



CITRUS VALLEY HEALTH PARTNERS

2014
Community Benefit Report
SB-697



CITRUS VALLEY HEALTH PARTNERS

COMMUNITY BENEFIT REPORT SB 697

Citrus Valley Medical Center:

Queen of the Valley Hospital

1115 S. Sunset Ave.
West Covina, CA 91790

Inter-Community Hospital

210 W. San Bernardino Rd.
Covina, CA 91723

Fiscal Year Report Period: 2014

Individuals Preparing Community Benefit Report:

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Citrus Valley Health Partners
Citrus Valley Medical Center
Inter-Community Hospital and Queen of the Valley Hospital

2014 Community Benefit Report

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Citrus Valley Health Partners

I

General Information

CITRUS VALLEY HEALTH PARTNERS (CVHP)

GENERAL INFORMATION

Citrus Valley Health Partners (CVHP) was formed in April, 1994 as a result of the merger of Inter-Community Medical Center in Covina and Queen of the Valley Hospital in West Covina. Hospice of East San Gabriel Valley, a free-standing hospice and home care agency in West Covina, became an affiliate of Citrus Valley Health Partners at the same time. Foothill Presbyterian Hospital joined CVHP in November, 1995. Citrus Valley Health Partners is governed by a 21-member Corporate Board of Directors comprised of physicians, business and community leaders. Members of the Immaculate Heart Community, a group of former Catholic Religious Sisters who founded Queen of the Valley Hospital, also serve on this Board.

Citrus Valley Medical Center's **Queen of the Valley Hospital** is a fully-accredited 325-bed, non-profit Catholic health care facility founded in 1962 by the Immaculate Heart Community. This campus specializes in oncology and has one of the busiest emergency departments in Southern California - with more than 54,000 visits annually.

Along with the new millennium came Citrus Valley Medical Center's **Family Birth and Newborn Center** at Queen of the Valley Hospital. The Center, with approximately 100,000 square feet - combines state-of-the-art technologies with an integrated, family-centered approach to maternal, neonatal and pediatric care. Services include the full continuum of health and wellness care, pre- and post-delivery education and support groups, and access to the most current treatments, provided in an environment that encourages family support and involvement.

Citrus Valley Medical Center's **Inter-Community Hospital** was founded more than 75 years ago. It is a 193-bed facility in Covina that provides high-quality health care to the East San Gabriel Valley, with a wide range of medical, surgical and specialty services. Inter-Community Hospital offers a complete range of inpatient and outpatient services, specializing in cancer treatment, wound care and cardiac care, with the only open heart surgery program in the East San Gabriel Valley.

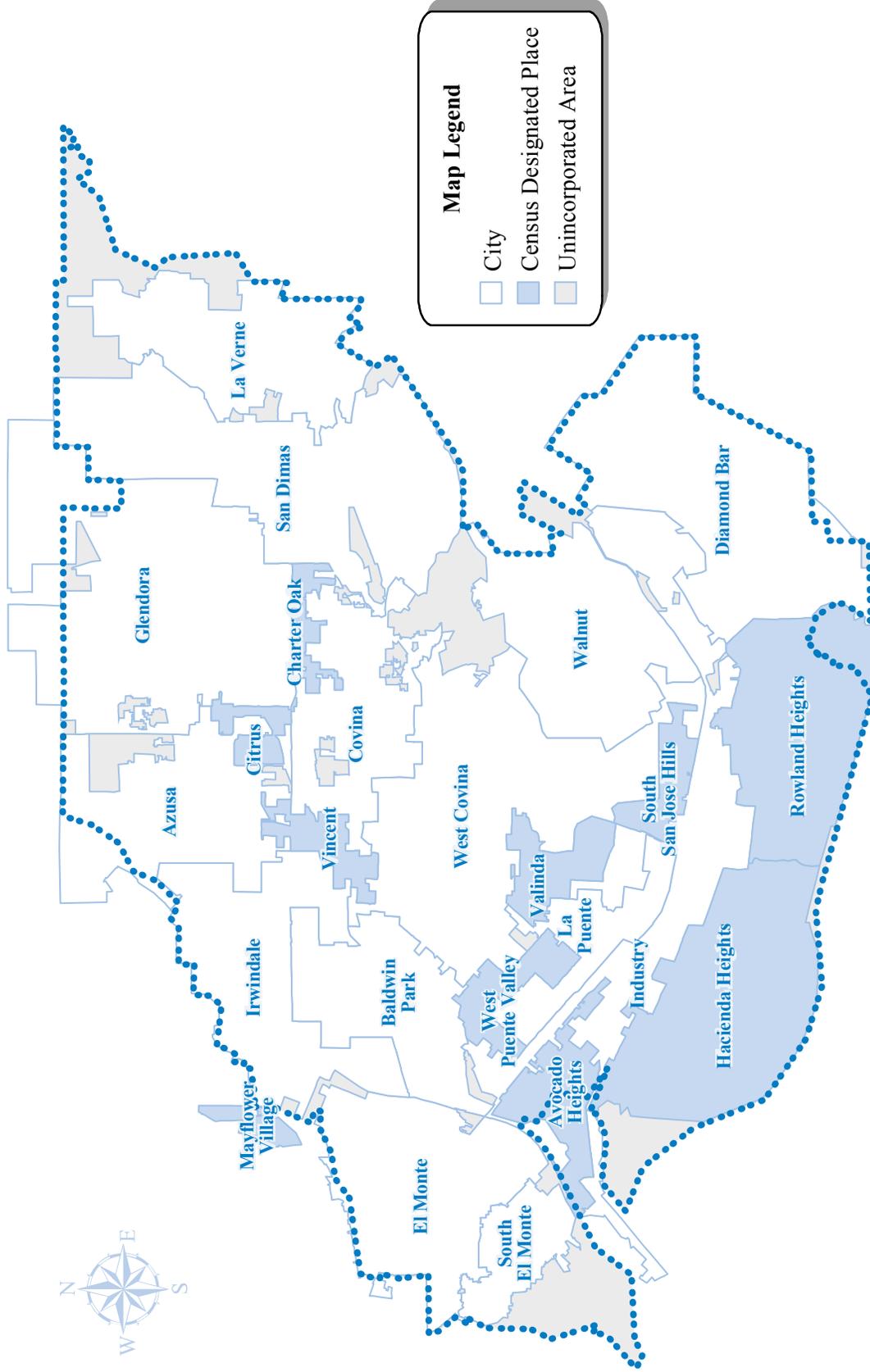
Foothill Presbyterian Hospital is a fully accredited facility with 105 beds. Foothill Presbyterian Hospital has proudly served the communities of Glendora, Azusa, La Verne and San Dimas since 1973. In addition to its full service acute program, Foothill Presbyterian Hospital is especially well known for its comprehensive Diabetes Care Unit, its Mountain Search and Rescue emergency service, and its special outreach to the partially sighted.

Citrus Valley Hospice, formerly known as **Hospice of the East San Gabriel Valley**, was founded by community leaders in 1979 and is one of the only free-standing hospices in the United States. The Hospice complex was built and is supported through private and community donations. Hospice provides care to all types of patients, age groups and diagnoses meeting the criteria for admission. It has an extensive home care program as well as 10 inpatient beds. Associated with Hospice, **Citrus Valley Home Health** provides physician-supervised skilled nursing care to individuals recovering at home from accidents, surgery or illness.

Citrus Valley Health Partners Community Outreach

CVHP and its numerous Community Partners have been recognized as a State and National Best Practice in various aspects of community health improvement by the following organizations: OSHPD; State of California; VHA; American Hospital Association; National Coalition for Healthier Cities and Communities; Health Research and Education Trust; The Healthcare Forum; The Public Health Institute; and the American College of Health Care Executives. In addition, CVHP was awarded the national 1999 VHA Leadership Award for Community Health Improvement.

Citrus Valley Health Partners SERVICE AREA



CVHP's Service Area is characterized by significant disparities in income. An average of 14.3% of people live under the 100% of the Federal Poverty Level (FPL) and 33.7% live below the 200% of the FPL while, by contrast, one city accounts for only 4.6% of people living below 100% of the FPL. The cities and non incorporated areas that CVHP serves are Avocado Heights, Azusa, Baldwin Park (including Irwindale), Bassett, Covina, Diamond Bar, El Monte, Glendora, Hacienda Heights, La Puente, La Verne, Rowland Heights, San Dimas, South El Monte, Valinda, Walnut and West Covina. CVHP's service area is part of the SPA 3 (Service Planning Area 3 of Los Angeles County).

In 2010, the total population within CVHP service was 880,220, making up 7.1% of the population in Los Angeles County (U.S. Census, 2010) (U.S. Census Bureau Decennial Census, 2010). The largest portion of the population in the CVHP service area lives in La Puente (13.1%), West Covina (12.3%), and El Monte (10.3%).

There are slightly more females (50.1%) than males (49.9%). Over a third (32.7%) is between the ages of 25 and 44 years in the CVHP service area, one fourth (25.5%) in the CVHP service area is between the ages of 0 and 17 years. By ethnicity, over half (55.7%) of the population is Hispanic/ Latino. The second largest ethnic group is Asian/Pacific Islander making up over a quarter (22.5%) of the population. The third largest ethnic group is Caucasian with 18.0% of the population, smaller when compared to 27.8% in Los Angeles County (U.S. Census Bureau Decennial Census, 2010) and 2.1% are African American. Over a quarter (26.9%) of the population has less than a 9th grade education, another 20.1% in the CVHP service have a high school diploma. The service area has lower rates of four year college and graduate degrees in Los Angeles County. By language spoken, a larger portion of the population speaks Spanish (41.3%) at home another third speak English only (37.2%) at home; a larger portion of the population speaks an Asian/Pacific Island language (18.9%) at home when compared to Los Angeles County (10.9%).

Based on the 2009 California Health Interview survey, over one fourth (28.6%) of the CVHP service area has an annual household income of \$20,000 or below, slightly higher when compared to Los Angeles County report (23.8%). In addition, over one third (33.7%) of the population served by CVHP is lives below the FPL. The larger portions of families are living in poverty in the cities of El Monte (18.3%), Baldwin Park (14.0%), and South El Monte (12.6%) when compared to Los Angeles County overall (12.6%). The unemployment rate in the CVHP service area is 10.2, slightly higher when compared to Los Angeles County (9.7).

Citrus Valley Health Partners

II

Mission
Vision
Values

Mission Statement

• • •

Our mission is to help people keep well in body, mind and spirit by providing quality health care services in a compassionate environment.

• • •

Our Vision for the Future

We are an integral partner in elevating our communities' health.

Vision Definitions

- Integral Partner – CVHP will take a leadership role in developing collaborative partnerships with patients, physicians and other health care providers.
- Elevating – We will improve our communities' health by:
 - Expanding our system's focus to include health promotion and disease prevention.
 - Ensuring access to the right care at the right time at the right place
 - Providing safe, high-quality care and an exceptional customer service experience every time.
 - Providing a comprehensive array of ambulatory programs, including physician services, patient education, disease management and comprehensive ambulatory diagnostic and treatment offerings.
- Communities' Health – Elevating the overall health of the communities we serve.

Vision Level Metrics (2021)

- Financial – Achieve and maintain an investment grade rating.
- Community Health – Meet or exceed the Healthy People 2020 obesity objectives in our communities.
- Quality and Customer Experience - Consistently perform at the top for quality and customer service performance metrics.

What does CVHP Look Like in 2021?

- Elevating Health from Sick Care to Health Care
 - A strong focus on preventive care, health education and wellness, including outreach efforts focused on improving community health.
 - CVHP and its partners excel at managing risk-based partnerships with payers and medical groups that improve health and reduce the overall health care costs for our community.
 - Empower patients to take responsibility and to advocate for their own health.
 - Personalized, technologically advanced health care management programs.
 - Extensive clinical integration and care coordination across the care continuum, including health information exchange, ambulatory care protocols, hospice, home health and other activities.
- Culture/People
 - A culture of respect that is welcoming and inclusive of our diverse communities.
 - Culturally and age sensitive service offerings.

- CVHP is an employer of choice that develops and grows its employees.
- Physicians
 - In addition to community physician practices, provide a multi-specialty medical practice foundation with offices throughout the community that serves as an option for physicians.
 - Economic partnerships with physicians.
 - Widespread use of electronic ambulatory health records and linkages between offices, hospitals and other care sites using the latest evidence-based medicine.
- Strategic Partnerships
 - Alliances with academic medical centers and other facilities to provide access to tertiary specialty care, either at CVHP facilities or through transfer agreements.
 - Economic partnerships with physician groups and IPAs.
 - Partnerships with educational institutions that open or expand employee talent pipelines for hard-to-fill positions.
- Facilities
 - Facilities that create a welcoming environment for all patients and their families.
 - Comprehensive ambulatory sites in select areas of our community that include foundation physician offices and system owned or branded outpatient services.

Our Statement of Values

Patients and their families are the reason we are here. We want them to experience excellence in all we do through the quality of our services, our teamwork, and our commitment to a caring, safe and compassionate environment.

RESPECT – We affirm the rights, dignity, individuality and worth of each person we serve and of each other.

EXCELLENCE – We maintain an unrelenting drive for excellence, quality and safety and strive to continually improve all that we do.

COMPASSION – We care for each person and each other as part of our family.

INTEGRITY – We believe in fairness, honesty and are guided by our code of ethics.

STEWARDSHIP – We wisely care for the human, physical and financial resources entrusted to us.

Citrus Valley Health Partners

III

Governance And Management



GOVERNANCE AND MANAGEMENT STRUCTURES TO SUPPORT COMMUNITY BENEFIT ACTIVITY

2014 Update

Board and Administration Roles in Community Benefit

A corporate Senior Vice President for Community Benefit position and the Citrus Valley Health Partners Community Care Department were established in 1994 and charged with the following major tasks:

1. Assist the Board of Directors and Administration in advancing the Mission and Vision of the corporation;
2. Advance Community Benefit as a core value of the Corporation, and integrate community benefit programs and activities as part of the organization's culture and strategy;
3. Develop partnerships with public and private community agencies, individuals, to pursue programs and projects that help improve the health status and quality of life of the communities served by CVHP.

In 2014 the work of community benefits continued under the direction of the Chief Communications Officer, with the staff that the Sr. VP of Community Benefits had trained to continue the work of the community. The staff continued to work with public and private community partners to sustain existing programs and to create new programs to respond to the emerging needs of the community. The primary strategic approach and core of the community benefit efforts at CVHP have been efforts directed toward community capacity building and service to poor, at-risk, vulnerable populations. This work continues.

A Committee of the Citrus Valley Health Partners Board continues to provide direction and guidance. A semi-annual report is provided to the Strategic Planning, Marketing and Community Benefit Committee of the Board.

Management and Staff Involvement in Community Benefit

During 2014 all Administrative and Operations Managers throughout the corporation participated on a more limited basis in Community Benefit activities. Professional staff support for CVHP's community outreach efforts is provided on an as needed basis. [The major departments and divisions from whom Community Benefits draws staff support are: Corporate Development and Planning, Communications, Operations Council and the Strategic Planning, Marketing and Community Benefit Committee of the CVHP Board of Directors.]

Departmental Community Benefit Projects

A number of departments in the Citrus Valley Medical Center and at Foothill Presbyterian Hospital have developed and participated in Community Benefit activities as department teams. In collaboration with community partners, they continue to organize and lead significant community health improvement programs.

The main departments who serve the ECHO (Every Child's Health Option) program include Radiology, Laboratory, Out Patient Pharmacy, and the Emergency Department. Working with the Public Health Department, the Emergency Department staff helps ensure that our homeless "residents" of local cold/wet weather shelters get the medical help they need. This staff also serves as the safety net for local physicians involved in ECHO (Every Child's Health Option).

The Citrus Valley Health Foundation provides support and has served as the vehicle to facilitate the flow of funding for community benefit partnerships, such as the ECHO (Every Child's Healthy Option) Program.

The CVHP Center for Diabetes Education continues to offer free community lectures and information, glucose screenings, and support groups for type I and type II adults, seniors, adolescents, parents, and a type II Spanish support group throughout the year.

The Public Relations Department continues to support community groups in writing and distributing press releases and ads on events and programs. In addition, the department assists in the design of brochures, invitations, save-the-date cards, maps, etc.

The Auxiliary at CVMC Inter-Community Hospital gave five scholarships to students who are furthering their education in the healthcare field. A total of \$5,000 was donated in the year 2014.

The Auxiliary at Foothill Presbyterian also donated nineteen scholarships to community members totaling \$28,500 in the year 2014.

The Food and Nutrition Services departments at CVMC Queen of the Valley Hospital and Inter-Community Hospital provide meals five days a week for the "Meals on Wheels Program."

Adopt-A-Family Program . In the spirit of giving, CVHP employees come together to adopt families in need every Holiday Season. Staff members go to the homes and personally deliver food and gifts for all family members.

Citrus Valley Health Partners, its medical staff and its community Partners have been recognized nationally for their successful collaborative programs directed toward community health improvement and community capacity building. For articles, information and research studies, contact:

Community Care Department, Citrus Valley Health Partners,
1115 S. Sunset Ave., West Covina, CA 91790, or call (626) 814-2450.

Citrus Valley Health Partners

IV

Charity Care Policy



Citrus Valley Health Partners Policy and Procedures

<input checked="" type="checkbox"/>	CVHP	<input checked="" type="checkbox"/>	CVH	<input checked="" type="checkbox"/>	Policy
<input checked="" type="checkbox"/>	CVMC-ICC	<input checked="" type="checkbox"/>	CVHH	<input checked="" type="checkbox"/>	Procedure
<input checked="" type="checkbox"/>	CVMC-QVC	<input checked="" type="checkbox"/>	FPH	<input checked="" type="checkbox"/>	Attachments

Title: Charity Care		Policy #: A009
Type: Corporate		
Effective: 4/24/02	Reviewed: 7/27/11	Revised: 5/25/05, 7/27/05, 9/24/08

Statement of Policy

Our mission is to help people keep well in body, mind and spirit by providing quality health care services in a compassionate environment. This charity policy is the means through which CVHP fulfills its mission as an integrated health care organization committed to maintaining and enhancing the health of all the people of the communities we serve. Those patients that currently do not pay for their medical bills because of an inability to pay are covered under this policy.

Declarations

Many Government programs (Medi-Cal, Healthy Families, and Medicare) and other third party coverage programs have been established to provide for or defray the healthcare costs for the individuals who also may be considered needy. In the case where arrangements for payment to the hospital require the hospital to accept the payment amount as payment in full, the balances of these accounts written off are attributable to contractual adjustments and will not be considered charity care. In cases where these programs require the patients to pay co-payments or deductibles and the patients do not have the ability to pay; these amounts will be considered charity care.

Charity determination will be granted on "all, partial, or nothing" basis. There is a category of patients who qualify for Medi-Cal, but do not receive payment for their entire stay. Under the charity policy definition, these patients are eligible for charity care write-offs. In addition, the hospital specifically includes as charity the charges related to denied stays, denied days of care, and non-covered services. These "TAR" denials and any lack of payment for non-covered services provided to Medi-Cal patients are to be classified as charity. These patients are receiving the services and they do not have the ability to pay for it. In addition, Medicare patients who have Medi-Cal coverage for their co-insurance/deductibles, for which Medi-Cal does not make payment and Medicare does not ultimately provide bad debt reimbursement will also be included as charity. These indigent patients are receiving a service for which a portion of the resulting bill is not being reimbursed.



Title: Charity Care

Policy#: A009

Procedure

General Process and Responsibilities

A. Patients unable to demonstrate financial coverage by third party insurers will be required to complete a financial screening form. Completion of this form:

- 1) Allows the hospital to determine if the patient has declared income and or assets giving them the ability to pay for his/her health care services.
- 2) Authorizes CVHP to obtain a credit report.
- 3) Provides a document to be reviewed by Patient Financial Services to determine the patient's financial liability, if any.

B. All patients not covered by third party insurance

- 1) Pay an advance payment based on estimated charges.
- 2) Insured patients who indicate that they are unable to pay patient liabilities must complete a financial screening form to qualify for any waiver of their co-pays.

C. Charity screening process:

- Obtain individual or family income.
- Obtain individual or family net worth including all assets, both liquid and non-liquid, less liabilities and claims against assets.
- Eligibility for Medi-Cal once some assets are depleted will also be considered.
- Current employment status: patient and/or guarantor.
- Unusual expenses or liabilities.
- Family size. This is used to determine the benchmark for 100% charity, if income is at or below 300% of the Federal Poverty Guidelines.

The attached forms are to be used in the financial screening process:

Form 2: Income Certification form

Form 1: Hospital Screening Assessment form (this form also gives permission to obtain credit information)



Title: Charity Care

Policy#: A009

Forms 1 and 2 will be available in the primary languages spoken in the hospital's community area, including English and Spanish.

To qualify for a charity care write-off for either the entire hospital bill, or a portion of the hospital bill, the following criteria must be met:

- Coverage-The services being provided are not covered/reimbursed by Medi-Cal or any other third party.
- Income Level—If the patient's income is at 300% or less of the Federal Poverty Guidelines, the entire hospital bill will be written-off, regardless of net worth or size of bill.
- Income Level---If the patient's income is between 300% and 350% of the Federal Poverty Guidelines, then a portion of the hospital bill is written-off based upon a sliding scale, regardless of net worth or size of bill, as follows:
 - 300% - 325% = 75% write-off
 - 326% - 350% = 50% write-off
- Size of Hospital Bill and Net Worth---If the hospital bill exceeds the patient's net worth then the following applies:
 - If the patient meets the net income levels between 300% and 325% of the Federal Poverty Guidelines, the amount of the hospital bill that exceeds the patient's net worth will be written-off
 - If the patient's income is over the 350% of the Federal Poverty Guidelines, then a portion of the bill that exceeds the patient's net worth may be either written-off if approved by the Corporate Director Business Services or his/her designee, or paid through the hospital's monthly payment plan.

Charity Determination Process

Admitting/Registration Department Role

The admitting department will:

- Financially screen 100% of all self-pay inpatients. If there is no income claimed by the patient and no third party insurance,



Title: Charity Care

Policy#: A009

Charity Policy Compared to Charity Determination Process

Key points to this policy include:

- The identification of potential charity patients as close to the time of admission as possible.
- The financial screening form will be used and a credit check performed for all self-pay patients, whenever possible.
- Income, along with net worth when appropriate, will routinely be verified for non-emergent self-pay patients and will be used in all circumstances to determine charity status.
- The actual charity care determinations will be made based upon the criteria expressed in this charity care policy.
- Charity determination will be granted on an “all, partial, or nothing” basis.

References

Not Applicable



Title: Charity Care

Policy#: A009

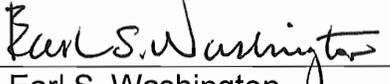
Signatures


Name: Issa Aqleh
Title: Corp. Director Business Services
Date: 08/02/11


Name: Lois M. Conyers
Title: Senior V.P. & CFO
Date: 7/27/11


Name: Robert H. Curry
Title: President & CEO
Date: 8/15/11


Name: Harold Borak
Title: Chair, Finance Committee
Date: 11-30-11


Name: Earl S. Washington
Title: Chair, Board of Directors
Date: 11-30-11

Charity Care Policy

Attachments

- I. CVHP Policy #A009 Attachments
- II. CVHP Policy #T-102



CITRUS VALLEY HEALTH PARTNERS

FORM I

HOSPITAL FINANCIAL SCREENING ASSESSMENT FORM

This form needs to be completed by all patients prior to or at the time of admission. This information will be used to determine eligibility for selected hospital programs and services.

Patient Name: _____

Patient Social Security No.: _____

Total number of dependents: _____

Total Annual Income: \$_____

Total value of all assets:\$_____

Home/Property _____

Automobiles _____

Investments _____

Retirement _____

Other _____

Total Debts (including mortgages)\$_____

Other special circumstances
(i.e. legal judgments/bankruptcy) _____

Please check if either of the following conditions apply:

Disabled _____

Injury related to a crime _____

Place your signature and date below indicating you are authorizing Citrus Valley Health Partners Representatives to obtain a credit report.

Patient signature

Date

Patient Representative/Financial Counselor

Date



CITRUS VALLEY HEALTH PARTNERS

FORMA I

FORMA DE EVALUACIÓN FINANCIERA DEL HOSPITAL

Esta forma necesita ser completada por los pacientes antes o al tiempo de ser hospitalizado(a). Esta información se utilizará para la determinación de la elegibilidad para programas o servicios seleccionados del hospital.

Nombre del paciente: [PATIENT NAME]

Nombre y apellido de la madre del paciente _____

Ciudad y país de nacimiento del paciente _____

Numero de seguro social del paciente _____

Numero de dependientes _____

Total del Ingreso Anual _____

Valor en total de todos los bienes _____

Casa/Propiedad _____

Automóviles _____

Inversiones _____

Retiro (jubilación) _____

Otros bienes _____

Total de deudas (incluyendo bienes y raíces) _____

Otras circunstancias especiales (i.e., bancarrota, juicios legales) _____

Indique si cualquiera de las condiciones siguientes le aplica:

Deshabilitado _____ Herido/Condición se debe a un crimen _____

Por favor firme y anote la fecha debajo indicando que usted autoriza a los representantes de Citrus Valley Medical Center que obtengan un reporte de crédito.

Firma

Fecha

Representante del Paciente o Consejero Financiero (firma y fecha)



CITRUS VALLEY HEALTH PARTNERS

FORM II

INCOME CERTIFICATION

I, [GUARANTOR NAME] CERTIFY THAT MY FAMILY INCOME FOR THE PAST 12 MONTHS HAS BEEN \$ _____ AND I CLAIM _____ DEPENDENTS. I GIVE PERMISSION FOR THE HOSPITAL TO VERIFY MY INCOME INFORMATION BY CALLING THE FOLLOWING EMPLOYER (S) OR OTHER SOURCES OF INCOME. IN LIEU OF CONTACTING MY EMPLOYER, I AM PROVIDING THE ATTACHED W-2 FORM AND MY LATEST TWO PAYCHECK STUBS.

COMPANY

PHONE #

COMPANY

PHONE #

SIGNATURE

DATE



CITRUS VALLEY HEALTH PARTNERS

FORMA II

CERTIFICACIÓN DEL INGRESO

YO, _____ CERTIFICO QUE MI INGRESO FAMILIAR POR LOS
ULTIMOS 12 MESES HA SIDO \$ _____ Y RECLAMO _____ DEPENDIENTES.
OTORGO MI PERMISO PARA QUE EL HOSPITAL VERIFIQUE MI INFORMACION
DEL INGRESO AL LLAMAR A MI EMPLEO (S) O OTROS RECURSOS DEL
INGRESO, SI ES QUE TENGO ALGUN INGRESO.

EN LUGAR DE LLAMAR A MI EMPLEO, ESTOY INCLUYENDO LA FORMA W-2
AJUNTO CON MIS DOS ULTIMOS TALONES DE CHEQUE.

COMPANIA

DE TELEFONO

COMPANIA

DE TELEFONO

FIRMA

FECHA



CITRUS VALLEY HEALTH PARTNERS

[DATE]

[GUARANTOR NAME]
[GUARANTOR ADDRESS LINE]
[GUARANTOR CITY,STATE ZIP]

PATIENT NAME : [PATIENT NAME]
ACCOUNT # : [ACCOUNT #]
ADMIT/SVC DATE: [ADM/SER DATE]
TOTAL CHARGE : \$[AR CHG TOTAL]

Dear [GUARANTOR NAME]:

Citrus Valley Health Partners was pleased to serve you during your need for medical care. You may be eligible for financial assistance with your hospital bill. Please complete and sign the attached forms and return to our office in the enclosed self addressed postage paid envelope.

FORM I - HOSPITAL FINANCIAL SCREENING ASSESSMENT FORM
FORM II - INCOME CERTIFICATION
PROOF OF CURRENT INCOME (BOTH IF MARRIED)
(TAX FORMS OR W-2/CURRENT PAY STUBS)

If any of the above forms are not submitted, we require a written statement from the patient or responsible party as to why the information is not available.

Sincerely,

Business Services
(626)732-3100
(8:00a.m.-4:00p.m.)

015 (Cover letter)



CITRUS VALLEY HEALTH PARTNERS

[DATE]

[GUARANTOR NAME]
[GUARANTOR ADDRESS LINE]
[GUARANTOR CITY, STATE ZIP]

RE: Nombre del Paciente: [PATIENT NAME]
Número de Cuenta : [ACCOUNT #]

Estimado(a):

Fue un placer para Citrus Valley Health Partners el poder servirle en su necesidad de ayuda médica. Usted podrá ser elegible para asistencia comunitaria para su factura del hospital. Por favor llene los siguientes documentos y envíelos en el sobre adjunto a nuestra oficina.

FORMA I - FORMA DE EVALUACIÓN FINANCIERA DEL HOSPITAL
FORMA II - CERTIFICACIÓN DEL INGRESO
COMPROBANTE DE INGRESO ACTUAL (DE AMBOS SI CASADOS)
(FORMAS DE INGRESOS OR FORMA W-2/TALONES RECIENTES DE CHEQUE)

Si alguno de los documentos no es sometido, se necesitara una declaración escrita del paciente o la persona responsable en cuanto porque no esta disponible.

Su aplicación será revisada y recibirá notificación de la decisión por correo.

Sinceramente,

Dept. De Contabilidades del Paciente

014 (Cover letter -Sp)



CITRUS VALLEY HEALTH PARTNERS

[DATE]

[GUARANTOR NAME]
[GUARANTOR ADDRESS LINE]
[GUARANTOR CITY,STATE ZIP]

PATIENT NAME: [PATIENT NAME]
ACCOUNT #: [ACCOUNT #]
ADMIT/SERVICE DATE: [ADM/SER DATE]
TOTAL CHARGES: \$[AR CHG TOTAL]

Dear [GUARANTOR NAME]:

The application submitted for the Community Assistance Program is incomplete. Under federal regulations, this information is required to substantiate your application. Please submit the following:

- _____ FEDERAL INCOME TAX FORMS
- _____ W-2 FORMS
- _____ CURRENT PAY STUBS FOR THE LAST THREE MONTHS
- _____ SIGNATURE IS MISSING
- _____ SIGNED AFFIDAVIT EXPLAINING CURRENT FINANCIAL SITUATION OR EMPLOYMENT STATUS.
- _____ COPY OF UNEMPLOYMENT/DISABILITY STATUS
- _____ (OTHER)_____

Thank you in advance for your cooperation.

Sincerely,

Business Services
626)732-3100
(8:00a.m.-4:00p.m.)

(017 – CAP incomplete ltr)



CITRUS VALLEY HEALTH PARTNERS

[DATE]

[GUARANTOR NAME]
[GUARANTOR ADDRESS LINE]
[GUARANTOR CITY,STATE ZIP]

NOMBRE DEL PACIENTE: [PATIENT NAME]
NUMERO DE CUENTA: [ACCOUNT #]
FECHA DE SERVICIO: [ADM/SER DATE]
COBROS EN TOTAL: \$[AR CHG TOTAL]

[GUARANTOR NAME]:

Su aplicación para el programa de asistencia comunitaria esta incompleta. Bajo las reglas federales del gobierno esta información se requiere para sustentar su aplicación. Favor de someter la siguiente información:

____ FORMAS DE LOS INGRESOS
____ FORMA W-2
____ COPIAS DE LOS TALONES DE CHEQUES PARA LOS ULTIMOS 90 DIAS
____ FIRMA
____ CARTA EXPLICATORIA DE SU SITUACION FINANCIERA
____ CARTA COMPROBANDO SUS BENEFICIOS DE DESEMPLEO
(MISCELANIO)_____

Si esta información no se ha recibo dentro de 10 días su cuenta es sujeto para referencia a agencia externa de colecciones y probablemente usted se requiere aplicar bajo las reglas de la agencia respectivamente.

Gracias en adelantado por su cooperación.

Representante de pacientes
Departamento Financiero
(626)732-3100

018 (CAP incomplete ltr - Sp)



CITRUS VALLEY HEALTH PARTNERS

[DATE]

[GUARANTOR NAME]
[GUARANTOR ADDRESS LINE]
[GUARANTOR CITY,STATE ZIP]

PATIENT NAME: [PATIENT NAME]
ACCOUNT #: [ACCOUNT #]
ADMIT/SVC DATE: [ADM/SER DATE]
TOTAL CHARGES: \$[AR CHG TOTAL]

Dear [GUARANTOR NAME]:

Based on the information you have submitted to Citrus Valley Health Partners you do not qualify for financial assistance.

If you have any questions regarding your outstanding accounts or would like to make payment arrangements, please contact Business Services.

Sincerely,

Business Services
(626)732-3100
(8:00a.m.-4:00p.m.)

I HEREBY AUTHORIZE CITRUS VALLEY HEALTH PARTNERS TO CHARGE MY:

___ VISA ___ MASTER CARD ___ AMERICAN EXPRESS ___ DISCOVER

PRINT NAME: _____

CARD#: _____ EXP DATE: _____

AUTHORIZED AMOUNT: \$ _____ DATE: _____

SIGNATURE: _____

MAIL PAYMENTS TO: CITRUS VALLEY HEALTH PARTNERS
DEPT. 0147
LOS ANGELES, CA 90084-0147

ACCOUNT #[ACCOUNT #]

060 (Denial letter)



CITRUS VALLEY HEALTH PARTNERS

DATE]

[GUARANTOR NAME]
[GUARANTOR ADDRESS LINE]
[GUARANTOR CITY,STATE ZIP]

NOMBRE DEL PACIENTE: [PATIENT NAME]
NUMERO DE CUENTA: [ACCOUNT #]
FECHA DE SERVICIO: [ADM/SER DATE]
COBROS EN TOTAL: \$[AR CHG TOTAL]

Dear [GUARANTOR NAME]:

Basado en la información que usted proporciono a Citrus Valley Health Partners, no califa para asistencia financiera.

Si tiene alguna pregunta tocante sus cuentas pendientes o si quiere hacer un arreglo de pagos póngase en contacto con nosotros.

Sinceramente,

Business Services
(626)732-3100
(8:00a.m.-4:00p.m.)

AUTORIZO QUE CITRUS VALLEY HEALTH PARTNERS COBRE A MI:
___ VISA ___ MASTER CARD ___ AMERICAN EXPRESS ___ DISCOVER

NUMERO DE TARJETA: _____
FECHA DE EXPIRACION: _____
CANTIDAD AUTORIZADA: \$ _____ FECHA:: _____
FIRMA: _____

ENVIE PAGOS A: CITRUS VALLEY HEALTH PARTNERS
DEPT. 0147
LOS ANGELES, CA 90084-0147

NUMERO DE CUENTA: [ACCOUNT #]

060S (Denial letter – Spanish)



CITRUS VALLEY HEALTH PARTNERS

[DATE]

[GUARANTOR NAME]
[GUARANTOR ADDRESS LINE]
[GUARANTOR CITY,STATE ZIP]

PATIENT NAME: [PATIENT NAME]
ACCOUNT #: [ACCOUNT #]
ADMIT/SVC DATE: [ADM/SER DATE]
BALANCE: \$[PT BALANCE]

Dear [GUARANTOR NAME]:

Based on the financial information you submitted, we are pleased to inform you that you have been approved for financial assistance on this account.

The amount due listed above was determined after reviewing and calculating your information provided based on our financial assistance guidelines. You have qualified for a percentage of the total bill, and the balance is now due and payable. Please remit in full or contact us to make further payment arrangements.

Sincerely,

Business Services
(626)732-3100
(8:00a.m.-4:00p.m.)

I HEREBY AUTHORIZE CITRUS VALLEY HEALTH PARTNERS TO CHARGE MY:

VISA MASTER CARD AMERICAN EXPRESS DISCOVER

PRINT NAME: _____

CARD#: _____ EXP DATE: _____

AUTHORIZED AMOUNT: \$ _____ DATE: _____

SIGNATURE: _____

MAIL PAYMENTS TO: CITRUS VALLEY HEALTH PARTNERS
DEPT. 0147
LOS ANGELES, CA 90084-0147

ACCOUNT #: [ACCOUNT #]

061 (Approval ltr – bal due)



CITRUS VALLEY HEALTH PARTNERS

[DATE]

[GUARANTOR NAME]
[GUARANTOR ADDRESS LINE]
[GUARANTOR CITY,STATE ZIP]

NOMBRE DEL PACIENTE: [PATIENT NAME]
NUMERO DE CUENTA: [ACCOUNT #]
FECHA DE SERVICIO: [ADM/SER DATE]
BALANCE: \$[PT BALANCE]

Querido(a) [GUARANTOR NAME]:

Basado en la información que usted envió nos complace informarle que ha sido aprobado(a) para asistencia financiera con esta cuenta.

La cantidad debida y anotada arriba se determino después de revisar y calcular su información proporcionada basada en nuestras guías de asistencia financiera. Califica por un porcentaje de su factura en total y el balance se debe. Por favor envíe su pago en total o llámenos para hacer un contrato de pagos.

Sinceramente,

Business Services
(626) 732-3100
(8:00 A.M. - 4:00 P.M.)

AUTORIZO QUE CITRUS VALLEY HEALTH PARTNERS COBRE A MÍ:

_____ VISA _____ MASTERCARD _____ AMERICAN EXPRESS _____ DISCOVER
NOMBRE EN LETRA DE MOLDE: _____
NÚMERO DE TARJETA: _____ FECHA DE VENCIMIENTO: _____
CANTIDAD AUTORIZADA: \$ _____ FECHA: _____
FIRMA: _____

ENVIE SUS PAGOS A: CITRUS VALLEY HEALTH PARTNERS
DEPT. 0147
LOS ANGELES, CA 90084-0147

NUMERO DE CUENTA: [ACCOUNT #]

061S (Approval ltr – bal due)



CITRUS VALLEY HEALTH PARTNERS

[DATE]

[GUARANTOR NAME]
[GUARANTOR ADDRESS LINE]
[GUARANTOR CITY,STATE ZIP]

PATIENT NAME: [PATIENT NAME]
ACCOUNT #: [ACCOUNT #]
ADMIT/SVC DATE: [ADM/SER DATE]
BALANCE: \$[BALANCE]

Dear [GUARANTOR NAME]:

Based on the financial information you submitted, we are pleased to inform you that you have been approved for financial assistance on this account.

Your information provided was reviewed based on our financial assistance guidelines and approved for 100% coverage. Your balance is now zero.

Thank you for making Citrus Valley Health Partners your caregiver of choice.

Sincerely,

Business Services
(626)732-3100
(8:00a.m.-4:00p.m.)

061A (Approval letter – 100%)



CITRUS VALLEY HEALTH PARTNERS

[DATE]

[GUARANTOR NAME]
[GUARANTOR ADDRESS LINE]
[GUARANTOR CITY,STATE ZIP]

NOMBRE DEL PACIENTE: [PATIENT NAME]
NUMERO DE CUENTA: [ACCOUNT #]
FECHA DE SERVICIO: [ADM/SER DATE]
BALANCE: \$[BALANCE]

Querido(a) [GUARANTOR NAME]:

Basado en la información que nos envió nos complace en informarles que usted ha sido aprobado(a) para asistencia financiera en esta cuenta.

Su información proporcionada fue revisada basada en nuestras guías de asistencia financiera y fue aprobada el 100%. Su balance es cero.

Gracias por escoger a Citrus Valley Health Partners como su proveedor de salud.

Sinceramente,

Business Services
(626)732-3100
(8:00 a.m. - 4 p.m.)

061A-SP (Approval letter – 100%)



CITRUS VALLEY
HEALTH PARTNERS

	CVHP		CVH	X	Policy
X	CVMC-ICC		CVHH	X	Procedure
X	CVMC-QVC		FPH		Attachments

Title: TRIAGE, MEDICAL SCREENING EXAMINATION AND NURSING ASSESSMENT		Policy #: T-102
Type: EMERGENCY DEPARTMENT		
Effective: 10/93	Revised: 12/98, 7/02, 10/04, 3/24/10, 2/20/13	Reviewed: 3/05, 1/31/07
Approved by: <i>Divina Pulmano</i>	Date: <i>02/20/2013</i>	

Statement of Policy

The goal of the patient triage, medical screening examination and nursing assessment is to ensure the highest quality emergency medical care at utilizing an organized patient process, emphasizing efficiency, communication, teamwork, flexibility, and quality standards.

Declarations

All patients arriving in the Emergency Department requesting medical evaluation and/or treatment are triaged by an Emergency Department Triage Certified Registered Nurse, and receive a Medical Screening Examination (MSE) by a physician, and have a nursing assessment completed without regard to financial status.

Procedure

- A. Patient reception and Emergency Department registration. (Refer to separate policy and procedure).
- B. Triage:
 1. Utilizing a systematic approach and a broad knowledge base, the Triage nurse will perform an accurate initial complaint driven focused assessment of each patient's immediate needs upon presentation to the Emergency Department on a 24-hour basis.
 2. Every patient is triaged by an Emergency Department Registered Nurse into one of the following five levels of acuity for purposes of patient prioritization:
 - 1) Resuscitation
 - 2) Emergent
 - 3) Urgent
 - 4) Non-Urgent
 - 5) Minor

3. Every patient brought in by ambulance (BLS/ALS) is triaged by the Emergency Department Registered Nurse, Charge Nurse or his/her designee.

a. Level I Resuscitation

Conditions that are threats to life or limb (or imminent risk of deterioration) requiring immediate aggressive interventions:

- (1) Code/Arrest
- (2) Major Trauma
- (3) Shock states
- (4) Unconscious
- (5) Severe Respiratory Distress

b. Level II Emergent

Conditions that are potential threat to life, limb or function, requiring rapid medical interventions or delegated acts. Those patients requiring immediate care with presenting problems include, but are not limited to the following:

- (1) Acute respiratory Distress
- (2) Chest Pain, Dysrhythmia with Hemodynamic Compromise
- (3) Active Hemorrhage
- (4) Altered Level of Consciousness
- (5) Severe Trauma
- (6) Psychosis/Extreme Agitation
- (7) Abuse/Neglect/Assault
- (8) Open or Displaced Fractures or Fractures causing Neurovascular Compromise
- (9) Severe Burns
- (10) Attempted Suicide
- (11) Overdoses
- (12) Status Epileptics
- (13) Unstable Vital Signs
- (14) Moderate to Severe Pain
- (15) Eye Injuries/Exposures to Foreign Substances
- (16) Infant less than 3 Months Old with Temperature in Excess of 101.5
- (17) Acute Alteration of Motor/Sensory Functions

c. Level III Urgent

Conditions that could potentially progress to a serious problem, requiring emergency intervention, may be associated with significant discomfort or affecting ability to function at work or activities of daily living. Those patients

with presenting problems include, but are not limited to the following:

- (1) Closed Fractures without Neurovascular Compromise
- (2) Lacerations without Active Bleeding and Requiring Sutures
- (3) Most Burns \leq 10% BSA
- (4) Abdominal Pain, Moderate
- (5) Fever and Signs of Possible Early Sepsis/Infection
- (6) Headache
- (7) Mild Pain
- (8) Head Injury with no Neurological Deficits

d. Level IV Non-Urgent

Conditions that relate to patient age, distress, or potential for deterioration or complications would benefit from intervention or reassurance within 1-2 hours. Those patients with presenting problems include, but are not limited to the following:

- (1) Small Lacerations not Requiring Sutures
- (2) Sprains, Strains, and Contusions
- (3) Colds/Flu
- (4) Dysuria
- (5) Ear Ache

e. Level V Minor

Conditions may be acute but non-urgent as well as conditions, which may be part of a chronic problem with or without evidence of deterioration. The investigation or interventions for some of these illnesses or injuries could be delayed. Those patients with presenting problems include, but are not limited to the following:

- (1) Sore Throat
- (2) Scheduled Returns
- (3) Wound Checks, Dressing Changes
- (4) Minor Rash

3. The triage category is recorded on the Emergency Department Patient Record.
4. During the triage process, patients are provided audio and visual privacy.

When there is a shortage of beds available for patient placement, and an excessive amount of high acuity patients waiting, patients are re-triaged within

the initial triage category assigned and then patients beds are allocated as they become available based on level of distress noted and presenting complaint.

C. Medical Screening Examination

1. A medical screening examination is performed to determine if an "emergency Medical condition" exists. Patients seeking an examination or medical treatment will be offered a medical screening examination.
2. An "emergency Medical condition" is defined as a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain, psychic disturbances and/or symptoms of substance abuse) such that the absence of immediate medical attention could reasonably be expected to result in either:
 - a. Placing the health of the individual (or with respect to a pregnant women, the health of the women or unborn child) in serious jeopardy.
 - b. Serious impairment to bodily functions or
 - c. Serious dysfunction of any bodily organ or part or
 - d. With respect to a pregnant women who is having contractions:
 - (1) That there is inadequate time to effect a safe transport of the mother before delivery or
 - (2) That the transport may pose a threat to the health or safety of the women or her unborn child.
3. A "Medical Screening Examination" is defined as an evaluation by a physician utilizing resources available within the facility necessary to determine whether an "Emergency Medical Condition" exists. This examination may include treatment necessary for stabilization to ensure that no potential deterioration of the condition is likely, within reasonable medical probability.
4. A "Qualified Medical Person" is defined as the Emergency Department physician on duty.
5. The Emergency Department physician performs the medical screening examination for all patients who present for medical evaluation and/or treatment.

NURSING ASSESSMENT AND REASSESSMENT:

- A. Nursing assessment is performed on every patient as part of the Emergency Department's overall patient assessment.
1. Nursing care is based upon the continuing assessment of patient needs by a Registered Nurse starting with the initial complaint focused assessment done at the time of admission to the Emergency Department.

2. Content of the assessment is based upon:
 - a. Age-specific needs of the major population served in order to determine the need for care and treatment.
 - b. Type of care to be provided.
 - c. Need for further assessment.
 - d. Factors such as anticipated Emergency Department length of stay.
 - e. Complexity of physical development.
 - f. Psychological and social needs.
 - g. Dynamics of patient conditions.
 3. A "Medical Screening Examination" is defined as an evaluation by a physician utilizing resources available within the facility necessary to determine whether an "Emergency Medical Condition" exists. This examination may include treatment necessary for stabilization to ensure that no potential deterioration of the condition is likely, within reasonable medical probability.
 4. A "qualified Medical Person" is defined as the Emergency Department physician on duty.
 5. The Emergency Department physician performs the medical screening examination for all patients who present for medical evaluation and/or treatment.
- B. Qualified individuals who may assist in gathering pieces of data as part of the initial assessment and in accordance with their skill levels and scope of practice are:
1. Emergency Services Technician (EST)
 2. Unit Secretaries/Information Assistants
 3. Nursing Students
 4. Paramedic Trainees
 5. EMT Trainees
 6. Clinical therapists may assist with measurable data gathering as it pertains to their discipline.
- C. Examples of information that can be delegated to qualified individuals are:
T, P, R, BP, Pulse Oximetry Reading:
1. Allergies
 2. Weight
 3. Age
 4. Presence or Use of Assistive Devices
 5. Oxygen Utilization Prior to Arrival to the Emergency Department

D. Additional areas of complaint-focused assessment performed by the RN are:

1. Complaint-Focused Systems Review (ROS Section of ED Patient Progress Record).
2. Physiological Parameters
3. Psychosocial Factors
4. Nutrition Needs
5. Spiritual Needs
6. Environmental Needs Considerations
7. Self-Care Needs
8. Educational Needs
9. Plan for care and follow-up after discharge from the Emergency.

E. Collaboration with other disciplines:

1. Goals of collaboration with other disciplines include:
 - a. Enhancement of the comprehensiveness of the assessment
 - b. Improved effectiveness of the plan

F. Parameters of Assessment and Reassessment

1. Assessment and reassessment are a continuing process during the patient's length of stay in the Emergency Department.
2. Vital signs are assessed initially within 15 minutes of arrival to the ED including pain scale rating either at Triage or at the bedside if the patient bypasses the triage desk.
3. Reassessment of the patient in the waiting is done every two hours or as indicated by the patient's triage category and/or changing status as observed by the Triage RN.
4. Further assessment/reassessment is determined by:
 - a. Changes in therapy
 - b. Changes in patient's condition
 - c. Patient's response to treatment
 - d. Extended length of stay in the ED and/or
 - e. Change in diagnosis

G. Responsibility of Reassessment Data Gathering/Planning/Analysis of Data:

1. Data gathering may be delegated to qualified personnel in accordance with their skill level.
2. Reassessments will be done by the RN
3. Final conclusions are drawn by the RN

4. It is the responsibility of the RN to plan for appropriately timed reassessments.
5. Reassessment in the ED are completed as follows:
 - a. Minimal intervals of 2 hours and/or
 - b. More frequent reassessments based on the patient's status
 - c. Reassessment of patients will be done after medication administration or any other therapeutic interventions.
 - d. Reassessment of pain scale rating will be done with every set of vital signs obtained.
 - e. Reassessment of pain scale rating will be done before and after interventions for pain management.

References

1. Office of the Inspector General, EMTALA under COBRA Act
2. California Department of Public Health, Title 22
3. Emergency Nurses Association, Emergency Nursing Scope of Practice
4. National Emergency Nurses Association, 5-level Triage Practice

Citrus Valley Health Partners

V

2013 Community Needs Assessment Executive Summary

I. Executive Summary

The Patient Protection and Affordable Care Act (ACA), enacted on March 23, 2010, included the requirement, under Section 501(r), that nonprofit hospital organizations must conduct a Community Health Needs Assessment (CHNA) at least once every three years to maintain tax-exempt status under section 501(c)(3) of the Internal Revenue Service Code. As part of the CHNA, each hospital is required to collect input from designated individuals in the community, including public health experts as well as members, representatives or leaders of low-income, minority, and medically underserved populations and individuals with chronic conditions. Though the CHNA process is a new national mandate within the ACA, nonprofit hospitals in California have been required to conduct a CHNA every three years following passage of California Senate Bill 697 (SB697) in 1994.

Citrus Valley Health Partners has conducted CHNAs for many years to identify needs and resources in its communities and to guide the development of Community Benefit plans. The adoption of ACA legislation has provided an opportunity to revisit the needs assessment and strategic planning processes with an eye toward enhanced compliance and transparency and leveraging emerging technologies. The CHNA process undertaken in 2013 and described in this report was conducted in compliance with these new federal requirements.

The new legislation guiding the CHNA for nonprofit hospitals requires a greater emphasis on structured and standardized methodologies in terms of how community needs are identified and prioritized. The assessment had to balance a strict focus on methodology with the individual needs of local hospitals and the desire to have an inclusive process, engaging a range of stakeholders and consideration of the diverse needs of the communities served.

For the 2013 CHNA, three Kaiser Foundation Hospitals and one non-Kaiser Foundation Hospital, Citrus Valley Health Partners, in Los Angeles, West Los Angeles and the San Gabriel Valley formed a collaborative to work with the Center for Nonprofit Management evaluation consulting team in conducting the CHNA. This CHNA report was produced for and in collaboration with Citrus Valley Health Partners and Kaiser Foundation Hospital-Baldwin Park.

During the initial phase of the CHNA process, community input was collected in the San Gabriel Valley during five focus groups and 19 interviews with key stakeholders selected with the assistance of the Citrus Valley Health Partners and KFH-BP Community Benefit Managers and recommendations from other key informants, and included health care professionals, government officials, social service providers, community residents, leaders and other relevant community representatives with knowledge of the Citrus Valley Health Partners service area. The interviews were conducted primarily via telephone for approximately 30 to 45 minutes each; the conversations were confidential and interviewers adhered to standard ethical research guidelines. Focus group sessions were 60 to 90 minutes each. As with the interviews, the focus group topics

also were designed to collect representative information about health care utilization, preventive and primary care, health insurance, access and barriers to care, emergency room use, chronic disease management and other community issues. Concurrently, secondary data were collected and compared to relevant benchmarks including Healthy People 2020, Los Angeles County or California when possible. The data were also collected at smaller geographies, when possible, to allow for more in-depth analysis and identification of community health issues. In addition, previous CHNAs were reviewed to identify trends and ensure that previously identified needs were not overlooked. Primary and secondary data were compiled into a scorecard presenting health needs and health drivers with highlighted comparisons to the available data benchmarks. The scorecard was designed to allow for a comprehensive analysis across all data sources and for use during the prioritization phase of the CHNA process.

After primary and secondary data were analyzed, a process was created with the assistance of the collaborative partners, which the identified needs, based on the amount of data indicating a need. The first step involved designing a method for sorting the extensive list of health issues and drivers identified through the primary and secondary sources described above. The method developed by the team sorted the identified needs into three levels or tiers, based on the amount of data indicating a need. The first and most inclusive tier included any need or driver identified as performing poorly against a set benchmark in secondary data or mentioned at least once in primary data collection. The second tier included those issues identified as poorly performing against a set benchmark or mentioned multiple times in primary data collection. The third and most exclusive tier included those issues identified as poorly performing against a set benchmark that also received multiple mentions in primary data collection.

After application of the rating method, tier two was deemed as the most appropriate identifier of a potential prioritized health need (and/or driver) as these criteria provided a stringent yet inclusive approach that would allow for a comprehensive list of 22 health needs to be brought forth for community input in the prioritization process. A summary of the data related to these identified health needs is included in Appendix B: Citrus Valley Health Partners Health Needs Profiles.

A modified Simplex Method was used to implement the prioritization process, consisting of two facilitated group sessions engaging participants in the first phase of community input and new participants in a discussion of the data (as presented in the scorecards and accompanying health need narratives) and the prioritization process. At the sessions, participants were provided with a brief overview of the CHNA process, a list of identified needs in the scorecard format and the brief narrative summary descriptions of the identified health needs described above. Then, in smaller break-out groups, participants considered the scorecards and health needs summaries in completing a prioritization grid exercise which was then shared with the larger group. (These prioritization grids will also serve as supplemental information for the Implementation Strategy Phase.) Following this series of discussions, participants completed a brief questionnaire about health needs, drivers and resources and ranked each health need according to several criteria

including severity, change over time, resources available to address the need or driver and community readiness to support action on behalf of any health need or driver. After completing the questionnaires, participants were each given ten (10) sticker dots and invited to place five dots on any health needs and five dots on any health drivers that were listed in alphabetical order on large flip chart paper posted around the meeting space. Participants could place the five dots in each section (health needs and health drivers) in any manner they wished, and each dot counted as one vote. Data gathered through the survey were analyzed and given an overall score, ranging from 1 for least need to 12 for highest need. Health needs were also ranked by the criteria including severity, change over time and available resources to address the need.

a. Health needs

The following list of 22 prioritized needs resulted from the above described process. Further details are included in Appendix B: CVHP Health Needs Profiles. See Appendix C for data source reference information.

1. Mental Health

Among adults, mental disorders are common, with approximately one quarter of adults being diagnosable for one or more disorders. Research shows that more than 90 percent of those who die by suicide suffer from depression or other mental disorders, or a substance-abuse disorder (often in combination with other mental disorders). Not only are mental disorders associated with suicide, but also with chronic diseases, family history of mental illness, age, substance abuse, and life event stresses. In the CVHP service area, the mental health hospitalization rate of 375.4 per 100,000 for youth under 18 years of age is higher than the statewide rate of 256.4 per 100,000. The mental health hospitalization rate for adults in the CVHP service area is also higher at 657.0 per 100,000 in contrast to the statewide rate of 551.7. The rate for individuals who needed help for mental, emotional, alcohol or drug issues but did not receive treatment in the CVHP service area was 51.4% compared to a slightly lower rate of 47.3% in Los Angeles County. Community stakeholders highlighted mental health as impacting youth, teens, adults ages 35 and older, the homeless and the uninsured. The highest mental health-related hospitalization rates for adults per 100,000 persons were in Covina (1,156.6) and Glendora (1,061.0) and for youth per 100,000 persons were in San Dimas (1,398.0) and La Verne (1,074.0). Suicide rates per 100,000 persons were highest in Glendora (2.4) and Hacienda Heights (1.5). More African-Americans (19.3%), Whites (17.8%) and Hispanics/Latinos (13.0%) suffer from poor mental health. Mental health is associated with other health factors including poverty, low birth rate, heavy alcohol consumption and unemployment. Mental health issues were identified by community stakeholders in four out of 19 interviews and three out of five focus groups. Mental health was identified as a health need in the 2010 CVHP Community Health Needs Assessment.

2. Obesity/Overweight

Obesity, a condition in which a person has an abnormally high and unhealthy proportion of body fat, has risen to epidemic levels in the United States. Nationally, 68 percent of U.S. adults age 20 years and older are overweight or obese. Obesity is defined as the percentage of adults ages 18 and older who self-report a Body Mass Index (BMI) greater than 30.0. In the CVHP service area, youth obesity is at 30.6%, higher than the statewide rate of 29.8% and the percentage of overweight youth is at 15.1%, higher than the statewide rate of 14.3%. There is a slightly higher percent of obese males (21.5%) than females (21.3%). More Hispanic youth are obese (35.2%) and overweight (15.9%). The cities where the largest percent of students are obese are South El Monte (44.6 to 45.3%), and Baldwin Park (40.7%), and the cities where the largest percent of students are overweight are La Puente (19.3%), and Hacienda Heights (19.3%). Obesity reduces life expectancy and increases the risk of coronary heart disease, stroke, high blood pressure, diabetes, and a number of other chronic diseases. Obesity also increases the risks of cancers of the esophagus, breast (postmenopausal), endometrium, colon and rectum, kidney, pancreas, thyroid, gallbladder, and possibly other cancer types. A number of factors likely contribute to obesity, including genetics, physical inactivity, unhealthy diet and eating habits, lack of sleep, certain medications, age, social and economic issues, and medical problems. Obesity was identified in four of five focus groups and nine of 19 interviews and was identified as a health need in the 2010 CVHP Community Health Needs Assessment.

3. Diabetes

Diabetes affects an estimated 23.6 million people in the United States and is the seventh leading cause of death. Diabetes also lowers life expectancy by up to 15 years, increases the risk of heart disease by two to four times, and is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness. The rate of diabetes is higher in the CVHP service area (18.5%) than in Los Angeles County (10.5%). The diabetes hospitalization rate in the CVHP service area for adults is 147.4 adults per 100,000, modestly above the statewide rate of 145.6 per 100,000. The CVHP communities of Azusa, Baldwin Park, Covina, El Monte, La Puente and South El Monte are particularly affected by diabetes. Hospitalization rates for uncontrolled diabetes are also significant, with an average in the CVHP service area of 12.7 per 100,000 persons compared to a statewide average of 9.5. Nearly all communities had hospitalization rates higher than the state average with El Monte (26.2) and South El Monte (26.8) reflecting the highest contrasts. Those between the ages of 45 and 64 (1.5%) and those over the age of 65 (1.0%) experienced the most hospital incidents resulting from diabetes compared to other age groups. Drivers associated with diabetes include being overweight, high blood pressure, high cholesterol, high blood sugar (or glucose), physical inactivity, smoking, unhealthy eating, and age, race, gender, and having a family history of diabetes. Diabetes was identified as a major health issue in four out of 19 interviews and four out of five focus groups. Diabetes was also identified as a health need in the 2010 CVHP Community Health Needs Assessment.

4. Oral Health

Oral health is essential to overall health and is relevant because engaging in preventative behaviors decreases the likelihood of developing future health problems. In addition, oral diseases like cavities and oral cancer, cause pain and disability for many Americans. Oral health indicators include the percentage of adults ages 18 and older who self-report that six or more of their permanent teeth have been removed due to decay, gum disease or infection, an indication of lack of access to dental care and/or social barriers to utilization of dental services. Los Angeles County and the CVHP service area have the same rate of 11.6% adults with poor dental health, which is slightly higher than the statewide rate of 11.3%. The rate of children who have never seen a dentist in the CVHP service area is 11.9%, higher than the Los Angeles County rate of 10.5%. The portion of adults without dental insurance in the past year ranges between 37.1% and 70.0% throughout the CVHP service area and the largest portion are Hispanic/Latino (43.7%) and Asian/Pacific Islander (40.6%). Health behaviors that may lead to poor oral health include tobacco use, excessive alcohol use, and poor dietary choices. Social factors associated with poor dental health include lower levels or lack of academic education, poverty rates, having a disability and other health conditions such as diabetes. Oral health and dental care was identified by community stakeholders in all five focus groups and eleven out of 19 interviews, and highlighted new immigrants, adults and the aging as particularly impacted. Oral health was identified as a health need in the 2010 CVHP Community Health Needs Assessment.

5. Hypertension

Hypertension, defined as a blood pressure reading of 140/90 or higher, affects 1 in 3 adults in the United States. The condition has been called a silent killer as it has no symptoms or warning signs and can cause serious damage to the body. High blood pressure, if untreated, can lead to heart failure, blood vessel aneurysms, kidney failure, heart attack, stroke, and vision changes or blindness. The rate of adults diagnosed with high blood pressure was higher in the CVHP service area (30.2%) compared to Los Angeles County (25.5%). More (1.3) died of hypertension and hypertensive renal failure when compared to California (1.0). In particular, the cities of La Verne (3.0), San Dimas (2.7), Diamond Bar (1.5), Azusa (1.5), Covina (1.4), West Covina (1.4), Glendora (1.2), and La Puente (1.1). Associated drivers include smoking, obesity, eating salt and fat regularly, drinking excessively, and physical inactivity are risk factors for hypertension. As well, those who are at higher risk of developing hypertension are people who have had a stroke previously, have a high level of cholesterol, or have heart or kidney disease. Hypertension, indicated by high blood pressure, was identified as a health issue in three out of 19 interviews and one out of five focus groups. Hypertension was identified as a health need in the 2010 CVHP Community Health Needs Assessment.

6. Cardiovascular Disease

Cardiovascular disease – also called heart disease and coronary heart disease – includes several problems related to plaque buildup in the walls of the arteries, or atherosclerosis. As the plaque builds up, the arteries narrow, restricting blood flow and creating a risk for a heart attack.

Currently more than one in three adults (81.1 million) lives with one or more types of cardiovascular disease. The rates of heart disease in Los Angeles County and the CVHP service area are the same at 5.8%, and very close to the statewide rate of 5.9%. Those most often diagnosed with heart disease in this service area include White (8.2%) and Hispanic/Latino (5.1%) populations. Coronary heart disease is a leading cause of death in the United States, associated with high blood pressure, high cholesterol and heart attacks and also linked to other negative health outcomes including obesity, heavy alcohol consumption and diabetes. The heart disease hospitalization rate of 382.6 people per 100,000 is notable and particularly impacts populations in the communities of Covina, El Monte, Glendora, Hacienda Heights, La Puente, San Dimas, and South El Monte. The community of San Dimas is the most significantly impacted, with a hospitalization rate of 507.3 per 100,000. The cardiovascular disease mortality rate is highest in the southernmost part of Glendora, particularly in ZIP code 91740 (195.8). Stakeholders identified the homeless, aging, uninsured, and adults over the age 35 as the most severely impacted. Heart disease/coronary disease was identified as a major health issue in five of 19 interviews and one of five focus groups. Stroke was also raised as a concern in one of 19 interviews. Cardiovascular disease was identified as a health need in the 2010 CVHP Community Health Needs Assessment.

7. Cancer, in General

Cancer is the second leading cause of death in the United States, claiming the lives of more than half a million Americans every year. The rate of death due to cancer in the CVHP service area is 154.3 per 100,000 persons, which is slightly lower than the Los Angeles County rate of 156.5 per 100,000. Cancer mortality rates per 10,000 persons were highest in the cities of La Verne (23.2), San Dimas (21.7), Hacienda Heights (19.6), Glendora (18.4), Covina (16.9), and West Covina (16.5). The most common risk factors for cancer are growing older, obesity, tobacco, alcohol, sunlight, certain chemicals, some viruses and bacteria, family history of cancer, poor diet, and lack of physical activity. Stakeholders identified adults over the age of 35 as the most severely impacted subgroup and identified the San Gabriel Valley as the most severely impacted area. Cancer was identified as a major health issue by community stakeholders in two out of 19 interviews and in one out of five focus groups. Though a leading cause of death in the United States, cancer was not identified as a health need in the 2010 CVHP Community Health Needs Assessment.

8. Vision

People with diabetes are at an increased risk of vision problems as diabetes can damage the blood vessels of the eye, potentially leading to blindness. Diabetics are 40% more likely to suffer from glaucoma and 60% more likely to develop cataracts compared to people without diabetes. The percent of diabetic adults who had their vision checked within the last year was higher in the CVHP service area (65.7%) compared to Los Angeles County (63.3%). Vision care providers should expect to see more of these complications among a younger population as more young

children and adolescents are being diagnosed with diabetes. Stakeholders agreed that vision was an issue and attributed it to the lack of available services. They added that vision is not isolated to any group but instead that it is widespread. There is a need for vision screenings, especially for children who experience difficulty in school because they cannot see well. Vision was identified as a major health issue in one out of 19 interviews and three out of five focus groups. Vision was not identified as a need in the 2010 CVHP Community Health Needs Assessment.

9. Colorectal Cancer

Colorectal cancer, defined as cancer that starts in the colon or the rectum, is the second leading cause of cancer-related deaths in the United States and is expected to cause about 50,830 deaths during 2013. The annual incidence rate of colon and rectum cancer in the CVHP service area is 45.2 individuals per 100,000, equivalent to the Los Angeles County rate. Both rates are above the statewide rate of 43.7 per 100,000 and the national rate of 40.2 per 100,000. The colon cancer mortality rate of 7.7 per 100,000 in the CVHP service area is below the Los Angeles County average of 11.2, however the community of Glendora (18.9) is notably higher than both the Los Angeles County (11.2) and CVHP service area (7.7) averages. African-Americans (59.9) have the highest colorectal cancer incidence rate compared to the other racial groups. The major factors that can increase the risk of colorectal cancer are aging and family history of colorectal cancer. Other less significant factors include a personal history of inflammatory bowel disease, inherited risk, heavy alcohol use, cigarette smoking, obesity, diabetes prevalence, and colon cancer screening. Colon/rectum cancer was identified as a major health issue in one out of 19 interviews and one of five focus groups. This condition was not identified as a health need in the 2010 CVHP Community Health Needs Assessment.

10. Disability

Disability is an umbrella term for impairments, activity limitations, and participation restrictions. Disability is the interaction between individuals with a health condition (e.g. cerebral palsy, Down syndrome and depression) and personal and environmental factors (e.g. negative attitudes, inaccessible transportation and public buildings, and limited social supports). Disability statistics are based on the percentage of the total civilian non-institutionalized population with a disability. Disability rates in Los Angeles County and the CVHP service area are the same at 9.4%. Disabilities are associated with poor general health, education level and poverty. Stakeholders identified children as the most severely impacted and noted the increase in children diagnosed with autism and developmental delays including speech impediments. People with disabilities typically have less access to health care services and often do not have their health care needs met. In addition, they are likely not to engage in physical activity, and more likely to smoke, be overweight or obese, have high blood pressure, experience psychological distress, receive less social-emotional support, and have high unemployment rates. Disability, defined as developmental delays and/or as behavior issues, were identified in two out of 19 interviews and one of five focus groups with stakeholders highlighting youth with IEPs (Individualized

Education Plans) as a particularly impacted population. Disabilities were not identified as a health need in the 2010 CVHP Community Health Needs Assessment.

11. Intentional Injury (Homicide)

Intentional injuries and violence are widespread in society and are among the top 15 killers for Americans of all ages. Intentional injury is defined as homicide or suicide; homicide is a measure of community safety and a leading cause of premature death. The homicide rate for the CVHP service area is 6.1 per 100,000 persons; lower than the Los Angeles County rate of 8.4 per 100,000. Both rates are above the statewide rate of 5.2. Rates are notably higher in the communities of West Covina (17.8), Covina (15.7), and La Puente (10.1). Intentional injuries are associated with several health factors and high-risk behaviors including alcohol use, risk-taking, social and physical environments that are unsafe and violent, as well as economic factors such as poverty and unemployment. Stakeholders identified teens as being the most impacted. Stakeholders identified homicide as a health need in one of 19 interviews and one of five focus groups. Intentional injury was not identified as a health need in the 2010 CVHP Community Health Needs Assessment.

12. Alcohol & Substance Abuse

The effects of substance abuse significantly contribute to costly social, physical, mental, and public health problems including teenage pregnancy, HIV/AIDS, STDs, domestic violence, child abuse, motor vehicle crashes (unintentional injuries), physical fights, crime, homicide, and suicide. Alcohol and Substance Abuse is defined as adults (age 18 and older) who self-report heavy alcohol consumption. The alcohol/drug-induced hospitalization rate of 91.4 per 100,000 persons in the CVHP service area is lower than the state average of 109.1 per 100,000. However, the alcohol/drug-induced hospitalization rate is higher in Covina (159.5), Glendora (129.2), La Verne (123.3), San Dimas (120.8), and La Puente (109.8). Alcohol and substance is linked to poor mental health, HIV/AIDS, and poor physical health. Stakeholders indicated that the homeless and adults over the age of 35 are most impacted. Alcoholism was identified as a major concern in four out of 19 interviews and in one out of five focus groups. Alcohol and substance abuse was not indicated as a major need in the 2010 CVHP Community Health Needs Assessment.

13. Cervical Cancer

Cervical cancer is a disease in which cells in the cervix - the lower, narrow end of the uterus connected to the vagina (the birth canal) to the upper part of the uterus - grow out of control. All women are at risk for cervical cancer and it occurs most often in women over the age of 30. The human papillomavirus (HPV), a common virus that is passed from one person to another during sex, is the main cause of cervical cancer. The annual rate of cervical cancer is the same in Los Angeles County and in the CVHP service area, at 9.9 individuals per 100,000 people, higher than

the statewide rate of 8.30 per 100,000 and the national rate of 8 per 100,000. Over one-third of the communities in the CVHP service area have cervical cancer mortality rates above Los Angeles County (3.0) and the CVHP service area (2.2) average, including Diamond Bar (8.0), West Covina (5.2), La Puente (4.3), Rowland Heights (3.9), and Walnut (3.6). Within the CVHP service area, cervical cancer related hospital discharge rates are higher among the Hispanic/Latino population (13.2). Cervical cancer was not identified as a health need in the 2010 CVHP Community Health Needs Assessment.

14. Chlamydia

Chlamydia is the most frequently reported bacterial sexually transmitted infection in the United States. Chlamydial infections can lead to serious health problems. In women, untreated infection can cause pelvic inflammatory disease (PID), permanently damage a woman's reproductive tract and lead to long-term pelvic pain, inability to get pregnant and potentially deadly ectopic pregnancy. In men, infection sometimes spreads to the tube that carries sperm from the testis, causing pain, fever, and, rarely, preventing a man from being able to father children. Untreated Chlamydia may increase a person's chances of acquiring or transmitting HIV. The CVHP service area rate (476.3) of Chlamydia per 100,000 people is comparable to the Los Angeles County average according to 2009 data. Chlamydia is a measure of poor health status and associated with numerous other health factors including poverty, heavy alcohol consumption, unsafe sex practices and age (young people are at a higher risk of acquiring Chlamydia). Chlamydia was not identified as a health need in the 2010 CVHP Community Health Needs Assessment.

15. Asthma

Asthma is a disease that affects the lungs and is one of the most common long-term diseases of children. Adults also may suffer from asthma and the condition is considered hereditary. Asthma symptoms include wheezing, breathlessness, chest tightness, and coughing. The prevalence of asthma for adults in Los Angeles County and in the CVHP service area is the same at 11.1%. While the average adult asthma hospitalization rate per 100,000 persons in the CVHP service area (89.2) is lower than the statewide average (94.3), it is very high in South El Monte (198.2) and El Monte (171.7) and is also high in Baldwin Park, La Puente, West Covina and Rowland Heights. The asthma hospitalization rate for youth in the CVHP service area is higher with 20.8 youth per 1000 compared to a statewide average of 19.2 youth per 1000. Some asthma triggers include tobacco smoke, dust mites, outdoor air pollution, cockroach allergens, pet dander, mold, and certain infections known to cause asthma such as the flu, colds, and respiratory related viruses. Other contributing factors include exercising, certain medication, bad weather, high humidity, cold/dry air, certain foods and fragrances. Within the CVHP service area, individuals between the ages of 1 and 19 (4.6%) experienced the most asthma related hospital discharges. Stakeholders indicated that asthma and respiratory illness were on the rise and attributed the prevalence to the inability of people to control their respiratory conditions. Asthma was mentioned as a major health issue in one out of five focus groups and five out of 19 interviews.

Community stakeholders highlighted youth and individuals over the age of 35 as particularly affected populations. Asthma was not identified as a key health need in the 2010 CVHP Community Health Needs Assessment.

16. Alzheimer's Disease

An estimated 5.4 million Americans have Alzheimer's disease and it is the sixth-leading cause of death in the U.S. Alzheimer's, an irreversible and progressive brain disease, is the most common cause of dementia among older people. The rate of mortality due to Alzheimer's disease is slightly higher for the CVHP (17.9) service area compared to Los Angeles County (17.6). The average rate of Alzheimer's mortality per 10,000 persons is also lower in the CVHP service area (2.6) compared to the statewide average (2.9) but higher in La Verne (6.6), San Dimas (5.7), Glendora (5.5), and Covina (3.6). The greatest risk factor for Alzheimer's disease is advancing age. Other risk factors include a family history of Alzheimer's, genetic mutations, cardiovascular disease risk factors (e.g., physical inactivity, high cholesterol, diabetes, smoking, and obesity) and traumatic brain injury. Stakeholders felt that those most impacted are people over the age of 85 years of age who are uninsured, low-income, Latinos, and Asians. Alzheimer's disease was identified as a major health need in three out of 19 interviews and was not indicated as a major need in the 2010 CVHP Community Health Needs Assessment.

17. Unintentional Injury (Pedestrian/Motor Vehicle)

Unintentional injuries include those resulting from motor vehicle crashes resulting in death and pedestrians being killed in crashes. Motor vehicle crashes are one of the leading causes of death in the U.S. with more than 2.3 million adult drivers and passengers being treated in 2009. Pedestrians are 1.5 times more likely than passenger vehicle occupants to be killed in a car crash on each trip. The rate of mortality by a motor vehicle accident in the CVHP service area is 7.7 per 100,000, above the Los Angeles County rate of 7.1, though lower than the statewide rate of 8.2. Pedestrian motor vehicle accident mortality rates per 100,000 persons in CVHP service area are highest in West Covina (3.6), and South El Monte (3.1). Health factors associated with unintentional injury include poverty, education and heavy alcohol consumption. Populations most at risk are older adults, children, and drivers and pedestrians who are under the influence of alcohol and drugs. Unintentional injury was not identified as a health need in the 2010 CVHP Community Health Needs Assessment.

18. Arthritis

Arthritis affects one in five adults and continues to be the most common cause of physical disability. Risk factors associated with arthritis include being overweight or obese, lack of education around self-management strategies and techniques, and limited or no physical activity. Arthritis was identified as a major health concern in three out of 19 interviews and was not indicated as a major need in the 2010 CVHP Community Health Needs Assessment.

19. Chronic Obstructive Pulmonary Disease (COPD)

Chronic obstructive pulmonary disease (COPD) is the occurrence of chronic bronchitis or emphysema, commonly co-existing diseases of the lungs in which the airways narrow over time. COPD may also be referred to as chronic respiratory pulmonary disease and is most often associated with tobacco smoking; approximately 20% of chronic smokers develop COPD. Average rates of chronic lower respiratory disease per 10,000 persons are lower in the CVHP service area (3.1) compared to the statewide average (3.5) but remain higher in San Dimas (6.3), Glendora (5.7), La Verne (4.5), and Covina (4.0). Risk factors that can lead to the development of COPD are a genetic susceptibility to the disease, inhaling other irritants (e.g., cigar smoke, secondhand smoke, air pollution), people with asthma who are smokers, occupational exposure to dusts and chemicals, and age. COPD was identified as a health issue in two of 19 interviews and was not identified as a health need in the 2010 CVHP Community Health Needs Assessment.

20. HIV/AIDS

More than 1.1 million people in the United States are living with HIV and almost 1 in 5 (18.1%) are unaware of their infection. HIV infection weakens the immune system, making those living with HIV highly susceptible to a variety of illnesses and cancers, including tuberculosis (TB), cytomegalovirus (CMV), cryptococcal meningitis, lymphomas, kidney disease, and cardiovascular disease. Without treatment, almost all people infected with HIV will develop AIDS. The HIV/AIDS prevalence rate, defined as HIV diagnosis per 100,000 people, is 480.3 in the CVHP service area, close to the Los Angeles County rate of 480.4, though notably higher than the statewide rate of 345.5 and the national rate of 334.0 per 100,000. HIV is a life-threatening communicable disease that disproportionately affects minority communities and may indicate a prevalence of unsafe sex practices. The HIV/AIDS hospitalization rate per 100,000 in the CVHP service area is 6.6, lower than the statewide average of 11.0, however, the communities of Covina (14.0), El Monte (13.3), Glendora and (11.8) have higher rates than both the CVHP service area and state averages. HIV/AIDS is associated with numerous health factors including poverty, heavy alcohol consumption, lack of timely HIV screenings and liquor store access. HIV/AIDS was not identified as a health need in the 2010 CVHP Community Health Needs Assessment.

21. Allergies

Allergies are an overreaction of the immune system to substances that usually cause no reaction in most individuals. These substances can trigger sneezing, wheezing, coughing and itching. Risk factors associated with allergic reactions include pollen, dust, food, insect stings, animal dander, mold, medications, and latex. Other social and economic factors that can cause or trigger

allergic reactions include poor housing conditions (living with cockroaches, mites, asbestos, mold etc.) and living in an environment or home with smokers. More teens in the CHVP service area had allergies (36.8%) when compared to Los Angeles County (24.9%). Allergies were identified as a major health concern in three out of 19 interviews. Allergies were not indicated among major needs in the 2010 CVHP Community Health Needs Assessment.

22. Infant Mortality

Infant mortality remains a concern in the United States as each year approximately 25,000 infants die before their first birthday. The leading causes of infant death include congenital abnormalities, pre-term/low birth weight, Sudden Infant Death Syndrome (SIDS), problems related to complications of pregnancy, and respiratory distress syndrome. Infant mortality is the rate of infant death at less than one year of age per 1000 births. Los Angeles County and the CVHP service area have the same rate at 5.1 per 1000 births, below the national rate of 6.7. Infant mortality is associated with rates of low birth weight. A higher percentage of infants are born with very low birth weight (less than 1,500 grams) than the Los Angeles County average of 1.1% in the CVHP service area communities of Baldwin Park (1.7%), El Monte (1.4%), La Verne (1.7%), San Dimas (1.8%), and South El Monte (1.5%). Very low birth weight can indicate broader issues such as access to health care, maternal and child health, poverty, education rate, teen births, and lack of insurance and of prenatal care. Infant mortality was not identified as a health need in the 2010 CVHP Community Health Needs Assessment.

b. Health drivers

Drivers such as poverty and behaviors are very much linked and are often the root or cause of many health problems. For this reason, drivers were put through the same rigorous process of identification and prioritization as health needs. The following list includes the prioritized list of drivers:

1. Employment
2. Income
3. Homelessness
4. Health Insurance
5. Health Care Access
6. Awareness
7. Dental Care Access
8. Nutritional Access
9. Education

10. Healthy Eating
11. Physical Activity
12. Family and Social Support
13. Preventive Care Services
14. Language Barrier
15. Transportation
16. Cancer Screenings
17. Natural Environment
18. Safety

Citrus Valley Health Partners

VI

Financial Valuation Summary And Report

Citrus Valley Health Partners Financial Valuation Summary 2014

This section of the SB697 Report presents the economic valuation of both the non-profit organization's tax exempt status and the services it provides to vulnerable and at-risk populations. This valuation summary represents the services that can be reasonably quantified; however, CVHP continues its role as servant leader, advocate and facilitator for community leaders to continue the efforts to create and sustain a healthier community.

Community Benefit Threshold

The Community Benefit Threshold measures the value of the organization's tax exempt status. This amount represents the community's investment in the non-profit organization.

The benefit threshold is the sum of tax exempt savings that a non-profit organization enjoys. For this report, we have valued the property and income tax exemptions. All other savings were deemed to be immaterial. The calculation of the Community Benefit Threshold is instrumental in order to measure the organization's SB 697 performance.

Program Valuation

The Program Valuation section quantifies the dollar value of services CVHP provides to vulnerable and at-risk populations. The key elements for the valuation process are: 1. **Data Gathering** of services offered by different CVMC's departments. 2. **Inclusion Test** which is met if (1) the service would not be provided in the absence of the non-profit organization, and (2) the service is directed at vulnerable and at-risk populations. 3. **Project Weighting** is calculated when only a portion of the program or service is intended for vulnerable and at-risk populations. 4. **Cost to Charge Ratio** is the calculation of total operating expenses divided by gross charges. This method converts the charges into costs. It is a hospital-wide average that is intended to approximate costs in the aggregate. 5. Although *government program shortfalls* are included in this report, they are not included in the valuation and threshold comparison because they do not meet the inclusion criteria established above.

VALUATION SECTIONS

CVHP continued in 2014 the same criteria in the selection of the SB 697 valuation categories:

1. **Operations that Lose Money**

These are services that the organization continues to provide in the face of operating losses. To the extent that these services pass the Inclusion Test, the costs are includable in the SB 697 Report.

2. **Unpaid Costs of Public Programs**

These shortfalls are program costs minus payments received. They are not the same as “contractual allowances.” Examples may include Medi-Cal and other state or local indigent care programs. For CVHP, this category fails the first question of the **Inclusion Test**. In their absence, other providers would compete for CVHP’s Medi-Cal business. We therefore have excluded these shortfalls from the valuation.

3. **Educational Programs**

These activities include (1) direct community benefit provided through public health education; (2) wellness programs; and (3) net costs for training health professionals. CVHP is involved in all three areas. For the SB 697 report, we calculated the value of staff time, salaries and benefits, for hours devoted to these efforts.

4. **Programs that Meet Unmet Needs**

These programs include healthcare services provided without charge and many of the Mission Effectiveness and Community Care projects. CVHP has computed the cost of its **Community Assistance Program** (Charity Care) as direct measure of charity care provided to vulnerable and at-risk populations. Other significant projects include *ECHO*, *GEM*, *Welcome Baby*, and *the Clinical Care Extenders*.

5. **Cash and In-Kind Donations Made by the Facility**

These are cash or non-monetary assets contributed by CVHP directly to other programs or efforts for vulnerable and at-risk populations. These services are valued by determining the staff time involved and applying an average rate for salaries and benefits. In addition to out-right grants, CVHP donates cash, in-kind assets, and services through (1) meals-on-wheels program in which the food and preparation costs are donated; (2) staff leadership of rehabilitation support groups; and (3) durable medical equipment provided without charge to patients unable to pay.

6. **Health-Related Research**

This section covers health-related research for studies on alternative health delivery methods, testing of medical equipment, and controlled studies of therapeutic protocols. CVHP's primary activity has been the *Neonatal Sleep Apnea Program*, which is the only one provided in Southern California. The costs for this unmet need, net of any payments received, are included in the SB 697 report. It is considered research because the treatment incorporates studies that further science's understanding of the illness.

7. **Fund-Raising Costs**

The costs to raise funds for programs that serve vulnerable and at-risk populations are includable in the SB 697 report. Foundation operating costs have been weighed so that only those portions that support vulnerable populations are included.

In preparing the valuation of departmental services, we learned that many functions fell under more than one of the categories listed above. To simplify this report, we have listed services by department. The reader of our SB 697 report may assume that all items included (1) have passed the *Inclusion Test*; (2) have been weighed and discounted appropriately; and (3) fall into one or more of the seven categories.

MEASUREMENT

The 2014 community benefit summary includes (1) a valuation of the Community Benefit Threshold; (2) a valuation of the services provided to vulnerable and at-risk populations; and (3) a summary page that compares the two values. The report compares what the community invested in CVHP with the value of services given back to the needy. CVHP surpassed its Community Benefit Threshold in 2014.

Citrus Valley Health Partners, Inc.
Community Benefit Summary
2014

Community Benefit Threshold

Exemption from taxes:	
Property Taxes	\$ 1,535,323
Total Community Benefit Threshold	\$ 1,535,323

This is the amount which the community invested in CVHP through tax preferences in 2014

Program Valuation

Community Assistance Program (Charity Care)	\$ 2,071,000
Community Outreach and Mission Effectiveness	120,920
Neonatal Apnea Net Costs	3,249
Ed Call Panel	3,757,538
Foundation Community Benefit	49,389
Departmental Community Benefit Services Quantification	1,527,650
Total Value of Community Benefit Services Provided	\$ 7,529,745

This is the value of SB697 services that CVHP provided to the community in 2014

Measurement excluding Government Program Shortfalls

¹ Community Benefit Service Provided by CVHP in 2014	\$ 7,529,745
Community Benefit Threshold	1,535,323
Surplus of Services Provided Over Threshold	\$ 5,994,423

¹

Citrus Valley Health Partners
Schedule to Estimate Property Taxes
2014

	<u>Net Property Plant and Equipment</u>				
	<u>Property</u>	<u>Adjustments for</u>	<u>As</u>		<u>Estimated</u>
	<u>Land, Buildings</u>	<u>For-Profit &</u>	<u>Adjusted</u>	<u>Rate</u>	<u>Property Taxes</u>
	<u>& Improvements</u>	<u>Rental Properties</u>			
CVMC	\$ 78,169,267		\$ 78,169,267	1.2%	\$ 938,031
Foothill	33,519,573		33,519,573	1.2%	402,235
CVHP & Other Affiliates	<u>17,245,926</u>	<u>(991,220)</u>	<u>16,254,706</u>	1.2%	<u>195,056</u>
CVHP Total	<u>\$ 128,934,766</u>	<u>(991,220)</u>	<u>\$ 127,943,546</u>		<u>\$ 1,535,323</u>

Note: Adjustment represents income property on which the organization is already paying taxes.

CITRUS VALLEY HEALTH PARTNERS
 CHARITY CARE BY ENTITY
 2014 AND 2013

	2014						
	ICC	QVC	CVMC	FPH	HOSPICE/HH	TOTAL	
Charity Care at cost is computed as follows:							
Adjusted Gross Revenue per IRS W/S-2	-	472,740,839	719,209,021	1,191,949,860	285,928,997	13,025,341	1,490,904,198
Adjusted Gross Costs per IRS W/S-2	-	129,425,127	195,863,696	325,288,823	71,341,481	8,364,169	404,994,473
Cost to Charge Ratio per IRS W/S-2		27.4%	27.2%	27.3%	25.0%	64.2%	27.2%
Charity Write-off per G/L at Gross	-	2,238,038	3,717,001	5,955,039	1,620,325	64,608	7,639,972
Total Traditional Charity Care at Cost	-	612,900	1,012,260	1,625,160	404,280	41,490	2,070,930
Unpaid cost of public programs (Excl HFP)		10,290,000	24,656,000	34,946,000	9,664,000	166,000	44,776,000
Hospital Fee Program Net Revenue		(6,303,000)	(25,211,000)	(31,514,000)	(789,000)	-	(32,303,000)
Community Benefits		2,020,400	3,030,600	5,051,000	408,000		5,459,000
Total Charity Care & Unpaid Costs		6,620,300	3,487,860	10,108,160	9,687,280	207,490	20,002,930

CITRUS VALLEY HEALTH PARTNERS
 Community Outreach and Mission Effectiveness/Community Education
 2014

	Mission Effect CVHP (40.86120)	Terminated FPH (12.87430)	TOTAL
<i>Department Expenses</i>			
Actual Expenses per 12/31/14 General Ledger	120,920	-	120,920
Adjustments:			
Adjusted Departmental Expenses	<u>120,920</u>	<u>-</u>	<u>120,920</u>
<i>Department Income</i>			
Actual Income per 12/31/14 General Ledger	-	-	-
Adjustments:			
Adjusted Departmental Income	<u>-</u>	<u>-</u>	<u>-</u>
Net amount spent for Community Benefits	<u>120,920</u>	<u>-</u>	<u>120,920</u>

CITRUS VALLEY HEALTH PARTNERS
Neonatal Sleep Apnea Department - Net Costs
2014

Department Expenses

Actual Expenses per 12/31/14 General Ledger	36,000
Adjustments:	

Adjusted Departmental Expenses	<u>36,000</u>
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Department Income

Actual Income per 12/31/14 General Ledger	107,380
Adjustments:	
Revenue Deductions 69.5%	(74,629)
(2014 QVC CCS ALL IP W/O%)	

Adjusted Departmental Income	<u>32,751</u>
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Net amount spent for Community Benefits	<u>3,249</u>
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CITRUS VALLEY HEALTH PARTNERS
ER - On Call Physicians
2014

	CVMC	FPH	TOTAL
<u>Department Expenses</u>			
Actual Expenses per 12/31/14 General Ledger Adjustments:	3,500,699	261,901	3,762,600
Adjusted Departmental Expenses	<u>3,500,699</u>	<u>261,901</u>	<u>3,762,600</u>
<u>Department Income</u>			
Actual Income per 12/31/14 General Ledger	5,062	-	5,062
	-	-	-
Adjusted Departmental Income	<u>5,062</u>	<u>-</u>	<u>5,062</u>
Net amount spent for Community Benefits	<u>3,495,637</u>	<u>261,901</u>	<u>3,757,538</u>

CITRUS VALLEY HEALTH PARTNERS
Foundations - Net Fundraising Costs
2014

	At Risk %	CVH Foundation (CVMC/Hosp/FPH)	
		Total	At Risk
<u>Contributions</u>			
Prior Year Adj		-	0
Unrestricted contribution-curr yr	5%	720,202	36,010
Restricted			
Cardiac	20%	121	24
Chaplains / Strength Journey	10%	390	39
Echo	100%	13,600	13,600
Maternal & Child Health	20%	-	-
NICU	20%	15,603	3,121
Pediatric	20%	390	78
All other restricted	5%	742,237	37,112
Total Restricted		772,341	53,974
Total Contributions		1,492,543	89,984
		-	6.0%
Total Expenses, Excl transfers		819,199	
Expenses related to Fundraising for At Risk Population			49,389
Total		-	

Citrus Valley Health Partners, Inc.
List of Community Outreach Services by Department
2014

<u>Dept</u>	<u>Description</u>	<u>Category</u>	<u>Department Totals</u>	<u>Totals</u>	<u>FPH</u>
Radiology					
	Advisory Committee for Mt. SAC Radiology Program--ICC	Resource	780		
	Advisory Committee for Mt. SAC Radiology Program--QVC	Resource	875		
	Student coordinator for Mt. SAC Radiology Program--ICC	Resource	1,750		
	Student coordinator for Mt. SAC Radiology Program--QVC	Resource	2,266		
	Advisory Committee for Cypress College Untrasound Program	Resource	1,770		
	Student Coordinator for Cypress College Untrasound Program	Resource	3,708		
	QVC Donation - Free Mammograms - Support ofr Breast Cancer Awareness Mo	Charity	1,100		
	ICC/QVC MR Safety Tours	Education	1500		
	Radiology Subtotal		13,749	13,749	
Pediatrics/ MBCU- Mother Baby Care Unit					
	8 English language Tours	Education	1,920		
	8 Spanish language Tours	Education	1,680		
	Printing	Resource	1,526		
	4 Boris the Bear Preoperative classes	Education	31,866		
	35 Pediatric Teddy Bear Clinics	Resource	3,215		
	Pediatrics Subtotal		40,207	40,207	
Food Services					
	Cal Poly Pomona Student Interns/Chaffee College	Education	5,000		
	Dieticians speak to community groups on health issues	Education	1,200		
	Food donated - West Covina Marathon	Charity	1,390		
	ED Patient Trays	Resource	8,720		
	Food Services Subtotal		16,310	16,310	
Emergency Department					
	Base Station Program/QVC Emergency Dept.	Base Unit	307,903		
	Emergency Department Subtotal		307,903	307,903	
Volunteers & Auxiliary Department/Patient Relations & Service Recovery					
	Five \$1,000 scholarships for students in allied healthcare field	Education	5,000		
	Community Outreach Van (pick up/delivery of oncology & cardiac patients)	Service	33,500		
	Chaplain Services-Spiritual Visits	Service	33,500		
	Scholarship Committee	Education	2,250		
	Spiritual Tape Distribution	Service	3,725		
	Telecare (Calls to Home Bound patients 365 days per year)	Resource	21,150		
	Pet Therapy	Service	12,000		
	Volunteers & Auxiliary Department/Patient Relations & Service Recovery		111,125	111,125	
Public Relations Department					
	Brian Clay Foundation	Resource	6,000		
	Elevations Community Newsletter	Education	77,157		
	Glendora Kiwanis and Chamber	Resource	1,250		
	Covina Rotary	Resource	2,500		
	La Verne Chamber	Resource	222		
	West Covina Chamber Sponsorships	Resource	2,500		
	San Dimas Chamber Events	Resource	105		
	Puente Hills Family YMCA	Resource	300		
	Lighten Up SGV (5 events, classes, online)	Education	9,000		
	Flu shot clinic	Resource	1,922		
	Know Your Stats	Education	3,033		
	Women's May Day (1 event in 2013)	Education	3,992		
	Beryl call center	Resource	204,920		
	Health Day web library	Resource	9,270		
	Family Health Fair	Education	3,800		
	Stop Stroke FAST	Education	3,677		
	Pregnancy Over 30 (2 events)	Education	7,789		
	Heart Smarts	Education	2833		
	Colorectal seminar (2 events)	Education	4577		

Citrus Valley Health Partners, Inc.
List of Community Outreach Services by Department
2014

<u>Dept</u>	<u>Description</u>	<u>Category</u>	<u>Department</u>		<u>Totals</u>	<u>FPH</u>
			<u>Totals</u>			
	Event advertising (SGV Tribune)	Education	65,172			
	Hip & Knee pain (2 events)	Education	7,724			
	Race For Rehab	Education	2,178			
	Diabetes in Women	Education	4,048			
	Public Relations Subtotal		423,969		423,969	
	Pharmacy					
	QVC/ ICC Charity Assistance Program	Charity	13,278			
	Pharmacy Subtotal		13,278		13,278	
	Education					
	CVHP Scholarship	Resource	41,000			
	CVHP Externship	Service	61,383			
	Onsite Nursing Student Coordination CVMC	Service	70,000			
	Onsite Nursing Student Coordination FPH	Service	15,000			15,000
	Education Subtotal		187,383		187,383	
	Laboratory					
	Red Cross Blood Drives QVC	Service	5,560			
	Red Cross Blood Drives ICC	Service	3,824			
	Laboratory Subtotal		9,384		9,384	
	Cardiopulmonary Mended Hearts, Breathsavers & Support Groups					
	Cardiopulmonary Mended Hearts, Breathsavers & Support Groups	Resource	51,690			
	Breathsavers Program Scholarship	Education	6,913			
	Cardiopulmonary Subtotal		58,603		58,603	-
	Clinical Care Extenders					
	Clinical Care Extenders: Annual Expense for Program	Service	150,000			
	CCE's : Recruit, train, monitor students for service learning projects	Service	7,140			
	Clinical Care Extenders Subtotal		157,140		157,140	
	Center for Diabetes Education					
	Community Lectures (10)	Education	1,500			
	Support Groups: Hours	Education	7200			
	Support Groups: Supplies	Education	700			
	Inpatient Education - 10 hours per week	Education	26,000			
	Interfaith Outreach	Education	1,800			
	School Outreach	Education	450			
	Community Meetings	Planning	420			
	Health Fairs	Education	1,400			
	MD Office Lectures	Education	125			
	Preceptorship MSN Students - APU/ Western Univ.	In-Kind	18,000			
	Diabetes Education Program Subtotal		57,595		57,595	
	FPH Nursing - Perinatal					
	Maternity Tea and Tour	Education	1,669			-
	Breast Feeding Class	Education	1,313			-
	Sibling Class	Education	556.2			-
	Baby Basics	Education	1,344			-
	Prepared Childbirth Series	Education	2,189			-
	Prepared Childbirth (Lamaze)	Education	2,688			-
	Perinatal Subtotal		9,759		9,759	9,759
	FPH Food Services					
	Preceptor to Intern	Resources	31,200			-
	Food Outdated	Resources	500			-
	ED Patient Trays	Resources	26,344			
	Guests	Resources	300			
	Food donated to funerals	Resources	100			
	Glendora Public Library Trivial Challenge	Resources	100			

Citrus Valley Health Partners, Inc.
List of Community Outreach Services by Department
2014

<u>Dept</u>	<u>Description</u>	<u>Category</u>	<u>Department Totals</u>	<u>Totals</u>	<u>FPH</u>
Food Services Department	Subtotal		58,544	58,544	58,544
					-
FPH Volunteer Services & Auxiliary					
	Telecare (Calls to Home Bound patients)	Resource	21,150		
	19 Scholarships	Education	28,500		
	Pet Therapy	Service	12,000		-
Volunteer Services and Auxiliary	Subtotal		<u>61,650</u>	61,650	61,650
FPH Engineering					
	Set up/ tear down for Home Tour event	In-Kind	1,050		
Engineering Services	Subtotal		<u>1,050</u>	1,050	1,050
Grand Total--CVHP Departmental Outreach Services				<u>\$ 1,527,650</u>	<u>\$ 146,003</u>

Citrus Valley Health Partners

VII

Community Benefit Implementation Plan Update



CITRUS VALLEY HEALTH PARTNERS

Citrus Valley Medical Center, Inc.

**Inter-Community Campus 210 W. San Bernardino Rd., Covina, CA 91723-1516
License # 930000131**

**Queen of the Valley Campus - 1115 S. Sunset Avenue, West Covina, CA 91790-3940
License # 930000131**

2014 Community Benefit Report

Citrus Valley Health Partners (CVHP)

As the largest, nonprofit health care provider for the residents of the East San Gabriel Valley, CVHP serves the community through the work of its four facilities: Citrus Valley Medical Center – Inter-Community Campus in Covina, Citrus Valley Medical Center – Queen of the Valley Campus in West Covina, Foothill Presbyterian Hospital in Glendora, Citrus Valley Hospice and Citrus Valley Home Health in West Covina. Nearly one million residents in the East San Gabriel Valley rely on CVHP for their health care needs.

While CVHP is focused on healing the sick, we are also dedicated to reaching out to improve the health of our community. Our community outreach efforts allow us to reach beyond our hospital walls to help educate our community members, to help manage their health and to give them options in resources and health screenings. We offer a variety of health programs, services and support groups and partner with a variety of community organizations, cities and school districts with the common goal of improving health and well-being.

Citrus Valley Health Partners Community Benefit

CVHP is an organization recognized for its outstanding community outreach efforts and accomplishments. An organization dedicated to creating innovative partnerships among the numerous health and social service organizations in our valley with close to 100 participating agencies in diverse collaborative relationship devoted to promoting community health and well-

being. In addition, CVHP has a charity care policy in place to respond to the needs of low-income uninsured populations.

CVHP's vision is to be an integral partner in elevating communities' health through partnerships. This is principle that guides all community health improvement and community benefit initiatives.

Community Benefit Implementation Strategy

CVHP's implementation strategy is the means to satisfy all applicable requirements outlined in the proposed regulations released in April of 2013. This implementation strategy focuses on the needs identified in the 2013 Community Health Needs Assessment.

Availability of the 2013 Community Health Needs Assessment (CHNA) to the Public

CVHP's has implemented a variety of strategies to make the report widely available to the general public within the service area.

- 1) The full report was made available at CVHP's website http://www.cvhp.org/documents/CVHP_CHNA_Report_2013.pdf
- 2) CVHP and Kaiser Permanente Baldwin Park presented their joint tri-annual community needs assessment at a breakfast for local governments, non-profits, community based organizations, faith communities, school districts, community colleges, public and private agencies, institutions of higher education, public health department, department of health services, mental health agencies, etc. It is estimated that 80 community representatives attended this event and received a hard copy and digital copy of the full report.
- 3) The San Gabriel Valley Tribune covered the event and published a newspaper article informing the general public in the geographic service area about the findings and availability of the assessment It can be found at: <http://www.sgvtribune.com/health/20140207/mental-health-obesity-top-list-of-san-gabriel-valley-health-problems>
- 4) CVHP provided a formal presentation of the findings and hospital priorities to the Health Consortium of the Greater San Gabriel Valley.
- 5) The full report is also available upon request in print format.

CITRUS VALLEY HEALTH PARTNERS

Update on Implementation Strategies to Address Health Needs

2014 - 2016

Priority Health Needs

Area of Focus 1

INCREASE AWARENESS AND ACCESS TO MENTAL HEALTH PROGRAMS AND SERVICES.

Mental Health Needs are associated with many other health factors, including poverty, alcohol consumption, unemployment, suicide, chronic medical diseases, and lack of a consistent source of primary care.

INCREASE AWARENESS

Behavioral Health Committee/San Gabriel Valley (SGV) Area

Citrus Valley Health Partners Community Benefit Director is an active member of the SGV Behavioral Health Committee (BHC). The newly formed committee is conformed of twenty (22) public and private agencies led by the Health Consortium of the San Gabriel Valley (SGV) with the purpose of building awareness among all primary care and mental health provider groups of each other's services and how they can be accessed as well as building relationships among providers for the purpose of improving linkages between these services. The BHC's focus is to identify assets, needs and gaps and provide community-driven strategies that will contribute to reducing disparities in racial, ethnic and low income communities.

In 2014 the BHC went through a process of identifying the mental health service needs in the area. A significant finding indicated that there is a need to improve coordination of services for residents in our area who require treatment for mental health, substance abuse, and physical health issues. The integration of primary care and behavioral health care service providers is seen as a key strategy to positively impact existing service gaps.

The BHC is planning to hold a Behavioral Health Roundtables in 2015. Citrus Valley Health Partners is an active participant in the leadership team and will host the event at its Citrus Valley Medical Center-Inter Community Hospital. The outcomes will be reported in 2015.

IMPROVE ACCESS TO MENTAL HEALTH SERVICES

Improve Access: Strategy 2.

- Construction of a Federally Qualified Health Center (FQHC) to meet community health access needs.

In the winter of 2014, CVHP finished the construction of a new Community Health Clinic (FQHC) across from Inter-Community Hospital Campus. It is anticipated that the Federally Qualified Health Center will be opened as East Valley Community Health Center in March of 2015. Located across the street from Inter-Community at 276 W. College St. in Covina, the new health center will provide medical care for children and adults; **mental health services**; women's health services, including prenatal and family planning; diabetes; hypertension; asthma treatment. It will also provide health services for the remaining uninsured in CVHP's service area. Additional implementation updates will be provided in the next reporting period.

Improve Access: Strategy 2.

- Increase access to free and/or affordable health insurance programs and/or services for the uninsured and underinsured populations through CVHP's GEM (Get Enrollment Moving) Services.
 - 1) **Enrollment:** A total of 3,535 applications for health insurance were completed for low-income uninsured children, families, pregnant women, and seniors. The programs include MediCal, Covered California Marketplace, Healthy Kids, AIM, KPCHP, MediCal Expansion and the applications as well as other Safety Net Programs. See attached detail report table.
 - 2) **Advocacy and Assistance:** In 2014 CVHP's GEM Project assisted 3,666 residents with troubleshooting and advocacy as well as teaching (educating) community how to navigate the complex healthcare system, keep their coverage and access services.
 - 3) **Enrollment verification:** Once the enrollment is completed, the retention/utilization specialist contacts all clients to confirm enrollment in the insurance program and to provide assistance with any possible barriers or questions that may result in the process of finding an accessible and acceptable health care, **mental health**, dental and vision care provider to receive timely preventive services. Enrollment verification efforts have shown that 2,926 (75.8%) of participants were confirmed enrolled in the programs.
 - 4) **Utilization assistance:** Once the enrollment verification is completed, the retention/utilization specialist has a follow-up procedure to contact each client at the six month post-enrollment mark to confirm that the client is utilizing their health and **mental health** benefits, advocate and trouble-shoot any issues that arise with access, quality, and

utilization, and to maintain contact to facilitate re-enrollment. Based on information provided by enrolled individuals, we have found that at least 2,477 (82.95%) participants have utilized primary care, mental health, dental and/or vision benefits. It is pertinent to mention that the difference is due to the fact that some individuals qualify only for “Emergency MediCal “ and they can only utilize services in case of an emergency.

- 5) **Retention and re-enrollment:** Eleven months after enrollment all clients are contacted again to ensure that they have received and completed their redetermination form. Many clients, particularly those with low literacy level, utilize support services from CVHP/GEM staff to complete the required process to remain enrolled and maintain coverage. In 2014, the program reached 2,045 (84.75%) enrollees that reported continued coverage for one full year and completed their redetermination (renewal) form for the following year.
- 6) **Community Referrals -** Community residents who received referral services to other health access programs such as Healthy Way LA; California Children’s Services, Department of Public Health Personal Health and Mental Health Services, Early Detection Programs, Legal Services, etc.

Improve Access: Strategy 3:

CVHP combined resources with SPIRITT Family Services to increase access and provide prevention, intervention, treatment, and after-care services through the Safe Children and Strong Families’ Child Abuse and Neglect Prevention, Intervention and Treatment (CAPIT) program model.

Citrus Valley Health Partners established a partnership with SPIRITT Family Services, a non-profit community-based mental health agency to improve the physical and behavioral health of vulnerable individuals and families with particular emphasis on the Latino population (Children, Teens and Adults) in high-need communities. In 2014, CVHP provided financial support to augment the number of people that will receive supportive and counseling services under SPIRITT’s CAPIT program. SPIRITT Family Services works in partnership with the Department of Children and Family Services (DCFS) on measuring: ***Child Safety (child abuse referrals); family strengthening (social connectedness, increased economic opportunities and increased access to health/mental health services) and improvement in well-being (the many domains of physical health, safe and stable living situations, concrete supports, developmental concerns, social connections substance abuse, experience with trauma, etc.)*** Quantitative results are not available in this reporting period; however, this information will be outlined in the next report.

Area of Focus 2:

INCREASE AWARENESS AND IMPROVE ACCESS TO PROGRAMS, EDUCATION AND SERVICES FOCUSING ON THE REDUCTION ON OBESITY AND OVERWEIGHT CONDITIONS.

Goal: Increase awareness and access to Lighten Up SGV program, resources and services.

CVHP has made a commitment to address obesity reduction and prevention as a key component for the next three years.

“Lighten Up SGV (San Gabriel Valley) “

In 2014 CVHP continued to implement its campaign to increase awareness about overweight and obesity in our communities and offer a comprehensive support program for community members who want to lose weight and become healthier.

Weigh-in Event: Strategy 1

In 2014 CVHP offered the bi-annual weight loss contest to increase awareness and improve access to programs, education and services focusing on the reduction of Obesity and Overweight conditions as well as promoting healthy lifestyles.

CVHP held two (2) Weigh-In events/Weight loss contests.

- January-June of 2014 and
- June-December of 2014.
- Total event attendees: 301

- 1) Community residents were widely invited to attend and register at the Weigh-In events. During the health screening process, participants create a record of their individual results of their weight, blood pressure, body fat and body measurements.
- 2) CVHP’s Nutritionists offered one-on-one consultation and formal presentations such as the “Basic things that you need to do to now to start losing weight”.
- 3) Expert presenters offered participants ten (10) education presentations in 2014. Description of topics and dates are outlined on the website attachment.
- 4) The event had fifteen (19) partner agencies/programs in attendance. They provided resources, education and information on nutrition, exercise and healthy life style opportunities.

The participant partners were: Fitness Life Studio; Health Station; Weight Watchers; Level 10 Nutrition; Crossfit Insurgent; Nutrishop Glendora; Cooking for Health; Herbalife; Curves Covina; Costco; LA Fitness; Therapeutic Solutions; CVHP Diabetes Education; Fitness 19; Juice Plus; Triad Fitness; Antoinette Collard; Take Shape for Life; and Elements Natural Foods.

- 5) CVHP conducts a special ceremony to acknowledge every one's accomplishments and to give special prizes to the individuals who lost the most weight. The prizes include:

HIGHEST PERCENTAGE OF WEIGHT LOST - INDIVIDUAL

Grand Prize (Community Member) \$250 cash
Second Place (Community Member) \$100 cash
Third Place (Community Member) \$50 cash

Grand Prize (CVHP Employee) \$250 cash
Second Place (CVHP Employee) \$100 cash
Third Place (CVHP Employee) \$50 cash

HIGHEST PERCENTAGE OF WEIGHT LOST - TEAM

Grand Prize (Community Members) \$250 cash
Grand Prize (CVHP Employees) \$250 cash

As a result of these efforts, we are pleased to inform that participants who entered the contest lost a total of 496.8 pounds jointly.

FREE Classes: Strategy 2: Featuring presentations by CVHP experts and community partners.

The topics of the classes in 2014 were:

- 2014 is here! That means THE WEIGH-IN IS BACK! Basis things that you need to know to start losing weight (January 7)
- Four tips to get you started on a fit 2014! (January 28)
- 5 Things Weight Loss Winners Know (February 24)
- Let's Talk Diets: The Good, The Bad & What Really Works (May 10)
- Eating Healthy on a Budget (April 10)
- All you have to do is care (May 19)
- Roughage and Why It's Important (June 12)
- Jennifer Hudson weighs in how she lost 80 lbs. and keeps them off (July 3)
- Diabesity (October 6)
- Veggies (October 9)

Community partners offered discounted prices for program participants for memberships in LA Fitness, Yoga and Zumba classes.

- Supermarket Tour and more

Dedicated Program Website: Strategy 3

The “LightenUp SGV program includes social networking features to encourage discussion on the topic.

- The url to access the website is www.lightenupsgv.com
See attached website sample pages.
- Social networking features to encourage discussion: Message boards (Weight Watchers, seniors, new moms), Free user profile page, regular blog posts on weight loss and fitness tips
- Access to more than 100 health and weight loss articles
- Links to Healthy Partners – groups and businesses providing health services
- Dedicated FACEBOOK page

Area of Focus 3:

INCREASE DIABETES PREVENTION STRATEGIES AND DISEASE MANAGEMENT BEST PRACTICES

Associated drivers for the high rates of diabetes in CVHP’s service area include being overweight, having high blood pressure, high cholesterol, high blood sugar (or glucose), lack of physical inactivity, smoking, unhealthy eating habits, age, race, gender, having a family history of diabetes, lack of consistent source of primary care.

Goal: Address Access, Inpatient Care Best Practices, and Chronic Disease Management including education, self-management, community input and resources.

1. Early in 2015 Citrus Valley Health Partners in collaboration with East Valley Community Clinic built and opened a new **Federal Qualified Health Center (FQHC)** in Covina. The new Community Clinic will provide the uninsured and underinsured patients in our community a primary care home where they will receive health and mental health services. Access to a physician is crucial in managing diabetes and the clinic will also provide patients with education and medications at low to no cost. The 2015 report update will provide a detailed report on patient visits. The design and construction of the clinic was implemented in 2014.
2. In 2014 CVHP initiated a formal *Multidisciplinary Diabetes Committee* to conduct a formal evaluation and gap analysis on diabetes metrics for all three hospitals to establish

baseline and opportunities for improvement done. Gaps seen in critical and non-critical care and ambulatory care. Surgical site infections data suggests also that those patients with elevated blood glucose may have higher incidence of surgical site infections. Community input was polled from the *Community Diabetes Collaborative* partners as well as the formal CVHP 2013 Community Needs Assessment.

Following is an update related to Phase I of the Diabetes Initiative plans and implementation strategies:

- 1) Created three sub initiatives: Insulin Drip Protocol for Critical Care Inpatients, Basal Nutritional Protocol for Non-Critical Care Inpatients, and Diabetes Management Center for Ambulatory Patients
 - A. Created ***Medical Director for Diabetes Initiative*** with a local Endocrinologist.
 - B. Continuing Medical Education (CME) and Partnership with our Hospital Group on Improving Diabetes Outcomes (Blood Glucose Control, Hypoglycemia opportunities, etc).
 - C. Initiated Medical Staff Education.
 - D. Initiated specialized education for Nursing on Diabetes and Diabetes Management.
 - E. CVHP established ***Multi-Disciplinary Inpatient Basal Nutrition Insulin Protocol*** with significant improvement in blood glucose control vs. baseline. Over 75% of blood glucose values for protocol patients at American Diabetes Association at goal vs. 45% at baseline. Hypoglycemia improved from 2-4% to now 1%. The Pilot at Citrus Valley Medical Center (CVMC)- Queen of the Valley Hospital now expanded to all patient care areas and expanding to CVMC Inter-Community Hospital and Foothill Presbyterian Hospital in the summer of 2015..
 - F. Initiated computerized Insulin Drip Technology for Critical Care Patients: Contract approved. Kick-Off has occurred. It will launch in the summer of 2015.
 - G. Multi-disciplinary ***Community Diabetes Management Center*** (initial chronic disease management focus) has started accepting referrals. Patients are being seen at the center regardless of ability to pay. Community agencies refer their clients to the center. Staffing/Support includes Certified Diabetes Educators, Nursing, Pharmacy, Endocrinology, Clinical Dieticians, Social Work, Marriage and Family Therapist (MFT), Wound Care and others.
 - H. Expect to Launch a Pre-Surgical Diabetes Patients in June of 2015 to insure that patient blood glucose is optimized before surgery to decrease the risk for morbidity, and mortality per literature.
- 2) Partnering with Federally Qualified Health Center (FQHC) for Health Fair Outreach for Diabetes in the of Fall 2015.
- 3) Received California Community Foundation Grant to support some of the initial groundwork.

- 4) Capitalizing on the synergy between CVHP and a FQHC clinic on Chronic Disease Management and Population Health.
 - Partnership with FQHC for Chronic Disease Management starting in the summer of 2015. First focus on anticoagulation and diabetes. Protocols have been reviewed by medical staff. Memorandum of Understanding in process. The plan is to *address the provider shortage* through a multi-disciplinary approach to support complex care and chronic disease management to improve provider efficiency, access and education, as well as *decrease inappropriate use of the Emergency Room as the first level of care*.
- 5) Partnership with Institution of Higher Learning:
 - Keck Graduate Institute Masters and School of Pharmacy Programs: Planned Clinical Faculty, Resident and Student Support for Patient Care and Health Outcomes Assessment/Research 2015.
- 6) In addition to CVHP's significant investment to Increase Diabetes Prevention Strategies and Disease Management Best Practices, there is a plan to augment resources to reach and help a higher number of individuals by submitting grant proposals. Discussions and efforts are already underway to seek grant funding to the UniHealth Foundation and the California Community Foundation in 2015.

La Puente Multidisciplinary Diabetes Collaborative

In 2013, CVHP initiated a community collaborative to address the high incidence of severe diabetes in the city of La Puente, CA. This area has the highest incidence of hospital amputations in CVHP service area. A recent study shows that 7 out of 15 patients living in the city of La Puente suffered from diabetic neuropathy. Another common trait was that 11 of the 15 used some form of Medi-Cal for insurance. 3 of the remaining 4 were on Medicate. This reinforces the idea that in addition to being at higher risk for developing diabetes, poorer patients are disproportionately affected by the complications associated with diabetes.

During 2014, the collaborative partners served as advisors to the CVHP Diabetes Initiative Team. The collaborative continues the dialogue as they explore strategies, resources and opportunities to address the major behavioral health and care management challenges of local diabetic patients and how to improve their well-being; as well as provide support with health improvement goals. In addition, the collaborative now has an Executive Medical Director, Jorge Reyno, MD, committed to co-leading the Community Diabetes Collaborative. Dr. Reyno is a physician champion with expertise in diabetes care and treatment modalities and has passion for the health of the community.

Diabetes Education

CVHP offers FREE Diabetes Support Groups to help participants with concerns, achievements and challenges in managing their Diabetes. The education, management and resource clinics are offered at the three hospital locations in West Covina, CA., Glendora, CA., and Covina, CA. Copy of the promotional flyer is attached in this reporting system.

Outpatient Wound Center Diabetic Free Foot Screenings

Since August 2012, Citrus Valley Outpatient Wound Center (at Inter-Community Hospital) has held free monthly community diabetic foot screenings.

- The free screenings are provided every third Wednesday of the month. In addition, the Wound Center has performed foot screenings for diabetics at community events hosted by Citrus Valley Health Partners. In 2014, the Wound Center provided 20 diabetic screenings at the events.
- Also, supplementary educational booklets on the self care of the diabetic foot were given out at other community health fairs including: Stroke Awareness event in May 2014, and the La Puente Senior Fair in November 2014.

2014 Community Benefit Implementation Plan Update Attachments

- I. GEM Project – Access to Health and Mental Health Services
- II. Lighten Up SGV Website
- III. Diabetes Support Group/ Education
- IV. Diabetic Foot Screen
- V. 2014 Diabetes Symposium

Citrus Valley Partners
GEM Project

Breakdown of Enrollment by Health Insurance Program
Period: January 2014-December 2014

2014 PROGRAM TOTALS	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	TOTAL
AIM	0	0	0	1	0	0	0	1	0	0	0	0	2
CK-CA Kids	0	0	0	0	0	0	0	0	0	0	0	0	0
Emergency Medi-Cal	22	26	39	51	28	17	21	17	8	18	5	23	275
Healthy Families	0	0	0	0	0	0	0	0	0	0	0	0	0
Healthy Kids	0	1	1	1	0	1	2	0	1	0	1	0	8
KP-CHP Kaiser Perm. Child. Hlth. Plan	64	53	44	0	0	0	1	0	0	0	22	32	216
Medi-Cal	253	243	291	312	208	148	179	245	256	244	162	211	2752
Medi-Cal Share of Cost	3	1	1	0	5	0	0	0	1	0	1	0	12
MC-TLIP	15	17	10	5	6	5	5	4	9	8	3	16	103
HWLA	0	0	0	0	0	0	0	0	0	0	0	0	0
COV-CA	8	21	82	23	0	0	2	0	1	4	1	25	167

Total Applications 3,535

Citrus Valley Partners
GEM Project
Community Outreach, Insurance Enrollment, Retention, and Utilization Report
Period: January 2014-December 2014

2014 TOTALS	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	TOTAL
Community Outreach	1495	1385	1453	1849	1511	5460	1058	1351	1440	1907	13402	16502	48,813
Applications	365	362	468	393	247	171	210	267	276	274	195	307	3,535
Referrals	194	234	270	278	204	163	172	247	208	186	155	178	2,489
Investigated Enrollment	100% 400	100% 251	100% 369	100% 364	100% 362	100% 467	100% 388	100% 247	100% 171	100% 210	100% 267	100% 275	100%
Enrollment Confirmed	76.00% 304	80.08% 201	75.07% 277	69.86% 255	69.06% 250	68.38% 320	74.30% 292	77.33% 191	67.84% 116	82.86% 174	88.01% 235	85.87% 311	75.80% 2926
Troubleshooting / Advocacy Assistance	228	242	233	383	391	347	394	250	416	307	242	233	3,666
Utilization Assistance	83% 211	85% 219	73% 186	89% 273	83% 168	79% 209	79% 158	81% 181	80% 218	83% 291	91% 254	92% 109	82.95% 2477
Redetermination Assistance	79.83% 186	82.55% 246	80.14% 226	80.90% 161	77.61% 104	74.15% 152	80.75% 172	84.49% 158	79.85% 214	80.98% 133	72.57% 164	79.14% 129	84.75% 2045
Other Assistance	6	3	2	9	39	46	100	21	52	11	17	14	320

updated 05/26/15



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of wellness articles and learn the latest information about how to lose weight, get fit and live a healthier lifestyle.

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Welcome to Lighten Up SGV!

This is your online community filled with all of the support, resources and information you need to help you on your journey to lose weight and get healthy. Join a discussion group or read the latest blog from our team of health experts. You can create your own profile page to share a little bit more about yourself with others or you can choose to remain private. Simply use the site and the community however and whenever it works best for you! So let's get started San Gabriel Valley - it's time to lighten up!

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Classes & Programs:

Most classes are free.

Our next class is:
 "Overcoming a Summer Slump"
 on Thursday, July 9

[Click here for class schedule and registration information.](#)

Community Groups



Weight Watchers
 71 Members



Calorie Counters
 76 Members



Losing it
 117 Members



Baby Phat
 18 Members



Fit after 50
 101 Members



Weight Loss Challengers
 164 Members

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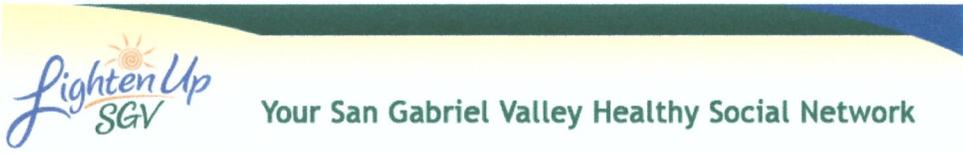



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Losing it

Get connected with others to share general weight loss tips, support and victories.

Join Losing it Group

MEMBERS LIST

- Linn to Skinny | Martin K | dartmoorpony | pjo345 | MSANA | Jano | cmp1990 | Tracie Lamb | s2pin | DELMY ENCINAS | christine | Jessiescsc | MIKEY | Jorge_Marquez | Rita

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Title	Replies/Views	Last Reply
5 Teeny Tiny Tweaks That Can Help You Lose Serious Weight Moderator, Jun 10, 2015 8:10am PDT	Replies: 0 Views: 0	
The Lighten Up Weigh-In is back for the summer! Moderator, Jun 10, 2015 7:54am PDT	Replies: 0 Views: 0	
Announcement regarding the Lighten Up class for May 21st... Moderator, May 21, 2015 4:49pm PDT	Replies: 0 Views: 0	
Join us for a FREE Lighten Up class "Building a Weight Loss Community" next Thursday! Moderator, Apr 6, 2015 4:02pm PDT	Replies: 0 Views: 0	
Join us for a FREE Lighten Up class "The Do's and Don'ts of Exercise" next Thursday, 3/12! Moderator, Mar 11, 2015 3:02pm PDT	Replies: 0 Views: 0	
Join us for a FREE Lighten Up class "Understanding Heart Health" next Thursday, 2/12! Moderator, Feb 5, 2015 2:58pm PST	Replies: 0 Views: 0	
The 2015 Lighten Up Weigh-In is here! Moderator, Jan 28, 2015 2:02pm PST	Replies: 0 Views: 0	
Veggies sylvia, Oct 9, 2014 8:28pm PDT	Replies: 0 Views: 0	
Join us for a FREE Lighten Up class "Diabesity" this Thursday, Oct. 9! Moderator, Oct 6, 2014 5:13pm PDT	Replies: 0 Views: 0	

"Jennifer Hudson weighs in how she lost 80 lbs. and keeps them off"

Moderator, Jul 3, 2014 11:45am PDT

Replies: 0
Views: 0

Join us for a FREE Lighten Up class "Roughage and Why It's Important" this Thursday, June 12!

Moderator, Jun 10, 2014 11:49am PDT

Replies: 0
Views: 0

"All you have to do is care." - Woman loses 100 pounds. - CNN

Moderator, May 19, 2014 4:28pm PDT

Replies: 0
Views: 0

Join us for a FREE Lighten Up class "Eating Healthy on a Budget" this Thursday, April 10!

Moderator, Apr 7, 2014 12:30pm PDT

Replies: 0
Views: 0

Join us for a FREE Lighten Up class "Let's Talk Diets: The Good, The Bad & What Really Works" on ...

Moderator, Mar 10, 2014 5:16pm PDT

Replies: 0
Views: 0

5 Things Weight Loss Winners Know...

Moderator, Feb 24, 2014 5:04pm PST

Replies: 0
Views: 0

Four tips to get you started on a fit 2014!

Moderator, Jan 28, 2014 11:34am PST

Replies: 0
Views: 0

2014 is here! That means THE WEIGH-IN IS BACK!

Moderator, Jan 7, 2014 1:16pm PST

Replies: 2
Views: 0

Moderator
Feb 24, 2014
5:06pm PST

Join us for another free Lighten Up class: "Diabesity," on October 10th!

Moderator, Oct 1, 2013 11:46am PDT

Replies: 0
Views: 0

Progress Report: How much weight have you lost?

Moderator, Aug 21, 2013 11:42am PDT

Replies: 0
Views: 0

Join us this Thursday, August 8th for another FREE Lighten Up class! "All Fats Aren't Created Eq ...

Moderator, Aug 7, 2013 1:01pm PDT

Replies: 0
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64 Members

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Guidelines

This is YOUR community. So please keep it friendly and safe. By participating, you're agreeing to observe all of our Community Standards and Conduct Guidelines, which are part of our Terms and Conditions. Here are some reminders:

BE COURTEOUS AND TOLERANT. Through this online community, you will meet many new friends. Please be respectful and tolerant of everyone you meet, even if you disagree with their viewpoint or opinion. Don't use language that is abusive, harassing, threatening, hateful or racially or ethnically objectionable. Please do not engage in personal attacks.

KEEP IT G-RATED. You are encouraged to freely express yourself, but we ask that you do so without resorting to vulgar or obscene language. Postings that contain vulgar or obscene language will not be tolerated in our community and may be removed. This includes photos, so please keep them tasteful. We want everyone to feel comfortable here.

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[The Sedentary Bunch](#)
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[Weight Training 101](#)

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Partner Links

We are proud to recognize the following Healthy Partners who will be part of the Community Weigh-In Event on June 27, 2015:

- Fitness19 - Covina
- LA Fitness - Glendora
- Cooking for Health
- Elements Natural Foods
- Juice Plus
- Curves - Covina
- Crossfit Insurgent
- Weight Watchers - West Covina
- CVHP Diabetes Education Center
- Fitness Life Studio
- Costco - San Dimas
- Yoganette
- Therapeutic Solutions

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A new year, a new challenge! The 2015 Lighten Up SGV Weigh-In is here!

Lighten Up SGV January Weigh-In Event

When: Saturday, June 27th, 2015. 8:30 AM - 1:30 PM.

Weigh in for RETURNING PARTICIPANTS – 8:30 AM – 11 AM

Registration for NEW PARTICIPANTS – 11 AM

Lighten Up SGV Awards Ceremony – 11:30 AM

Weigh in and screenings for NEW PARTICIPANTS – 12 noon – 1:30 PM

Workshops, Activities, Raffle & Vendor Fair – 12 noon – 1:30 PM

Where: Citrus Valley Medical Center, Queen of the Valley Campus

1115 S. Sunset Avenue. West Covina, CA 91790

NEW PARTICIPANTS CALL (888) 456-2847 TO REGISTER

For complete official contest rules click here!

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Annette

Likes:



Linny to Skinny

Likes:



Martin K

Likes:



soliver

Likes:



dartmoorpony

Likes:



Rena Smith

Likes:



Rosie

Likes:



ANGIE

Likes:



pjo345

Likes:

like to eat sweets.watch sports/play sports/read books/wine

Follow us on

Free Support Groups

to help you with your concerns, achievements and challenges in

Managing Your Diabetes



**Now in
TWO locations**
(Beginning June 2013)

Foothill Education Center 427 West Carroll Avenue, Glendora, CA 91741		CVHP Resource Center 315 N. Third Ave., Suite 303B, Covina, CA 91723	
Adults with diabetes	1st Monday of each month from 10:30 AM - 12:00 PM 3rd Wednesday of each month from 7:00 – 8:30 PM	Spanish-speaking adults with diabetes *	1st Wednesday from 10:00 – 11:30 AM
Parents of Children with Diabetes	1st Wednesday of each month from 7:00 – 8:30 PM	Adults with diabetes	4th Thursday from 10:00 – 11:30 AM
Adolescents	4th Wednesday of each month from 7:00 - 8:30 PM		

Groups are led by Tammy Yamashita, MS, MFT; Counselor for the Center for Diabetes Education

* Spanish language groups led by Sandy Ramirez, RN, CDE; Certified Diabetes Educator for the Center for Diabetes Education



CITRUS VALLEY HEALTH PARTNERS
Citrus Valley Medical Center – Inter-Community Campus & Queen of the Valley Campus,
Foothill Presbyterian Hospital and Citrus Valley Hospice

Call (888) 456-2847 or visit us online at www.cvhp.org for more information.

Interfaith Diabetes Outreach

- 24 million people in the US have diabetes
- Diabetes education helps those with diabetes know how to take care of themselves, prevent problems and live healthy lives

The Citrus Valley Health Partners Center for Diabetes Education will come to your place of worship and provide 2 hours of free education.

If you would you like to host a diabetes educational event or receive more information, contact:

Ann Kuns, MSN, RN, CNS, CDE
Clinical Nurse Specialist
Program Coordinator
626.857.3476



Diabetic Foot Screen

FREE TO THE SAN GABRIEL VALLEY COMMUNITY

**Third Wednesday
of the month
3-6 p.m.**

210 W. San Bernardino Road
Covina, CA

PROVIDED BY THE
Out Patient Wound Care Center

AT
Citrus Valley Medical Center –
Inter-Community Campus

PLEASE CALL TO REGISTER:
(626) 915-6261



CITRUS VALLEY MEDICAL CENTER
Wound Care





CITRUS VALLEY HEALTH PARTNERS

**Center for Diabetes Education
presents**

2014 DIABETES SYMPOSIUM

TAKE CONTROL:

Facing Challenges

November 4, 2014

2014 Diabetes Symposium

Take Control:

Tuesday, November 4, 2014

7:30 – 8:00	Registration and Continental Breakfast
8:00 - 8:15	Welcome Diana Lugo-Zenner, RN, MBA Chief Nursing Officer Citrus Valley Health Partners
8:15 - 9:00	New Oral Diabetes Medications Dr. Marc Gutin
9:00 – 10:00	Diabetes & Liver Disease Dr. Sartaj Marty Arora
10:00—10:30	Break & Exhibits
10:30 – 11:30	Glycemic Control Initiative Update Edward Jai, PharmD
11:30 - 12:30	Foot Screening and Interventions Dr. Hratch Demirjian
12:30	Certificates and Evaluations

Raffle Prize Drawings throughout the event!

Citrus Valley Health Partners

VIII

Community Education/
Wellness Program

Community Education & Outreach

Citrus Valley Health Partners' takes existing valuable services, in conjunction with business partners, and makes them available in ways that will improve the health of the community at low or no cost.

The programs differ somewhat from those previously described under Community Benefit, which represents partnership programs initiated in the community, designed by the community and implemented collaboratively. Rather than services, the community benefit programs are community built responses to community needs.

Executive Summary

Citrus Valley Health Partners (CVHP) advocates for the health needs of the East San Gabriel Valley and coordinates community education over the full continuum of care.

1. *Community Ambassadors* – Employee volunteers committed to improving the physical, mental, social, and spiritual health status of the East San Gabriel Valley and to conserve and enhance the resources of CVHP.
2. *Health Education and Support Groups* – Education and Support Groups are offered on all CVHP campuses as well as multiple community locations. Sessions are usually provided free; occasionally there is a minimal charge for material. All programs fall under one of the following categories:

- | | |
|----------------------|--------------------------------|
| Special Events | Cancer Resources & Programs |
| A Healthier You | Hospice & Bereavement Services |
| Childbirth Education | Lighten Up SGV |
| Diabetes Education | |

Multiple departments coordinate all activities, classes and programs.

4. *CVHP Resource Center/Library* – located in the Medical Arts Building of the Inter-Community Campus, 315 N. Third St., Ste. 303B, Covina, CA 91723. The center offers the community an opportunity to check out books, review reference books, videos, tapes, and have access to the internet with a directory of sites related to cancer education and information. The focus of the resources center is cancer but resources on other topics such as nutrition and relaxation techniques are offered. Diabetes support groups are also held here.

5. *Methodology for Selecting Activities* – 1. Review of community needs assessment; 2. Review of health information data; 3. Review of feedback from previous program participants regarding types of programs they are interested in.

7. *Program Coordination with Community Agencies* – Services and programs are developed and implemented in collaboration with the following entities:

- | | |
|---------------------------|--------------------|
| - American Cancer Society | - Local Physicians |
| - Senior Centers | - Medical Groups |

Documentation of Public Education – Three times a year, all services and programs are advertised in the community magazine “Elevations in Health.” Programs, events and classes are also advertised in the local media and with special fliers and mailings.

Overall Outcome of all CVHP community education programs – In 2014, more than 3,000 community members attended CVHP community education programs and events.

2014 CITRUS VALLEY HEALTH PARTNERS PROGRAMS AND GOALS

CVHP is committed to elevating the physical, mental, social and spiritual health status of our communities. This is accomplished through a variety of classes, community programs, support groups, health fairs, screenings, educational programs within our schools, churches, libraries, senior centers as well as the use of telephone referrals. Most programs are offered at no charge. If there is a charge for the class it is minimal and would be waived if the client, verbally states that the fee may be a hindrance to them accessing the important health education information. All programming is open to every member of our community and surrounding communities. Participants are never screened to determine whom their payer is, ability to pay or any other criteria. Education is frequently available in English and Spanish. In 2014, Citrus Valley Health Partners adopted the following Community Outreach Goals.

In 2014, CVHP will work with more community partners to offer more preventative education and resources

In 2014, CVHP will continue to provide programs and services to enhance awareness of clinical services.

The seven (7) operational program categories are:

A Healthier You that provide monthly evening and luncheon programs on physical or mental health topics, programming specific to seniors, a daily walking program for adults, programs geared to change health habits, as well as early detection. Support groups helping the community to deal with chronic conditions, new diagnosis, move through chronic pain or life changing experiences and a program to prepare children ages 3-12 for surgery.

Childbirth Education programs designed to provide the expectant family with information, resources, guidance and support in preparation for the new baby. Lamaze, Newborn Necessities, Breastfeeding Basics, Sibling Classes, Infant Massage, and Maternity open house and tours are available. A low cost breast pump rental program is also available. (see Mother Baby Specialty Shoppe)

Diabetes Education counseling and support groups to help patients learn how to live with and manage diabetes.

CVHP Resources & Programs that include multiple, bi-lingual support groups, programs for free or low cost wigs, breast prosthesis, programs to help women cope with the physical changes of cancer treatments, and treatment/instruction of therapies that compliment western medical treatments for cancer at no or low cost to the patient.

Hospice & Bereavement Services provide class series, individualized to adults, to deal with the loss of a loved one as well as training for volunteer opportunities to help someone else in need. Attendance varies from Class to class but averages about 20 participants per program.

Special Events provide various types of health screenings and informational events. This is a time to share valuable health education information, in addition to providing referrals.

Mother Baby Specialty Shoppe provides free lactation support/services and low cost breast pump rentals and breastfeeding supplies for new moms. Approximately 99 breast pumps are being used in the community on a monthly basis.

Lighten Up SGV provides monthly classes on weight loss support and community weight loss challenge and a online community for those looking for free resources to help them lose weight.

Partnership with Other Public, Private and Community Agencies to offer preventative health care and education

Breath Savers Club (partnership with American Lung Association)
Mother Baby Specialty Shoppe
Diabetes - Parents Support Group
Diabetes Education – Managing your Diabetes
Yoga for the Cancer Patient
Look Good, Feel Better
Reiki Therapy For Cancer Patients

Programs & services to enhance Citrus Valley Health Partners' services

Nutrition Counseling
Partners in Your Progress – Cardiac Education Series
FBNC – Breast-Feeding Educational Classes
MOM-2-MOM – Breastfeeding Support Group
Mother Baby Specialty Shoppe
Lamaze – Childbirth Education Class
FBNC - Newborn Necessities Educational Class
Newborn Inn - Sibling Class
Adultos con Diabetes Grupo de Apoyo
Boris the Bear
Managing Your Diabetes
Parents Support Group – Diabetes
Adults with Diabetes Support Group
Type 1 Support Group - Diabetes
Adolescent Support Group – Diabetes
Sweet Success – Gestational Diabetes
Mended Hearts
Yoga for the Cancer Patient
Cancer Resource Center
Clinical Trials
Group De Apoyo Para Personas Con Cancer
Look Good, Feel Better
Reiki Energy Healing Sessions for Cancer Patients
Become a Volunteer for Hospice
Grief Outreach
Road to Survival
Getting Through the Holidays After the Loss Of A Loved One
Sweet Success
Breath Savers Club
Inter-Faith Diabetes Outreach

