Foothill Presbyterian Hospital: Supplementary Report
250 South Grand Ave.
Glendora, CA 91740

Fiscal Year Report Period: 2012

Individuals Preparing Community Benefit Report:

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2012 Community Benefit Report

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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 Campus 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 Campus. 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 Campus was founded more than 75 years ago. It is a 222-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 campus 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

- South El Monte
- Industry
- Hacienda Heights
- West Puente Valley
- El Monte
- Irwindale
- Baldwin Park
- Mayflower Village
- Citrus
- San Dimas
- Charter Oak
- Covina
- Rowland Heights
- West Covina
- La Puente
- Santa Fe Springs
- South San Jose Hills
- Avocado Heights
- Diamond Bar

Map Legend
- City
- Census Designated Place
- Unincorporated Area

November 2001
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

2012 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 2012 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 has 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 2012 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 Campus gave ten (15) scholarships to students who are furthering their education in the healthcare field. A total of $15,000 was donated in the year 2012.

The Auxiliary at Foothill Presbyterian also donated sixteen (16) scholarships to community members totaling $20,000 in the year 2012.

The Food and Nutrition Services departments at CVMC Queen of the Valley Campus and Inter-Community Campus, and Foothill Presbyterian 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
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.
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,
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
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, Sr.
Title: Chair, Finance Committee
Date: 11-30-11

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

011 (Screening form)
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)

019 (Screening form - Sp)
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

012 (Income certification)
FORMA II

CERTIFICACIÓN DEL INGRESO

YO, _____________________ CERTIFICO QUE MI INGRESO FAMILIAR POR LOS ÚLTIMOS 12 MESES HA SIDO $________ Y RECLAMO _____ DEPENDIENTES. OTERGO 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

019A (Income Certification – Sp)
DATE: [DATE]

PATIENT NAME : [PATIENT NAME]
DATE OF SERVICE: [ADM/SER DATE]
ACCT NUMBER : [ACCOUNT #]

AMT OF CHARITY WRITE-OFF : $_______

___ UNDOC CHECKED HISTORY: ____________________
___ ON G/R
___ HOMELESS
___ UNEMPLOYED
___ NO M/CAL LINKAGE
___ OTHERS PROVIDE FOOD/SHELTER
___ OTHER ______________________________________________________

TOTAL INCOME FOR THE LAST 12 MONTHS: $____________________________

# DEPENDENTS (including patient): ________________________________

% OF CHARITY ELIGIBILITY: ______ % PT RESPONSIBILITY: $__________

SUBMITTED BY: ________________________________________________

APPROVAL SIGNATURES:

NATALIE ACOSTA DATE
PATIENT ACCOUNT SUPERVISOR, BUSINESS SVCS

SALLY DE LA O DATE
ASSISTANT DIRECTOR, BUSINESS SVCS

ROGER SHARMA
SENIOR V.P. & CFO

013
[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)
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 necesitará una declaración escrita del paciente o la persona responsable en cuanto porque no está disponible.

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

Sinceramente,

Dept. De Contabilidades del Paciente

014 (Cover letter -Sp)
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
(8:00 a.m.-4:00 p.m.)

(017 – CAP incomplete ltr)
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 recibido 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)
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)
Basado en la información que usted proporcionó a Citrus Valley Health Partners, no califica 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
(8:00 a.m.-4:00 p.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)
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)
[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 determinó 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:

<table>
<thead>
<tr>
<th>VISA</th>
<th>MASTERCARD</th>
<th>AMERICAN EXPRESS</th>
<th>DISCOVER</th>
</tr>
</thead>
</table>

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)
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%)
Querido(a) [GUARANTOR NAME]:

Basado en la información que nos envió nos complacemos 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.)
Policy Type: GHO Manual
Policy #: PC-300
Policy Title: EMTALA (Emergency Medical Treatment and active labor act)
Originating Date: 3/99
Reviewed Date: 2/04, 5/02, 10/07, 2/28/11(FPH)
Revised Date: 6/99, 5/02, 1/08*, 3/23/11, 4/30/12

*Corporate Policy D301. See Nursing Administration office for paper copy of policy.

Statement of Policy

It is the policy of Citrus Valley Medical Center and Foothill Presbyterian Hospital to provide a medical screening examination by a qualified medical person to any individual who comes to the Hospital and seeks an examination or medical treatment to determine if the individual has an emergency medical condition, whether or not eligible for insurance benefits and regardless of ability to pay.

If it is determined that the individual has an emergency medical condition, medical examination and treatment will be provided as required to stabilize the emergency medical condition, within the capability of the Hospital, or to arrange for transfer to the individual to another medical facility in accordance with the procedures set forth below.

Declarations

A. The provision of a medical screening examination, stabilizing treatment, or appropriate transfer will not be delayed in order to inquire about the individual’s method of payment or insurance status.

B. The Hospital will not request or allow a health plan to require prior authorization for services before the individual has received a medical screening examination and stabilizing treatment.

C. The Hospital will provide emergency services and care without regard to an individual’s race, ethnicity, religion, national origin, citizenship, age, sex, sexual orientation, preexisting medical condition, physical or mental disability, insurance status, economic status or ability to pay for medical services, except to the extent that a circumstance such as age, sex, preexisting medical condition, or physical or mental disability is medically significant to the provision of appropriate medical care to the individual.

D. The policy applies to:

1. All individuals who present anywhere on the Hospital’s Campus, even if they present at a location other than the Emergency Department.

2. All individuals in any ambulance subject to the policies and procedures of the local Emergency Medical Services (EMS) authority that is on Hospital property, even if instructed not to come to the Hospital.

E. Hospital property means the entire Hospital campus (including parking lots, sidewalks and driveways) defined as:

1. The main facility buildings.
2. Structures owned and operated by the Hospital that are within 250 yards to the main buildings.
F. Emergency medical condition means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain, psychiatric disturbances and/or symptoms of substance abuse) such that the absence of immediate medical attention could reasonably be expected to result in either:

1. Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; or

2. Serious impairment to bodily functions; or

3. Serious dysfunction of any bodily organ or part.

With respect to a pregnant woman who is having contractions:

1. That there is inadequate time to effect a safe transfer to another hospital before delivery; or

2. That transfer may pose a threat to the health or safety of the woman or her unborn child.

G. Labor means the process of childbirth beginning with the latent or early phase and continuing through the delivery of the placenta. A woman who is experiencing contractions is in true labor unless a physician or qualified medical person certifies, after a reasonable period of observation, that she is in false labor.

H. Medical screening examination means the screening process required to determine with reasonable clinical confidence whether an emergency medical condition does or does not exist.

I. Qualified medical person means an individual other than a licensed physician who is licensed or certified in one of the following professional categories and who has demonstrated current competence in the performance of a medical screening examination:

1. Registered nurses who are credentialed to perform a medical screening examination for patients in labor.

2. Physician's Assistants or Nurse Practitioners in the Emergency Department under physician supervision.

J. "To stabilize" or "stabilize" or "stabilized" means:

1. With respect to an emergency medical condition, that the individual is provided with such medical treatment as is necessary to assure, within reasonable medical probability, that no material deterioration of the condition is likely to result from or occur during the transfer of the patient from the hospital; or

2. With respect to a pregnant woman who is having contractions and who cannot be transferred before delivery without a threat to the health or safety of the woman or the unborn child, that the woman has delivered the child and the placenta.

K. Stable for discharge means:

1. The physician has determined, within reasonable clinical confidence, that the patient has reached the point where his/her continued medical treatment, including diagnostic work-up or treatment, could reasonably be performed as an outpatient or later as an inpatient, as long as the patient is given a plan for appropriate follow-up care with discharge instructions; or

2. With respect to an individual with a psychiatric condition, the physician has determined that the patient is no longer considered to be a threat to
himself/herself or others.

NOTE: "Stable for discharge" does not require the final resolution of the emergency medical condition. However, the patient is never considered "stable for discharge" if within a reasonable medical probability, the patient's condition would materially deteriorate after discharge.

L. Stable for transfer between medical facilities means:

1. The physician determines within reasonable clinical confidence, that the patient will sustain no material deterioration in his/her medical condition as a result of the transfer, and that the receiving facility has the capability to manage the emergency medical condition and any reasonably foreseeable complication; or

2. With respect to an individual with a psychiatric condition the physician determines that the patient is protected and prevented from injuring himself/herself or others.

NOTE: Stable for transfer does not require the final resolution of the emergency medical condition.

M. Transfer means the movement (including the discharge) of an individual outside the Hospital's facilities at the direction of any person employed or associated, directly or indirectly, with the Hospital, but does not include the movement of an individual who: (1) is being moved from one location in the Hospital to another location in the Hospital; (2) has been declared dead; or (3) leaves the Hospital without permission or against medical advice.

N. Within the capability of the Hospital means those services which the Hospital is required to have as a condition of its license, as well as Hospital ancillary services routinely available to the Emergency Department.

Procedure

A. Medical Screening Examination

1. The Hospital shall provide a medical screening examination for every person who comes to the emergency department and seeks medical treatment or on whose behalf such a request is made, and shall also provide such an examination for every person who comes to another area of the Hospital campus to seek treatment for a potential emergency medical condition.

2. An individual who comes to another (non-emergency department) area of the Hospital campus and seeks treatment for a potential emergency medical condition shall be immediately transported to the Emergency Department of the screening examination and necessary stabilizing treatment. Such transport shall be by the method and with the personnel and equipment deemed appropriate under the circumstances by those who are with the individual.

   a. Emergency Department staff will respond and provide first aid to any person in need of emergency care who is on Hospital property or in a structure that is owned and operated by the Hospital and is within 250 yards of the Hospital.
   b. Emergency Medical Services Staff will be utilized for calling 911 for any person outside the designated area.
   c. If an individual is found down in extremis, 911 and Emergency Department staff will be called simultaneously.

3. Within the capability of the Emergency Department, the medical screening examination shall determine within reasonable medical probability whether or not
an emergency medical condition exists. The medical screening examination shall be performed by a physician or by a qualified medical person and must be documented in the medical record.

4. If, after an initial medical screening examination, a physician determines that the individual requires the services of an on-call physician, the on-call physician shall be contacted.

B. Individuals Who Do Not Have An Emergency Medical Condition

1. When a physician determines as a result of a medical screening examination that the individual does not have an emergency medical condition, the individual may be transferred to another medical facility (if in need of further care) or discharged. The transfer or discharge of an individual who does not have an emergency medical condition shall be in accordance with the Hospital’s transfer and discharge policies.

2. The appropriate portions of the Physician Authorization for Transfer form shall be completed if the individual is transferred to another medical facility.

C. Individuals Who Have An Emergency Medical Condition

1. When it is determined that the individual has an emergency medical condition, the Hospital shall:

   a. Within the capability of the staff and facilities available at the Hospital, stabilize the individual to the point where the individual is either stable for discharge or stable for transfer.

   b. Provide for an appropriate transfer of the unstabilized individual to another medical facility. Transfer of unstabilized individuals are allowed only pursuant to patient request, or when a physician, or a qualified medical person in consultation with a physician, certifies that the expected benefits to the patient from the transfer outweigh the risks of transfer.

2. If an individual has an emergency medical condition which has not been stabilized, the individual may be transferred only if the transfer is carried out in accordance with the procedures set forth below:

   a. The individual may be transferred if the individual or the legally responsible person acting on the individual’s behalf is first fully informed of the risks of the transfer, the alternatives (if any) to the transfer, and of the Hospital’s obligations to provide further examination and treatment sufficient to stabilize the individual’s emergency medical condition, and to provide for an appropriate transfer. The transfer may occur if the individual or legally responsible person: (i) makes a written request for transfer to another medical facility, stating the reasons for the request; and (ii) acknowledges his request and understanding of the risks and benefits of the transfer, by signing the Patient Request for Transfer or Discharge form.

   b. The individual may be transferred if a physician has documented in the Physician Authorization for Transfer form that the medical benefits expected from transfer outweigh the risks.

3. The transfer from this Hospital to a receiving medical facility of an individual with an unstabilized emergency medical condition shall be carried out as follows:

   a. The Hospital shall, within its capability, provide medical treatment which minimizes the risks to the individual’s health and, in the case of a woman
who is having contractions, the health of the woman and the unborn child:

b. A representative of the receiving medical facility must have confirmed that the receiving medical facility has available space and qualified personnel to treat the individual and has agreed to accept the transfer and to provide appropriate medical treatment, and a physician at the receiving facility has agreed to accept the transfer;

c. The Hospital shall send the receiving medical facility copies of all pertinent medical records available at the time of transfer, including (1) available history; (2) records related to the individual’s emergency medical condition; (3) observations of signs or symptoms; (4) preliminary diagnoses; (5) results of diagnostic studies for telephone reports of the studies; (6) treatment provided; (7) results of any tests; (8) a copy of the Physician Authorization for Transfer form, including if applicable, the certification of risks and benefits by a physician, or the signed Patient Request for Transfer form;

d. The transfer shall be effected through qualified professionals and transportation equipment, including the use of necessary and medically appropriate life support measures during the transfer. The physician is responsible for determining the appropriate mode of transport, equipment, and transporting professionals to be used for the transfer.

e. If an on-call physician has refused or failed to appear within a reasonable time after being requested to provide necessary stabilizing treatment thus necessitating a transfer, the emergency physician shall document the on-call physician’s name and address in the medical record.

D. Individuals Who Have An Emergency Medical Condition But Refuse to Consent to Treatment Or to Transfer

1. If the Hospital offers examination and treatment and informs the individual or legally responsible person of the risks and benefits to the individual of refusing the examination and treatment, but the individual or legally responsible person refuses to consent to the examination and treatment, the Hospital shall take all reasonable steps to have the individual or legally responsible person sign a Refusal to Permit Further Medical Treatment form. The medical record shall contain a description of the examination, treatment, or both, if applicable, that was proposed but refused by or on behalf of the individual; the risks and benefits of the examination and/or treatment; the reasons for refusal; and if the individual refused to sign the form. The steps taken in effort to secure the written informed refusal. An individual who has refused medical examination and/or treatment may be transferred in accordance with the procedures set forth for transfer of unstabilized patients.

2. If the Hospital offers an appropriate transfer but the individual or the legally responsible person refuses the transfer, after being informed of the risks and benefits of the transfer, the Hospital shall take all reasonable steps to have the individual or legally responsible person sign Section 4, Transfer is Refused, on the Physician Authorization for Transfer form. In addition, the medical record shall contain a description of the reasons for the proposed transfer.

E. On-Call Physicians

The Hospital shall maintain an on-call list of physicians, including specialists and sub-specialists that are available to screen, examine, and treat patients with potential emergency medical conditions. On-call physicians shall respond to Hospital calls for emergency coverage within a reasonable time after receiving communication indicating that their attendance is required. If an on-call specialist or
sub-specialist is not available, the Emergency Department physician, or his or her
designee, shall attempt to obtain the services of another appropriate specialist or
sub-specialist from the Hospital’s medical staff through working with the Chief of
Staff and the Administrator on-call, as deemed appropriate. If the necessary on-call
services remain unavailable despite these efforts, such that the patient requires
transfer in order to obtain the necessary services at another medical facility, the
emergency physician shall note the name and address of the on-call physician who
refused or failed to appear, in the medical record.

F. Record-keeping

The Hospital, whether transferring or receiving patients, must maintain the following:

1. Medical and other records related to individuals transferred to or from the
   Hospital, for a minimum period of five (5) years from the date of the transfer;

2. A list of physicians who are on-call for duty after the initial examination to
   provide treatment necessary to stabilize an individual with an emergency medical
   condition, for a period of five (5) years;

3. A central log on each individual who comes to the Emergency Department seeking
   screening or treatment, for a period of five (5) years. The log must indicate
   whether the individual refused treatment or transfer, or was transferred prior to
   stabilization, admitted and treated, stabilized and transferred, or discharged.

G. Acceptance of Patient Transfers

The Hospital has the obligation to accept an appropriate transfer of a patient with an
unstabilized emergency medical condition who requires specialized capabilities or
facilities of the Hospital.

H. Reporting the Receipt of Inappropriate Transfers

1. Each Hospital medical staff member, house staff member, nursing supervisor or
   employee who works in the Emergency, Labor and Delivery or Admitting departments
   and who has reason to believe that a potential violation of the law has resulted
   in an inappropriate transfer to the Hospital as a receiving hospital shall report
   the incident to the Administrator on-call, or Director of Risk management as soon
   as possible for investigation.

I. Signage

1. The Hospital shall post signs in English and in Spanish that specify the rights
   of individuals under the law with respect to examination and treatment for
   emergency medical conditions and of women who are pregnant and are having
   contractions. These signs shall be posted in the Emergency Department,
   Perinatal Services Department and where patients wait prior to examination
   and treatment.

2. The Hospital shall post signs stating whether or not the Hospital participates in
   the Medi Cal program.

References

CHA Consent Manual
EMTALA Statute, US Code, Title 42, Section 395dd
Emergency Department Policy All3, Emergency Response to Medical Emergencies Outside of the
Hospital (CVNC)
Perinatal Services Policy S101, Screening Examination and Evaluation of Material Patients
(CVNC)
Standardized Procedure, Medical Screening Exam FPH
Citrus Valley Health Partners

V

2010 Community Needs Assessment Executive Summary
Executive Summary

Citrus Valley Health Partners (CVHP) conducted a state-mandated community health needs assessment. Needs assessments are the primary tools used to determine a hospital’s “community benefit” plans, that is, how the hospital will give back to the community in the form of health care and other community health services to address unmet community needs. This community health needs assessment was conducted in partnership with Kaiser Foundation Hospital – Baldwin Park.

In 1994, California passed legislation (SB 697) that required non-profit hospitals to report on the community benefit they provide. This legislation further required hospitals to assess the health needs of the communities they serve and develop plans to address priority needs. In addition to California’s requirement for health needs assessments, the recent passage of the Patient Protection and Affordable Care Act, has instituted federal regulations for tax exempt hospitals to conduct community health needs assessments and develop community benefit plans every three years.

Service Area

Citrus Valley Health Partners comprises four campuses: Inter-Community in Covina, Queen of the Valley in West Covina, Foothill Presbyterian in Glendora, and Citrus Valley Hospice in West Covina. The service area for Citrus Valley Health Partners encompasses 13 cities and 4 Census designated places (CDPs).

<table>
<thead>
<tr>
<th>Avocado Heights, CDP</th>
<th>Glendora</th>
<th>San Dimas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Azusa</td>
<td>Hacienda Heights, CDP</td>
<td>South El Monte</td>
</tr>
<tr>
<td>Baldwin Park</td>
<td>Inwindale</td>
<td>Valinda, CDP</td>
</tr>
<tr>
<td>Covina</td>
<td>La Puente</td>
<td>Walnut</td>
</tr>
<tr>
<td>Diamond Bar</td>
<td>La Verne</td>
<td>West Covina</td>
</tr>
<tr>
<td>El Monte</td>
<td>Rowland Heights, CDP</td>
<td></td>
</tr>
</tbody>
</table>

Data Collection

This community health needs assessment includes collection and analyses of primary and secondary data.

Service Area Description

The secondary data selected for this report examine up-to-date data sources for the service area to present a community profile, birth indicators, leading causes of death, access to health care, chronic diseases, preventive practices, health behaviors, social issues, and school and student characteristics. When pertinent, these data sets are presented in the context of Los Angeles County and/or the state. Demographic data are presented for all cities and CDPs in a supplementary appendix.

Stakeholder Interviews and Community Focus Groups

Primary data were collected directly from people in the community. Twenty-two people representing 20 community organizations and agencies were interviewed. Additionally, four focus groups were conducted with: Health Care Providers, Social Services Providers, Promotoras and School Liaisons, and Business and Education Leaders. Three groups were conducted in English and one in Spanish (the Promotoras/School
Liaisons group). For the Promotoras group that spoke Spanish, a bilingual facilitator conducted the focus groups in Spanish. A total of forty-nine people participated in the focus groups.

This report presents a summary that highlights the data findings, presents key needs and opportunities for action. A detailed narrative follows that examines each of the data sets. The report includes benchmark comparison data (where available), comparing CVHP community data findings with newly released Healthy People 2020 objectives.
Overview of Key Findings and Community Needs

This overview summarizes significant findings drawn from an analysis of the data from each section of the report. Full data descriptions, findings, and data sources follow in the full report.

**Community Profile**

From 2000 to 2008, the population in the CVHP service area increased 5.8% from 793,007 to 839,291 persons. The population is estimated to increase by 3.7% from 2008 to 2013.

**Total Population**

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>CVHP Service Area</td>
<td>793,007</td>
<td>839,291</td>
<td>5.8%</td>
<td>870,421</td>
<td>3.7%</td>
</tr>
<tr>
<td>Los Angeles County</td>
<td>9,519,338</td>
<td>10,342,429</td>
<td>7.6%</td>
<td>10,701,691</td>
<td>3.5%</td>
</tr>
</tbody>
</table>


1. 2008 estimates and 2013 projections from the California Department of Finance.

**Population by Age**

From 2000 to 2013, population by age shows a trend toward an increase in children, from 0-4, a decrease in youth, ages 5-17, and an increase in seniors.

<table>
<thead>
<tr>
<th></th>
<th>2000</th>
<th>2008</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 0-4</td>
<td>7.7%</td>
<td>7.9%</td>
<td>8.3%</td>
</tr>
<tr>
<td>Age 5-17</td>
<td>22.1%</td>
<td>20.9%</td>
<td>19.6%</td>
</tr>
<tr>
<td>Age 18-64</td>
<td>61.2%</td>
<td>62.2%</td>
<td>61.9%</td>
</tr>
<tr>
<td>Age 65+</td>
<td>8.9%</td>
<td>9.0%</td>
<td>10.2%</td>
</tr>
</tbody>
</table>


**Population by Race and Ethnicity**

Service area residents of Hispanic or Latino ethnicity increased from 52.0% in 2000 to 57.8% of the population in 2008. The service area has seen an increase in the population of Asian/Pacific Islanders and a decrease in White/Caucasians.

<table>
<thead>
<tr>
<th></th>
<th>2000</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>47.0%</td>
<td>43.2%</td>
</tr>
<tr>
<td>African American</td>
<td>2.9%</td>
<td>2.6%</td>
</tr>
<tr>
<td>American Indian</td>
<td>1.0%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Asian or Pacific Islander</td>
<td>19.3%</td>
<td>20.1%</td>
</tr>
<tr>
<td>Other Race</td>
<td>25.3%</td>
<td>28.1%</td>
</tr>
<tr>
<td>Multiracial</td>
<td>4.5%</td>
<td>5.1%</td>
</tr>
<tr>
<td>Hispanic or Latino (any race)</td>
<td>52.0%</td>
<td>57.8%</td>
</tr>
<tr>
<td>Not Hispanic or Latino</td>
<td>48.0%</td>
<td>42.2%</td>
</tr>
</tbody>
</table>

Source: ESRI Business Analyst
Unemployment
In 2009, unemployment in the area averaged 10.3%; more than double the rates of unemployment in 2005.

12-Month Average Unemployment Rates

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>CVHP Service Area</td>
<td>4.7%</td>
<td>4.2%</td>
<td>4.5%</td>
<td>6.6%</td>
<td>10.3%</td>
</tr>
</tbody>
</table>

Source: California Employment Development Department, Labor Market Information Division, April 2010 Preliminary Report

Households and Household Income
From 2000 to 2008 the number of households increased 3.2%. Average household income for the service area was $51,942 in 2000, increasing to $65,912 in 2008 for a 26.9% increase in household income.

Households and Median Household Income, Growth Projections

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>CVHP Service Area</td>
<td>222,963</td>
<td>230,043</td>
<td>3.2%</td>
<td>$51,942</td>
</tr>
</tbody>
</table>


Over one-third (33.7%) of the residents in the CVHP service area live at 200% of Federal Poverty Level and are classified as low-income.

Population Characteristics Compared by Place
Selected population characteristics are summarized and compared by place. These include children and youth (age 0-17), Hispanic or Latino ethnicity, language spoken at home among the population five years and older speaking Spanish or Asian/Pacific Islander languages, low-income population, and population unemployed.
### Selected Population Characteristics by Place

<table>
<thead>
<tr>
<th>Place</th>
<th>Age 0-17</th>
<th>Hispanic or Latino (any race)</th>
<th>Language Spoken</th>
<th>Low-Income &lt;200% FPL</th>
<th>Unemployed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avocado Heights</td>
<td>30.8%</td>
<td>82.8%</td>
<td>62.3%</td>
<td>7.0%</td>
<td>41.9%</td>
</tr>
<tr>
<td>Azusa</td>
<td>31.2%</td>
<td>72.6%</td>
<td>49.5%</td>
<td>4.3%</td>
<td>44.7%</td>
</tr>
<tr>
<td>Baldwin Park</td>
<td>34.0%</td>
<td>82.7%</td>
<td>67.5%</td>
<td>10.8%</td>
<td>47.3%</td>
</tr>
<tr>
<td>Covina</td>
<td>27.4%</td>
<td>51.2%</td>
<td>25.0%</td>
<td>7.5%</td>
<td>26.6%</td>
</tr>
<tr>
<td>Diamond Bar</td>
<td>22.9%</td>
<td>22.8%</td>
<td>11.3%</td>
<td>33.8%</td>
<td>14.7%</td>
</tr>
<tr>
<td>El Monte</td>
<td>34.0%</td>
<td>76.5%</td>
<td>61.8%</td>
<td>18.3%</td>
<td>59.6%</td>
</tr>
<tr>
<td>Glendora</td>
<td>24.9%</td>
<td>30.6%</td>
<td>13.1%</td>
<td>4.6%</td>
<td>17.4%</td>
</tr>
<tr>
<td>Hacienda Heights</td>
<td>22.3%</td>
<td>44.1%</td>
<td>26.0%</td>
<td>32.7%</td>
<td>24.2%</td>
</tr>
<tr>
<td>Irwindale</td>
<td>32.9%</td>
<td>92.4%</td>
<td>65.9%</td>
<td>2.6%</td>
<td>35.6%</td>
</tr>
<tr>
<td>La Puente</td>
<td>32.9%</td>
<td>87.0%</td>
<td>68.8%</td>
<td>6.6%</td>
<td>47.5%</td>
</tr>
<tr>
<td>La Verne</td>
<td>22.4%</td>
<td>32.1%</td>
<td>12.7%</td>
<td>4.8%</td>
<td>14.2%</td>
</tr>
<tr>
<td>Rowland Heights</td>
<td>23.6%</td>
<td>32.9%</td>
<td>20.3%</td>
<td>46.6%</td>
<td>28.0%</td>
</tr>
<tr>
<td>San Dimas</td>
<td>23.3%</td>
<td>32.8%</td>
<td>14.6%</td>
<td>6.2%</td>
<td>15.5%</td>
</tr>
<tr>
<td>South El Monte</td>
<td>33.8%</td>
<td>87.6%</td>
<td>75.2%</td>
<td>7.2%</td>
<td>57.3%</td>
</tr>
<tr>
<td>Valinda</td>
<td>33.3%</td>
<td>77.8%</td>
<td>59.2%</td>
<td>7.8%</td>
<td>39.9%</td>
</tr>
<tr>
<td>Walnut</td>
<td>22.3%</td>
<td>22.8%</td>
<td>12.2%</td>
<td>46.4%</td>
<td>13.2%</td>
</tr>
<tr>
<td>West Covina</td>
<td>27.5%</td>
<td>53.3%</td>
<td>30.7%</td>
<td>19.4%</td>
<td>25.0%</td>
</tr>
<tr>
<td><strong>CVHP Service Area</strong></td>
<td><strong>28.8%</strong></td>
<td><strong>57.8%</strong></td>
<td><strong>38.1%</strong></td>
<td><strong>17.9%</strong></td>
<td><strong>33.7%</strong></td>
</tr>
<tr>
<td><strong>Los Angeles County</strong></td>
<td><strong>26.1%</strong></td>
<td><strong>47.3%</strong></td>
<td><strong>37.9%</strong></td>
<td><strong>10.0%</strong></td>
<td><strong>39.9%</strong></td>
</tr>
</tbody>
</table>

**Source:** U.S. Bureau of the Census, American Fact Finder, ESRI Business Analyst 2008; California Employment Development Department, 2009

### Birth Characteristics

In 2008, there were 13,223 births in the area. The rate of births has decreased by approximately 3% from 2006. Teen births occurred at a rate of 9.7% of live births.

The birth indicators within the CVHP service area compare favorably to the Healthy People 2020 objectives:

- Among pregnant women, 86.7% obtain prenatal care as recommended in the first trimester.
- Low birth weight babies (less than 2500 g) are 6.5% of live births.
- The infant death rate is 4.9 per 1,000 live births in 2008.
- 82% of new mothers giving birth at Foothill Presbyterian breastfeed their infants

### Birth Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>CVHP Service Area</th>
<th>Healthy People 2020 Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early entry into prenatal care (1st trimester)</td>
<td>86.7%</td>
<td>78.0%</td>
</tr>
<tr>
<td>Low birth weight infant (under 2500 grams)</td>
<td>6.5%</td>
<td>7.8%</td>
</tr>
<tr>
<td>Infant mortality rate (per 1,000 live births)</td>
<td>4.9</td>
<td>6.0</td>
</tr>
<tr>
<td>Mothers who breastfeed - Queen of the Valley</td>
<td>73.3%</td>
<td>81.9%</td>
</tr>
<tr>
<td>Foothill Presbyterian</td>
<td>82.0%</td>
<td></td>
</tr>
</tbody>
</table>

**Source:** California Department of Public Health, 2008
Leading Causes of Death

When adjusted for age, the CVHP service area has a higher death rate (762.3 per 100,000 persons) than that of the county (713.2) and the state (650.1).

Heart disease, cancer and stroke are the three leading causes of death. The CVHP service area has lower rates of death per 100,000 persons for cancer, stroke, diabetes, unintentional injuries and suicide when compared to Healthy People 2020 objectives.

Rates of Death per 100,000 Persons, 5 Year Average

<table>
<thead>
<tr>
<th></th>
<th>CVHP Service Area</th>
<th>Healthy People 2020 Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart disease deaths</td>
<td>144.1</td>
<td>100.8</td>
</tr>
<tr>
<td>Cancer deaths</td>
<td>123.8</td>
<td>160.6</td>
</tr>
<tr>
<td>Stroke deaths</td>
<td>31.4</td>
<td>33.8</td>
</tr>
<tr>
<td>Diabetes deaths</td>
<td>22.3</td>
<td>65.8</td>
</tr>
<tr>
<td>Unintentional injury</td>
<td>18.5</td>
<td>36.0</td>
</tr>
<tr>
<td>Suicides</td>
<td>6.1</td>
<td>10.2</td>
</tr>
</tbody>
</table>

Source: California Department of Public Health, 2004-2008

Premature Death

Coronary heart disease was the number one cause of premature death, followed by motor vehicle crash and homicide. The number one cause of premature death among males is heart disease and among females it is breast cancer.

Leading Causes of Premature Death

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1 Cause</td>
<td>Coronary heart disease</td>
<td>Breast cancer</td>
</tr>
<tr>
<td>#2 Cause</td>
<td>Homicide</td>
<td>Coronary heart disease</td>
</tr>
<tr>
<td>#3 Cause</td>
<td>Motor vehicle crash</td>
<td>Motor vehicle crash</td>
</tr>
</tbody>
</table>


Access to Health Care

Among the adult population, ages 18-64, 22.2%-28% are uninsured and 7.5%-9.1% of children, ages 0-17, lack health insurance. Almost one-fifth of adults (19.3%) have no regular source of care.

Insurance Coverage and Access to Care

<table>
<thead>
<tr>
<th></th>
<th>CVHP Service Area</th>
<th>Healthy People 2020 Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult health insurance rate</td>
<td>72.0%-77.8%</td>
<td>100%</td>
</tr>
<tr>
<td>Children health insurance rate</td>
<td>90.9%-92.5%</td>
<td>100%</td>
</tr>
<tr>
<td>Ongoing source of care</td>
<td>80.7%</td>
<td>89.4%</td>
</tr>
</tbody>
</table>

Source: Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology, Los Angeles County Health Survey, 2007
Barriers to Care
In the service area, 22.4% of adults cannot afford dental care and 10.9% cannot afford medical care. 13.8% of adults could not afford their prescription medications in the past year.

### Barriers to Accessing Health Care

<table>
<thead>
<tr>
<th>CVHP Service Area</th>
<th>Los Angeles County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults Unable to Afford Dental Care in the Past Year</td>
<td>22.4%</td>
</tr>
<tr>
<td>Adults Unable to Afford Medical Care in the Past Year</td>
<td>10.9%</td>
</tr>
<tr>
<td>Adults Unable to Afford Mental Health Care in the Past Year</td>
<td>6.4%</td>
</tr>
<tr>
<td>Adults Unable to Afford Prescription Medication in the Past Year</td>
<td>13.8%</td>
</tr>
<tr>
<td>Adults Who Reported Difficulty Accessing Medical Care</td>
<td>32.5%</td>
</tr>
<tr>
<td>Adults Who Reported Difficulty Talking to a Doctor because of a Language Barrier in the Past Year</td>
<td>10.7%</td>
</tr>
<tr>
<td>Adults Who Reported Transportation Problems Prevented Obtainment of Medical Care</td>
<td>8.4%</td>
</tr>
</tbody>
</table>

Source: Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology, Los Angeles County Health Survey 2007

### Chronic Disease
Adults in the area served by CVHP have high rates of high blood cholesterol, diabetes, heart disease, and hypertension. 8.3% of children, ages 0-17, have been diagnosed with asthma.

### Chronic Disease

<table>
<thead>
<tr>
<th>CVHP Service Area</th>
<th>Los Angeles County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults diagnosed with High Blood Cholesterol</td>
<td>35.7%</td>
</tr>
<tr>
<td>Adults diagnosed with Depression</td>
<td>13.4%</td>
</tr>
<tr>
<td>Adults diagnosed with Diabetes</td>
<td>10.0%</td>
</tr>
<tr>
<td>Adults diagnosed with Heart Disease</td>
<td>8.1%</td>
</tr>
<tr>
<td>Adults diagnosed with Hypertension</td>
<td>25.7%</td>
</tr>
<tr>
<td>Children diagnosed with Asthma</td>
<td>8.3%</td>
</tr>
</tbody>
</table>

Source: Los Angeles County Health Survey; Office of Health Assessment and Epidemiology; Los Angeles County Department of Public Health, 2007

### Preventive Practices
Among seniors, 69.3% received flu shots and 54.1% received pneumonia vaccines. These rates are below recommended Healthy People 2020 objectives. Among women, 81.3% obtained a Pap test and 72.4% obtained screening mammograms; both rates for these preventive screenings are below recommended Healthy People 2020 objectives.

### Preventive Practices

<table>
<thead>
<tr>
<th>CVHP Service Area</th>
<th>Healthy People 2010 Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior flu shot</td>
<td>69.3%</td>
</tr>
<tr>
<td>Senior pneumonia vaccine</td>
<td>54.1%</td>
</tr>
<tr>
<td>Pap smear in last 3 years</td>
<td>81.3%</td>
</tr>
<tr>
<td>Mammogram in the last 2 years</td>
<td>72.4%</td>
</tr>
</tbody>
</table>

Source: Los Angeles County Health Survey, 2007
Health Behaviors
Adult Overweight and Obesity
In the service area, 34.3% of adults are overweight and 25.3% are obese.

Overweight and Obese Adults

<table>
<thead>
<tr>
<th></th>
<th>CVHP Service Area</th>
<th>Los Angeles County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overweight</td>
<td>34.8%</td>
<td>35.9%</td>
</tr>
<tr>
<td>Obese</td>
<td>25.8%</td>
<td>22.2%</td>
</tr>
</tbody>
</table>

Source: Los Angeles County Health Survey, 2007

Childhood Obesity
Among children, there is a broad range of obesity prevalence. The service area is home to the community in L.A. County ranked highest for childhood obesity – Irwindale (40.9%). Walnut has the lowest rate of childhood obesity at 14.4%.

Childhood Obesity

<table>
<thead>
<tr>
<th>City</th>
<th>Prevalence of Childhood Obesity Percent+</th>
<th>Rank of Obesity Prevalence among Cities in Los Angeles County*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Irwindale</td>
<td>40.9%</td>
<td>128</td>
</tr>
<tr>
<td>Baldwin Park</td>
<td>28.3%</td>
<td>103</td>
</tr>
<tr>
<td>El Monte</td>
<td>28.0%</td>
<td>100</td>
</tr>
<tr>
<td>La Puente</td>
<td>27.8%</td>
<td>97</td>
</tr>
<tr>
<td>South El Monte</td>
<td>27.6%</td>
<td>91</td>
</tr>
<tr>
<td>Avocado Heights</td>
<td>27.6%</td>
<td>93</td>
</tr>
<tr>
<td>Azusa</td>
<td>27.4%</td>
<td>88</td>
</tr>
<tr>
<td>Valinda</td>
<td>26.6%</td>
<td>81</td>
</tr>
<tr>
<td>West Covina</td>
<td>23.7%</td>
<td>64</td>
</tr>
<tr>
<td>Covina</td>
<td>23.1%</td>
<td>60</td>
</tr>
<tr>
<td>Hacienda Heights</td>
<td>20.2%</td>
<td>49</td>
</tr>
<tr>
<td>Rowland Heights</td>
<td>19.7%</td>
<td>45</td>
</tr>
<tr>
<td>San Dimas</td>
<td>17.7%</td>
<td>37</td>
</tr>
<tr>
<td>Glendora</td>
<td>15.6%</td>
<td>32</td>
</tr>
<tr>
<td>La Verne</td>
<td>15.3%</td>
<td>30</td>
</tr>
<tr>
<td>Diamond Bar</td>
<td>14.5%</td>
<td>26</td>
</tr>
<tr>
<td>Walnut</td>
<td>14.4%</td>
<td>25</td>
</tr>
<tr>
<td>Los Angeles County</td>
<td>23.3%</td>
<td></td>
</tr>
</tbody>
</table>

Source: L.A. County Department of Public Health, 2005, +BMI for age > or equal to 95th percentile
*Cities were ranked from 1-128, with 1 indicating the lowest prevalence of obesity and 128 indicating the highest prevalence.
Alcohol Use
47.9% of area adults consume alcohol and 14.8% engage in binge drinking.

### Adult Alcohol Use

<table>
<thead>
<tr>
<th></th>
<th>CVHP Service Area</th>
<th>Los Angeles County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults who consumed alcohol in the past month</td>
<td>47.9%</td>
<td>52.0%</td>
</tr>
<tr>
<td>Adult binge drinking in the past month</td>
<td>14.8%</td>
<td>16.2%</td>
</tr>
</tbody>
</table>

Source: Los Angeles County Health Survey, 2007

Smoking
Communities in the service area have smoking rates that range from 8.8% to 12.8%.

### Smoking Prevalence

<table>
<thead>
<tr>
<th>Community</th>
<th>Percent of Smokers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valinda</td>
<td>12.8%</td>
</tr>
<tr>
<td>Covina</td>
<td>12.7%</td>
</tr>
<tr>
<td>La Puente</td>
<td>12.7%</td>
</tr>
<tr>
<td>El Monte</td>
<td>12.4%</td>
</tr>
<tr>
<td>Azusa</td>
<td>12.1%</td>
</tr>
<tr>
<td>Baldwin Park</td>
<td>11.8%</td>
</tr>
<tr>
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<td>10.3%</td>
</tr>
<tr>
<td>La Verne</td>
<td>10.1%</td>
</tr>
<tr>
<td>Diamond Bar</td>
<td>9.3%</td>
</tr>
<tr>
<td>Walnut</td>
<td>8.8%</td>
</tr>
<tr>
<td><strong>Los Angeles County</strong></td>
<td><strong>14.3%</strong></td>
</tr>
<tr>
<td><strong>Healthy People 2020 Objective</strong></td>
<td><strong>12.0%</strong></td>
</tr>
</tbody>
</table>

Source: LA County Department of Public Health. Cigarette Smoking in LA County, 2010
**Social Issues**

Over 85.3% of parents in the area report access to safe places to play for their children. Half (49.9%) of children eat fast food one or more times a week; and 39.3% of children consume one or more sodas or sweetened drinks a day. Only 13.5% of adults consume 5 or more servings of fresh fruits and vegetables daily. Over one-half of adults (50.4%) and one-third of youth (35%) are physically active.

**Social and Health Behaviors**

<table>
<thead>
<tr>
<th></th>
<th>CVHP Service Area</th>
<th>Los Angeles County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe places to play</td>
<td>85.3%</td>
<td>79.8%</td>
</tr>
<tr>
<td>Fast food consumption among children</td>
<td>49.9%</td>
<td>47.6%</td>
</tr>
<tr>
<td>Fast food consumption among adults</td>
<td>39.5%</td>
<td>40.2%</td>
</tr>
<tr>
<td>Soda consumption among children</td>
<td>39.3%</td>
<td>43.3%</td>
</tr>
<tr>
<td>Soda consumption among adults</td>
<td>37.0%</td>
<td>38.8%</td>
</tr>
<tr>
<td>Adults consume 5 or more fruits/vegetables a day</td>
<td>13.5%</td>
<td>15.1%</td>
</tr>
<tr>
<td>Adults physically active</td>
<td>50.4%</td>
<td>53.2%</td>
</tr>
<tr>
<td>Youth physically active</td>
<td>35.0%</td>
<td>37.6%</td>
</tr>
</tbody>
</table>

Source: Los Angeles County Health Survey, 2007

**Mental Illness**

Over 9% of adults experienced mental illness/psychological distress and 9.7% received counseling in the past year.

**Mental Health Indicators**

<table>
<thead>
<tr>
<th></th>
<th>CVHP Service Area</th>
<th>Los Angeles County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults who had psychological distress during past year</td>
<td>9.4%</td>
<td>8.3%</td>
</tr>
<tr>
<td>Adults who saw a health care provider for emotional-mental and/or alcohol-drug issues in past year</td>
<td>8.1%</td>
<td>11.0%</td>
</tr>
<tr>
<td>Has taken prescription medicine for emotional/mental health issue in past year</td>
<td>6.9%</td>
<td>9.0%</td>
</tr>
<tr>
<td>Received psychological/emotional counseling in past year</td>
<td>9.7%</td>
<td>7.1%</td>
</tr>
</tbody>
</table>

Source: California Health Interview Survey, 2007

**Homelessness**

The number of homeless in the area is decreasing, and there is a trend toward an increase in the percentage of sheltered homeless.


<table>
<thead>
<tr>
<th></th>
<th>Number of Homeless Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2005</td>
</tr>
<tr>
<td>Sheltered</td>
<td>550</td>
</tr>
<tr>
<td>Unsheltered</td>
<td>8,704</td>
</tr>
<tr>
<td>Total</td>
<td>9,254</td>
</tr>
</tbody>
</table>

Crime
Rates of crime are lower in the CVHP service area than in L.A. County for violent crimes, property crimes and arson. Rates of theft exceed the rates found in the county.

Crime Rates per 10,000 Persons, 2008

<table>
<thead>
<tr>
<th></th>
<th>CVHP Service Area</th>
<th>Los Angeles County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Violent crimes</td>
<td>372.7</td>
<td>583.7</td>
</tr>
<tr>
<td>Property crimes</td>
<td>1542.5</td>
<td>1697.2</td>
</tr>
<tr>
<td>Theft</td>
<td>1466.3</td>
<td>1450.6</td>
</tr>
<tr>
<td>Arson</td>
<td>16.6</td>
<td>32.9</td>
</tr>
</tbody>
</table>


Domestic Violence
An examination of domestic violence calls within the CVHP service area communities (averaged over ten years) shows a rate of 33.7 per 10,000 persons. This is a lower rate than the county or the state. Among the calls, 44.5% were for calls that involved a weapon.

Domestic Violence Calls per 10,000 Persons, 10-Year Average

<table>
<thead>
<tr>
<th></th>
<th>CVHP Service Area</th>
<th>Los Angeles County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic violence, total calls</td>
<td>33.7</td>
<td>44.9</td>
</tr>
<tr>
<td>Domestic violence call involving a weapon</td>
<td>15.0</td>
<td>30.7</td>
</tr>
</tbody>
</table>

**Student and School Characteristics**
The percentage of students eligible for the free and reduced price lunch program averages 54.8% in the service area and ranges from 10.5% to 95.2% among area school districts. Close to one-quarter (23.5%) of children in area school districts are categorized as English Learners. Approximately one-fourth (26%) of the third graders in area school districts are proficient in English and Language Arts. Among ninth grade students, 16% are proficient in Algebra. The high school graduation rate in area schools is 86.4% and over one-fourth (25.8%) of students are UC/CSU ready.

**Student Indicators**

<table>
<thead>
<tr>
<th></th>
<th>CVHP Service Area</th>
<th>Los Angeles County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Free and reduced meal program</td>
<td>54.8%</td>
<td>62.5%</td>
</tr>
<tr>
<td>English Learners</td>
<td>23.5%</td>
<td>27.2%</td>
</tr>
<tr>
<td>Third Grade English-Language Arts Proficiency</td>
<td>26.0%</td>
<td>25.0%</td>
</tr>
<tr>
<td>Ninth Grade Algebra I Proficiency</td>
<td>16.0%</td>
<td>16.0%</td>
</tr>
<tr>
<td>High School graduation rate</td>
<td>86.4%</td>
<td>77.8%</td>
</tr>
<tr>
<td>UC/CSU ready</td>
<td>25.8%</td>
<td>32.6%</td>
</tr>
</tbody>
</table>

*Source: California Department of Education, 2007-2009*

**Community Stakeholder Interview Findings**
- The issue of greatest concern among community stakeholders is the impact of the slowing economy, which has resulted in: unemployment, loss of health insurance coverage, increased stress and depression, and lack of availability of affordable housing.
- Interwoven with issues related to the economy are issues of access to preventive care for both children and adults.
- Other issues of concern to the interview participants include:
  - Lack of access to dental care, specialty care, and mental health services
  - Rising rates of obesity and diabetes, in children as well as adults
  - Domestic violence and child abuse
  - Poor parenting skills community-wide; parents who are unaware of normal child development, proper nutrition, and proper care
  - Teens with no access to employment, and cuts to community services, leading to more gang activity and rising drop-out rates
  - Food insecurity; low enrollment in the food stamp program in spite of a large number of qualifying families
  - Transportation, particularly for the lower-income members of the community
  - Rising wait times at local Emergency Rooms
- People who previously never needed assistance are now in poverty; they are unfamiliar with the system and feel a stigma associated with accessing aid.
- It has become very difficult to find doctors who take various types of insurance, particularly Medi-Cal.
- Two groups that were singled out with special issues were teens and immigrants:
- At-risk teens (gangs, violence, drugs, pregnancy) are not receiving support and treatment
- Recent immigrants have a tendency to downplay health issues, use herbal remedies from their home countries, and delay necessary care
  - There is a lack of information and communication about available, free/low-cost services, even among service agencies. They don't know where to refer clients.
  - Many issues in the community are too big for any one group to effectively address. Cities, businesses, school districts and health care organizations need to work together.

**Community Focus Group Findings**
The following issues were identified among focus group participants as the biggest issues facing the community:

**Homelessness/Housing/Shelter**
- Increasing homeless population.
- Affordable housing.
- Overcrowded housing.
- Shelter for homeless in non-winter months.
- Shelter for seniors and teen parents.
- Lack of recuperative care for the homeless discharged from hospitals and sent to homeless programs or other agencies, but who need more care than these agencies can provide.

**Health Care Access**
- Need for affordable health care, especially for those who do not have Medi-Cal or other health insurance.
- Lack of access to quality, affordable health care, including specialty care, mental health, dental services and vision services.
- What will be the impact of health care reform? Who will be covered?

**Basic Needs**
- Poverty.
- The biggest issue depends on economic status; those with higher incomes are concerned with health care access and those with lower incomes are concerned with jobs.
- Emergency services for people becoming homeless, such as phone cards, food stamps, clothing suitable for seeking employment or housing.
- Services for single mothers.
- Food.
- Due to a lack of financial resources, people are forced to choose between paying their mortgages or their health insurance premiums.
- People go without their medications for diabetes and other chronic conditions. Some reduce their medication use from the prescribed amount to make them last longer.
Education
- Lack of education.
- It is taking students 3-4 years to get their AA degrees because they need to work and also because fewer classes are now offered due to budget cuts.
- Young people are graduating high school deficient in reading, writing and math. Community Colleges are spending a lot of time getting students up to a minimal level in basic skills. Most need remediation.

Job Market
- Increased unemployment creates a greater burden on the health care system since people do not have jobs with insurance.
- It is sometimes hard to find the right fit between unemployed people and available jobs. There is a need for better school-to-work transition that is more focused on the needs of the community.
- Competition for good jobs is intense since so many people are unemployed. Many people lose their motivation to keep looking for a job given the competition.
- Employers are seeking individuals with multiple skills for positions, as people are expected to do the work of what were formerly 2-3 jobs.
- There is uncertainty about what future jobs will be and what associated skills will be needed.

Information about Services
- Lack of community awareness about where to go for services.
- There is a need to educate clients so they know the right place to go for services.
Citrus Valley Health Partners

VI

Financial Valuation Summary And Report
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 2012 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 loses. 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 **Partnership Nursing, ECHO, GEM, San Gabriel Valley Best Babies Collaborative, Seamless System of Care, and the Clinical Care Extenders.**

Page 2 of 3
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 2012 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 2012.
## Community Benefit Threshold

Exemption from taxes:
- Property Taxes $1,394,309

**Total Community Benefit Threshold**

$1,394,309

*This is the amount which the community invested in CVHP through tax preferences in 2012*

## Program Valuation

<table>
<thead>
<tr>
<th>Service</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Assistance Program (Charity Care)</td>
<td>$4,526,000</td>
</tr>
<tr>
<td>Community Outreach and Mission Effectiveness</td>
<td>$81,929</td>
</tr>
<tr>
<td>Neonatal Apnea Net Costs</td>
<td>$19,059</td>
</tr>
<tr>
<td>Ed Call Panel</td>
<td>$3,025,143</td>
</tr>
<tr>
<td>Foundation Community Benefit</td>
<td>$87,969</td>
</tr>
<tr>
<td>Departmental Community Benefit Services</td>
<td>$1,419,523</td>
</tr>
</tbody>
</table>

**Total Value of Community Benefit Services Provided**

$9,159,623

*This is the value of SB697 services that CVHP provided to the community in 2012*

## Measurement excluding Government Program Shortfalls

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Community Benefit Service Provided by CVHP in 2012</td>
<td>$9,159,623</td>
</tr>
<tr>
<td>Community Benefit Threshold</td>
<td>$1,394,309</td>
</tr>
</tbody>
</table>

**Surplus of Services Provided Over Threshold**

$7,765,314
## Citrus Valley Health Partners
### Schedule to Estimate Property Taxes
#### 2012

**Net Property Plant and Equipment**

<table>
<thead>
<tr>
<th>Property</th>
<th>Land, Buildings &amp; Improvements</th>
<th>Adjustment Rental Properties</th>
<th>As Adjusted</th>
<th>Rate</th>
<th>Estimated Property Taxes</th>
</tr>
</thead>
<tbody>
<tr>
<td>CVMC</td>
<td>$71,447,503</td>
<td>$71,447,503</td>
<td>1.2%</td>
<td>$857,370</td>
<td></td>
</tr>
<tr>
<td>Foothill</td>
<td>30,877,796</td>
<td>30,877,796</td>
<td>1.2%</td>
<td>370,534</td>
<td></td>
</tr>
<tr>
<td>CVHP &amp; Other Affiliates</td>
<td>14,347,653</td>
<td>(480,561)</td>
<td>1.2%</td>
<td>166,405</td>
<td></td>
</tr>
<tr>
<td><strong>CVHP Total</strong></td>
<td><strong>$116,672,952</strong></td>
<td><strong>(480,561)</strong></td>
<td><strong>$116,192,391</strong></td>
<td><strong>$1,394,309</strong></td>
<td></td>
</tr>
</tbody>
</table>

*Note: Adjustment represents income property on which the organization is already paying taxes.*
**Charity Care at cost is computed as follows:**

<table>
<thead>
<tr>
<th>Description</th>
<th>CVMC</th>
<th>FPH</th>
<th>HOSPICE/HH</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adjusted Gross Revenue per IRS W/S-2</td>
<td>Tab C-1</td>
<td>1,102,706,313</td>
<td>249,442,046</td>
<td>15,262,701</td>
</tr>
<tr>
<td>Adjusted Gross Costs per IRS W/S-2</td>
<td>Tab C-1</td>
<td>296,563,455</td>
<td>62,657,696</td>
<td>9,114,412</td>
</tr>
<tr>
<td>Cost to Charge Ratio per IRS W/S-2</td>
<td></td>
<td>26.9%</td>
<td>25.1%</td>
<td>59.7%</td>
</tr>
<tr>
<td>Charity Write-off per G/L at Gross</td>
<td>Inc Stmt&gt;</td>
<td>14,293,209</td>
<td>2,487,141</td>
<td>23,574</td>
</tr>
<tr>
<td>Total Traditional Charity Care at Cost - rounded</td>
<td></td>
<td>3,887,000</td>
<td>625,000</td>
<td>14,000</td>
</tr>
<tr>
<td>Unpaid cost of public programs (Excl HFP)</td>
<td>Tab-C</td>
<td>28,434,000</td>
<td>5,989,000</td>
<td>130,000</td>
</tr>
<tr>
<td>Hospital Fee Program Net Revenue</td>
<td>I/S</td>
<td>(25,084,000)</td>
<td>(14,000)</td>
<td>-</td>
</tr>
<tr>
<td>Community Benefits</td>
<td>Tab-D</td>
<td>4,388,000</td>
<td>261,000</td>
<td>4,649,000</td>
</tr>
<tr>
<td>Total Charity Care &amp; Unpaid Costs</td>
<td></td>
<td>11,625,000</td>
<td>6,861,000</td>
<td>144,000</td>
</tr>
</tbody>
</table>
CITRUS VALLEY HEALTH PARTNERS  
Community Outreach and Mission Effectiveness/Community Education  
2012

<table>
<thead>
<tr>
<th></th>
<th>Mission Effect CVHP</th>
<th>Terminated FPH</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(40.86120)</td>
<td>(12.87430)</td>
<td></td>
</tr>
</tbody>
</table>

**Department Expenses**

- Actual Expenses per 12/31/12 General Ledger: 81,929  
- Adjustments:

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Adjusted Departmental Expenses</td>
<td>81,929</td>
<td>-</td>
<td>81,929</td>
</tr>
</tbody>
</table>

**Department Income**

- Actual Income per 12/31/12 General Ledger: -  
- Adjustments:

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Adjusted Departmental Income</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

**Net amount spent for Community Benefits**: 81,929
CITRUS VALLEY HEALTH PARTNERS
Neonatal Sleep Apnea Department - Net Costs
2012

**Department Expenses**

Actual Expenses per 12/31/12 General Ledger 41,600

Adjustments:

Adjusted Departmental Expenses 41,600

**Department Income**

Actual Income per 12/31/12 General Ledger 97,920

Adjustments:

Revenue Deductions 76.98% (75,379) (2012 QVC CCS IP W/O%)

Adjusted Departmental Income 22,541

Net amount spent for Community Benefits 19,059
### Department Expenses

<table>
<thead>
<tr>
<th></th>
<th>CVMC</th>
<th>FPH</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual Expenses</td>
<td>2,870,941</td>
<td>176,304</td>
<td>3,047,245</td>
</tr>
<tr>
<td>Adjusted Expenses</td>
<td>2,870,941</td>
<td>176,304</td>
<td>3,047,245</td>
</tr>
</tbody>
</table>

### Department Income

<table>
<thead>
<tr>
<th></th>
<th>CVMC</th>
<th>FPH</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual Income</td>
<td>22,102</td>
<td>-</td>
<td>22,102</td>
</tr>
<tr>
<td>Adjusted Income</td>
<td>22,102</td>
<td>-</td>
<td>22,102</td>
</tr>
<tr>
<td>Net amount spent for Community Benefits</td>
<td>2,848,839</td>
<td>176,304</td>
<td>3,025,143</td>
</tr>
</tbody>
</table>
## Contributions

<table>
<thead>
<tr>
<th>At Risk %</th>
<th>Total</th>
<th>At Risk Total</th>
<th>At Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prior Year Adj</strong></td>
<td>-</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Unrestricted contribution-curr yr</strong></td>
<td>5%</td>
<td>903,986</td>
<td>45,199</td>
</tr>
</tbody>
</table>

**Restricted**

<table>
<thead>
<tr>
<th>Area</th>
<th>At Risk</th>
<th>Total</th>
<th>At Risk Total</th>
<th>At Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiac</td>
<td>20%</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Chaplains / Strength Journey</td>
<td>10%</td>
<td>1,175</td>
<td>118</td>
<td>-</td>
</tr>
<tr>
<td>Echo</td>
<td>100%</td>
<td>15,000</td>
<td>15,000</td>
<td>-</td>
</tr>
<tr>
<td>Maternal &amp; Child Health</td>
<td>20%</td>
<td>300</td>
<td>60</td>
<td>-</td>
</tr>
<tr>
<td>NICU</td>
<td>20%</td>
<td>34,946</td>
<td>6,989</td>
<td>-</td>
</tr>
<tr>
<td>Pediatric</td>
<td>20%</td>
<td>2,810</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>All other restricted</td>
<td>5%</td>
<td>697,249</td>
<td>34,862</td>
<td>-</td>
</tr>
</tbody>
</table>

**Total Restricted**

<table>
<thead>
<tr>
<th>At Risk %</th>
<th>Total</th>
<th>At Risk Total</th>
<th>At Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CVH Foundation (CVMC/Hosp/FPH)</strong></td>
<td>751,480</td>
<td>57,029</td>
<td>-</td>
</tr>
<tr>
<td><strong>Foothill Foundation</strong></td>
<td><strong>To 7/1/2010 only</strong></td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

**Total Contributions**

<table>
<thead>
<tr>
<th>At Risk %</th>
<th>Total</th>
<th>At Risk Total</th>
<th>At Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CVH Foundation (CVMC/Hosp/FPH)</strong></td>
<td><strong>Foothill Foundation</strong></td>
<td>1,655,466</td>
<td>102,228</td>
</tr>
<tr>
<td>All other restricted</td>
<td>1,424,559</td>
<td>6.2%</td>
<td>-</td>
</tr>
</tbody>
</table>

**Total Expenses, Excl transfers**

<table>
<thead>
<tr>
<th>Expenses related to Fundraising for At Risk Population</th>
<th>At Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CVH Foundation (CVMC/Hosp/FPH)</strong></td>
<td><strong>Foothill Foundation</strong></td>
</tr>
<tr>
<td>Total</td>
<td>-</td>
</tr>
</tbody>
</table>
## List of Community Outreach Services by Department

### 2012

<table>
<thead>
<tr>
<th>Dep</th>
<th>Description</th>
<th>Category</th>
<th>Dep</th>
<th>Description</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Radiology</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advisory Committee</td>
<td>for Mt. SAC Radiology Program--ICC</td>
<td>Resource</td>
<td>780</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advisory Committee</td>
<td>for Mt. SAC Radiology Program--QVC</td>
<td>Resource</td>
<td>875</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student coordinator</td>
<td>for Mt. SAC Radiology Program--ICC</td>
<td>Resource</td>
<td>1,750</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student coordinator</td>
<td>for Mt. SAC Radiology Program--QVC</td>
<td>Resource</td>
<td>2,266</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advisory Committee</td>
<td>for Cypress College Untrasound Program</td>
<td>Resource</td>
<td>1,770</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student Coordinator</td>
<td>for Cypress College Ultrasound Program</td>
<td>Resource</td>
<td>3,708</td>
<td></td>
<td></td>
</tr>
<tr>
<td>QVC Donation</td>
<td>Free Mammograms - Support of R Breast Cancer Awareness</td>
<td>Charity</td>
<td>1,100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ICC/QVC MR Safety</td>
<td>Tours</td>
<td>Education</td>
<td>1,500</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Radiology Subtotal</strong></td>
<td></td>
<td></td>
<td>13,749</td>
<td></td>
<td>13,749</td>
</tr>
<tr>
<td><strong>Pediatrics</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Boris the Bear</td>
<td>Preoperative classes</td>
<td>Education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Library Teddy</td>
<td>Bear Clinic</td>
<td>Education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>46 Pediatric Teddy</td>
<td>Bear Clinics</td>
<td>Education</td>
<td>4,503</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pediatric Teddy Bear</td>
<td>Bears</td>
<td>Resource</td>
<td>2,519</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pediatrics Subtotal</strong></td>
<td></td>
<td></td>
<td>7,022</td>
<td></td>
<td>7,022</td>
</tr>
<tr>
<td><strong>Food Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food donated - Meals</td>
<td>on Wheels</td>
<td>Charity</td>
<td>950</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cal Poly Pomona</td>
<td>Student Interns/Chaffee College</td>
<td>Education</td>
<td>5,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dieticians speak</td>
<td>to community groups</td>
<td>Education</td>
<td>2,400</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food donated - Muscul</td>
<td>ar Dysterphy Assoc. picnic</td>
<td>Charity</td>
<td>1,500</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health fairs--health</td>
<td>screenings</td>
<td>Education</td>
<td>4,500</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Food Services Subtotal</strong></td>
<td></td>
<td></td>
<td>14,350</td>
<td></td>
<td>14,350</td>
</tr>
<tr>
<td><strong>Emergency Department</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Base Station Program</td>
<td></td>
<td>Base Unit</td>
<td>295,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>QVC Emergency Dept.</td>
<td></td>
<td>SART</td>
<td>845</td>
<td></td>
<td></td>
</tr>
<tr>
<td>QVC Emergency -</td>
<td>Pulmo-aide</td>
<td>Charity</td>
<td>6,250</td>
<td></td>
<td></td>
</tr>
<tr>
<td>QVC Emergency -</td>
<td>Crutches</td>
<td>Charity</td>
<td>11,927</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ICC Emergency -</td>
<td>Pulmo-aide</td>
<td>Charity</td>
<td>150</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ICC Emergency -</td>
<td>Crutches</td>
<td>Charity</td>
<td>4,410</td>
<td></td>
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<td><strong>Emergency Department Subtotal</strong></td>
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<td><strong>Volunteers &amp; Auxiliary Department/Patient Relations &amp; Service Recovery</strong></td>
<td></td>
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<tr>
<td>Fifteen $1,000</td>
<td>scholarships for students in allied healthcare field</td>
<td>Education</td>
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<tr>
<td>Community Outreach</td>
<td>Van (pick up/delivery of oncology &amp; cardiac patients)</td>
<td>Service</td>
<td>33,500</td>
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<td>Chaplain Services</td>
<td>Spiritual Visits</td>
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<td>Telecare (Calls to</td>
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<td><strong>Public Relations Department</strong></td>
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<td>Brian Clay Foundation</td>
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<td>Education</td>
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<td>Glendora Kiwanis and</td>
<td>Chamber</td>
<td>Resource</td>
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<tr>
<td>AltaMed Health</td>
<td>Services</td>
<td>Resource</td>
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## List of Community Outreach Services by Department

### 2012

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<thead>
<tr>
<th>Department</th>
<th>Description</th>
<th>Category</th>
<th>Totals</th>
<th>Totals</th>
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<tr>
<td>Covina Rotary</td>
<td>Resource 2,500</td>
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<td>La Verne Chamber</td>
<td>Resource 222</td>
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<td>West Covina Chamber Sponsorships</td>
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<td>San Dimas Chamber Events</td>
<td>Resource 85</td>
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<td>Puente Hills Family YMCA</td>
<td>Resource 300</td>
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<tr>
<td>Lighten Up SGV (5 events, classes, online)</td>
<td>Education 84,327</td>
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<td>Senior Health Fair</td>
<td>Education 4,914</td>
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<td>Flu shot clinic</td>
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<td>Blood Pressure seminar</td>
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<td>Know Your Stats</td>
<td>Education 8,696</td>
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<td>Women's Wellness (2 events)</td>
<td>Education 25,863</td>
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<td>Sirona Health call center</td>
<td>Resource 40,968</td>
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<td>Beryl call center</td>
<td>Resource 19,251</td>
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<td>Health Day web library</td>
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<td>QVC Charity Assistance Program</td>
<td>Charity 340</td>
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<tr>
<td>ICC Charity Assistance Program</td>
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<td>Education</td>
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<td>CVHP Scholarship</td>
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<td>CVHP Externship</td>
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<td>Onsite Nursing Student Coordination CVMC</td>
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<tr>
<td>QVC Red Cross Blood Drives</td>
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<td>ICC Red Cross Blood Drives</td>
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<td>Other Departments</td>
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<tr>
<td>Cardiopulmonary Mended Hearts, Breathsavers &amp; Support Groups</td>
<td>Resource 55,087</td>
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<td>Breathsavers Program Scholarship</td>
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<td>Clinical Care Extenders: Annual Expense for Program</td>
<td>Service 150,000</td>
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<td>PrepStep: Expense for Cohort</td>
<td>Service 10,000</td>
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<td>Clinical Care Extenders (CCE's): Sponsorship of Student Volunteers-T-Shirts</td>
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<td>CCE's : Recruit, train, monitor students for service learning projects</td>
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<td>Center for Diabetes Education</td>
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<td>Community Lectures (10)</td>
<td>Education 1,200</td>
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<td>Support Groups: Hours</td>
<td>Education 5100</td>
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<td>Support Groups: Supplies</td>
<td>Education 520</td>
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<td>Inpatient Education - 10 hours per week</td>
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<td>Perinatal</td>
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<tr>
<td>Maternity Tea and Tour</td>
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<td>Breast Feeding Class</td>
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<td>Sibling Class</td>
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<td>Department</td>
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<td>Baby Basics</td>
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<td>ED Patient Trays</td>
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<td>Guests</td>
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<td>Food donated to funerals</td>
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<td>Food Services Department Subtotal</td>
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<tr>
<td>FPH Volunteer Services &amp; Auxiliary</td>
<td>Telecare (Calls to Home Bound patients)</td>
<td>Service</td>
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<td>16 Scholarships</td>
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<td>Volunteer Services and Auxiliary Subtotal</td>
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<td>FPH Other Departments</td>
<td>Engineering</td>
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<td></td>
<td>Set up/ tear down for events</td>
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<td>1,700</td>
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<td>Engineering Services Subtotal</td>
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<td>Grand Total--CVHP Departmental Outreach Services</td>
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<td>$ 1,419,523</td>
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</table>
Citrus Valley Health Partners

VII

Community Benefit Plan Update
2010 Community Health Needs Assessment

In 2010, Citrus Valley Health Partners conducted the state-mandated community health needs assessment in partnership with Kaiser Foundation Hospital-Baldwin Park.

Citrus Valley Health Partners comprises one Medical Center with two campuses: Queen of the Valley Campus in West Covina, Inter-Community Campus in Covina and Foothill Presbyterian Hospital in Glendora, CA. In addition, Citrus Valley Hospice in West Covina. The service area for CVHP encompasses 13 cities and 4 census designated places (CDPs).

The comprehensive report of the 2010 Community Health Needs Assessment (CHNA) was submitted with the 2011 Community Benefit Report Update. A copy of the CHNA’s executive summary is included in this report.

In 2013, Citrus Valley Health Partners is engaged in the process of conducting the new Community Health Needs Assessment. The new CHNA is being implemented in accordance with the ACA (Affordable Care Act) amendments in the Internal Revenue Code new section 501(r).

Regional Safety Net Accountable Care Network

CVHP is a founding member of the Regional Safety Net Accountable Care Network, which seeks to provide coordinated and patient-centered care to the safety net populations in our service area. The other network partners are AltaMed, White Memorial Medical Center, Hollywood Presbyterian Medical Center and LAC+USC Medical Center. Together, the network partners have established a governance structure, are working on completing a care transitions and coordination gap assessment, and have had discussions with CMS, the state, and payers regarding delivery system redesign and shared savings.
A total of 4,242 applications for health insurance were completed at no charge for low-income uninsured children, families, pregnant women, and seniors. The programs include MediCal, Healthy Kids, Healthy Families, AIM, KPCHP, California Kids, and other Safety Net Programs.

Background:
Since 2001, CVHP’s GEM (Get Enrollment Moving Project) has been a leader in the San Gabriel Valley in connecting families and individuals with access to free or low-cost health insurance as well as referrals to other health access programs for the uninsured. The GEM project partners with promotoras, schools; child care agencies; places of worship; family resource centers; clinics; community based organizations, etc., to identify uninsured children and adults and provide insurance enrollment services in the GEM office and at the off-site community locations.

During its ten years of experience as the hub for Medi-Cal/Healthy Families enrollment in the San Gabriel Valley, one of the lessons learned is that the populations who need the programs the most, experience significant barriers to enrolling in programs for which they are eligible.

Update:
- In 2012 we provided 3,095 referrals to access other health care/safety net options available for individuals who did not qualify for the free or low-cost public insurance programs.

As a result of the weak economy, the need to access free and/or low-cost health insurance programs has increased. Children and families need assistance to access the programs and to maintain their coverage.
ACCESS TO CARE/HEALTH INSURANCE: OUTCOMES

Based on data from the CVHP’s 2010 Community Health Needs Assessment, the percentage of uninsured children was 28%. New studies are showing the number of children without insurance in CVHP’S catchment area has decreased steadily. This outcome is quite significant considering that an additional number of children became uninsured in the last couple of years due to parents and/or caregivers becoming unemployed. Out of the 4,242 total applications completed, 3,712 were for children ages from birth to 17 years of age; this represents 72.16%.

Troubleshooting and Assistance to Overcome Barriers to Health Access

- In 2012 CVHP’s GEM Project assisted 3,458 community members with free services on troubleshooting and advocacy to ensure that people do not lose coverage; as well as education on how to navigate the complex healthcare system.

<table>
<thead>
<tr>
<th>Insurance/Health Access Programs</th>
<th>Focus of Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Scope Medi-Cal and Healthy Families</td>
<td>Children, parents and disabled who are legal, permanent residents</td>
</tr>
<tr>
<td>Restricted Medi-Cal</td>
<td>Children and pregnant women who are not legal, permanent residents</td>
</tr>
<tr>
<td>Healthy Families</td>
<td>Healthy Families is low cost insurance for children and teens. It provides health, dental and vision coverage to children who do not have insurance and do not qualify for free Medicaid.</td>
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<tr>
<td>Healthy Kids</td>
<td>Children 0 - 5 who are not eligible for Full Scope Medi-Cal or Healthy Families</td>
</tr>
<tr>
<td>California Kids (CalKids)</td>
<td>California Kids is a charitable program that provides low cost</td>
</tr>
<tr>
<td>AIM</td>
<td>Access for Infants and Mothers (AIM)</td>
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<tr>
<td>-----------------------------------------</td>
<td>------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Kaiser Permanente Child Health Plan</td>
<td>Uninsured children from birth thru age 18 who are not eligible for other public/private programs, such as Medi-Cal or Healthy Families (open temporarily)</td>
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<tr>
<td>CHDP, CCS, EBCDP,</td>
<td>Specialized (non-insurance) programs for specific populations</td>
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<tr>
<td>Ability to Pay (ATP) &amp; Pre-Payment</td>
<td>Non-insurance programs available at DHS Health Centers and L.A. County partner community clinics for families who are not eligible for insurance.</td>
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<tr>
<td>outpatient simplified application (ORSA)</td>
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<tr>
<td>Healthy Way LA</td>
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<tr>
<td>Access to Care Referrals</td>
<td>Programs that provide free health care and dental services: Our Savior Center/Cleaver Clinic; East Valley Community Health Center; El Monte Comprehensive Health Center; San Gabriel Valley Foundation for Dental Health, Fairgrove Dental Clinic, Tzu-Chi Clinic, ECHO (Every Child’s Health Option), etc.</td>
</tr>
</tbody>
</table>

**Retention and Utilization of Health, Dental and Mental Health Services**

- **Enrollment verification**: Once the enrollment is completed, the GEM retention/utilization specialist contact 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, dental and vision care provider to receive timely preventive services. Enrollment verification efforts have shown that 80% (3377 of 4222) of individuals, whose application was completed by the GEM staff, were confirmed enrolled in the programs.

- **Utilization assistance**: Once the enrollment verification is completed, the GEM staff contacts each client between the 4 - 6 month post-enrollment mark to confirm that the client is indeed utilizing their health, dental and vision benefits. At this point, the person is able to express any problems or issues that they might be experiencing. They receive
trouble-shooting assistance with any issues that arise with access, quality, and utilization. Based on information provided by enrolled individuals that GEM was able to reach, a minimum of 71% have utilized 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 emergencies.

- **Retention and re-enrollment**: Eleven months after enrollment all clients are re-contacted to ensure that they have received and completed their redetermination form. Many clients, particularly those with limited literacy, utilize support services from the GEM staff to complete the required process to remain enrolled and maintain coverage. In 2012, a minimum of 80.41% of enrollees reported continued coverage for one full year and completed their redetermination forms for the following year.

CVHP’s GEM Project has excelled as a leader in its service area for tackling the number one need in the community: “Access to healthcare and affordable insurance.”

Provide Community Outreach to low income vulnerable populations via door-to-door, school, faith-based and community events.

**Community Outreach:**

A total of 50,983 individuals received outreach services at various community locations. CVHP’s partnership with the *Promotora (Health Promoter)* Program resulted in 10,515 door-to-door and community site outreach contacts. Community members receive information on how to access low-cost local healthcare services and referrals for other health, food, rent assistance, social services, etc. They focus on reaching out to the poor and uninsured residents; they serve as a bridge between the community residents and the agencies that have programs and services
available to them. *Promotoras* also provide assistance in educating and assisting families to access applications for utilities at a discounted cost.

**Promotoras “A Community-based leadership and capacity building model”**

*“Building Communities from the Inside Out”*

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**Pueblo que Camina Promotoras - Background**

**Although an independent neighborhood-based group, “Pueblo que Camina” - “Village that Walks” Promotora Group** was developed in collaboration with Citrus Valley Health Partners GEM Project and neighborhood women whose passion is to make a contribution to improve the quality of life for families in their communities. For the most part they are Hispanic women who volunteer time to inform low-income families regarding opportunities for health care and other community resources. This program has grown to be a very important neighborhood-based force in the most vulnerable cities in the San Gabriel Valley. CVHP’s GEM Project offers education, resources, support and coordination. Over time, it has been found that *Promotoras* who are affiliated with faith communities are more committed and more active in the outreach efforts.

**Promotora Education and Training**

Promotoras are influential leaders in the neighborhoods as “community voices”. As such, it is very important to provide them with continuing education and tailored trainings so that they can become role models and promotors for good health behaviors and a resource to the community residents as it relates to health promotion and disease prevention.

Some of the trainings include education on topics such as free and/or low cost health insurance updates; stress management; Affordable Care Act; California Lifeline program; health and leadership training; definitions and strategies to “serve the community”, “how to work as a team” and “how to form its own identity”. Other curriculums included servant leadership,
personal strength, service, quality and empowerment; as integral components in community building. “Service is the ability to prepare oneself to be able to help someone else” (help your neighbor). Also, complementary health and relaxation practices such as TaiChi. Once a year, CVHP co-sponsors a leadership and skill building retreat at an off-site facility. The retreat provides for an opportunity to create bonding among the group and allows for time out from their busy lives to learn new skills, and to strengthen the relationships with the whole group. This experience translates in renewed energy and desire to continue with their passion in serving their neighbors.

Promotoras as Agents of Change and Community Educators in the Affordable Care Act (ACA)

In 2012, the Promotoras continue to receive ongoing updates on the Affordable Care Act and the new developments related to health insurance coverage regulations. Through this training, the Promotoras are well informed and are beginning to talk to people in the different neighborhoods about the important healthcare system changes taking place and the new developments being lead by the California Healthcare Exchange. As time progresses, questions about the “Obama Care” are increasing. It is important to be well informed to share timely information. It is anticipated that in the year 2013, more organized outreach and education activities will be implemented.

CVHP Service Area Joint Community Planning

In 2012, Citrus Valley Health Partners continued to be an active and voting partner of the Steering Committee of the Los Angeles County SPA3 (San Gabriel Valley) Health Planning Group (SPA3 HPG). CVHP participates in ongoing community planning and strategies to respond to ongoing and emerging needs in the community. CVHP provides leadership and financial support to sustain the facilitation and organizational activities of this important community planning group.

SPA3 HPG: Overview, Accomplishments and Ongoing Activities
The Service Planning Area (SPA) 3 Health Planning Group (HPG) is a coalition of community health advocates and local health organizations serving the low-income and uninsured population of the San Gabriel and Pomona Valleys. SPA 3 HPG participants include, but are not limited to, hospitals, community health centers and clinics, other community-based organizations and health providers, non-for-profit hospitals, private practice providers, faith-based organizations, Los Angeles County (LAC) Departments of Health Services (DHS) and Public Health (DPH), Pasadena Public Health Department, school district health programs, advocates, and programs offering services for children, seniors and disabled populations.

Through this collaborative work, the group is able to help strengthen the safety net for area residents by assuring and coordinating access to primary care as well as improving appropriate access to specialty care for uninsured and underinsured individuals, thereby helping to reduce unnecessary emergency room visits to local hospitals.

The mission of the SPA 3 HPG is to improve the health and wellbeing of the SPA 3 community by increasing access to care and promoting healthy lifestyles. This group was formed in 1999 and is comprised of diverse community stakeholders concerned with accomplishing the Group’s vision and mission.

Brief update of activities and accomplishments in 2012:

- Ongoing monthly meetings with active participation, held 11 months per year, of the steering committee or full group along with the Specialty Care Coalition.
- Three co-chairs from different organizations serve tri-annual terms.
- Regular dissemination of health-related information via email to 45 community agency leaders.
- Upkeep of the Eat Well Live Better website with nutrition and physical activity programs in the area.
- Presentations and discussions on data trends and issues that impact service needs and other issues of interest such as the Healthy Way LA program and local implementation of the Affordable Care Act.
- Seek and create opportunities to coordinate services and share resources (e.g. retinal and other specialties telehealth program.)
Health Promotion and Disease Prevention Activities:

Maternal and Child Health Improvement

Background:
Since 2009, Citrus Valley Health Partners in partnership with the Best Babies Network and First 5 LA, has formed the San Gabriel Valley Best Babies Collaborative (SGVBBC). The SGVBBC seeks to improve the birth outcomes and increase the breast feeding rates among childbearing age women in high risk areas in the San Gabriel Valley and Pomona Areas. The program provides case management and home visitation services to support and assist high-risk pregnant teens and women to ensure access to health care, mental health services, personalized support to access food, shelter, education, and social support services to increase the rate of healthy births and improve their quality of life. The goal is for the woman to achieve a healthy birth at a present and future pregnancy. CVHP is the lead agency of the San Gabriel Valley Best Babies Collaborative. The success of these services and outcomes is attributed to the joint partnership with other agencies: Foothill Family Service; SPIRITT Family Services; East Valley Community Health Center; PHFE WIC; and Catholic Charities. CVHP practices its principles of shared responsibility and shared leadership with its partners and follows the relationship centered approach which has proven effective in various community initiatives.

Update:
- In 2012, 110 teens and women benefited from the program. This is a psychosocial case management model with two main objectives: To achieve a healthy birth and to increase breast feeding rates. This program serves African American, Hispanic, Asian, and White populations which reflect the communities we serve. Case Managers develop a 24 month care plan with each participant that includes goals and objectives to achieve, based on their specific life circumstances. The services go beyond just the mom who is being served. The whole family benefits from it. Following is one story that illustrates how the program can change lives: “A case manager came across a graduated client and the mom extended her gratitude and shared that the case management services had not only helped her with the high-risk pregnancy but also benefited her husband. The program case manager offered resources, encouragement and
support to her husband to overcome his alcoholism. He is now in his fourth year of sobriety. The program staff influenced change in this man’s behavior to overcome this difficult situation. He joined an AA group and is very active in it. The health and quality of life for this family significantly improved.”

- CVHP is proud to announce that 100% of clients initiated breastfeeding postpartum during the 2012 fiscal year, surpassing the Healthy People 2020 goal for breastfeeding initiation of 81.9% and higher than the Los Angeles County any breastfeeding rate (Source: California in-hospital Breastfeeding as indicated in the Newborn Screening Test Form: 2009). In addition, 40% of SGVBBC clients exclusively breastfed at 6 months postpartum, exceeding the Healthy People 2020 Breastfeeding Goal of 25.5%. It is also higher than the California percent breastfed exclusively through 6 months (Source: Maternal, Infant, and Child Health; Healthy People 2020 Breastfeeding Objectives: 2012). This illustrates the dedication of the SGVBBC.

**Assistance with Transportation Barriers to Access Care**

A total of 76 free taxi transportation services were provided in 2012 for low-income pregnant teens and women to access medical and mental health services.

**SPA3 (Service Area Planning 3) Healthy Births Learning Collaborative (HBLC)**

**Capacity Building:**

CVHP and its *Best Babies Collaborative* partners initiated a community-wide group named San Gabriel Valley Best Babies Collaborative. This group successfully established in May of 2011.

**Purpose:**

To establish and convene a SPA3 (San Gabriel Valley) Healthy Births Learning Collaborative to increase awareness, capacity and coordination of services to improve birth outcomes in the San Gabriel Valley.
Mission: To promote healthy birth outcomes through a holistic approach that incorporates community involvement, education, social support, access to services and strengthening families.

Up to date, the group has met four times and already has some achievements:

- Received education on the state of maternal/child health in the San Gabriel Valley
- Participation of a broad group of agencies representing different disciplines. i.e. PHFE WIC; Community Clinics; Los Angeles County Comprehensive Perinatal Services Program; healthcare providers; faith communities; community based and social service organizations; schools, homeless agencies and advocates; perinatal nurses; Black Infant Health Program, faith-based agencies, etc.

- Key identified recommendations are:
  a) OB/GYNs and their staff should be educated on all the lactation resources available to women, including the 24 hour hot lines.
  b) Encourage family practice physicians to place more value in breastfeeding and promote it with their patients.
  c) Need to find creative ways to bring classes to low-income communities and offer transportation options.
  d) Breastfeeding promotion and practices for the homeless community, women in shelters and breastfeeding in public.

- Shared Resources:
  All participants received a community resource directory compiled by the Best Babies Collaborative.

Prioritization and Planning:

The HBLC went through a comprehensive review and prioritization process through a value voting system.

The top three identified priorities selected by the group are: 1) Need for Family Shelters for pregnant women and their families; 2) Advocacy to support legislation that will benefit perinatal services and breastfeeding
practices; 3) Reaching out to the Medical Community; and Teen Pregnancy support and prevention.

In 2012, the HBLC convened twenty (20) community stakeholders and service providers to address the first group priority. CVHP and the San Gabriel Valley Best Babies Collaborative hosted a forum where multiple experts and service agencies made presentations and brought forth resources and information to respond to the needs for shelter. In addition, they lead a discussion related to awareness on the issues associated with the impact of homelessness. Some of the presenters include Volunteers of America; Doors-of-Hope; San Gabriel Valley Consortium on Homelessness and Family Promise. The event received great reviews from participants. The new information and resources received will increase access to shelters and services for homeless women and families.

CVHP will continue to lead and provide facilitation for the HBLC with a call to action to develop strategies and action to continue addressing the three top identified needs and priorities.

### San Gabriel Valley Disabilities Collaborative (SGVDC)

#### Background

In 2009, fourteen representatives of various community public and private organizations met at Citrus Valley Health Partners - Queen of the Valley Campus - to consider developing a collaborative made up of representatives of community based organizations, healthcare facilities, and governmental agencies, as well as interested individuals that would look at ways to improve programs and services for persons with disabilities (PWDs) and partner in efforts to obtain more resources for such efforts in the San Gabriel and Pomona Valleys. In 2012, the SGVDC met every month. Currently, it has approximately 200 individuals interested in these efforts.

#### Update

During 2012, Citrus Valley Health Partners has continued to partner and support the SGVDC. This year, it was the recipient of the Community Wellness Advocacy plaque from the Center for Independent Living.
• Kept informed about the various programs and services of agencies and organizations serving persons with disabilities in the San Gabriel Valley. Some examples include the ACCESS and para-transit systems serving the San Gabriel Valley; the Vet Hunters and other programs and services for veteran PWDS, and the services available for dual eligible (Medi-Cal/Medicare) seniors and PWDs with managed care benefits.

• Review the State Plan for Independent Living (as a result of the Olmstead Decision) and the State and Federal budgetary implications affecting several key issues for persons with disabilities including housing, personal assistance, transportation, and assistive technology.

• Hosted a speaker panel to highlight “Persons with disabilities who are homeless in the San Gabriel Valley”. The panel consisted of local experts of homelessness including the SGV Consortium on Homelessness.

• Featured renowned speakers who educated the group on disaster planning for PWDS; legal basics of employee rights and employer responsibilities; tax provisions of the Affordable Care Act, and seniors taking charge of their future through providing model legislation and advocacy for their needs.

• Presented opportunities to meet and be inspired by guest speakers who have excelled despite their disabilities. Laurie Hoirup is an author and former deputy director of the California Council on Developmental Disabilities. She shared about “Living Life as a Person with a Disability”. Katy Sullivan is an actress, athlete and motivational speaker who shared about her experience as a bilateral above knee amputee who competes as a world class athlete in the Paralympics and current US 100 meter Champion.

Citrus Valley Health Partners has continued its support and partnership with the lead agency, Center for Independent Living, in service coordination and advocacy.

• Active participation in monthly SGVDC meetings
• Free of cost meeting rooms and refreshments for 12 monthly meetings.
• Audio/visual equipment and set-up services
• Presentation on “Access to Insurance Programs”
- Promotion of Collaborative initiatives through CVHP Seamless Committee electronic communications
- Dissemination of information on SGVDC advocacy activities to support bills that benefit persons with disabilities.

**Seamless System of Care Committee**

Since conception in 1994, this community committee continues to meet on a monthly basis for updates on programs; services; trends and program changes. The meeting is chaired by a volunteer community leader and former school nurse supervisor. CVHP staff actively participates in the planning and implementation of the meetings.

The monthly meetings are hosted at CVHP-Queen of the Valley Campus. A staff person from the CVHP Community Care Department takes the meeting minutes and sends them out to all committee members along with a wealth of information on available services; federal and state changes in benefits; funding opportunities, etc.

**San Gabriel Valley Homeless Coalition**

Citrus Valley Health Partners continues to be the hub where the homeless consortium meets monthly to advance the work related to increasing support and bringing resources to respond to the needs of the homeless population in the San Gabriel Valley.
Citrus Valley Health Partners community benefit activities have continued to focus on the most significant needs identified by the 2010 Community Needs Assessment:

1) CVHP continues to be the “hub” for the uninsured for screening, enrollment, advocacy and troubleshooting to remain in the programs. For the last 11 years, CVHP has provided access to health care services and health insurance coverage for low-income families, uninsured and underinsured. Through these activities CVHP seeks to connect the community with access to health, dental, vision and mental health services.

The vision is to have a community who has access to a medical home and not to use episodic care at different places nor use the emergency room as a source for primary care.

2) Education, Advocacy and Community Awareness to address the high incidence of obesity and overweight among children and their families. Citrus Valley Health Partners will be engaging the community in a campaign on obesity prevention. The kick off date took place in January of 2012.

3) Health Promotion and Disease Prevention activities through case management, health education and community events.

4) Maternal and Child Health: Expansion of scope and services.

5) Health Promotion and Disease Prevention

6) Community Capacity Building through the Promotoras (Health Promoters) program who serves in poor low-income neighborhoods through outreach, education on how and where to access healthcare services. Strategy: Grassroots leadership and community capacity.
7) Community Planning; Coordination of Services; and Access to Resources to respond to community needs, particularly specialty care in partnership with the SPA3 Health Planning Group and the ECHO (Every Child’s Health Opportunity) program.

8) CVHP’s leadership in the initiation in leading and forming a Clinical Integration and Coordination Collaborative in the service area. This is a partnership with COPE Health Solutions, Community Clinics. Physicians, and DHS Health Centers. The report on the development of the Accountable Care Network is included in this reporting system.
ATTACHMENTS

I. GEM Project
   Community Outreach, Insurance
   Enrollment, Retention, and Utilization
   Report January 2012 – December 2012
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Citrus Valley Partners  
GEM Project  
Community Outreach, Insurance Enrollment, Retention, and Utilization Report  
Period: January 2012-December 2012  
Updated 5/20/13
## Citrus Valley Partners
### GEM Project
#### Breakdown of Enrollment by Health Insurance Program

**Period:** January 2012-December 2012

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<th>2012 Program Totals</th>
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<th>Feb-12</th>
<th>Mar-12</th>
<th>Apr-12</th>
<th>May-12</th>
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<td>6</td>
<td>8</td>
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Total Applications: 4,242

updated 5/20/13
Citrus Valley Health Partners

VIII

Foothill Presbyterian Hospital

Supplementary List of Community Benefit Contributions
### Foothill Presbyterian Hospital
#### Supplementary List of Community Benefit Contributions
#### 2012

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<thead>
<tr>
<th>Department</th>
<th>Description</th>
<th>Category</th>
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<td>Monthly Maternity Tea and Tour</td>
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<td>Breast Feeding Class</td>
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<td>Sibling Class</td>
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<td>Prepared Childbirth Series</td>
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<td></td>
<td><strong>Grand Total:</strong></td>
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**In-Kind** - (definition): paid or given in goods, commodities, or services instead of money
Citrus Valley Health Partners

IX

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 Health Partners** – 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
   - A Healthier You
   - Childbirth Education
   - Diabetes Education
   - Cancer Resources & Programs
   - Hospice & Bereavement Services
   - Lighten Up SGV

   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
   - American Dietetic Association
   - American Academy of Dermatology
   - BCOEP
   - Churches

   - Local Physicians
   - Senior Centers
   - Medical Groups
   - Medical Products Vendors
   - EIF Revlon Run/Walk
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 2012, more than 3,000 community members attended CVHP community education programs and events.

2012 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 or 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 2012, Citrus Valley Health Partners adopted the following Community Outreach Goals.

In 2012, CVHP will work with more community partners to offer more preventative education and resources

In 2012, 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.

Cancer 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 an 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
- Clinical Trials
- Look Good, Feel Better
- Reiki Therapy For Cancer Patients
- Skin Cancer Screenings
- EIF Revlon Run/Walk

**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
- H.O.P.E.
- Look Good, Feel Better
- Reiki Energy Healing Sessions for Cancer Patients
- Become a Volunteer for Hospice
- Grief Outreach
- Road to Survival
- Cancer Resource Center Open House
- Getting Through the Holidays After the Loss Of A Loved One
- Skin Cancer Screenings
Sweet Success
Breath Savers Club
Supermarket Tour – Diabetes/A Healthier You
Inter-Faith Diabetes Outreach
Citrus Valley Health Partners

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2013 Community Benefit Plan
Citrus Valley Health Partners (CVHP) conducted its state-mandated community health needs assessment in 2010. Needs assessments are the primary tools used to determine a hospital’s “community benefit” plans, that is, how the hospital will give back to the community in the form of health care and other community health services to address unmet community needs. The implementation strategies this year are still based in the 2010 Community Health Needs Assessment (CHNA).

In 2013, Citrus Valley Health Partners is engaged in the process of conducting the new Community Health Needs Assessment. The new CHNA is being implemented in accordance with the ACA (Affordable Care Act) amendments in the Internal Revenue Code new section 501(r). CVHP will analyze and review the results of new CHNA through a detailed process to prepare a plan to respond to community needs as appropriate.

CVHP will widely share the 2013 Community Health Needs Assessment with the community through multiple venues. CVHP will continue to engage public and private stakeholders to work together to elevate our communities' health and address the newly identified community needs.

ACCESS TO HEALTHCARE SERVICES FOR LOW-INCOME UNINSURED AND UNDERINSURED CHILDREN AND FAMILIES.

Based on the findings of the 2010 Community Needs Assessment, “lack of health insurance and access to health care and specialty care services” is the number one health issue identified through community consultation. In addition, due to the current economic recession and loss of jobs, there is a significant increase in need to access affordable healthcare services. Furthermore, with the recent Healthcare Reform, it has become more important to be able to guide, assist and provide information in the community.

Citrus Valley Health Partners will continue to respond to this important community need through the following services and activities:

1. Be actively involved in local and county-wide efforts to provide free or affordable health access and health coverage services to all children 0-19
years of age in the service area through active leadership involvement in Los Angeles County’s Healthy Kids Initiative; L.A. Health Collaborative; MediCal Health and Nutrition Access; MediCal Barriers Committee; Los Angeles Community Health Councils, LA Access Committee, 211 Health Committee, and the L.A. County Everyone On Board Committee.

2. Continue to support and co-sponsor the implementation of the partially grant-funded GEM (Get Enrollment Moving) Project, established in 2001. The program is well known in the community as the “hub” to connect with free and/or low cost health insurance programs. The program is well regarded by School Districts, Faith Communities, L.A. County Public Health Department; Community Based Organizations, Community Clinics and Health Centers as well as the community residents of the San Gabriel Valley. This program not only provides insurance enrollment for the individuals who qualify for the programs but, the staff takes the time to educate and connect people with other access options for people who do not qualify for the public programs.

3. Continue to partner with, educate and support the GEM Project Promotora community-based Group to conduct door-to-door outreach and education on how and where to access healthcare services. Special focus will be placed in poor, low-income cities.

4. Will assist in completing a minimum of 3,300 health insurance applications for low-income community residents.

5. 30-90 Days after the application, staff will contact 100% of the clients to confirm enrollment in the program. If any issues arise, the staff will provide troubleshooting and advocacy assistance to help client resolve any possible barriers.

6. At 6 months after enrollment we will attempt to contact all clients to ensure utilization of preventive and health care services. Including dental and vision care. We will provide with guidance on how to resolve any issues or barriers to access quality healthcare services.
7. At 11 months after enrollment, we will attempt contact clients for a 3rd time to offer assistance in completing the **redetermination/re-enrollment process** to ensure that they do not fall out of the insurance programs.

8. CVHP’s Family Birth and Newborn Center will have a GEM Insurance Enrollment Specialist visit MediCal moms to process the **MediCal Newborn Referral**. Through this service, the newborn baby is confirmed enrolled to ensure access to follow-up pediatric care.

9. The Citrus Valley Health Foundation will continue to serve as fiscal agent for the **ECHO (Every Child’s Healthy Option)** program which provides same day urgent care services (including specialty care) to uninsured children.

**CITRUS VALLEY HEALTH PARTNERS STRATEGIC PLAN AND OBESITY**

**Addressing Obesity and Overweight.**

- CVHP’s new vision focuses on elevating the health of the communities it serves. To implement its vision, in 2012 CVHP has made a commitment to address obesity reduction and prevention as a key component of the strategic plan for three years.

**“Lighten Up SGV (San Gabriel Valley)”**

In 2013, as one of the largest healthcare providers in the San Gabriel Valley, Citrus Valley Health Partners will continue to implement its campaign to increase awareness about overweight and obesity in our communities and to offer a comprehensive support program for community members who want to lose weight and get healthy. It includes a weight loss contest, Web site, weight loss support classes, expert key note speakers, and other events and resources for both adults and children.

CVHP will continue to sponsor the bi-annual weight loss contest to encourage and motivate community members to lose weight. The “Lighten Up SGV” program kicked off on January of 2012 and participants jointly lost 816 pounds. CVHP will continue sponsoring the program with a bi-annual Community Weigh-In Event at the
CVMC Queen of the Valley Campus and at other community and school sites as requested. Participants will register for the contest and officially be weighed in on that day. Participants also receive a free blood pressure screening and the BMI screenings as well.

The first phase will run for six months and prizes will be awarded in June of 2013. The second phase of the contest will start in June and run through November of 2013.

CVHP Farmers Market

In 2013, CVMC-Queen of the Valley Campus in partnership with the California Polytechnic University Pomona Agricultural Program will kick off a monthly “Farmers Market” at the hospital’s front lawn to promote consumption of fruits and vegetables among community members and employees.

MATERNAL AND CHILD HEALTH

Improvement of Birth Indicators/Community Capacity Building

- CVHP will continue to co-sponsor with First 5 LA the San Gabriel Valley Best Babies Collaborative (SGVBBC) program designed to improve health of women and newborns by reducing the rates of adverse birth outcomes such as: preterm, low birth weight and still births. The core approach to achieve the goals is based in an intensive high risk case management model. Target community is reproductive age women below the 300% FPL, chronic conditions, and teen mothers. This program serves Latino, African American, and Asian Pacific Islander communities in the San Gabriel Valley. In 2013, the program will provide Home Visitation and Case Management services to at least 75 high risk pregnant teens and women. The program covers home visitation since pregnancy until the child reaches two years of age. Services include pre-conception, pregnancy, post partum and inter-conception care.

- SPA 3 Healthy Births Learning Collaborative (HBLC) CVHP will continue to lead the San Gabriel Valley a Healthy Births Learning Collaborative (HBLC). This community multidisciplinary collaborative will come together quarterly to get updates on maternal and birth outcomes in the San Gabriel Valley. In 2013, the group will develop strategies to address gaps in services and
priority needs for pregnant and inter-conception women. Focus is in on low-income high-risk pregnant and parenting women and teens.

The purpose of the HBLC is to learn and promote and educate on best practices in maternal and child health practices, share community resources and coordinate services to respond to the ongoing and emerging needs for pregnant women.

**Welcome Baby Program**

In 2013, CVHP will co-sponsor with First 5 LA the Welcome Baby program which will offer hospital and home-based services for pregnant women and mothers who have just given birth. The main goal of Welcome Baby is to work with families to enhance the parent-child relationship and the health, safety and security of the baby, and to make it easier for families to access support services when needed. The Welcome Baby program includes prenatal and postpartum home-based visits, as well as a hospital visit at the time of the child’s birth.

**Breastfeeding**

CVHP’s Family Birth and Newborn Center has a cadre of professional lactation consultants who provide coaching and encourage new moms to breastfeed their infants. Breastfeeding success rates will be tracked for the next reporting system.

- In 2013, CVHP will enhance its breastfeeding policies and practices to become a “Baby Friendly” hospital.

**ACCESS TO MENTAL HEALTH SERVICES**

CVHP’s Parkside West service program is a 30-bed mental inpatient health unit located at Citrus Valley Medical Center—Inter-Community Campus in Covina and provides the following: Adult Inpatient Services,
Crisis Stabilization, 5150 (Involuntary) and Voluntary Status, Medication Management, Comprehensive Discharge Planning, Multi-Disciplinary Treatment Team Approach and Activity Therapies. This is the only mental health inpatient facility in the San Gabriel Valley area.

HEALTH PROMOTION AND ADVOCACY FOR THE DISABLED

1. In 2013, CVHP will continue providing resources and support to the Center for Independent Living to continue the important work of the San Gabriel Valley Disabilities Collaborative. There was a need in this area for leadership, program coordination, education on available services and advocacy for the people with disabilities. The purpose is to identify and advocate for issues impacting the Disability Community. Regular meetings will be hosted at CVHP with the purpose of:
   1. Keeping persons with disabilities (PWDs) connected with programs and services in light of the present economy.
   2. Share concerns and consider possible solutions for issues facing PWDs in the San Gabriel Valley including political advocacy strategies.

COMMUNITY HEALTH PLANNING

CVHP will continue to provide resources, support, collaborate and be active in the SPA3 Health Planning Group comprised by community clinics, public health, hospitals, DHS, and community-based organizations. The focus areas for 2013 are:

1. Convene the Specialty Care Committee regularly and expand participation.
2. Systematize implementation of specialized health screenings.
3. Improve the specialty care referral process with Los Angeles County USC Medical Center via a referral navigator.
4. Develop an operational and business plan for two specialty care hubs in the San Gabriel Valley at two community clinics to include both, telemedicine and live consults.
5. Prepare and coordinate outreach and education strategies for the kick off of enrollment in Covered California - “The Exchange”.

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DIABETES COLLABORATIVE

- Responding to the current epidemic of diabetes and obesity, CHVP will form the La Puente Diabetes Multidisciplinary Community Collaborative. The initial plan consists of two phases: 1) Patient Information and Education. There is a plan to partner with the University of California Los Angeles (UCLA) to conduct research through a survey to determine people’s health needs and barriers to care. Phase I consists of ten strategies. 2) Diabetes Management. Phase II will implement a culturally and linguistic appropriate community programs including education, fitness, nutrition, etc. This phase has also identified 10 strategies for implementation.

6th Annual Diabetes Symposium

- This course is designed for the health professional that takes care of people with diabetes.

Diabetic Foot Screenings

- Free diabetic foot screenings (English and Spanish) will be offered to the community once a month.

Free Diabetes Screenings and Education

- Free community events focusing on understanding diabetes. They will feature free glucose, diabetic foot screenings and lecture on diabetes risk and treatment by a CVHP affiliated physician.
CVHP: COMMUNITY CONNECTOR

CVHP will continue to host the Seamless System of Care Committee. Monthly meetings are hosted at CVMC QVC. All necessary support is provided to the volunteer community facilitator. The CVHP's Community Benefit Department produces the meeting minutes; update on community resources as well as policy and advocacy initiatives which will be disseminated with over 80 public and private community agencies.