving the health care needs of low income patients; or
- 2) The patient is a beneficiary under Medi-Cal/Medicaid or another program serving the health care needs of low income patients; or

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

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

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

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

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

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

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

Prompt Pay Discount

A patient is not eligible for financial assistance when the patient’s family income is greater than 400% of the established Federal Poverty Level. Instead, uninsured patients qualify for a prompt pay discount, which shall apply to all necessary

inpatient, outpatient and emergency services provided by PVHMC. The discounted balance is dependent on the type of service provided:

- 1) For outpatient services, the discounted balance represents the average commercial HMO/PPO collection rate on outpatient services, not to exceed established cash prices
- 2) For inpatient services, the discounted balance represents the MediCal APR DRG amount for obstetrics and pediatric services and the Medicare DRG amount for all other acute inpatient services, not to exceed established cash prices.

The standard term for a prompt payment discount is 30 days. However, the term may be negotiated per the Payment Plans guidelines below.

Payment Plans

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

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

Limitation on Charges: Amounts Generally Billed ("ABG") Patients below 400% of the current Federal Poverty Level, who meet all eligibility and qualification criteria, will not pay more than Medicare (or the applicable MediCal APR DRG as defined below) would typically pay for a similar episode of service as defined by the "Prospective" method per Section 501(r) of the Internal Revenue Code ("IRC"). The applicable MediCal APR DRG reimbursement applies to obstetrics, newborns, neonatal intensive care and pediatrics. The Medicare DRG and respective outpatient rates applies to all other services. A deposit collected from a patient for scheduled services will be limited to Amounts Generally Billed as defined herein. At the time a patient is determined to qualify and be eligible for financial assistance, the amount billed to the patient will be limited to the Amount Generally Billed. Prior to submitting an application for financial assistance, the amounts billed will represent full billed charges consistent with the Hospital's usual and customary charges.

Collection Efforts

The Hospital's Business Office is responsible for billing a patient's guarantor unpaid copays, coinsurance, deductibles, balances covered under a payment arrangement and charges not covered by insurance. Guarantor statements are mailed to the guarantor's address on file.

Guarantor balances are due and payable within 30 days from the date of the first patient billing. The business office will send the guarantor a minimum of three cycle statements. A collection letter will be sent to the guarantor if the balance remains unpaid after three cycle statements.

Guarantor balances are considered past due after 30 days from the date of the first billing and may be advanced to a collection agency after 120 days from the date of first billing and after a minimum of three cycle statements have been sent to the guarantor. A guarantor balance may be advanced to a collection agency prior to these standard timelines if it is determined the patient or guarantor provided fraudulent or inaccurate demographic or billing information.

Guarantor balances will not be forwarded to a collection agency when the guarantor makes reasonable efforts to communication with the business office and makes good faith efforts to resolve the outstanding balance including but not limited to applying for government insurance coverage, applying for a discount under the Hospital's Financial Assistance Policy, submitting regular partial payments of a reasonable amount or negotiating a payment plan with the business office.

If the Hospital uses a collection agency, it will obtain a written agreement that the agency will abide by the hospital's standards and scope of practice.

Prior to commencing collection activities, the hospital will provide the patient with a clear and conspicuous written notice containing information regarding the patient's rights under applicable laws, certain patient rights and related information.

The Hospital will not engage in extraordinary collection activities ("ECAs"), either directly or indirectly through any purchaser of debt, collection agency or other party to which the hospital facility has referred the individual debt relating to seeking payment for care covered by the Hospital's Financial Assistance Policy including but not limited to:

- 1) Placing a lien on an individual's property
- 2) Foreclosing on real property
- 3) Attaching or seizing an individual's bank account or other personal property
- 4) Commencing a civil action against an individual
- 5) Causing an individual's arrest or writ of body attachment for civil contempt
- 6) Garnishing an individual's wages

For a patient that lacks coverage or has high medical costs, the hospital or its agent shall not report adverse information to a credit reporting agency or commence civil action against the patient for nonpayment at any time prior to 150 days after initial billing. Prior to authorizing any extraordinary collections activities, the Hospital will ensure a Financial Assistance Application is mailed to the guarantor's current address on file allowing the guarantor no less than 30 days to respond or inform the business office of the interest to pursue financial assistance. The Director of Patient Financial Services will ensure all reasonable efforts are taken to determine if a patient is eligible for financial assistance under this policy before engaging in Extraordinary Collection Activities. All collection efforts will be suspended while a guarantor is actively participating in the Financial Assistance Application process.

APPLICATION SUBMISSION & REVIEW PROCESS

Single, Unified Application

The financial assistance application provides patient information necessary for determining patient qualification and such information will be used to qualify the patient or family representative for maximum coverage under the PVHMC Financial Assistance Program. The financial assistance application should be completed as soon as there is an indication that the patient may be in need of financial assistance. The application form may be completed prior to service, during a patient stay, or after services are completed and the patient has been discharged.

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

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

Required Documentation

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

- 1) Completed & signed financial assistance application;
- 2) Current pay stubs from the last two pay periods or if self-employed, current year-to-date profit & loss statement to determine current income;
- 3) Award letters for social security, SSI, Disability, Unemployment, General Relief, Alimony, etc.;

- 4) Last calendar year's filed tax return with all required schedules to determine income generating assets including monetary assets;
- 5) Last two months' bank, brokerage & investment statements;
- 6) Copies of prior year's 1099 for interest income, dividends, capital gains, etc.

Completion of a financial assistance application provides:

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

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

Reasons for Denial of Assistance

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

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

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

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

Approval Process

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

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

prepare a “Request for Consideration of Uncompensated Care (Charity)” clearly noting the reason an application was NOT prepared and attaching a credit report if a valid social security number is available.

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

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

- Discounts less than \$25,000: Director of Patient Financial Services or the Director of Patient Access
- Discounts greater than \$25,000: Chief Financial Officer

Application Exceptions

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

- 1) Patient is homeless;
- 2) Patient is a resident at a shelter including but not limited to Prototypes and The American Recovery Center;
- 3) Patient’s address is the address for the Department of Public Social Services (DPSS) 2040 Holt Ave Pomona;
- 4) Patient is unknown;
- 5) Patient is receiving General Relief, Cal WORKS or Cal Fresh (documentation required);
- 6) Patient qualified for Medi-Cal without a share of cost (SOC) during a portion of the confinement or subsequent to their discharge/visit (proof of eligibility required); or
- 7) Non-covered and/or denied services provided to Medi-Cal eligible patients;
- 8) A patient’s balance after VOVC pays;
- 9) Patient’s qualifying for Susan G. Komen funding; the grant from Susan G. Komen will be recorded as Nonoperating revenue (904050)

Appeal Process

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

The written appeal should contain a complete explanation of the patient’s dispute and rationale for reconsideration. Any or all additional relevant documentation to support the patient’s claim should be attached to the written appeal.

Any or all appeals will be reviewed by the hospital Director of Patient Financial Services. The director shall consider all written statements of dispute and any attached documentation. After completing a review of the patient’s claims, the director shall provide the patient with a written explanation of findings and determination.

In the event that the patient believes a dispute remains after consideration of the appeal by the Director of Patient Accounting, the patient may request in writing, a review by the Chief Financial Officer. The Chief Financial Officer shall review the patient’s written appeal and documentation, as well as the findings of the Director of Patient Financial Services. The Chief Financial Officer shall make a determination and provide a written explanation of findings to the patient. All determinations by the Chief Financial Officer shall be final. There are no further appeals.

REPORTING AND BILLING:

Billing Statements

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

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

Public Notice

PVHMC shall post notices informing the public of the Financial Assistance Program. Such notices shall be posted in high volume inpatient, areas and in outpatient service areas of the hospital, including but not limited to the emergency department, inpatient admission and outpatient registration areas, or other common patient waiting areas of the hospital. Notices shall also be posted at any location where a patient may pay their bill. Notices will include contact information on how a patient may obtain more information on financial assistance as well as where to apply for such assistance.

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

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

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

Access to the Financial Assistance Policy

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

OSHPD Reporting

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

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

GENERAL PROVISIONS:

Equal Opportunity

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

Confidentiality

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

Good Faith

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

Additional Resources

For more information, please visit the following websites:

Pomona Valley Hospital Medical Center

www.pvhmc.org

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

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

Hospital Annual Financial Data

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

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

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

Institute of Applied Research

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



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