2016 Community Health Needs Assessment

Kaiser Foundation Hospital Baldwin Park

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Approved by KFH Board of Directors

September 21, 2016

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Needs Assessment, email CHNA-communications@kp.org

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Kaiser Permanente Southern California Region
Community Benefit
CHNA Report for KFH-Baldwin Park

AUTHORS

The Center for Nonprofit Management (CNM) was established in 1979 by the corporate and foundation community as the Southern California source for management education, training, and consulting within the nonprofit community. From core management fundamentals to executive coaching, in-depth consulting, and analyses, CNM enables individuals to become better leaders of more effective organizations. CNM's research and networking efforts distribute knowledge and thought to nonprofit organizations so they are prepared to face today's known tasks and tomorrow's unknown challenges. CNM seeks to shape how nonprofit leaders approach problems so they can more effectively pursue their missions. CNM helps individuals and their organizations evolve, adapt, and thrive.

The CNM team has been involved with CHNAs for hospitals throughout Los Angeles County and Southern California for more than ten years. The CNM team conducted the 2004, 2007, and 2010 assessments for the Metro Hospital Collaborative (California Hospital Medical Center, Children's Hospital Los Angeles, Good Samaritan Hospital, Kaiser Foundation Hospital Los Angeles, Queens Care, and St. Vincent Medical Center). Key members of the CNM team also worked on the 2007 CHNAs for St. Francis Medical Center and the Franciscan Clinics. CNM conducted the 2013 CHNAs for three Kaiser Foundation hospitals and one non-Kaiser Foundation hospital in the greater Los Angeles area, three Glendale hospitals, and the 2013 Metro Hospital Collaborative (California Hospital Medical Center, Good Samaritan Hospital and St. Vincent Medical Center), and assisted an additional two Kaiser Foundation Hospitals (Panorama City and San Diego) in community benefit planning based on the needs assessments. More recently, the CNM team conducted the 2014 CHNA for a specialty hospital, Casa Colina Hospital and Centers for Healthcare, where the team modified the process to capture the specialized needs of its service area and population.

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- Los Angeles County Office of Education
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- New Horizons Caregivers Group
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- Office of Senator Ed Hernandez
- Our Saviour Center
- Pacific Clinics
- Parents' Place Family Resource Center
- Regional Chamber of Commerce–San Gabriel Valley
- Rowland Unified School District
- Rowland Unified School District Family Resource Center
- San Gabriel Children's Center
- San Gabriel Valley Conservation Corps
- San Gabriel Valley Conservation Corps Earthworks Farm
- San Gabriel Valley Consortium on Homelessness
- San Gabriel Valley Economic Partnership
- San Gabriel Valley Foundation on Dental Health
- Social Model Recovery Systems
- Southern California Edison Federal Credit Union
- SPIRITT Family Services
- The Greater West Covina Business Association
- United Methodist Church
- West Covina Girl Scouts
- West Covina Police Department
- West Covina Unified School District
- YWCA San Gabriel Valley

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I. EXECUTIVE SUMMARY

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals (KFH), the Kaiser Foundation Health Plan (KFHP), and physicians in the Permanente Medical Groups. KFH-Baldwin Park serves a diverse and vibrant community that includes Azusa, Baldwin Park, Covina, Diamond Bar, Duarte, City of Industry, El Monte, Glendora, Hacienda Heights, Irwindale, La Puente, La Verne, Montebello, Monterey Park, Pomona, Rosemead, Rowland Heights, San Dimas, San Gabriel, South El Monte, Temple City, Walnut, and West Covina.

This report documents the community health needs assessment conducted for KFH-Baldwin Park. The results of the CHNA will inform the development of KFH-Baldwin Park's implementation strategies to address health needs found in the community. This executive summary provides a high-level snapshot of the CHNA regulations governing hospitals, the list of prioritized health needs found in the report, the methodology used to identify those health needs, and a summary of the overall assessment.

A. Community Health Needs Assessment (CHNA Background)

The Patient Protection and Affordable Care Act (ACA), enacted on March 23, 2010, included new requirements for nonprofit hospitals to maintain their tax-exempt status. These provisions were the subject of final regulations providing guidance on the requirements of section 501(r) of the Internal Revenue Code. Included in the new regulations is a requirement that all nonprofit hospitals conduct a community health needs assessment (CHNA) and develop an implementation strategy (IS) every three years (http://www.gpo.gov/fdsys/pkg/FR-2014-12-31/pdf/2014-30525.pdf).

While Kaiser Permanente has conducted CHNAs for many years to identify needs and resources in our communities and to guide our Community Benefit plans, these new requirements have provided an opportunity to revisit our needs assessment and strategic planning processes with an eye toward enhancing compliance and transparency and leveraging emerging technologies. The CHNA process undertaken in 2016 and described in this report was conducted in compliance with current federal requirements.

B. Summary of Prioritized Needs

Health outcomes and drivers are interconnected and can impact individual health. Drivers include social and economic factors that often contribute to the ability of certain populations or groups to access the care needed to diagnose, treat, and prevent poor health. Therefore, it is important that drivers be taken into consideration when health strategies and programs are developed to address health needs.

The following is a list of 19 prioritized health needs (outcomes and drivers) that resulted from the analysis of primary and secondary data, observations of disparities, and review of the 2013 KFH-Baldwin Park CHNA findings.

Prioritized Health Needs

	Health Needs	
1.	Diabetes	Outcome
2.	Overweight and obesity	Outcome
3.	Economic security	Driver
4.	Mental health	Outcome
5.	Access to health care	Driver

	Health Needs	
6.	Healthy behaviors	Driver
7.	Cultural and linguistic barriers	Driver
8.	Housing	Driver
9.	Alcohol abuse, substance abuse, and tobacco use	Outcome
10.	Preventive health care	Driver
11.	Cancer	Outcome
12.	Cardiovascular disease	Outcome
13.	Physical environment	Driver
14.	Violence and injury prevention	Driver
15.	Oral health	Outcome
16.	Respiratory disease	Outcome
17.	Hypertension	Outcome
18.	Alzheimer's disease	Outcome
19.	Access to healthy foods	Driver

C. Summary of Needs Assessment Methodology and Process

For the purposes of the CHNA, Kaiser Permanente defines a "health need" as a health outcome and/or the related conditions that contribute to a defined health need. Health needs are identified by the comprehensive identification, interpretation, and analysis of a robust set of primary and secondary data.

Identification

The 2016 CHNA needs assessment methodology and process involved a mixed-method approach that included the collection of both secondary data and primary data. Over 400 secondary data indicators on a variety of health, social, economic, and environmental topics were collected by ZIP Code, Service Planning Area (SPA)[1], county, and state levels (as available). The consultant team queried data on indicators through the Kaiser Permanente CHNA Data Platform and obtained the data rates for the KFH-Baldwin Park Medical Center Area. The Kaiser Permanente common indicator data is calculated to obtain unique service area rates. In most cases the service area values represent the aggregate of data of smaller geographic units (e.g., ZIP Codes, census tracts) which fall within the service area boundary. When one or more geographic units are not entirely encompassed by a service area, the measure is aggregated proportionally. The options for weighing "small area estimations" are based on total area, total population, and demographic group population. The specific methodology for how service area rates are calculated for each indicator can be found on the Kaiser Permanente CHNA Data Platform. Additional indicators were collected from other sources to supplement the CHNA Data Platform. Each KFH facility, individually or with a collaborative, also collected primary data through key informant interviews, focus groups, and surveys. Primary data collection consisted of reaching out to local public health experts, community leaders, and residents to identify issues that most affected the health of the community. The CHNA process also included an identification of existing community assets and resources to address the identified health needs.

Primary data were collected through six focus groups and ten phone interviews from 69 stakeholders,

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[1] A Service Planning Area, or SPA, is a specific geographic region within Los Angeles County. SPAs were created to help divide Los Angeles County into distinct areas that allow the Los Angeles County Department of Public Health develop and provide more relevant and targeted public health and clinical services to treat specific health needs of residents in those areas. (Retrieved from http://publichealth.lacounty.gov/chs/SPAMain/ServicePlanningAreas.htm).

including community representatives, health experts, local government representatives, local business owners, and social and health service providers. These informants assisted in identifying the most severe health outcomes and associated drivers, health disparities, and community assets and resources available in the KFH-Baldwin Park service area to address the identified health outcomes and drivers.

To narrow those lists, a health outcome and driver had to meet two requirements: it needed to be mentioned in the primary data collection more than once *and* a secondary data indicator associated with the health outcome and/or driver needed to perform poorly against a designated benchmark (county average, state average, or Healthy People 2020 goal).

Prioritization

Prioritization of the identified needs is essential to the community benefit planning process. CNM engaged with a total of 41 community stakeholders through a community forum held in December 2015 to assist with the prioritization of 19 health needs. During the community forum, attendees reviewed a summary of the secondary data indicators and responses from stakeholders, and participated in a guided group activity to share insights and perspectives with their colleagues. At the end of the community forum, attendees were asked to complete a survey in which they prioritized each health outcome and health driver according to five criteria:

- Magnitude: how many community members were affected
- Severity: how much community members were affected
- Change over time: whether an issue has improved or gotten worse over time
- Resources: amount of resources available in the community to address an issue
- Disparities: the level of impact on a specific vulnerable population group

In addition, attendees had an opportunity to vote to indicate which health outcomes and health drivers they believed most severely affected the communities within the KFH-Baldwin Park service area. Those who were not able to attend the community forum could participate in the process by completing an online version of the prioritization survey disseminated at the community forums. A link to the online survey and supplemental materials shared at the forums were emailed to stakeholders; a total of six people completed the online survey. Overall composite scores were calculated for both in-person and online surveys by averaging the responses to the criteria questions. The resulting scores were put into a matrix where other factors (or considerations) were taken into account, including observed population disparities by ethnicity, age, gender, and geography through secondary or primary data; noted trends from a review of the 2013 KFH-Baldwin Park CHNA (worsening or improving); and order in priority ranking. The matrix served as a way to centralize all composite scores and considerations, further demonstrating the severity of each health outcome and driver.

Summary

The overall CHNA process was rigorous, taking into consideration over 400 secondary health, social and economic data indicators and input from over 100 community stakeholders through in-person meetings and an online survey. All the data and information collected were analyzed and the result of the analysis was a prioritized list of identified health needs. The information collected through the CHNA process will be used by KFH-Baldwin Park to help inform the development of their 2016 Implementation Strategy Plan for the next three years.

The figure below illustrates the interconnectedness of the health outcomes and drivers identified during this needs assessment. Light blue spheres represent the health outcomes, and dark blue ones represent health drivers. The size of the sphere increases according to the number of connections it has with other nodes. It is important to note that every health outcome and driver prioritized by the

community is related to at least one other—there are no isolated outcomes or drivers in this system. When looking at just the health outcomes (light blue nodes), a strong relationship is observed between diabetes and overweight and obesity, priorities one and two listed above. They are also strongly related to cardiovascular/heart disease, and hypertension, numbers 12 and 17 on the list. These four outcomes are in turn related to economic security, healthy behaviors, physical environment, and access to healthy food (numbers three, six, 13 and 19, respectively, on the health needs list). These eight components create a sort of nexus within the KFH-Baldwin Park system, though four of them fall in the second half of the lists.
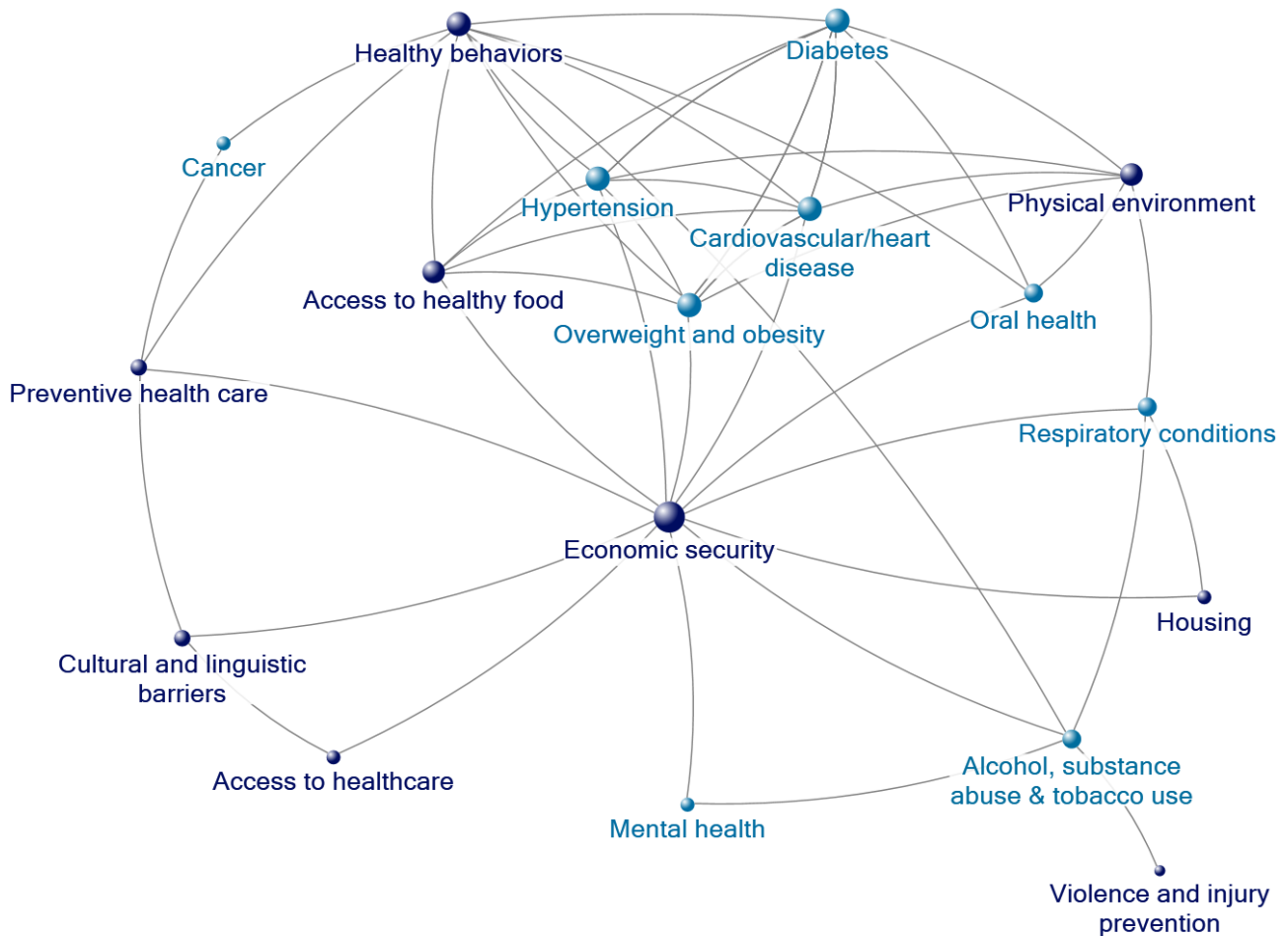
Community assets and resources to address the emerging health needs were identified through focus groups and interviews in the identification phase of the process. Stakeholders were asked to share names of community organizations, programs, and other resources they knew of and/or had experience with to address the specific health needs. These included hospitals, clinics, health centers, associations, community-based organizations, faith-based organizations, universities, public initiatives and hotlines. Following the identification of assets, Internet research was conducted to validate each asset and resource and collect up-to-date information for each. To view these community assets and resources please refer to Appendix D. Health Need Profiles.

II. INTRODUCTION/BACKGROUND

A. About Kaiser Permanente (KP)

Founded in 1942 to serve employees of Kaiser Industries and opened to the public in 1945, Kaiser Permanente is recognized as one of America's leading health care providers and nonprofit health plans. We were created to meet the challenge of providing American workers with medical care during the Great Depression and World War II, when most people could not afford to go to a doctor. Since our beginnings, we have been committed to helping shape the future of health care. Among the innovations Kaiser Permanente has brought to U.S. health care are:

- Prepaid health plans, which spread the cost to make it more affordable
- A focus on preventing illness and disease as much as on caring for the sick
- An organized coordinated system that puts as many services as possible under one roof—all connected by electronic medical records

Kaiser Permanente is an integrated health care delivery system composed of Kaiser Foundation Hospitals (KFH), the Kaiser Foundation Health Plan (KFHP), and physicians in the Permanente Medical Groups. Today we serve more than 10 million members in nine states and the District of Columbia. Our mission is to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve.

Care for members and patients is focused on their Total Health and guided by their personal physicians, specialists, and team of caregivers. Our expert and caring medical teams are empowered and supported by industry-leading technology advances and tools for health promotion, disease prevention, state-of-the-art care delivery, and world-class chronic disease management. Kaiser Permanente is dedicated to care innovations, clinical research, health education, and the support of community health.

B. About Kaiser Permanente Community Benefit

For more than 70 years, Kaiser Permanente has been dedicated to providing high-quality, affordable health care services and to improving the health of our members and the communities we serve. We believe good health is a fundamental right shared by all and we recognize that good health extends beyond the doctor's office and the hospital. It begins with healthy environments: fresh fruits and vegetables in neighborhood stores, successful schools, clean air, accessible parks, and safe playgrounds. These are the vital signs of healthy communities. Good health for the entire community, which we call Total Community Health, requires equity and social and economic well-being.

Like our approach to medicine, our work in the community takes a prevention-focused, evidence-based approach. We go beyond traditional corporate philanthropy or grant-making to pair financial resources with medical research, physician expertise, and clinical practices. Historically, we've focused our investments in three areas—Health Access, Healthy Communities, and Health Knowledge—to address critical health needs in our communities.

For many years, we've worked side-by-side with other organizations to address serious public health needs such as obesity, access to care, and violence. And we've conducted Community Health Needs Assessments to better understand each community's unique needs and resources. The CHNA process informs our community investments and helps us develop strategies aimed at making long-term, sustainable change—and the process allows us to deepen the strong relationships we have with other organizations that are working to improve community health.

C. Purpose of the CHNA Report

i. To Advance Community Health

Community Health Needs Assessments (CHNAs) have been integral to learning about the health of the communities Kaiser Permanente serves. We are committed to building on CHNAs and relationships in the community to deepen our knowledge of the community-specific needs, resources, and leaders in the community. This deeper knowledge enables us to develop a new approach by engaging differently and addressing specific community needs in collective action with the community. This new approach will leverage our existing and new community partnerships and harness the power of all Kaiser Permanente assets—economics, relationships, and expertise—to positively affect community health.

ii. To Implement ACA Regulations

The Patient Protection and Affordable Care Act (ACA) enacted on March 23, 2010, included new requirements for nonprofit hospitals to maintain their tax-exempt status. These provisions were the subject of final regulations providing guidance on the requirements of section 501(r) of the Internal Revenue Code. Included in the new regulations is a requirement that all nonprofit hospitals conduct a community health needs assessment (CHNA) and develop an implementation strategy (IS) every three years (http://www.gpo.gov/fdsys/pkg/FR-2014-12-31/pdf/2014-30525.pdf). The required written IS plan is set forth in a separate written document. Both the CHNA Report and the IS for each Kaiser Foundation Hospital facility are available publicly at www.kp.org/chna.

D. Kaiser Permanente Approach to CHNA

Kaiser Permanente has conducted CHNAs for many years, often as part of longstanding community collaboratives. The new federal CHNA requirements have provided an opportunity to revisit our needs assessment and strategic planning processes with an eye toward enhanced compliance and transparency, and leveraging emerging technologies. Our intention is to develop and implement a transparent, rigorous, and—whenever possible—collaborative approach to understanding the needs and assets in our communities. From data collection and analysis to the identification of prioritized needs and the development of an implementation strategy, our intent was to develop a rigorous process that would yield meaningful results.

Kaiser Permanente's innovative approach to CHNAs includes the development of a free, web-based CHNA data platform that is available to the public. The data platform provides access to a core set of approximately 150 publicly available indicators to understand health through a framework that includes social and economic factors, health behaviors, physical environment, clinical care, and health outcomes.

In addition to reviewing the secondary data available through the CHNA Data Platform—and in some cases other local sources—each KFH facility, individually or with a collaborative, collected primary data through key informant interviews, focus groups, and surveys. Primary data collection consisted of reaching out to local public health experts, community leaders, and residents to identify issues that most affected the health of the community. The CHNA process also included an identification of existing community assets and resources to address the health needs.

Each hospital/collaborative developed a set of criteria to determine what constituted a health need in its community. Once all the community health needs were identified, they were all prioritized, based on identified criteria. This process resulted in a complete list of prioritized community health needs. The process and the outcome of the CHNA are described in this report.

In conjunction with this report, KFH-Baldwin Park will develop an implementation strategy for the priority

health needs the hospital will address. These strategies will build on Kaiser Permanente's assets and resources, as well as evidence-based strategies, wherever possible. The Implementation Strategy will be filed with the Internal Revenue Service using Form 990 Schedule H. Both the CHNA and the Implementation Strategy, once they are finalized, will be posted publicly on our website, www.kp.org/chna.

III. COMMUNITY SERVED

A. Kaiser Permanente's Definition of Community Served

Kaiser Permanente defines the community served by a hospital as those individuals residing within its hospital service area. A hospital service area includes all residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations.

B. Map and Description of Community Served

i. Map
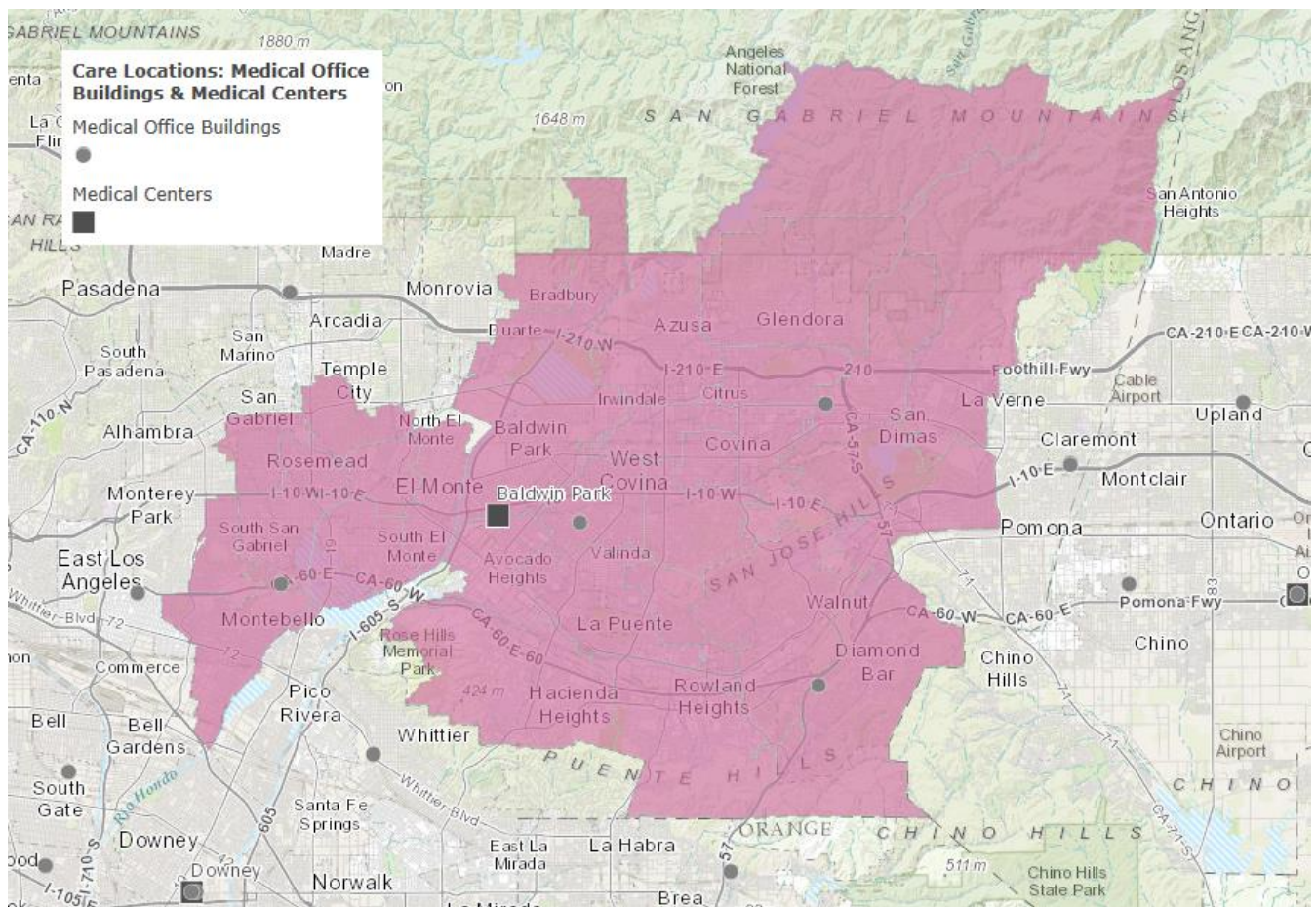
ii. Geographic description of community served (towns, county, and/or ZIP Codes)

The table below breaks down the KFH-Baldwin Park service area by city/community, ZIP Code, and Service Planning Area (SPA). SPAs are distinct regions of Los Angeles County used to plan and

manage county health services. The service area is situated in the eastern geography of Los Angeles County and includes distinct physical characteristics such as the Angeles National Forest to the north and numerous urban areas. When SPA-level data are available, only data for SPA 3–San Gabriel Valley is shown; only a small portion of the service area falls within SPA 7–East, and the inclusion of data from that area could skew the analysis.

City/Community	ZIP Code	Service Planning Area (SPA)
Azusa, Irwindale	91702	SPA 3–San Gabriel Valley
Baldwin Park, Irwindale	91706	SPA 3–San Gabriel Valley
Covina	91722, 91723, 91724	SPA 3–San Gabriel Valley
Diamond Bar, Pomona	91765	SPA 3–San Gabriel Valley
Duarte	91008, 91010	SPA 3–San Gabriel Valley
El Monte (including City of Industry)	91731, 91732	SPA 3–San Gabriel Valley
Glendora	91740, 91741	SPA 3–San Gabriel Valley
Hacienda Heights (including City of Industry, La Puente)	91745	SPA 3–San Gabriel Valley
La Puente (including Bassett, City of Industry)	91744, 91746	SPA 3–San Gabriel Valley
La Verne	91750	SPA 3–San Gabriel Valley
Montebello	90640	SPA 7–East
Monterey Park	91755	SPA 3–San Gabriel Valley
Pomona	91768	SPA 3–San Gabriel Valley
Rosemead	91770	SPA 3–San Gabriel Valley
Rowland Heights (including City of Industry, La Puente)	91748	SPA 3–San Gabriel Valley
San Dimas	91773	SPA 3–San Gabriel Valley
San Gabriel	91776	SPA 3–San Gabriel Valley
South El Monte	91733	SPA 3–San Gabriel Valley
Temple City	91780	SPA 3–San Gabriel Valley
Walnut (including City of Industry)	91789	SPA 3–San Gabriel Valley
West Covina	91790, 91791, 91792	SPA 3–San Gabriel Valley

iii. Demographic profile of community served

A description of the community served by KFH-Baldwin Park is provided in the following narrative, tables, charts, and images. The data are presented at the different geographic levels at which they are available, including community and city, ZIP code, census tract, Service Planning Area, county, and state. Information is detailed in the current and following sections: **Error! Reference source not ound.**, Community Health Significant Morbidity and Mortality (Health Outcomes), and Significant Health Drivers.

Overall, the population in the KFH-Baldwin Park service area has increased since the 2013 CHNA and is projected to continue to increase. Many of the demographic numbers remained steady since the previous report, but there have been some positive changes in some areas, such as homelessness and unemployment, which are both decreasing. In education, more youth are finishing high school, and more students entering college are completing their degrees. There is, however a negative trend in poverty rates in the service area. The following graphic shows a quick description of the KFH-BP service area population.

38%	**54%**	**30%**	**24%**	**12%**	**38%**
are between 18-44 years old*	of service area population is Hispanic/Latino	have limited English proficiency	25+ don't have a high school diploma	of individuals were unemployed in 2015	of residents live below 200% FPL**
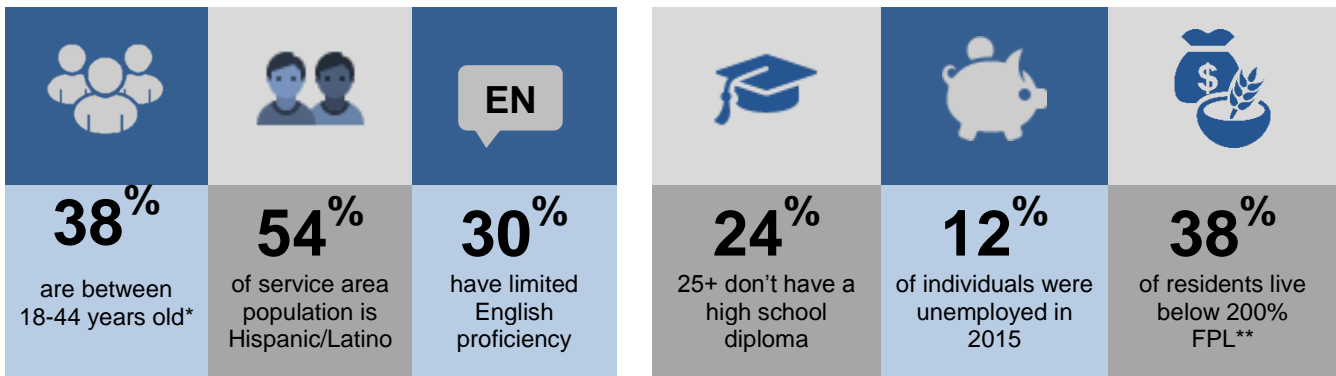
*Reflects largest age group of the service area population

*For 2015, the Federal Poverty Level (FPL) for one person was $11,770 and $24,250 for a family of four

Nearly a third of the people in the service area live 100% below the Federal Poverty Level (14.3% overall and 20.5% of children), while a larger percentage (37.8%) live 200% below the Federal Poverty Level. Also, there are 3,093 homeless people in the KFH-Baldwin Park service area, most of whom suffer from substance abuse problems (23.9%), are mentally ill (20.3%), or are physically disabled (18.5%).

In terms of overall health, 28.2% of the service area population has been diagnosed with a disability; 6.4% of infants had a low birthweight (under 2,500 grams); in 3.3 per 1,000 births, the babies died; and 8.3 per 1,000 births were to teen mothers (under the age of 20). Only 40.7% of babies were breastfed for at least six months. In the KFH-Baldwin Park area, 1,032 youth 0 to 17 years old entered foster care in 2013.

The top two leading causes of death were coronary heart disease and stroke, while the top two leading causes of premature death (before the age of 75) were coronary heart disease and liver disease/cirrhosis.

Population

The KFH-Baldwin Park service area has a total population of 1,190,178, representing 11.7% of the total population in Los Angeles County (10,136,509) and 3.1% of the total population in California (38,822,536). By 2020, the population in the KFH-Baldwin Park service area is projected to increase at a slower rate (2.7%) than in Los Angeles County (3.6%) and California (4.2%).

Total Population, 2015

Service Area	2015 Total Population	2020 Projected Population	Percent Change
KFH-Baldwin Park service area	1,190,178	1,223,025	2.7%
Los Angeles County	10,136,509	10,510,281	3.6%
California	38,822,536	40,505,730	4.2%

Source: Nielsen Claritas Site Reports, 2015, ZIP Code

The population density per square mile indicates that the higher density areas are located in the western and central part of the service area.
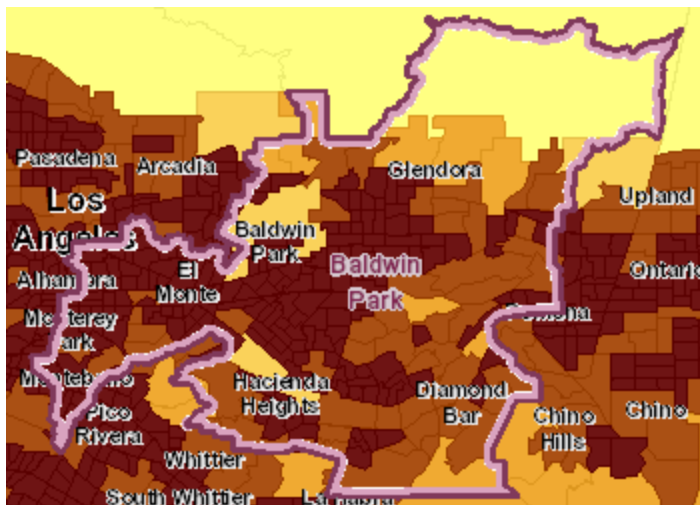
Population, Density (Persons per Sq. Mile) by Tract, ACS 2010–14

- ■ Over 5,000
- ■ 1,001–5,000
- ■ 501–1,000
- ■ 51–500
- ☐ Under 51
- ☐ No Data or Data Suppressed
- ☐ Report Area
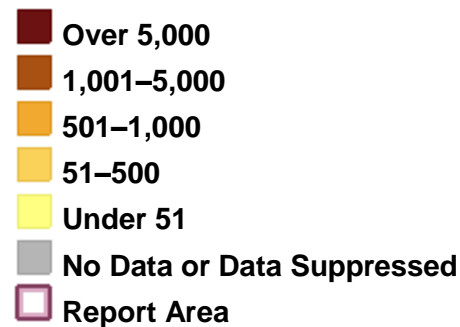
Source: U.S. Census Bureau, American Community Survey, 2010–14, Tract

Gender

Since the 2013 report, the ratio of females to males has remained steady, and nearly divided in half by females (51.0%) and males (49.0%). This is consistent with Los Angeles County and California (50.7% females and 49.3% males, respectively) and California (51.3% and 49.7%, respectively).

Gender, 2015

Service Area	Male		Female	
	Number	Percent	Number	Percent
KFH-Baldwin Park service area	583,507	49.0%	606,671	51.0%
Los Angeles County	5,001,632	49.3%	5,134,877	50.7%
California	19,297,189	49.7%	19,525,347	51.3%

Source: Nielsen Claritas Site Reports, 2015, ZIP Code

Age

The age distribution within the service area remained relatively even with the 2013 age distribution. None of the groups increased by more than 1.2% (55 to 64 age group). The KFH-BP distribution is consistent with that of the county and state. Youth between the ages of 0 and17 comprise 23.1% of the population in the KFH-BP service area, adults between the age of 18 and 64 comprise 63.7%, and senior adults 65 years and older comprise 13.3% of the population. Similar percentages were noted in Los Angeles County (23.4%, 64.5% and 12.2%, respectively) and California (23.9%, 63.2% and 12.9%, respectively).

Population by Age, 2015

Age Groups	KFH-Baldwin Park Service Area		Los Angeles County		California	
	Number	Percent	Number	Percent	Number	Percent
0–4 years	73,350	6.2%	646,631	6.4%	2,539,809	6.5%
5–9 years	72,017	6.1%	644,054	6.4%	2,557,240	6.6%
10–14 years	76,590	6.4%	645,536	6.4%	2,560,955	6.6%
15–17 years	52,329	4.4%	423,205	4.2%	1,628,601	4.2%
18–20 years	53,732	4.5%	434,374	4.3%	1,668,798	4.3%

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Age Groups	KFH-Baldwin Park Service Area		Los Angeles County		California	
	Number	Percent	Number	Percent	Number	Percent
21–24 years	74,542	6.3%	600,348	5.9%	2,280,145	5.9%
25–34 years	166,809	14.0%	1,528,334	15.1%	5,562,298	14.3%
35–44 years	153,725	12.9%	1,425,378	14.1%	5,194,225	13.4%
45–54 years	162,506	13.7%	1,391,740	13.7%	5,242,968	13.5%
55–64 years	146,031	12.3%	1,158,885	11.4%	4,588,352	11.8%
65–74 years	90,653	7.6%	704,979	7.0%	2,875,073	7.4%
75–84 years	47,608	4.0%	365,908	3.6%	1,458,980	3.8%
85 years and older	20,286	1.7%	167,137	1.6%	665,092	1.7%
Total	**1,190,178**	**100.0%**	**10,136,509**	**100.0%**	**38,822,536**	**100.0%**

Source: Nielsen Claritas Site Reports, 2015, ZIP Code

The central-west portion of the KFH-Baldwin Park service area, which generally has higher density, has a greater concentration of infants and young children between the ages of 0 to 4. Most notably, the areas with the greatest percentages (over 7.0%) of infants and young children include the communities of Azusa, Baldwin Park, Citrus, El Monte, Irwindale, La Puente, Montebello, and South El Monte.
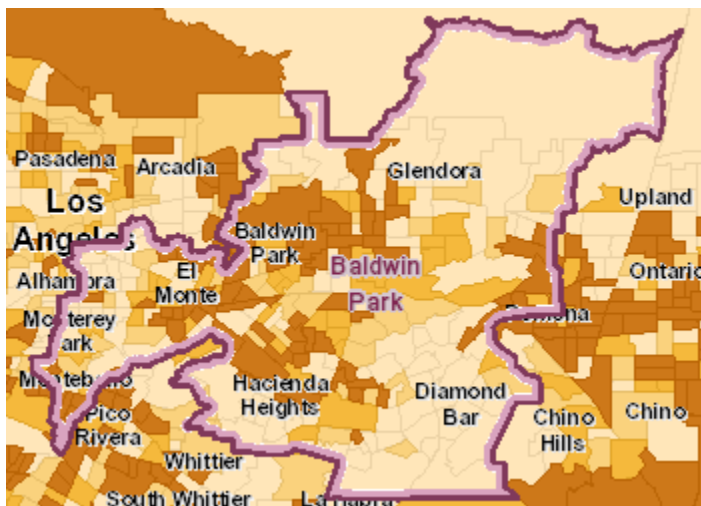
Population Age 0–4, Percent by Tract, ACS 2010–14

- Over 7.0%
- 6.1–7.0%
- 5.1–6.0%
- Under 5.1%
- No Data or Data Suppressed
- Report Area

Source: U.S. Census Bureau, American Community Survey, 2010–14, Tract

In addition, a large concentration of youth between the ages of 5 and 17 resides in the central-west portion of the KFH-Baldwin Park communities of (but not limited to) Azusa, Baldwin Park, Citrus, Duarte, Irwindale, El Monte, La Puente, and South El Monte.
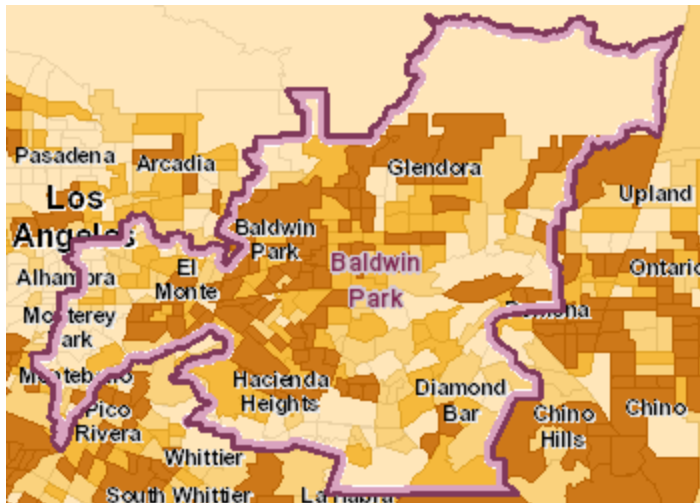
Population Age 5–17, Percent by Tract, ACS 2010–14

- ■ Over 19.0%
- ■ 17.1–19.0%
- ■ 15.1–17.0%
- □ Under 15.1%
- ■ No Data or Data Suppressed
- ▭ Report Area

Source: U.S. Census Bureau, American Community Survey, 2010–14, Tract

The largest concentration of adults 65 and older is in the southwest corner and mid-east portion of the service area; there also is a concentration (16.1 to 20.0%) in the northern areas. Most notably, the areas with the largest percentages (over 20.0%) include the communities of Covina, Hacienda Heights, La Verne, Montebello, Monterey Park, San Dimas, and South San Gabriel. The areas with higher concentrations of the under-17 population have a lower percentage of the 65-and-older population.
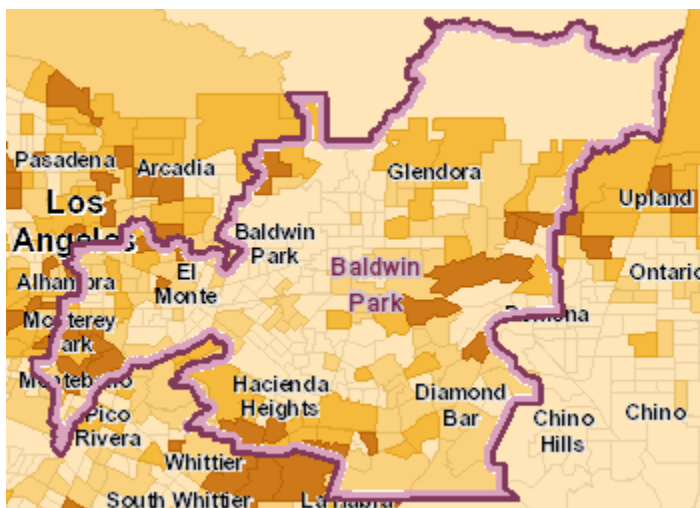
Population Age 65 and older, Percent by Tract, ACS 2010–14

- ■ Over 20.0%
- ■ 16.1–20.0%
- ■ 12.1–16.0%
- □ Under 12.1%
- ■ No Data or Data Suppressed
- ▭ Report Area

Source: U.S. Census Bureau, American Community Survey, 2010–14, Tract

Median Age

The average age in the KFH-Baldwin Park service area is 38.0 years, slightly higher than Los Angeles County (37.3 years) and California (37.5 years). The median age in the service area is also slightly higher (36.7 years) when compared to Los Angeles County (36.0 years) and California (36.2 years). This is consistent with the age distribution above; the distribution in the service area has a slightly lower (within 1%) population under 14 and a slightly higher (within 1%) population over 65 years of age.

Median Age, 2015

Age	KFH-Baldwin Park Service Area	Los Angeles County	California
Average age	38.0 years	37.3 years	37.5 years
Median age	36.7 years	36.0 years	36.2 years

Source: Nielsen Claritas Site Reports, 2015, ZIP Code

Race and Ethnicity

The breakdown by race and ethnicity is relatively unchanged since the 2013 CHNA. One group did see a decrease by more than 1% (American Indian/Alaskan Native), but it is hard to tell if this is a significant change or not. In the KFH-Baldwin Park service area in 2015, more than half the population identified as Hispanics/Latinos (54.2%), followed by Asian/Pacific Islanders (27.8%), and Caucasians/Whites (14.3%). Hispanics/Latinos represent 48.8% of the population in Los Angeles County and 39.3% in California. Caucasians/Whites are the second-largest ethnic group in Los Angeles County (26.4%) and California (38.0%) followed by Asians/Pacific Islanders (14.3% and 13.6%, respectively).

Race and Ethnicity, 2015

Racial/Ethnic Groups	KFH-Baldwin Park Service Area		Los Angeles County		California	
	Number	Percent	Number	Percent	Number	Percent
African-American/Black	23,527	2.0%	812,168	8.0%	2,185,751	5.6%
American Indian/Alaskan Native	1,943	0.2%	19,188	0.2%	163,329	0.4%
Asian/Pacific Islander	331,447	27.8%	1,444,878	14.3%	5,294,790	13.6%
Caucasian/White	170,033	14.3%	2,677,924	26.4%	14,766,513	38.0%
Hispanic/Latino	644,765	54.2%	4,941,730	48.8%	15,236,977	39.2%
Other	1,646	0.1%	25,676	0.3%	87,137	0.2%
Two or more races	15,452	1.3%	214,945	2.1%	1,088,039	2.8%
Total	**1,190,178**	**100.0%**	**10,136,509**	**100.0%**	**38,822,536**	**100.0%**

Source: Nielsen Claritas Site Reports, 2015, ZIP Code

The map below illustrates that, according to U.S. Census data, the majority of the population residing throughout the KFH-Baldwin Park service area are Hispanic/Latino.
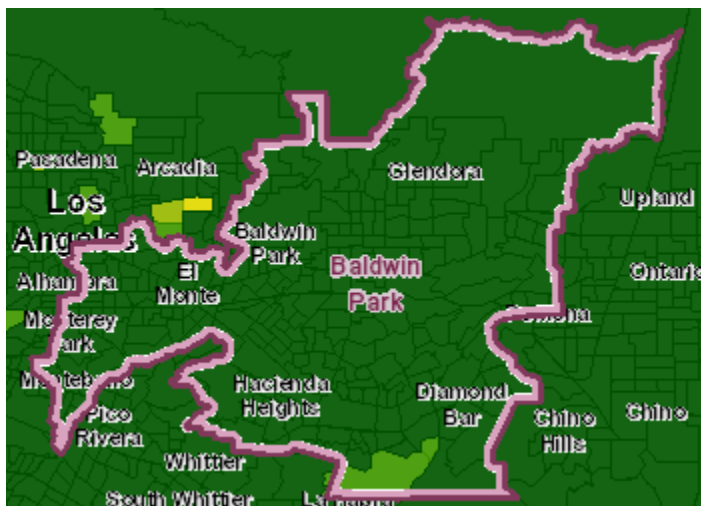
Population, Hispanic or Latino, Percent by Tract, ACS 2010–14

- Over 10.0%
- 5.1–10.0%
- 2.1–5.0%
- Under 2.1%
- No Hispanic Population Reported
- No Data or Data Suppressed
- Report Area

Source: U.S. Census Bureau, American Community Survey, 2010–14, Tract

Language

There has been a slight increase of 1.2% for primarily English speaking households since 2013, and a subsequent decrease of 1% for primarily Spanish speaking households. Like in 2013, however, in over two-thirds of the households in the service area, a language other than English is the primary language spoken in the home. This is significantly higher than in the county and state. The largest percentage of the population 5 years and older in the KFH-Baldwin Park service area speak primarily Spanish in the home (39.5%), closely followed by English (34.5%) and an Asian language (23.3%). However, in Los Angeles County and California, English is most often spoken in the home (42.9% and 55.9%, respectively) followed by Spanish (39.6% and 28.9%, respectively). Asian languages represent the third language most often spoken in the home for Los Angeles County and California (10.9% and 9.7%, respectively).

Language Primarily Spoken in the Home, 2015

Language	KFH-Baldwin Park Service Area		Los Angeles County		California	
	Number	Percent	Number	Percent	Number	Percent
English	385,581	34.5%	4,067,879	42.9%	20,289,930	55.9%
Asian	260,699	23.3%	1,032,342	10.9%	3,524,513	9.7%
Indo-European[1]	21,206	1.9%	529,352	5.6%	1,633,563	4.5%
Spanish	441,557	39.5%	3,754,192	39.6%	10,494,386	28.9%
Other	7,785	0.7%	106,113	1.1%	340,335	0.9%
Total	**1,116,828**	**100.0%**	**9,489,878**	**100.0%**	**36,282,727**	**100.0%**

Source: Nielsen Claritas Site Reports, 2015, ZIP Code
[1]Includes Arabic, Armenian, Yiddish, and other languages with their origins in Europe or Asia

Nearly two-thirds (65.7%) of the population over the age of 5 years in the KFH-Baldwin Park service area primarily speaks a language other than English in the home. Additionally, throughout the service area, as shown in the map below, there are populations that have limited English proficiency (4.0% or over), meaning they do not speak English well or do not have someone in the home who speaks English very well.
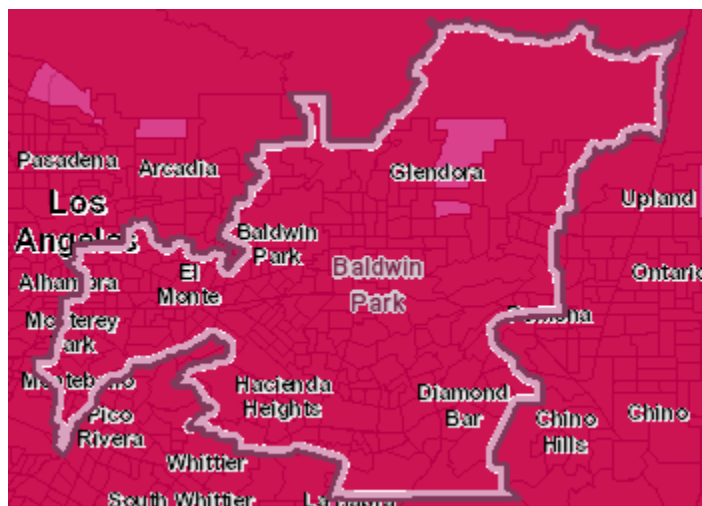
Population with Limited English Proficiency, Percent by Tract, ACS 2010–14

■ Over 4.0%
■ 2.1–4.0%
■ 1.1–2.0%
□ Under 1.1%
■ No Data or Data Suppressed
□ Report Area

Source: U.S. Census Bureau, American Community Survey, 2010–14, Tract

Household Income

While the service area's income distribution is skewed slightly higher than the county and state, a significant number of households have lower income levels. Almost 20 percent of households (18.8%) had household incomes between $50,000 and $74,999, followed by household incomes between $35,000 and $49,999 (13.9%) and $75,000 and $99,999 (13.4%). The service area reflects similar percentages of households in Los Angeles County and California, where most incomes are between $35,000 and $99,999. Slightly fewer households in the service area have incomes less than $35,000 when compared to the county and state (29.7%, 33.8%, and 31.6% respectively). Households with incomes between $35,000 and $74,999 in the service area slightly exceed those in the county and state (46.1%, 31.5%, and 41.4%). Comparisons with the previous CHNA report are not presented because those data are from 2009, which is too long ago to provide any meaningful insights for 2015 numbers. A look at poverty numbers, which follows, will provide more insight.

Household Income, 2015

Income Level	KFH-Baldwin Park Service Area		Los Angeles County		California	
	Number	Percent	Number	Percent	Number	Percent
$15,000 and below	30,513	9.0%	440,017	13.1%	1,493,600	11.4%
$15,000-$24,999	34,020	10.1%	368,258	11.0%	1,304,534	10.0%
$25,000-$34,999	32,536	9.6%	324,780	9.7%	1,201,323	9.2%
$35,000-$49,999	46,872	13.9%	439,461	13.1%	1,642,087	12.5%
$50,000-$74,999	63,556	18.8%	564,594	16.9%	2,214,004	16.9%
$75,000-$99,999	45,184	13.4%	384,054	11.5%	1,570,986	12.0%
$100,000-$124,999	31,577	9.3%	272,585	8.1%	1,154,086	8.8%
$125,000-$149,999	18,765	5.5%	166,270	5.0%	745,959	5.7%
$150,000-$199,999	20,163	6.0%	181,675	5.4%	840,512	6.4%
$200,000-$249,999	6,375	1.9%	65,904	2.0%	305,213	2.3%
$250,000-$499,999	7,204	2.1%	100,559	3.0%	433,380	3.3%
$500,000 and above	1,562	0.5%	40,774	1.2%	191,865	1.5%
Total	**338,327**	**100.0%**	**3,348,931**	**100.0%**	**13,097,549**	**100.0%**

Source: Nielsen Claritas Site Reports, 2015, ZIP Code

Poverty

The level of poverty in an area can have an impact on overall health and create barriers to everyday necessities, including healthy and affordable foods, health care, and other basic needs.

A slightly smaller percentage of the population in the KFH-Baldwin Park service area (14.3%) are living in households below 100% of the Federal Poverty Levels (FPL) when compared to Los Angeles County (18.4%) and California (16.4%). When compared to the 2013 CHNA report, which used 2010 U.S. Census Bureau numbers, the percentage of the KFH-BP service area population living below 100% of the FPL increased by 2.3%, and Los Angeles County population increased by 2.7%.

Population Living Below 100% Federal Poverty Levels, 2014

Report Area	Number	Percent
KFH-Baldwin Park service area	167,395	14.3%
Los Angeles County	9,819,397	18.4%
California	37,323,128	16.4%

Source: U.S. Census Bureau, American Community Survey, 2010–14, Tract

However, certain communities in the service area have a higher percentage of households living below 100% the FPL, including Azusa, Baldwin Park, Covina, El Monte, Montebello, Pomona, Rosemead, Rowland Heights, and South El Monte.

Population Below the Poverty Level, Percent by Tract, ACS 2010–14

- Over 20.0%
- 15.1–20.0%
- 10.1–15.0%
- Under 10.1%
- No Data or Data Suppressed
- Report Area

Source: U.S. Census Bureau, American Community Survey, 2010–14, Tract
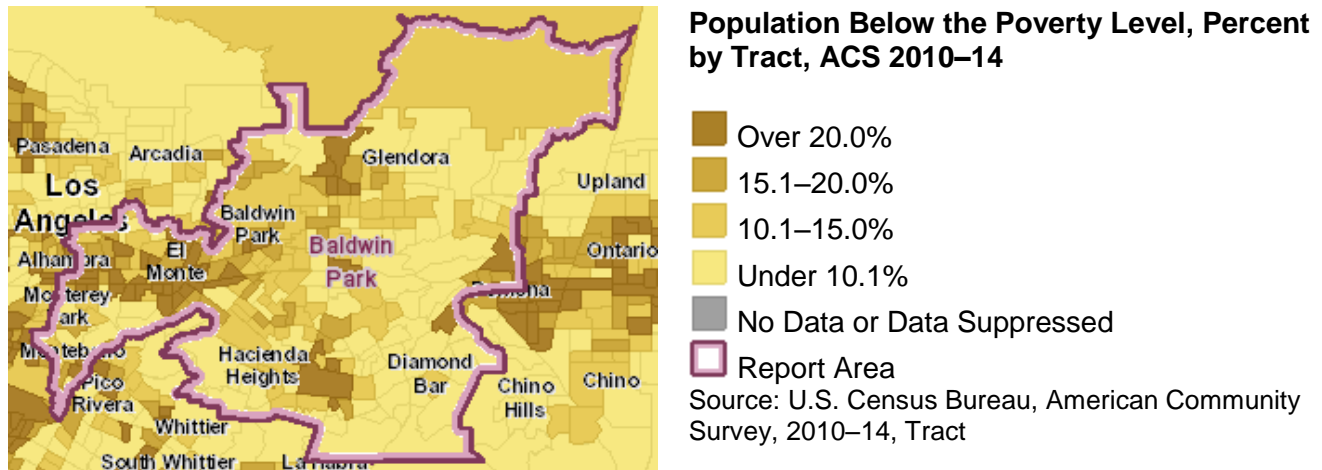
Of those households in the KFH-Baldwin Park service area living below 100% of the FPL, 20.5% have children between the ages of 0 and 17—lower than the percentages reported for Los Angeles County (26.0%) and California (22.7%).

Children Living Below 100% Federal Poverty Level, 2014

Report Area	Number	Percent
KFH-Baldwin Park service area	55,516	20.5%
Los Angeles County	2,314,447	26.0%
California	9,072,050	22.7%

Source: U.S. Census Bureau, American Community Survey, 2010–14, Tract

Certain communities within the southeast portion of the KFH-Baldwin Park service area, however, have larger percentages of households with children living below 100% of the FPL, including Azusa, Baldwin Park, Covina, Duarte, El Monte, Montebello, Pomona, Rosemead, Rowland Heights, and South El Monte. The area in the northern section of the service area reports over 30% of its children living below the poverty level. This area is less dense than other parts of the service area.

Population Below the Poverty Level, Children (Age 0–17), Percent by Tract, ACS 2010–14

- Over 30.0%
- 22.6–30.0%
- 15.1–22.5%
- Under 15.1%
- No Population Age 0–17 Reported
- No Data or Data Suppressed
- Report Area

Source: U.S. Census Bureau, American Community Survey, 2010–14, Tract
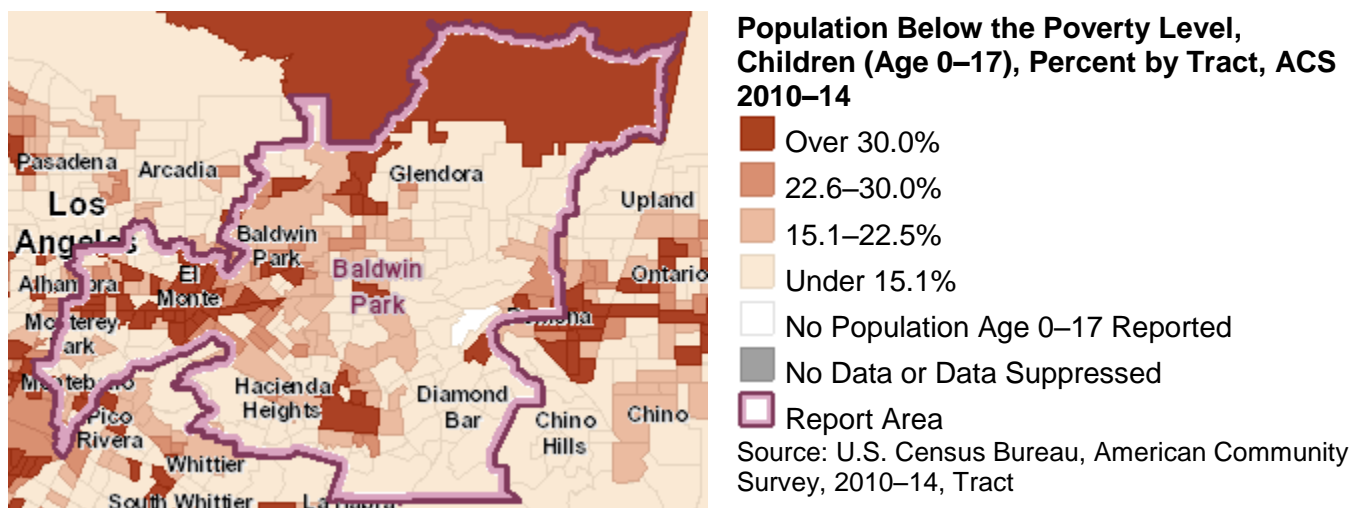
The percentage of households (37.8%) in the KFH-Baldwin Park service area living below 200% of the FPL in 2014 was lower when compared to Los Angeles County (40.9%) and slightly higher than reported in California (36.4%).

Population Living Below 200% Federal Poverty Level, 2014

Report Area	Number	Percent
KFH-Baldwin Park service area	442,273	37.8%
Los Angeles County	4,014,863	40.9%
California	13,576,255	36.4%

Source: U.S. Census Bureau, American Community Survey, 2010–14, Tract

Communities in the KFH-Baldwin Park service area with the highest percentage of households living 200% below the FPL including Azusa, Baldwin Park, Covina, El Monte, Montebello, Pomona, South El Monte, and Rowland Heights.
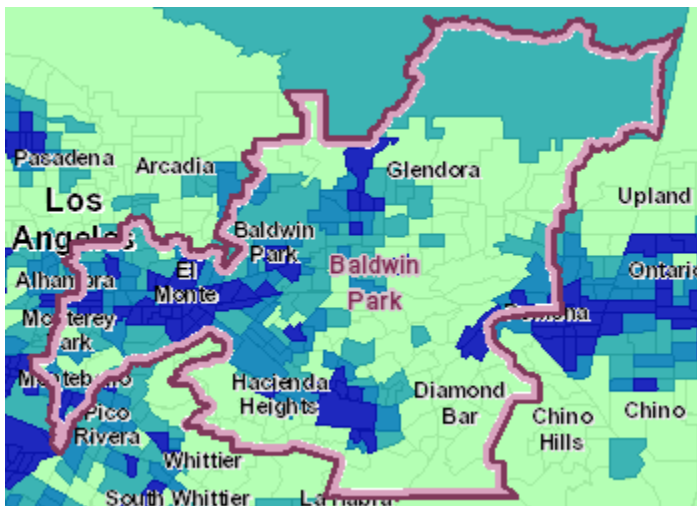
Population Below 200% Poverty Level, Percent by Tract, ACS 2010–14

- Over 50.0%
- 38.1–50.0%
- 26.1–38.0%
- Under 26.1%
- No Data or Data Suppressed
- Report Area

Source: U.S. Census Bureau, American Community Survey, 2010–14, Tract

Homelessness

Of the estimated 44,359 homeless in Los Angeles County as of 2015, 7.0%—approximately 3,093 homeless people—resided within the KFH-Baldwin Park service area. This compares with 11% of the county's total population that resides in the service area. This is a decrease of 1.6% since the 2013 CHNA report. While the population has critical needs, proportionally the community is a little better off than the overall county. (Most of the KFH-Baldwin Park service area lies within SPA 3, with only a small portion falling within SPA 7–East; the inclusion of SPA 7 data could skew the analysis.)

Total Homeless, 2015

Report Area	Number	Percent
KFH-Baldwin Park service area	3,093	7.0%
Los Angeles County	44,359	100.0%

Source: Los Angeles Homeless Services Authority,
Greater Los Angeles Homeless County Report, 2015, SPA

Beyond being homeless, overall health conditions and the ability to access services can be affected by other physical or medical issues. Of the 3,093 homeless in the KFH-Baldwin Park service area, 23.9% are dealing with substance abuse issues and 20.3% are mentally ill. Another 18.5% are physically disabled and 0.9% are HIV-positive. When compared to Los Angeles County, the service area's

percentages are similar. However, there are fewer mentally ill homeless in the service area (20.3%) than in Los Angeles County (27.6%).

Of the total homeless population in the KFH-Baldwin Park service area, 43.9% lived in shelters (including emergency shelters and transitional housing programs), a higher percentage than the county's 30.1%.

Sheltered/Unsheltered Homeless, 2015

Report Area	Sheltered Homeless		Unsheltered Homeless	
	Number	Percent	Number	Percent
KFH-Baldwin Park service area	1,359	43.9%	1,734	50.1%
Los Angeles County	13,341	30.1%	31,018	69.9%

Source: Los Angeles Homeless Services Authority, Greater Los Angeles Homeless County Report, 2015, SPA

Most of the homeless population in the KFH-Baldwin Park service area were individuals (81.0%). According to the Los Angeles Homeless Services Authority, individuals include single adults, adult couples with no children, and groups of adults over the age of 18. The remainder was homeless family members (18.7%) or unaccompanied minors (0.4%).

Homeless by Type, 2015

Report Area	Homeless Individuals		Homeless Families		Homeless Unaccom-panied Minors	
	Number	Percent	Number	Percent	Number	Percent
KFH-Baldwin Park service area	2,505	81.0%	577	18.7%	11	0.4%
Los Angeles County	33,389	75.3%	7,505	16.9%	280	0.6%

Source: Los Angeles Homeless Services Authority, Greater Los Angeles Homeless County Report, 2015, SPA

According to the Los Angeles Homeless Services Authority, chronically homeless is defined as an individual or family that has been homeless for a year or more. In the KFH-Baldwin Park service area, 903 (29.2%) individual and 100 (3.2%) families have been chronically homeless.

Chronically Homeless by Type, 2015

Report Area	Individuals		Families	
	Number	Percent	Number	Percent
KFH-Baldwin Park service area	903	29.2%	100	3.2%
Los Angeles County	12,356	27.9%	1,817	4.1%

Source: Los Angeles Homeless Services Authority,
Greater Los Angeles Homeless County Report, 2015, SPA

Of the 3,093 homeless in the KFH-Baldwin Park service area, 239—or 7.7%—are veterans.

Homeless Veterans, 2015

Report Area	Number	Percent
KFH-Baldwin Park service area	239	7.7%
Los Angeles County	4,016	9.1%

Source: Los Angeles Homeless Services Authority,
Greater Los Angeles Homeless County Report, 2015, SPA

Homeless by Special Population, 2015

Report Area	Mentally Ill		With Substance Abuse Issues		With HIV		Physically Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
KFH-Baldwin Park service area	627	20.3%	740	23.9%	27	0.9%	572	18.5%
Los Angeles County	12,253	27.6%	10,388	23.4%	757	1.7%	8,148	18.4%

Source: Los Angeles Homeless Services Authority, Greater Los Angeles Homeless County Report, 2015, SPA

Employment Status

Lack of steady work and income can affect an individual's health in multiple ways, along with access to insurance and health care. In the KFH-Baldwin Park service area, a total of 45,138 individuals 16 years and older are unemployed, which comprised 11.9% of the unemployed 16 years and older in Los Angeles County (n=379,595). The unemployment rate in the KFH-Baldwin Park service area and Los Angeles County is 7.5, higher than California's unemployment rate (6.8). Both KFH-Baldwin Park and Los Angeles County rates are down from 10.2 and 9.7 respectively since the previous assessment.

Unemployment Rate, December 2015

Report Area	Number	Percent	Rate
KFH-Baldwin Park service area	45,138	11.9%	7.5
Los Angeles County	379,595	29.7%	7.5
California	1,277,471	100.0%	6.8

Source: U.S. Department of Labor, Bureau of Labor Statistics, 2015—December, County

Educational Attainment

Overall, slightly less than a third of the population 25 years old and older in the KFH-Baldwin Park service area have graduated college (31.6%) with an associate, bachelor, masters, professional, or doctorate degree. While this percentage is lower when compared to Los Angeles County (36.5%) and California (38.5%). It is an increase of 11% from the previous CHNA report. Close to a quarter (24.4%) of the population in the KFH-Baldwin Park service area did not complete high school (including completing less than the ninth grade), which is higher than percentages for Los Angeles County (23.2%) and California (18.7%). But again, the trend is in the right direction, because this service area saw a big decrease in this number (16.8%) over the previous report.

Educational Attainment, 2015

Legend: ■ CVHP ■ Los Angeles County □ California

Category	CVHP	Los Angeles County	California
Did not graduate high school	24.4%	23.2%	18.7%
Graduated high school only	24.4%	20.6%	20.7%
Completed from college coursework	19.6%	19.7%	22.1%
Graduated from college	31.6%	36.5%	38.5%
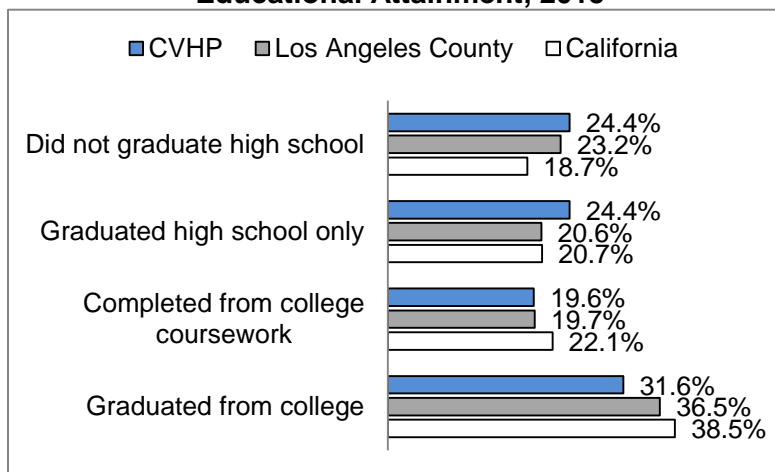
Source: Nielsen Claritas Site Reports, 2015, ZIP Code

Educational Attainment, 2015

Educational Level	KFH-Baldwin Park Service Area		Los Angeles County		California	
	Number	Percent	Number	Percent	Number	Percent
Less than ninth grade	109,938	14.0%	906,958	13.5%	2,612,169	10.2%
Some high school	81,859	10.4%	654,609	9.7%	2,172,356	8.5%
High school graduate	192,014	24.4%	1,391,643	20.6%	5,301,306	20.7%
Some college	154,531	19.6%	1,326,948	19.7%	5,648,154	22.1%
Associate's degree	57,770	7.3%	456,371	6.8%	1,999,126	7.8%
Bachelor's degree	133,910	17.0%	1,317,163	19.5%	4,955,242	19.4%
Master's degree	40,966	5.2%	445,148	6.6%	1,904,337	7.5%
Professional school degree	10,950	1.4%	160,247	2.4%	586,956	2.3%
Doctorate degree	5,680	0.7%	83,274	1.2%	374,342	1.5%
Total	**787,618**	**100.0%**	**6,742,361**	**100.0%**	**25,553,988**	**100.0%**

Source: Nielsen Claritas Site Reports, 2015, ZIP Code

Communities in the KFH-Baldwin Park service area with the largest percentage (over 21%) of the population 25 years old and older without a high school diploma or higher degree are mostly in the central-west portion of the service area—Avocado Heights, Azusa, Baldwin Park, Citrus, El Monte, Irwindale, La Puente, Montebello, Monterey Park, Pomona, Rosemead, Rowland Heights, South El Monte, South San Gabriel, and South San Jose Hills.
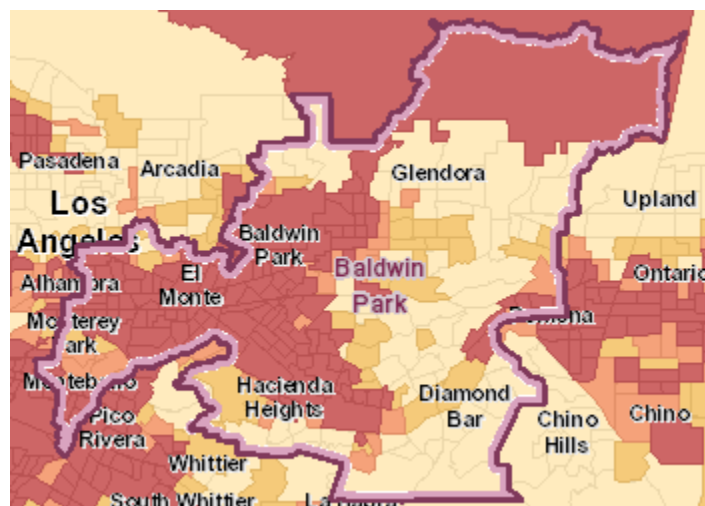
Population with No High School Diploma (Age 25), Percent by Tract, ACS 2010–14

- Over 21.0%
- 16.1–21.0%
- 11.1–16.0%
- Under 11.1%
- No Data or Data Suppressed
- Report Area

Source: U.S. Census Bureau, American Community Survey, 2010–14, Tract

Disability

Having a disability can present many complications exacerbated by the absence of appropriate assistance. Having a disability can also lead to other health conditions such as poor mental health. In the KFH-Baldwin Park service area, a slightly lower percentage (28.2%) of the population reported having a physical, mental, or emotion-associated disability when compared to Los Angeles County (28.6%) and California (28.5%).

Population With a Disability, 2014

Report Area	Percent
KFH-Baldwin Park service area	28.2%
Los Angeles County	28.6%
California	28.5%

Source: California Health Interview Survey, 2014, SPA

Infant and Maternal Health

Infants with low birthweights (under 2,500 grams) are at a higher risk for health problems. In the KFH-Baldwin Park service area, 6.4% of births were of babies having a low birthweight. This percentage was lower when compared to Los Angeles County (7.3%) and California (6.8%).

Low Birthweight, 2011

Report Area	Number	Percent
KFH-Baldwin Park service area	973	6.4%
Los Angeles County	9,721	7.3%
California	34,692	6.8%

Source: California Department of Public Health (CDPH). Birth Profiles by ZIP Code, 2011, ZIP Code

Although the service area's low-birthweight percentage was lower, some communities in the service area have a higher percentage of infants born under 2,500 grams. Those communities include Glendora and West Covina.
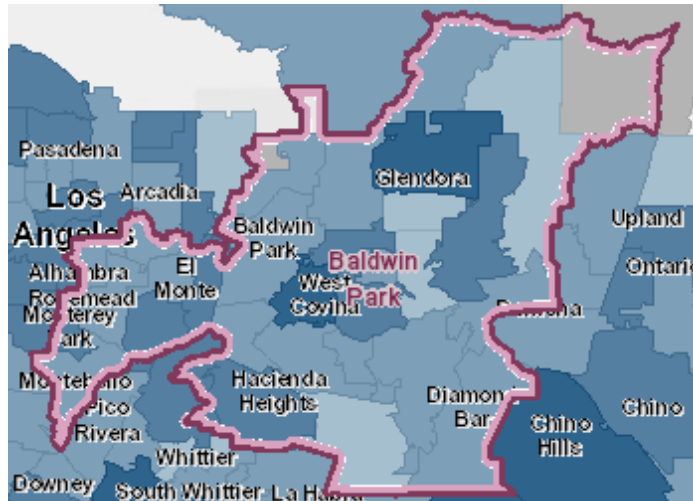
Low–Birthweight Babies, Percent by ZCTA, CDPH 2011

- Over 8.6%
- 6.9–8.6%
- 5.1–6.8%
- Under 5.1%
- No Data or Data Suppressed
- Report Area

Source: California Department of Public Health, (CDPH), Birth Profiles by ZIP Code, 2011, ZIP Code

Teen Births

Teen births have many implications for social, economic, and health needs. In the KFH-Baldwin Park service area, the rate of teen births is 8.3 per 1,000 females under the age of 20 years old—lower than rates reported in California (8.5) and Los Angeles County (8.8).

Teen Birth Rate per 1,000 Teens, 2011

Report Area	Rate
KFH-Baldwin Park service area	8.3
Los Angeles County	8.8
California	8.5

Source: California Department of Public Health (CDPH). Birth Profiles by ZIP Code, 2011, ZIP Code

Although the service area's teen birth rate was low overall, the community of El Monte had a large percentage of teen births when compared to the rest of the service area.
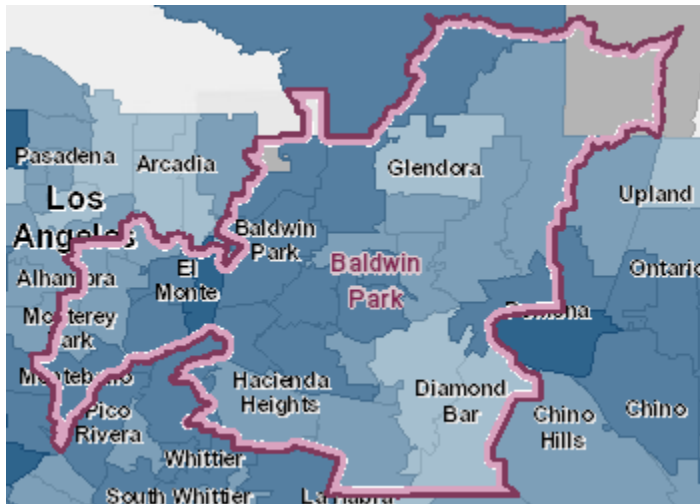
Births to Females Under Age 20, Rate (Per 1,000 Population) by ZCTA, CDPH 2011

- Over 12.0%
- 7.1–12.0%
- 2.1–7.0%
- Under 2.1%
- No Data or Data Suppressed
- Report Area

Source: California Department of Public Health, (CDPH), Birth Profiles by ZIP Code, 2011, ZIP Code

Breastfeeding

Breastfeeding is considered critical to newborn development and overall health. In the KFH-Baldwin Park service area, a smaller percentage (40.7%) of mothers breastfed their children for a period of at least six months when compared to Los Angeles County (44.9%).

Breastfeeding For At Least Six Months, 2011

Report Area	Percent
KFH-Baldwin Park service area	40.7%
Los Angeles County	44.9%

Source: California Department of Public Health, (CDPH). Birth Profiles by ZIP Code, 2011, ZIP Code

Infant Mortality

The infant mortality rate in the KFH-Baldwin Park service area is lower (3.3 per 1,000 births) than the rate in Los Angeles County (4.3) and California (4.5). However, rates were two or more times higher in the communities of Pomona (9.6) and Duarte (8.5).

Infant Mortality Rate per 1,000 Births, 2012

Community	ZIP Code	Rate
Azusa, Irwindale	91702	3.5
Baldwin Park, Irwindale	91706	3.5
Covina	91722, 91723, 91724	2.2
Diamond Bar, Pomona	91765	4.0

Community	ZIP Code	Rate
Duarte	91008, 91010	8.5
El Monte (including City of Industry)	91731, 91732	3.3
Glendora	91740, 91741	4.9
Hacienda Heights (including City of Industry, La Puente)	91745	5.0
La Puente (including Bassett, City of Industry)	91744, 91746	3.5
La Verne	91750	0.0
Montebello	90640	2.5
Monterey Park	91755	0.0
Pomona	91768	9.6
Rosemead	91770	3.2
Rowland Heights (including City of Industry, La Puente)	91748	1.0
San Dimas	91773	0.0
San Gabriel	91776	3.6
South El Monte	91733	2.8
Temple City	91780	0.0
Walnut (including City of Industry)	91789	2.2
West Covina	91790, 91791, 91792	4.3
KFH-Baldwin Park service area		3.3
Los Angeles County		4.3
California		4.5

Source: California Department of Public Health, 2012, ZIP Code

Foster Youth Population

Foster care placement can lead to the development of a number of health and social issues caused by the instability in a youth's home life—mental or physical harm, family violence, and other issues that may lead to poor overall health. In the KFH-Baldwin Park service area, a total of 1,032 youth between the ages of 0 and 17 entered the foster care system in 2013, accounting for 9.9% of youth entering foster care in Los Angeles County.

Some communities in the service area experienced a larger number of youth entering into foster care in 2013, including El Monte (n=144), La Puente (n=139), Baldwin Park (n=96), and West Covina (n=96).

On average, the incidence rate of youth entering foster care per 1,000 youth between the ages of 0 and 17 is lower (3.4) in the KFH-Baldwin Park service area when compared to Los Angeles County (4.5) and California (3.5). Specific communities in the service area, however, are experiencing higher rates, including Pomona (6.7), El Monte (6.0), Duarte (5.2), and South El Monte (5.2).

Youth Ages 0 to 17 Entering Foster Care and Incidence Rate per 1,000 Youth, 2013

Community	ZIP Code	Number	Incidence Rate
Azusa, Irwindale	91702	70	4.3
Baldwin Park, Irwindale	91706	96	4.3
Covina	91722, 91723, 91724	86	4.8

Community	ZIP Code	Number	Incidence Rate
Diamond Bar, Pomona	91765	10	1.1
Duarte	91008, 91010	31	5.2
El Monte (including City of Industry)	91731, 91732	144	6.0
Glendora	91740, 91741	23	2.1
Hacienda Heights (including City of Industry, La Puente)	91745	12	1.1
La Puente (including Bassett, City of Industry)	91744, 91746	139	4.2
La Verne	91750	16	2.4
Montebello	90640	61	3.9
Monterey Park	91755	8	1.7
Pomona	91768	60	6.7
Rosemead	91770	44	3.3
Rowland Heights (including City of Industry, La Puente)	91748	29	3.3
San Dimas	91773	16	2.4
San Gabriel	91776	8	1.1
South El Monte	91733	68	5.2
Temple City	91780	7	1.0
Walnut (including City of Industry)	91789	8	1.0
West Covina	91790, 91791, 91792	96	3.5
KFH-Baldwin Park service area		1,032	3.4
Los Angeles County		10,478	4.5
California		31,979	3.5

Source: California Department of Social Services & University of California Berkeley
Child Welfare Dynamic Report System, 2013, ZIP Code

Leading Causes of Death

In the KFH-Baldwin Park service area, the top two leading causes of death were coronary heart disease and stroke, just as reported in Los Angeles County overall. However, the service area's third leading cause of death was chronic obstructive pulmonary disease (COPD), followed by lung cancer and Alzheimer's disease—similar to Los Angeles County's where the third leading causes of death is Alzheimer's disease followed by lung cancer and COPD.

Leading Causes of Death, 2012

	Ranking #1	Ranking #2	Ranking #3	Ranking #4	Ranking #5
SPA 3–San Gabriel	Coronary heart disease	Stroke	COPD	Lung cancer	Alzheimer's disease
Los Angeles County	Coronary heart disease	Stroke	Alzheimer's disease	Lung cancer	COPD

Source: Los Angeles County Department of Public Health, 2012, SPA

Leading Causes of Premature Death

In the KFH-Baldwin Park service area, the top two leading causes of premature death (before the age

of 75) were coronary heart disease and liver disease/cirrhosis. This is slightly similar to Los Angeles County, whose number-one cause of premature death is coronary heart disease but whose second leading cause of premature death is homicide. In the service area, the third leading cause of premature death is suicide, followed by diabetes and lung cancer; in Los Angeles County, the third leading cause of premature death is motor vehicle crashes, followed by liver disease/cirrhosis and suicide.

Leading Causes of Premature Death, 2012

	Ranking #1	Ranking #2	Ranking #3	Ranking #4	Ranking #5
SPA 3–San Gabriel	Coronary heart disease	Liver disease/ cirrhosis	Suicide	Diabetes	Lung cancer
Los Angeles County	Coronary heart disease	Homicide	Motor vehicle crash	Liver disease/ cirrhosis	Suicide

Source: Los Angeles County Department of Public Health, 2012, SPA

IV. WHO WAS INVOLVED IN THE ASSESSMENT

A. Identity of hospitals that collaborated on the assessment

The 2016 community health needs assessment was conducted in collaboration with Citrus Valley Health Partners, a non-Kaiser Foundation Hospital. Citrus Valley Health Partners, through its three hospital campuses (Citrus Valley Medical Center—Inter-Community Campus in Covina; Citrus Valley Medical Center—Queen of the Valley Campus in West Covina; and Foothill Presbyterian Hospital in Glendora) and hospice (Citrus Valley Hospice in West Covina), serves a community of nearly one million people in the San Gabriel Valley. Its mission is lived through the work of its 3,000+ staff members and nearly 1,000 physicians. Each hospital campus offers different areas of specialty, including cardiac care, family-centered maternity services, a Level IIIB Newborn Intensive Care Unit (NICU), the Geleris Family Cancer Center, a Robotic Surgery Program, a full range of rehabilitation services, and an Outpatient Diabetes Education Program. Citrus Valley Hospice has an extensive home care program as well as a 10-bed inpatient hospice facility. Associated with Hospice, Citrus Valley Home Health provides physician-supervised nursing and rehabilitation care to individuals recovering at home from accidents, surgery, or illness.

B. Other partner organizations that collaborated on the assessment

There were no partner organizations that collaborated with consultants in conducting the KFH-Baldwin Park CHNA for the purpose of this report.

C. Identity and qualification of consultants used to conduct the assessment

The Center for Nonprofit Management (CNM) was established in 1979 by the corporate and foundation community as the Southern California source for management education, training, and consulting within the nonprofit community. From core management fundamentals to executive coaching, in-depth consulting, and analyses, CNM enables individuals to become better leaders of more effective organizations. CNM's research and networking efforts distribute knowledge and thought to nonprofit organizations so they are prepared to face today's known tasks and tomorrow's unknown challenges. CNM

seeks to shape how nonprofit leaders approach problems so they can more effectively pursue their missions. CNM helps individuals and their organizations evolve, adapt, and thrive.

The CNM team has been involved with CHNAs for hospitals throughout Los Angeles County and Southern California for more than ten years. The CNM team conducted the 2004, 2007, and 2010 assessments for the Metro Hospital Collaborative (California Hospital Medical Center, Children's Hospital Los Angeles, Good Samaritan Hospital, Kaiser Foundation Hospital Los Angeles, Queens Care, and St. Vincent Medical Center). Key members of the CNM team also worked on the 2007 CHNAs for St. Francis Medical Center and the Franciscan Clinics. CNM conducted the 2013 CHNAs for three Kaiser Foundation hospitals and one non-Kaiser Foundation hospital in the greater Los Angeles area, three Glendale hospitals, and the 2013 Metro Hospital Collaborative (California Hospital Medical Center, Good Samaritan Hospital and St. Vincent Medical Center), and assisted an additional two Kaiser Foundation Hospitals (Panorama City and San Diego) in community benefit planning based on the needs assessments. More recently, the CNM team conducted the 2014 CHNA for a specialty hospital, Casa Colina Hospital and Centers for Healthcare, where the team modified the process to capture the specialized needs of its service area and population.

V. PROCESS AND METHODS USED TO CONDUCT THE CHNA

A. Secondary Data

i. Sources and dates of secondary data used in the assessment

KFH-Baldwin Park used the Kaiser Permanente CHNA Data Platform (www.chna.org/kp) to review over 135 indicators from publicly available data sources. Data on gender and race/ethnicity breakdowns were analyzed when available. For details on specific sources and dates of the data used, please see Appendix A.

In addition to using the Kaiser Permanente CHNA Data Platform, KFH-Baldwin Park also collected additional data on over 300 indicators from local and national sources to supplement the 135 indicators collected on the KP platform. This was necessary for a few reasons. First, newer and more local data were made available through a number of sources, including the California Health Interview Survey. Second, the data on the Kaiser Permanente platform were not available at the geographic level (ZIP Code, cities/communities, and Service Planning Area) needed by KFH-Baldwin Park. Last, additional health and social issues were made apparent during the primary data collection that made it necessary to identify and collect additional secondary data to supplement the primary data findings. A literature review was also conducted as a way to collect contextual information for the health outcomes and drivers and provide KFH-Baldwin Park and CHNA readers a more holistic perspective of the issues identified through the needs assessment process. For details on specific sources and dates of the data used, please see Appendix A.

Additional secondary data tools used to help organize secondary data and prepare for analysis include the Dignity Health Community Need Index Tool, the Kaiser Permanente SCAL Secondary Data Tool, and the Kaiser Permanente Preliminary Health Needs Identification Tool.

Representation of SPA-level Data in the Report and Scorecard (Appendix B)

SPA-level data are represented in a couple of ways depending on the type of document. In the report, SPA-level data represents the entire SPA. In the Scorecard, SPA-level data are represented in two ways. First, when data were available at the ZIP-Code level, ZIP Codes were aggregated according to the SPA they were located in and an average was created to represent a SPA. Second, when data were not available at the ZIP-Code level, the data for the entire SPA was used.

Kaiser Permanente's Community Benefit Data Analysis Tools

Kaiser Permanente developed community benefit data analysis tools to help organize all data collected through the CHNA process. The first tool helped organize the 135 Kaiser Permanente common indicators[2] for California by health-need labels and demographics to distinguish the health-need topics that the secondary data set explores. For example, indicators related to depression, suicide rates, and poor mental health describe the health need Mental Health. Each health-need topic is assigned a score based on the relative difference between the hospital service area and three benchmarks: Los Angeles County statistics, California state statistics, and statistics for the Kaiser Permanente Southern California Region. This tool was used to help identify disparities by health need and to confirm the health needs identified.

The second tool organized the Kaiser Permanente common indicators and compared them against 14 common health needs[3], using a combination of morbidity/mortality and health-driver indicators. For example, the health need of Mental Health is described by indicators such as lack of social or emotional support, depression, and suicide. Each health-need topic in this tool is assigned a score based on the difference between the data values at the hospital service area level and the California state benchmark. In both tools, the health-need scores provided information about which health-need topics may be performing better or worse based on benchmark analyses. To further assist in the prioritization process, this tool was modified to keep track of all pieces of data and information collected around each health outcome and driver. Information contained in this tool included the health topic, associated secondary indicators, number of times an outcome or driver was mentioned in the primary data, disparities (by sub-population and geography), and whether the need was identified in the 2013 CHNA report.

Dignity Health Community Need Index Tool

Health cannot be solely defined as the absence of disease, but instead must be looked at in a holistic way that includes the socio-economic environment.[4] With this goal in mind, Dignity Health developed and standardized a Community Need Index (CNI) tool that examines five of the most common barriers associated with health care access, including income, cultural/language issues, education, insurance status, and housing. Within those five areas or barriers, the online CNI tool analyzes nine indicators by a user-designated geography and compiles scores (aggregated and individual ZIP Codes, cities/ communities, etc.) on a scale of 1 (lowest need; experiencing the lowest socio-economic barriers) to 5 (highest need; experiencing the most socio-economic barriers).[5] Because of its rigor, the online CNI tool was used to assist with identifying geographic areas of highest need and contribute to the identifi-cation of health needs and determinants of health.

Other Tools

In addition to the Kaiser Permanente tools, CNM created a secondary data database and primary data database using Microsoft Excel. These databases were used to house all data collection and to help organize the data by topic. The secondary data indicator database was used to organize data for over 300 indicators by ZIP Code, Service Planning Area, and community. It also included benchmarks to compare each indicator against county averages, state averages, and Healthy People 2020 goals,

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[2] The full list can be found at http://assessment.communitycommons.org/chna/Datalist.aspx?reporttype=overview&dataarea=0.
[3] The common health needs are access to care, asthma, cancers, climate and health, CVD/stroke, economic security, HIV/AIDS/STDs, maternal and infant health, mental health, obesity/HEAL/diabetes, oral health, overall health, substance abuse/tobacco, and violence/injury prevention.
[4] Dignity Health. Improving Public Health & Preventing Chronic Disease—Dignity Health's Community Need Index. San Francisco, CA. Available at https://www.dignityhealth.org/stjosephs/about-us/community-benefit/community-building/documents/dignity-health-community-need-orindex-brochure. Accessed August 8, 2015.
[5] Ibid.

when possible. The primary data database was used to help organize all data collected from stake-holders by health outcome and drivers and associated disparities, community assets and resources, and quotes.

ii. Methodology for collection, interpretation, and analysis of secondary data

Secondary data were collected from various online sources and organized in a Microsoft Excel data-base. The types of data indicators collected included the (1) Kaiser Permanente common indicators available on the Kaiser Permanente CHNA Data Platform; (2) indicators collected for the 2013 CHNA; and (3) the identification of new available data indicators that were relevant and useful for the 2016 CHNA. For example, the California Health Interview Survey published new data in 2015 that expanded on access to care primarily around the Affordable Care Act. The geographic level at which these were collected included ZIP Code, Service Planning Area, or county, depending on availability. In addition, benchmark data were collected for each data indicator for the county, state, and/or Healthy People 2020.

Data indicators were then organized by topic (i.e., access to care, cancer, poverty, etc.) to assure alignment with the MATCH framework. The Mobilizing Action Toward Community Health (MATCH) model is a population health model that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play. These factors include the mortality and mor-bidity status of the community and the four key sets of drivers that affect that status: access to health care, healthy behaviors, socio-economic factors, and the physical environment. Other pieces of information tracked in this tool included the number of times a health outcome or driver were mentioned in the primary data, its number of votes (i.e., stickers dots) a health need or driver received during the primary data collection, disparities by sub-population and geography noted in both the secondary and primary data, and whether the need was identified and its priority ranking (as applicable) in the 2013 CHNA report. The Dignity Health Index Tool was used as an additional piece of information to help confirm geographic disparities in the KFH-Baldwin Park service area.

B. Community Input

i. Description of the community input process

Community input was provided by a broad range of community members through the use of key infor-mant interviews, focus groups, and/or surveys. Individuals with knowledge, information, and/or exper-tise relevant to the health needs of the community were consulted, including representatives from state, local, tribal, or other regional governmental public health departments (or equivalent agency) as well as leaders, representatives, or members of medically underserved, low-income, and minority populations. Additionally, other individuals with expertise in local health needs were consulted where applicable. For a complete list of individuals who provided input during the CHNA process, see Appendix C.

More specifically, primary data were collected during October 2015 through six focus groups and ten phone interviews. Focus group participants were identified with the assistance of KFH-Baldwin Park and included representatives from the community including youth, social and health service providers, community health workers or *promotoras*, faith-based leaders, and non-traditional stakeholders that included local business representatives. Focus groups were designed to collect information from multiple stakeholders about health-related topics and available community assets and resources addressing each identified health need. Focus groups were from 60 to 90 minutes in length, in English and Spanish as needed.

To provide additional data to assist in the prioritization of the health needs identified during the focus group discussion, each participant was given a total of ten sticker dots and asked to vote for the five most severe health needs and the five most severe health factor/drivers on a grid created during the focus group. For the purpose of the voting activity, severity was defined as the level to which a health

need or health factor/driver affects the health and lives of those in the community. See Appendix F for focus group protocols.

In addition to the six focus groups, a total of ten phone interviews were conducted. Interview partici-pants were identified by KFH-Baldwin Park and included community representatives such as youth, social and health service providers, community health workers or *promotoras*, faith-based leaders, and non-traditional stakeholders that included local business representatives. Phone interviews took approximately 30 to 45 minutes and were conducted using standard ethical research guidelines. Much like the focus groups, interviews included discussions about health-related issues and available community assets and resources addressing each identified health need. However, the primary purpose and format of the interviews focused on collecting in-depth and expert information and perspective from stakeholders like public health experts, local government representatives, and other key stakeholders. As with the focus groups, interview participants were asked to rate each health need identified based on severity and importance. Each health need was ranked on a scale from one to five where one meant least severe/important and five meant most severe/important. See Appendix F for interview protocols.

ii. Methodology for interpretation and analysis of primary data

CNM used a three-step process for analyzing and interpreting primary data: 1) all information gathered during focus groups and interviews were entered into Microsoft Excel, 2) spreadsheet data were reviewed multiple times using content analysis to begin sorting and coding the data, and 3) through the coding process, themes, categories and quotes were identified. Steps two and three are repeated as often as necessary to recognize as many connections and patterns within the data as possible.

This approach provides a systematic way to identify broad themes within a large set of qualitative data and begin coding and categorizing data around those themes (e.g., access to care, poverty, cultural barriers). Responses were reviewed and coded so that common themes pulled from the data can be combined with quantitative data to form conclusions.
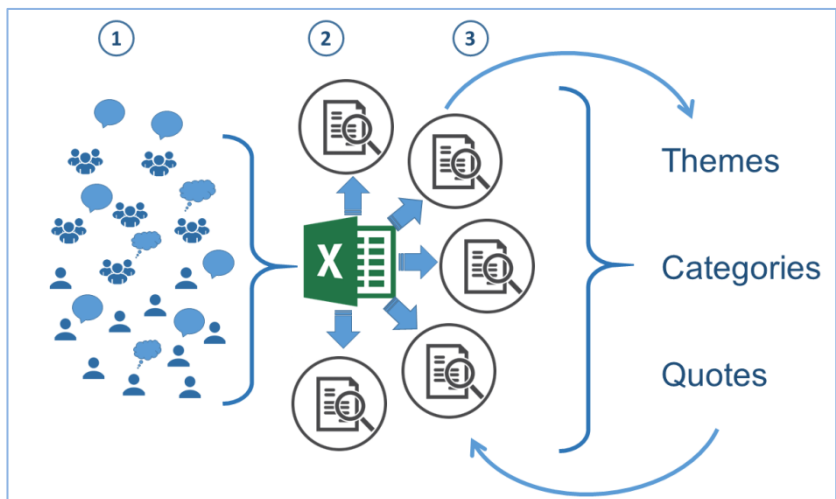
C. Written Comments

Kaiser Permanente provided the public an opportunity to submit written comments on the facility's pre-vious CHNA Report through CHNA-communications@kp.org. This email address will continue to allow for written community input on the facility's most recently conducted CHNA Report.

As of the time of the development of this CHNA report, KFH-Baldwin Park had not received written comments about previous CHNA Reports. Kaiser Permanente will continue to track any submitted written comments and ensure that relevant submissions will be considered and addressed by the appropriate facility staff.

D. Data limitations and information gaps

The Kaiser Permanente CHNA Data Platform includes approximately 150 secondary indicators that

provide timely comprehensive data to identify the broad health needs faced by a community. However, these data have some limitations, as is true with any secondary data. Some were available only at a county or service planning area (SPA) level, making an assessment of health needs at a neighborhood level challenging. Interpreting data on a larger geographic level presents challenges to an accurate representation of issues within the KFH-Baldwin Park service area. Most of the KFH-Baldwin Park service area lies within SPA 3, for example, with only a small portion falling within SPA 7–East. The inclusion of SPA 7 data could skew the analysis. Disaggregated data on age, ethnicity, race, and gender are not always available for all data indicators, limiting our ability to examine disparities of health within the service area. Data are also not always collected on a yearly basis, meaning that some data are several years old. In addition, primary data collected through focus groups, interviews, and surveys may not be entirely representative of the KFH-Baldwin Park service area. Some responses may be biased and represent the views of those who were able to participate in the primary data collection. The use of additional secondary data indicators as well as the inclusion of varied methods to gain community perspectives were strategies employed to address these limitations.

VI. IDENTIFICATION AND PRIORITIZATION OF COMMUNITY HEALTH NEEDS: PROCESS AND KEY FINDINGS

A. Identifying Community Health Needs

i. Definition of Health Need

For the purposes of the CHNA, Kaiser Permanente defines a "health need" as a health outcome and/or the related conditions or health drivers that contribute to a defined health outcome. Health needs are identified by the comprehensive identification, interpretation, and analysis of a robust set of primary and secondary data.

ii. Criteria and analytical methods used to identify the community health needs

A mixed-method approach involving primary and secondary data was employed to identify health out-comes and drivers. As described above, primary data were collected from a variety of stakeholders through phone interviews and focus groups to identify the most severe health needs and drivers in the KFH-Baldwin Park service area as well as geographic disparities, sub-population disparities, and community assets and resources available to address the identified health needs and drivers. Six focus groups and ten phone interviews were conducted to collect primary data from over 50 stakeholders that included community representatives, health experts, local government representatives, local business owners, and social and health service providers. Primary data were entered into Microsoft Excel to assist in organizing the data. Once entered, data were coded to identify major themes. Quotes representative of major themes were also identified.

Secondary data were collected from multiple local and national sources on health and socio/economic statistics (described above), which were compared against designated benchmarks including county, state, and Healthy People 2020 statistics. The 2016 CHNA needs assessment methodology and process involved a mixed-method approach that included the collection of both secondary data and primary data. Over 400 secondary data indicators on a variety of health, social, economic, and environmental topics were collected by ZIP Code, Service Planning Area (SPA)[6], county, and state

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[6] A Service Planning Area, or SPA, is a specific geographic region within Los Angeles County. SPAs were created to help divide Los Angeles County into distinct areas that allow the Los Angeles County Department of Public Health

levels (as available). The consultant team queried data on indicators through the Kaiser Permanente CHNA Data Platform and obtained the data rates for the KFH-Baldwin Park Medical Center Area. The Kaiser Permanente common indicator data is calculated to obtain unique service area rates. In most cases the service area values represent the aggregate of data of smaller geographic units (e.g., ZIP Codes, census tracts) which fall within the service area boundary. When one or more geographic boundaries are not entirely encompassed by a service area, the measure is aggregated proportionally. The options for weighing "small area estimations" are based on total area, total population, and demographic group population. The specific methodology for how service area rates are calculated for each indicator can be found on the Kaiser Permanente CHNA Data Platform. Additional indicators were collected from other sources to supplement the CHNA Data Platform. Each KFH facility, individually or with a collaborative, also collected primary data through key informant interviews, focus groups, and surveys. Primary data collection consisted of reaching out to local public health experts, community leaders, and residents to identify issues that most affected the health of the community. The CHNA process also included an identification of existing community assets and resources to address the identified health needs.

In addition, the Dignity Health Online Community Need Index (CNI) tool[7] was used to help confirm and identify geographic disparities in the service area. Secondary data were entered into a Microsoft Excel database where over 300 indicators were organized by topic (diabetes, obesity, poverty, education level, etc.) and compared to benchmarks including county averages, state averages, and Healthy People 2020 goals (where available).

To help identify health outcomes and drivers, two requirements needed to be met. 1) a health outcome or driver had to be mentioned in the primary data collection more than once and 2) a secondary data indicator associated with it had to perform poorly against a designated benchmark (county averages, state averages, or Healthy People 2020 goals). Once a health outcome or driver met both requirements, it was designated as an identified health outcome or driver. Through this process, 10 health outcomes and nine drivers were identified.

Identified Health Needs in Alphabetical Order

Health Needs	
Access to health care	Driver
Access to healthy foods	Driver
Alcohol abuse, substance abuse, and tobacco use	Outcome
Alzheimer's disease	Outcome
Cancer	Outcome
Cardiovascular disease	Outcome
Cultural and linguistic barriers	Driver
Diabetes	Outcome
Economic security	Driver
Healthy behaviors	Driver
Housing	Driver
Hypertension	Outcome

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develop and provide more relevant and targeted public health and clinical services to treat specific health needs of residents in those areas. (Retrieved from http://publichealth.lacounty.gov/chs/SPAMain/ServicePlanningAreas.htm).
[7] Dignity Health. Improving Public Health & Preventing Chronic Disease—Dignity Health's Community Need Index. San Francisco, CA. Available at https://www.dignityhealth.org/stjosephs/about-us/community-benefit/community-building/documents/dignity-health-community-need-index-brochure. Accessed August 8, 2015.

Health Needs	
Mental health	Outcome
Oral health	Outcome
Overweight and obesity	Outcome
Physical environment	Driver
Preventive health care	Driver
Respiratory disease	Outcome
Violence and injury prevention	Driver

B. Process and criteria used for prioritization of health needs

Prioritizing the identified needs is essential to the community benefit planning process. CNM engaged with a total of 41 community stakeholders through a community forum held in December 2015 to assist with the prioritization of the health needs. During the community forum, attendees reviewed a summary of the secondary data indicators and responses from stakeholders and participated in a guided group activity to share insights and perspectives with their colleagues. At the end of the community forum, attendees were asked to complete a survey in which they prioritized each health outcome and health driver according to five criteria:

- Magnitude: how many community members were affected
- Severity: how much community members were affected
- Change over time: whether an issue has improved or gotten worse over time
- Resources: amount of resources available in the community to address an issue
- Disparities: the level of impact on a specific vulnerable population group

Of the 41 attendees, 38 completed surveys. Some attendees did not complete a survey for a variety of reasons, including feeling that they were unfamiliar with the health outcomes and drivers of the community. Some attendees left the forums early and did not complete the survey despite efforts to have them do so prior to leaving.

Those unable to attend the community forums had the opportunity to participate in the prioritization process by completing an online prioritization survey (identical to the survey disseminated at the community forums). A link to the online survey and supplemental materials shared at the forums were emailed to stakeholders; a total of six people completed the online survey. These surveys were added to the database of surveys collected at the forum. Overall composite scores were calculated by averaging the individual criteria scores for a particular health outcome or driver.

In addition, forum attendees voted using ten sticker dots (five for health outcomes and five for drivers) to vote for the health outcomes and drivers that they believed most severely impact the community surrounding the KFH-Baldwin Park service area. The counts were tabulated and used to confirm the prioritized health outcomes and drivers. Thus, the prioritized list was developed by sorting the health needs by composite criteria scores from the survey. The sum of the dots was used as a tie breaker in the cases where ratings scores for more than one issue were equal.

The table below provides a combined list of health outcomes and drivers in order of priority. For planning purposes, the above lists of health outcomes and drivers were combined and prioritization scores calculated for the combined list.

Prioritized Health Needs

	Health Needs	
1.	Diabetes	Outcome
2.	Overweight and obesity	Outcome
3.	Economic security	Driver
4.	Mental health	Outcome
5.	Access to health care	Driver
6.	Healthy behaviors	Driver
7.	Cultural and linguistic barriers	Driver
8.	Housing	Driver
9.	Alcohol abuse, substance abuse, and tobacco use	Outcome
10.	Preventive health care	Driver
11.	Cancer	Outcome
12.	Cardiovascular disease	Outcome
13.	Physical environment	Driver
14.	Violence and injury prevention	Driver
15.	Oral health	Outcome
16.	Respiratory disease	Outcome
17.	Hypertension	Outcome
18.	Alzheimer's disease	Outcome
19.	Access to healthy foods	Driver

C. Prioritized description of all the community health needs identified through the CHNA

i. Community Health Landscape and Trends

This section describes the health outcomes and important determinants (drivers) of health in the communities served by KFH-Baldwin Park. The significant health outcomes and health drivers listed in this section were determined by the primary and secondary data collection and analysis (as described in Section V).

a. Significant Morbidity and Mortality (Health Outcomes)

The following section provides descriptions and overviews of the top 10 health needs identified through the secondary and primary data analysis, and prioritized by stakeholders. Alphabetically, the list of health outcomes includes:

- Alcohol abuse, substance abuse, and tobacco use,
- Alzheimer's disease,
- Cancer,
- Cardiovascular/heart disease,
- Diabetes,
- Hypertension,
- Mental health,

- Oral health,
- Overweight and obesity, and
- Respiratory disease

Alcohol Abuse, Substance Abuse, and Tobacco Use

Alcohol and substance abuse have a major impact on individuals, families, and communities and contribute significantly to costly social, physical, mental, and public health problems, including teenage pregnancy, HIV/AIDS, STDs, domestic violence, child abuse, motor vehicle accidents (unintentional injuries), violence, crime, homicide, and suicide.[8]

Alcohol Abuse

In the KFH-Baldwin Park service area the indicators do not support this being listed in the top 10 priorities. Occasional Baldwin Park alcohol use, heavy drinking, and binge drinking are lower than in the county overall. Nearly half (48.7%) the population reported consuming an alcoholic beverage in the past month; in Los Angeles County, 51.9% did so. A slightly lower percentage in the service area (2.5%) reported drinking heavily—two drinks per day for men and one drink per day for women—when compared to Los Angeles County (3.5%), and 11.7% in the service area reported binge drinking (five or more drinks for men and four or more drinks for women, in two hours); is slightly lower when compared to Los Angeles County (15.4%).

Alcohol Use, 2011

Report Area	Alcohol use in past month	Heavy drinking in past month	Binge drinking in past month
KFH-Baldwin Park service	48.7%	2.5%	11.7%
Los Angeles County	51.9%	3.5%	15.4%

Source: Los Angeles County Health Survey, 2011, SPA

On the other hand, the map below indicates that some communities in the KFH-Baldwin Park service area spent some percentage (associated with a "high expenditure") of their household income on alcoholic beverages, including Azusa, Bradbury, Hacienda Heights, and Pomona. A large part of the center, west, and south portions of the service area are in the fourth- and fifth-lowest quintiles.

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[8] U.S. Department of Health and Human Services. (2015). Office of Disease Prevention and Health Promotion. *Substance Abuse.* Washington, DC. Available at http://www.healthypeople.gov/2020/topics-objectives/topic/substance-abuse. Accessed December 01, 2015.
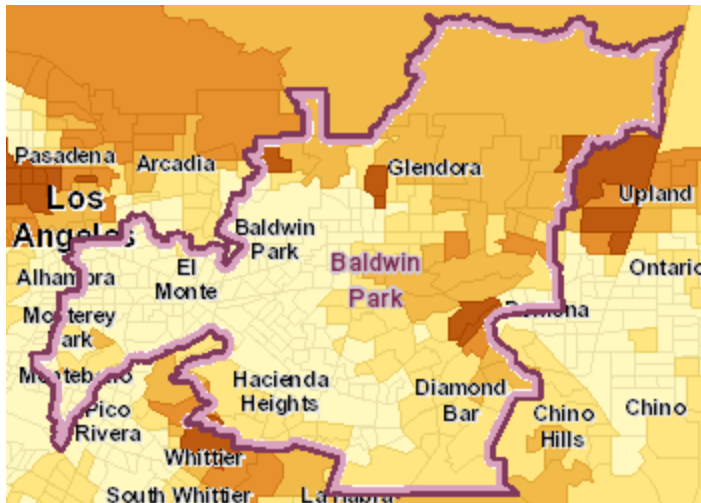
Alcoholic Beverage Expenditures, Percent of Food-At-Home Expenditures, National Rank by Tract, Nielsen 2014

- 1st Quintile (Highest Expenditures)
- 2nd Quintile
- 3rd Quintile
- 4th Quintile
- 5th Quintile (Lowest Expenditures)
- No Data or Data Suppressed
- Report Area

Source: Nielsen, Nielsen Site Reports, 2014, Tract

Substance Abuse

Stakeholders indicated that substance abuse is an important issue in the KFH-Baldwin Park service area, and mentioned an increase in substance abuse among middle-school youth between the ages of 10 and 12, adults between the ages of 18 and 40, and the homeless (considered an ongoing issue).

A smaller percentage (5.4%) of teens reported using marijuana in the past year as compared to Los Angeles County (9.4%) and California (8.6%). Additionally, a smaller percentage (10.2%) of adults reported ever using marijuana, cocaine, sniffing glue or another type of drug when compared to Los Angeles County (14.7%) and California (12.4%). These data are from 2012, so it is possible that they do not yet reflect the trend.

Substance Use, 2012

Report Area	Teens who used marijuana in the past year	Ever tried marijuana or cocaine, sniffed glue, or tried other drugs
KFH-Baldwin Park service area	5.4%	10.2%
Los Angeles County	9.4%	14.7%
California	8.6%	12.4%

Source: California Health Interview Survey, 2012, SPA

Tobacco Use

In the KFH-Baldwin Park service area, 9.7% of the population reported smoking, a rate that is similar to Los Angeles County's (10.0%) and lower than California's (10.8%). Additionally, 10.9% of people in the service area have smoked electronic cigarettes in the past, a smaller percentage than in Los Angeles County (11.3%) and slightly greater than in California (10.3%).

Stakeholders added that smoking among high school youth has become more common and is on the rise.

Tobacco Use, 2014, 2015

Report Area	Currently Smoke[1]	Ever smoked electronic cigarettes[2]
KFH-Baldwin Park service area	9.7%	10.9%
Los Angeles County	10.0%	11.3%
California	10.8%	10.3%

Source: California Health Interview Survey, 2014, SPA[1]; California Health Interview Survey, 2015, SPA[2]

Alzheimer's disease

An estimated 5.4 million Americans have Alzheimer's disease and it is the sixth-leading cause of death in the U.S. Alzheimer's, an irreversible and progressive brain disease, is the most common cause of dementia among older people. The greatest risk factor for Alzheimer's disease is advancing age. Other risk factors include a family history of Alzheimer's, genetic mutations, cardiovascular disease risk factors (e.g., physical inactivity, high cholesterol, diabetes, smoking, and obesity) and traumatic brain injury. People with Alzheimer's disease and other dementias have more hospital stays, skilled nursing facility stays, and home health care visits than other older people[9].

Mortality

The average rate of Alzheimer's mortality per 10,000 persons is higher in the KFH-Baldwin Park service area (3.2) compared to the statewide average (3.1). The rate is also higher in Glendora (7.5), San Dimas (5.6), Duarte (5.4), La Verne (4.5), Monterey Park (4.3), Covina (4.1), San Dimas (3.9), and Walnut (3.5).

Rate of Alzheimer's disease mortality per 10,000 Population, 2012

Community	ZIP Code	Rate
Azusa	91702	2.3
Baldwin Park, Irwindale	91706	1.5
Covina	91722, 91723, 91724	4.1
Diamond Bar, Pomona	91765	2.5
Duarte	91008, 91010	5.4
El Monte (including City of Industry)	91731, 91732	2.8
Glendora	91740, 91741	7.5
Hacienda Heights (including City of Industry, La Puente)	91745	2.6
La Puente (including Bassett, City of Industry)	91744, 91746	0.9
La Verne	91750	4.5
Montebello	90640	2.1
Monterey Park	91755	4.3
Pomona	91768	3.2
Rosemead	91770	1.3
Rowland Heights (including City of Industry, La Puente)	91748	1.3
San Dimas	91773	5.6
San Gabriel	91776	3.9
South El Monte	91733	1.4
Temple City	91780	4.3
Walnut (including City of Industry)	91789	3.5

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[9] National Institutes of Health. *About Alzheimer's Disease: Alzheimer's Basics*. Available at [http://www.nia.nih.gov/alzheimers/topics/alzheimers-basics]. (2015). Accessed [March 5, 2015].

Community	ZIP Code	Rate
West Covina	91790, 91791, 91792	3.0
KFH-Baldwin Park service area		3.2
California		3.1

Source: California Department of Public Health (CDPH), 2012, ZIP Code

Cancer

Cancer is the second leading cause of death in the United States, claiming the lives of more than half a million Americans every year[10]. In 2009, cancer incidence rates per 100,000 persons indicate that the three most common cancers among men in the United States are prostate cancer (137.7), lung cancer (64.3), and colorectal cancer (42.5). Among women, the leading causes of cancer deaths are breast cancer (123.1), lung cancer (54.1), and colorectal cancer (37.1).[11] Research has shown that early detection through regular cancer screenings can help reduce the number of new cancer cases and, ultimately, deaths.[12] Research has also shown that cancer is associated with certain diseases and behaviors including obesity, tobacco, alcohol, certain chemicals, some viruses and bacteria, a family history of cancer, poor diet, and lack of physical activity.[13] The KFH-Baldwin Park priorities systems reflect the two drivers of preventive health care (e.g., cancer screenings) and healthy behaviors (e.g., tobacco use).

Incidence

In the KFH-BP service area (as indicated by LA County data), the incidence rate of colorectal incidence per 100,000 population was higher (41.3) than California (40.0) and the Healthy People 2020 goal of less than or equal to 38.7, but it has declined by 3.9 since the 2013 report.
Stakeholders added that colorectal cancer is common among immigrants who do not have access to preventive health care and are often diagnosed in the late stages of colorectal cancer.

Colorectal Cancer Incidence Rate per 100,000 Population, 2012
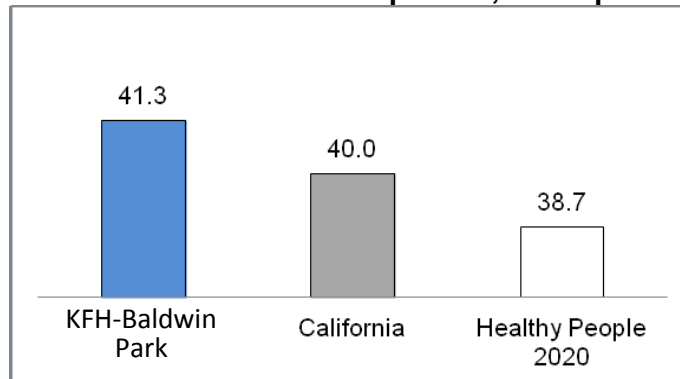
Source: National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. State Cancer Profiles, 2008–12, Los Angeles County

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[10] Centers for Disease Control and Prevention. (2015). *Using Science to Reduce the Burden of Cancer.* Atlanta, GA. Available at http://www.cdc.gov/Features/CancerResearch/. Accessed December 1, 2015.
[11] Centers for Disease Control and Prevention. (2013). *Invasive Cancer Incidence.* Atlanta, GA. Available at http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6207a1.htm. Accessed December 1, 2015.
[12] Centers for Disease Control and Prevention. (2015). *Cancer Prevention.* Atlanta, GA. Available at http://www.cdc.gov/cancer/dcpc/prevention/index.htm. Accessed December 1, 2015.
[13] National Cancer Institute. (2015). *Cancer Prevention Overview.* Available at http://www.cancer.gov/cancertopics/pdq/prevention/overview/patient/page3. Bethesda, MD. Accessed December 1, 2015.

Mortality

The cancer mortality rate per 10,000 population is slightly higher (15.5) in the KFH-Baldwin Park service area when compared to California (15.1). Communities with the highest mortality rates in the service area were La Verne (23.2), San Dimas (20.5), and Glendora (20.2).

Cancer Mortality Rate per 10,000 Populations, 2012

Community	ZIP Code	Rate
Azusa, Irwindale	91702	13.1
Baldwin Park, Irwindale	91706	11.0
Covina	91722, 91723, 91724	14.2
Diamond Bar, Pomona	91765	13.7
Duarte	91008, 91010	16.6
El Monte (including City of Industry)	91731, 91732	12.3
Glendora	91740, 91741	20.2
Hacienda Heights (including City of	91745	18.3
La Puente (including Bassett, City of Industry)	91744, 91746	11.1
La Verne	91750	23.2
Montebello	90640	16.3
Monterey Park	91755	17.3
Pomona	91768	9.3
Rosemead	91770	15.3
Rowland Heights (including City of Industry, La Puente)	91748	14.7
San Dimas	91773	20.5
San Gabriel	91776	19.5
South El Monte	91733	11.6
Temple City	91780	19.1
Walnut (including City of Industry)	91789	15.0
West Covina	91790, 91791, 91792	14.7
KFH-Baldwin Park service area		15.5
California		15.1

Source: California Department of Public Health (CDPH), 2012, ZIP Code

Cardiovascular/Heart Disease

Cardiovascular/heart disease—also called heart disease and coronary heart disease—includes several health conditions related to plaque buildup in the walls of the arteries, or atherosclerosis. As plaque builds up, the arteries narrow, restricting blood flow and creating the risk of heart attack. Currently, more than one in three adults (81.1 million) in the United States lives with one or more types of cardio-vascular/heart disease. In addition to being one of the leading causes of death in the United States, heart disease results in serious illness and disability, decreased quality of life, and hundreds of billions of dollars in economic loss every year[14]. Cardiovascular/heart health is also significantly influenced by

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[14] U.S. Department of Health and Human Services. (2015). *Heart Disease and Stroke.* Washington, DC. Available at

physical, social, and economic factors including maternal and child health, access to educational opportunities, availability of and access to healthy foods, physical activity, access to safe and walkable communities, and access to affordable, high-quality health care.[15]

Prevalence

In the KFH-Baldwin Park service area, 7.0% of the population was diagnosed with heart disease, which is higher than in Los Angeles County (5.7%) and California (6.1%).

Stakeholders added that those most often affected by heart disease include African-Americans, Hispanics/Latinos, Asians, the homeless, the middle-aged, and the elderly. However, stakeholders also noted an increase in heart disease in younger people. In addition, stakeholders noted that heart disease was common among those who were obese and diabetic (with co-morbidities).

Heart Disease Diagnosis, 2014

Report Area	Percent
KFH-Baldwin Park service area	7.0%
Los Angeles County	5.7%
California	6.1%

Source: California Health Interview Survey, 2014, SPA

Hospitalizations

Heart disease hospitalizations may indicate a person's lack of awareness about having the condition and/or not leading a healthy lifestyle. In the KFH-Baldwin Park service area, the heart disease hospitalization rate per 100,000 population was much higher (381.2) than Los Angeles County's (366.6) and California's (339.0). Hospitalization rates were even higher within the communities of Montebello (538.0), Glendora (498.1), Hacienda Heights (487.4), and San Gabriel (474.3).

Mortality

The heart disease-related death rate in the service area was also high (16.5 per 10,000 population) when compared to California (15.5), and appears to be on the rise from 15.1 per 10,000 population reported in the 2013 CHNA. The state's rate, however, has remained about the same (15.6). Rates were even higher in La Verne (27.9), Duarte (25.5) and Glendora (24.0).

**Heart Disease Hospitalization Rate per 100,000 Population
and Mortality Rate per 10,000 Population, 2012**

Community	ZIP Code	Hospitalization Rate	Mortality Rate
Azusa, Irwindale	91702	281.2	15.0
Baldwin Park, Irwindale	91706	418.6	11.4
Covina	91722, 91723, 91724	412.6	17.4
Diamond Bar, Pomona	91765	320.1	11.2
Duarte	91008, 91010	339.8	25.5

http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=21. Accessed November 30, 2015.
[15] U.S. Department of Health and Human Services. (2015). *Heart Disease and Stroke.* Washington, DC. Available at http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=21. Accessed January 26, 2015.

Community	ZIP Code	Hospitalization Rate	Mortality Rate
El Monte (including City of Industry)	91731, 91732	359.0	12.5
Glendora	91740, 91741	498.1	24.0
Hacienda Heights (including City of Industry, La Puente)	91745	487.4	15.6
La Puente (including Bassett, City of Industry)	91744, 91746	438.1	10.2
La Verne	91750	258.0	27.9
Montebello	90640	538.0	21.0
Monterey Park	91755	407.1	17.3
Pomona	91768	273.7	14.8
Rosemead	91770	276.2	15.3
Rowland Heights (including City of Industry, La Puente)	91748	354.9	11.9
San Dimas	91773	353.4	21.9
San Gabriel	91776	474.3	15.4
South El Monte	91733	311.5	11.1
Temple City	91780	387.9	22.0
Walnut (including City of Industry)	91789	348.0	12.3
West Covina	91790, 91791, 91792	352.7	12.6
KFH-Baldwin Park service area		381.2	16.5
Los Angeles County		366.6	
California		339.0	15.5

Source: Office of Statewide Health and Planning and Development (OSHPD), 2012, ZIP Code
Source: California Department of Public Health, Death Statistical Master File, 2012, ZIP Code

The map below confirms that heart disease-related deaths are the highest in Duarte and also indicates high rates in Glendora and Pomona.
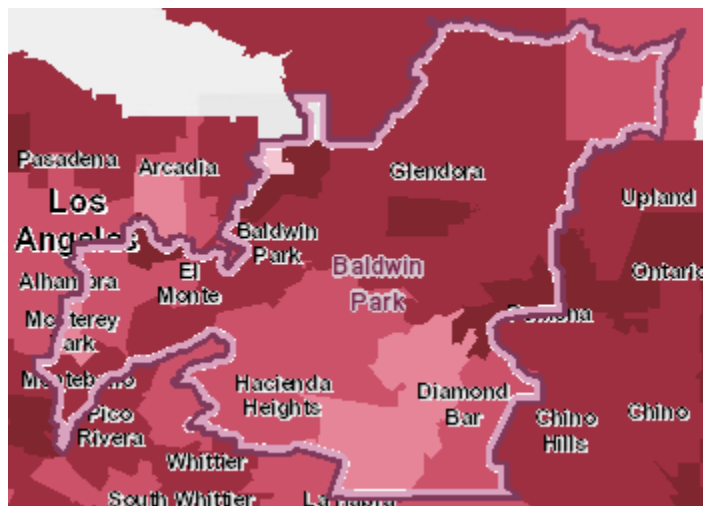
Heart Disease Mortality, Age-Adjusted Rate (Per 100,000 Population) by ZCTA, CDPH 2010–12

- Over 200.0
- 160.1–200.0
- 120.1–160.0
- 80.1–120.0
- Under 80.1
- No Data or Data Suppressed
- Report Area

Source: University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health (CDPH), Death Public Use Data, 2010–12, ZIP Code

Stroke

Strokes are a leading risk factor for cardiovascular/heart disease and share many of the same risk factors. In the KFH-Baldwin Park service area, the stroke mortality rate is the same (3.5) as in California (3.5) and it is on the decline from 2010 numbers (3.9). However, certain communities experience much higher rates of strokes, including La Verne (5.4), Hacienda Heights (5.1), San Gabriel (5.1), San Dimas (5.0), and West Covina (5.0).

Stroke Mortality Rate per 10,000 Population, 2012

Community	ZIP Code	Rate
Azusa, Irwindale	91702	2.2
Baldwin Park, Irwindale	91706	1.8
Covina	91722, 91723, 91724	3.6
Diamond Bar, Pomona	91765	2.5
Duarte	91008, 91010	3.8
El Monte (including City of Industry)	91731, 91732	3.0
Glendora	91740, 91741	2.6
Hacienda Heights (including City of Industry, La Puente)	91745	5.1
La Puente (including Bassett, City of Industry)	91744, 91746	3.3
La Verne	91750	5.4
Montebello	90640	3.6
Monterey Park	91755	2.9
Pomona	91768	2.3
Rosemead	91770	3.3
Rowland Heights (including City of Industry, La Puente)	91748	3.5
San Dimas	91773	5.0
San Gabriel	91776	5.1
South El Monte	91733	3.0
Temple City	91780	4.9
Walnut (including City of Industry)	91789	3.7
West Covina	91790, 91791, 91792	5.0
KFH-Baldwin Park service area		3.5
California		3.5

Source: California Department of Public Health, Death Statistical Master File, 2012, ZIP Code

Diabetes

Diabetes affects an estimated 23.6 million people and is the seventh leading cause of death in the United States. Diabetes lowers life expectancy by up to 15 years, increases the risk of heart disease by two to four times, and is the leading cause of kidney failure, lower-limb amputations, and adult-onset blindness.[16] A diabetes diagnosis can also indicate an unhealthy lifestyle—a risk factor for further

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[16] U.S. Department of Health and Human Services. (2015). Office of Disease Prevention and Health Promotion. *Diabetes.* Washington, DC. Available at http://www.healthypeople.gov/2020/topics-objectives/topic/diabetes. Accessed November 30, 2015.

health needs—and is also linked to obesity. Given the steady rise in the number of people with diabetes and the earlier onset of Type 2 diabetes, there is growing concern about substantial increases in diabetes-related complications and their potential to overwhelm the health care system. There is a clear need to take advantage of recent discoveries about the individual and societal benefits of improved diabetes management and prevention by bringing life-saving findings into wider practice, and comple-menting those strategies with efforts in primary prevention among those at risk for developing diabetes. Diabetes is associated with many health needs (including heart disease) and is also closely linked to social, economic, and environmental factors including access to health care, access to healthy food, and access to green space, exercising, and healthy eating.[17]

Prevalence

In the KFH-Baldwin Park service area, a larger percentage (12.0%) of the population was diagnosed with diabetes when compared to Los Angeles County (10.0%) and California (8.9%). However, this number has decreased greatly for the KFH-BP service area since 2009 when it was at 18.5% (decrease of 5.5%), while Los Angeles County has seen a slight decrease (from 10.5%).

Stakeholders also added that diabetes was common in those living in poverty, youth, the homeless, single-parent homes, Hispanic/Latinos, African-Americans, and Asians. Stakeholders shared that youth who attend Title I schools (schools that have a higher percentage of pupils from low-income families) were particularly predisposed to being overweight because of the lunches served in Title I schools.

Diagnosed with Diabetes, 2014

Report Area	Percent
KFH-Baldwin Park service area	12.0%
Los Angeles County	10.0%
California	8.9%

Source: California Health Interview Survey, 2014, SPA

Hospitalizations

Diabetes-related hospitalizations may indicate a lack of awareness of having diabetes, not following an appropriate health management plan, and/or leading an unhealthy lifestyle. In the KFH-Baldwin Park service area, the hospitalization rate per 100,000 adults was much higher (200.5) than in California (142.6) and Los Angeles County (171.7). Furthermore, these hospitalizations have seen a large increase of 53.3 per 100,000 adults since the 2013 report (147.2 per 100,000 adults). In addition, certain communities in the service area were experiencing much higher rates including West Covina (460.5), South El Monte (248.0), Baldwin Park (240.1), and Montebello (238.9). The rates in West Covina are almost twice that of any other city.

Youth under the age of 18 in the service area were hospitalized for diabetes at a lower rate (23.4 per 100,000 youth) than in Los Angeles County (27.7) and California (31.2). However, certain communities experience much higher rates, including Covina (41.3) and Azusa (39.7). The communities with higher rates of adult hospitalization are not the same as those with higher rates of youth hospitalization.

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[17] U.S. Department of Health and Human Services. (2015). *Diabetes.* Washington, DC. Available at http://www.healthypeople.gov/2020/topics-objectives/topic/diabetes. Accessed November 30, 2015.

Diabetes Hospitalization Rate per 100,000 Population, 2012

Community	ZIP Code	Adults	Youth
Azusa, Irwindale	91702	156.4	39.7
Baldwin Park, Irwindale	91706	240.1	14.2
Covina	91722, 91723, 91724	188.6	41.3
Diamond Bar, Pomona	91765	88.4	16.5
Duarte	91008, 91010	195.1	25.8
El Monte (including City of Industry)	91731, 91732	183.9	21.6
Glendora	91740, 91741	177.4	25.2
Hacienda Heights (including City of Industry, La Puente)	91745	154.0	25.6
La Puente (including Bassett, City of Industry)	91744, 91746	222.9	13.8
La Verne	91750	124.8	27.8
Montebello	90640	238.9	20.5
Monterey Park	91755	125.9	6.6
Pomona	91768	200.6	30.4
Rosemead	91770	156.0	9.2
Rowland Heights (including City of	91748	108.4	30.8
San Dimas	91773	163.1	27.9
San Gabriel	91776	107.9	16.7
South El Monte	91733	248.0	24.4
Temple City	91780	88.4	17.6
Walnut (including City of Industry)	91789	103.4	19.2
West Covina	91790, 91791, 91792	460.5	19.1
KFH-Baldwin Park service area		200.5	23.4
Los Angeles County		171.7	27.7
California		142.6	31.2

Source: Office of Statewide Health and Planning and Development (OSHPD), 2012, ZIP Code

In addition to the communities mentioned above, the map below shows other communities within the service area that experience higher rates of diabetes-related hospital discharges, including Citrus, El Monte, Pomona, and South El Monte.
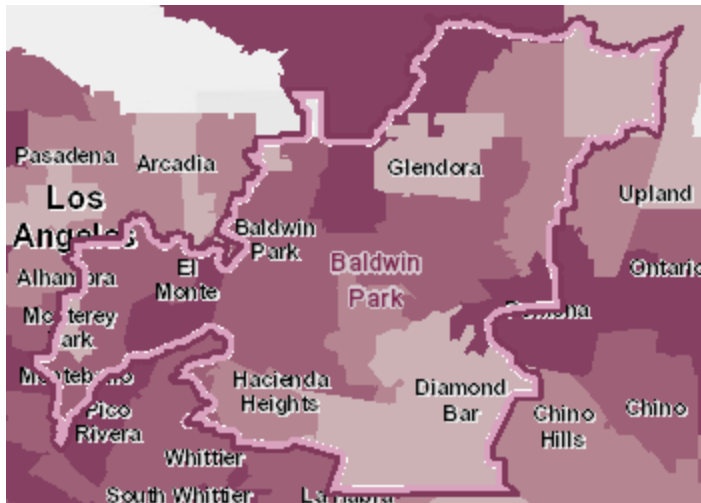
Diabetes Hospital Discharges, Rate (Per 10,000 Population) by ZCTA, OSHPD 2011

- ▇ Over 12.0
- ▇ 7.1–12.0
- ▇ 4.1–7.0
- ▇ Under 4.1
- ▇ No Data or Data Suppressed
- ▢ Report Area

Source: California Office of Statewide Health Planning and Development (OSHPD) Patient Discharge Data. Additional data analysis by CARES. 2011. Source geography: ZIP Code

In the KFH-Baldwin Park service area, nearly three times as many people (13.5 per 100,000 population) have been hospitalized with uncontrolled diabetes when compared to Los Angeles County (4.5), and that rate is considerably higher than California's (2.8). Even higher rates were reported in Glendora (32.4), South El Monte (29.6), El Monte (27.5), and Montebello (20.6). There has also been a slight increase in this rate for the service area since the 2013 report (from 12.9 per 100,000).

Uncontrolled Diabetes Hospitalization Rate per 100,000 Population, 2012

Community	ZIP Code	Rate
Azusa, Irwindale	91702	8.3
Baldwin Park, Irwindale	91706	14.1
Covina	91722, 91723, 91724	10.7
Diamond Bar, Pomona	91765	2.1
Duarte	91008, 91010	19.1
El Monte (including City of Industry)	91731, 91732	27.5
Glendora	91740, 91741	32.4
Hacienda Heights (including City of Industry, La Puente)	91745	11.0
La Puente (including Bassett, City of Industry)	91744, 91746	14.0
La Verne	91750	8.9
Montebello	90640	20.6
Monterey Park	91755	14.4
Pomona	91768	14.5
Rosemead	91770	12.7
Rowland Heights (including City of Industry, La Puente)	91748	2.2
San Dimas	91773	11.9
San Gabriel	91776	12.8
South El Monte	91733	29.6
Temple City	91780	5.7
Walnut (including City of Industry)	91789	7.4

Community	ZIP Code	Rate
West Covina	91790, 91791, 91792	7.2
KFH-Baldwin Park service area		13.5
Los Angeles County		4.5
California		2.8

Source: Office of Statewide Health and Planning and Development (OSHPD), 2012, ZIP Code

Hypertension

Hypertension, defined as a blood pressure reading of 140/90 mmHg or higher, affects one in three adults in the United States.[18] With no symptoms or warning signs and the ability to cause serious damage to the body, the condition has been called a silent killer. If untreated, high blood pressure can lead to blood-vessel aneurysms, chronic kidney disease (which may lead to kidney failure), cognitive changes (including memory loss, difficulty finding words, and losing focus during conversations), eye damage, heart attack, heart failure, peripheral arterial disease, and stroke.[19] High blood pressure can be controlled through medication and lifestyle changes; however, a lack of patient adherence to treatment regimens is a significant barrier to controlling the condition.[20]

Changes in the body's normal functions may cause hypertension, including changes to kidney fluid and salt balances, the renin-angiotensin-aldosterone system (a complex system that uses hormones to control blood pressure and fluid balance), sympathetic nervous system activity, and blood vessel structure and function.[21] Other causes of hypertension include unhealthy lifestyle habits, the use of certain medicines, and other health needs such as being overweight or obese, diabetic or having chronic kidney disease.

Prevalence

In the KFH-BP service area, close to a third (29.8%) of the population were diagnosed with hypertension, which is slightly down from 30.2% reported in the 2013 CHNA. The new percentage is, however, higher when compared to Los Angeles County (27.3%), which shows an increase over the previous report (from 25.5%). It is also higher than California (28.5%) and the Healthy People 2020 goal of <=26.9%. Stakeholders added that hypertension has become common among young adults between 20 and 30 years old.

Diagnosed with Hypertension, 2014

Report Area	Percent
KFH-Baldwin Park service area	29.8%
Los Angeles County	27.3%
California	28.5%
Healthy People 2020	<=26.9%

Source: California Health Interview Survey, 2014, SPA

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[18] National Institutes of Health. (2013). *Hypertension (High Blood Pressure).* Bethesda, MD. Available at http://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=97. Accessed December 1, 2015.
[19] National Heart, Lung, and Blood Institute. (2015). *What are the Signs and Symptoms of Blood Pressure? Bethesda, MD.* Available at http://www.nhlbi.nih.gov/health/health-topics/topics/hbp/signs.html. Accessed December 1, 2015.
[20] National Institutes of Health. (2013). *Hypertension (High Blood Pressure).* Bethesda, MD. Available at http://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=97. Accessed December 1, 2015.
[21] National Institutes of Health. (2015). *Causes of High Blood Pressure.* Bethesda, MD. Available at http://www.nhlbi.nih.gov/health/health-topics/topics/hbp/causes. Accessed January 25, 2016.

Mental Health

Mental illness is a major and complex health need which—if left untreated—may put individuals at risk for substance abuse, self-destructive behavior, and even suicide. Additionally, mental health disorders can have a serious impact on physical health and can be associated with the prevalence, progression, and outcome of chronic diseases.[22]

Suicide is considered a major preventable public health problem in the United States. In 2010, suicide was the tenth leading cause of death among Americans of all ages, and the second leading cause of death among people between the ages of 25 to 34.[23] An estimated 11 attempted suicides occur for every suicide death. Research shows that more than 90 percent of those who die by suicide suffer from depression, other mental disorders, or a substance-abuse disorder (often in combination with other mental disorders).[24]

New mental health needs have emerged among some special populations, such as veterans who have experienced physical and mental trauma; people in communities with psychological trauma caused by natural disasters; and older adults, as the awareness, understanding, and treatment of dementia and mood disorders continues to improve.[25] The stigma associated with mental health results in prejudice, avoidance, rejection, and discrimination directed at people believed to have an illness, disorder, or other trait perceived to be undesirable. Such stigma causes suffering, potentially causing a person to deny symptoms, delay treatment, and refrain from daily activities. Stigma can also exclude people from access to housing, employment, insurance, and appropriate medical care. Stigma can interfere with prevention efforts, and examining and combating stigma is a public health priority.[26]

Prevalence

In the KFH-Baldwin Park service area, the average number of mentally unhealthy days among those 18 years and older was 3.7 days, slightly higher than the number of days reported in California (3.6).[27] Stakeholders added that poor mental health is most common among certain sub-populations in the service area including the lesbian, gay, bisexual and transgender (LGBT) community, foster youth, low income individuals, the homeless, teenagers, and senior citizens.

In addition, 22.8% of teens ages 14 to17 were at risk for becoming depressed—higher than reported in Los Angeles County (23.1%) and California (21.0%). Fewer adults (8.5%), however, reported being at risk for becoming depressed, below Los Angeles County's rate of 10.4%.

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[22] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at http://healthypeople.gov/2020/topicsobjectives2020/overview. aspx?topicid=28. Accessed January 22, 2016.

[23] Centers for Disease Control and Prevention. *10 Leading Causes of Death by Age Group, United States – 2010*. Available at http://www.cdc.gov/injury/wisqars/pdf/10LCID_All_Deaths_By_Age_Group_2010-a.pdf. Accessed January 22, 2016.

[24] National Institute of Mental Health. *Suicide in the U.S.: Statistics and Prevention*. Available at http://www.nimh.nih.gov/health/publications/suicide-in-the-us-statistics-and-prevention/index.shtml. Accessed January 22, 2016.

[25] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at http://healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=28. Accessed January 22, 2016.

[26] U.S. Department of Health & Human Services. Centers for Disease Control and Prevention. *Stigma and Mental Illness*. Atlanta GA. Available at http://www.cdc.gov/mentalhealth/basics/stigma-illness.htm. Accessed January 22, 2016.

[27] Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse, 2006–12, Los Angeles County.

At-Risk for Depression, 2011, 2014

Report Area	Teens[1]	Adults[2]
KFH-Baldwin Park service area	22.8%	8.5%
Los Angeles County	23.1%	10.4%
California	21.0%	

Source: California Health Interview Survey, 2014, SPA[1]
Los Angeles County Health Survey, 2011, SPA[2]

A smaller percentage (10.6%) of adults in the KFH-Baldwin Park service area was diagnosed with depression when compared to Los Angeles County (12.2%). Similarly, a smaller percentage (9.1%) were diagnosed with anxiety when compared to Los Angeles County (11.3%). Stakeholders added that it is often difficult to get necessary medical treatment and support to treat existing mental health needs.

Mental Health Diagnosis, 2011

Report Area	Depression	Anxiety
KFH-Baldwin Park service area	10.6%	9.1%
Los Angeles County	12.2%	11.3%

Source: Los Angeles County Health Survey, 2011, SPA

Alcohol and drug use can often contribute to the development or worsening of mental health disease. The KFH-Baldwin Park service area—with its slightly lower alcohol and drug usage—has a lower rate (99.2 per 100,000 population) of alcohol- and drug-induced mental health disease when compared to Los Angeles County (125.8) and California (102.5). Particularly high rates, however, were reported in the communities of San Dimas (219.4), La Verne (213.9), and Glendora (191.5).

Alcohol and Drug Induced Mental Health Disease Rate per 100,000 Population, 2012

Community	ZIP Code	Rate
Azusa	91702	131.4
Baldwin Park, Irwindale	91706	84.7
Covina	91722, 91723, 91724	117.9
Diamond Bar	91765	40.0
Duarte	91008, 91010	122.4
El Monte	91731, 91732	76.8
Glendora	91740, 91741	191.5
Hacienda Heights	91745	60.5
La Puente	91744, 91746	93.9
La Verne	91750	213.9
Montebello	90640	106.0
Monterey Park	91755	36.0
Pomona	91768	113.4
Rosemead	91770	54.1
Rowland Heights	91748	32.5
San Dimas	91773	219.4
San Gabriel	91776	23.1
South El Monte	91733	72.8
Temple City	91780	59.9

Community	ZIP Code	Rate
Walnut	91789	46.8
West Covina	91790, 91791, 91792	94.0
KFH-Baldwin Park service area		99.2
Los Angeles County		125.8
California		102.5

Source: Office of Statewide Health and Planning and Development (OSHPD), 2012, ZIP Code

Hospitalizations

Mental health hospitalizations can indicate a number of factors, including a lack of awareness or health education, leading an unhealthy lifestyle, and a gap in preventive services. In the KFH-Baldwin Park service area, mental health hospitalization rates are high among youth (451.6 per 100,000 youth) when compared to California (294.8) and Los Angeles County (377.1), and much higher rates were reported in La Verne (1,166.2), San Dimas (1,099.0) and Rosemead (746.9).

Adults in the service area experience a lower rate (616.8 per 100,000 adults) of mental health hospitalizations when compared to Los Angeles County (677.0), but a higher rate when compared to California (540.9). Much higher rates were reported in Glendora (1,251.5) and Covina (833.4).

Mental Health Hospitalization Rate per 100,000 Population, 2012

Community	ZIP Code	Youth	Adults
Azusa, Irwindale	91702	452.4	733.7
Baldwin Park, Irwindale	91706	347.3	544.4
Covina	91722, 91723, 91724	661.6	833.4
Diamond Bar, Pomona	91765	224.4	343.2
Duarte	91008, 91010	423.7	488.3
El Monte (including City of Industry)	91731, 91732	375.6	656.9
Glendora	91740, 91741	600.5	1,251.5
Hacienda Heights (including City of Industry, La Puente)	91745	350.2	403.4
La Puente (including Bassett, City of Industry)	91744, 91746	315.9	529.5
La Verne	91750	1,166.2	698.3
Montebello	90640	362.9	625.0
Monterey Park	91755	236.1	219.4
Pomona	91768	266.7	741.3
Rosemead	91770	746.9	737.0
Rowland Heights (including City of Industry, La Puente)	91748	239.8	297.0
San Dimas	91773	1,099.0	764.9
San Gabriel	91776	238.6	400.7
South El Monte	91733	305.2	523.0
Temple City	91780	295.5	402.2
Walnut (including City of Industry)	91789	184.4	310.3
West Covina	91790, 91791, 91792	379.4	596.8
KFH-Baldwin Park service area		451.6	616.8

Community	ZIP Code	Youth	Adults
Los Angeles County		377.1	677.0
California		294.8	540.9

Source: Office of Statewide Health and Planning and Development (OSHPD), 2012, ZIP Code

Suicide

Suicide is closely linked with depression and other mental health needs. In the KFH-Baldwin Park service area, 5.7% of adults reported having thoughts of suicide at one point in their lives, a lower percentage than in Los Angeles County (7.2%) and California (7.8%).

Suicidal Thoughts, 2014

Report Area	Percent
KFH-Baldwin Park service area	5.7%
Los Angeles County	7.2%
California	7.8%

Source: California Health interview Survey, 2014, SPA

Additionally the youth suicide rate was lower (0.7 per 100,000 youth) in the KFH-Baldwin Park service area when compared to California (1.0) and the Healthy People 2020 goal of <=1.0. However, rates of youth suicide were higher in Azusa (1.8), Rowland Heights (1.1) and West Covina (1.1). Stakeholders mentioned that suicides were on the rise among youth.

Suicide Rate per 100,000 Youth, 2012

Community	ZIP Code	Rate
Azusa, Irwindale	91702	1.8
Baldwin Park, Irwindale	91706	0.3
Covina	91722, 91723, 91724	0.9
Diamond Bar, Pomona	91765	0.4
Duarte	91008, 91010	0.4
El Monte (including City of Industry)	91731, 91732	0.9
Glendora	91740, 91741	1.0
Hacienda Heights (including City of Industry,	91745	0.6
La Puente (including Bassett, City of	91744, 91746	0.7
La Verne	91750	0.9
Montebello	90640	0.5
Monterey Park	91755	0.4
Pomona	91768	0.6
Rosemead	91770	0.6
Rowland Heights (including City of Industry,	91748	1.1
San Dimas	91773	0.9
San Gabriel	91776	1.0
South El Monte	91733	0.7
Temple City	91780	0.0
Walnut (including City of Industry)	91789	0.0
West Covina	91790, 91791, 91792	1.1

Community	ZIP Code	Rate
KFH-Baldwin Park service area		0.7
California		1.0
Healthy People 2020		<=1.0

Source: California Department of Public Health, Death Statistical Master File, 2012

Oral Health

Oral health is essential to overall health, and is relevant as a health need because engaging in preventive behaviors decreases the likelihood of developing future oral health and other related health problems. Oral and craniofacial diseases and conditions include dental cavities (tooth decay), gum disease, oral and facial pain, and oral and pharyngeal (mouth and throat) cancers.[28] Poor oral health has been linked to tobacco use, excessive alcohol use, and an unhealthy diet. In addition, common barriers to good oral health include health needs such as diabetes, and social and economic factors such as income and education.[29]

Prevalence

In the KFH-Baldwin Park service area, the percentage of adults 18 years and older with oral health needs was slightly higher (11.6%) when compared to California (11.3%). These numbers have not moved since the 2013 report. Stakeholders added that poor oral health was common among low-income communities, both youth and adults, the homeless, new immigrants, and single-parent homes. They also added that Hispanics/Latinos and Asians have particularly poor oral health. Stakeholders mostly attributed this to factors including the lack of awareness of good oral hygiene practices and the lack of affordable and high-quality dental care services.

Poor Oral Health, 2010

Report Area	Percent
KFH-Baldwin Park service area	11.6%
California	11.3%

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES, 2006–10, County

Access to Dental Care Services

Having access to dental insurance and affordable dental care services is essential to good oral health. In the KFH-Baldwin Park service area, 78.0% of youth and 49.0% of adults have dental insurance, roughly equivalent to rates in California overall.

Have Dental Insurance, 2011

Report Area	Youth	Adults
KFH-Baldwin Park service area	78.0%	49.0%
California	78.2%	48.2%

Source: Los Angeles County Health Survey, 2011, SPA

Although many have dental insurance, 13.9% of youth and nearly a third (27.7%) of adults reported not

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[28] U.S. Department of Health and Human Services. (2015). *Oral Health.* Washington, DC. Available at http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=32. Accessed November 30, 2015.
[29] U.S. Department of Health and Human Services. (2016). *Oral Health.* Washington, DC. Available at http://www.healthypeople.gov/2020/topics-objectives/topic/oral-health. Accessed January 30, 2016.

being able to afford necessary dental care.

Could Not Afford Dental Care Services, 2011

Report Area	Youth	Adults
KFH-Baldwin Park service area	13.9%	27.7%
California	12.6%	30.3%

Source: Los Angeles County Health Survey, 2011, SPA

Over a quarter of youth (26.7%) had never been to see a dentist, which is up from 11.5% in the previous report. It is a higher percentage than for Los Angeles County (16.0%) or California (15.3%), and 6.4% of adults had never been to a dentist—a higher percentage than Los Angeles County (4.1%) and nearly three times as higher than California (2.2%).

Never Seen a Dentist, 2011

Report Area	Youth	Adults
KFH-Baldwin Park service area	26.7%	6.4%
Los Angeles County	16.0%	4.1%
California	15.3%	2.2%

Source: California Health Interview Survey, 2014, SPA

Overweight and Obesity

Obesity is defined as having a body mass index (BMI) of 30.0 or higher; being overweight is defined by a BMI between 25.0 and 29.9. Excess weight is a significant national problem and indicates unhealthy lifestyles that influences further health needs. Obesity reduces life expectancy and causes devastating and costly health problems, increasing the risk of coronary heart disease, stroke, high blood pressure, diabetes, and a number of other chronic diseases.[30] Being overweight or obese results from a combination of causes and contributing factors, including behavior and genetics.[31] Behaviors can include dietary patterns, physical activity, inactivity, medication use, and other exposures. Additional contributing factors include food and physical activity, environment, education and skills, and food marketing and promotion. Some Americans have less access to stores and markets that provide healthy, affordable food such as fruits and vegetables, especially in rural, minority, and lower-income neighborhoods.[32]

Obesity in particular is a serious concern, associated with a reduced quality of life and many serious diseases and health conditions, including diabetes, heart disease, stroke, high blood pressure (hypertension), high cholesterol, and mental illnesses such as clinical depression and anxiety.[33] Findings suggest that obesity also increases the risks for cancers of the esophagus, breast (postmenopausal), endometrium, colon and rectum, kidney, pancreas, thyroid, gallbladder, and possibly other cancer types.[34]

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[30] National Cancer Institute. (2012). *Obesity and Cancer Risk*. Bethesda, MD. Available at http://www.cancer.gov/cancertopics/factsheet/Risk/obesity. Accessed November 30, 2015.
[31] Centers for Disease Control and Prevention. (2015). *Adult Obesity Causes & Consequences.* Atlanta, GA. Available at [http://www.cdc.gov/obesity/adult/causes.html]. Accessed [January 22, 2016].
[32] Ibid.
[33] Ibid.
[34] National Cancer Institute. (2012). *Obesity and Cancer Risk*. Bethesda, MD. Available at http://www.cancer.gov/cancertopics/factsheet/Risk/obesity. Accessed November 30, 2015.

Prevalence

In the KFH-Baldwin Park service area, over a third (34.9%) of adults were overweight, with a body mass index (BMI) between 20.00 and 29.99. This percentage is slightly lower than California (35.5%) and Los Angeles County (36.2%). A quarter (25.7%) of adults were obese, with a BMI of 30 or higher—again lower than percentages reported for Los Angeles County (27.2%), California (27.0%), and the Healthy People 2020 goal of <=30.5%. What's worse, there appears to be movement of adults going from overweight to obese, as seen by the decrease from 36.4% overweight to an increase from 21.4% obese seen in the previous report.

Stakeholders noted that being overweight or obese was most common among those living in low-income communities.

Overweight and Obese Adults, 2014

Report Area	Overweight (20.00-29.99 BMI)	Obese (30 or higher BMI)
KFH-Baldwin Park service area	34.9%	25.7%
Los Angeles County	36.2%	27.2%
California	35.5%	27.0%
Healthy People 2020		<=30.5%

Source: California Health interview Survey, 2014, SPA

The service area's percentage of youth (19.5%) in grades 5, 7, and 9 reportedly overweight was slightly greater than in California (19.3%) but slightly lower than in Los Angeles County (20.0%).

Overweight Youth (2–11 years old), 2014

Report Area	Percent
KFH-Baldwin Park service area	19.5%
Los Angeles County	20.0%
California	19.3%

Source: California Department of Education,
FITNESSGRAM® Physical Fitness Testing, 2013–14, School District

The highest percentages of overweight youth in grades 5, 7, and 9 in the KFH-Baldwin Park service area were among those attending Montebello Unified School District and living in and around the communities of Montebello and Monterey Park. On the other hand, Glendora has a lower percentage of overweight students.
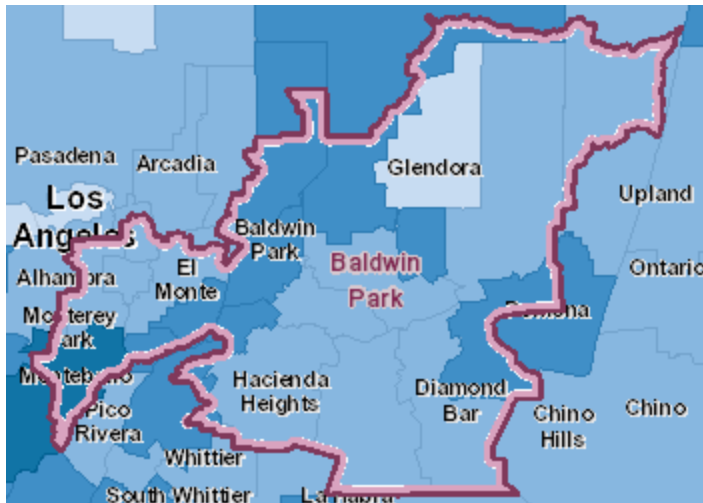
Students Overweight in 'Needs Improvement' Zone for Body Composition, Percent by School District (Elementary), FITNESSGRAM 2013–14

■ Over 25.0%
■ 20.1–25.0%
■ 15.1–20.0%
☐ Under 15.1%
■ No Data or Data Suppressed
☐ Report Area

Source: California Department of Education, FITNESSGRAM® Physical Fitness Testing, 2013–14, School District

In the KFH-Baldwin Park service area, the percentage of obese youth (19.1%) was almost the same as for California and slightly less than for Los Angeles County (21.5%). However, unlike the trend in adults, there has been a decrease in obese youth since the last report—from 30.6% down to 19.1%. It appears that youth are perhaps moving from the obese category to the overweight category.

Obese Youth (2–11 years old), 2014

Report Area	Percent
KFH-Baldwin Park service area	19.1%
Los Angeles County	21.5%
California	19.0%

Source: California Department of Education,
FITNESSGRAM® Physical Fitness Testing, 2013–14, School District

While the percentage of overall obesity and overweight students is similar, great disparities exist among communities. The map below also shows that the majority of youth in the "high risk zone for body composition" in the KFH-Baldwin Park service area attend Bassett Unified School District, Duarte Unified School District, El Monte City Elementary School District, Mountain View Elementary School District, and Pomona Unified School District.
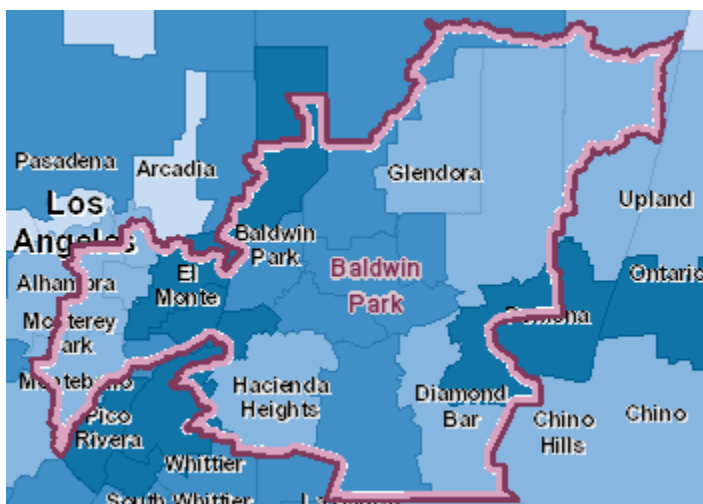
Students Obese in 'High Risk' Zone for Body Composition, Percent by School District (Elementary), FITNESSGRAM 2013–14

■ Over 26.0%
■ 18.1–26.0%
■ 10.1–18.0%
☐ Under 10.1%
■ No Data or Data Suppressed
☐ Report Area

Source: California Department of Education, FITNESSGRAM® Physical Fitness Testing, 2013–14, School District

Being overweight or obese seems to be common across the service area regardless of age. A smaller percentage (13.4%) of teens between the ages of 14 and 17 were overweight when compared to Los Angeles County (14.4%) and California (16.3%). However, close to a quarter (22.8%) were obese—a higher percentage than Los Angeles County (14.9%) and California (14.6%). Rates of youth being overweight are higher than those of teens, but obesity rates are higher in teens than in youth.

Overweight and Obese Teens (12–17 years old), 2014

Report Area	Overweight	Obese
KFH-Baldwin Park service area	13.4%	22.8%
Los Angeles County	14.4%	14.9%
California	16.3%	14.6%

Source: California Health interview Survey, 2014, SPA

Respiratory Disease

Respiratory diseases that impair the lungs can have long-term effects on an individual's overall health. Respiratory diseases include diseases such as asthma, chronic obstructive pulmonary disease, and pneumonia.

Asthma affects the lungs and is one of the most common long-term diseases of children. Adults also may suffer from asthma and the condition is considered hereditary. In most cases, the causes of asthma are not known, and no cure has been identified. Although asthma is always present in those with the condition, attacks occur only when the lungs are irritated. Asthma symptoms include wheezing, breathlessness, chest tightness, and coughing. Some asthma triggers include tobacco smoke, dust mites, outdoor air pollution, cockroach allergen, pet dander, mold, smoke, other allergens, and certain infections known to cause asthma such as the flu, colds, and respiratory viruses. Other contributing factors include exercising, certain medication, bad weather, high humidity, cold/dry air, and certain foods and fragrances.[35]

Chronic obstructive pulmonary disease (COPD) refers to a group of lung diseases, including emphysema and chronic bronchitis that block airflow and make breathing difficult. Although men (47.6 per 100,000) in the United States had higher COPD death rates than women (36.4 per 100,000) in 2006, the death rates for COPD increased significantly for men (from 57.0 per 100,000) though not for women (from 35.3 per 100,000) between 1999 and 2009.[36]

Pneumonia is an infection of the lungs that can cause mild to severe illness in people of all ages. Pneumonia can be caused by viruses (such as influenza), bacteria, fungi, and as a result of being on a ventilator. However, these infections can often be prevented with vaccines and can usually be treated with antibiotics, antiviral drugs, or specific drug therapies. Common signs of pneumonia include cough, fever, and difficulty breathing. Smokers and people with underlying medical conditions such as diabetes or heart disease are at higher risk of contracting pneumonia.[37]

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[35] Centers for Disease Control and Prevention (CDC). (2014). *Asthma—Basic Information*. Atlanta, GA. Available at http://www.cdc.gov/asthma/faqs.htm. Accessed December 1, 2015.
[36] Centers for Disease Control and Prevention. (2014). *Chronic Obstructive Pulmonary Disease (COPD)*. Atlanta, GA. Available at http://www.cdc.gov/copd/data.htm. Accessed December 1, 2015.
[37] Centers for Disease Control and Prevention (CDC). (2015). Atlanta, GA. Available at http://www.cdc.gov/pneumonia. Accessed December 1, 2015.

Asthma

In the KFH-Baldwin Park service area, 88,307 people or 11.6% of the population were suffering from asthma, the same percentage as in Los Angeles County (11.6%) but lower than California (14.2%). The service area and the county saw similar slight increases from 11.1% in the previous report.

Asthma Diagnosis, 2012

Report Area	Number	Percent
KFH-Baldwin Park service area	88,307	11.6%
Los Angeles County	742,635	11.6%
California	4,019,037	14.2%

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System
Additional data analysis by CARES, 2011–12, County

The youth asthma hospitalization rate per 100,000 population was slightly higher (114.6) than California's (114.4) but lower than Los Angeles County's (129.4). Certain communities in the KFH-Baldwin Park service area, however, had rates two to three times higher than the overall service area average, including South El Monte (361.3) and El Monte (292.8). Similarly, the adult asthma hospitalization rate per 100,000 population was higher (92.5) in the service area than in California (84.5) but lower than in Los Angeles County (103.5). Asthma hospitalization rates are increasing for both youth (from 99.1) and adults (86.7) in the service area. Certain communities in the service area, though, had rates twice as high as in the overall service area average, including South El Monte (188.7) and El Monte (175.2). This is the first indicator where the same communities experience high rates for adults and youth, which could point to environmental issues.

Asthma Hospitalizations per 100,000 Population, 2012

Community	ZIP Code	Youth	Adults
Azusa	91702	125	93.2
Baldwin Park, Irwindale	91706	153.1	105.3
Covina	91722, 91723, 91724	92.0	91.9
Diamond Bar	91765	36.3	27.4
Duarte	91008, 91010	98.2	116.4
El Monte	91731, 91732	292.8	175.2
Glendora	91740, 91741	61.5	53.9
Hacienda Heights	91745	108.2	97.2
La Puente	91744, 91746	144.8	106.9
La Verne	91750	41.6	41.6
Montebello	90640	168.1	134.5
Monterey Park	91755	98.4	43.2
Pomona	91768	77.6	98.8
Rosemead	91770	96.5	78.0
Rowland Heights	91748	30.8	45.5
San Dimas	91773	74.5	100.8
San Gabriel	91776	67.0	51.4
South El Monte	91733	361.3	188.7
Temple City	91780	70.6	85.6
Walnut	91789	73.0	34.5

Community	ZIP Code	Youth	Adults
West Covina	91790, 91791, 91792	84.6	91.8
KFH-Baldwin Park service area		114.6	92.5
Los Angeles County		129.4	103.5
California		114.4	84.5

Source: California Department of Public Health, Death Statistical Master File, 2012, ZIP Code

Chronic Obstructive Pulmonary Disease

Chronic Obstructive Pulmonary Disease (COPD) includes lung diseases such as emphysema and chronic bronchitis that block airflow and make breathing difficult. In the KFH-Baldwin Park service area, the COPD mortality rate was higher (33.3 per 100,000 population) than in Los Angeles County (30.3). Stakeholders added that COPD was most common among the homeless and senior citizens.

Chronic Obstructive Pulmonary Disease
Mortality Rate per 100,000 Population, 2009

Report Area	Rate
KFH-Baldwin Park service area	33.3
Los Angeles County	30.3

Source: California Department of Public Health,
Death Statistical Master File, 2009, ZIP Code

Pneumonia

Pneumonia is an infection of the lungs that can cause mild to severe illness in people of all ages. In the KFH-Baldwin Park service area, the influenza and pneumonia mortality rate per 10,000 population was higher (2.2) than in California (1.5). Certain communities had rates twice as high as the service area average, including Monterey Park (4.7), Rosemead (4.0), and Temple City (4.0).

Influenza and Pneumonia Mortality Rate per 10,000 Population, 2012

Community	ZIP Code	Rate
Azusa	91702	1.3
Baldwin Park, Irwindale	91706	2.1
Covina	91722, 91723, 91724	1.4
Diamond Bar	91765	1.9
Duarte	91008, 91010	2.3
El Monte	91731, 91732	2.2
Glendora	91740, 91741	3.7
Hacienda Heights	91745	3.1
La Puente	91744, 91746	1.1
La Verne	91750	1.2
Montebello	90640	2.9
Monterey Park	91755	4.7
Pomona	91768	1.7
Rosemead	91770	4.0
Rowland Heights	91748	2.2

Community	ZIP Code	Rate
San Dimas	91773	1.5
San Gabriel	91776	3.3
South El Monte	91733	1.1
Temple City	91780	4.0
Walnut	91789	2.0
West Covina	91790, 91791, 91792	1.7
KFH-Baldwin Park service area		2.2
California		1.5

Source: Office of Statewide Health and Planning and Development (OSHPD), 2012, ZIP Code

b. Significant Health Drivers

The following section provides a detailed description and overview of the health drivers identified through secondary and primary data analysis. The nine health drivers described below represent those most often cited as having the most impact on the overall health of individuals and the community. These drivers are organized by MATCH categories, access to care, health behaviors, physical environment, and socioeconomic factors:

Access to care
- Access to health care
- Preventive health care

Health behaviors
- Healthy behaviors

Physical environment
- Access to healthy foods
- Physical environment

Socioeconomic factors
- Cultural and linguistic barriers
- Economic security
- Homelessness and housing
- Violence and injury prevention

i. Access to Care

Access to Health Care

Access to comprehensive, high-quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life. The lack of access to health services can lead to unmet health needs, delays in receiving appropriate care, the inability to benefit from preventive services, and preventable hospitalizations.[38]

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[38] Office of Disease Prevention and Health Promotion, (2014). *Access to Health Services*. Washington, DC. Available at http://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services. Accessed December 1, 2015.

Health Care Coverage

In the KFH-Baldwin Park service area, a slightly smaller percentage (20.2%) of the population lacks health coverage than in Los Angeles County (20.9%), although a slightly higher percentage is uninsured when compared to California (18.9%).

Uninsured Population, 2014

Report Area	Percent
KFH-Baldwin Park service area	20.2%
Los Angeles County	20.9%
California	18.9%

Source: U.S. Census Bureau, American Community Survey, 2010–14, Tract

The southeast portion of the KFH-Baldwin Park service area seemed most affected by a lack of health coverage according to U.S. Census statistics. Particularly affected communities include Avocado Heights, Azusa, Baldwin Park, Citrus, Covina, El Monte, Hacienda Heights, La Puente, Pomona, Rosemead, Rowland Heights, San Gabriel, South El Monte, South San Gabriel, South San Jose Hills, and Valinda.
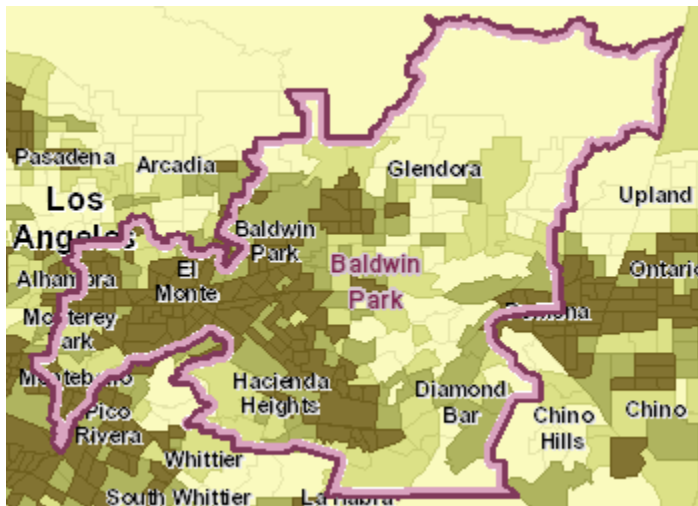
Uninsured Population, Percent by Tract, ACS 2010–14

- ■ Over 20.0%
- ■ 15.1–20.0%
- ■ 10.1–15.0%
- ■ Under 10.1%
- ■ No Data or Data Suppressed
- ▢ Report Area

Source: U.S. Census Bureau, American Community Survey, 2010–14, Tract

Despite a lack of insurance, most of the population in the KFH-Baldwin Park service area has a usual source of care (83.9%), a rate very similar to Los Angeles County (83.8%) though lower than California (85.8%). The service area did meet the Healthy People 2020 goal of >=83.9%.

Usual Source of Care, 2011–2012

Report Area	Percent
KFH-Baldwin Park service area	83.9%
Los Angeles County	83.8%
California	85.8%
Healthy People 2020	>=83.9%

Source: Los Angeles County Health Survey, 2011–2012, SPA

In terms of accessing primary care, 3.1% of the population in the KFH-Baldwin Park service area reported having a difficult time—lower when compared to Los Angeles County (4.7%) and California (4.6%).

Difficulty Accessing Primary Care, 2014

Report Area	Percent
KFH-Baldwin Park service area	3.1%
Los Angeles County	4.7%
California	4.6%

Source: California Health Interview Survey, 2014, SPA

In terms of specialty care, almost a third (31.9%) of individuals in the KFH-Baldwin Park service area needed to see a medical specialist, which is lower than that reported in Los Angeles County (33.9%) and California (36.3%). Access to specialty care is important and may be affected by cost or lack of health coverage for such services. A smaller percentage (10.0%) of the population in the service area reported difficulty in accessing a medical specialist when compared to Los Angeles County (11.1%) and California (10.8%).

Stakeholders added that Hispanics/Latinos, the homeless, youth under the age of 10, single-parent families, and adults 50 years old and older had the most difficult time accessing specialty care.

Specialty Care, 2014

Report Area	Needed to see a medical specialist in past year	Difficult time accessing specialist
KFH-Baldwin Park service area	31.9%	10.0%
Los Angeles County	33.9%	11.1%
California	36.3%	10.8%

Source: California Health Interview Survey, 2014, SPA

One of the barriers to accessing necessary health care services can be a lack of health insurance or coverage. In the KFH-Baldwin Park service area, 3.8% of the population reported that their primary-care doctor did not accept their insurance in the past year, which is lower when compared to Los Angeles County (4.2%) and California (4.1%). Additionally, 7.9% of those needing to see a medical specialist were not able to because their insurance was not accepted—similar when compared to Los Angeles County (7.9%) but lower than for California (9.0%).

Stakeholders added that most people seem to have a difficult time getting the health care they needed with their existing health insurance. However, they specified that the lesbian, gay, bisexual, and trans-gender (LGBT) community had an especially difficult time obtaining necessary health care with their existing coverage.

Insurance Not Accepted, 2014

Report Area	Insurance not accepted by general doctor in past year	Insurance not accepted by medical specialist in past year
KFH-Baldwin Park service area	3.8%	7.9%
Los Angeles County	4.2%	7.9%
California	4.1%	9.0%

Source: California Health Interview Survey, 2014, SPA

Provider Shortage

Having a sufficient number of health professionals available to meet demand is essential to keeping a community healthy. In the KFH-Baldwin Park service area, the primary-care physician access rate per

100,000 population was the same (72.0) when compared to Los Angeles County (72.0), but lower than California (77.2).

Primary-Care Physician Rate per 100,000 Population, 2012

Report Area	Rate
KFH-Baldwin Park service area	72.0
Los Angeles County	72.0
California	77.2

Source: U.S. Department of Health & Human Services,
Health Resources and Services Administration, Area Health Resource File, 2012, County

A Health Professional Shortage Area (HPSA) is an area that has a shortage of primary medical care, dental, or mental health professionals. In the KFH-Baldwin Park service area, the percentage of the population living in a HPSA area (13.8%) was half or less of the percentages in Los Angeles County (31.4%) and California (25.4%).

Population Living in a Health Professional Shortage Area (HPSA), 2015

Report Area	Percent
KFH-Baldwin Park service area	13.8%
Los Angeles County	31.4%
California	25.4%

Source: U.S. Department of Health & Human Services, Health Resources and Services Administration,
Health Resources and Services Administration, March 2015, HPSA

Certain communities in the service area, however, do experience primary-care provider shortages (over 20.0 FTE needed), including El Monte, Montebello, Pomona, and South El Monte.
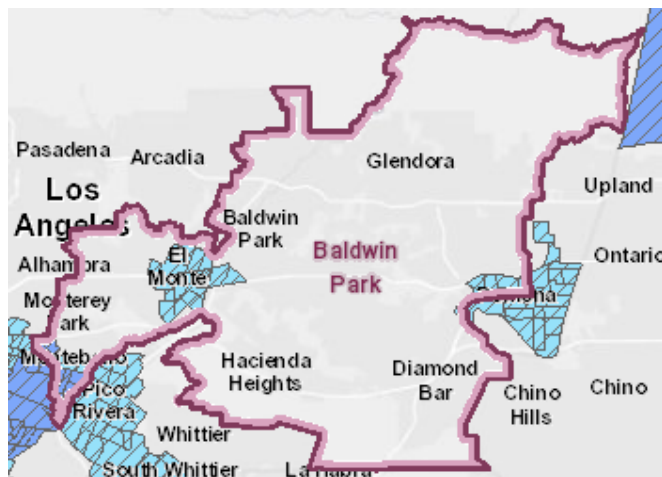
Primary Care HPSA Components, Type and Degree of Shortage by Tract/County, HRSA HPSA Database, March 2015

Population Group; Over 20.0 FTE Needed
Population Group; 1.1–20.0 FTE Needed
Population Group; Under 1.1 FTE Needed
Geographic Area; Over 20.0 FTE Needed
Geographic Area; 1.1–20.0 FTE Needed
Geographic Area; Under 1.1 FTE Needed
Report Area

Source: U.S. Department of Health & Human Services, Health Resources and Services Administration, Health Resources and Services Administration, March 2015, HPSA

Federally Qualified Health Centers

Federally Qualified Health Centers (FQHCs) are community assets that provide health care to vulnerable populations. The 14 FQHCs in the KFH-Baldwin Park service area comprise 10.4% of those located in Los Angeles County. The rate of FQHCs per 100,000 population is more than two times higher (4.4) in when compared to Los Angeles County (1.4) and California (2.0).

Federally Qualified Health Center per 100,000 Population, September 2015

Report Area	Number	Rate
KFH-Baldwin Park service area	14	4.4
Los Angeles County	134	1.4
California	735	2.0

Source: U.S. Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider of Services File, Sept. 2015, Address

Most FQHCs in the service area are located in the southwest portion where the most vulnerable populations live.

■ **Federally Qualified Health Centers, POS September 2015**

☐ Report Area
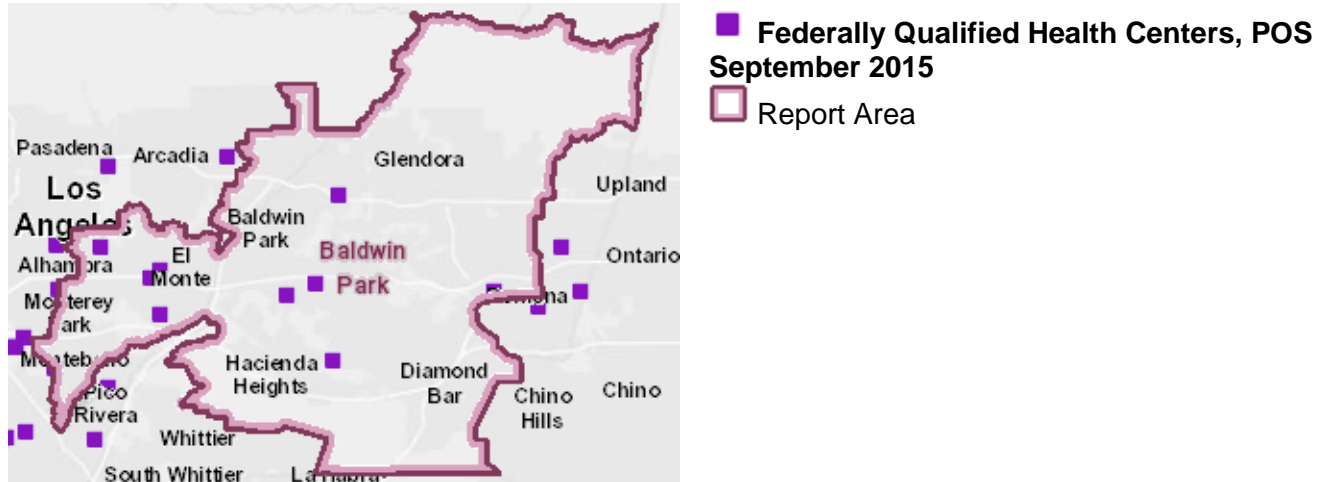
Emergency Room Use

There were 6,980 admissions into the KFH-Baldwin Park medical center's emergency department in 2014, making up 0.4% of the emergency room admissions reported in California. The average length of stay for someone admitted into the emergency department at KFH-Baldwin Park was 3.7 days, lower than the average reported in California (4.7 days).

Emergency Room Use, 2014

Report Area	Number	Average
KFH-Baldwin Park service area	6,980	3.7 Days
California	1,817,237	4.7 Days

Source: Office of Statewide Health Planning and Development,
KFH-Baldwin Park Emergency Department Summary Report, 2014, KFH-Baldwin Park Medical Center

Affordable Health Care

Another common barrier to accessing health care is cost. In the KFH-Baldwin Park service area, more than a quarter of the population (26.8%) delayed getting necessary care because of the cost of medication or a lack of insurance. However, this percentage is significantly lower than for Los Angeles County (44.8%) and California (51.3%). Additionally, 7.5% of the population in the service area delayed or did not obtain prescribed medicine in the last year because of cost, lower than for Los Angeles County (7.9%) and California (8.7%).

Delayed Care Because of Cost, 2014

Report Area	Delayed care due to	Delayed or didn't get
KFH-Baldwin Park service area	26.8%	7.5%
Los Angeles County	44.8%	7.9%
California	51.3%	8.7%

Source: California Health Interview Survey, 2014, SPA

In 2010, the Affordable Care Act (ACA) was enacted with the goal of improving access, affordability, and the quality of health care in the United States.[39] In California, an online portal was created for Californians to access health insurance and potentially receive federal assistance with the cost of private health insurance or access to health insurance through Medi-Cal.[40] However, some people still experience difficulty in obtaining affordable health care through Covered California. In the KFH-Baldwin Park service area, almost a third (28.3%) of the population were not able to find an affordable health plan through Covered California—half the percentage reported for Los Angeles County (57.3%) and California (54.7%). Of those who were able to find an affordable plan, a third (31.6%) were not able to find a plan with the necessary coverage. That percentage was still lower than that reported in Los Angeles County (57.6%) and California (55.0%).

Stakeholders added that although the ACA had made health care coverage accessible, some still had a difficult time understanding how to sign up on the Covered California website and the extent of their health care insurance coverage.

Unable to Obtain Needed Health Coverage, 2014

Report Area	Difficulty finding affordable plan through Covered California	Difficulty finding plan with needed coverage through Covered California
KFH-Baldwin Park service area	28.3%	31.6%
Los Angeles County	57.3%	57.6%
California	54.7%	55.0%

Source: California Health Interview Survey, 2014, SPA

Medi-Cal, Medicare, and Healthy Families

Knowing the portion of the population who receive Medi-Cal and Medicare benefits can assist in identifying vulnerable populations that often have multiple health needs and can experience a lack of access to high-quality, necessary health care as well as common issues associated with poverty. In the KFH-Baldwin Park service area, a quarter (26.4%) of the population received Medi-Cal in 2014, about midway between the percentage in California (25.5%) and Los Angeles County (28.1%). Additionally, 1.2% of the population are Medicare recipients, a slightly smaller percentage than in Los Angeles County (1.4%) and California (1.4%).

Health Coverage, 2014

Report Area	Medi-Cal Recipients	Medicare Recipients
KFH-Baldwin Park service area	26.4%	1.2%
Los Angeles County	28.1%	1.4%

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[39] U.S. Department of Health and Human Services. (2016). *Health Care*. Washington, DC Retrieved from http://www.hhs.gov/healthcare/. Accessed February 23, 2016.
[40] Covered California (2016). *About Covered California*. Sacramento, CA. Retrieved from http://www.coveredca.com/about/. Accessed February 23, 2016.

Report Area	Medi-Cal Recipients	Medicare Recipients
California	25.5%	1.4%

A quarter (26.2%) of those eligible for Medi-Cal under the age of 65 years was not registered Medi-Cal recipients. This percentage is four or more times higher than Los Angeles County (5.8%) and California (6.4%). Of those under the age of 65 years and eligible for Healthy Families, 13.5% are not recipients, three or more times higher than in Los Angeles County (3.9%) and California (3.4%).

Medical and Healthy Families Eligibility, 2014

Report Area	Eligibility of uninsured under 65 for Medi-Cal (Pre-ACA)	Eligibility of uninsured under 65 for Healthy Families (Pre-ACA)
KFH-Baldwin Park service area	26.2%	13.5%
Los Angeles County	5.8%	3.9%
California	6.4%	3.4%

Preventive Health Care

As with access to health care, preventive practices such as having a regular source of care and timely physical and medical tests are also key to overall health and healthy living. Adequate primary care can prevent the development of health problems and maintain positive health conditions. In the KFH-Baldwin Park service area, the hospital discharge rate for preventable hospital events was higher (100.4 per 10,000 population) than Los Angeles County's (92.2) but slightly lower than California's (102.9).

Preventable Hospital Events Rate per 10,000 Population, 2011

Report Area	Number	Rate
KFH-Baldwin Park service area	22,242	100.4
Los Angeles County	199,046	92.2
California	396,260	102.9

More specifically, the highest rates of preventable condition discharge rates were reported in communities in the western portion of the service area, including Baldwin Park, Duarte, Irwindale, El Monte, Glendora, Montebello, and Pomona. Stakeholders added that low-income families, the homeless, and those whose primary language was not English were also less likely to have annual wellness exams. (Those wellness exams are covered under the ACA but data are not yet available.)
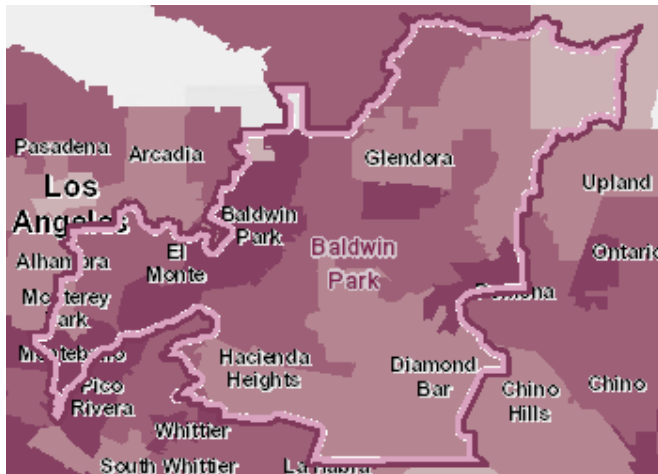
Preventable (ACS) Condition Hospital Discharges, Rate (Per 10,000 Population) by ZCTA, OSHPD 2011

■ Over 120.0
■ 80.1–120.0
■ 50.1–80.0
■ Under 50.1
■ No Data or Data Suppressed
▢ Report Area

Source: California Office of Statewide Health Planning and Development, Patient Discharge Data. Additional data analysis by CARES, 2011, ZIP Code

Cancer Screenings

Engaging in preventive behaviors is key to the early detection and treatment of serious illnesses such as cancer. In the KFH-Baldwin Park service area, the percentage of women receiving cervical cancer screenings in the prior three years (circa 2011–2012) was lower (78.6%) than in Los Angeles County (82.8%) and did not meet the Healthy People 2020 goal of >=93.0%. However, a greater percentage of women (64.2%) had a mammogram within the prior two years when compared to women in Los Angeles County (61.8%), although slightly less than women in California (65.1%). The service area did not meet the Healthy People 2020 goal of >=81.1%. Stakeholders added that non–English-speaking women living in the San Gabriel Valley were less likely to have an annual pap smear and mammogram exam.

Cervical and Breast Cancer Screenings, 2011, 2012

Report Area	Cervical cancer screening (pap smear) in last 3 years[1]	Breast cancer screening (mammogram) in the last 2 years[2]
KFH-Baldwin Park service	78.6%	64.2%
Los Angeles County	82.8%	61.8%
California	not available	65.1%
Healthy People 2020	>=93.0%	>=81.1%

Source: Los Angeles County Health Survey, 2011, SPA[1]; California Health Interview Survey, 2012, SPA[2]

Over half (54.0%) of adults 50 years old and older reported ever having a colonoscopy or sigmoido-scopy. This percentage, however, is lower when compared to California (57.9%).

Colonoscopy/Sigmoid Cancer Screenings, 2012

Report Area	Percent
KFH-Baldwin Park service area	54.0%
California	57.9%

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. U.S. Department of Health & Human Services, Health Indicators Warehouse, 2006–12, County

ii.   Health Behaviors

Healthy Behaviors

Healthy behaviors and overall health are closely linked. Healthy behaviors include preventive health care, healthy eating, exercising, and other behaviors. Cultural practices and traditions are also important factors in healthy behaviors and overall health.[41] While covered preventive care was part of the ACA, the impact of the change in policy is not yet reflected in the data.

Healthy Eating

Following a healthy diet is essential to overall health and longevity. In the KFH-Baldwin Park service area, over a third (35.7%) of youth 0 to 17 years old consumed at least one soda or sweetened drink a day, slightly less when compared to Los Angeles County (38.3%). Over a third (36.4%) of the adults in the service area consumed at least one soda or sweetened drink a day, again lower when compared to Los Angeles County (38.8%) and California (38.6%).

Stakeholders indicated unhealthy habits among youth, Hispanics/Latinos, and Pacific Islanders. In addition, stakeholders indicated that cultural practices often contributed to unhealthy eating habits. Stakeholders attributed unhealthy behaviors to a lack of education around healthy behaviors and practices, most common among those living in poverty, youth, Hispanics/Latinos, immigrants, and multi-family homes. Stakeholders also added that unhealthy behaviors were most often present in Baldwin Park and La Puente.

Soda or Sweetened Drink Consumption, 2011, 2014

Report Area	Youth[1]	Adults[2]
KFH-Baldwin Park service area	35.7%	36.4%
Los Angeles County	38.3%	38.8%
California	n/a	38.6%

Source: Los Angeles County Health Survey, 2011, SPA[1];
California Health Interview Survey, 2014, SPA[2]

In the KFH-Baldwin Park service area, nearly half (49.8%) of youth 0 to 17 years old consumed fast food at least once a week, slightly fewer when compared to Los Angeles County (50.5%). A smaller percentage (19.3%) of adults consumed fast food at least once a week, lower when compared to Los Angeles County (21.6%) and California (20.6%)

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Fast-Food Consumption, 2011, 2014

Report Area	Youth[1]	Adults[2]
KFH-Baldwin Park service area	49.8%	19.3%
Los Angeles County	50.5%	21.6%
California	n/a	20.6%

Source: Los Angeles County Health Survey, 2011, SPA[1];
California Health Interview Survey, 2014, SPA[2]

In terms of adequate fruit and vegetable consumption, more than half (54.0%) of youth consumed five

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[41] U.S. National Library of Medicine. (2016). *Eating habits and behaviors*. Bethesda, MD. Available at https://www.nlm.nih.gov/medlineplus/ency/patientinstructions/000349.htm. Accessed February 18, 2016.

or more fruits and vegetables a day—less than youth in Los Angeles County (57.3%) and California (63.3%). However, a greater percentage of adults (17.6%) consumed five or more fruits and vegetables a day than in Los Angeles County (16.2%). In the service area, 91.7% reported that they had access to affordable fresh fruits and vegetables. This percentage is higher than Los Angeles County (75.2%) and California (78.1%). One factor that may contribute to youth and adults not consuming the recommended number of fruits and vegetables is cost.

Fruit and Vegetable Consumption and Affordability, 2011–2012, 2014

Report Area	Youth Consumption[1]	Adult Consumption[2]	Affordability[2]
KFH-Baldwin Park service area	54.0%	17.6%	91.7%
Los Angeles County	57.3%	16.2%	75.2%
California	63.3%	n/a	78.1%

Source: California Health Interview Survey, 2011-2012, SPA[1]; California Health Interview Survey, 2014, SPA[2]

Physical Activity

Physical activity is essential to a healthy lifestyle and longevity. Over half (51.8%) of the youth in the KFH-Baldwin Park service area participate in daily physical activity, double the percentage reported in Los Angeles County (26.4%) and higher than in California (32.8%). However, a smaller percentage (26.1%) of adults participated in aerobic and strengthening activities when compared to Los Angeles County (29.7%).

Physical Activity, 2011, 2014

Report Area	Youth[1]	Adults[2]
KFH-Baldwin Park service area	51.8%	26.1%
Los Angeles County	26.4%	29.7%
California	32.8%	

Source: Los Angeles County Health Survey, 2011, SPA[1];
California Health Interview Survey, 2014, SPA[2]

Vaccinations

Annual vaccinations such as influenza and pneumonia vaccinations can help prevent sickness and death for particular age groups such as senior citizens. In the KFH-Baldwin Park service area, a third (35.8%) of adults 18 and older received influenza vaccinations, a slightly higher percentage than that reported in Los Angeles County (33.7%). Over two-thirds (68.9%) of senior adults 65 and older received influenza vaccinations compared to Los Angeles County (64.2%), but a smaller percentage (57.9%) received annual pneumonia vaccinations than in Los Angeles County (61.3%). Stakeholders also added that it had become common for youth, particularly those new to the school system, to not have the recommended vaccinations.

Vaccinations, 2011
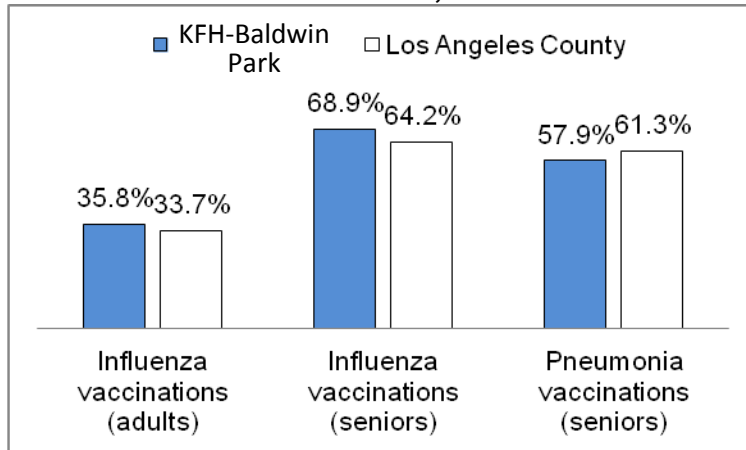
Source: Los Angeles County Health Survey, 2011, SPA

iii.   Physical Environment

Access to Healthy Foods

Following a well-balanced diet and nutritional plan is essential to good health, disease prevention, and the healthy growth and development of children. Maintaining a healthy diet can help reduce the incidence of health issues such as heart disease, cancer, obesity and diabetes.[42]

The inability to access fresh and affordable healthy food options is detrimental to an individual's health. In the KFH-Baldwin Park service area, a greater percentage (40.6%) of the population were not able to afford enough food than in Los Angeles County (39.5%) and California (38.4%). However, a larger percentage (91.7%) were unable to afford fresh fruits and vegetables than in Los Angeles County (75.2%) and California (78.1%).

Affordability of Food, 2014
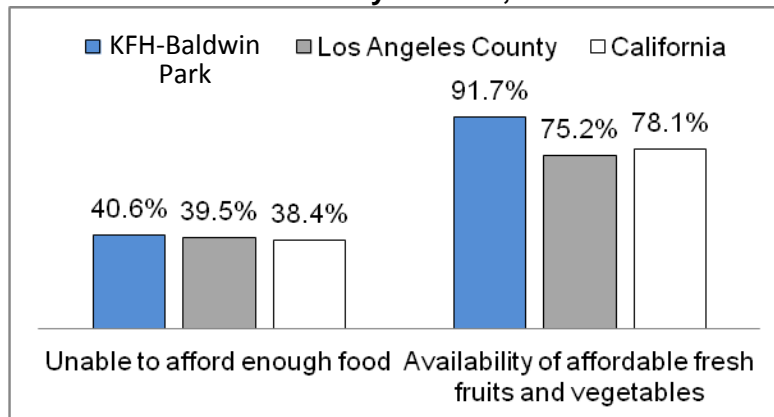
Source: California Health Interview Survey, 2014, SPA

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[42] Centers for Disease Control and Prevention. (2010). *Healthy Food Environment.* Atlanta, GA. Available at http://www.cdc.gov/healthyplaces/healthtopics/healthyfood_environment.htm. Accessed February 18, 2016.

Access to fast food in the service area (76.4 restaurants per 100,000 population) is similar to that in Los Angeles County (77.8), but higher than in California (74.5).[43]

The map below shows that most of the service area has high concentrations of fast-food restaurants, indicating a potential gap in available health food options. Stakeholders added that access to healthy affordable food was lacking throughout the service area but particularly in Baldwin Park, Covina, Diamond Bar, La Verne, Pomona, and West Covina.

Fast-Food Restaurants, Rate (Per 100,000 Population) by Tract, CBP 2011

■ Over 60.0
■ 30.1–60.0
■ 10.1–30.0
□ Under 10.1
□ No Establishments or No Data
□ Report Area

Source: U.S. Census Bureau, County Business Patterns. Additional data analysis by CARES, 2011, Tract
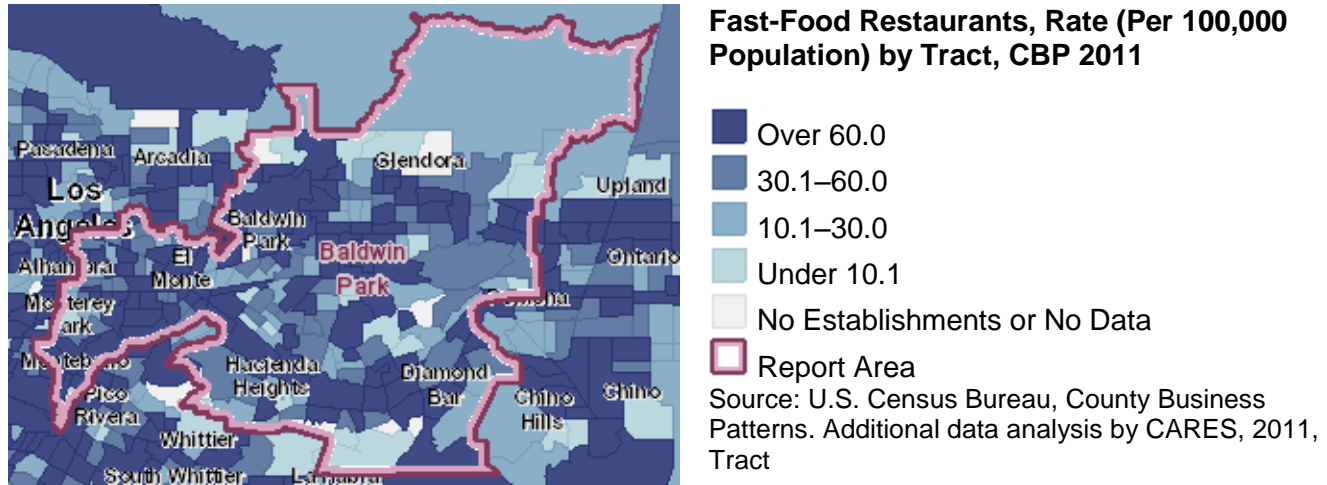
Physical Environment

The quality of a community's physical environment can affect overall health and in particular can contribute to existing respiratory issues or their development. In 2008, the KFH-Baldwin Park service area experienced 8.1 (or 2.3%) days a year with poor air quality, fewer than the number of days reported in Los Angeles County (12.5, or 3.4%) or California (15.5, or 4.2%).

Days with Particulate Matter 2.5 Levels Above the National Ambient Air Quality Standard (35 Micrograms Per Cubic Meter) Per Year, 2008

Report Area	Days	Percent
KFH-Baldwin Park service area	8.1	2.3%
Los Angeles County	12.5	3.4%
California	15.5	4.2%

Source: Centers for Disease Control and Prevention,
National Environmental Public Health Tracking Network, 2008, Tract

In 2008, the KFH-Baldwin Park service area also experienced 10.2 (or 2.9%) days a year with ozone (O3) levels above the National Air Quality Standard of 75 parts per billion (ppb), twice as high as the number of days reported in Los Angeles County (5.5 or 1.8%) and slightly higher than in California (8.5 or 2.5%).

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[43] U.S. Census Bureau, County Business Patterns. Additional data analysis by CARES, 2011, Tract

Days Per Year with Ozone (O3) Levels Above the National Air Quality Standard, 2008

Report Area	Days	Percent
KFH-Baldwin Park service area	10.2	2.9%
Los Angeles County	5.5	1.6%
California	8.5	2.5%

Source: Centers for Disease Control and Prevention,
National Environmental Public Health Tracking Network, 2008, Tract.

The map below shows that the northern portion of the KFH-Baldwin Park service area experienced the largest number of poor air quality days. Stakeholders also indicated that the communities of Azusa, Baldwin Park, Covina, El Monte, La Puente, Pomona, South El Monte, and Pomona were most affected by poor air quality.
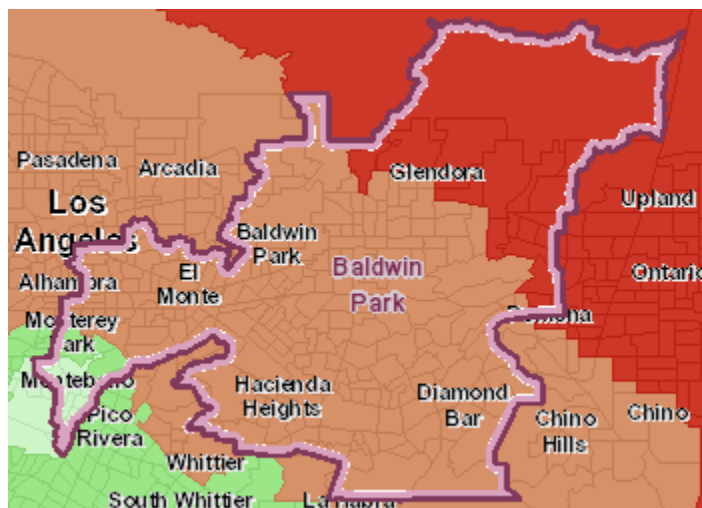
Ozone Levels (O3), Percent Days Above NAAQ Standards by Tract, NEPHTN 2008

■ Over 6.0%
■ 1.1–6.0%
■ 0.51–1.0%
■ Under 0.51%
□ No Days Above NAAQ Standards
■ No Data or Data Suppressed
□ Report Area

Source: Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network, 2008, Tract

iv.   Socioeconomic Factors

Cultural and Linguistic Barriers

The ideas that individuals have about health in general, their healthy literacy skills, and the context in which they communicate varies by culture. This can often create unnecessary barriers and misunderstandings that can be important considerations in patient/health provider communications.[44] A greater percentage (4.5%) of people in the KFH-Baldwin Park service area reported having a difficult time understanding their doctor when compared to Los Angeles County (3.2%) and California (3.1%).

Difficulty Understanding Doctor, 2014

Report Area	Percent
KFH-Baldwin Park service area	4.5%
Los Angeles County	3.2%
California	3.1%

Source: California Health Interview Survey, 2014, SPA

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[44] Centers for Disease Control and Prevention. (2010). *Healthy Literacy.* Atlanta, GA. Available at http://www.cdc.gov/healthliteracy/culture.html. Accessed February 18, 2016.

Nearly a third (29.8%) of the population in the service area over the age of 5 years has limited English proficiency, a larger percentage than in Los Angeles County (25.8%) and California (19.1%).[45] The map below indicates where the population with limited English proficiency lives—those who do not speak English very well or have someone in the home who speaks English very well. Communities in the service area where nearly half or more of residents have limited English proficiency including El Monte, Montebello, Monterey Park, South El Monte, South San Gabriel, Rosemead, and Rowland Heights.

Stakeholders added that cultural and linguistic barriers were most often experienced among low-income communities and people of color.

Population with Limited English Proficiency, Percent by Tract, ACS 2010–14

Over 4.0%
2.1–4.0%
1.1–2.0%
Under 1.1%
No Data or Data Suppressed
Report Area

Source: U.S. Census Bureau, American Community Survey, 2010–14, Tract.
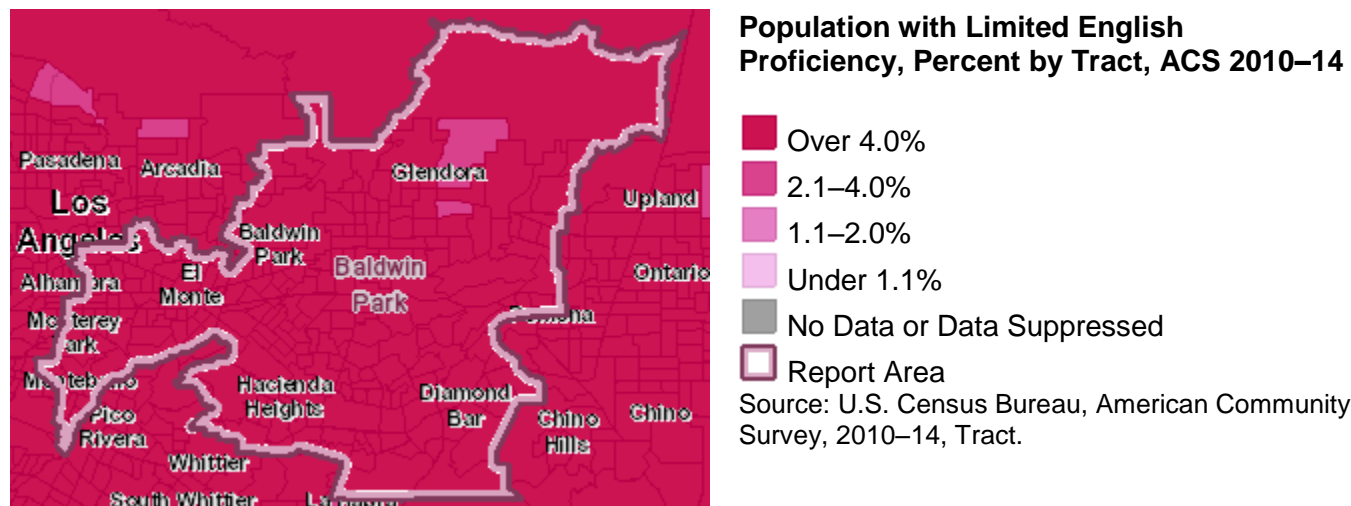
Economic Security

Economic security (with indicators such as poverty, educational attainment, and employment) and health are closely linked; economic insecurity can contribute to poor health as a result of financial barriers to obtaining necessary medical care, healthy foods, and other basic needs.[46]

Poverty

A large percent of the population in the KFH-Baldwin Park service area—167,395, or 14.3%—live in households with incomes 100% below the Federal Poverty Level (FPL), a lower percentage than in Los Angeles County (18.4%) or California (16.4%).

Population Living Below 100% Federal Poverty Level, 2014

Report Area	Number	Percent
KFH-Baldwin Park service	167,395	14.3%
Los Angeles County	9,819,397	18.4%
California	37,323,128	16.4%

Source: U.S. Census Bureau, American Community Survey, 2010-14, Tract

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[45] U.S. Census Bureau, American Community Survey, 2010–14, Tract
[46] Murray, S. (2006). *Poverty and health*. CMAJ: Canadian Medical Association Journal, 174(7), 923. Available at http://doi.org/10.1503/cmaj.060235. Retrieved February 18, 2016.

The map below shows that certain communities—mostly in the western portion of the service area—have more households living 100% below the FPL, including Baldwin Park, Covina, El Monte, Rosemead, Rowland Heights, South El Monte, South San Gabriel, and South San Jose Hills.
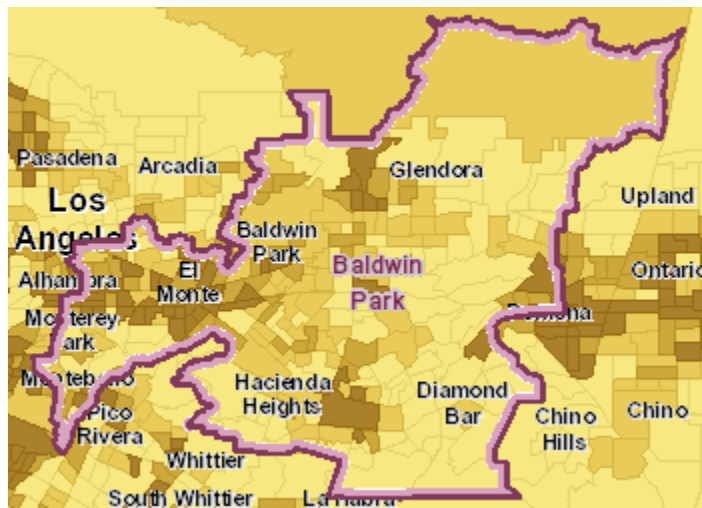
Population Below the Poverty Level, Percent by Tract, ACS 2010–14

- ■ Over 20.0%
- ■ 15.1–20.0%
- ■ 10.1–15.0%
- ■ Under 10.1%
- ■ No Data or Data Suppressed
- ☐ Report Area

Source: U.S. Census Bureau, American Community Survey, 2010–14, Tract

Of households in the service area living 100% below the FPL, 20.5% have children between the ages of 0 and 17 years, lower than the percentage reported for Los Angeles County (26.0%) and California (22.7%).

Children Living Below 100% Federal Poverty Level, 2014

Report Area	Number	Percent
KFH-Baldwin Park service area	55,516	20.5%
Los Angeles County	2,314,447	26.0%
California	9,072,050	22.7%

Source: U.S. Census Bureau, American Community Survey, 2010–14, Tract

The map below shows the communities in the KFH-Baldwin Park service area with the greatest percentage of households with children living 100% below the FPL—particularly the communities of Baldwin Park, Covina, El Monte, Pomona, San Gabriel, South El Monte, South San Jose Hills, Rosemead, and Rowland Heights.

Population Below the Poverty Level, Children (Age 0–17), Percent by Tract, ACS 2010-14

- Over 30.0%
- 22.6–30.0%
- 15.1–22.5%
- Under 15.1%
- No Population Age 0–17 Reported
- No Data or Data Suppressed
- Report Area

U.S. Census Bureau, American Community Survey, 2010–14, Tract

The service area also includes a large percentage of households (37.8%) living 200% below the FPL, slightly lower than reported in Los Angeles County (40.9%) and slightly higher than the percentage reported in California (36.4%).

Population Living Below 200% Federal Poverty Level, 2014

Report Area	Number	Percent
KFH-Baldwin Park service area	442,273	37.8%
Los Angeles County	4,014,863	40.9%
California	13,576,255	36.4%

Source: U.S. Census Bureau, American Community Survey, 2010-14, Tract

The map below shows the communities in the service area with the greatest percentage of households living 200% below the FPL, including Azusa, Baldwin Park, Covina, El Monte, La Puente, Pomona, South El Monte, South San Jose Hills, Rowland Heights, and Valinda.
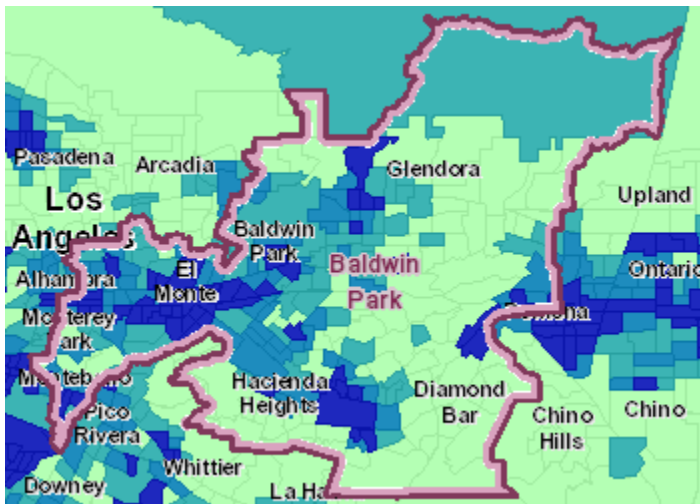
Population Below 200% Poverty Level, Percent by Tract, ACS 2010–14

- Over 50.0%
- 38.1–50.0%
- 26.1–38.0%
- Under 26.1%
- No Data or Data Suppressed
- Report Area

Source: U.S. Census Bureau, American Community Survey, 2010–14, Tract

The percentage of youth in the service area eligible to receive a free or reduced-price lunch is higher (68.4%) when compared to Los Angeles County (66.9%) and California (58.1%).

Youth Eligible for a Free or Reduced-Price Lunch, 2014

Report Area	Number	Percent
KFH-Baldwin Park service area	133,914	68.4%
Los Angeles County	1,030,344	66.9%
California	3,610,385	58.1%

Source: National Center for Education Statistics (NCES)
Common Core of Data, 2013–14, Address

The western portion of the service area had an even large percentage of youth (over 80% of all youth) eligible for a free or reduced-price lunch. Because of close linkages with poverty, these disparities may assist in identifying gaps in eligibility for and enrollment in the free or reduced-price lunch program.
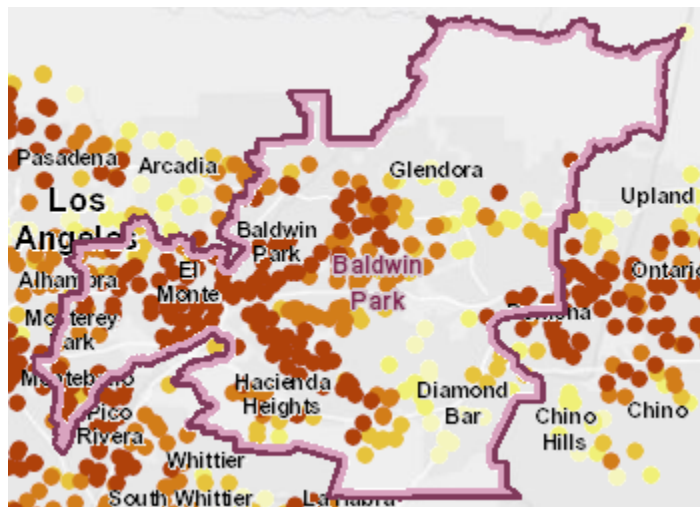
Students Eligible for Free or Reduced-Price Lunch, NCES CCD 2013–14

- Over 80.0%
- 60.1–80.0%
- 40.1–60.0%
- 20.1–40.0%
- Under 20.1%
- Not Reported
- Report Area

Source: Source: National Center for Education Statistics (NCES) Common Core of Data, 2013–14, Address

Unemployment

Unemployment is an issue in the KFH-Baldwin Park service area, where 53,736 of individuals age 16 and older are unemployed—14.2% of the unemployed people age 16 and older in Los Angeles County (n=379,595). The 7.5% unemployment rate in the service area and Los Angeles County is higher than in the unemployment rate in California (6.8).

Unemployment Rate, December 2015

Report Area	Number	Percent	Rate
KFH-Baldwin Park service area	53,736	14.2%	7.5
Los Angeles County	379,595	29.7%	7.5
California	1,277,471	100.0%	6.8

Source: U.S. Department of Labor, Bureau of Labor Statistics, 2015—December, County

Education Level

Overall, almost a third of the people in the KFH-Baldwin Park service area have graduated from college (31.6%) with an associate, bachelor, master's, professional, or doctorate degree. This percentage is lower when compared to Los Angeles County (36.5%) and California (38.5%). Close to a quarter

(24.4%) of the population age 25 and older did not graduate from high school (including completing less than the ninth grade), a higher percentage than reported in Los Angeles County (23.2%) and California (18.7%).

Educational Attainment, 2015
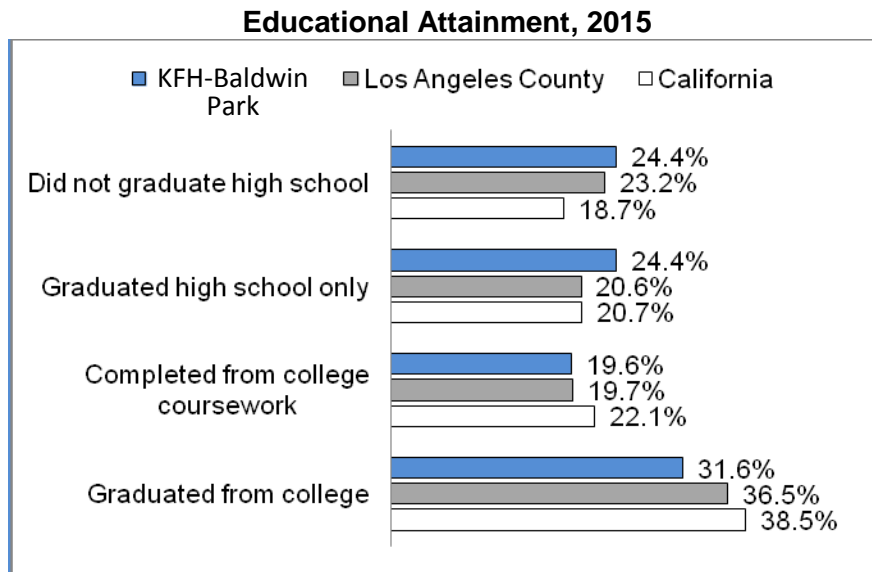
Source: Nielsen Claritas Site Reports, 2015, ZIP Code

In the KFH-Baldwin Park service area, the percentage of children in the fourth grade whose reading-skills scores were below proficiency level on the English Language Arts portion of the California Standards Test was (34.0%), less than the Los Angeles County and California percentages (both at 36.0%) and below the Healthy People 2020 goal of <=36.3%).

Reading Level Proficiency, 2013

Report Area	Percent
KFH-Baldwin Park service area	34.0%
Los Angeles County	36.0%
California	36.0%
Healthy People 2020	<=36.3%

Source: California Department of Education, 2012–13, School District

The rate of Head Start program facilities per 10,000 youth under 5 years old in the KFH-Baldwin Park service area was higher (14.5) than Los Angeles County's (7.2) and California's (6.3). Access to early education is very important to a youth's development and can affect economic success and lifestyle.

Head Start Program Facilities Rate per 10,000 Youth Under 5 Years Old, 2014

Report Area	Number	Rate
KFH-Baldwin Park service area	111	14.5
Los Angeles County	502	7.2
California	1,886	6.3

Source: U.S. Department of Health & Human Services
Administration for Children and Families, 2014, Point

Homelessness and Housing

Homelessness and poor housing conditions are intertwined with health in many ways. A health condition can lead to homelessness and vice versa. Homelessness can make someone susceptible to worsening health conditions because of a lack of ability to sustain a healthy diet and/or obtain necessary preventive care.[47] Poor housing conditions can also contribute to poor health and lead to the development or worsening of a health condition.[48]

Housing

Substandard housing conditions include:

- A lack of complete plumbing facilities
- A lack of complete kitchen facilities
- 1.01 or more occupants per room
- Selected monthly owner costs as a percentage of household income greater than 30%
- Gross rent as a percentage of household income greater than 30%.

In the KFH-Baldwin Park service area, over half (50.8%) of the population lives in housing with one or more of these conditions, less than that reported in Los Angeles County (54.0%) and higher than California (47.5%).

Occupied Housing Units with One or More Substandard Conditions, 2014

Report Area	Number	Percent
KFH-Baldwin Park service area	167,158	50.8%
Los Angeles County	1,749,173	54.0%
California	5,998,826	47.5%

Source: U.S. Census Bureau, American Community Survey, 2010–14, Tract

The map below illustrates that, according to the U.S. Census, most housing units in the service area are plagued with one or more of the substandard housing conditions. Stakeholders added that poor housing conditions were most often present in the San Gabriel Valley and in low-income communities. Stakeholders also indicated a lack of housing for lesbian, gay, bisexual, and transgender (LGBT) community members, which they attributed to discrimination.

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[47] National Health Care for the Homeless Council. (2011). *Homelessness and Health: What's the Connection?.* Nashville, TN. Available at http://www.nhchc.org/wp-content/uploads/2011/09/Hln_health_factsheet_Jan10.pdf. Accessed February 18, 2016.
[48] World Health Organizations. (2016). *Housing and Health.* Geneva, Switzerland. Available at http://www.who.int/hia/housing/en/. Accessed February 18, 2016.
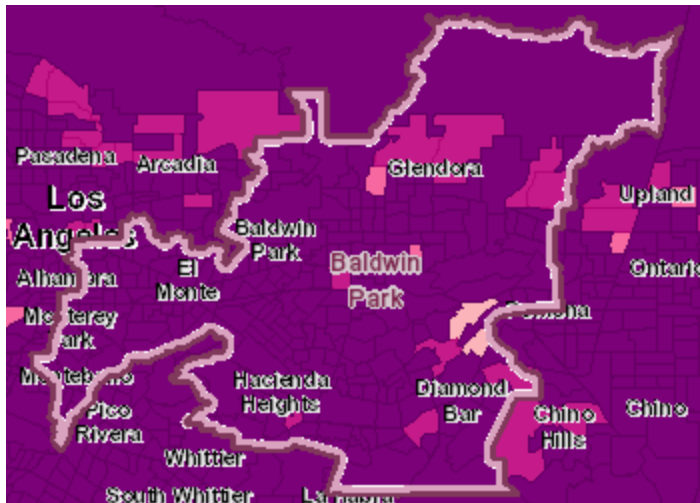
Substandard Housing Units, Percent of Total by Tract, ACS 2010–14

■ Over 34.0%
■ 28.1–34.0%
■ 22.1–28.0%
■ Under 22.1%
■ No Data or Data Suppressed
□ Report Area

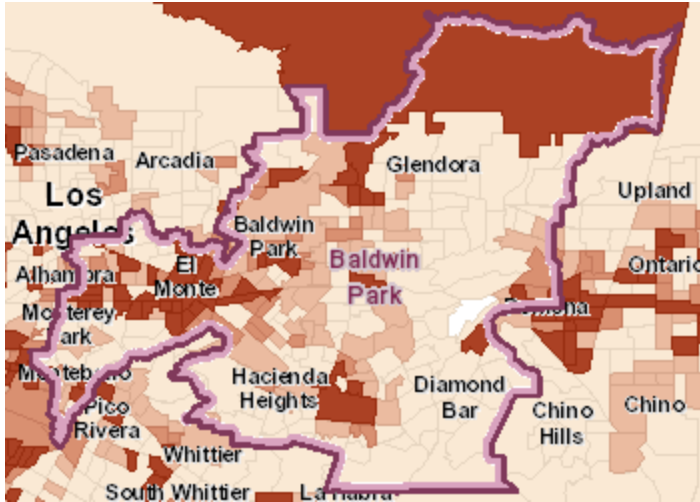Source: U.S. Census Bureau, American Community Survey, 2010–14, Tract

Violence and Injury Prevention

Violence affects everyone from infants to the elderly and is a serious public health concern. Both intentional and unintentional injuries may be caused by events including motor vehicle accidents and physical assault. Regardless of the circumstances, injuries can have serious, painful, and debilitating consequences on physical and emotional health, plus long-term or permanent effects including hospitalization, brain injury, poor mental health, disability, and premature death.[49]

Community Safety

Neighborhood safety is closely associated with leading a healthy lifestyle, allowing community residents to feel comfortable using common green spaces such as parks for walking and exercising in their community. This is particularly important for youth. In the KFH-Baldwin Park service area, a larger percentage (19.8%) of teens reported feeling fearful of being attacked at school when compared to Los Angeles County (17.1%) and California (14.3%). A larger percentage (11.6%) of teens also reported feeling unsafe in a park or playground in their neighborhood during the day when compared to California (9.5%) but fewer than Los Angeles County (11.7%).

Stakeholders added that community safety in the KFH-Baldwin Park service area was a concern among youth.

Teens' Perception of Neighborhood and School Safety, 2012, 2015

Report Area	Feared of being attacked at school in the past year[1]	Felt unsafe in nearby park or playground during the day[2]
KFH-Baldwin Park service area	19.8%	11.6%
Los Angeles County	17.1%	11.7%
California	14.3%	9.5%

Source: California Health interview Survey, 2012, SPA[1];
California Health interview Survey, 2014, SPA[2]

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[49] U.S. Department of Health and Human Services. (2015). *Injury and Violence.* Washington DC. Available at http://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Injury-and-Violence. Accessed December 8, 2015.

Firearm Injuries

High levels of violence can be indicated by high rates of firearm-related injuries, creating an unsafe environment for community residents. Overall, the KFH-Baldwin Park service area has experienced a non-fatal firearm hospitalization rate (4.3 per 10,000 youth) slightly higher than California (4.2) but lower than Los Angeles County (5.4). Communities in the service area that have experienced the highest non-fatal firearm hospitalization rates included La Puente (7.1), Covina (5.4) and Duarte (5.2).

Non-Fatal Firearm Hospitalization Rate per 10,000 Youth, 2012

Community	ZIP Code	Rate
Azusa, Irwindale	91702	No data available
Baldwin Park, Irwindale	91706	1.4
Covina	91722, 91723, 91724	5.4
Diamond Bar, Pomona	91765	No data available
Duarte	91008, 91010	5.2
El Monte (including City of Industry)	91731, 91732	3.8
Glendora	91740, 91741	No data available
Hacienda Heights (including City of Industry, La Puente)	91745	No data available
La Puente (including Bassett, City of Industry)	91744, 91746	7.1
La Verne	91750	4.6
Montebello	90640	No data available
Monterey Park	91755	No data available
Pomona	91768	3.4
Rosemead	91770	No data available
Rowland Heights (including City of Industry, La Puente)	91748	3.4
San Dimas	91773	No data available
San Gabriel	91776	4.2
South El Monte	91733	No data available
Temple City	91780	No data available
Walnut (including City of Industry)	91789	No data available
West Covina	91790, 91791, 91792	2.8
KFH-Baldwin Park service area		4.3
Los Angeles County		5.4
California		4.2

Source: Office of Statewide Health Planning and Development (OSHPD), 2012, ZIP Code

Mortality

Deaths caused by unintentional (accidental) injuries is lower (1.8 per 10,000 population) in the KFH-Baldwin Park service area when compared to California (2.8), but higher rates were reported for specific communities, including Duarte (3.1), Monterey Park (2.9) and Pomona (2.9).

Unintentional Injury Mortality Rate per 10,000 Population, 2012

Community	ZIP Code	Rate
Azusa, Irwindale	91702	1.3
Baldwin Park, Irwindale	91706	1.9
Covina	91722, 91723, 91724	2.4
Diamond Bar, Pomona	91765	0.8
Duarte	91008, 91010	3.1
El Monte (including City of Industry)	91731, 91732	1.3
Glendora	91740, 91741	2.2
Hacienda Heights (including City of Industry, La Puente)	91745	1.8
La Puente (including Bassett, City of Industry)	91744, 91746	1.7
La Verne	91750	2.7
Montebello	90640	1.9
Monterey Park	91755	2.9
Pomona	91768	2.9
Rosemead	91770	1.0
Rowland Heights (including City of Industry, La Puente)	91748	1.5
San Dimas	91773	2.4
San Gabriel	91776	1.5
South El Monte	91733	0.9
Temple City	91780	2.0
Walnut (including City of Industry)	91789	0.7
West Covina	91790, 91791, 91792	1.7
KFH-Baldwin Park service area		1.8
California		2.8

Source: California Department of Public Health (CDPH), 2012, ZIP Code

More specifically, pedestrian deaths caused by motor vehicles were higher (2.0 per 100,000 population) in the KFH-Baldwin Park service area when compared to the Healthy People 2020 goal of <=1.3, the same when compared to California (2.0), but lower than Los Angeles County (2.3).

Pedestrian Motor Vehicle Mortality Rate per 100,000 Population, 2012

Report Area	Number	Rate
KFH-Baldwin Park service area	339	2.0
Los Angeles County	660	2.3
California	3,902	2.0
Healthy People 2020	2,250	<=1.3

Source: University of Missouri, Center for Applied Research and Environmental Systems.
California Department of Public Health (CDPH) Death Public Use Data, 2010–12, ZIP Code

The map below indicates the particular areas in the service area that have higher rates of pedestrian deaths caused by motor vehicles, specifically Azusa, Citrus, La Puente, and South San Gabriel.
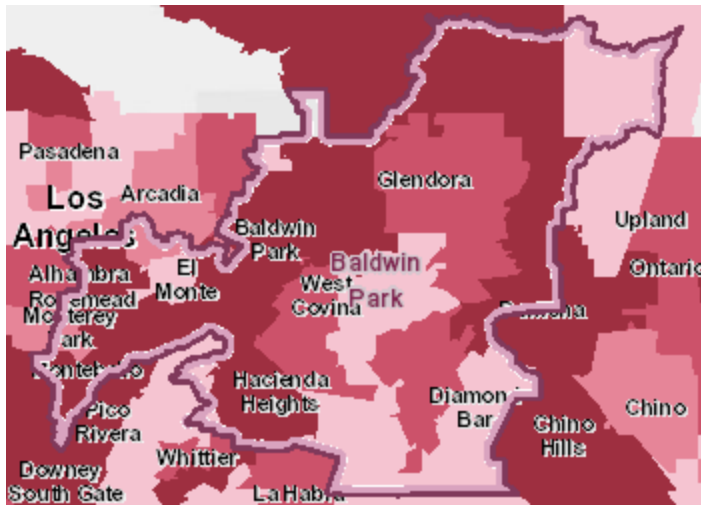
Pedestrian Motor Vehicle Accident Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by ZCTA, CDPH 2010–12

- ■ Over 6.0
- ■ 3.1–6.0
- ■ 1.1–3.0
- ■ Under 1.1
- □ No Pedestrian Motor Vehicle Deaths
- ■ No Data or Data Suppressed
- ▢ Report Area
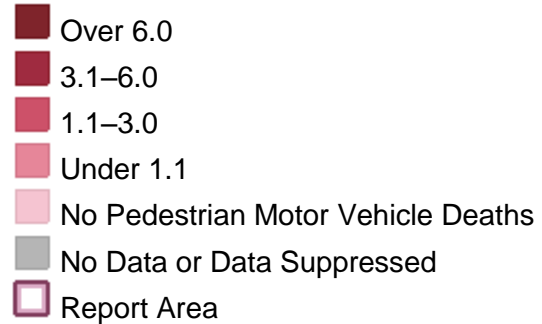
Source: California Department of Public Health (CDPH) Death Public Use Data, 2010–12, ZIP Code

ii. Prioritized list of health needs

The table below provides a list of the identified needs in order of priority.

	Health Needs	
1.	Diabetes	Outcome
2.	Overweight and obesity	Outcome
3.	Economic security	Driver
4.	Mental health	Outcome
5.	Access to health care	Driver
6.	Healthy behaviors	Driver
7.	Cultural and linguistic barriers	Driver
8.	Housing	Driver
9.	Alcohol abuse, substance abuse, and tobacco use	Outcome
10.	Preventive health care	Driver
11.	Cancer	Outcome
12.	Cardiovascular disease	Outcome
13.	Physical environment	Driver
14.	Violence and injury prevention	Driver
15.	Oral health	Outcome
16.	Respiratory disease	Outcome
17.	Hypertension	Outcome
18.	Alzheimer's disease	Outcome
19.	Access to healthy foods	Driver

D. Community assets, capacities and resources potentially available to respond to the identified health needs

Community assets and resources were identified through focus groups and interviews in the identification phase of the process. Stakeholders were asked to share, by health need, the names of community organizations, programs, and other resources they knew of and/or had experience with to address specific health needs. Following the identification of assets, Internet research was conducted to validate each resource and collect up-to-date information for each. A name, brief description, and website (as available) were provided for each asset and resource identified. Please refer to Appendix D. Health Need Profiles.

VII. KFH Baldwin Park 2013 Implementation Strategy Evaluation of Impact

A. Purpose of 2013 Implementation Strategy evaluation of impact

KFH-Baldwin Park's 2013 Implementation Strategy report was developed to identify activities to address health needs identified in the 2013 CHNA. This section of the CHNA Report describes and assesses the impact of these activities. For more information on KFH-Baldwin Park's Implementation Strategy report, including the health needs identified in the facility's 2013 service area, the health needs the facility chose to address, and the process and criteria used for developing Implementation Strategies, please visit https://share.kaiserpermanente.org/wp-content/uploads/2013/10/IS-Report-Baldwin-Park.pdf . For reference, the list below includes the 2013 CHNA health needs that were prioritized to be addressed by KFH-Baldwin Park in the 2013 Implementation strategy report.

1. Improve Access to Primary and Specialty Health Care for the Uninsured and Underinsured
2. Improve Access to Programs and Services Focusing on the Reduction of Obesity/Overweight Conditions and the Prevention and Management of Chronic Diseases, Including Diabetes, Hypertension, and Cardiovascular Disease
3. Awareness of Resources and Family and Social Support
4. Broader Health Care System Needs in Our Communities - Research and Workforce

KFH-Baldwin Park is monitoring and evaluating progress to date on their 2013 Implementation Strategies for the purpose of tracking the implementation of those strategies as well as to document the impact of those strategies in addressing selected CHNA health needs. Tracking metrics for each prioritized health need include the number of grants made, the number of dollars spent, the number of people reached/served, collaborations and partnerships, and KFH in-kind resources. In addition, KFH-Baldwin Park tracks outcomes, including behavior and health outcomes, as appropriate and where available.

As of the documentation of this CHNA Report in March 2016, KFH-Baldwin Park had evaluation of impact information on activities from 2014 and 2015. While not reflected in this report, KFH-Baldwin Park will continue to monitor impact for strategies implemented in 2016.

B. 2013 Implementation Strategy Evaluation of Impact Overview

In the 2013 IS process, all KFH planned for and drew on a broad array of resources and strategies to improve the health of communities and vulnerable populations, such as grant making, in-kind

resources, collaborations and partnerships, as well as several internal KFH programs including, charitable health coverage programs, future health professional training programs, and research. Based on years 2014 and 2015, an overall summary of these strategies is below, followed by tables highlighting a subset of activities used to address each prioritized health need.

- **KFH Programs:** From 2014-2015, KFH supported several health care and coverage, workforce training, and research programs to increase access to appropriate and effective health care services and address a wide range of specific community health needs, particularly impacting vulnerable populations. These programs included:

  - **Medicaid:** Medicaid is a federal and state health coverage program for families and individuals with low incomes and limited financial resources. KFH provided services for Medicaid beneficiaries, both members and non-members.
  - **Medical Financial Assistance:** The Medical Financial Assistance (MFA) program provides financial assistance for emergency and medically necessary services, medications, and supplies to patients with a demonstrated financial need. Eligibility is based on prescribed levels of income and expenses.
  - **Charitable Health Coverage:** Charitable Health Coverage (CHC) programs provide health care coverage to low-income individuals and families who have no access to public or private health coverage programs.
  - **Workforce Training:** Supporting a well-trained, culturally competent, and diverse health care workforce helps ensure access to high-quality care. This activity is also essential to making progress in the reduction of health care disparities that persist in most of our communities.
  - **Research:** Deploying a wide range of research methods contributes to building general knowledge for improving health and health care services, including clinical research, health care services research, and epidemiological and translational studies on health care that are generalizable and broadly shared. Conducting high-quality health research and disseminating its findings increases awareness of the changing health needs of diverse communities, addresses health disparities, and improves effective health care delivery and health outcomes.

- **Grant-making:** For 70 years, Kaiser Permanente has shown its commitment to improving Total Community Health through a variety of grants for charitable and community-based organizations. Successful grant applicants fit within funding priorities with work that examines social determinants of health and/or addresses the elimination of health disparities and inequities. From 2014-2015, KFH-Baldwin Park made 73 grant payments amounting to a total of $589,696 in service of 2013 health needs. Additionally, KFH-Baldwin Park has funded significant contributions to a donor advised fund (DAF), managed by the California Community Foundation, in the interest of funding effective long-term, strategic community benefit initiatives. During 2014-2015, a portion of money managed by this foundation was used to support 43 grant payments totaling $5,701,995 in service of 2013 health needs. An illustrative list of active grants is provided in each health need section below.

- **In-Kind Resources:** Kaiser Permanente's commitment to Total Community Health means reaching out far beyond our membership to improve the health of our communities. Volunteerism, community service, and providing technical assistance and expertise to community partners are critical components of Kaiser Permanente's approach to improving the health of all of our communities. From 2014-2015, KFH-Baldwin Park donated several in-kind resources in service of 2013 Implementation Strategies and health needs; an illustrative list is provided in each health need section below.

- **Collaborations and Partnerships:** Kaiser Permanente has a long legacy of sharing its most valuable resources: its knowledge and talented professionals. By working together with partners (including nonprofit organizations, government entities, and academic institutions), these collaborations and partnerships can make a difference in promoting thriving communities that produce healthier, happier, more productive people. From 2014-2015, KFH-Baldwin Park engaged in several partnerships and collaborations in service of 2013 Implementation Strategies and health needs; an illustrative list is provided in each health need section below.

C. 2013 Implementation Strategy Evaluation of Impact by Health Need

KFH-Baldwin Park Priority Health Need: Improve Access to Primary and Specialty Health Care for the Uninsured and Underinsured

- Provide access to health care coverage for the uninsured and underinsured - Increase access to health care services for uninsured and underinsured individuals		
Improve Access to Primary and Specialty Health Care for the Uninsured and Underinsured KFH Administered Program Highlights		
KFH Program Name	**KFH Program Descriptions**	**Results to Date**
Medicaid	Medicaid is a federal and state health coverage program for families and individuals with low incomes and limited financial resources. KFH provided services for Medicaid beneficiaries, both members and non-members.	• In 2014, $9,554,210 was spent on the Medicaid program and 13,443 Medi-Cal managed care members were served • In 2015, $19,374,637 was spent on the Medicaid program and 20,108 Medi-Cal managed care members were served
Medical Financial Assistance	The Medical Financial Assistance (MFA) program provides financial assistance for emergency and medically necessary services, medications, and supplies to patients with a demonstrated financial need. Eligibility is based on prescribed levels of income and expenses.	• In 2014, $6,185,264 was expended for 4,070 MFA recipients • In 2015, $3,474,784 was expended for 3,649 MFA recipients
Charitable Health Coverage	Charitable Health Coverage (CHC) programs provide health care coverage to low-income individuals and families who have no access to public or private health coverage programs.	• In 2014, $685,373 was spent on the CHC program and 1,499 individuals received CHC • In 2015, $675,296 was spent on the CHC program and 1,547

			individuals received CHC

Improve Access to Primary and Specialty Health Care for the Uninsured and Underinsured Grant-Making Highlights			
Grant-Making Snapshot During 2014-2015, there were 23 KFH grant payments, totaling $211,537, addressing the priority health need in the KFH-Baldwin Park service area. In addition, a portion of the money managed by a donor advised fund (DAF), the California Community Foundation, was used to support 19 grant payments, totaling $2,087,500; DAF grants are denoted by asterisks (*). Donor advised fund (DAF) grants may cover multiple KFH service areas and address multiple health needs. All grant amounts reflect the amount paid in 2014 or 2015 and may not be reflective of the total grant amount awarded.			

Grantee	Grant Amount	Project Description	Results to Date
Asian Americans Advancing Justice Los Angeles	$150,000*	Community Clinic Association of Los Angeles County (CCALAC) received funding to strengthen their advocacy and external affairs, core operations and quality improvement efforts to maximize clinic and consortium viability post-health reform.	CCALAC has worked closely with clinics and the Los Angeles County Department of Health Services (LADHS) to close out its Healthy Way LA (HWLA) Matched program and was successful in obtaining a range of solutions to alleviate impact on clinics, including extensions for clinics to resubmit denied or cancelled claims. In addition, the professional expertise of member clinics' financial and operations staff was enhanced through the Chief Financial Officer (CFO) roundtable and the Chief Operating Officer (COO) Roundtable meetings. CCALAC's Clinical Services Division also communicated with clinic leadership to ensure continuity, and understanding of CCALAC's clinical quality improvement activities, broadening discussions that included the sharing of successes, challenges and best practices in chronic disease management and disease prevention.
Herald Christian Health Center	$100,000*	Herald Christian Health Center (HCHC) received funding to renovate a new clinic site in the city of Rosemead to meet the demand of the growing patient population.	Once renovation is complete the 9,500 sq. ft. facility will serve both the residents of the cities of San Gabriel and Rosemead. HCHC will complete the renovation of the new clinic site, purchase equipment, and equip the site by the end of 2016. The expansion of this clinic footprint will support the integration of behavioral health with primary care as well as decrease the

Grantee	Grant Amount	Project Description	Results to Date
			wait time for both non-urgent medical and dental appointments. Once completed, Herald Christian Health Center expects the clinic will have the capacity to serve at least 10,000 patients by the end of 2016.
Community Clinics Health Network	$175,000*	Please see description for the ALL HEART program under Impact of Regional Initiatives.	Please see description for the ALL HEART program under Impact of Regional Initiatives.
The Rector Wardens and Vestry of the Church of Our Saviour of San Gabriel, California	$15,000	The Cleaver Family Wellness Clinic will support the unmet health care needs of uninsured individuals living in the greater El Monte area.	This grants aims to provide basic medical care to 200 uninsured patients, identify medically vulnerable uninsured individuals through health outreach advocates and refer them to the Cleaver Family Wellness Clinic for care. This will help improve the health of uninsured patients by identifying medical problems before they become emergencies.
SPIRITT Family Services	$7,500	SPIRITT Family Services will improve access to primary and specialty health care by providing comprehensive mental health services and substance abuse treatment free of charge to medically indigent adult populations.	This grant aims to serve over 50 low-income adults experiencing substance abuse disorders, mental health issues, or co-occurring disorders in the KFH-Baldwin Park service area. Clients will learn positive alternatives to drug use, receive individual counseling sessions, and learn to utilize community-based services. A total of 500 individual counseling sessions and 800 group counseling sessions will be provided to 50 clients on topics ranging from substance abuse, parenting, family communication, and anger management.
Buddhist Tzu Chi Medical Foundation	$10,000	Buddhist Tzu Chi Medical Foundation's mobile vans will provide free dental services to the homeless, and free vision services to children and the homeless in the San	The objective is to provide free high-quality, restorative, diagnostic, preventive care, treatments, and oral hygiene education to 200 homeless people. In addition, 220 children and homeless people will be given free, high-quality vision screenings, eye

Grantee	Grant Amount	Project Description	Results to Date
		Gabriel Valley.	examinations, and free reading/prescription glasses.
Azusa Pacific University	$10,000	Azusa Pacific University aims to improve access to healthcare for the homeless population of the East San Gabriel Valley region. Services are provided by Azusa Pacific University School of Nursing faculty and students.	By the end of this grant, health services will be provided to at least 50 clients who are homeless or marginally housed. The aim is to connect them to primary/specialty care, assist them to become established with a primary care provider (PCP) and gain access to health insurance. The project also aims to provide referral services for at least 100 homeless persons to increase access to low cost dental, vision, podiatry, mental/behavioral health care and pharmacy services. A training site for nursing students (undergraduate and graduate) and a practice site for nurse faculty will also be provided. The objective is to teach at least 80 students on how to care for underserved populations.
Center for Integrated Family and Health Services	$7,500	The Behavioral and Primary Care Community Integration Program serves to provide primary care and health coaching to individuals with serious mental illness and substance abuse problems.	This program aims to screen 100 adults with mental health diagnosis for primary health concerns such as obesity, diabetes, hypertension, and dyslipidemia. An estimated 80% of participants will be referred to a comprehensive program of care management and health promotion coaching that focuses on addressing life style changes in the area of nutrition, smoking, physical activity, and access to health care. These objectives are aimed to show a 60% improvement in health status of adult clients.

Improve Access to Primary and Specialty Health Care for the Uninsured and Underinsured In-Kind Resources Highlights

Recipient	Description of Contribution and Purpose/Goals
East Valley Community	KFH-Baldwin Park's Gastroenterology department provided 25 high risk uninsured or underinsured patients with colonoscopies. The purpose/goal is to increase

Recipient	Description of Contribution and Purpose/Goals
Health Center	access to health care services through continued collaborations with community partners.
East Valley Community Health Center	KFH-Baldwin Park provided primary health care services to 72 patients through the KP Care Night program. The purpose/goal is to increase access to primary health care services for uninsured and underinsured individuals.
East Valley Community Health Center	Through this partnership, 13 patients received outpatient surgical procedures, including varicose vein treatments, lipoma and cataract removals, and laparoscopic cholecystectomies at the annual Community Surgery Day in February 2015. KP staff from general surgery, orthopedics, vascular, and ophthalmology participated. The purpose/goal is to increase access to health care services through continued collaborations with community partners.

Impact of Regional Initiatives Addressing Improve Access to Primary and Specialty Health Care for the Uninsured and Underinsured

In addition to the illustrated grants listed above, Kaiser Permanente designs Regional Health Initiatives that are implemented in one or more KFH service areas to address the priority health needs. These initiatives are multi-year investments that support policy, advocacy and/or system changes in communities, including support for clinic systems to enhance capacity, service provision and or coordination. Kaiser Permanente invests in external evaluation for Regional Health Initiatives, and where possible, the results to date will reflect the most recent evaluation findings.

Kaiser Permanente's Building Clinic Capacity for Quality (BCCQ) initiative aims to improve the quality of health care provided to Southern Californians by enhancing the capacity of community clinics to implement Quality Improvement (QI) strategies that are supported by health information technology (HIT). The overall goals of BCCQ are to increase the capacity of participating community clinics and to advance community clinics' implementation of HIT. In order to accomplish these goals, Kaiser Permanente funded a project office (Community Partners) to develop and implement a three series training program designed to reach clinics that were at different levels of QI experience and capacity. Additionally, the project office piloted the Proactive Office Encounter (POE) program to translate a promising practice from Kaiser Permanente to community clinics. POE is a model of planned care that uses clinical care guidelines, patient data, and team and practice organization to proactively ensure all patient needs are met. Clinics were recruited to participate in BCCQ in Los Angeles, Orange, and San Diego Counties. BCCQ also engaged with the Riverside County Health System by implementing a tailored program. To date, KPSC CB has invested a total of three (3) grants, amounting to $3,500,000 to support this initiative. (Note that this initiative continued to operate in 2014 and 2015, although no grant amounts were paid for these years).

Over 40 community clinics participated in this program and developed projects focused on improving areas such as cancer and LDL screening, patient wait times, diabetes self-management, no-show rates, scheduling and appointments, care team guidelines and protocols, and medication management (among others). To date, participating clinics have reported satisfactory progress against their stated project goals. Among clinics participating in POE, most are indicating improvements in areas such as clinic and operational outcomes, data, and ability to provide high quality pro-active care, including improved preventive health services.

ALL HEART - In 2006, Kaiser Permanente's Southern California Community Benefit (KPSC CB) began the translation of KP's evidence-based cardiovascular disease (CVD) risk-reduction program across the safety net organizations in Southern California through a program called *ALL* (*A*spirin, *L*isinopril, and *L*ipid lowering medications). As a result of receiving the James A. Vohs Award for Quality in 2011, Kaiser Permanente Southern California selected the Community Clinic Health Network (CCHN) to serve as a Project Office to further translate the ALL protocol across the Southern California Region. The program was renamed to *ALL HEART* (Heart Smart Diet, Exercise, Alcohol limits, Rx Medicine compliance, and Tobacco cessation) to include lifestyle measures that were also included in this program. CCHN continues to enroll community health centers across Southern California into the ALL HEART Program. To date, KPSC CB has invested a total of six (6) grants, amounting to $1,220,000 to support this initiative. This current two year grant began in 2015 and the focus will be on the diabetic and/or hypertension population. The ALL HEART program will also continue its pilot projects around behavioral health integration and clinic to community linkages.

CCHN has exceeded reach targets for ALL HEART, reaching over 35,000 patients served by 14 health centers and 75 clinic sites in Southern California. Based on the results of an evaluation of a cohort of 11 health centers in San Diego County, ALL HEART has built health center capacity to successfully implement and institutionalize the ALL medication protocol and most participating health centers improved blood pressure control among their patients, potentially reducing the risks associated with cardiovascular disease. Furthermore, Health Centers built their capacity to engage in population health management and to align with other national initiatives, such as Patient Centered Medical Home (PCMH) and Meaningful Use. Successful implementation of ALL HEART was driven by several HEAL Center characteristics, including data & IT systems, dedicated staffing, leadership buy-in, quality improvement infrastructure, and adequate time and space.

KFH-Baldwin Park Priority Health Need: Improve Access to Programs and Services Focusing on the Reduction of Obesity/Overweight Conditions and the Prevention and Management of Chronic Diseases, Including Diabetes, Hypertension, and Cardiovascular Disease

- Increase awareness and access to programs and services that address and prevent obesity and/or overweight conditions in adults, children, and youth
- Improve community clinic capacity to address, prevent, and manage chronic conditions among underserved individuals

Improve Access to Programs and Services Focusing on the Reduction of Obesity/Overweight Conditions and the Prevention and Management of Chronic Diseases, Including Diabetes, Hypertension, and Cardiovascular Disease
Grant-Making Highlights

Grant-Making Snapshot During 2014-2015, there were 24 KFH grant payments, totaling $177,240, addressing the priority health need in the KFH-Baldwin Park service area. In addition, a portion of the money managed by a donor advised fund (DAF), the California Community Foundation, was used to support 18 grant payments, totaling $1,839,495; DAF grants are denoted by asterisks (*). Donor advised fund (DAF) grants may cover multiple KFH service areas and address multiple health needs. All grant amounts reflect the amount paid in 2014 or 2015 and may not be reflective of the total grant amount awarded.

Grantee	Grant Amount	Project Description	Results to Date
The Trust For Public	$100,000*	The Trust for Public Land (TPL) works closely with residents, public agencies, non-	TPL opened two parks. TPL has also completed construction documents in four sites, managed construction in

Grantee	Grant Amount	Project Description	Results to Date
Land		governmental organizations, and funding partners to create new parks and improve existing ones in neighborhoods with high percentages of residents living at or below the federal poverty level as well as populations that reflect a diverse range of ethnicities, cultures, and communities. This grant contributes toward community policy, system and environment changes that can support improvements in community safety and physical activity.	four other sites, and conducted community outreach in all sites. Park advisory boards were also created in five of the projects.
California Food Policy Advocates	$212,500*	The Improving Nutrition Program Participation and Quality in Southern California project works to ensure that eligible people in need of nutritional support programs have access to CalFresh and Child Nutrition Programs such as federally subsidized school breakfast and lunch programs and child care nutrition.	To date, the California Food Policy Advocates has increased school breakfast participation, increased the number of public school students in Medi-Cal households who are enrolled in free school meal programs, and increased CalFresh enrollment. The grant has built awareness, evidence, and support for child care nutrition policies.
Hacienda La Puente Unified School District	$62,705*	This Thriving Schools project aims to a) revise, implement and monitor a district wellness policy and a staff wellness program, b) implement healthy fundraising, c) implement a "Zero Cupcakes in the Classroom", d) introduce and implement a Healthy 4 Life nutrition class or cooking classes for parents, and e) implement active recess using the SPARK PE curriculum.	To date, the school district implemented and is tracking a healthy classroom celebration and healthy fundraising program and is experiencing good participation in staff wellness activities and opportunities provided for education and engagement. This project is being implemented in three (3) elementary schools and four (4) elementary/middle schools and potentially reaches 8,901 students.
Baldwin Park Unified School District	$50,000*	This Thriving School project aims to a) revise the school district wellness policy, b) implement instant recess, b) provide nutrition education in the classroom, c) implement Harvest of the Month,	The school district is meeting the 200 minutes minimum of physical activity for grades 1-8 and is focusing some of their efforts during recess and after-school. To date, physical education teachers have created a

Grantee	Grant Amount	Project Description	Results to Date
		d) train and engage resident leaders, and e) promote salad bars and physical activity.	physical activity plan for the school year during recess and after-school, which includes frisbee, intramural sports, and a jog-a thon. Members of the School Health Advisory Committee participated in the Project Lean training to prepare for their work to revise the wellness policy. This project is being implemented in four (4) middle schools and potentially reaches 1,641 students.
Boys & Girls Club West San Gabriel Valley	$9,000	Triple Play: A Gameplan for Mind, Body and Soul is a comprehensive, holistic approach to instilling in youth an understanding of healthy choices to develop a lifetime of healthy lifestyles.	This grant is aimed to increase the delivery of nutrition education, physical activities and social recreation for new participants in the Healthy Habits/Triple Play program by 20%. By adding 2 sports activities, 3 sports leagues, and a structured game room, it is projected that frequency and duration of physical activity will increase by 10%. These objectives are aimed at increasing the youth's understanding of the importance of maintaining health and wellness.
Asian Pacific Health Care Venture Inc.	$5,000	The Asian Pacific Healthcare Venture will provide workshop outreach and health education workshops on managing diabetes and cardiovascular disease for Cantonese, Mandarin, and Vietnamese speakers with limited English proficiency.	This grant aims to provide one-on-one outreach to at least 500 individuals from the Chinese and Vietnamese communities through cardiovascular and diabetes workshops. It is estimated that at least 70% of class attendees will demonstrate an increase in attitude and knowledge of self-management techniques to manage their diabetes and/or cardiovascular disease. This will be measured through a pre-test and post-test survey.
Latino Diabetes Association	$7,500	The Latino Diabetes Association will help prevent and manage diabetes and obesity in low-income and non-English speaking communities in the Baldwin Park	This grant aims to serve a minimum of 1,000 participants through the A1c Diabetes Prevention & Awareness program. This program aims to increase participant knowledge of diabetes prevention and/or self-

Grantee	Grant Amount	Project Description	Results to Date
		geographic area.	management, improve physical health, and help participants identify at least one barrier to healthy living in their neighborhoods and in public health.
Day One	$9,000	El Monte Providing Opportunities for Wellness Education and Recreation (EMPOWER) is a health and wellness project for youth (K-12), teachers, and residents of El Monte.	This project aims to provide at least 1,500 students (K-12), school staff, and community residents with nutrition education, physical activity and healthy behavior classes. A minimum of 4 free physical activity sessions per month will be provided at the El Monte/South El Monte schools or community centers. These objectives are aimed to increase the number of participants achieving the recommended amount of physical activity, increase utilization of green space, and increase the knowledge and understanding of the benefits of healthy eating and active living.
THINK Together	$7,500	The Healthy Living Program will work to reduce student obesity through healthy eating education, with the goal of improving the students' attitude and behavior toward exercising and healthy living overall.	This program will help students increase their knowledge about healthy eating habits, improve their attitude and behavior towards exercising, improve their ability in reading food labels, and interact with school food service personnel regarding menu choices.

Improve Access to Programs and Services Focusing on the Reduction of Obesity/Overweight Conditions and the Prevention and Management of Chronic Diseases, Including Diabetes, Hypertension, and Cardiovascular Disease
Collaboration/Partnership Highlights

Organization/Collaborative Name	Collaborative/Partnership Goal	Results to Date
Healthy Schools Partnership, Alliance for a Healthier Generation (the Alliance) and Azusa Unified School District (AUSD)	KFH-Baldwin Park collaborates with the Alliance and incorporates the Healthy Schools Program framework and six-step process to support participating AUSD schools in making changes around physical	KFH-Baldwin Park continued to support AUSD by providing support for their District Wellness Committee. Staff also took part in the KP School Employee Wellness Webinar Series and Fire Up

Organization/Collaborative Name	Collaborative/Partnership Goal	Results to Date
	activity, nutrition, and staff wellness.	Your Feet program. This partnership has enabled provision of nutrition education programs that influence healthy food consumption and positive lifestyle behaviors among children and youth.

Improve Access to Programs and Services Focusing on the Reduction of Obesity/Overweight Conditions and the Prevention and Management of Chronic Diseases, Including Diabetes, Hypertension, and Cardiovascular Disease In-Kind Resources Highlights	
Recipient	**Description of Contribution and Purpose/Goals**
Azusa Unified School District – Mountain View Elementary School	KFH-Baldwin Park's Jennifer Nguyen, MD, pediatrics and weight management champion, hosted a screening of the Weight of the Nation Quiz Ed for parents at Mountain View Elementary. The purpose/goal is to increase community awareness about healthy eating and behavioral changes that prevent, address, and manage chronic conditions.
Local Community Based Organizations, Community Clinics and Schools	KFH-Baldwin Park assisted approximately 35 community based organizations and schools in 2015 by providing promotion and provision of health education materials and resources including speakers and health fair tabling. The purpose/goal is to support healthy eating and behavioral changes that prevent, address, and manage chronic conditions.
KFH-Baldwin Park physicians, staff, members, visitors and the community	KFH-Baldwin Park held a weekly farmers' market for approximately 48 weeks. Health Education staff led 11 healthy cooking demonstrations to educate shoppers on how to include produce sold at the market in healthy recipes. Roughly 150 people attended each farmers' market. The purpose/goal is to improve knowledge and access to free-of-charge nutrition education and healthy living programs targeting underserved individuals, children, and youth.

Impact of Regional Initiatives Addressing Improve Access to Programs and Services Focusing on the Reduction of Obesity/Overweight Conditions and the Prevention and Management of Chronic Diseases, Including Diabetes, Hypertension, and Cardiovascular Disease

In addition to the illustrated grants listed above, Kaiser Permanente designs Regional Health Initiatives that are implemented in one or more KFH service areas to address the priority health needs. These initiatives are multi-year investments that support policy, advocacy and/or system changes in communities, including support for clinic systems to enhance capacity, service provision and or coordination. Kaiser Permanente invests in external evaluation for Regional Health Initiatives, and where possible, the results to date will reflect the most recent evaluation findings.

Kaiser Permanente's Thriving Schools initiative expands Kaiser Permanente's commitment to the total health of members and the communities it serves through work with local schools and school districts. It is an effort to improve healthy eating, physical activity and school climate in K-12 schools in Kaiser Permanente's service areas, primarily through a focus on policy, systems and environmental changes that support healthy choices and a positive school climate. For the specific project implemented in KFH-Baldwin Park and the results to date, please see the Thriving Schools listing above under Grant-Making Snapshot: Baldwin Park Unified School District and Hacienda La Puente Unified School District.

KFH-Baldwin Park Priority Health Need: Awareness of Resources and Family and Social Support

- Improve access to social service programs that serve vulnerable populations

Awareness of Resources and Family and Social Support Grant-Making Highlights
Grant-Making Snapshot During 2014-2015, there were 26 KFH grant payments, totaling $200,919, addressing the priority health need in the KFH-Baldwin Park service area. In addition, a portion of the money managed by a donor advised fund (DAF)[1], The California Community Foundation, was used to pay one grant, totaling $25,000; DAF grants are denoted by asterisks (*). Donor advised fund (DAF) grants may cover multiple KFH service areas and address multiple health needs. All grant amounts reflect the amount paid in 2014 or 2015 and may not be reflective of the total grant amount awarded.

Grantee	Grant Amount	Project Description	Results to Date
East San Gabriel Valley Coalition for the Homeless	$11,500	Emergency assistance from East San Gabriel Valley Coalition for the Homeless is offered on a walk-in basis, and includes referrals, meals, showers, hygiene kits, clothing, transportation assistance, and motel vouchers for families, the elderly, and the disabled.	This grant intends to provide referrals and resources to human service agencies who may assist with homeless needs, including but not limited to: domestic violence, substance abuse and at-risk youth. Emergency shelter will be provided to those deemed most vulnerable (families, elderly, those who are ill, the disabled and victims of domestic violence) through a motel voucher program for emergency housing. This grant serves to increase awareness of local, free and low cost social service programs that provide family and social support.
City of Baldwin Park	$5,119	The 'Helping Hand Project' provides emergency housing vouchers and food to individuals/families who are experiencing financial difficulties and are displaced from a permanent home.	By the end of this grant, this project intends to increase awareness of local, free and low cost social service programs that provide family and social support. Families and individuals experiencing financial difficulties and who are displaced from a permanent home will be

Grantee	Grant Amount	Project Description	Results to Date
			provided with motel vouchers, food and hygiene kits.
San Gabriel Valley Conservation & Service Corps	$7,500	Earthworks Farm promotes education in organic farming to support health and nutrition to avert chronic diseases, childhood obesity and hunger, while supporting the foundation for a sustainable lifestyle.	This project aims to educate, train and employ youth in sustainable agriculture, and to cultivate land, crop and harvest. This will allow youth to gain knowledge in the business of organic farming. This program will help raise awareness, promote nutrition, active living, recipe-sharing, and building of edible gardens at schools and in homes.
Pacific Clinics	$10,000	Funds will support free on-site Substance Use Disorder Prevention and Treatment Services for high-risk youth at six schools and group homes in El Monte, Glendora, La Puente and Rosemead.	This grant aims to provide substance use prevention programs to 50 youth. In addition, its goal is to provide 100 youth with substance abuse treatment and 65% of those admitted to the program will remain in treatment for at least 90 days.
YWCA of San Gabriel Valley	$7,500	Resource Support Services will be provided for families affected by domestic violence, including case management, legal assistance, awareness and education, referrals, community housing and transportation assistance, advocacy, and workforce development.	These services aim to provide case management services to 400 individuals and at-risk youth and legal assistance to 750 individuals. A total of 65 community prevention and treatment presentations to schools, organizations, and agencies will be provided as well. Additionally, two 40-hour professionals' advocacy trainings will be provided. These services will help increase awareness of the local, free and low cost social service programs that provide family and social support around issues of violence, alcohol/substance abuse, and at-risk youth.

Awareness of Resources and Family and Social Support
Collaboration/Partnership Highlights

Organization/Collaborative Name	Collaborative/Partnership Goal	Results to Date
Asian Pacific Women's Center, House of Ruth, San Gabriel Valley	KFH-Baldwin Park partners with four domestic violence shelters,	In October 2015, KFH-Baldwin Park hosted a

Organization/Collaborative Name	Collaborative/Partnership Goal	Results to Date
Center, YWCA-WINGS San Gabriel Valley, Verizon Wireless Hopeline Program and Congresswoman Grace Napolitano and Congresswoman Judy Chu	Verizon Wireless Hopeline Program, and Congresswomen on an annual Domestic Violence Campaign to heighten awareness and support around domestic violence.	press conference in collaboration with Rep Judy Chu and Rep Grace Napolitano to kick off the medical center's 12th Annual Domestic Violence Campaign held every October in recognition of National Domestic Violence Awareness Month. Throughout the year, KFH-Baldwin Park partners with Verizon Wireless' Hopeline Program and collects used cell phones, which are refurbished to be used in the program. At the conclusion of the campaign, each shelter receives 30 refurbished phones programmed with 3,000 airtime minutes for use by shelter residents.
Mt. San Antonio College	KFH-Baldwin Park partners with Mt. San Antonio College to host an annual health professions conference to promote pathways to medical profession careers.	In May 2015, 1,000 Mt. San Antonio students attended the annual health professions conference, which featured keynote speaker KFH-Baldwin Park's Chief of Pediatrics, Robert Riewerts, MD. Other KFH-Baldwin Park staff joined a panel presentation as well, and the Orthopedics staff led casting demos during a lunchtime health fair.
Adopt a School: De Anza Elementary School, Baldwin Park Unified School District, Monte Vista Elementary School, West Covina Unified School District	Through Adopt a School's Soaring for Success and Pen Pal programs, KFH-Baldwin Park partners with Baldwin Park Unified School District and West Covina Unified School District to offer services that provide an introduction to the	Through the pen pal program, employees and physicians help improve the literacy skills of fifth graders by engaging with them and introducing them to various health professions. Program

Organization/Collaborative Name	Collaborative/Partnership Goal	Results to Date
	health profession field.	services included speaker presentations, a tour of KFH-Baldwin Park, and an Educational Theatre Program performance. Sixth graders received annual awards for academic improvement. A total of 1,100 K-6 students participated.
Bassett High School	KFH-Baldwin Park collaborates with the high school to provide an internship program for students enrolled in health care career pathways.	KFH-Baldwin Park partnered with Bassett High School to offer an eight-week clinical internship for 20 students enrolled in its health academy. Speakers representing various health professions also provided workshops for students as part of this partnership. This partnership has enabled collaboration with local schools and institutions to provide an internship program for students in a career in health care.

Awareness of Resources and Family and Social Support In-Kind Resources Highlights	

Recipient	Description of Contribution and Purpose/Goals
Los Altos & Nogales High Schools, Hacienda La Puente Unified School District	Every 15 Minutes speaker presentations and mock accident drill held in KFH-Baldwin Park's Emergency Department, reached approximately 2,000 students. Partnership with two local high schools to educate students on the consequences of drinking and driving through the Every 15 Minutes program. The purpose/goal is to increase awareness of local free and low-cost social service programs that provide family and social support around issues of violence, alcohol/substance abuse, and at-risk youth.

PRIORITY HEALTH NEED V: BROADER HEALTH CARE SYSTEM NEEDS IN OUR COMMUNITIES – WORKFORCE

KFH Workforce Development Highlights

Long Term Goal:

- To address health care workforce shortages and cultural and linguistic disparities in the health care workforce

Intermediate Goal:

- Increase the number of skilled, culturally competent, diverse professionals working in and entering the health care workforce to provide access to quality, culturally relevant care

Summary of Impact: During 2014-2015, a portion of money managed by a donor advised fund at California Community Foundation was used to pay three grants, totaling $700,000, that address this need. An illustrative sample of grants is provided below; DAF grants are denoted by asterisks (*). **All grant amounts reflect the amount paid in 2014 or 2015 and may not be reflective of the total grant amount awarded.**   KFH-Baldwin Park also provided trainings and education for 34 residents in its Graduate Medical Education program, 25 nurse practitioner or other nursing beneficiaries, and 30 other health (non-MD) beneficiaries as well as internships for 68 high school and college students (Summer Youth, INROADS, etc.).

Grant Highlights			
Grantee	**Grant Amount**	**Project Description**	**Results to Date**
California Institute for Nursing and Health Care (CINHC)	$100,000*	To provide expert technical assistance to registered nursing programs at California state universities (CSUs) and their identified California community college (CCC) partners in Southern California. It will also help schools implement an associate degree to a bachelor of science in nursing pathway, facilitating fast tracking and efficient implementation of the California Collaborative Model of Nursing Education (CCMNE).	CINHC will facilitate engagement and partnership to develop, implement, and sustain the CCMNE across all 10 CSU's and respective CCC's. CINHC will engage interested private universities and colleges within the region, including deans, directors, and faculty. Lastly, CINHC will conduct a curriculum review, mapping process, and development of integrated pathways based on prior success strategies that are consistent with evidence based models.
Campaign for College Opportunity (CCO)	$50,000*	This grant supports an in-depth research report to analyze trends in California science, technology, engineering, and math (STEM)/health workforce needs. The STEM/Health Workforce Report will focus on factors affecting demand and supply; public higher	The Campaign for College Opportunity will develop and disseminate the STEM/Health Workforce Report to increase awareness among the public and policymakers of the growing need for STEM health workers in California and the role California community colleges play in filing the demand. CCO has completed

		education funding policies; and programs to help meet workforce demands. This grant supports an in-depth research report to analyze trends in California science, technology, engineering, and math (STEM)/health workforce needs. The STEM/Health Workforce Report will focus on factors affecting demand and supply; public higher education funding policies; and programs to help meet workforce demands.	the report and the general release will occur in June 2016. The report's release will be accompanied by a media and communications strategy including a webinar, briefings with key stakeholders (in education, business, community and civic organizations) along with policymakers in Sacramento.

In-Kind Resources Highlights	
Recipient	**Description of Contribution and Purpose/Goals**
Individuals and organizations in the health care and medical workforce.	Kaiser Permanente Southern California Region's Department of Professional Education offered Advanced Practice and Allied Health Care Educational Programs for allied health care providers throughout Southern California. In 2015, across Kaiser Permanente Southern California Region, 644 community-based nurses, nurse practitioners, physician assistants, imaging professionals, clinical laboratory scientists, community audiologists and speech pathologists, and other health care professionals participated in symposia at no cost.

PRIORITY HEALTH NEED VI: BROADER HEALTH CARE SYSTEM NEEDS IN OUR COMMUNITIES – RESEARCH

KFH Research Highlights
Long Term Goal:
• To increase awareness of the changing health needs of diverse communities
Intermediate Goal:
• Increase access to, and the availability of, relevant public health and clinical care data and research
Summary of Impact: Kaiser Permanente conducts, publishes, and disseminates research to improve the health and medical care of members and the communities served. The Southern California Region Department of Research and Evaluation (DRE) conducted a total of 988 studies in 2014 and 1,404 studies in 2015 across all regional hospitals, totaling $16,385,832. Research focuses on clinical trials, building scientific expertise in health services and policy, and implementation science to bridge the gap between research and practice. In addition, a portion of money managed by a donor advised fund (DAF) at California Community Foundation was used to pay two grants, totaling $1,050,000 that address this need. **All grant amounts reflect the amount paid in 2014 or 2015 and may not be reflective of the total grant amount awarded.**

Grant Highlights			
Grantee	**Grant Amount**	**Project Description**	**Results to Date**
UCLA Center for Health Policy Research	$500,000*	The California Health Interview Survey (CHIS) investigates key public health and health care policy issues, including health insurance coverage and access to health services, chronic health conditions and their prevention and management, the health of children, working age adults, and the elderly, health care reform, and cost effectiveness of health services delivery models.	At the end of the grant period, UCLA Center for Health Policy Research interviewed approximately 41,500 households and completed 78,127 screenings along with 40,125 adult, 2,255 adolescent and 5,514 child interviews. In addition, 12 AskCHIS online trainings were completed.

In-Kind Resources Highlights	
Recipient	**Description of Contribution and Purpose/Goals**
Individuals and organizations in the health care and medical community.	Kaiser Permanente Southern California Region's Department of Research and Evaluation works closely with national and regional research institutions and universities to provide high-quality health research. In the KFH-Baldwin Park service area, 14 research projects were active as of year-end 2014 and 31 research projects were active as of year-end 2015.
Individuals and organizations in the health care and medical community.	Kaiser Permanente Southern California Region's Nursing Research Program provides administrative and technical support for nurses to conduct, publish, and disseminate research studies and evidence based practice projects. In the KFH-Baldwin Park service area, four research projects were active as of year-end 2014 and seven research projects were active as of year-end 2015.

Appendix A: Secondary Data Sources and Dates

Quantitative Secondary Data Sources

1. California Department of Education. 2012–2013.
2. California Department of Education. 2013.
3. California Department of Education, FITNESSGRAM®; Physical Fitness Testing. 2013–2014.
4. California Department of Public Health, CDPH—Birth Profiles by ZIP Code. 2011.
5. California Department of Public Health, CDPH—Breastfeeding Statistics. 2012.
6. California Department of Public Health, CDPH—Death Public Use Data. University of Missouri, Center for Applied Research and Environmental Systems. 2010–2012.
7. California Department of Public Health, CDPH—Tracking. 2005–2012.
8. California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. 2011.
9. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2006–2010.
10. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2006–2012.
11. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2011–2012.
12. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. U.S. Department of Health & Human Services, Health Indicators Warehouse. 2005–2009.
13. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. U.S. Department of Health & Human Services, Health Indicators Warehouse. 2006–2012.
14. Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012.
15. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. U.S. Department of Health & Human Services, Health Indicators Warehouse. 2010.
16. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. U.S. Department of Health & Human Services, Health Indicators Warehouse. 2012.
17. Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network. 2008.
18. Centers for Disease Control and Prevention, National Vital Statistics System. Centers for Disease Control and Prevention, Wide Ranging Online Data for Epidemiologic Research. 2006–2010.
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Appendix B: Scorecard

2016 CHNA - KFH- Baldwin Park/Citrus Valley Health Partners Health Outcomes and Drivers Summary Scorecard

DATA INDICATOR

Legend:
*Data from the Kaiser Permanente CHNA data platform
**Data from secondary sources represents the entire City
†Data from secondary sources aggregated at the City-level reflecting only zip codes represented in the KFH-BP/CVPH service area
^KFH-BP/CVPH service area average aggregated at the SPA-level as data was not available at the zip code or city-level.
An *italicized indicator* denotes qualitative data collected in a focus group or interview
Comparison levels: CA- California   LAC - LA County

HEALTH OUTCOMES

Data Indicator	Year of Data	Healthy People 2020 Target	Comparison Level	KFH-BP/CVPH Service Area Average	Azusa	Baldwin Park	Covina	Diamond Bar	Duarte	El Monte	Glendora	Hacienda Heights	La Puente	La Verne	Montebello	Monterey Park	Pomona	Rosemead	Rowland Heights	San Dimas	San Gabriel	South El Monte	Temple City	Walnut	West Covina	Interviews (n=10)	Focus Groups (n=6)
Access to Care																										
Percent of adults who could not afford medication^	2011		LAC 15.4%	15.5%	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--		
Percent of adults who could not afford to see a doctor for a health problem^	2011		LAC 16.0%	30.8%	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--		
Percent of adults who have never been to a dentist^	2014		LAC 4.1%	5.0%	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--		
Percent of insurance population receiving Medicaid^	2013		LAC 27.2%	26.6%	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--		
Percent of youth who could not afford to see a dentist^	2011		LAC 12.6%	15.3%	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--		
Percent of youth who have never been to a dentist^	2014		LAC 16.0%	22.6%	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--		
Percent who are currently uninsured^	2014		LAC 13.3%	14.3%	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--		
Percent who could not afford to see a dentist^	2011		LAC 30.3%	30.8%	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--		
Percent who delayed or didn't get prescriptions^	2014	<=2.8%	LAC 7.9%	8.1%	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--		
Percent who had a difficult time accessing services for their child^	2011		LAC 12.3%	14.1%	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--		
Percent who had a difficult time finding a plan with needed coverage through Covered CA^	2014		LAC 57.6%	62.3%	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--		
Percent who had a difficult time finding specialty care^	2014		LAC 11.1%	13.9%	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--		
Rate of federally qualified health center per 100,000 pop.*	2015		LAC 1.4	4.7	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--		
Rate of mental health care provider per 100,000 pop.*	2014		LAC 149.5	149.5	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--		
Rate of primary care provider per 100,000 pop.*	2012		CA 77.2	72.0	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--		
Cost of health insurance																										1	0
Cost of medicine																										1	0
Lack of access to information about ACA																										2	0
Lack of access to mental health resources (providers/facilities)																										2	0
Lack of access to substance abuse services																										2	0
Lack of health insurance																										1	0
Lack of preventative care																										1	0
Lack of specialty care																										0	1
Misuse of emergency room																										1	0
System navigation/care coordination																										1	0
Unable or difficulty using coverage																										3	0
Alcohol & Substance Abuse																											
Rate of alcohol/drug induced mental health disease hospitalization per 100,000 pop.†	2012		LAC 125.8	99.2	131.4	84.7	117.9	40.0	122.4	76.8	191.5	60.5	93.9	213.9	106.0	36.0	113.4	54.1	32.5	219.4	23.1	72.8	59.9	46.8	94.0		
Alcohol abuse																										1	0
Substance abuse																										4	3
Tobacco use, underage																										1	1
Alzheimer's Disease																											
Rate of Alzheimer's disease mortality per 10,000 pop.†	2012		CA 3.1	3.2	2.3	1.5	4.1	2.5	5.4	2.8	7.5	2.6	0.9	4.5	2.1	4.3	3.2	1.3	1.3	5.6	3.9	1.4	4.3	3.5	3.0		
Alzheimer's disease and dementia																										1	1

DATA INDICATOR

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^KFH-BP/CVPH service area average aggregated at the SPA-level as data was not available at the zip code or city-level.
An *italicized indicator* denotes qualitative data collected in a focus group or interview
Comparison levels: CA- California   LAC - LA County

Data Indicator	Year of Data	Healthy People 2020 Target	Comparison Level	KFH-BP/CVPH Service Area Average	Azusa	Baldwin Park	Covina	Diamond Bar	Duarte	El Monte	Glendora	Hacienda Heights	La Puente	La Verne	Montebello	Monterey Park	Pomona	Rosemead	Rowland Heights	San Dimas	San Gabriel	South El Monte	Temple City	Walnut	West Covina	Interviews (n=10)	Focus Groups (n=6)
Cancer																										
Rate of cancer mortality per 10,000 pop.†	2012		CA	15.1	15.5	13.1	11.0	15.7	13.7	16.6	12.3	20.2	18.3	11.1	23.2	16.3	17.3	9.3	15.3	14.7	20.5	19.5	11.6	19.1	15.0	14.7		
Rate of cervical cancer incidence per 100,000 pop.*	2011	<=7.1	LAC	9.2	9.2	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--		
Rate of colorectal cancer incidence per 100,000 pop.*	2011	<=38.7	LAC	43	43.0	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--		
Cancer, in general																											3	1
Colorectal cancer																											1	0
Prostate cancer																											1	0
Cardiovascular Disease																												
Percent of heart disease prevalence^	2014	<26.9%	LAC	5.7%	6.3%																							
Rate of heart disease hospitalization per 100,000 pop.†	2012		LAC	366.6	381.2	281.2	418.6	412.6	320.1	339.8	359.0	498.1	487.4	438.1	258.0	538.0	407.1	273.7	276.2	354.9	353.4	474.3	311.5	387.9	348.0	352.7		
Rate of heart disease mortality per 10,000 pop.†	2012		CA	15.5	16.5	15.0	11.4	17.4	11.2	25.5	12.5	24.0	15.6	10.2	27.9	21.0	17.3	14.8	15.3	11.9	21.9	15.4	11.1	22.0	12.3	12.6		
Rate of stroke mortality per 10,000 pop.†	2012		CA	3.5	3.5	2.2	1.8	3.6	2.5	3.8	3.0	2.6	5.1	3.3	5.4	3.6	2.9	2.3	3.3	3.5	5.0	5.1	3.0	4.9	3.7	5.0		
Rate of stroke mortality per 100,000 pop.*	2012		CA	37.4	37.5	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--		
Heart disease																											2	3
Diabetes																												
Percent of diabetes prevalence*	2012		LAC	8.4%	8.4%	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--		
Rate of adult diabetes hospitalizations per 100,000 pop.†	2012		LAC	171.7	200.5	156.4	240.1	188.6	88.4	195.1	183.9	177.4	154.0	222.9	124.8	238.9	125.9	200.6	156.0	108.4	183.1	107.9	248.0	88.4	103.4	460.5		
Rate of diabetes mortality per 10,000 pop.†	2012		CA	2.1	2.9	1.5	3.0	3.4	1.1	1.9	3.4	4.0	2.6	2.9	2.4	3.3	3.2	2.3	3.5	2.2	5.3	2.3	2.3	2.3	3.0	3.7		
Rate of hospitalizations for uncontrolled diabetes per 10,000 pop.†	2012		LAC	4.5	13.5	9.3	14.1	10.7	2.1	19.1	27.5	32.4	11.0	14.0	8.9	20.6	14.4	14.5	12.7	2.2	11.9	12.8	29.6	5.7	7.4	7.2		
Rate of youth diabetes hospitalizations per 10,000 pop.†	2012		LAC	27.7	23.4	39.7	14.2	41.3	16.5	25.8	21.6	25.2	25.6	13.8	27.8	20.5	6.6	30.4	9.2	30.8	27.9	16.7	24.4	17.6	19.2	19.1		
Diabetes																											6	5
Hypertension																												
Rate of hypertension & hypertensive renal mortality per 10,000 pop.†	2012		CA	1.2	1.5	1.0	0.9	1.7	1.1	0.8	1.3	3.2	0.9	0.9	1.5	1.9	0.7	2.3	1.0	1.5	1.8	0.5	1.1	1.1	1.0	2.7		
Hypertension																											1	3
Mental Health																												
Number of poor mental health days*	2012		CA	3.6	3.7	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--		
Percent of Medicare beneficiaries who are depressed*	2012		CA	13.4%	15.1%	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--		
Percent who needed mental health care*	2014		CA	15.9%	18.0%	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--		
Rate of adult mental health-related hospitalizations per 100,000 pop.†	2012		LAC	677.0	616.8	733.7	544.4	833.4	343.2	488.3	656.9	1251.5	403.4	529.5	698.3	625.0	219.4	741.3	737.0	297.0	764.9	400.7	523.0	402.2	310.3	596.8		
Rate of alcohol/drug induced mental health disease hospitalization per 100,000 pop.†	2012		LAC	125.8	99.2	131.4	84.7	117.9	40.0	122.4	76.8	191.5	60.5	93.9	213.9	106.0	36.0	113.4	54.1	32.5	219.4	23.1	72.8	59.9	46.8	94.0		
Rate of suicide per 10,000 pop.†	2012	<=1.0	CA	1.0	0.7	1.8	0.3	0.9	0.4	0.4	0.9	1.0	0.6	0.7	0.9	0.5	0.4	0.6	0.8	1.1	0.9	1.0	0.7	0.0	0.0	1.1		
Rate of youth (under 18) mental health-related hospitalizations per 100,000 pop.†	2012		LAC	377.1	451.6	452.4	347.3	661.6	224.4	423.7	375.6	600.5	350.2	315.9	1166.2	362.9	236.1	266.7	746.9	239.8	1099.0	238.6	305.2	295.5	184.4	379.4		
Mental health, general																											5	1
Social and emotional support, lack of																											1	0
Stress and anxiety																											1	0
Suicide																											0	1

DATA INDICATOR

Legend:
^Data from the Kaiser Permanente CHNA data platform
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^KFH-BP/CVPH service area average aggregated at the SPA-level as data was not available at the zip code or city-level.
An *italicized indicator* denotes qualitative data collected in a focus group or interview
Comparison levels: CA- California   LAC - LA County

Data Indicator	Year of Data	Healthy People 2020 Target	Comparison Level	KFH-BP/CVPH Service Area Average	Azusa	Baldwin Park	Covina	Diamond Bar	Duarte	El Monte	Glendora	Hacienda Heights	La Puente	La Verne	Montebello	Monterey Park	Pomona	Rosemead	Rowland Heights	San Dimas	San Gabriel	South El Monte	Temple City	Walnut	West Covina	Interviews (n=10)	Focus Groups (n=6)
Obesity/Overweight																										
Percent of adults that are obese^	2014		LAC	27.2%	32.2%	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--		
Percent of adults who are overweight^	2012		CA	35.8%	35.9%	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--		
Percent of teens that are obese^	2014		LAC	14.9%	22.4%	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--		
Percent of youth that are overweight^	2014		LAC	13.1%	17.4%	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--		
Percent of youth who are obese^	2014		CA	19.0%	19.1%	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--		
Percent of youth who are overweight^	2014		CA	19.3%	19.5%	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--		
Childhood obesity																											1	0
Obesity																											5	6
Oral Health																												
Percent of adults with poor dental health^	2010		CA	11.3%	11.6%	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--		
Oral health																											3	1
Respiratory Diseases																												
Rate of chronic lower respiratory disease mortality per 10,000 pop.†	2012		CA	3.4	3.5	2.2	2.2	4.0	1.1	6.7	3.7	6.5	2.2	1.9	6.5	2.4	2.5	2.0	2.9	1.7	4.7	4.6	2.5	4.3	1.2	2.8		
Rate of influenza/pneumonia mortality per 10,000 pop.†	2012		CA	1.5	2.2	1.3	2.1	1.4	1.9	2.3	2.2	3.7	3.1	1.1	1.2	2.9	4.7	1.7	4.0	2.2	1.5	3.3	1.1	4.0	2.0	1.7		
Chronic Obstructive Pulmonary Disease (COPD)																											1	1
Respiratory illness																											0	1

DRIVERS OF HEALTH

Data Indicator	Year of Data	Healthy People 2020 Target	Comparison Level	KFH-BP/CVPH Service Area Average	Azusa	Baldwin Park	Covina	Diamond Bar	Duarte	El Monte	Glendora	Hacienda Heights	La Puente	La Verne	Montebello	Monterey Park	Pomona	Rosemead	Rowland Heights	San Dimas	San Gabriel	South El Monte	Temple City	Walnut	West Covina	Interviews (n=10)	Focus Groups (n=6)
Access to Care																												
See above																												
Access to Healthy Foods																												
Rate of fast food restaurants per 100,000 pop.^	2011		CA	74.5	76.4	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--		
Rate of grocery stores per 100,000 pop.^	2011		LAC	20.92	18.85	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--		
Access to affordable health food options																											1	0
Access to healthy foods																											5	3
Community Safety																												
Rate of non-fatal emergency room visits for assault per 100,000 pop.^	2013		CA	290.3	290.5	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--		
Rate of pedestrians killed by motor vehicles per 100,000 pop.^	2012	<=1.3	CA	1.97	2.02	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--		
Rate of reported robberies per 100,000 pop.^	2012		CA	149.5	204.2	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--		
Rate of reported violent crimes per 100,000 pop.^	2012		CA	425	473.9	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--		
Community safety																											2	1
Homicides																											1	0
Motor vehicle crashes																											1	0
Cultural and Linguistic Barriers																												
Percent of youth with limited English proficiency^	2013		CA	19.4%	30.2%	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--		
Percent 5+ years who are linguistically isolated^	2013		CA	9.9%	14.1%	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--		
Cultural Assimilation																											1	0
Culturally competent providers																											0	1

B-3

DATA INDICATOR

Legend:
*Data from the Kaiser Permanente CHNA data platform
**Data from secondary sources represents the entire City
†Data from secondary sources aggregated at the City-level reflecting only zip codes represented in the KFH-BP/CVPH service area
^KFH-BP/CVPH service area average aggregated at the SPA-level as data was not available at the zip code or city-level. An *italicized indicator* denotes qualitative data collected in a focus group or interview
Comparison levels: CA - California   LAC - LA County

Data Indicator	Year of Data	Comparison Level	Healthy People 2020 Target	KFH-BP/CVPH Service Area Average	Azusa	Baldwin Park	Covina	Diamond Bar	Duarte	El Monte	Glendora	Hacienda Heights	La Puente	La Verne	Montebello	Monterey Park	Pomona	Rosemead	Rowland Heights	San Dimas	San Gabriel	South El Monte	Temple City	Walnut	West Covina	Interviews (n=10)	Focus Groups (n=6)
Language barrier																										1	0
Stigma																										1	0
Economic Security																											
Percent 25+ years with no high school diploma*	2013	CA	18.8%	24.9%	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--		
Percent of households where housing costs exceed 30% of the total household income*	2013	CA	45.9%	46.8%	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--		
Percent of insurance receiving Medicaid*	2013	CA	23.4%	26.6%	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--		
Percent of youth who are eligible for a free/reduced price lunch*	2014	CA	58.1%	68.4%	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--		
Percent who commute more than 60 minutes to work*	2013	CA	10.1%	14.8%	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--		
Percent who receive SNAP benefits*	2011	CA	10.6%	10.8%	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--		
Percent with an income at or below 200% Federal Poverty Level*	2013	CA	35.9%	36.8%	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--		
Rate of unemployment*	2015	CA	7.0	8.1	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--		
High divorce rates																										0	1
Inflation																										1	0
Job security, lack of																										0	1
Minimum wage																										0	1
Poverty																										2	4
Unemployment																										1	1
Working force, lack of training																										0	1
Healthy Behaviors																											
Percent of adults that are physically active^	2014	LAC	29.7%	28.0%	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--		
Percent of adults that eat 2 or more fruit servings a day^	2014	LAC	16.2%	15.0%	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--		
Percent of adults who consumed at least one soda or sweetened drink a day^	2014	LAC	38.8%	39.6%	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--		
Percent of mother who breastfeed at birth*	2012	CA	93.0%	92.8%	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--		
Percent of mother who breastfeed exclusively*	2012	CA	64.8%	53.7%	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--		
Percent of youth that are physically active^	2014	LAC	26.4%	32.0%	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--		
Percent of youth that eat 2 or more fruit servings a day^	2014	LAC	57.3%	54.0%	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--		
Percent of youth that frequent fast food restaurants at least once a week^	2011	LAC	50.5%	52.6%	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--		
Percent of youth who consumed at least one soda or sweetened drink a day^	2011	LAC	38.3%	38.5%	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--		
Percent who ate fast food 3 or more times in the past week^	2014	LAC	21.6%	23.9%	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--		
Health literacy																										4	2
Personal hygiene (youth)																										1	0
Physical activity, lack of																										4	6
Poor eating habits																										3	0
Self-diagnostics																										1	0

B-4

DATA INDICATOR

Legend:
*Data from the Kaiser Permanente CHNA data platform
**Data from secondary sources represents the entire City
†Data from secondary sources aggregated at the City-level reflecting only zip codes represented in the KFH-BP/CVPH service area
^KFH-BP/CVPH service area average aggregated at the SPA-level as data was not available at the zip code or city-level.
An *italicized indicator* denotes qualitative data collected in a focus group or interview
Comparison levels: CA- California   LAC - LA County

Data Indicator	Year of Data	Comparison Level		KFH-BP/CVPH Service Area Average	Azusa	Baldwin Park	Covina	Diamond Bar	Duarte	El Monte	Glendora	Hacienda Heights	La Puente	La Verne	Montebello	Monterey Park	Pomona	Rosemead	Rowland Heights	San Dimas	San Gabriel	South El Monte	Temple City	Walnut	West Covina	Interviews (n=10)	Focus Groups (n=6)
Housing																											
Percent of occupied housing with one or more substandard conditions*	2013	CA	48.4%	51.3%	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--		
Affordable housing																										1	1
Housing shortage																										0	2
Poor housing condition																										1	1
Physical Environment																											
Percent exposed to unsafe drinking water*	2013	CA	2.7%	3.0%	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--		
Percent of days exceeding Ozone (O3) standards*	2008	CA	2.5%	2.9%	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--		
Percent of the area covered by tree canopy*	2011	CA	15.1%	10.0%	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--		
Percent of weeks in drought*	2014	CA	92.8%	97.5%	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--		
Rate of open space in square miles per 10,000 pop.†	2013	CA	21.0	1.6	22.7	0.3	0.0	0.2	3.9	0.0	1.5	0.5	0.0	7.2	0.1	0.0	0.0	0.1	0.1	2.2	0.0	0.4	0.0	0.2	0.1		
Total road network density road miles per acre*	2011	CA	2.0	10.2	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--		
Built environment																										1	1
Water quality																										0	1
Preventative Health																											
Percent of adults that ever had a sigmoidoscopy or colonoscopy*	2012	CA	57.9%	54.0%	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--		
Percent of females Medicare enrollees with mammogram in past 2 years*	2012	CA	59.3%	54.0%	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--		
Rate of preventable hospital events per 10,000 pop.*	2011	CA	83.2	100.4	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--		
Preventative healthcare																										0	1
Wellness check-ups																										1	0
Women's health screenings, lack of																										1	0

Zip code assignments by City:

Azusa: 91702
Baldwin Park: 91706
Covina: 91722, 91723, 91724
Diamond Bar: 91765
Duarte: 91008, 91010
El Monte: 91731, 91732
Glendora: 91740, 91741
Hacienda Heights: 91745
La Puente: 91744, 91746
La Verne: 91750

Montebello: 90640
Monterey Park: 91755
Pomona: 91768
Rosemead: 91770
Rowland Heights: 91748
San Dimas: 91773
South El Monte: 91733
San Gabriel: 91776
Walnut: 91789
West Covina: 91790, 91791, 91792

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Appendix C: Community Input Tracking Form

#	Data Collection Method Employed	Who Participated / Title of event//Type of Input	Number of Participants	Who Participant(s) Represent(s)	Position with respect to the group	Date
1	Focus Group	Non-traditional Group (identification and prioritization of health needs)	9	Individuals and/or organizations serving or representing the interests of such populations	Community leader Community member Community representative	10/6/2015
2	Focus Group	Social Service Providers Group (identification and prioritization of health needs)	13	Individuals and/or organizations serving or representing the interests of such populations	Community representatives Community leader	10/7/2015
3	Focus Group	Promotoras/School Liaisons (identification and prioritization of health needs)	10	Individuals and/or organizations serving or representing the interests of such populations	Community leader Community member Community representative	10/13/2015
4	Focus Group	Health Services Providers Group (identification and prioritization of health needs)	15	Individuals and/or organizations serving or representing the interests of such populations	Community representatives	10/14/2015
5	Focus Group	Mental Health Services Providers Group (identification and prioritization of health needs)	7	Individuals and/or organizations serving or representing the interests of such populations	Community representatives	10/14/2015

#	Data Collection Method Employed	Who Participated / Title of event//Type of Input	Number of Participants	Who Participant(s) Represent(s)	Position with respect to the group	Date
6	Focus Group	Youth Services Providers Group (identification and prioritization of health needs)	5	Individuals and/or organizations serving or representing the interests of such populations	Community representatives	10/15/2015
7	Key Stakeholder Interview	President & CEO, San Gabriel Valley Economic Partnership (identification and prioritization of health needs)	1	Individuals and/or organizations serving or representing the interests of such populations	Community leader	10/8/2015
8	Key Stakeholder Interview	Community Relations Officer, Baldwin Park Adult and Community Education (identification and prioritization of health needs)	1	Individuals and/or organizations serving or representing the interests of such populations	Community representative	10/1/2015
9	Key Stakeholder Interview	Board President, East San Gabriel Valley Coalition for the Homeless (identification and prioritization of health needs)	1	Organizations serving or representing the interests of low income populations	Community leader	10/21/2015
10	Key Stakeholder Interview	Senior Vice President, Majestic Realty Corporation (identification and prioritization of health needs)	1	Individuals and/or organizations serving or representing the interests of such populations	Community leader	10/8/2015

#	Data Collection Method Employed	Who Participated / Title of event//Type of Input	Number of Participants	Who Participant(s) Represent(s)	Position with respect to the group	Date
11	Key Stake-holder Interview	Consultant/Coordinator, Health Consortium of the Greater San Gabriel Valley (identifi-cation and prioritization of health needs)	1	Community Health Consor-tium representative	Community representative	10/16/2015
12	Key Stake-holder Interview	Mental Health Clinical District Chief, LA County Department of Mental Health (identifi-cation and prioritization of health needs)	1	Health depart-ment represen-tative	Community leader	10/16/2015
13	Key Stake-holder Interview	Deputy Director, County of Los Angeles, Department of Public Health (identification and prioritization of health needs)	1	Health depart-ment represen-tative	Community Leader	10/6/2015
14	Key Stake-holder Interview	Planning Director, City of West Covina (identi-fication and prioritiza-tion of health needs)	1	Local govern-ment represen-tative	Community leader	10/14/2015
15	Key Stake-holder Interview	Government Affairs Director, Citrus Valley Association of Realtors (identification and prioritization of health needs)	1	Individuals and/or organiza-tions serving or representing the interests of such populations	Community representative	10/22/2015
16	Key Stake-holder Interview	Chief Medical Officer, East Valley Community Health Center (identifi-cation and prioritization of health needs)	1	Community Health Center representative	Community Leader	10/21/2015

#	Data Collection Method Employed	Who Participated / Title of event//Type of Input	Number of Participants	Who Participant(s) Represent(s)	Position with respect to the group	Date
17	Community Forum	Stakeholders of the KP - Baldwin Park Kaiser Foundation Hospital - Baldwin Park Prioritiza-tion Meeting (identifica-tion and prioritization of health needs)	41	Health service providers, social service provid-ers, community members, city representatives, school district representatives, school district representatives, higher education representatives, faith-based organization representatives, community busi-ness leaders, public health department representatives.	Community leader Community members Community representatives	12/2/2015

Appendix D: Health Need Profiles
The endnotes for this appendix appear at the end of the full document.

Access to Health Care
in the KFH-Baldwin Park Service Area

Description & Significance

Access to comprehensive, high-quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone.

Access to health care means the timely use of personal health services to achieve the best health outcomes. Access to health care affects various aspects of maintaining good health, including: people's overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy. Lack of access to necessary health services can lead to delays in receiving appropriate care, inability to get preventive services, unmet health care needs, and preventable hospitalizations.[i]

Health Outcome Statistics

The KFH-Baldwin Park service area is experiencing a lack of access to health care services and affordable medication.

Access. In the KFH-Baldwin Park service area, 21.3% of the population does not have health insurance and 16.7% does not have a usual place to go for medical advice or to receive treatment when sick. Further, a greater percentage (27.7%) could not afford to see a doctor than in Los Angeles County (16.0%).[ii]

A lack of access to care inhibits people's ability to engage in preventive behaviors for early detection and treatment of health problems. In the KFH-Baldwin Park service area, 54.0% of female Medicare enrollees ages 67 to 69 have received one or more mammograms in the past two years. This percentage is lower than California (59.3%).

Community Perspective

"Although community clinics and services have expanded, the increase in service-seekers has increased wait times."

Health Care Provider

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Health Disparities

The southeast portion of the KFH-Baldwin Park service area seemed most affected by a lack of health coverage according to U.S. Census statistics (see below for a list of specific communities). In particular, 20.7% of Hispanic/Latino populations lack a consistent source of primary care, and 21.8% non-Hispanic white populations needed access to mental health care.[iii]

Stakeholders specified that disparities in access to care are worse for Hispanic/Latinos, Asians, and other minority groups, low-income populations and families with dependents who do not qualify for Medi-Cal, the uninsured and Medi-Cal recipients, immigrants and undocumented immigrants, children and adolescents, and geriatric populations.

Communities Most Affected (Uninsured Populations):

- Azusa
- Baldwin Park
- Citrus
- Covina
- Duarte
- El Monte
- Glendora

- Montebello
- Pomona
- Rosemead
- Rowland Heights
- San Gabriel
- South El Monte
- Valinda

Uninsured Population, Percent by Tract, ACS 2009–13

- Over 20.0%
- 15.1–20.0%
- 10.1–15.0%
- Under 10.1%
- No Data or Data Suppressed
- Report Area
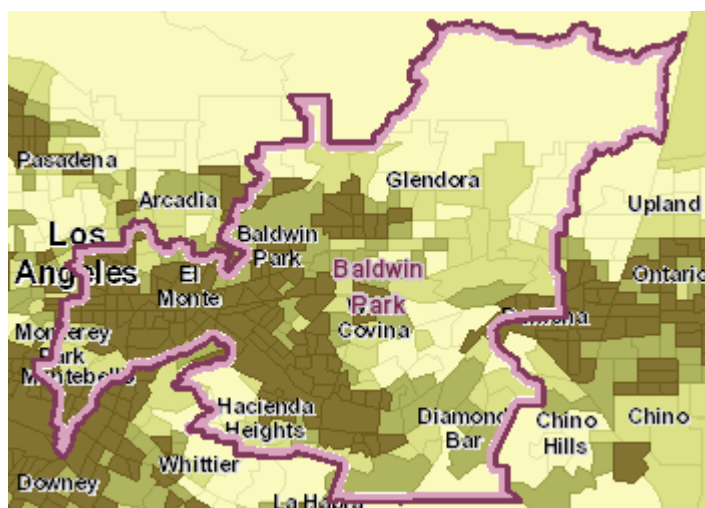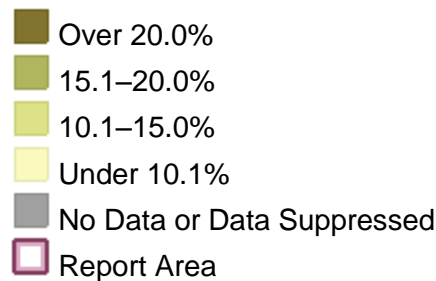
Source: Percent of the population without health insurance, U.S. Census Bureau, American Community Survey, 2009–13, Tract.

Key Health Drivers/Factors

Access to affordable necessary health care and sufficient coverage is essential for overall health and well-being[iv]. Stakeholders commented that those newly insured through Covered California and Medi-Cal are having a hard time navigating the system and accessing health care. A focus group member stated that families with annual incomes between $40,000 and $60,000 with dependents experience hardships accessing adequate care for all family members. It is important to recognize that at this income level,

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people do not qualify for Medi-Cal, yet private insurance premiums are too high. Those without insurance often resort to seeking care in the emergency room because they cannot be turned away. It is also these types of patients that often do not have access to any kind of preventive care.

Stakeholders also identified issues concerning timely access to medications because of inconsistent relationships with and referrals to health care providers. Other issues included the distance some patients must travel for specialty treatment. Lack of resources and facilities for specialty care in the region creates an additional barrier for people with limited or no access to transportation, or those unable to take time off from work to receive care.

Health care providers expressed concern, anticipating that the recent increase in the minimum wage and increases in labor costs will limit their ability to potentially take on new staff and expand care.

Social & Economic

Poverty. Financial instability creates barriers to access, including to insurance coverage and health services[v]. The percentage of the population in the KFH-Baldwin Park service area living 200% below the Federal Poverty Level (FPL) was higher (37.8%) when compared to California (36.4%).

Population below 200% FPL

KFH- Baldwin Park Service Area	LA County	California
37.8%	40.9%	36.4%

Source: U.S. Census Bureau, American Community Survey, 2010-14, Tract

Cultural and Linguistic

Language. Language barriers can create inequities in health care access, effective communcation with providers, and health literacy. In the KFH-Baldwin Park service area, 30.2% of the population has limited English proficiency, which is higher than in Los Angeles County (26.2%) or California (21.6%).

Population with Limited English Proficiency

KFH- Baldwin Park Service Area	LA County	California
30.2%	26.2%	21.6%

Source: Population with limited English proficiency, U.S. Census Bureau, American Community Survey. 2009–13, Tract.

Assets & Opportunities

The following limited health care facilities, including hospitals and clinics, were identified within the service area through phone interviews and focus groups. It is supplemented with assets that were identified through the KFH-Baldwin Park grant program. This list is not intended to be a comprehensive list of resources in the community; additional resources can be found at www.211.org.

Clinics and Health Centers

- **East Valley Community Health Center**

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http://www.evchc.org/

- **El Monte Comprehensive Health Center (DHS)**
  https://dhs.lacounty.gov/wps/portal/dhs/elmonte
- **La Puente Health Center (DHS)**
  https://dhs.lacounty.gov/wps/portal/dhs/lapuente
- **Monrovia Health Center (SPA 3) (DPH)**
  http://publichealth.lacounty.gov/chs/spa3/index.htm Phone: (626) 256-1600
- **Pomona Health Center (SPA 3) (DPH)**
  http://publichealth.lacounty.gov/chs/spa3/index.htm Phone: (909) 868-0235

Health Care Facilities and Programs

- **AltaMed**
  http://www.altamed.org/
- **Azusa Pacific University**
  Program: Community Connections
  http://www.apu.edu/nursing/about/community/
- **ChapCare**
  http://www.chapcare.org/our-services/medical-services/
- **Center for Integrated Family and Health Services**
  http://www.cifhs.org/
- **Every Child's Healthy Options (ECHO)**
  Contact information: 626-854-8520 x1184; Fajardo Family Resource Center
- **Jeff Seymour Family Center (JSFC)**
  http://web.emcsd.org/jeff-seymour-family-center-jsfc
- **My Health LA**
  https://dhs.lacounty.gov/wps/portal/dhs/mhla
- **Our Saviour Center/Cleaver Family Wellness Clinic**
  http://www.our-center.org/
- **Policies for Livable, Active, Communities, and Environments (PLACE) Initiative**
  http://www.ci.el-monte.ca.us/Government/ParksandRecreation/CommunitySeniorSrvs/HealthWellness.aspx
- **School-Based Health Centers (SBHCs)**
  Locations:
  - El Monte
    - Cortada Afternoon Clinic, (626) 452-9164 x3114
    - Durfee Elementary, (626) 443-3900
    - El Monte District Health Clinic, (626) 452-9164 x3114
    - Gidley Elementary School SBHC, (626) 575-2323
    - Potrero Late Afternoon Clinic (PLAC)La Puente, (626) 452-9164
    - Northam Elementary School Childrens Clinic, (626) 964-4798
  - La Puente
    - Villacorta Elementary School Based Health Center, (626) 919-5724
  - Pomona
    - Oral Health Clinic at Mendoza Center
  http://www.schoolhealthcenters.org/

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Hospitals

- **Citrus Valley Health Partners**
  http://www.cvhp.org/
- **Huntington Memorial Hospital**
  http://www.huntingtonhospital.com/
- **Pomona Valley Health Centers**
  https://mypvhc.com/

County Hotline Numbers and Referral Services

- **Los Angeles County Info Line**
  2-1-1
- **Family Planning/ Birth Control Referrals**
  (800) 942-1054
- **Mental Health Services and Referrals for L.A. County (referral line for free or low-cost services)**
  (800) 854-7771
- **Suicide Prevention Hotline**
  (800) 273-TALK (8255)

Alcohol, Substance Abuse, and Tobacco Use in the KFH-Baldwin Park Service Area

Description & Significance

Alcohol and substance abuse has a major impact on individuals, families, and communities.

The effects of alcohol and substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. In 2014, 6.4% of individuals aged 12 or older in the United States (an estimated 17.0 million individuals) were dependent on or abused alcohol, and 2.7% of individuals aged 12 or older (an estimated 7.1 million individuals) were dependent on or abused illicit drugs.[vi]

Each year, approximately 443,000 Americans die from tobacco-related illnesses. For every person who dies from tobacco use, 20 more suffer with at least one serious tobacco-related illness.[vii] It is known to cause cancer, heart disease, lung disease (such as emphysema, bronchitis, and chronic airway obstruction), premature birth, low birthweight, stillbirth, and infant death.[viii]

Furthermore, secondhand smoke has been known to cause heart disease and lung cancer in adults, and severe asthma attacks, respiratory infections, ear infections, and sudden infant death syndrome (SIDS) in infants and children. Smokeless tobacco such as chewing tobacco can also cause a variety of oral health problems, such as cancer of the mouth and gums, tooth loss, and periodontitis. In addition, cigar smoking may cause cancer of the larynx, mouth, esophagus, and lung.[ix]

Health Outcome Statistics

In the KFH-Baldwin Park service area, the lung cancer incidence rate per 100,000 persons (41.6) is below that of California (48.0), and the percentage of adults (11.6%) who self-report that they have had asthma is below California (14.2%).[x]

While the data do not support that tobacco use is a health issue in the service area, stakeholders noted the KFH-Baldwin Park service area is experiencing an increase in people using smokeless tobacco, including electronic cigarettes. Further, stakeholders noted an increase in alcohol abuse, as well as substance abuse in the form of prescription drugs (e.g., Xanax, Adderall, sleeping aids) and illegal drugs (e.g., marijuana, methamphetamines, Ecstasy). It is possible that the data do not yet reflect the trends observed by community members.

Prevalence. In the KFH-Baldwin Park service area, 10.9% of the population reported smoking electronic cigarettes—slightly more than in California (10.3%) and slightly fewer than in Los Angeles County (11.3%). Further, 15.1% reported excessive alcohol consumption, which is less than California (17.2%).

Community Perspective

"Substance abuse is leading to long-term health damage, and is often layered with other issues such as mental health and/or homelessness."

Public Health Expert

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Health Disparities

Black/African-Americans have the highest lung cancer incidence rate per 100,000 persons (57.8) relative to other ethnic groups. Further, this rate is above the rate for the KFH-Baldwin Park service area (41.6).[xi]

Focus group participants reported a high incidence of drug use (illegal and prescription drugs) among children, adults, stressed parents, populations with mental health issues, the homeless, and communities in West Covina and the East San Gabriel area. They stated that the most commonly used drugs are typically stronger than marijuana, such as methamphetamines and Ecstasy. Illegal drug use has been most commonly observed among 18- to 40-year-olds and in children as young as 10 to12 years.

> *Kids are unaware of the dangers of using electronic cigarettes—they view vaping as "not really smoking."*
>
> *Youth Focus Group Participant*

Community Perspective

Stakeholders indicated that school settings ranging from high schools to college campuses are hotspots for drug activity. In college, students tend to abuse a prescription drug called Adderall. Stakeholders noticed that younger generations—particularly at the high school level—are using and abusing cigarettes and alcohol.

Key Health Drivers/Factors

Alcohol and substance abuse and tobacco use are associated with a variety of health issues and social and economic factors. Stakeholders expressed that younger populations who smoke are unaware of the dangers associated with tobacco use. One went on to say that students "do it to be cool, and kids think there are no consequences." High school aged students are using electronic cigarettes ("vaping") and do not view this use as smoking. Students who vape are also using their devices to smoke liquid THC (marijuana). Because vaping is typically odorless, school administrators are often not aware that students are smoking marijuana. Focus group participants added that they believe marijuana is a gateway drug to stronger illegal drugs, and believe that its use is commonly seen in schools with high levels of alcohol use.

Stakeholders added that prescription drug abuse is typically not viewed as negatively as illegal drug use. Most see this as "an escape," and focus group participants agreed that the use of prescription drugs in particular is popularized by popular culture and social media.

Access to detox facilities and rehabilitation centers is difficult for all populations. This is both because of cost and because of a shortage of facilities and services. Health insurance providers also do not always cover this type of health need, nor do all facilities accept Med-Cal. The most affected populations include adolescents (ages 15 to17), but also seniors and the homeless.

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Health Outcome(s)

Asthma. Tobacco use can often contribute to health issues, including asthma. In the KFH-Baldwin Park service area a slightly larger (11.9%) percent of the population has asthma when compared to Los Angeles County (11.4%) and California (14.0%).

Asthma Prevalence

KFH- Baldwin Park Service	LA County	California
11.9%	11.4%	14.0%

Source: Percent diagnosed with adults, California Health Interview Survey, 2014, SPA.

Social & Economic

Poverty. Poverty can create financial instability and barriers to access including the lack of insurance coverage and health services.[xii] The percentage of the population in the KFH-Baldwin Park service area living 200% below the Federal Poverty Level (FPL) was higher (37.8%) when compared to California (36.4%).

Population below 200% FPL

KFH- Baldwin Park Service Area	LA County	California
37.8%	40.9%	36.4%

Source: U.S. Census Bureau, American Community Survey, 2010-14, Tract

Assets & Opportunities

Stakeholders shared only one resource associated with substance abuse services. Substance abuse issues may very likely be addressed through general care and visits to primary care physicians. The following is not a comprehensive list; additional resources can be found at www.211.org.

Substance Abuse–Related Services

- **Baldwin Park Community Relief Program**
- **Behavioral Health Services (BHS)**
  http://bhs-inc.org
- **Pacific Clinics**
  http://www.pacificclinics.org/

Other Alcohol/Substance Abuse–Specific Community Assets

- **AltaMed Medical and Dental Group**, **El Monte**
  http://www.altamed.org/programs_and_services/dental_services
- **Azusa Pacific University—Community Counseling Center**
  http://www.apu.edu/ccc/
- **BHC Alhambra Hospital**
  http://www.bhcalhambra.com/

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- **Community Clinic Association of Los Angeles County**
  http://ccalac.org/
- **Ettie Lee Youth and Family Services**
  http://www.ettielee.org/
- **SPIRITT Family Services**
  http://www.spiritt.org/

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Cancer in the KFH-Baldwin Park Service Area

Description & Significance

Cancer is the second leading cause of death in the United States, claiming the lives of more than half a million Americans every year[xiii].

In 2009, cancer incidence rates per 100,000 persons indicated that the three most common cancers among men in the United States were prostate cancer (137.7), lung cancer (64.3), and colorectal cancer (42.5). Among women, the leading causes of cancer death were breast cancer (123.1), lung cancer (54.1), and colorectal cancer (37.1).[xiv]

Health Outcome Statistics

The KFH-Baldwin Park service area is experiencing high rates of cervical and colorectal cancer diagnoses and mortality. While cancer screenings are reportedly increasing, they fall short of 2020 goals. Early detection and treatment efforts have could have affected the rate of diagnosis, while mortality rates remain high.

Incidence. In the KFH-Baldwin Park service area, 8.8 of every 100,000 women reported having cervical cancer. This is higher when compared to California (7.7) and the Healthy People 2020 goal of <=7.1 per 100,000 women.[xv] A slightly higher rate of the population in the KFH-Baldwin Park service area (41.3 per 100,000 population) reported having colorectal cancer when compared to California (40.0 per 100,000 population) and the Healthy People 2020 goal of <=38.7.[xvi]
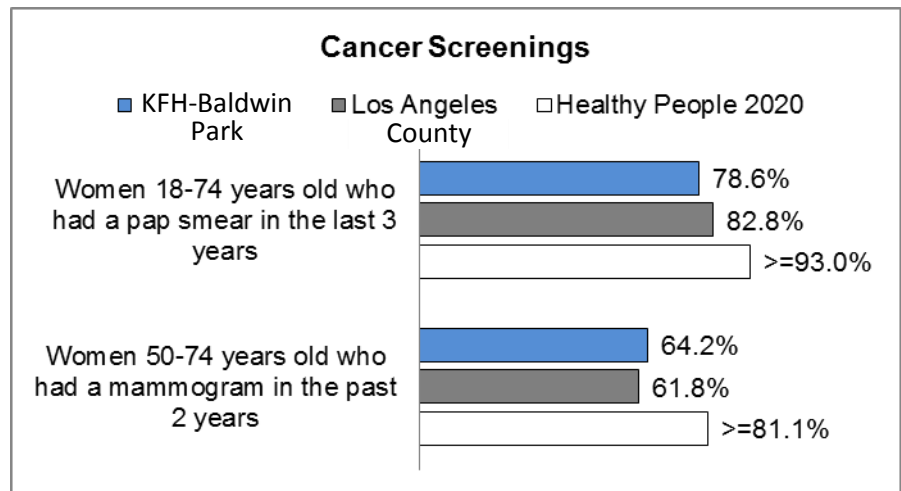
Source: Percent of women 18–74 years old who had a Pap smear in the past 3 years, Los Angeles County Health Interview Survey, 2011, SPA.

Percent of women 50–74 years old who had a mammogram in the past 2 years, California Health Interview Survey, 2012, SPA.

Access. A smaller percentage of 18- to 74-year old women (78.6%) in the KFH-Baldwin Park service area received a Pap smear within the suggested timeframe when compared to Los Angeles County (82.8%) and the Healthy People 2020 goal of >=93.0%. A greater percentage of women (64.2%) in the service area received a mammogram in the last two years compared to Los Angeles County (61.8%), but fewer than the Healthy People 2020 goal of >=81.1%.

Mortality. The cancer mortality rate in the KFH-Baldwin Park service area was slightly higher (15.5 per 10,000 population) when compared to California (15.1).[xvii]

Community Perspective

"There is a need for free and accessible screenings and access to quality treatment services for low-income populations."

Health Consortium member

Health Disparities

Black/African-Americans males and females in the KFH-Baldwin Park service are experiencing the highest incidence rates of a variety of cancers relative to other racial and ethnic groups. The incidence rate (cases per 100,000 population per year) of males with prostate cancer (189.7) exceeds the rate for the service area (122). Further, the incidence rates (cases per 100,000 population per year) of females with breast and cervical cancer (127.1 and 54.4, respectively) exceed those of the service area (116.9 and 8.8, respectively).[xviii]

Overall, the mortality rate (cases per 100,000 population per year) for Black/African-Americans and Non-Hispanic Whites are the highest of the area across racial and ethnic groups. At 213.9 and 168.3, respectively, these rates are above the rate for the service area (152.3).[xix]

Stakeholders mentioned health disparities among Asians/Pacific Islanders, individuals between the ages of 35 and 50, immigrants, and the homeless, and in the western portion of the KFH-Baldwin Park service area.

Communities Most Impacted (Cancer Mortality):

- Covina
- Duarte
- Glendora
- Hacienda Heights
- La Verne
- Montebello
- Monterey Park
- San Dimas
- San Gabriel
- Temple City
- West Covina

Community Perspective

" …noticed increases in cancer over the past years, particularly in Stage IV lung cancer and colon cancer."

Mental Health Provider

Key Health Drivers/Factors

Cancer is associated with health issues such as obesity and unhealthy behaviors such as physical inactivity, an unhealthy diet, tobacco use, and alcohol abuse. In addition, certain chemicals and some viruses and bacteria have also been known to cause cancer[xx].

Health Behaviors

Physical Activity. A lack of physical activity is a contributing factor to an individual's developing health issues, including being overweight or obese. In the KFH-Baldwin Park service area, a slightly lower percentage of adults (26.1%) were physically inactive when compared Los Angeles County (29.7%).

Tobacco Use. Smoking may cause a number of health issues, including cancer. Electronic cigarettes have gained popularity as an alternative to cigarettes. Electronic cigarettes do contain nicotine and a variety of carcinogenic chemicals[xxi]. In the KFH-Baldwin Park service area, a slightly greater percentage of adults reported smoking e-cigarettes (10.9%) than in California (10.3%).

Adults Who Are Physically Inactive

KFH- Baldwin Park Service Area	LA County
26.1%	29.7%

Source: California Health Interview Survey, 2014, SPA

Adults Who Smoked E-cigarettes

KFH- Baldwin Park Service Area	LA County	California
10.9%	11.3%	10.3%

Source: Percent of adults who smoke electronic cigarettes, California Health Interview Survey, 2014, SPA.

Assets & Opportunities

Stakeholders identified two assets in the community related to cancer through phone inter-views and focus groups. This list is not intended to be a comprehensive list of resources in the community; additional resources can be found at www.211.org.

Cancer-Specific Assets

- **American Cancer Society**
  http://www.cancer.org/
- **AltaMed Medical and Dental Group**
  http://www.altamed.org/
- **Asian Pacific Health Care Venture—El Monte Rosemead Health Center**
  http://www.aphcv.org/
- **Citrus Valley Health Partners: Inter-Community Hospital and Queen of the Valley Campus**,.
  http://www.cvhp.org/
- **City of Hope**
  http://www.cityofhope.org/homepage
- **Community Clinic Association of Los Angeles**
  http://ccalac.org/
- **Crohn's and Colitis Foundation of America—Greater L.A. Chapter**
  http://www.ccfa.org/chapters/losangeles/

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- **East Valley Community Health Center**
  https://www.evchc.org/
- **San Gabriel Valley Medical Center**
  http://www.sgvmc.com/

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Cardiovascular/Heart Disease
in the KFH-Baldwin Park Service Area

Description & Significance

Cardiovascular disease consists of several health conditions related to cholesterol, heart disease, and hypertension.

Heart Disease. As plaque builds up, the arteries narrow, restricting blood flow and creating the risk of heart attack. Currently, more than one in three adults (81.1 million) in the United States lives with one or more types of cardiovascular disease. Heart disease results in serious illness and disability, decreased quality of life, and hundreds of billions of dollars in economic loss every year.[xxii] The leading modifiable (controllable) risk factors for heart disease and stroke are high blood pressure, high cholesterol, cigarette smoking, diabetes, poor diet and physical inactivity, overweight, and obesity.

Hypertension. Hypertension, defined as a blood pressure reading of 140/90 mmHg or higher, affects one in three adults in the United States.[xxiii] With no symptoms or warning signs and the ability to cause serious damage to the body, this condition has been called a silent killer. If untreated, high blood pressure can lead to blood-vessel aneurysms, chronic kidney disease (which may lead to kidney failure), cognitive changes (including memory loss, difficulty finding words, and losing focus during con-versations), eye damage, heart attack, heart failure, peripheral arterial disease, and stroke.[xxiv] High blood pressure can be controlled through medication and lifestyle changes; however, patients' lack of adher-ence to treatment regimens is a significant barrier to controlling the condition.[xxv]

Health Outcome Statistics

The KFH-Baldwin Park service area is experiencing high rates of heart disease diagnoses, hospitalizations and mortalities when compared to Los Angeles County and California.

Residents of the KFH-Baldwin Park service area experience higher rates of hypertension relative to those in Los Angeles County and California. Stakeholders noted that hypertension rates are stagnant or worse because of a lack of nutritional education and/or a lack of access to general and specialty care.

Prevalence. In the KFH-Baldwin Park service area, 7.0% of the population was diagnosed with heart disease, more than in Los Angeles County (5.7%) or California (6.1%).[xxvi]

A third of the population (29.8%) was diagnosed with hypertension—higher in than Los Angeles County (27.3%), California (28.5%), or the Healthy People 2020 goal of <=26.9%.

Community Perspective

"Heart disease is associated with obesity, diabetes, and cancer."

Health Services Provider

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Access and Disease Management. A smaller percentage (50.1%) of the population in the KFH-Baldwin Park service area received a heart-disease management plan from their doctor when compared to Los Angeles County (55.5%) and California (67.1%).

Over a third of the population diagnosed with high blood pressure (32.4%) did not take medication for high blood pressure—higher when compared to California (30.3%).[xxvii]

Heart Disease Hospitalizations
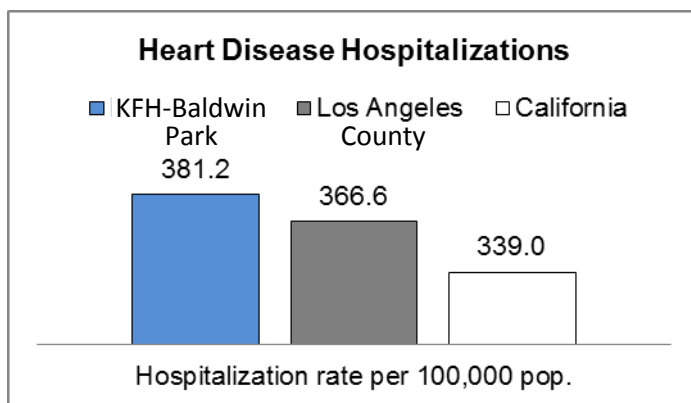
Source: Heart disease hospitalization rate per 100,000 population, Office of Statewide Health and Planning and Development (OSHPD), 2012, ZIP Code.

Hospitalizations. The rate of heart disease–related hospitalizations was higher in the KFH-Baldwin Park service area (381.2 per 100,000 population) when compared to Los Angeles County (366.6) and California (339.0).

Mortality. The rate of those who died from heart disease was also higher (16.5 per 10,000 population) in the KFH-Baldwin Park service area when compared to California (15.5).

The rate for hypertension-related deaths in the KFH-Baldwin Park service area was higher (1.5 per 10,000 population) than that reported in California (1.2).[xxviii]

Health Disparities

Health disparities related to heart-disease hospitalizations and mortality, as well as hypertension-related deaths were observed throughout the KFH-Baldwin Park service area by geography (view list below). Further, the rate of death (per 100,000 population) due to coronary heart disease was highest for Native Hawaiian/Pacific Islander (292.9), Black-African American (264.8), and Non-Hispanic White (195.1) populations in the KFH-Baldwin Park service area. These rates exceed that of California (163.18) and the Healthy People goal (<= 100.8).[xxix]

Communities Most Affected (Heart Disease–Related Hospitalizations and Mortality, and Hypertension-Related Deaths):

- Baldwin Park
- Covina
- Duarte
- El Monte
- Glendora
- Hacienda Heights
- La Puente
- La Verne
- Montebello

- Pomona
- Monterey Park
- Rowland Heights
- San Dimas
- San Gabriel
- Temple City
- Walnut
- West Covina

Community Perspective

Stakeholders added that many populations are negatively affected by this disease, including Hispanics/Latinos, Black/African-Americans, and elderly and middle-aged populations. Stakeholders also noted that younger populations are most affected by hypertension such as those in their 20s and 30s. This is attributed to poor diets, poor eating habits (especially an increase in the consumption of processed, sodium-rich foods), a lack of exercise, and increases in obesity rates.

> "Hispanics/Latinos, Black/African-Americans, and people with diabetes and obesity are most affected by heart disease."
>
> **Health Services Provider**

Key Health Drivers/Factors

Cardiovascular (heart) disease is associated with high blood pressure, high cholesterol, diabetes, and obesity. It is also associated with unhealthy behaviors such as physical inactivity, an unhealthy diet, tobacco use, and alcohol abuse.[xxx] Stakeholders observed connections between heart disease and diabetes and obesity.

Health Outcome(s)

Diabetes. Diabetes is often associated with heart disease and other related health issues. In the KFH-Baldwin Park service area, a greater percentage (12.0%) of the population was diagnosed with diabetes when compared to Los Angeles County (10.0%) and California (8.9%).

Hypertension. About 60% of diabetics are very likely to develop heart disease at some point in their lives[xxxi]. In the KFH-Baldwin Park service area, nearly a third of the population (29.8%) were diagnosed with hypertension which is higher than the Healthy People 2020 goal (<=26.9%) and Los Angeles County (27.3%).

Population Who Are Diabetic

KFH- Baldwin Park Service Area	LA County	California
12.0%	10.0%	8.9%

Source: Percent of the population who were diagnosed with diabetes, California Health Interview Survey, 2014, SPA.

Diagnosed with Hypertension

KFH- Baldwin Park Service Area	LA County	HP2020
29.8%	27.3%	<=26.9%

Source: Percent diagnosed with hypertension, California Health Interview Survey, 2014, SPA.

Health Behaviors

Physical Activity. A lack of physical activity is a contributing factor to an individual's developing health issues, including being overweight or obese. In the KFH-Baldwin Park service area, a slightly lower percentage of adults (26.1%) were physically inactive when compared Los Angeles County (29.7%).

Tobacco Use. Smoking may cause many health issues, including heart disease. Electronic cigarettes contain nicotine and a variety of carcinogenic chemicals[xxxii]. In the KFH-Baldwin Park service area, a slightly greater percentage of adults reported smoking e-cigarettes (10.9%) than in California (10.3%), though fewer than in Los Angeles County (11.3%).

Adults Who Are Physically Inactive

KFH- Baldwin Park Service Area	LA County
26.1%	29.7%

Source: California Health Interview Survey, 2014, SPA

Adults Who Smoked E-cigarettes

KFH- Baldwin Park Service Area	LA County	California
10.9%	11.3%	10.3%

Source: Percent of adults who smoke electronic cigarettes, California Health Interview Survey, 2014, SPA.

Physical Environment

Fast-Food Establishments. Environmental influences such as easy access to fast-food rather than healthy food options is a critical factor that contributes to poor health outcomes such as heart disease. In the KFH-Baldwin Park service area, the rate of fast-food establishments per 100,000 population (76.4) was slightly lower when compared to Los Angeles County (77.8), though higher than California (74.5).

Recreation and Fitness Facilities. Environmental influences such as access to recreation and fitness facilities are important because they encourage physical activity and other healthy behaviors. In the KFH-Baldwin Park service area, the rate of recreation and fitness facilities per 100,000 population (4.5) was close to half the rate of Los Angeles County (7.6) and California (8.7).

Fast-Food Establishments

KFH- Baldwin Park Service Area	LA County	California
76.4	77.8	74.5

Source: Fast food establishment rate per 100,000 pop., U.S. Census Bureau, County Business Patterns, 2011, Tract.

Recreation and Fitness Facilities

KFH- Baldwin Park Service Area	LA County	California
4.5	7.6	8.7

Source: Recreation and fitness facilities rate per 100,000 pop., U.S. Census Bureau, County Business Patterns. Additional data analysis by CARES. 2012, ZCTA.

Assets & Opportunities

Stakeholders did not identify assets in the community that specifically addressed cardiovascular disease. However, this health need may be addressed indirectly through services for related conditions such as diabetes and obesity, as well as programs that promote proper

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nutrition, physical activity, and preventive health care. The following list includes assets that were identified through the KFH-Baldwin Park grant program; additional resources can be found at www.211.org.

Cardiovascular/Heart Disease-Specific Assets
- **American Heart Association**
  http://www.heart.org/HEARTORG/
- **Azusa Pacific University—Neighborhood Wellness Center**
  http://www.apu.edu/nursing/resources/community/
- **California Certified Farmers Market**
  https://www.cdfa.ca.gov/is/i_&_c/cfm.html
- **Citrus Valley Health Partners: Inter-Community Hospital and Queen of the Valley Campus**
  http://www.cvhp.org/
- **Community Clinic Association of L.A. County**
  http://ccalac.org/
- **East Valley Community Health Center**
  https://www.evchc.org/
- **Garfield Medical Center**
  http://www.garfieldmedicalcenter.com/
- **Herald Christian Health Center**
  http://hchcla.org/
- **Los Angeles Community Garden Council**
  http://lagardencouncil.org/
- **Our Saviour Center—Cleaver Family Wellness Clinic**
  www.our-center.org
- **San Gabriel Valley Medical Center**
  http://www.sgvmc.com/
- **San Gabriel Valley Conservation Corps Earthworks Farm**
  http://www.sgvcorps.org/programs/earthworks-farm/

Cultural and Linguistic Barriers
in the KFH-Baldwin Park Service Area

Description & Significance

Cultural and linguistic barriers can negatively affect an individual's ability to access health services and engage with their health provider.

Cultural and linguistic barriers can have a significant impact on the health of an individual. The ideas that individuals have about health in general, healthy literacy skills, and the context in which they communicate varies by culture. This can often create unnecessary barriers and misunderstandings that can be important considerations in patient/health provider communications.[xxxiii] Health professionals have their own terminology that often does not translate for most people. Not all terminology in English can be translated into all languages, as some words may not exist in certain languages. This may cause the intended meaning in communication to be lost, causing confusion and further inequities. This is why it is important that health professionals and educators become versed in the cultural practice and beliefs of those in their immediate community, and provide effective translators.[xxxiv]

Health Outcome Statistics

The KFH-Baldwin Park (KFH-Baldwin Park) service area has more residents who are having a difficult time communicating with their doctor.

Language. In the KFH-Baldwin Park service area, a greater percentage (4.5%) of people had a difficult time understanding their doctor when compared to Los Angeles County (3.2%) and California (3.1%). In the KFH-Baldwin Park service area, 30.2% of the population has limited English proficiency—higher than in Los Angeles County (26.2%) or California (21.6%).

Difficult time understanding doctor
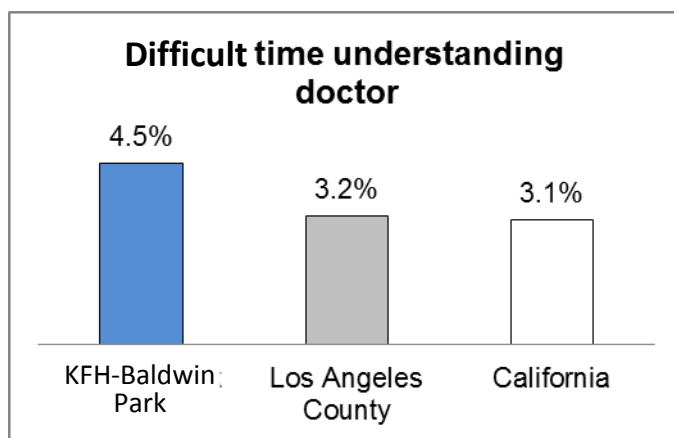
Source: Percent who had a difficult time understanding doctor. California Health Interview Survey. 2014. SPA.

Population with Limited English Proficiency

KFH- Baldwin Park Service Area	LA County	California
30.2%	26.2%	21.6%

Source: Population with limited English proficiency, U.S. Census Bureau, American Community Survey. 2009–13, Tract.

Health Disparities

Stakeholders added that cultural and linguistic barriers were most often experienced among low-income communities and people of color.

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Key Health Drivers/Factors

The ideas that individuals have about health in general, healthy literacy skills, and the context in which they communicate varies by culture.

Social & Economic

Poverty. Financial instability creates barriers to access, including to insurance coverage and health services[xxxv]. The percentage of the population in the KFH-Baldwin Park service area living 200% below the Federal Poverty Level (FPL) was higher (37.8%) when compared to California (36.4%).

Population below 200% FPL

KFH- Baldwin Park Service Area	LA County	California
37.8%	40.9%	36.4%

Source: U.S. Census Bureau, American Community Survey, 2010-14, Tract

Assets & Opportunities

The following health care facilities, including hospitals and clinics, were identified within the service area through phone interviews, focus groups and/or through the KFH-Baldwin Park grant program. This list is not intended to be a comprehensive list of resources in the community; additional resources can be found at www.211.org.

- **Asian Pacific Health Care Venture, Inc.**
  Provides high-quality medical and wellness services in a caring and considerate manner; focuses on the Los Angeles County communities and offers care in several different languages, including Spanish, Tagalog, Thai, and others.
  http://www.aphcv.org/
- **Buddhist Tzu Chi Medical Foundation**
  http://www.tzuchimedicalfoundation.org/
- **Citrus Valley Health Partners**
  http://www.cvhp.org/
- **East Valley Community Health Center**
  http://www.evchc.org/
- **El Projecto del barrio – Azusa Health Center**
  http://www.elproyecto.us/hms_SGValley.aspx
- **Our Saviour Center/Cleaver Family Wellness Clinic**
  http://www.our-center.org/

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Diabetes in the KFH-Baldwin Park Service Area

Description & Significance

Diabetes affects an estimated 23.6 million people and is the seventh leading cause of death in the United States.

Diabetes decreases life expectancy by up to 15 years, increases the risk of heart disease by two to four times, and is the leading cause of kidney failure, lower-limb amputations, and adult-onset blindness[xxxvi]. A diabetes diagnosis can indicate an unhealthy lifestyle—a risk factor for further health issues—and is also linked to obesity[xxxvii].

In addition to heart disease, diabetes is also associated with other co-morbidities, including cognitive impairment, incontinence, fracture risk, and cancer risk and prognosis.[xxxviii] Gestational (developing diabetes during pregnancy) diabetes occurs more frequently among Black/African-Americans, Hispanic/Latino Americans, American Indians, and people with a family history of diabetes. Women who have had gestational diabetes have a 35% to 60% chance of developing diabetes in the next 10 to 20 years.

Health Outcome Statistics

The KFH-Baldwin Park service area is experiencing high rates of diabetes-related hospitalizations. Stakeholders agreed that diabetes is a worsening problem in the community.

Prevalence. In the KFH-Baldwin Park service area, 12.0% of the population 20 years and older were diagnosed with diabetes, which is higher than in Los Angeles County (10.0%) and California (8.9%).[xxxix]

Hospitalizations. More adults in the KFH-Baldwin Park service area were hospitalized for diabetes (200.5 per 100,000 population) when compared to Los Angeles County (171.7) and California (142.6 per 100,000 population). Nearly three times the number of adults in the KFH-Baldwin Park service area were hospitalized for uncontrolled diabetes (13.5 per 100,000 population) than in Los Angeles County (4.5), and more than four times the number than in California overall (2.8).

Community Perspective

"Diabetes patients tend to go to the ER for medication. With awareness and proper education, this can be mitigated."

Social Services Provider

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Uncontrolled Diabetes Hospitalization

KFH-Baldwin Park: 13.5
Los Angeles County: 4.5
California: 2.8

Uncontrolled diabetes hospitalization per 100,000 pop.
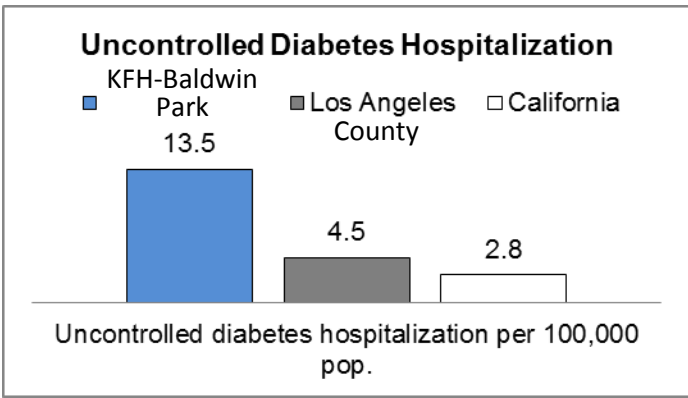
Source: Rate of uncontrolled diabetes-related hospitalizations per 100,000 population, Office of Statewide Health and Planning and Development (OSHPD), 2012, ZIP Code.

Diabetes Hospitalization

KFH-Baldwin Park: 200.5
Los Angeles County: 171.7
California: 142.6

Adult hospitalization rate per 100,000
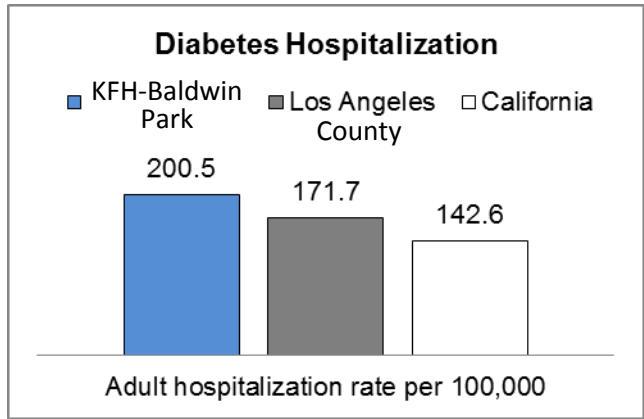
Source: Rate of adult diabetes-related hospitalizations per 100,000 population, Office of Statewide Health and Planning and Development (OSHPD), 2012, ZIP Code.

Health Disparities

Health disparities were observed throughout the KFH- Baldwin Park service area, particularly in the western and central portions of the service area.

Communities Most Affected (Diabetes Hospitalizations):

- Azusa
- Baldwin Park
- Covina
- Duarte
- El Monte
- Glendora
- Hacienda Heights
- La Puente
- La Verne
- Montebello
- Monterey Park
- Pomona
- Rosemead
- San Dimas
- San Gabriel
- South El Monte
- Temple City
- Walnut
- West Covina
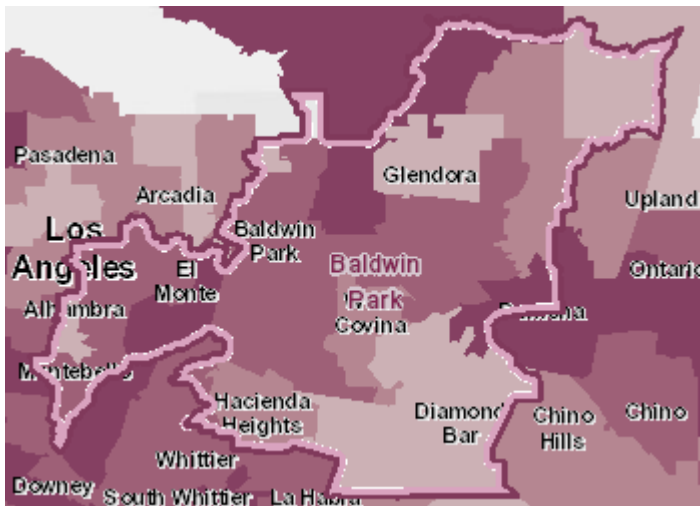
Diabetes Hospital Discharges, Rate (Per 10,000 Population) by ZCTA, OSHPD 2011

- Over 12.0
- 7.1–12.0
- 4.1–7.0
- Under 4.1
- No Data or Data Suppressed
- Report Area

Source: Rate of diabetes hospitalizations per 10,000 population, California Office of Statewide Health Planning and Development (OSHPD) Patient Discharge Data. Additional data analysis by CARES, 2011, ZIP Code.

Community Perspective

Stakeholders added that diabetes is of most concern among Black/African-Americans, Hispanics/Latinos, and Asian-Pacific Islanders, as well as children under 18 years of age and those in low-income communities.

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Key Health Drivers/Factors

Diabetes is associated with health outcomes including overweight and obesity, high blood pressure (i.e. hypertension), and high cholesterol. Diabetes is also highly correlated to poor health behaviors such as physical inactivity, smoking, and unhealthy eating. However, age, race, gender, and having a family history of diabetes have also been known to greatly contribute to an individual's susceptibility to becoming diabetic[xl]. Stakeholders have observed a link between obesity and heart disease.

Health Outcome(s)

Overweight and Obesity. Being overweight or obese can contribute to an individual's likelihood of becoming diabetic. In the KFH-Baldwin Park service area, nearly a third of youth (27.5%) are overweight—twice as many as in Los Angeles County (13.1%) and California (13.6%). Similarly, nearly twice as many teens in the service area are obese (22.8%) when compared to Los Angeles County (14.9%) and California (14.6%).

Hypertension. About 60% of diabetics are very likely to develop heart disease at some point in their lives[xli]. In the KFH-Baldwin Park service area, nearly a third of the population (29.8%) were diagnosed with hypertension which is higher than the Healthy People 2020 goal (<=26.9%) and Los Angeles County (27.3%).

Diagnosed with Hypertension

KFH-Baldwin Park Service Area	LA County	HP2020
29.8%	27.3%	<=26.9%

Source: Percent diagnosed with hypertension, California Health Interview Survey, 2014, SPA.

Youth Who Are Overweight

KFH- Baldwin Park Service Area	LA County	California
27.5%	13.1%	13.6%

Teens Who Are Obese

KFH- Baldwin Park Service Area	LA County	California
22.8%	14.9%	14.6%

(Source: Percent of the teens (12 to 17 years old) who are obese, California Health Interview Survey , 2014, SPA)

Health Behaviors

Healthy Eating. Not engaging in healthy eating behaviors, such as not consuming fresh fruit on a daily basis, could be indicative of unhealthy behaviors that may lead to health issues like obesity. In the KFH-Baldwin Park service area, a slightly lower percentage of youth (54.0%) consumed two or more fruits a day when compared to Los Angeles County (57.3%); the rate is even lower when compared to California (63.3%).

Youth Who Consumed Two or More Fruits A Day

KFH- Baldwin Park Service Area	LA County	California
54.0%	57.3%	63.3%

Source: Percent of youth who consumed 2 or more fruits in the last day, California Health Interview Survey, 2014, SPA.

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Physical Environment

Fast-Food Establishments. Environmental influences such as easy access to fast-food rather than healthy food options is a critical factor that contributes to poor health outcomes such as diabetes. In the KFH-Baldwin Park service area, the rate of fast-food establishments per 100,000 population (76.4) was slightly lower when compared to Los Angeles County (77.8) and higher than in California (74.5).

Fast-Food Establishments

KFH- Baldwin Park Service Area	LA County	California
76.4	77.8	74.5

Source: Fast-food establishment rate per 100,000 population, U.S. Census Bureau, County Business Patterns, 2011, Tract.

Social & Economic

Access to Healthy Foods. Access to affordable, healthy, high-quality food—including fresh fruit and vegetables—is essential to an individual's overall well-being. Lack of access contributes to the development of health issues such as diabetes. In the KFH-Baldwin Park service area, a large percentage of the population (40.6%) cannot afford enough food— higher than in Los Angeles County (39.5%) and California (38.4%).

Unable to Afford Enough Food

KFH- Baldwin Park Service Area	LA County	California
40.6%	39.5%	38.4%

Source: Unable to afford enough food (food insecurity), California Health Interview Survey, 2014, SPA.

Assets & Opportunities

Stakeholders identified the following diabetes-specific and related assets through phone interviews and focus groups. Diabetes may also be addressed indirectly through programs and assets for obesity and efforts to encourage proper nutrition and physical activity. The following list includes assets that were identified through the KFH-Baldwin Park grant program; additional resources can be found at www.211.org.

Diabetes-Specific Assets
- **American Diabetes Association**
  http://www.diabetes.org/in-my-community/local-offices/los-angeles-california/
- **Asian Pacific Health Care Venture, Inc.**

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- http://www.aphcv.org/
- **Citrus Valley Medical Center**
  http://www.cvhp.org/
- **Community Clinical Association for L.A. County**
  http://ccalac.org/
- **East Valley Community Health Center, Inc.**
  https://www.evchc.org/
- **Latino Diabetes Association**
  http://lda.org/
- **Our Saviour Center—Cleaver Family Wellness Clinic**
  http://www.our-center.org/home

Nutrition and Wellness-Related Resources
- **Azusa Pacific University—Neighborhood Wellness Center**
  http://www.apu.edu/nursing/resources/community/
- **Baldwin Park Unified School District**
  http://www.bpusd.net/
- **Boys and Girls Club of Baldwin Park**
  http://www.evbgc.org/
- **Boys and Girls Club of West San Gabriel Valley**
  http://www.wsgvbgc.org/
- **Day One**
  http://www.godayone.org/
- **Foodbanks**
  https://www.lafoodbank.org/get-help/pantry-locator/
- **Los Angeles Community Garden Council**
  http://lagardencouncil.org/
- **New Horizons Caregivers Group**
  http://www.nhcg.org/
- **THINK Together**
  http://www.thinktogether.org/
- **West Covina Unified School District**
  http://www.wcusd.org/

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Economic Security in the KFH-Baldwin Park Service Area

Description & Significance

Economic security is integral to the achievement of health equity and for increasing the quality of a healthy life for everyone.

Economic security is critical to achieving health equity and leading a healthy life. Economic security encompasses socio-economic factors such as poverty, employment, and level of education. These factors can have a significant influence on population health. It is important to understand the relationship between these factors and how people experience them.[xlii] Living in poverty, being unemployed or underemployed, and having little to no education can contribute to poor health for a variety of reasons. Living in poverty may expose an individual to an unhealthy environment and conditions that contribute to the development of disease. Similarly, being unemployed or underemployed may limit the level of access an individual has to health care, healthy foods, and other basic necessities. Research has shown that education not only leads to better jobs and higher incomes but also affects the quality of life an individual leads.[xliii]

Health Outcome Statistics

The KFH-Baldwin Park service area is characterized by high poverty, high unemployment rates, and low educational attainment. Certain communities are more affected by particular factors than others.

Poverty. In the KFH-Baldwin Park service area, a large percentage of households (37.8%) are living 200% below the FPL—slightly lower than reported in Los Angeles County (40.9%) and slightly higher than reported in California (36.4%).

Unemployment. The unemployment rate in the KFH-Baldwin Park service area is 7.5, which is higher than California rate of 6.8.

Education Level. Almost a third of the people in the KFH-Baldwin Park service area graduated from college (31.6%) with an associate, bachelor, master's, professional, or doctorate degree, a percentage lower than in Los Angeles County (36.5%) and California

Source: Percent of the population living 200% below the Federal Poverty Level, U.S. Census Bureau, American Community Survey, 2010–14, Tract. Percent of students eligible for a free or reduced lunch, National Center for Education Statistics (NCES) Common Core of Data, 2013–14, Address.

(38.5%). Close to a quarter (24.4%) of the adults age 25 and older did not complete high school (including completing less than the ninth grade), a higher percentage than reported in Los Angeles County (23.2%) and California (18.7%).

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Education Level

KFH-Baldwin Park / Los Angeles County / California

Did not graduate high school: 24.4%, 23.2%, 18.7%

Graduated high school only: 24.4%, 20.6%, 20.7%

Completed from college coursework: 19.6%, 19.7%, 22.1%

Graduated from college: 31.6%, 36.5%, 38.5%
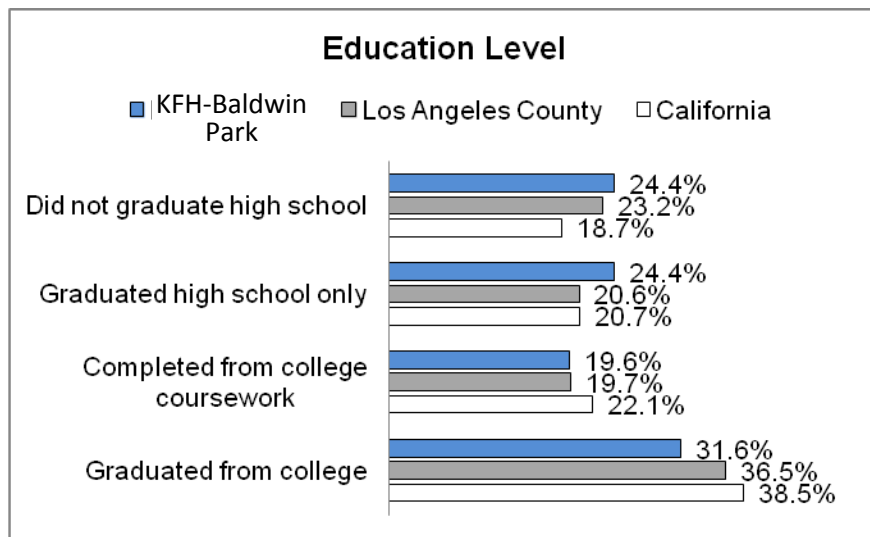
Source: Nielsen Claritas Site Reports, 2015, ZIP Code

Health Disparities

Health disparities were found in the western part of the KFH-Baldwin Park service area. Stakeholders added that communities in San Gabriel, Baldwin Park, El Monte, La Puente, Pomona, and South El Monte were most affected by poverty. In addition, minorities, youth age 10 and under, single-family homes, older adults, Latinos, Whites, and those re-entering the population from the prison system were also affected by poverty.

Communities Most Affected (Living 200% below the FPL, Children living 100% below FPL):

- Azusa
- Baldwin Park
- Covina
- El Monte
- La Puente
- Pomona

- San Gabriel
- South El Monte
- South San Jose Hills
- Rosemead
- Rowland Heights
- Valinda
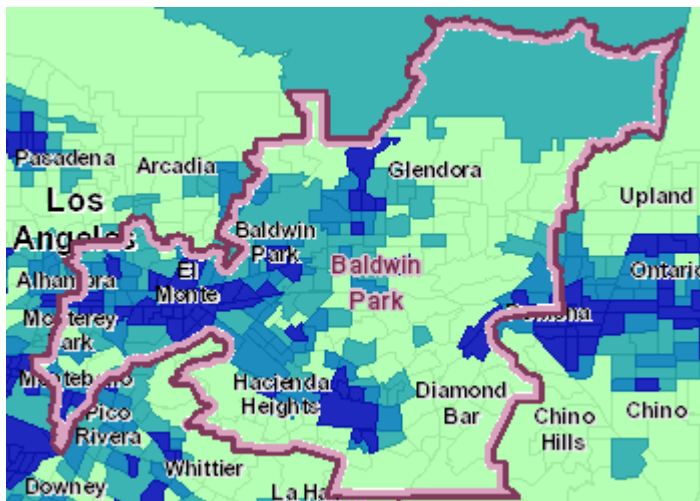
Population Below 200% Poverty Level, Percent by Tract, ACS 2010–14

- Over 50.0%
- 38.1–50.0%
- 26.1–38.0%
- Under 26.1%
- No Data or Data Suppressed
- Report Area

Source: U.S. Census Bureau, American Community Survey, 2010–14, Tract

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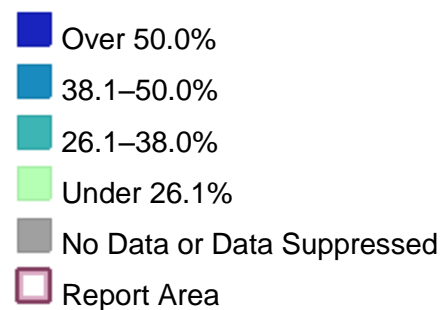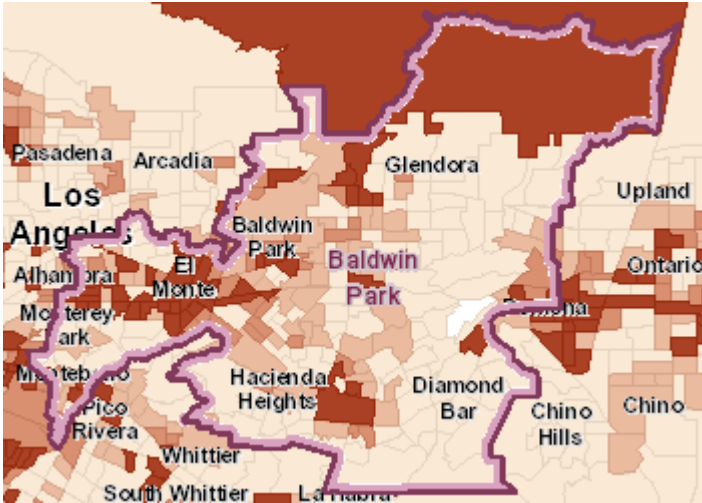
Population Below 100% Poverty Level, Children (Age 0–17), Percent by Tract, ACS 2010–14

- ■ Over 30.0%
- ■ 22.6–30.0%
- ■ 15.1–22.5%
- ■ Under 15.1%
- □ No Population Age 0–17 Reported
- ■ No Data or Data Suppressed
- ▢ Report Area
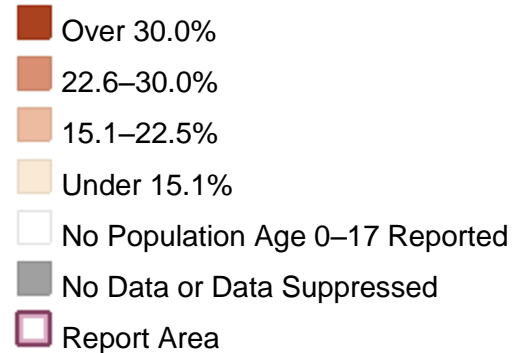
U.S. Census Bureau, American Community Survey, 2010–14, Tract

Key Health Drivers/Factors

Economic security can impact an individual's ability to access healthy foods and other basic necessities. Not having the financial means to access transportation may limit one's ability to get to work, access the medical care they need, and live a high-quality life.

Social & Economic

Access to Healthy Foods. Access to healthy, affordable, high-quality foods—including fruits and vegetables—is essential to an individual's overall well-being and lack of access may contribute to the development of health issues. In the KFH-Baldwin Park service area, a large percentage of the population (40.6%) could not afford enough food, a higher percentage than in Los Angeles County (39.5%) or California (38.4%).

Unable to Afford Enough Food

KFH- Baldwin Park Service Area	LA County	California
40.6%	39.5%	38.4%

Source: Unable to afford enough food (food insecurity), California Health Interview Survey, 2014, SPA.

Assets & Opportunities

Stakeholders did not share any resources associated with economic security. This list is not intended to be a comprehensive list of resources in the community; additional resources can be found at www.211.org.

Workforce Development Programs
- **Goodwill Worksource Center**
  Address: 11635 Valley Blvd Unit G, El Monte, CA 91732

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Phone:(626) 258-0365

Nutrition-Related Resources

- **Boys and Girls Club of West San Gabriel Valley**
  http://www.wsgvbgc.org/
- **Foodbanks**
  https://www.lafoodbank.org/get-help/pantry-locator/
- **Los Angeles Community Garden Council**
  http://lagardencouncil.org/
- **New Horizons Caregivers Group**
- http://www.nhcg.org/

Healthy Behaviors in the KFH-Baldwin Park Service Area

Description & Significance

Healthy behaviors such as healthy eating, regular exercise, and accessing preventive health care are critical to overall well-being.

Healthy behaviors such as healthy eating, exercising, and preventive health care—which includes getting timely vaccinations—has an impact on overall health. Having access to eating healthy foods is essential to overall well-being because it provides the energy our bodies need and aids in preventing the development of health problems.[xliv] In addition to healthy eating, regular exercise can help maintain or improve quality of life and also lowers the risk of developing health problems such as heart disease, stroke, high blood pressure, diabetes, obesity, and other related diseases. However, eating healthily and exercising regularly are not enough. Accessing preventive health care services in a timely manner is also essential to preventing the development of health problems. Preventive health services include health screenings, doctor visits for regular checkups, and vaccinations.[xlv] Regular checkups can help detect health problems early in their development, avoiding bigger problems in the future. It is important to understand that cultural practices and traditions have an impact on how individuals do all of these things.[xlvi] Cultural and linguistic factors must be considered by policy-makers and providers when developing preventive programming and educational materials and when providing services if they are to be successful in helping to maintain and improve overall health for all.

Health Outcome Statistics

The KFH-Baldwin Park service area youth do not eat sufficient fruits and vegetables, and adults do not exercise regularly.

Healthy Eating. In the KFH-Baldwin Park service area, although more than half (54.0%) of youth consumed five or more fruits and vegetables a day, fewer did so when compared to youth in Los Angeles County (57.3%) and California (63.3%).

Physical Activity. A smaller percentage (26.1%) of adults in the service area participated in aerobic and strengthening activities than in Los Angeles County (29.7%).

Healthy Behaviors

KFH-Baldwin Park ■ Los Angeles County □ California

Fruit and vegetable consumption (youth): 54.0% / 57.3% / 63.3%

Physical activity (adults): 26.1% / 29.7%
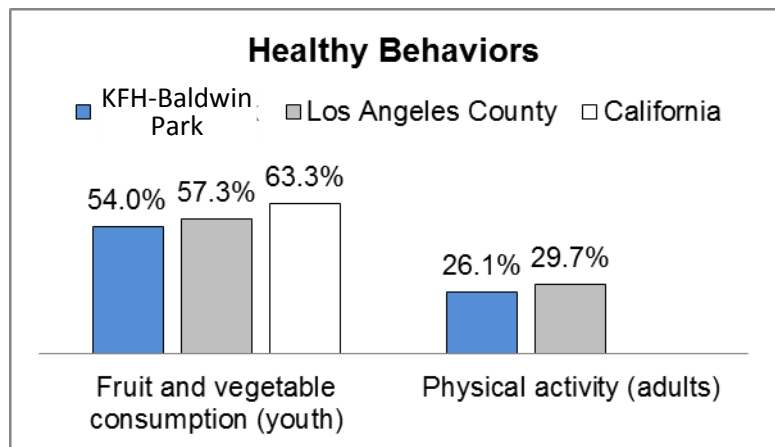
Source: Percent of youth who ate 5 or more fruits and vegetables a day, California Health Interview Survey, 2011–2012, SPA.

Percent of adults who exercised daily, California Health Interview Survey, 2014, SPA.

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Immunizations. In the service area, a smaller percentage (57.9%) of senior citizens receive an annual pneumonia vaccination when compared to Los Angeles County (61.3%).
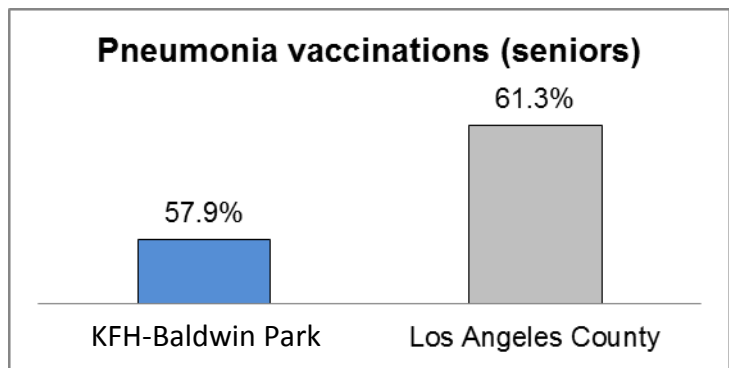
Pneumonia vaccinations (seniors)

Source: Percent of seniors who received an annual pneumonia vaccination. Los Angeles County Health Interview Survey. 2011 SPA.

Health Disparities

Stakeholders reported unhealthy habits among youth, Hispanics/Latinos, and Pacific Islanders. They also commented that cultural practices often contribute to unhealthy eating habits. Stakeholders attributed unhealthy behaviors to a lack of education around healthy behaviors and practices, most common among those living in poverty, youth, Hispanics/Latinos, immigrants, and multi-family homes. They also added that unhealthy behaviors were most often present in Baldwin Park and La Puente.

Key Health Drivers/Factors

Eating a healthy and balanced diet, regular exercise, and accessing preventive care services is essential to the well-being of all. However, socioeconomic factors can get in the way.

Social & Economic

Access to Healthy Foods. Access to healthy, affordable, high-quality foods—including fruits and vegetables—is essential to an individual's overall well-being; lack of that access may contribute to the development of health issues. In the KFH-Baldwin Park service area, a large percentage of the population (40.6%) could not afford enough food, higher than in Los Angeles County (39.5%) or California (38.4%).

Poverty. Financial instability creates barriers to access including to insurance coverage and health services[xlvii]. The percent of the population in the KFH-Baldwin Park service area living 200% below the Federal Poverty Levels (FPL) is higher (36.8%) when compared to California (35.9%).

Unable to Afford Enough Food

KFH- Baldwin Park Service Area	LA County	California
40.6%	39.5%	38.4%

Source: Unable to afford enough food (food insecurity), California Health Interview Survey, 2014, SPA.

Population below 200% FPL

KFH- Baldwin Park Service Area	LA County	California
36.8%	40.3%	35.9%

Source: Population living below 200% Federal Poverty Level, U.S. Census Bureau, American Community Survey. 2009–13, Tract.

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Assets & Opportunities

Stakeholders identified a variety of assets in the community related to healthy behavior, listed below. This list is not intended to be a comprehensive list of resources in the community, but includes assets that were identified through the KFH-Baldwin Park grant program; additional resources can be found at www.211.org.

Clinics and Health Centers

- **East Valley Community Health Center**
  http://www.evchc.org/
- **El Monte Comprehensive Health Center (DHS)**
  https://dhs.lacounty.gov/wps/portal/dhs/elmonte
- **La Puente Health Center (DHS)**
  https://dhs.lacounty.gov/wps/portal/dhs/lapuente
- **Monrovia Health Center (SPA 3) (DPH)**
  Phone: (626) 256-1600

Health Care Facilities and Programs

- **AltaMed**
  http://www.altamed.org/
  Azusa Pacific University
  Program: Community Connections
  http://www.apu.edu/nursing/about/community/
- **ChapCare**.
  http://www.chapcare.org/our-services/medical-services/
- **Center for Integrated Family and Health Services**
  http://www.cifhs.org/
- **Every Child's Healthy Options (ECHO)**
  Contact information: 626-854-8520 x1184; Fajardo Family Resource Center
- **Jeff Seymour Family Center (JSFC)**
  http://web.emcsd.org/jeff-seymour-family-center-jsfc
- **My Health LA**
  https://dhs.lacounty.gov/wps/portal/dhs/mhla
- **Our Saviour Center**
  http://www.our-center.org/home
- **Policies for Livable, Active, Communities, and Environments (PLACE) Initiative**
  http://www.ci.el-monte.ca.us/Government/ParksandRecreation/CommunitySeniorSrvs/HealthWellness.aspx
- **School-Based Health Centers (SBHCs)**
  Locations:
  - El Monte
    - Cortada Afternoon Clinic, (626) 452-9164 x3114
    - Durfee Elementary, (626) 443-3900
    - El Monte District Health Clinic, (626) 452-9164 x3114
    - Gidley Elementary School SBHC, (626) 575-2323

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- - Potrero Late Afternoon Clinic (PLAC)La Puente, (626) 452-9164
  - Northam Elementary School Childrens Clinic, (626) 964-4798
  - o La Puente
    - Villacorta Elementary School Based Health Center, (626) 919-5724
  - o Pomona
    - Oral Health Clinic at Mendoza Center

http://www.schoolhealthcenters.org/

Hospitals

- **Citrus Valley Health Partners**
  http://www.cvhp.org/
- **Huntington Memorial Hospital**
  http://www.huntingtonhospital.com/
- **Pomona Valley Health Centers**
  https://mypvhc.com/

Nutrition and Wellness-Related Resources

- **Azusa Pacific University—Neighborhood Wellness Center**
  http://www.apu.edu/nursing/resources/community/
- **Boys and Girls Club of West San Gabriel Valley**
  http://www.wsgvbgc.org/
- **Foodbanks**
  https://www.lafoodbank.org/get-help/pantry-locator/
- **Los Angeles Community Garden Council**
  http://lagardencouncil.org/
- **San Gabriel Valley Conservation Corps Earthworks Farm**
  http://www.sgvcorps.org/programs/earthworks-farm/

Workforce Development Programs

- **Goodwill Worksource Center**
  Address: 11635 Valley Blvd Unit G, El Monte, CA 91732
  Phone:(626) 258-0365

Nutrition-Related Resources

- **Boys and Girls Club of West San Gabriel Valley**
  http://www.wsgvbgc.org/
- **Foodbanks**
  https://www.lafoodbank.org/get-help/pantry-locator/
- **Los Angeles Community Garden Council**
  http://lagardencouncil.org/

Housing in the KFH-Baldwin Park Service Area

Description & Significance

Poor housing conditions affect individual health and can lead to chronic health issues.

Housing conditions are intertwined with health in many ways. Living in poor housing conditions can contribute to poor health and lead to the development or worsening of a health condition.[xlviii] Housing conditions that include overcrowding, not having the appropriate plumbing or kitchen facilities, and unaffordable rents and mortgages can affect health and overall quality of life. Living in poor housing conditions can lead to an increase in airborne infectious-disease transmissions, the development or worsening of respiratory conditions, and health issues related to exposure to temperature extremes. [xlix]

Health Outcome Statistics

The KFH-Baldwin Park service area is characterized by high poverty, high unemployment rates, and low educational attainment. Certain communities are more affected than others.

Housing. A large portion (34.3%) of adults age 25 and older in the KFH-Baldwin Park service area either did not graduate high school (18.2%) or had only a high school education (16.1%). These percentages were lower when compared to Los Angeles County (23.2% and 20.6%, respectively) and California (18.7% and 20.67%, respectively).

Nearly half (46.4%) of households in the service area had a mortgage or rent payment that exceeded 30% of their total household income—higher than in California (45.0%) but lower than in Los Angeles County (49.9%).

Housing

KFH-Baldwin Park ■   ■ Los Angeles County   □ California

Units with substandard conditions: 50.8% / 54.0% / 47.5%

Cost burdened households: 46.4% / 49.9% / 45.0%
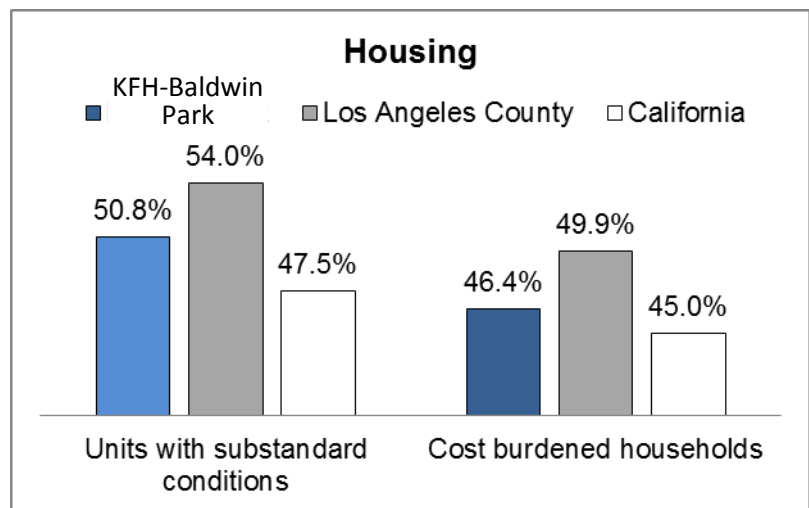
Source: Percent Occupied Housing Units with One or More Substandard Conditions, U.S. Census Bureau, American Community Survey. 2010–14. Source geography: Tract.

Percentage of Households where Housing Costs Exceed 30% of Income, U.S. Census Bureau, American Community Survey. 2010–14. Source geography: Tract.

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Health Disparities

![icon] Health disparities were experienced in most of the KFH-Baldwin Park service area with the highest percentage of households having substandard conditions being located in the southeast portion of the service area. Stakeholders specified that many of the homes in the service area are affected by asbestos, lead paint, and other related toxins common in older homes. In addition, stakeholders mentioned that cost of housing is increasing and is unaffordable for many. They also added that the LGBT community experiences a difficult time finding housing outside of shelters.

Communities Most Impacted (Units with Substandard Conditions and Cost-Burdened Households):

- Baldwin Park
- Diamond Bar
- El Monte

- Hacienda Heights
- Montebello
- Monterey Park
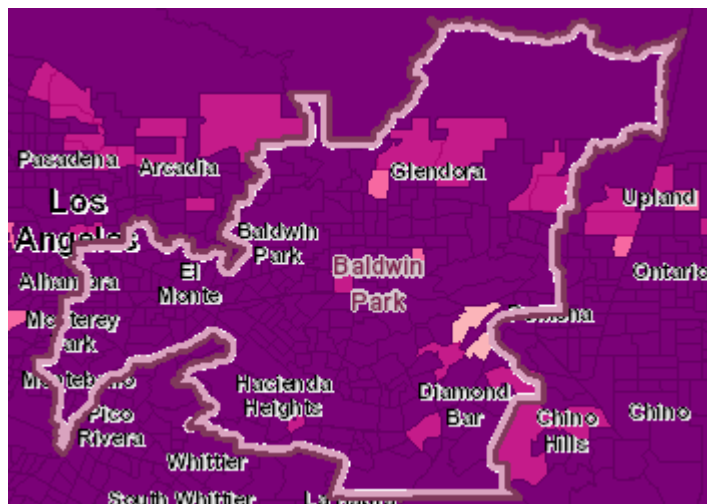
Substandard Housing Units, Percent of Total by Tract, ACS 2010–14

- ■ Over 34.0%
- ■ 28.1–34.0%
- ■ 22.1–28.0%
- ■ Under 22.1%
- ■ No Data or Data Suppressed
- □ Report Area
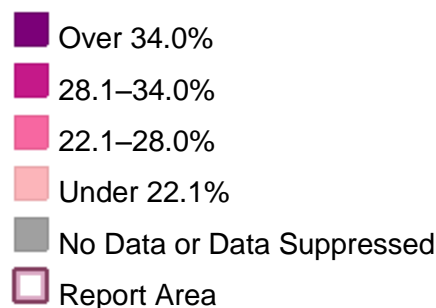
Source: U.S. Census Bureau, American Community Survey, 2010–14, Tract
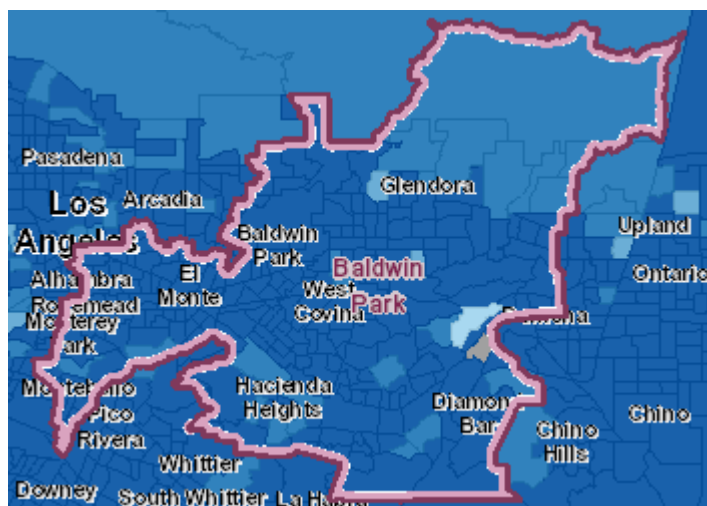
Cost-Burdened Households (Housing Costs Exceed 30% of Household Income), Percent by Tract, ACS 2010–14
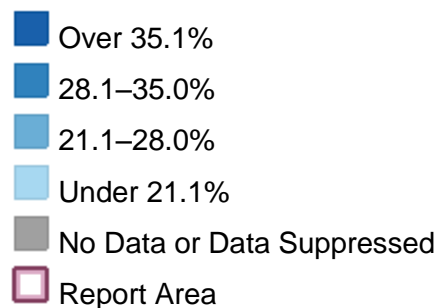
- ■ Over 35.1%
- ■ 28.1–35.0%
- ■ 21.1–28.0%
- ■ Under 21.1%
- ■ No Data or Data Suppressed
- □ Report Area

Source: U.S. Census Bureau, American Community Survey, 2010–14, Tract

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Key Health Drivers/Factors

Lack of economic security can affect an individual's ability to access healthy foods and other basic necessities. In addition, not having the financial means to access transportation may limit an individual's ability to get to work, seek the medical care they need, and live a high-quality life.

Social & Economic

Poverty. Poverty creates financial instability and barriers to accessing insurance coverage, health services, healthy food, and other necessities[I]. In the KFH-Baldwin Park service area in 2015, the unemployment rate was higher (7.5) than in California (6.8). The percentage of the population living at 200% below the Federal Poverty Level (FPL) was also higher (37.8%) than in California (35.9%).

Unemployment Rate

KFH- Baldwin Park Service Area	LA County	California
7.5	7.5	6.8

Source: Unemployment Rate, U.S. Department of Labor, Bureau of Labor Statistics. 2015—December, County

Population Below 200% FPL

KFH- Baldwin Park Service Area	LA County	California
37.8%	40.3%	35.9%

Source: Population living below 200% Federal Poverty Level, U.S. Census Bureau, American Community Survey. 2009–13, Tract.

Assets & Opportunities

Stakeholders identified a variety of assets in the community related to economic stability, listed below. This list is not intended to be a comprehensive list of resources in the community, but includes assets that were identified through the KFH-Baldwin Park grant program; additional resources can be found at www.211.org.

Housing-Related Resources

- **East San Gabriel Valley Coalition for the Homeless and Azusa Pacific University Our Saviour Center**
  http://www.our-center.org/home

Nutrition and Wellness-Related Resources

- **Azusa Pacific University—Neighborhood Wellness Center**
  http://www.apu.edu/nursing/resources/community/
- **Boys and Girls Club of West San Gabriel Valley**
  http://www.wsgvbgc.org/
- **Foodbanks**
  https://www.lafoodbank.org/get-help/pantry-locator/

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- **Los Angeles Community Garden Council**
  http://lagardencouncil.org/
- **Policies for Livable, Active, Communities, and Environments (PLACE) Initiative**
  http://www.ci.el-monte.ca.us/Government/ParksandRecreation/CommunitySeniorSrvs/
  HealthWellness.aspx

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Mental Health in the KFH-Baldwin Park Service Area

Description & Significance

Mental illness is a major and complex health issue; if left untreated, it may leave individuals at risk for substance abuse, self-destructive behavior, and suicide.

Mental health disorders can have a serious impact on physical health and are associated with the prevalence, progression, and outcome of chronic diseases.[li] Mental illnesses such as depression and anxiety affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.[lii] New mental health issues have emerged among some special populations, such as veterans who have experienced physical and mental trauma; people in communities with psychological trauma caused by natural disasters and exposure to violence; and older adults, as the awareness, understanding and treatment of dementia and mood disorders continues to improve.[liii] The stigma associated with mental health causes suffering, potentially leading a person to deny symptoms, delay treatment, and refrain from daily activities.

Health Outcome Statistics

The KFH-Baldwin Park service area is experiencing mental health–related issues with youth and adults, as indicated in the Mental Health–Related Hospitalizations chart below.

Issues include general mental health status, depression, anxiety, alcohol and drug use, access to mental health providers and services, hospitalizations related to mental health, and suicide.

Prevalence. In the KFH-Baldwin Park service area, the population experienced an average of four mentally unhealthy days per month, similar to that reported in Los Angeles County.[liv]

Hospitalizations. In the KFH-Baldwin Park service area, the mental health hospitalization rate per 100,000 adults was higher (616.8) when compared to California (540.9). The mental health hospitalization rate per 100,000 youth was much higher (451.6) than Los Angeles County's (377.1) and twice California's (294.8).

Mental Health-Related Hospitalizations

KFH-Baldwin Park ■ Los Angeles County □ California

Adults Hospitalizations for Mental Health Issues Per 100,000 Pop.: KFH-Baldwin Park 616.8, Los Angeles County 677.0, California 540.9

Youth Hospitalizations for Mental Health Issues Per 100,000 Pop.: KFH-Baldwin Park 451.6, Los Angeles County 377.1, California 294.8
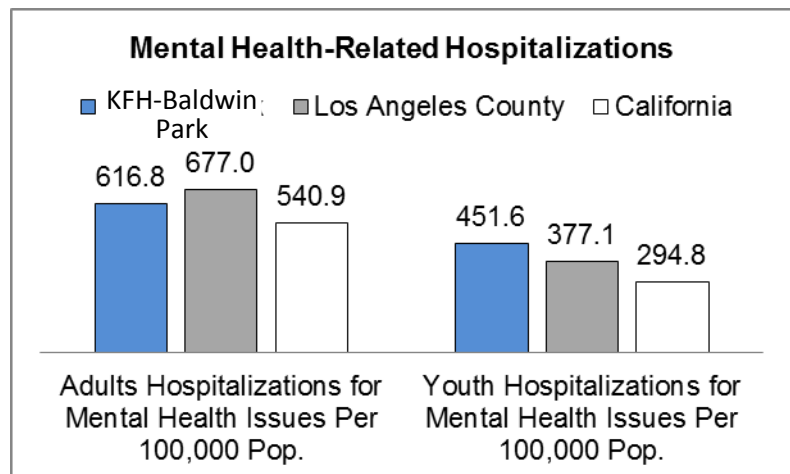
Source: Adult and Youth (18 years and younger) Hospitalization Rate per 100,000 Population, Office of Statewide Health and Planning and Development (OSHPD), 2012, ZIP Code

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Health Disparities

Health disparities were observed among youth, the elderly, the low income, the middle class, the uneducated, the homeless, and communities mostly located in the western and central parts of the KFH-Baldwin Park service area.

Communities Most Affected (Higher Hospitalization Rates Among Youth and Adults):

- Azusa
- Baldwin Park
- Covina
- Duarte
- El Monte
- Glendora

- La Puente
- La Verne
- Rosemead
- San Dimas
- West Covina

Community Perspective

Stakeholders agreed that mental health affects "everyone" such as adolescents, teens, young adults, working-class professionals, low-income populations, non–English speakers, women and single mothers, parents, the elderly, younger members in the LGBT community, foster youth, homeless populations, and members across ethnic groups. The communities mentioned as most affected were Baldwin Park and San Gabriel. Glendora was mentioned for high suicide rates.

Key Health Drivers/Factors

Mental health is associated with factors such as poverty, heavy alcohol consumption, and unemployment. Stakeholders described drivers for affecting mental health as varied and complex. Everyday stress on working mothers, families, children, and homeless populations was identified as a contributor to mental health issues. Stakeholders agreed on the lack of education regarding mental health. Mental health is seen as unimportant or carrying negative associations, which prevents people from seeking help or recognizing their issues and seeking opportunities for assistance.

Community Perspective

"Mental health affects everyone across the board; some people fall through the cracks because mental illnesses aren't always very apparent."

Social Services Provider

Often people will not seek help because of the cultural stigma associated with accessing mental health services, particularly among Asians and Black/African-Americans. Children and adolescents receive care and support at some schools, though participants indicated that current efforts are insufficient. Among homeless populations, substance abuse

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is an issue commonly associated with degraded mental health. Immigrant and/or non–English speaking populations have a difficult time accessing mental health care because of a lack of multilingual providers or not being aware of available resources.

Stakeholders also identified barriers associated with insurance and funding for mental health services. Insurance does not cover all kinds of treatment for mental health issues; for example, dementia is often not considered a mental health condition. Securing timely appointments is also a concern; patients have to wait a long time to be seen, and there are not enough facilities to access during a crisis (e.g., 5150). Focus group participants highlighted the challenges in properly medicating mental health issues; for example, refill processes are complex and time-consuming. In general, participants stated that there is a lack of funding for mental health programs and care for adults 18 to 59 years of age, low-income populations, and the uninsured.

Access. The rate of mental health providers per 100,000 population in the KFH-Baldwin Park service area is lower (149.5) than in California (157.0).[lv]

Social & Economic

Poverty. Financial instability creates barriers to access including to insurance coverage, health services, healthy food, and other necessities[lvi]. In the KFH-Baldwin Park service area, the unemployment rate is higher (7.5) than in California (6.8), and the percent of the population living 200% below the FPL is slightly higher (36.8%) than in the state overall (35.9).

Unemployment Rate

KFH- Baldwin Park Service Area	LA County	California
7.5	7.5	6.8

Source: Unemployment Rate, U.S. Department of Labor, Bureau of Labor Statistics. 2015—December, County

Population below 200% FPL

KFH- Baldwin Park Service Area	LA County	California
36.8%	40.3%	35.9%

Source: Population living below 200% Federal Poverty Level, U.S. Census Bureau, American Community Survey. 2009–13, Tract.

Assets & Opportunities

A wide variety of resources are available to respond to health needs within a given community, including health care facilities, community organizations, faith-based organizations and public agencies. The following list includes assets that have been identified as specifically addressing this health need and/or related key drivers and is an abbreviated list of mental health providers and services available, including assets that were identified through the KFH-Baldwin Park grant program; additional resources can be found at www.211.org.

Mental Health Providers: A limited number of mental health providers are located in and around the KFH-Baldwin Park service area where the need is highest.

- **AltaMed Medical and Dental Group**
  http://www.altamed.org/programs_and_services/dental_services
- **Aurora Charter Oak Hospital**
  http://www.charteroakhospital.com/
- **Azusa Pacific University—Neighborhood Wellness Center**
  http://www.apu.edu/nursing/resources/community/
- **BHC Alhambra**
  http://www.bhcalhambra.com/
- **Bienvenidos**
  http://bienvenidos.org/
- **Center for Integrated Family and Health Services**
  http://www.cifhs.org/
- **Citrus Valley Health Partners: Inter-Community Hospital and Queen of the Valley Campus**
  http://www.cvhp.org/
- **Community Clinic Association of L.A. County**
  http://ccalac.org/
- **East Valley Community Health Center**
  https://www.evchc.org/
- **El Proyecto del Barrio, Inc.**
  http://www.elproyecto.us/
- **Foothill Family Service**
  https://www.foothillfamily.org/index.php
- **Hathaway Sycamores—Covina Community-Based Mental Health Services**
  Phone: 1-844-222-2377
- **Pacific Clinics—Family Outreach Services**
  http://www.pacificclinics.org/
- **San Gabriel Children's Center, Inc.**
  Phone: 626-859-2089
- **Silverlake Medical Center**
  http://www.silverlakemc.com/
- **Tri-City Mental Health Services**
  http://www.tricitymhs.org/

Alcohol and Drug-Related Services: A small number of providers have programs or services that pro-vide education, prevention, and treatment for alcohol and substance abuse.
- **SPIRITT Family Services—Glendora Family Center**
  http://www.spiritt.org/

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Overweight and Obesity
in the KFH-Baldwin Park Service Area

Description & Significance

Being overweight is defined by maintaining a body mass index (BMI) between 25.0 and 29.9. Obesity is defined as having a BMI of 30.0 or higher.

Excess weight is a significant national problem and indicates an unhealthy lifestyle that influences further health issues. Obesity reduces life expectancy and causes devastating and costly health problems, increases the risk of coronary heart disease, stroke, high blood pressure, diabetes, and a number of other chronic diseases.[lvii] Being overweight and obese may result from a combination of causes and contributing factors that include behavior and genetics.[lviii] Behaviors can include dietary patterns, physical inactivity, medication use, and other exposures. Additional contributing societal factors may include food and physical activity, education and skills, and food marketing and promotion. Some Americans have less access to stores and markets that provide healthy, affordable food such as fruits and vegetables, especially in rural, minority, and lower-income neighborhoods.[lix] Obesity is a serious concern and associated with a reduced quality of life and many serious diseases and health conditions including diabetes, heart disease, stroke, high blood pressure (hypertension), high cholesterol, and mental illness such as clinical depression and anxiety.[lx] Findings suggest that obesity also increases the risks for cancers of the esophagus, breast (postmenopausal), endometrium, colon and rectum, kidney, pancreas, thyroid, gallbladder, and possibly other cancer types[lxi].

Health Outcome Statistics

The KFH-Baldwin Park service area has a greater portion of population classified as overweight and obese when compared to Los Angeles County and California. The issue has become increasingly prevalent among children and youth.

Prevalence. In the KFH-Baldwin Park service area, a greater percentage of teens between the ages of 12 and 17 (22.8%) were obese when compared to Los Angeles County (14.9%).

Overweight and Obesity
■ KFH-Baldwin Park   ■ Los Angeles County

	Overweight Youth	Obese Youth	Overweight Teens	Obese Teens
KFH-Baldwin Park	19.5%	19.1%	13.4%	22.8%
Los Angeles County	20.0%	21.5%	14.4%	14.9%
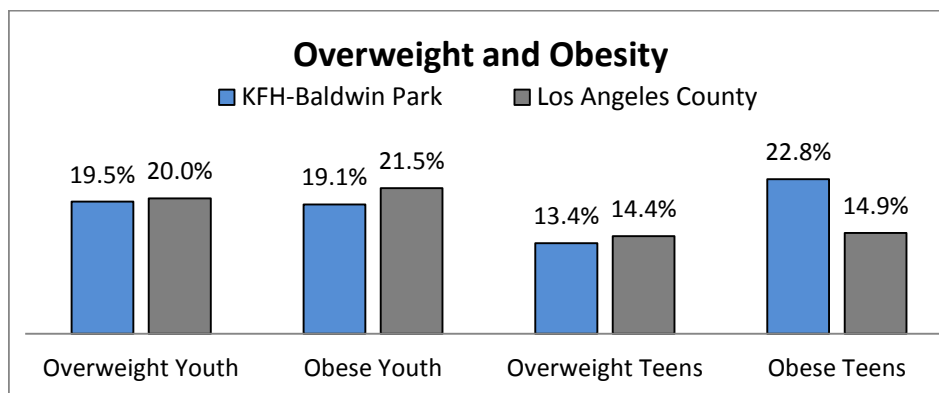
Source: Percent of youth (2–11 years old) are overweight, California Health Interview Survey, 2014, SPA.
Percent of teens (12–17 years old) are obese, California Health Interview Survey, 2014, SPA.

Health Disparities

A greater percentage of Hispanic/Latino (22.5%) as well as Black/African American (21.6%) children in grades 5, 7, and 9 in the KFH-Baldwin Park service area are obese relative to other races/ethnic groups. These percentages are also greater than that for the KFH-Baldwin Park service area (19.10%).

Stakeholders recognized health disparities among Hispanics/Latinos, Blacks/African-Americans, Asians, Pacific Islanders, youth as young as two years old, students in low-income communities, the homeless, and residents in the western and central areas of the KFH-Baldwin Park service area.

Communities Most Affected (Teens Who Are Obese):

- Azusa
- Baldwin Park
- Covina
- El Monte

- La Puente
- Pomona
- South El Monte
- West Covina
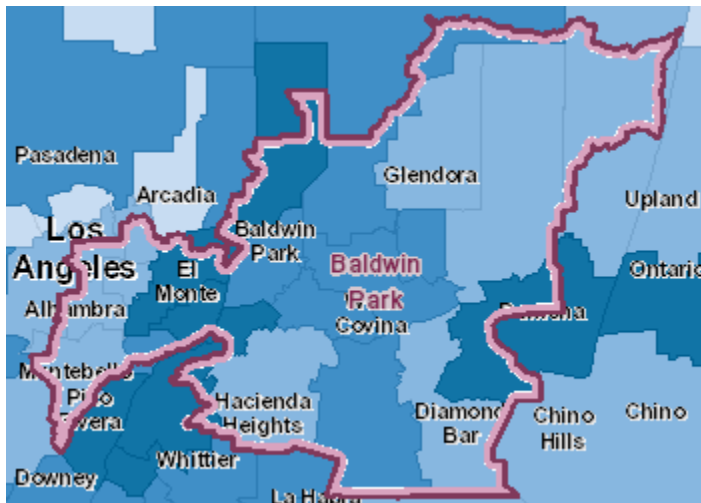
Students Obese / in 'High Risk' Zone for Body Composition , Percent by School District (Elementary), FITNESSGRAM 2013–14

- Over 26.0%
- 18.1–26.0%
- 10.1–18.0%
- Under 10.1%
- No Data or Data Suppressed
- Report Area
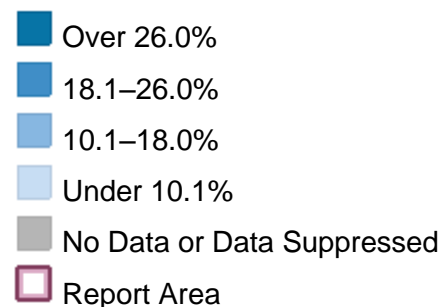
Source: Percent of youth in grades 5, 7, and 9 who are obese, California Department of Education, FITNESSGRAM® Physical Fitness Testing, 2013–14, School District.

Community Perspective

A mental health care provider noted that obesity is a side effect of medication given to treat mental illnesses, and that weight gain often prompts people to discontinue the use of medication.

"We need to educate people so they make intelligent choices about nutrition."

Social Services Provider

Key Health Drivers/Factors

Obesity is associated with an increased risk of cardiovascular disease, stroke, high blood pressure, diabetes, and a number of other health issues[lxii]. Obesity is also associated with a lack of physical activity, access to healthy food options and safe green space such as parks, and other social and economic issues. Stakeholders remarked that the increase in access to and the marketing of fast food has contributed greatly to poor nutrition in the area, which is seen as a driver of obesity. Many also noted a lack of exercise and physical activity as a contributing factor, and many recognized the connection between obesity and diabetes, hypertension,and a range of liver diseases.

Health Outcome(s)

Diabetes. Diabetes and being overweight or obese often go hand-in-hand. In the KFH-Baldwin Park service area, a larger percentage of the population (12.0%) was diagnosed with diabetes when compared to Los Angeles County (10.0%) and California (8.9%).

Cardiovascular Disease. Being overweight or obese often leads to health issues including cardiovascular disease. In the KFH-Baldwin Park service area, more residents (381.2 per 100,000 population) were hospitalized for heart disease than in Los Angeles County (366.6) or California (339.0).

Health Behaviors

Physical Activity. A lack of physical activity is a contributing factor to an individual's developing health issues, including being overweight or obese. In the KFH-Baldwin Park service area, a slightly lower percentage of adults (26.1%) were physically inactive when compared Los Angeles County (29.7%).

Healthy Eating. Healthy eating behaviors such as not consuming fresh fruits and vegetables on a daily basis may prevent health issues like obesity. In the KFH-Baldwin Park service area, a slightly lower percentage (54.0%) of youth consumed two or more fruits a day than in Los Angeles County (57.3%), and even lower than in California (63.3%).

Adults Who Are Physically Inactive

KFH- Baldwin Park Service Area	LA County
26.1%	29.7%

Source: California Health Interview Survey, 2014, SPA

**Youth Who Consumed
Two or More Fruits A Day**

KFH- Baldwin Park Service Area	LA County	California
54.0%	57.3%	63.3%

Source: Percent of youth who consumed 2 or more fruits in the last day, California Health Interview Survey, 2014, SPA.

Social & Economic

Access to Healthy Foods. Access to healthy, high-quality, affordable food—including fresh fruit and vegetables—is essential to an individual's overall well-being. The lack of such access contributes to the development of health issues such as being overweight or obese. In the KFH-Baldwin Park service area, a larger percentage of the population (40.6%) could not afford enough food than in Los Angeles County (39.5%) or California (38.4%).

Unable to Afford Enough Food

KFH- Baldwin Park Service Area	LA County	California
40.6%	39.5%	38.4%

Source: Unable to afford enough food (food insecurity), California Health Interview Survey, 2014, SPA.

Physical Environment

Fast-Food Establishments. Environmental influences such as easy access to fast-food rather than healthy food options is a critical factor that contributes to poor health outcomes such as being overweight or obese. In the KFH-Baldwin Park service area, the rate of fast-food establishments per 100,000 population (76.4) was slightly lower than in Los Angeles County (77.8) but higher than in California (74.5).

Fast-Food Establishments

KFH- Baldwin Park Service Area	LA County	California
76.4	77.8	74.5

Source: Fast-food establishment rate per 100,000 pop., U.S. Census Bureau, County Business Patterns, 2011, Tract.

Recreation and Fitness Facilities.
Environmental influences such as access to recreation and fitness facilities are important in encouraging physical activity and other healthy behaviors. In the KFH-Baldwin Park service area, the rate of recreation and fitness facilities per 100,000 population (4.5) is nearly half that in Los Angeles County (7.6) or California (8.7).

Recreation and Fitness Facilities

KFH- Baldwin Park Service Area	LA County	California
4.5	7.6	8.7

Source: Recreation and fitness facilities rate per 100,000 pop., U.S. Census Bureau, County Business Patterns. Additional data analysis by CARES. 2012, ZCTA.

Assets & Opportunities

Stakeholders provided resources in the community that address obesity indirectly through an increase in physical activity and improving nutrition. There was also mention of a program in the region that addresses barriers to nutrition and exercise in the community. The following list provides the assets that were identified through interviews and focus groups. The

following list includes assets that were identified through the KFH-Baldwin Park grant program; additional resources can be found at www.211.org.

Diabetes-Related Services
- **American Diabetes Association**
  http://www.diabetes.org/
- **American Heart Association**
  http://www.heart.org/
- **Asian Pacific Health Care Venture, Inc.**
  http://www.aphcv.org/
- **Citrus Valley Health Partners: Inter-Community Hospital and Queen of the Valley Campus**
  http://www.cvhp.org/

Physical Activity-Related Services
- **City of Baldwin Park—Healthy Baldwin Park Program**
- **Bike San Gabriel Valley**
  http://www.bikesgv.org/
- **Boys and Girls Club of West San Gabriel Valley**
  http://www.wsgvbgc.org/
- **Day One**
  http://www.godayone.org/
- **Enki Health and Research Systems, Inc.**
  http://www.ehrs.com/
- **Walking Groups**

Nutrition and Wellness-Related Services
- **Azusa Pacific University—Neighborhood Wellness Center**
  http://www.apu.edu/nursing/resources/community/
- **Baldwin Park Unified School District**
  http://www.bpusd.net/
- **Boys and Girls Club of Baldwin Park**
  http://www.evbgc.org/
- **Boys and Girls Club of West San Gabriel Valley**
  http://www.wsgvbgc.org/
- **Day One**
  http://www.godayone.org/
- **Foodbanks**
  https://www.lafoodbank.org/get-help/pantry-locator/
- **Los Angeles Community Garden Council**
  http://lagardencouncil.org/
- **New Horizons Caregivers Group**
  http://www.nhcg.org/
- **THINK Together**

http://www.thinktogether.org/

- **West Covina Unified School District**
  http://www.wcusd.org/

Preventive Health Care
in the KFH-Baldwin Park Service Area

Description & Significance

Preventive health care services are essential for the early detection and treatment of health problems such as heart disease, cancer, and diabetes.

Accessing preventive health care services in a timely manner is essential to preventing the development of chronic diseases. Preventive health services include health screenings, doctor visits for regular checkups, and vaccinations.[lxiii] Regular checkups can help detect health problems early in their development, avoiding bigger problems in the future. A health provider can also educate their patients to help them recognize changes in their bodies leading to early detection and treatment for health problems.[lxiv] Opportunities for prevention affect everyone regardless of income level, age, or health status. Every year, potentially preventable health problems such as heart disease, cancer, and diabetes are responsible for premature deaths. Although the Affordable Care Act has increased access for many by forcing health insurance providers to cover certain preventable health services at no additional cost, many are still not accessing these services. [lxv]

Health Outcome Statistics

The KFH-Baldwin Park service area is experiencing high rates of preventable hospitalizations.

Health Screenings. In the KFH-Baldwin Park service area, the percentage of women receiving cervical cancer screenings in the prior three years (circa 2011–2012) was lower (78.6%) than in Los Angeles County (82.8%) and did not meet the Healthy People 2020 goal of >=93.0%. However, a greater percentage of women (64.2%) had a mammogram within the prior two years than in Los Angeles County (61.8%), although slightly less than in California (65.1%). The service area did not meet the Healthy People 2020 goal of >=81.1%.

Cancer Screenings

■ KFH-Baldwin Park □ Los Angeles County □ Healthy People 2020

Cervical cancer screenings in last 3 yrs: 78.6%, 82.8%, >=93.0%

Breast cancer screenings in last 2 yrs: 64.2%, 61.8%, >=81.1%
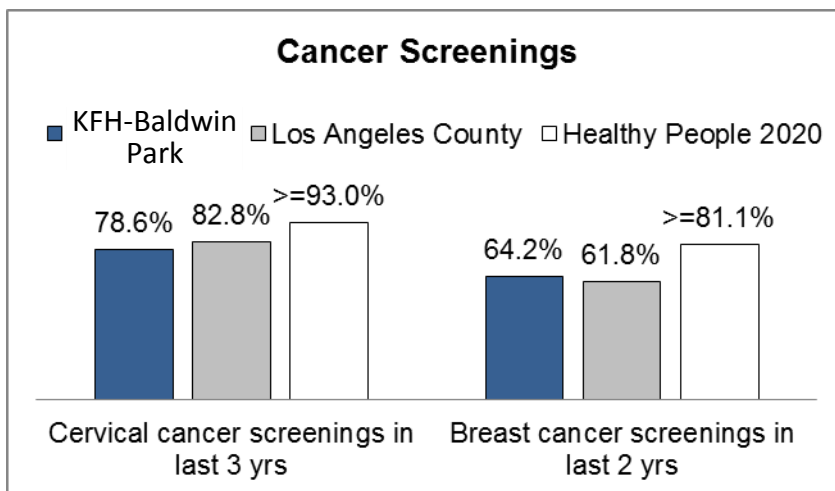
Source: Percent of women who had a cervical cancer screening in the past three years, Los Angeles County Health Survey, 2011, SPA.

Percent of women who had a breast cancer screening in the last two years, California Health Interview Survey, 2012, SPA.

Immunizations. In the service area, a smaller percentage (57.9%) of senior citizens received an

annual pneumonia vaccination when compared to Los Angeles County (61.3%).

Hospitalizations. In the KFH-Baldwin Park service area, the hospital discharge rate for preventable hospital events was higher (100.4 per 10,000 population) when compared to Los Angeles County's (92.2), but slightly lower than California's (102.9).

Pneumonia vaccinations (seniors)

57.9% — KFH-Baldwin Park
61.3% — Los Angeles County

Source: Percent of seniors who received an annual pneumonia vaccination, Los Angeles County Health Interview Survey, 2011, SPA.
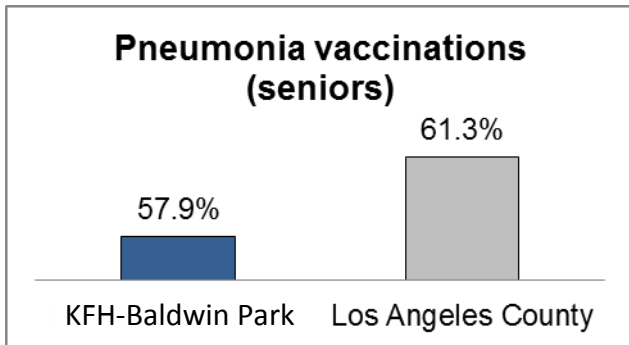
Preventable hospitalizations

110.4 — KFH-Baldwin Park
92.2 — Los Angeles County
102.9 — California
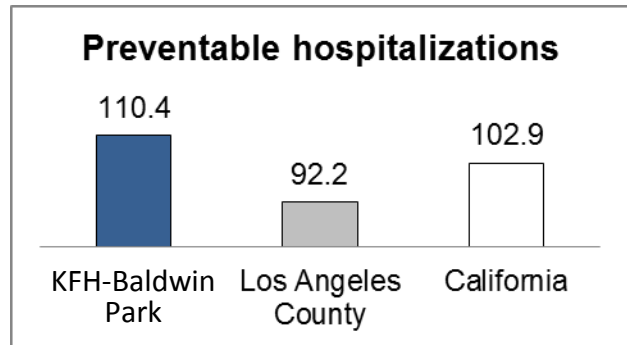
Source: Rate of preventable hospitalizations per 10,000 population, Los Angeles County Health Survey, 2011, SPA.

Health Disparities

Health disparities were observed in the western portion of the KFH-Baldwin Park service area. Stakeholders added that low-income families, the homeless, and those whose primary language was not English were less likely to have an annual wellness exam. (Wellness exams are covered under the ACA but the data are not yet available.) Stakeholders added that non–English speaking women living in the San Gabriel Valley were less likely to have an annual Pap smear and mammogram exam.

Communities Most Affected (Preventable Condition Hospital Discharges):

- Baldwin Park
- Duarte
- Irwindale
- El Monte
- Glendora
- Montebello
- Pomona
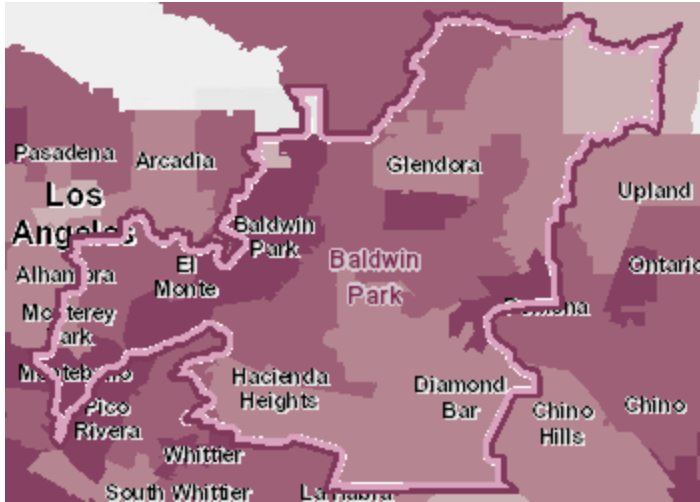
Preventable (ACS) Condition Hospital Discharges, Rate (Per 10,000 Population) by ZCTA, OSHPD 2011

■ Over 120.0
■ 80.1–120.0
■ 50.1–80.0
■ Under 50.1
□ No Data or Data Suppressed
▢ Report Area
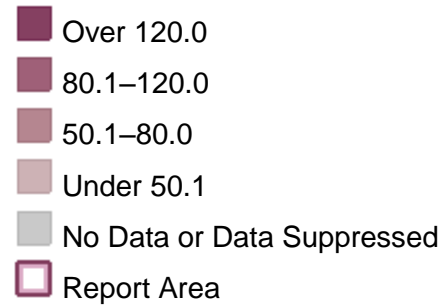
Source: California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. Additional data analysis by CARES, 2011, ZIP Code

Key Health Drivers/Factors

Similar to access to health care, it is important to follow preventive practices such as having a regular source of care and timely physical and medical tests. Adequate, regular primary care can help maintain a positive health status and prevent the onset of health issues.

Social & Economic

Poverty. Poverty creates financial instability and barriers to access including to insurance coverage and health services[lxvi]. The percentage of the population in the KFH-Baldwin Park service area living 200% below the Federal Poverty Level (FPL) was higher (37.8%) when compared to California (36.4%).

Population below 200% FPL

KFH- Baldwin Park Service Area	LA County	California
37.8%	40.9%	36.4%

Source: U.S. Census Bureau, American Community Survey, 2010-14, Tract

Cultural and Linguistic

Language. Language barriers can create inequities in health care access, effective communciation with providers, and health literacy. In the KFH-Baldwin Park service area, 30.2% of the population has limited English proficiency—higher than in Los Angeles County (26.2%) or California (21.6%).

Population with Limited English Proficiency

KFH- Baldwin Park Service Area	LA County	California
30.2%	26.2%	21.6%

Source: Population with limited English proficiency, U.S. Census Bureau, American Community Survey. 2009-13, Tract.

Assets & Opportunities

Stakeholders identified a variety of assets in the community related to healthy behavior. The following list is not intended to be a comprehensive list of resources in the community, but includes assets identified through the KFH-Baldwin Park grant program; additional resources can be found at www.211.org.

Clinics and Health Centers

- **East Valley Community Health Center**
  http://www.evchc.org/
- **El Monte Comprehensive Health Center (DHS)**
  https://dhs.lacounty.gov/wps/portal/dhs/elmonte
- **La Puente Health Center (DHS)**
  https://dhs.lacounty.gov/wps/portal/dhs/lapuente
- **Monrovia Health Center (SPA 3) (DPH)**
  Phone: (626) 256-1600

Health Care Facilities and Programs

- **AltaMed**
  http://www.altamed.org/
- **Azusa Pacific University**
  Program: Community Connections, http://www.apu.edu/nursing/about/community/
- **ChapCare**
  http://www.chapcare.org/our-services/medical-services/
- **Center for Integrated Family and Health Services**
  http://www.cifhs.org/
- **Every Child's Healthy Options (ECHO)**
  Contact information: 626-854-8520 x1184; Fajardo Family Resource Center
- **Jeff Seymour Family Center (JSFC)**
  http://web.emcsd.org/jeff-seymour-family-center-jsfc
- **My Health LA**
  https://dhs.lacounty.gov/wps/portal/dhs/mhla
- **Our Saviour Center/Cleaver Family Wellness Clinic**
  http://www.our-center.org/
- **Policies for Livable, Active, Communities, and Environments (PLACE) Initiative**
  http://www.ci.el-monte.ca.us/Government/ParksandRecreation/CommunitySeniorSrvs/HealthWellness.aspx
- **School-Based Health Centers (SBHCs)**
  Locations:
  - El Monte
    - Cortada Afternoon Clinic, (626) 452-9164 x3114
    - Durfee Elementary, (626) 443-3900
    - El Monte District Health Clinic, (626) 452-9164 x3114

- Gidley Elementary School SBHC, (626) 575-2323
- Potrero Late Afternoon Clinic (PLAC)La Puente, (626) 452-9164
- Northam Elementary School Childrens Clinic, (626) 964-4798
  - La Puente
    - Villacorta Elementary School Based Health Center, (626) 919-5724
  - Pomona
    - Oral Health Clinic at Mendoza Center

http://www.schoolhealthcenters.org/

Hospitals

- **Citrus Valley Health Partners**
  http://www.cvhp.org/
- **Huntington Memorial Hospital**
  http://www.huntingtonhospital.com/
- **Pomona Valley Health Centers**
  https://mypvhc.com/

Appendix E: Glossary of Terms

The following terms are used throughout the Community Health Needs Assessment report. They represent concepts that are important to understanding the findings and analysis in this report.

Age-adjusted rate. The incidence or mortality rate of a disease can depend on the age distribution of a community. Because chronic diseases and some cancers affect older adults disproportionately, a community with a higher number of older adults might have a higher mortality or incidence rate of some diseases than another community that may have a higher number of younger people. An incidence or mortality rate that is **age-adjusted** takes into the consideration of the proportions of persons in corresponding age groups, which allows for more meaningful comparison between communities with different age distributions.

Benchmarks. A benchmark serves as a standard by which a community can determine how well or not well it is doing in comparison for specific health outcomes. For the purpose of this report, one of two benchmarks is used to make comparison with the medical center area. They are Healthy People 2020 objectives and state (California) averages.

Death rate. See *Mortality rate*.

Disease burden. Disease burden refers to the impact of a health need not only on the health of the individuals affected by it, but also the financial cost in addressing this health need, such as public expenditures in addressing a health need. The burden of disease can also refer to the disproportionate impact of a disease on certain populations, which may negatively affect their quality of life and socioeconomic status.

Health condition. A health condition is a disease, impairment, or other state of physical or mental ill health that contributes to a poor health outcome.

Health disparity. Diseases and health problems do not affect all populations in the same way. Health disparity refers to the disproportionate impact of a disease or a health problem on specific populations. Much of research literature on health disparity focuses on racial and ethnic differences in how these communities experience the diseases, but health disparity can be correlated with gender, age, and other factors, such as veteran, disability, and housing status.

Health driver. Health drivers are behavioral, environmental, social, economic and clinical care factors that positively or negatively impact health. For example, smoking (behavior) is a health driver for lung cancer, and access to safe parks (environmental) is a health driver for obesity/overweight. Some health drivers, such as poverty or lack of insurance, impact multiple health needs.

Health indicator. A health indicator is a characteristic of an individual, population, or environment which is subject to measurement (directly or indirectly) and can be used to describe one or more aspects of the health of an individual or population.

Health outcome. A health outcome is a snapshot of a disease in a community that can be described in terms of both morbidity and mortality (e.g. breast cancer prevalence, lung cancer mortality, homicide rate, etc.).

Health need. A health need is a poor health outcome and its associated health driver, or a health driver associated with a poor health outcome where the outcome itself has not yet arisen as a need.

Hospitalization rate. Hospitalization rate refers to the number of patients being admitted to a hospital and discharged for a disease, as a proportion of total population.

Incidence rate. Incidence rate is the number of *new* cases for a specific disease or health problem within a given time period. It is expressed either as a fraction (e.g. percentage) or a density rate (e.g., *x* number of cases per 10,000 people), in order to allow for comparison between different communities. It should not be confused with *prevalence rate*, which measures the proportion of people found to have a specific disease or health problem.

Morbidity rate. Morbidity rate refers to the frequency with which a disease appears within a population. It is often expressed as a *prevalence rate* or *incidence rate.*

Mortality rate. Mortality rate refers to the number of deaths in a population due to a disease. It is usually expressed as a density rate (e.g. *x* number of cases per 10,000 people). It is also referred to as "death rate."

Prevalence rate. Prevalence rate is the proportion of total population that currently has a given disease or health problem. It is expressed either as a fraction (e.g., percentage) or a density rate (e.g., *x* number of cases per 10,000 people), in order to allow for comparison between different communities. It should not be confused with incidence rate, which focuses only on *new* cases. For instance, a community may experience a decrease in new cases of a certain disease (incidence) but an increase in the total of number suffering that disease (prevalence) because people are living longer due to better screening or treatment for that disease.

Primary data. Primary data are new data collected or observed directly from first-hand experience. They are typically qualitative (not numerical) in nature. For this community health needs assessment, primary data were collected through focus groups and interviews with key stakeholders. These primary data describe what is important to the people who provide the information and are useful in interpreting secondary data.

Secondary data. Secondary data are data that have been collected and published by another entity. They are typically quantitative (numerical) in nature. Secondary data are useful in highlighting in an objective manner health outcomes that significantly impact a community.

CHNA 2016
Interview Protocol -

> ***Introduction:***
> The Center for Nonprofit Management is working with Kaiser Permanente West Los Angeles Medical Center to conduct their 2016 Community Health Needs Assessment. We are talking to health experts to obtain their perspective on the most important health needs facing the local community and to identify areas of need as well as the availability of services to meet those needs. All the information collected will help Kaiser Permanente West Los Angeles Medical Center better serve their community. The information you provide is confidential and will not be associated with your name and will only be reported in an aggregated manner.

Familiarity with Medical Center:

Area of Expertise:

Primary Service Area:

Primary Population Served:

COMMUNITY HEALTH NEEDS AND ASSOCIATED DRIVERS

1. What are some of the **major health needs** affecting individuals in the community?

2. As a result of our review of community data, we have identified some significant health needs.

Health Needs	**Issues/Challenges/Barriers** Are there specific sub-populations (seniors, youth, others) and areas in the community that are most affected by this need? Has the health need gotten better or worse over the past 2-3 years?	**Resources: Services, Programs and/or Community Efforts** Where do community residents go to receive help or obtain information for this health need? In your experience, what are the most effective program /service delivery models for addressing this need?
Access to care: primary care, specialty care, medications, health insurance (Prompt: How has the Affordable Care Act (ACA) impacted community members' ability to access care and other services?)		

Cancer		
Chronic disease (asthma, diabetes, heart disease, HIV/AIDS, others)		
Community safety		
Dental care Vision care		
Homelessness / Housing		
Mental health		
Overweight/Obesity		
Preventive practices and services		

Substance abuse		
Other needs identified in question #1		

ACCESS TO CARE

3. What health or social services are **most difficult to access or are missing** in the community? *[DO NOT SAY ALOUD: This could include access to medical care that is affordable or free, health education workshops, dental care, vision care, substance abuse services, mental health care, etc.]*

    a. Are there socio-economic, behavioral, environmental or clinical factors that contribute to this?

    b. Does this affect certain sub-populations more than others?

COLLABORATION

4. What are the potential areas for **collaboration or coordination** among hospitals, community organizations, and/or businesses (i.e., health or social providers, local government, etc.) to address community health needs or specific socio-economic, behavioral, environmental or clinical factors?

COMMUNICATION

5. What would be the most efficient **ways to provide information** to community members about the availability of health and other services?

RANKING OF HEALTH NEEDS AND FACTORS/DRIVERS OF HEALTH

6. I would like to ask you to **rank the identified community health needs** on a scale of 1 to 5 according to severity where 1 is least severe and 5 is most severe.

   Note to facilitator: severity is defined as the level a health need or health factor/driver that affects the health and lives of those in the community.

7. Thinking of these health needs, I would like to ask you to prioritize each by indicating the level of importance that **the hospital** should place on addressing them; on a scale of 1 to 5, where 1 is not important to address and 5 is very important to address.

Health Needs	Severity 1-5	Importance 1-5
Access to care		
Asthma		
Cancer		
Community safety		
Dental care		
Diabetes		
Heart Disease		
HIV/AIDS		
Homelessness / Housing		
Mental health		
Overweight /Obesity		
Preventive practices and services		
Substance abuse		
Other needs identified in question #1		

8. What would be the best way to share the findings of this **community health needs assessment**?

9. Before we end the interview, is there anything else you would like to add?

Your responses have been very helpful.
Thank you for your time.

Kaiser Foundation Hospital KFH-Baldwin Park CHNA 2016
Focus Group Protocol

> ***Introduction:***
> The Center for Nonprofit Management is working with Kaiser Permanente West Los Angeles Medical Center to conduct their 2016 Community Health Needs Assessment. We are talking to health experts and providers to obtain their perspective on the most important health needs facing the local community and to identify areas of need as well as the availability of services to meet those needs. All the information collected will help Kaiser Permanente West Los Angeles Medical Center better serve their community. The information you provide is confidential and will not be associated with your name and will only be reported in an aggregated manner.

> ***Note to Facilitator:*** *Review health data for the medical center and hospital to effectively probe where appropriate.*

**Go around the room and ask participants to briefly introduce themselves (1 minute).

**Assure that all participants fill out the short Provider Survey.

COMMUNITY HEALTH NEEDS AND ASSOCIATED DRIVERS

Note to Facilitator: (Create 2 grids, one for health needs and one for drivers, on flip chart paper to help organize sub-populations, community areas and assets by health needs/driver)

10. What are some of the **major health needs** affecting individuals in the community?
    a. *Ask by issue:*
        i. What **sub-populations** are most affected by these needs?
        ii. Are there specific **areas in the community** that are most affected?
        iii. Where do community members go to treat their illness?
    b. Have they gotten **better or worse** over time (past 2-3 years)?

11. What are the most important factors **(socio-economic, behavioral, environmental or clinical factors)** contributing to poor health in the community?
    a. *Ask by issue:*
        i. What **sub-populations** are most affected by these needs?
        ii. Are there specific **areas in the community** that are most affected?
        iii. Where do community members go to receive or obtain information on related services?

ACCESS TO CARE

12. What health or social services are **most difficult to access or are missing** in the community? [**DO NOT SAY ALOUD:** *This could include access to medical care that is*

affordable or free, health education workshops, dental care, vision care, substance abuse services, mental health care, etc.]
    c. Are there specific **factors (socio-economic, behavioral, environmental or clinical factors)** contribute to this?
    d. Does this affect certain **sub-populations** more than others? Which?

13. In your experience, what are the most **effective program/service delivery models** for addressing:
    a. Health needs? *(refer to the issues identified in question 1)*
    b. Socio-economic factors (i.e., transportation, language barriers, poverty, etc.)? *(refer to the issues identified in question 2)*

14. How has the **Affordable Care Act (ACA)** impacted your community members' ability to access care and other services?

COLLABORATION

15. In last few years, have you noticed any **changes in the way that providers work together** in terms of service coordination, etc.?
    a. Do you feel that access to services/care coordination has improved? Please provide examples.

16. What are the potential areas for **collaboration or coordination** among hospitals, community organizations, and/or businesses (i.e., health or social providers, local government, etc.) to address community health needs or specific socio-economic, behavioral, environmental or clinical factors?

COMMUNICATION

17. What would be the most efficient **ways to provide information** to community members about the availability of health and other services?
    a. Is there a **particular message** that would appeal to community members?

18. What would be the best way to share the findings of this **community health needs assessment**?

RANKING OF HEALTH NEEDS AND FACTORS/DRIVERS OF HEALTH

19. Of the health needs and contributing factors you mentioned, how would you **rank each health need and factor** according to severity? *(Create a grid on flip chart paper, give each participant 10 (5 for health needs and 5 for factors/driver) dot stickers and ask them to vote.)*

> ***Note to Facilitator:*** Severity is defined as the level a health need or health factor/driver affects the health and lives of those in the community.

Appendix G: Primary Data Summaries

Interview Summary

About the Participants

To assess and identify the current health needs and health drivers facing the communities served by Kaiser Foundation Hospital–Baldwin Park (KFH-Baldwin Park) and Citrus Valley Health Partners, nine local health experts were interviewed during October and November 2016.

Interviewees had a broad range of expertise including the areas of primary care, nursing, mental health, public health administration, public and health policy, economic development, land-use planning, and public education. Their primary service areas included the San Gabriel Valley (Service Planning Area 3) and Los Angeles County.

The interviewees primary populations served were the "safety net population" which included low-income and under/uninsured populations. Most mentioned that they worked with the low-income/poor, under/uninsured, undocumented, Latinos/Hispanics, Asian/Pacific Islanders, Whites, African-Americans (smaller percentage), the homeless, and the mentally ill.

The majority of the interviewees were familiar with KFH-Baldwin Park and Citrus Valley Health Partners. Two interviewees were very familiar with KFH-Baldwin Park, another interviewee referred patients to KFH-Baldwin Park, and another interviewee had a working relationship with KFH-Baldwin Park. Other interviewees added that they were Kaiser Permanente members.

Community Health Needs and Associated Drivers

When asked directly about major health needs affecting individuals in the Baldwin Park communities (KFH-Baldwin Park service area), interviewees reported 47 health needs and health drivers.

"We can criticize the level of access but its coverage and having all these people insured is a big deal."
- Director

The health needs most often mentioned included:

- Access to health care
- Diabetes
- Cancer
- Alzheimer's disease
- Oral care
- Disabilities
- Heart disease
- Hypertension
- Mental health
- High cholesterol
- Respiratory illnesses
- Substance abuse

In addition, to discussing major health needs affecting individuals in the community, interviewees were also asked to describe the most important socio-economic, behavioral, environmental, or clinical factors, or drivers, that are contributing to poor health.

The health drivers most often mentioned included:

- Community safety
- Cultural and language barriers

- Unhealthy environment
- Access to health care
- Lack of health education and literacy
- Economic insecurity including poverty
- Homelessness and poor housing conditions
- Lack of healthy and affordable food options
- Unhealthy behaviors including lack of physical activity and poor eating habits
- Lack of preventive health
- Social media
- Lack of specialty care
- Substance abuse
- Lack of transportation

The lack of access to health care services and poverty were the most often cited health drivers affecting the San Gabriel Valley. Interviewees mentioned that the lack of access to health care services was most attributed to medical offices being open only Monday through Friday, from 9:00 a.m. to 5:00 p.m. They added that there is a language and cultural barrier, unprofessional staff, lack of health insurance, lack of full coverage insurance, high costs of insurance, doctor visits, and medicine, a lack of community preventive care, and individuals not knowing where or how to get and use new insurance options. In addition, because many community members live in poverty, they cannot afford health insurance co-payments and the costs to visit a doctor.

> *These three factors [environment, safety and too much technology] result in: "People spending a lot more time in their house, by themselves, they don't need to go out and meet their friends, or walk their dogs."*
>
> *– Planning Director*

The communities most affected are located in low-income areas within East San Gabriel. In addition, interviewees indicated that children, young adults, women, minorities, the homeless, immigrants, multiple families living in one home, the mentally ill, and the lesbian, gay, bisexual, and transgender (LGBT) community were also the most affected by poor health.

Impact of the Affordable Care Act

When asked how San Gabriel Valley community members' ability to access care and other services through the Affordable Care Act (ACA) had been affected, interviewees agreed that the ACA had expanded coverage for millions. However, given the improved ability to access health services, the ACA enrollment process is still very difficult and becomes worse for the homeless and those without Internet access. Additionally, there is a burden on doctors and providers given the increased supply of patients. As a result, provider wait lists are long and doctors have less time to spend with patients.

Despite the few negative and limiting aspects of the ACA, many more interviewees had positive feedback, including clinic expansion because of an increased number of insured, increased affordable health plans and options, health care job growth, and new state funded substance abuse programs. One interviewee highlighted the addition of service navigators that field calls to link patients to services in the area.

Collaborating with Others

Interviewees were asked if they had noticed changes in the way that providers worked together. Some agreed and said that they had noted changes in the way providers work together in the last few years. One interviewee mentioned that "there are more incentives to work together. There is more of an effort

happening on how the providers work together and to coordinate, how they will make referrals, how to share information to specific patients (care coordination) and work to understand what services are available to make referrals." Another interviewee noticed changes in the way providers work together as a result of Affordable Care Act. More specifically, Department of Mental Health hired specialty care navigators to field calls and link underserved patients to providers within their local area.

Another interviewee added that "there is a big push to work together much more and to tap into 'First 5' type agencies to provide more services" including coordinating group visits and working with mid-level providers. And, he added further, specialty care is very much lacking. Their work-around recently involved using the E-Consult program where a doctor is able to talk to a specialist (doctor) to ask advice and guidance on next steps. However, many times insurance coverage will not cover this specialty service and patients do not have the insurance coverage.

> *"Through collaboration we have the ability to elevate the quality of services—[the] community needs hospitals and hospitals need community"*
>
> *- Director*

In terms of health access to service or care coordination, interviewed community experts assert, access is slowly, progressively improving. In fact, a board president shared there is now a new roundtable that meets to discuss the needs of the community in the San Gabriel Valley Service Planning Area. Another expert notes the increase in urgent care clinics.

As a collective group, interviewees provided examples of potential and existing opportunities, and the need to collaborate and coordinate among hospitals, community organizations, schools, and businesses. Some potential areas includes:

- Hospitals collaborating with local business through the Chamber of Commerce or other association to coordinate going into lower-income or immigrant communities
- Hospitals sharing their expertise and resources (e.g., health education, materials, space, providers) with other community organizations
- Hospitals adopting the Department of Mental Health's "Health Neighborhood" model
- Collaborating, in general, to minimize duplication of services

Current hospital, community organization, and school-based collaboratives include:

- Community colleges recognizing they cannot all offer the same training programs and so they specialize and then refer students for other specialties (e.g., health care training)
- Baldwin Park Adult Community Education, the city, and Kaiser Permanente management working together on grants for numerous years
- Department of Mental Health's "Health Neighborhoods" model, which creates greater alignment of services that are all within in the community

Ways of Sharing the CHNA Findings

In regard to the best way to share findings from the KFH-Baldwin Park Community Health Needs Assessment, interviewed health experts agree that the target audience will drive the format of the presentation. For the general public, interviewees suggest conducting presentations at community centers, after-school programs, or libraries. On the other hand, elected officials, community health partners and associations, county probation and health departments, and service providers should receive hard copies and the report should also be made available online. A public forum, convening, or lunch should also be provided.

Interviewees also suggest disseminating health and health services information to the community using a three-pronged approach:
- Utilizing the media and social media
- Distributing information at community/service centers, schools, after-school nutrition locations, parks, churches, homeless shelters, and job sites
- Promoting health and health services information using 'champions' in the community

Additional marketing ideas for the community include focusing on:
- A family-based approach
- A preventive aspect to help foster the idea of care at the early stages
- A free and confidential approach that is highly relatable
- Diversity messaging based on various cultures and beliefs
- Meeting people where they are; meaning, it has to make sense to people
- A healthy food angle
- Creating something through a sports league

Two specific health messages were suggested including:
- "Be your advocate, the responsibility to your health falls on you."
- "These are the things you can do to take care of your family: ____"

Level of Severity and Importance by Health Needs and Health Drivers

Interviewees were specifically asked to rank a pre-identified list of community health needs and health drivers, or factors, on a scale from 1 to 5. The first ranking was a measure of severity, where 1 is least severe and 5 is most severe, with severity defined as the degree to which a health need or health driver affects the health and lives of individuals in the community.

The second ranking involved prioritizing each health need or health driver by level of importance for the hospital to address, with 1 representing not important and 5 as very important to address.

The following health needs were ranked as the most severe:

- Alzheimer's disease
- Disabilities
- Heart disease
- Hypertension
- Lack of preventive care
- Mental health
- Sexual abuse
- Substance abuse
- Unhealthy behaviors including lack of physical activity

The following drivers were ranked as the most severe:

- Access to care
- Community safety
- Cultural and linguistic barriers
- Homelessness

- Lack of specialty care
- Substance abuse
- Unhealthy environment
- Lack of health literacy
- Lack of healthy food options
- Transportation
- Poverty and unemployment/underemployment

Focus Group Summary

About the Participants

Five focus groups were conducted in October that included 59 representatives from community representatives, health experts, local government representatives, local business owners, and social and health service providers.

Community Health Needs

Focus group participants identified 17 major health needs, including obesity, heart disease, cancer, mental health, alcohol and substance abuse, access to care, and respiratory diseases.
The health needs most often mentioned by focus group participants were:

- Access to care
- Alcohol and substance abuse, including tobacco use
- Cancer
- Diabetes
- Mental health
- Oral health

Associated Health Drivers

In addition, to discussing major health needs affecting individuals in the community, focus group participants were also asked to describe the most important socio-economic, behavioral, environmental, or clinical factors, or drivers, that are contributing to poor health in the community. A variety of health drivers were mentioned, including lack of health access, education, insurance/care literacy, resources, healthy food and physical activity, along with poverty, homelessness, and mental health.

The most frequently mentioned health driver was access to health care. They also added that emergency rooms are overburdened and community members turn to alternative medicines and self-diagnosing using Internet resources.

Disparities

Focus group participants were also asked to identify areas in the community that were most affected by poor health, which included Baldwin Park, La Puente, El Monte, South El Monte, Azusa, Pomona, Covina, and West Covina. They also added that the identified health factors affected the broad population with only a few specific health conditions affecting some sub-populations more than others. For example, culturally sensitive health care greatly affects the undocumented and immigrant sub-populations.

Additionally, most of the health factors identified by participants in the health provider focus group identified youth, young adults, and LGBT youth as the most affected sub-populations. They also added that foster youth are most often involved in homicides and have poor mental health and substance abuse issues. Focus group participants attributed this to low health literacy, and foster youth's inability to access health care systems and services.

Services Most Difficult to Access

When asked what health or social services are most difficult to access or are missing in the community, participants in the social service provider focus group shared that holistic care or wrap-around services, dental care, mental health, vision care, services for individuals with special needs, and assistance navigating health care were the most difficult services to access.

Participants from the social service provider's focus group highlighted dental care as unaffordable and therefore families travel to Mexico to receive affordable dental care. In terms of mental health, it is reported there are many mental health services in San Gabriel Valley and Service Planning Area 3; however, mental health services are available only for patients with full medical coverage (non-emergency medical) and mostly for youth sub-populations (less is available for older sub-populations). For vision care, the greatest need is eyeglasses. Families with children with disabilities often do not know what a special need is or where to go to receive help.

> *"We felt very little change—we were expecting more people to qualify and come in, and they never did. But we are seeing people that didn't have insurance that now do. There are benefits for the poor. If you didn't have something before, now you do."*
>
> *– Mental Health Care Provider*

Participants from the non-traditional service focus group noted the difficulty in accessing culturally competent, trustworthy, and religiously sensitive services. For example, some specific religious sub-populations are opposed to transfusion treatments.

Suggested Strategies for Addressing Health

To address the aforementioned health needs, participants suggested several effective program and service delivery models. For example, to deal with obesity issues, access to healthy and affordable food, and increased physical activity, the BUILD Health Challenge model was selected. The program encourages communities to build meaningful partnerships between hospitals, health departments, and community-based organizations to improve overall health. The local BUILD chapter is called Healthy Ontario Initiative of Ontario, and is led by Partners for Better Health, the County of San Bernardino's Department of Public Health, and San Antonio Regional Hospital.

The School-Based Health Centers (SBHCs) program was also suggested to address the health of children in grades K–12. The SBHC program allows students to receive immediate assistance at school for acute and chronic conditions, as well as preventive care. This model allows students to stay in school and teachers to focus only on teaching. A total of five SBHCs are located in El Monte.

In Anaheim, a one-year pilot program was recently created to improve care in response to urgent calls. The $500,000 project is a collaboration with Care Ambulance Service, Kaiser Permanente, local fire fighters, and nurse-practitioners riding alongside paramedics on non-urgent calls.

Impact of the Affordable Care Act

The Affordable Care Act (ACA) has positively affected the number of newly insured, those with pre-existing health conditions, those with previous coverage now paying lower deductibles (for some) and those who now obtain prescriptions without a problem. More health coverage is needed and more assistance and education, especially for young adult sub-populations, on how to navigate the ACA's health system and services (e.g., the hotline "is not very useful"; getting help takes much time and patience; individuals are unaware of alternative care practices like yoga, acupuncture, etc.).

More importantly, because more are insured through the ACA, there is a higher demand on providers and services. This has lowered the current supply and compounded the pre-existing need of access to health care. Additionally, focus group providers pointed out, because of lower Medi-Cal reimbursement rates throughout the service area, not enough providers are accepting Medi-Cal and they are limited by the number of allowable types of services and patient tests.

Additionally, the community is lacking in quality of care and specialty care. Furthermore, special needs patients have difficulty accessing therapy because families now have to go through their insurance versus contacting the Regional Center directly.

Collaborating with Others

In the last few years, focus group participants perceived changes in the way health and social service providers worked together. Mental health providers now come together to learn how their services intersect and are more willing, and push themselves, to integrate services. For example, the 'Health Neighborhoods' model to facilitate referrals and communication across organizations was created through the Department of Mental Health. In the city of Azusa, Azusa Pacific University collaborates with Parks and Recreation, local police, nonprofits, and Wellness Centers to learn about what types of services intersect and to encourage engagement. This model is also in cities of Glendale and Covina.

On the other hand, participants perceived local collaborations as forced because "funding sources have been running dry." Social service participants pointed out the difference between "real collaborations" and "paper collaborations" as agreements in written in MOUs. For nontraditional social service agencies, the response was more positive. They have observed an increase in mobile clinics, health fairs, and health clinics. For instance, a health clinic is located across from a hospital in West Covina that offers a convenient health service to quickly access care in a non-emergency setting. CVS, Wal-Mart, and Walgreen's now offer walk-in community clinics. And employer insurance providers offer incentives for health maintenance. Mt. San Antonio College offers a wellness center for faculty and staff.

Participants from the *promotora* focus group agreed that there were not enough partnerships in the region. Many community members (especially undocumented migrants) do not qualify for existing resources. Community events and workshops are provided, but many community members work 12-hour shifts or have more than one job and are unable to attend. They are left without health information. Those who might be able to attend avoid these events out of fear, and ask if immigration services and/or the police will be present. In fact, participants highlighted that these are the sub-populations that need the information and the services the most. One participant added that, "we have to try to adapt to people, rather than people adapting to available services—like offering information at times and in ways that people can access it."

Ways of Sharing the CHNA Findings and Other Information

Participants suggested disseminating available health and social services information in a way that makes it relatable to each audience group. They also suggested offering information in a bilingual format and ensuring the material is culturally sensitive.

Other suggestions included:
- Messaging resources should contain infographics and visuals for illiterate sub-populations. For example, with some social groups, messages concerning their children may resonate better, while for other groups 'scare tactic' messages may be more effective (e.g. homicide rates, colon cancer rates). Print versions are not as effective when a large portion of the population cannot read (e.g., illiteracy, English-deficiency).
- Partnering with city and transportation organizations. For example, list the clinics and locations where information and resources are available and post it on every bus stop and homeless shelter. It is also possible to tap into the school district and distribute information through schools and disseminate information using a peer-to-peer format.
- Presenting at the Baldwin Park Resident Advisory Committee for 20 to 50 resident members (depending on the topics covered) who have contact and distribution lists and disseminate post cards
- Connecting with faith-based organizations, school nurses, health fairs, and farmer's markets.

Participants also recommend:
- Messaging should include changing diet recommendations for diabetics (e.g., Hispanic/Latino sub-populations). It's not enough to say "you need to eat differently," but provide the education to go along with the messaging.

Working with government offices and local elected officials;
- Conducting community outreach—there is a need for more community outreach before it gets to an emergency-room situation
- Presenting at community events, such as 'Concerts in the Park'
- Using social media.

Level of Severity and Importance by Health Needs and Health Drivers

Focus group participants were specifically asked to rank a pre-identified list of community health needs and health drivers, or factors, on a scale from 1 to 5. The first ranking was a measure of severity, where 1 is least severe and 5 is most severe, with severity defined as the degree to which a health need or health driver affects the health and lives of individuals in the community.

The second ranking involved prioritizing each health need or health driver by level of importance for the hospital to address, with 1 representing not important and 5 as very important to address.

The following health needs were ranked as the most severe:

- Diabetes
- Mental health
- Obesity
- Oral care
- Substance abuse

The following health drivers were ranked as the most severe:

- Access to care
- Lack of access to healthy foods
- Unhealthy behaviors including lack of physical activity
- Lack of health literacy
- Lack of preventive care

Endnotes for Appendix D

[i] Office of Disease Prevention and Health Promotion, (2014). *Access to Health Services*. Washington, DC. Available at http://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services. Accessed December 1, 2015.

[ii] Percent who could not afford to see a doctor for a health problem, Los Angeles County Health Survey, 2011, SPA.

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