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DEPARTMENT OF JUSTICE



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June 4, 2021

A. Joel Richlin, Esq.
Vice President & General Counsel
Prime Healthcare Foundation
3480 E. Guasti Road, Ontario, CA 91761
JRichlin@primehealthcare.com

Sent via USPS and Email

RE: Proposed Sale of the Assets of East Valley Glendora Hospital, LLC

Dear Mr. Richlin:

Pursuant to Corporations Code section 5914 et seq., the Attorney General hereby conditionally consents to the proposed sale of East Valley Glendora Hospital, LLC, doing business as Glendora Oaks Behavioral Health Hospital (Glendora Oaks) operating Huntington Memorial Hospital, pursuant to the terms of the Asset Purchase Agreement dated January 15, 2021 between Prime Healthcare Foundation, Inc., a Delaware nonprofit corporation, to CHLB, LLC, a California limited liability company.

Corporations Code section 5917 and California Code of Regulations, title 11, section 999.5, subdivision (f) set forth factors that the Attorney General shall consider in determining whether to consent to a proposed transaction between a nonprofit corporation and a for-profit corporation or entity. The Attorney General has considered such factors and consents to the proposed transaction subject to the attached conditions that are incorporated by reference herein.

Sincerely,

ORIGINAL SIGNED BY

LILY WEAVER
Deputy Attorney General

For ROB BONTA
Attorney General

LGW: Enclosure

Attorney General's Conditions to Proposed Sale of East Valley Glendora Hospital, LLC (Glendora Oaks Behavioral Health Hospital) and Approval of Asset Purchase Agreement by and between Prime Healthcare Foundation, Inc. and CHLB, LLC

I.

These Conditions shall be legally binding on the following entities: East Valley Glendora Hospital, LLC, a California limited liability company doing business as Glendora Oaks Behavioral Health Hospital (Glendora Oaks); Prime Healthcare Foundation, Inc. (Prime), a Delaware nonprofit corporation; CHLB, LLC (CHLB), a California limited liability company; and any other subsidiary, parent, general partner, limited partner, member, affiliate, successor, successor in interest, assignee, or person or entity serving in a similar capacity of Glendora Oaks, Prime, or CHLB, any entity succeeding thereto as a result of consolidation, affiliation, merger, or acquisition of all or substantially all of the real property or operating assets of Glendora Oaks¹ or the real property on which Glendora is located, any and all current and future owners, lessees, licensees, or operators of Glendora Oaks, and any and all current and future lessees and owners of the real property on which Glendora Oaks is located.

II.

The transaction approved by the Attorney General consists of the Asset Purchase Agreement by and between Prime and CHLB dated January 15, 2021, and any and all amendments, agreements, or documents referenced in or attached to as an exhibit or schedule to the Asset Purchase Agreement.

All of the entities listed in Condition I shall fulfill the terms of these agreements or documents including, but not limited to, any exhibits or schedules to the Asset Purchase Agreement, and shall notify the Attorney General in writing of any proposed modification or rescission of any of the terms of these agreements or documents. Such notifications shall be provided at least sixty days prior to their effective date in order to allow the Attorney General to consider whether they affect the factors set forth in Corporations Code section 5917 and obtain the Attorney General's approval.

III.

For eleven (11) fiscal years from the Closing Date of the Asset Purchase Agreement, Glendora Oaks and all future owners, managers, lessees, licensees, or operators of Glendora Oaks shall be required to provide written notice to the Attorney General sixty (60) days prior to entering into any agreement or transaction to do any of the following:

- a) Sell, transfer, lease, exchange, option, convey, manage, or otherwise dispose of Glendora Oaks; or
- b) Transfer control, responsibility, management, or governance of Glendora Oaks. The substitution or addition of a new corporate member or members of Glendora Oaks or CHLB that transfers the control of, responsibility for, or governance of Glendora Oaks shall be deemed a transfer for purposes of this Condition. The substitution or addition of one or more members of the governing bodies of Glendora Oaks or CHLB, or any arrangement, written or oral, that would transfer voting control of the members of the governing bodies of Glendora Oaks or CHLB, shall also be deemed a transfer for purposes of this Condition.

¹ Throughout this document, the term "Glendora Oaks" shall include the general acute care hospital located at 150 West Route 66, Glendora, CA 91740-6207 and any other clinics, laboratories, units, services, or beds included on the license issued to "Glendora Oaks Behavioral Health Hospital" by the California Department of Public Health, effective November 8, 2020, unless otherwise indicated.

IV.

For ten (10) years from the closing date of the Asset Purchase Agreement, Glendora Oaks shall be operated and maintained as a licensed acute psychiatric hospital (as defined in California Health and Safety Code Section 1250) and shall maintain and provide 24-hour emergency services at no less than current² licensure and designations and certification with the same types and/or levels of services, including the following:

- a) Acute psychiatric services, including a minimum of least 21 acute psychiatric care beds and a minimum of at least 44 acute psychiatric care beds once licensed by the California Department of Public Health;³
- b) 24-hour receiving facility for involuntary evaluations and commitments.

Glendora Oaks and CHLB shall not place all or any portion of the above listed licensed bed capacity or services in voluntary suspension or surrender its license for any of these beds or services.

V.

For ten (10) years from the Closing Date of the Asset Purchase Agreement, Glendora Oaks and CHLB shall:

- a) Be certified to participate in the Medi-Cal program at Glendora Oaks;
- b) Maintain Medi-Cal Managed Care contracts in effect as of the Notice Date to provide the same types and/or levels of emergency and non-emergency services at Glendora Oaks to Medi-Cal beneficiaries (both Traditional Medi-Cal and Medi-Cal Managed Care) as required in these Conditions, on the same terms and conditions as other similarly situated hospitals offering substantially the same services, without any loss, interruption of service or diminution in quality, or gap in contracted hospital coverage, unless the contract is terminated by either party for cause or not extended or renewed by a Medi-Cal Managed Care Plan on its own initiative without cause; and
- c) Be certified to participate in the Medicare program by maintaining a Medicare Provider Number to provide the same types and/or levels of emergency and non-emergency services at Glendora Oaks to Medicare beneficiaries (both Traditional Medicare and Medicare Managed Care) as required in these Conditions.

VI.

For six (6) fiscal years from the closing date of the Asset Purchase Agreement, Glendora Oaks and CHLB shall provide an annual amount of Charity Care (as defined below) at Glendora Oaks equal to or greater than \$45,644.02 (the Minimum Charity Care Amount).⁴ For purposes hereof, the term “charity care” shall mean the amount of charity care costs (not charges) incurred by Glendora Oaks and CHLB in connection with the operation and provision of services at Glendora Oaks. The definition and methodology for

² The term “current” or “currently” throughout this document means as of November 8, 2020.

³ It is understood that the California Department of Public Health is in the process of approving the conversion of 23 of these beds from acute hospital beds to acute psychiatric beds.

⁴ It is understood that Prime represents this figure is consistent with the historic level of charity care provided by Glendora Oaks as calculated based on the average hospital charity care expenditure during the three (3) years prior to the Closing Date and determined in accordance with OSHPD standards.

calculating “charity care” and the methodology for calculating “costs” shall be the same as that used by the Office of Statewide Health Planning Development (OSHPD) for annual hospital reporting purposes.⁵

Glendora Oaks and CHLB shall use and maintain a charity care policy that is no less favorable than Glendora Oaks’ Financial Assistance Policy (attached as Exhibit 1) and in compliance with California and Federal law.

Glendora Oaks and CHLB’s obligation under this Condition shall be prorated on a daily basis if the closing date of the Asset Purchase Agreement is a date other than the first day of Glendora Oaks or CHLB’s fiscal year.

For the second fiscal year and each subsequent fiscal year, the Minimum Charity Care Amount shall be increased (but not decreased) by an amount equal to the Annual Percent increase, if any, in the 12 Months Percent Change: All Items Consumer Price Index for Los Angeles-Long Beach-Anaheim, CA Base Period: 1982-84 = 100 (as published by U.S. Bureau of Labor Statistics).

If the actual amount of charity care provided at Glendora Oaks for any fiscal year is less than the Minimum Charity Care Amount (as adjusted pursuant to the above-referenced Consumer Price Index) required for such fiscal year, Glendora Oaks or CHLB shall pay an amount equal to the deficiency to one or more tax-exempt entities that provide direct healthcare services to residents in Glendora Oaks’ primary and secondary service areas (16 ZIP codes), as defined on page 7 of the 2018 Glendora Community Hospital Community Health Needs Assessment,⁶ attached hereto as Exhibit 2. Such payment(s) shall be made within six months following the end of such fiscal year.

VII.

Within ninety (90) days from the Closing Date of the Asset Purchase Agreement and for at least the duration of Condition VI, Glendora Oaks and CHLB shall take the following steps to ensure that patients at Glendora Oaks are informed about Glendora Oaks’ Financial Assistance Policy (Financial Assistance Policy):

- a) A copy of the Financial Assistance Policy and the plain language summary of the Financial Assistance Policy must be posted in a prominent location in the emergency room, admissions area, and any other location in Glendora Oaks where there is a high volume of patient traffic, including waiting rooms, billing offices, and outpatient service settings;
- b) A copy of the Financial Assistance Policy, the Financial Assistance Application Form, and the plain language summary of the Charity Care and Cash Price Policies must be posted in a prominent place on Glendora Oaks’ website;
- c) If requested by a patient, a copy of the Financial Assistance Policy, Financial Assistance Application Form, and the plain language summary must be sent by mail at no cost to the patient.
- d) As necessary and at least on an annual basis, CHLB will place an advertisement regarding the availability of financial assistance at Glendora Oaks in a newspaper of general circulation in the

⁵ OSHPD defines charity care by contrasting charity care and bad debt. According to OSHPD, “the determination of what is classified as ... charity care can be made by establishing whether or not the patient has the ability to pay. The patient’s accounts receivable must be written off as bad debt if the patient has the ability but is unwilling to pay off the account.” OSHPD, Accounting and Reporting Manual for California Long-Term Care Facilities § 1064 (1992), <https://oshpd.ca.gov/wp-content/uploads/2020/10/Chpt1000-1.pdf>

⁶ It is understood that Glendora Community Hospital is the predecessor to Glendora Oaks.

communities served by Glendora Oaks, or issue a Press Release to widely publicize the availability of the Financial Assistance Policy to the communities served by Glendora Oaks;

e) On no less than annual basis, CHLB will work with affiliated organizations, physicians, community clinics, other health care providers, houses of worship, and other community-based organizations to notify members of the community (especially those who are most likely to require financial assistance) about the availability of financial assistance at Glendora Oaks; and

f) No later than 60 days after the Closing Date, Buyer shall train all staff that interacts with patients and their families concerning payment of services to make patients and their families aware of and informed about the availability of financial assistance at the Hospital. Buyer shall also provide this training to staff that interact with patients and their families on an annual basis.

VIII.

For six (6) fiscal years from the Closing Date of the Asset Purchase Agreement, Glendora Oaks and CHLB shall provide an annual amount of Community Benefit Services at Glendora Oaks equal to or greater than \$10,000 (the Minimum Community Benefit Services Amount)⁷ exclusive of any funds from grants.

Glendora Oaks and CHLB's obligation under this Condition shall be prorated on a daily basis if the effective date of the Asset Purchase Agreement is a date other than the first day of Glendora Oaks or CHLB's fiscal year.

For the second fiscal year and each subsequent fiscal year, the Minimum Community Benefit Services Amount shall be increased (but not decreased) by an amount equal to the Annual Percent increase, if any, in the 12 Months Percent Change: All Items Consumer Price Index for Los Angeles-Long Beach-Anaheim, CA Base Period: 1982-84=100 (as published by U.S. Bureau of Labor Statistics).

If the actual amount of community benefit services provided at Glendora Oaks for any fiscal year is less than the Minimum Community Benefit Services Amount (as adjusted pursuant to the above-referenced Consumer Price Index) required for such fiscal year, Glendora Oaks and CHLB shall pay an amount equal to the deficiency to one or more tax exempt entities that provide community benefit services for residents in Glendora Oaks' primary and secondary service areas (16 ZIP codes), as defined on page 7 of the 2018 Glendora Community Hospital Community Health Needs Assessment, attached hereto as Exhibit 2. Such payment(s) shall be made within six months following the end of such fiscal year.

IX.

For ten (10) years from the Closing Date of the Asset Purchase Agreement unless otherwise terminated by the County or the State, as applicable, Glendora Oaks and CHLB shall maintain all contracts, including any superseding, successor, or replacement contracts, and any amendments and exhibits thereto, with the City of Los Angeles or Los Angeles County or their subdivisions, departments, or agencies for services at Glendora Oaks including the following:

a) Los Angeles County Department of Mental Health Medi-Cal Contract and Memorandum of Understanding; and

⁷ It is understood that Prime represents this figure is consistent with average community benefit expenditures of comparable hospitals.

b) Mental Health Hospital Portal with the Superior Court of California, County of Los Angeles.

X.

For six (6) fiscal years from the Closing Date of the Asset Purchase Agreement, Glendora Oaks and CHLB shall maintain a community board including physicians and community representatives. Glendora Oaks and CHLB shall consult with the community board at least sixty (60) days prior to making any non-emergency changes to services or community benefit programs. The community board may comment on all reports submitted to the Attorney General regarding compliance with these Conditions and such comments will be included in the written report provided to the Attorney General.

XI.

Glendora Oaks and CHLB shall maintain privileges for current medical staff at Glendora Oaks who are in good standing as of the Closing Date of the Asset Purchase Agreement. Further, the closing of the Asset Purchase Agreement shall not change the medical staff officers, committee chairs, or independence of the medical staff, and such persons shall remain in good standing for the remainder of their tenure as medical staff officers or committee chairs at Glendora Oaks.

XII.

Glendora Oaks and CHLB shall prohibit discrimination at Glendora Oaks on the basis of any protected personal characteristic identified in state and federal civil rights laws, including section 51 of the California Civil Code and title 42, section 18116 of the United States Code. Categories of protected personal characteristics include:

- a) Gender, including sex, gender, gender identity, and gender expression;
- b) Intimate relationships, including sexual orientation and marital status;
- c) Ethnicity, including race, color, ancestry, national origin, citizenship, primary language, and immigration status;
- d) Religion;
- e) Age; and
- f) Disability, including disability, protected medical condition, and protected genetic information.

XIII.

For each eleven (11) fiscal years from the Closing Date of the Asset Purchase Agreement, Glendora Oaks and CHLB shall submit to the Attorney General, no later than six (6) months after the conclusion of each fiscal year, a report describing in detail compliance with each Condition set forth herein. The first report shall be due no later than six (6) months after the Closing Date. The Chair(s) of the Board of Directors of Glendora Oaks and CHLB and the Chief Executive Officers of Glendora Oaks and CHLB shall each certify that the report is true, accurate, and complete and provide documentation of the review and approval of the report by these Boards of Directors.

XIV.

Within one (1) calendar year of the Closing Date, Glendora Oaks and CHLB shall complete a comprehensive audit and evaluation of patient and employee safety conditions within Glendora Oaks and file a final report with the Attorney General. The audit and evaluation shall be conducted in consultation

with employees and other relevant stakeholders and shall include an analysis of all matters relevant to patient and employee safety including staffing ratios, security infrastructure and procedures, and staff training for safely working with patients who may pose a danger to themselves or others.

For eleven (11) fiscal years from the Closing Date, CHLB shall file an annual report with the Attorney General documenting any patient escapes from Glendora Oaks; any incidents of harm to patients, staff, or visitors; and any corrective actions taken. This annual report shall be included as a section of the report prepared pursuant to Condition XIII.

Glendora Oaks and CHLB shall maintain adequate staffing and training at Glendora Oaks in accordance with legal and regulatory requirements.

XV.

At the request of the Attorney General, all of the entities listed in Condition I shall provide such information as is reasonably necessary for the Attorney General to monitor compliance with these Conditions and the terms of the transaction as set forth herein. The Attorney General will, at the request of an entity listed in Condition I and to the extent provided by law, keep confidential any information so produced to the extent that such information is a trade secret or is privileged under state or federal law, or if the private interest in maintaining confidentiality clearly outweighs the public interest in disclosure.

XVI.

Once the Asset Purchase Agreement is closed, all of the entities listed in Condition I are deemed to have explicitly and implicitly consented to the applicability and compliance with each and every Condition and to have waived any right to seek judicial relief with respect to each and every Condition.

The Attorney General reserves the right to enforce each and every Condition set forth herein to the fullest extent provided by law. In addition to any legal remedies the Attorney General may have, the Attorney General shall be entitled to specific performance, injunctive relief, and such other equitable remedies as a court may deem appropriate for breach of any of these Conditions.

Pursuant to Government Code section 12598, the Attorney General's office shall also be entitled to recover its attorney fees and costs incurred in remedying each and every violation.

Exhibit 1

| | | | |
|-------------------------------------|--|--------------------|---|
| | | Page(s): | 1 of 13 |
| Subject: | Financial Assistance Policy (Non-Profit Facilities) | Formulated: | 06/2014 |
| Manual: | Patient Financial Services | Reviewed: | 11/2014, 01/2015, 01/2016, 10/2018 |
| GCH Governing Board Approval | | Date: | Last Revised: 10/2018 |

I. Policy:

Prime Healthcare nonprofit facilities, including Glendora Community Hospital (the “Hospital”), offer a financial assistance program for those patients who meet the eligibility tests described below. The intent of this Financial Assistance Policy (the “Policy”) is to satisfy the requirements of Section 501(r) of the Internal Revenue Code and California Health & Safety Code sections 127400 to 127446; all provisions should be interpreted accordingly.

A significant objective of Prime Healthcare nonprofit facilities is to provide care for patients in times of need. Prime Healthcare non-profit facilities provide charity care and a discounted payment program as a benefit to the communities we serve as not-for-profit hospitals. To this end, Prime Healthcare nonprofit facilities are committed to assisting low-income and/or uninsured eligible patients with appropriate discount payment and charity care programs. All patients will be treated fairly, with compassion and respect. Notwithstanding anything else in this Policy, no individual who is determined to be eligible for financial assistance will be charged more for emergency or other medically necessary care than the Amounts Generally Billed to individuals who have insurance covering such care.

Financial assistance policies must balance a patient’s need for financial assistance with the Hospital’s broader fiscal stewardship. Financial assistance through discount payment and charity care programs is not a substitute for personal responsibility. It is the patients’ responsibility to actively participate in the financial assistance screening process and where applicable, contribute to the cost of their care based upon their ability to pay. Outside debt collection agencies and the Hospital’s internal collection practices will reflect the mission and vision of the Hospital.

This Policy applies to all emergency and other medically necessary care provided by the Hospital or a substantially-related entity working in the Hospital. Under California law, hospitals are not permitted to employ physicians and, accordingly, physician services are provided by independent physician groups not controlled by the Hospital and who are not bound by this Policy. Accordingly, this Policy applies only to charges for Hospital services and is not binding upon other providers of medical services who are not employed or contracted by Hospital to provide medical services, including physicians who treat Hospital patients on an emergency, inpatient or outpatient basis. A list of providers that deliver care in the hospital is available at www.glendorahospital.com. This list specifies which providers are and are not covered by this Policy. Physicians not covered by this Policy who provide services to patients who are uninsured or cannot pay their medical bills due to high medical costs may have their own financial assistance policies to provide assistance. An emergency physician, as defined in California Health & Safety Code section 127450, who provides emergency medical services in a hospital that provides emergency care is also required by law to provide discounts to uninsured patients or patients with high medical costs who are at or below 350 percent of the Federal Poverty Level.

II. Definitions:

“Amounts Generally Billed”: The amounts generally billed (“AGB”) for emergency or other medically necessary services to individuals eligible for the discounted payment program. The Hospital calculates the AGB for a patient using the prospective method as defined in the Treasury Regulations. Under the prospective method, AGB is calculated using the billing and coding process the Hospital would use if the individual were a Medicare fee-for-service beneficiary using the currently applicable Medicare rates provided by the Centers for Medicare & Medicaid Services.

“Emergency and Medically Necessary”: Any hospital emergency, inpatient, outpatient, or emergency medical care that is not entirely elective for patient comfort and/or convenience.

“Extraordinary Collection Actions”: An Extraordinary Collection Action means any collection action involving certain sales of debt to another party, reporting adverse information to credit agencies or bureaus, or deferring or denying, or requiring a payment before providing, medically necessary care because of an individual’s nonpayment of one or more bills for previously provided care covered under the hospital's Financial Assistance Policy, or any action requiring a legal or judicial process, including placing a lien, foreclosing on real property, attaching or seizing of bank accounts or other personal property, commencing a civil action against an individual, taking actions that cause an individual’s arrest, taking actions that cause an individual to be subject to body attachment, and garnishing wages, in each case as further described in Treasury Regulations Section 1.501(r)-6.

“Family”: (1) for persons 18 years of age and older, spouse, domestic partner and dependent children under 21 years of age, whether living at home or not; and (2) for persons under 18 years of age, parent, caretaker, relatives, and other children under 21 years of age of the parent or caretaker relative.

“Plain Language Summary”: The summary of the Financial Assistance Policy attached hereto as Exhibit 2, intended to comply with Treasury Regulations Section 1.501(r)-1(b)(24).

III. Procedure:

1. Eligibility for Financial Assistance

A. Self-Pay Patients

A patient qualifies for **charity care** as described in Section (III)2 below if all of the following conditions are met: (1) the patient does not have third party coverage from a health insurer, health care service plan, union trust plan, Medicare, or Medi-Cal as determined and documented by the hospital; (2) the patient’s injury is not a compensable injury for purposes of workers’ compensation, automobile insurance, or other insurance as determined and documented by the hospital; (3) the income of the Patient’s Family does not exceed three hundred fifty percent (350%) of the current Federal Poverty Level; **and** (4) the patient has monetary assets of less than ten thousand dollars (\$10,000.00).

A patient qualifies for the **discounted payment program** if all of the following conditions are met: (1) the income of the Patient's Family does not exceed four hundred fifty percent (450%) of the current Federal Poverty Level; **and** (2) the patient has monetary assets of less than ten thousand dollars (\$10,000.00).

B. Insured Patients

A patient who has third party coverage or whose injury is a compensable injury for purposes of workers' compensation, automobile insurance, or other insurance as determined and documented by the hospital does not qualify for charity care, but may qualify for the discounted payment program if (i) he or she has a Family income at or below four hundred fifty percent (450%) of the Federal Poverty Level; and (ii) has out-of-pocket medical expenses in the prior twelve (12) months (whether incurred or paid in or out of any hospital) exceeding ten percent (10%) of Family income. If eligible, the patient's payment obligation will be an amount equal to the difference between what the Hospital receives from the insurance carrier and the Discounted Payment Maximum. If the amount paid by insurance exceeds the Discounted Payment Maximum, the patient will have no further payment obligation.

C. Other Circumstances

The Director of the Hospital's Patient Financial Services (PFS) Department shall also have the discretion to extend charity care or the discounted payment program to patients under the following circumstances:

(i) The patient qualifies for limited benefits under the state's Medi-Cal program, i.e., limited pregnancy or emergency benefits, but does not have benefits for other services provided at the Hospital. This includes non-covered services related to:

- Services provided to Medicaid beneficiaries with restricted Medicaid (i.e., patients that may only have pregnancy or emergency benefits, but receive other care from the Hospitals);
- Medicaid pending applications that are not subsequently approved, provided that the application indicates that the patient meets the criteria for charity care;
- Medicaid or other indigent care program denials;
- Charges related to days exceeding a length of stay limit; and
- Any other remaining liability for insurance payments.

(ii) The patient qualifies for a medically indigent services program offered by a county other than the one in which the Hospital is located.

(iii) Reasonable efforts have been made to locate and contact the patient, such efforts have been unsuccessful, and the PFS Director has reason to believe that the patient would qualify for charity care or the discounted payment program, i.e., homeless.

(iv) A third party collection agency has made efforts to collect the outstanding balance and has recommended to the Hospital's PFS Director that charity care or the discounted payment program be offered.

D. Determination of Family Income

For purposes of determining eligibility for the discounted payment program, documentation of income of the patient’s Family shall be limited to recent pay stubs or income tax returns.

In determining a patient’s monetary assets, the Hospital shall not consider retirement or deferred compensation plans qualified under the Internal Revenue Code, non-qualified deferred compensation plans, the first ten thousand dollars (\$10,000.00) of monetary assets, and fifty percent (50%) of the patient’s monetary assets over the first ten thousand dollars (\$10,000.00).

E. Federal Poverty Levels

The measure of the Federal Poverty Level shall be made by reference to the most up to date Health and Human Services Poverty Guidelines for the number of persons in the patient’s family or household. The Federal Poverty Levels as of 2018 are as follows:

SOURCE: Federal Register, Vol. 83, No. 12, January 18, 2018, pp. 2642-2644

| 2018 Poverty Guidelines for the 48 Contiguous States and the District of Columbia (These figures are updated and republished annually; see https://aspe.hhs.gov/poverty-guidelines) | | |
|---|---------------------------|---------------------------|
| Persons in Family/Household | 350% of Poverty Guideline | 450% of Poverty Guideline |
| 1 | \$42,490 | \$54,630 |
| 2 | \$57,610 | \$74,070 |
| 3 | \$72,730 | \$93,510 |
| 4 | \$87,850 | \$112,950 |
| 5 | \$102,970 | \$132,390 |
| 6 | \$118,090 | \$151,830 |
| 7 | \$133,210 | \$171,270 |
| 8 | \$148,330 | \$190,710 |
| For families/households with more than 8 persons, see https://aspe.hhs.gov/poverty-guidelines . | | |

2. Charity Care and Discounted Payment Program

Financial assistance may be granted in the form of full charity care or discounted care, depending upon the patient’s level of eligibility as defined in this Policy.

The patient balances for those patients who qualify for charity care, as determined by the Hospital, shall be reduced to a sum equal to zero dollars (\$0) with the remaining balance eliminated and classified as charity care.

The patient balances for those patients who qualify for the discounted payment program will be reduced; any discount will be applied against the gross charges for hospital services provided. Discounted payments will be limited to the highest amount paid by Medicare, Medi-Cal, Healthy Families, or any other government-sponsored health program in which the Hospital participates (the “Discounted Payment Maximum”). The discount payment policy shall also include an interest-free extended payment plan to allow payment of the discounted price over time. The Hospital and the

patient shall negotiate the terms of an extended payment plan, taking into consideration the patient's Family income and essential living expenses. If the Hospital and the patient cannot agree on the payment plan, the Hospital shall use the formula described in subdivision (i) of California Health & Safety Code section 127400 to create a reasonable payment plan.

Once a complete financial assistance application is received, the Hospital must make a determination and provide a written notice of the decision and the basis relied on. If the patient is found eligible for assistance, a new billing statement will be sent which indicates how the discounted amount was calculated and states where to find the AGB. The Hospital will refund any amount collected in excess of the revised charges and reverse any Extraordinary Collection Actions that have been initiated. If a financial assistance application is received and is incomplete, the Hospital will provide written notice of the outstanding items and wait a reasonable period of time before initiating or resuming Extraordinary Collection Actions. If a complete application is received within the two hundred forty (240) day application period described below, any Extraordinary Collection Actions will be suspended while a determination of eligibility is made.

3. Application Process

Any patient who requests financial assistance will be asked to complete a financial assistance application. The financial assistance application form is attached as Exhibit 1 to this Policy. The application includes the office address and phone number to call if the patient has any questions concerning the financial assistance program or application process. The Hospital shall ensure that all employees likely to encounter patients that may need financial assistance are fully informed of and have access to this Policy, the Plain Language Summary, and the financial assistance application, and shall provide reasonable assistance to patients with the application process.

A patient is expected to submit the financial assistance promptly following care. A patient has up to two hundred forty (240) days following the date of first post-discharge statement in which to submit an application for financial assistance.

The financial assistance application requests patient information necessary for determining patient eligibility under the Financial Assistance Policy, including patient or family income and patient's family size. The Hospital will not request any additional information other than the information requested in the financial assistance application. A patient seeking financial assistance, however, may voluntarily provide additional information if they so choose. If reasonable efforts have been made to locate and contact the patient, such efforts have been unsuccessful, and the PFS Director has reason to believe that the patient would qualify for charity care or the discounted payment program (i.e., homeless), the PFS Director shall have the discretion to extend charity care or the discounted payment program.

Qualification for financial assistance shall be determined solely by the patient's and/or patient family representative's ability to pay. Qualification for financial assistance shall not be based in any way on age, gender, sexual orientation, ethnicity, national origin, veteran status, disability or religion.

4. Resolution of Disputes

Any disputes regarding a patient's eligibility to participate in the Charity Care Program shall be directed and resolved by the Hospital's Chief Financial Officer.

5. Publication of Policy

In order to ensure that patients are aware of the existence of the Financial Assistance Policy, the Hospital shall widely disseminate the existence and terms of this Policy throughout its service area. In addition to other appropriate efforts to inform the community about the Policy in a way targeted to reach community members most likely to need financial assistance, the following actions shall be taken:

A. Written Notice to All Patients

Each patient who is seen at a Prime Healthcare Non-Profit Facility, whether admitted or not, shall receive the Plain Language Summary, which is attached hereto as Exhibit 2. The notice shall be provided in non-English languages spoken by a substantial number of the patients served by the Hospital as provided in section III(5)(E) of this Policy.

B. Posting of Notices

The notice attached hereto as Exhibit 3 shall be clearly and conspicuously posted in locations that are visible to the patients in the following areas: (1) Emergency Department; (2) Billing Office; (3) Admissions Office; and (4) other outpatient settings. The notice shall be provided in non-English languages spoken by a substantial number of the patients served by the Hospital as provided in section III(5)(E) of this Policy.

C. Notices to Accompany Billing Statements

- Every post-discharge statement shall include a copy of the notice attached hereto as Exhibit 4.
- Each bill that is sent to a patient who has not provided proof of coverage by a third party at the time care is provided or upon discharge must include a statement of charges for services rendered by the Hospital and the notices attached hereto as Exhibits 4 and 5.

These notices shall be provided in non-English languages spoken by a substantial number of the patients served by the Hospital as provided in section III(5)(E) of this Policy.

D. Availability of Financial Assistance Documents

The Hospital shall post a copy of this Policy, the Plain Language Summary and the financial assistance application on its website and make all such documents available for free download. Such documents shall be available in the emergency room and admissions office and by mail upon request. The documents shall be provided in non-English languages spoken by a substantial number of the patients served by the Hospital as provided in section III(5)(E) of this Policy.

E. Accessibility to Limited English Proficient Individuals

The Hospital shall make translations of this Policy, the Plain Language Summary, and the financial assistance application available in any language that is the primary language of the lesser of one thousand (1,000) individuals or five percent (5%) of the population of the communities served by the Hospital.

6. Efforts to Obtain Information Regarding Coverage & Applications for Medi-Cal and Healthy Families

The Hospital shall make all reasonable efforts to obtain from the patient or his or her representative information about whether private or public health insurance or sponsorship may fully or partially cover the charges for care rendered by the Hospital to a patient including, but not limited to, the following:

(1) private health insurance, including coverage offered through the California Health Benefit Exchange; (2) Medicare; and/or (3) the Medi-Cal program, the Healthy Families Program, the California Children's Services Program, or other state-funded programs designed to provide health coverage.

If a patient does not indicate that he/she has coverage by a third party payor or requests a discounted payment program or charity care then the patient shall be provided with an application for the Medi-Cal program, the Healthy Families Program, or other governmental program prior to discharge.

7. Collection Activities

Prime Healthcare nonprofit facilities may use the services of an external collection agency for the collection of patient debt. No debt shall be advanced for collection until the Director of the Hospital PFS or his/her designee has reviewed the account and approved the advancement of the debt to collection. Prime Healthcare nonprofit facilities shall obtain an agreement from each collection agency that it utilizes to collect patient debt that the agency will comply with the requirements of this Policy and AB 774.

If a patient does not apply for financial assistance or is denied financial assistance and fails to pay their bill, the patient may be subject to various collection actions, including Extraordinary Collection Actions. Notwithstanding the foregoing, neither the Hospital nor any collection agency with which it contracts shall engage in any Extraordinary Collection Actions (i) at any time prior to one hundred fifty (150) days following the first post-discharge statement sent to a patient or (ii) without first making reasonable efforts to determine whether a patient is eligible for financial assistance under this Policy. In addition, and even if the above two conditions are satisfied, Hospital or its contracted collection agencies must send a notice to the patient at least thirty (30) days before commencing any Extraordinary Collection Actions, which specifies the following: (i) collection activities the Hospital or contracted collection agency may take, (ii) the date after which such actions may be taken (which date shall be no earlier than thirty (30) days of the notice date, (iii) that financial assistance is available for eligible patients. A copy of the Plain Language Summary will be included with such notice. Reasonable efforts must be made (and documented) to orally notify patients of this Policy. If the patient applies for financial assistance, any Extraordinary Collection Actions that may be in process will be suspended immediately pending the decision on the patient's application.

In addition, if a patient is attempting to qualify for eligibility under this Policy and is attempting in good faith to settle an outstanding bill with the hospital by negotiating a reasonable payment plan or making regular partial payments of a reasonable amount, the Hospital shall not send the unpaid bill to any collection agency.



The Hospital shall not, in dealing with patients eligible under this Policy, use wage garnishments or liens on primary residences as a means of collecting unpaid hospital bills.



Exhibit 1 [Financial assistance application]



Exhibit 2 [Financial Assistance Plain Language Summary]

Plain Language Summary of Financial Assistance Policy for Glendora Community Hospital

Eligibility: Glendora Community Hospital offers reduced or no charge services for emergency and other medically necessary care for individuals eligible under our Financial Assistance Policy. Eligibility is based on the Hospital's Financial Assistance Policy, which includes using the Federal Poverty Level guidelines, number of dependents, and gross annual income along with supporting income documents.

Income Guidelines: If meeting the Hospital's Financial Assistance Policy requirements, uninsured patients with family income below 350% of the current Federal Poverty Level and less than \$10,000 in monetary assets will qualify for a 100% discount on their qualifying Hospital services. Uninsured patients with family income greater than 350% but less than 450% of current Federal Poverty Level and less than \$10,000 in monetary assets, and insured patients with family income less than 450% of current Federal Poverty Level and excessive medical costs, may qualify for partially discounted care and extended payment plans. Patients eligible for financial assistance will not be charged more than the amount generally billed for emergency or other medically necessary care to individuals having insurance coverage.

For More Information or to Apply: The full Financial Assistance Policy and a Financial Assistance Application Form are available at our website, www.glendorahospital.com, by mail at no charge by calling 909-464-8702, or by visiting our Billing Office in person at 150 W. Route 66, Glendora, CA 91740. Applications are available in non-English languages spoken by large segments of the community. For further questions or assistance in completion of the Financial Assistance Application, please call our Billing Office at 909-464-8702. Completed applications should be delivered to Glendora Community Hospital, Attn: Patient Financial Services, 150 W. Route 66, Glendora, CA 91740 for processing.



Exhibit 3 [Notice to be posted within hospital]

CHARITY CARE & DISCOUNTED PAYMENT PROGRAM

PATIENTS WHO LACK INSURANCE OR HAVE INADEQUATE INSURANCE AND MEET CERTAIN LOW- AND MODERATE-INCOME REQUIREMENTS MAY QUALIFY FOR DISCOUNTED PAYMENTS OR CHARITY CARE. THE EMERGENCY DEPARTMENT PHYSICIANS AND OTHER PHYSICIANS WHO ARE NOT EMPLOYEES OF THE HOSPITAL MAY ALSO PROVIDE CHARITY CARE OR DISCOUNTED PAYMENT PROGRAMS. PLEASE CONTACT 909-464-8702 FOR FURTHER INFORMATION.



Exhibit 4 [Notice to be included in *all* post-discharge billing statements]

Charity Care & Discounted Payment Program

Patients who lack insurance or who have inadequate insurance and meet certain low-and moderate-income requirements may qualify for discounted payments or charity care. Patients seeking discounted or free care must obtain and submit an application that will be reviewed by the Hospital. No patient eligible for financial assistance will be charged more for emergency or medically necessary care than amounts generally billed to individuals who have insurance covering such care. For more information, copies of documentation, or assistance with the application process, please contact the Hospital at 909-464-8702 or you may visit www.glendorahospital.com or 150 W. Route 66, Glendora, CA 91740 to obtain further information. Free copies of financial assistance documentation may also be sent to you by mail and are available in non-English languages spoken by a substantial number of the patients served by the Hospital. The Emergency Department physicians and other physicians who are not employees of the Hospital may also provide charity care or discounted payment programs. Please contact 855-736-2792 for further information.



**Exhibit 5 [Notice to be included in post-discharge billing statements
to patients who have not provided proof of insurance]**

Our records indicate that you do not have health insurance coverage or coverage under Medicare, Medi-Cal, Healthy Families, or other similar programs. If you have such coverage, please contact our office at 909-464-8702 as soon as possible so the information can be obtained and the appropriate entity billed.

If you do not have health insurance coverage, you may be eligible for Medicare, Medi-Cal, Healthy Families, coverage offered through the California Health Benefit Exchange, California Children's Services program, other state- or county-funded health coverage, or Prime Healthcare nonprofit facilities charity care or discounted payment program. For more information about how to apply for these programs, please contact the Prime Healthcare Non-Profit Facility PFS Designee at 909-464-8702 who will be able to answer questions and provide you with applications for these programs.

Patients who lack insurance or have inadequate insurance and meet certain low- and moderate-income requirements may qualify for discounted payments or charity care. Patients should contact the Prime Healthcare nonprofit facility or PFS Designee, at 909-464-8702 to obtain further information. If a patient applies, or has a pending application, for another health coverage program at the same time that he or she applies for a Prime Healthcare nonprofit facilities charity care or discounted payment program, neither application shall preclude eligibility for the other program.

Title 11, California Code of Regulations, § 999.5(d)(5)(B)

A description of all charity care provided in the last five years by each health facility that is a subject of the agreement or transaction

Glendora Oaks is dedicated to making healthcare services accessible to those in its community who are unable to afford the cost of their medical care. To this end, Glendora Oaks provides financial assistance for qualifying patients who receive needed psychiatric care at the Hospital.

As noted in response to § 999.5(d)(5)(A), the Hospital converted from being a for-profit general acute care facility to a nonprofit facility in 2016. Following this conversion, the Hospital provided \$61,977.00 in charity care and \$26,803.91 in discounted care for 2016. In 2017, the Hospital again served the needs of its community by providing \$50,181.60 in charity care and \$32,564.39 of discounted care. Similarly, in 2018, the Hospital provided \$74,644.29 in charity care and \$45,061.33 in discounted care.

As discussed in response to § 999.5(d)(1)(A), on September 16, 2019, recognizing the increased community need for behavioral healthcare services, the Hospital transitioned from being a general acute care hospital to a psychiatric facility. In 2019, the Hospital provided \$12,106.16 in charity care and \$30,196.78 in discounted care. As of November 30, 2020, the Hospital has provided \$1,368.40 in charity care and \$8,930.05 in discounted care.

The Hospital's financial assistance program helps low-income, uninsured or underinsured patients who need help paying for all or part of their medical care. Uninsured patients with family income below 350% of the current Federal Poverty Level and less than \$10,000 in monetary assets will qualify for a 100% discount on their qualifying Hospital services. Uninsured patients with family income greater than 350% but less than 450% of current Federal Poverty Level and less than \$10,000 in monetary assets, and insured patients with family income less than 450% of current Federal Poverty Level and excessive medical costs, may qualify for partially discounted care and extended payment plans. Patients eligible for financial assistance will not be charged more than the amount generally billed for emergency or other medically necessary care to individuals having insurance coverage.

For additional information regarding Hospital's financial assistance program, see the copies of Hospital's Financial Assistance Policy and Financial Assistance Application attached to this Section 999.5(d)(5)(B) as **Exhibit 16-A** and **Exhibit 16-B**, respectively. For information regarding the amounts of charity care provided at Hospital in the last five years, please see **Exhibit 16-C**.



Financial Assistance Application Form

| | |
|-------------------|------------------------|
| Application Date: | Date of Service: |
| Patient Name: | Account Number: |
| Street Address: | Phone Number: |
| City, State, ZIP: | Patient Date of Birth: |

Please call 909-464-8702 for any questions about filling out this form.

- | | | |
|---|------------------------------|-----------------------------|
| 1) Was the patient a resident of California at the time of service? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2) Did the patient have medical insurance at the time of service? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3) Was the patient an active Medicaid recipient at the time of service? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

****If you answered yes to questions 2 or 3, please attach a copy of your insurance or Medicaid card to this application.**

INCOME:

- **All adult family members' income must be disclosed.** Income includes gross (before taxes) wages, rental income, unemployment compensation, social security benefits, public assistance, dividends and interest, etc.
- "Family" is defined as follows: (i) for persons 18 years of age and older, family means spouse, domestic partner and dependent children under 21 years of age, whether living at home or not; and (ii) for persons under 18 years of age, family means parents, caretakers, relatives, and other children under 21 years of age of the parent or caretaker relative. If the patient is a minor, the "family" is defined as the patient, the patient's natural or adoptive parents and the parent's other children (natural or adoptive) who live in the patient's home.

| Family Member's Name | Age | Date of Birth | Relationship to Parent | Source of Income or Employer Name | Income for 3 months prior to date of service | Income for 12 months prior to date of service |
|----------------------|-----|---------------|------------------------|-----------------------------------|--|---|
| | | | Self | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

- **Proof of income must be supplied at the time of application (e.g., three months of pay stubs, most recent tax return (IRS Form 1040), etc.).**
- If you report \$0 income, please provide a written statement of how you (or the patient) are surviving financially, including who provides food, shelter, transportation, etc. and how long you have been without income.

| MONTHLY EXPENSES: | | ASSETS: | |
|--|----------|---|----------|
| | | This information may be used if your income is above 200% of Federal Poverty Level guidelines to determine whether you may be eligible for discounted care. | |
| Monthly rent/mortgage | \$ _____ | Checking account | \$ _____ |
| Utilities | \$ _____ | Savings account | \$ _____ |
| Car payment | \$ _____ | Business ownership | \$ _____ |
| Medical expenses | \$ _____ | Stocks and bonds | \$ _____ |
| Insurance premiums (life, home, car, medical) | \$ _____ | Real estate (excluding primary residence) | \$ _____ |
| Clothing, groceries, household goods | \$ _____ | | |
| Other debt/expenses (e.g., child support, loans, other) | \$ _____ | | |

My signature below certifies that everything I have stated on this application is correct and subject to review under audit. I understand that if the information I provide is determined to be false, financial assistance may be denied and I may be responsible to pay for services provided.

 Applicant's Signature

 Date

Please return completed application to:

Glendora Community Hospital
 Attn: Patient Financial Services
 150 W. Route 66
 Glendora, CA 91740

Revised October 2018

Exhibit 2

Glendora Community Hospital



COMMUNITY HEALTH NEEDS ASSESSMENT 2018

GO 00294

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2018 GLENDORA COMMUNITY HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT

EXECUTIVE SUMMARY

The 2018 Glendora Community Hospital (**GCH**) Community Health Needs Assessment (**CHNA**) is GCH's first full assessment since its conversion to nonprofit status at the start of 2016, and continues CHNA's ongoing reach into the community it serves to better understand and meet the needs of that community. This process has been developed on several fronts, with input from a variety of sources. This report meets the requirements of the Patient Protection and Affordable Care Act (**ACA**), which requires nonprofit hospitals to conduct a Community Health Needs Assessment at least once every three years. As part of the CHNA, each hospital is required to collect input from designated individuals in the community, including public health experts, as well as members, representatives or leaders of low-income, minority, and medically underserved populations and individuals with chronic conditions.

This Community Health Needs Assessment was directed by Glendora Community Hospital to address needs for residents in the nearby area, accounting for nearly 80% of all discharges from the hospital in 2018. Additional data was extracted from various community and government sources which include areas outside of GCH's primary service area, but contribute a small portion of the hospital's utilization.

The CHNA process incorporates three major areas of study and analysis. These include:

- Quantitative Data Review and Analysis, in which data provided by numerous sources are reviewed, analyzed, and summarized. The salient conclusions drawn are reported. These processes concentrate on use rates, disease incidence, population ratios, and other numerically organized data. It should be noted that the variety of sources used include many definitions and time periods. Often data presented may not relate to the same time period or population as other presentations. Sources included the Los Angeles County Department of Health's (LADPH) *Key Indicators or Health* (KIH), LADPH's Epidemiology reports, US Census Bureau data, and other sources for area-specific data.
- Qualitative data in the form of written surveys. These are distributed by participating hospitals, and the responses consolidated into one report, so service-area-specific analysis was not possible. The results are largely interpreted to cross-check the

responses from the Key Informants involved via focus groups and phone interviews. The highly-detailed surveys also produced information about health status of the respondents, as well as their views on health needs in the overall area.

- Representatives of area health agencies, social service providers, and local government organizations (collectively, Key Informants) were invited to several focus group sessions to offer their opinions as to community health needs. Those Key Informants who could not make any of the sessions were interviewed by phone and their responses incorporated into the responses generated by the focus groups.

Each methodology generates useful data in different ways, and the conclusions drawn address each methodology as appropriate. It should be noted that there are three different service areas addressed in this analysis.

PRIMARY HEALTH ISSUES

Focus Group Consensus Issues

KEYGROUP has conducted and is continuing to conduct focus group surveys and individual phone interviews with representatives of area health agencies, social service providers, and local government organizations (collectively, **Key Informants**). Over 65 health needs were suggested by the Key Informants, and winnowed down to the six considered most important by the focus group participants.

Preliminary results of interviews indicate a predominance of several issues noted by respondents. These issues represent both community health problems as a group, and individually they represent opportunities for the hospital to provide improvements. They are outlined below

- **Vaccinations for the Elderly** – Several respondents felt strongly that the area’s elderly population was under-protected for the various types of flu circulating in the community. While many organizations provide flu shots, the hospital is a logical center for high-profile flu-shot clinics.
- **Meals on Wheels** - It was noted that while several communities surrounding Glendora had active Meals on Wheels programs, no such program existed in Glendora. This is a needed program catering to shut-in residents who may have difficulty getting to grocery stores, or restaurants, and who may be suffering malnutrition as a result. The program also provides an opportunity for contact with otherwise-isolated residents in their homes. If properly organized, the program can provide volunteers with observation protocols which allow them to see potential problems before they become acute. And for many clients, the regular visits by Meals on Wheels staff may be the primary social interaction in their lives.
- **Alcoholism/Drug/Substance Abuse** – While alcohol abuse is an ongoing problem throughout Southern California, misuse of prescription pharmaceuticals is emerging as a faster-growing problem. While the hospital has little ability to directly impact the rate of pharmaceutical abuse, it can play two roles:
 - It can participate in educating its medical staff regarding prescription options to limit the availability of abusable drugs, and
 - It can educate hospital staff to recognize potential abuse and develop interventions to address abuse situations.

Alcoholism may be addressed as a public health problem, in addition to providing acute care as persons suffering from acute symptoms are treated at the hospital.

- **Mental Health in General** – Mental Health issues have historically been a less important area for hospital treatment than physical ailments, largely because the treatments are less easily identified and more difficult to administer. Recent changes in reimbursement have made the area a more intriguing subject for hospitals, but the Glendora area is without a major mental health inpatient center. GCH has an opportunity to expand its existing services in the mental health environment, and provide options within the GCH Primary Service Area.
- **Training for Mental Health Services** – Hospital staff are among the most common service providers to people with mental health issues, although many of these opportunities arise as comorbidities to acute physical ailments that generate the hospital visit. Training of Emergency Department and reception staffs to recognize the mental health aspects of the physical manifestations that bring patients to the hospital will facilitate whole-patient care that integrates physical medicine and mental health care to produce more comprehensive and appropriate care.
- **Community Awareness of Mental Health Issues** – Mental Health has been a largely ignored issue in public discussion of health issues in general. It is slowly becoming more visible, but still is less comfortably discussed in public. GCH has an opportunity to be a leader in bringing mental health issues to the public, through public service announcements, educational programs and publication of services available at the hospital.
- **Coordinating Transitions Among Care Levels** – As treatment methodologies transition to more continuity of care, hospitals have a responsibility to assure that patients transitioning out of acute care are located in appropriate care settings to maximize their ability to continue recovery to the greatest extent possible. GCH has an opportunity to lead this process by working actively with nursing facilities, home health agencies, hospice providers and social service agencies to assure that all needs encountered by discharged patients are met in the most appropriate settings and adequately coordinated to assure patient recovery and continued good health.

Area-wide Health Issues

In order to more comprehensively assess the health needs of GCH's Total Service Area, health issues cited by interviewees were also outlined and are included here as areas for further study.

- **Diabetes** – There are two primary types: Juvenile Onset (Type 1) diabetes, typically diagnosed in children, is a condition due to the body's inability to make enough insulin to manage digestion. It is best controlled with diet and weight management, although medication exists to control insulin levels. Adult Onset (Type 2) diabetes is most often a lifestyle disease, brought on

by excess weight, lack of exercise and/or diet. It is also controllable with appropriate changes to diet, exercise regimens and other lifestyle choices.

- **Obesity** - As a contributor to diabetes, high blood pressure, cardiac problems and orthopedic issues, this was mentioned by several respondents. LADPH provides data on health status for eight Specific Plan Areas (SPAs) Glendora is in SPA 3 – San Gabriel Valley. SPA 3 rates for Obesity in 2013 were lower than both the county average for children, and within Los Angeles statistical norms for adults. Nonetheless, the fact that all age categories reported between 20% and 35% rates of overweight and obesity indicates a significant opportunity for improvement.
- **Mental Health** - Several respondents mentioned a limited supply of mental health services, as well as a historical lack of payment programs for mental health services. The sources of care for mental health issues are typically outpatient settings, but physical problems either caused by, or complications of, mental problems are a major factor in bringing clients to hospital Emergency Departments. Various laws have been passed in the past 25 years to improve mental health care, and provisions of the Affordable Care Act mandate mental health parity in payment and treatment, but the regulations to define that parity are not yet clear. It is expected that mental health services will improve as payors develop systems to reimburse providers for the services they offer, but treatment for chronic mental health issues is beyond the scope of most hospitals. The primary issue for acute care providers is developing protocols for addressing mental health issues that present along with the acute medical problems that bring patients to the ED.
- **Access to Healthcare** – Passage of the Affordable Care Act has had a positive effect on the number of area residents who lack health insurance, but providers of care to low-income clients still report difficulty making referrals to specialists. In many areas, wait times for appointments for MediCal recipients are still longer than optimum.
- **Substance abuse** – This omnibus category includes alcoholism, addiction to numerous illegal substances, and inappropriate use of prescription medications. Most of the issues are chronic in nature, although the presenting symptoms in hospital EDs are usually acute medical crises, such as accidents, trauma, overdose, or injuries resulting from unwise actions while intoxicated. Much of the work on substance abuse is funded by mental health payors, since the addiction issues underlying the

problems are considered mental-health related. Under current regulations, more emphasis is being placed on the mental health aspects of substance abuse, and funding is coming to increase services for substance abuse victims. As a current provider of mental health services, GCH is well positioned to expand its services in this area.

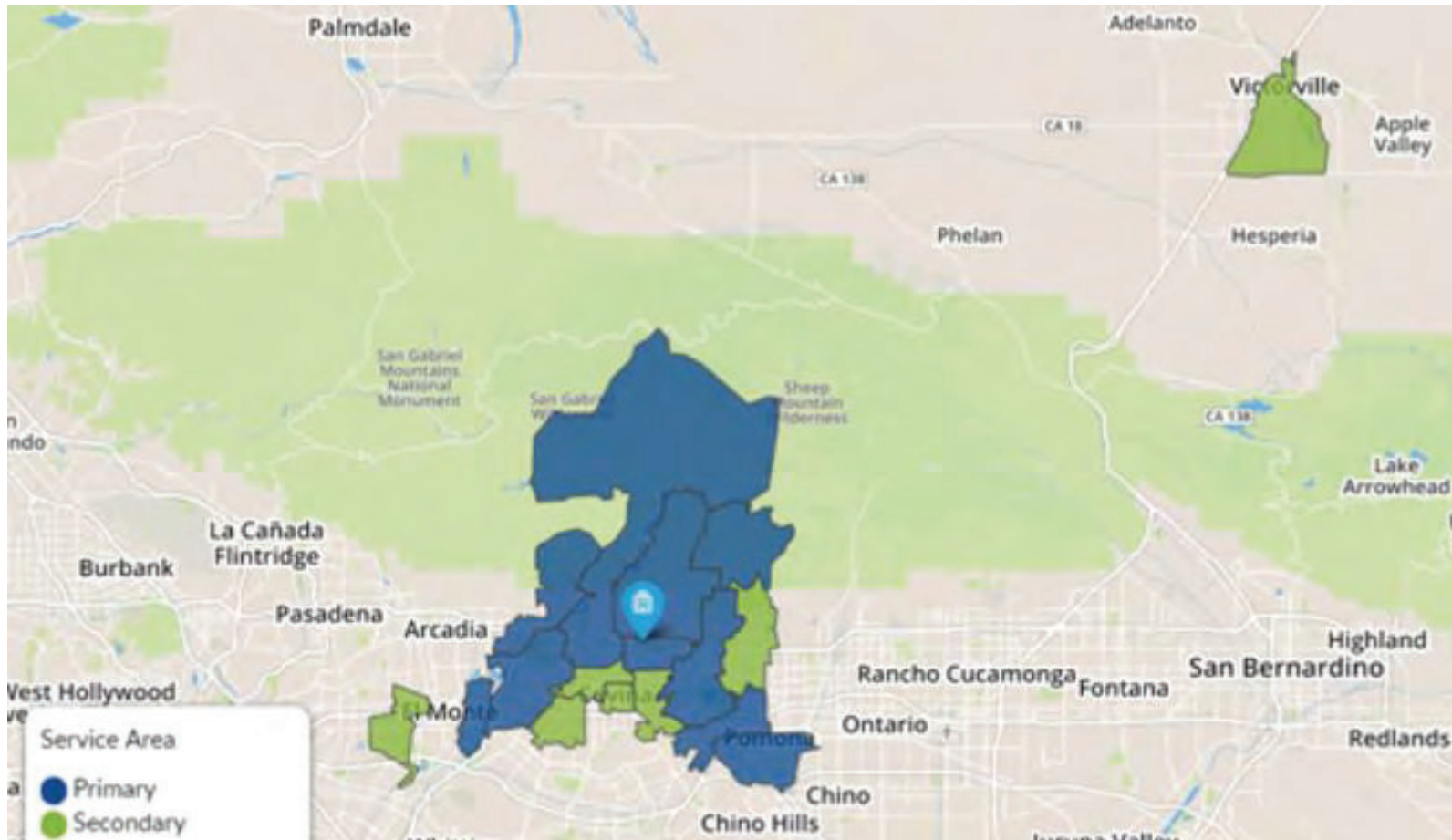
HOSPITAL AREA DEFINITIONS

Primary Service Area

The CHNA process involves analysis of several areas that are germane to the provision of services to the GCH “community”. The most directly applicable is the area immediately surrounding the hospital: The cities of Azusa (zip code 91702), Baldwin Park (91706), El Monte (91732), Glendora (91740 and 91741) and Pomona (91768 and 91766) account for 45% of all discharges in 2017. These zip codes constitute the Primary Service Area (PSA). The contributing PSA zip codes are shown in blue in the map which follows.

Secondary Service Area

While the zip codes listed in the PSA account for almost half of all discharges, surrounding cities including Covina (91722, 91723 and 91724), Duarte (91010), La Verne (91750), Rosemead (91770), San Dimas (91773), Victorville (92395) and West Covina (91790) account for another 34%. These are classified as the Secondary Service Area (SSA), and all are contiguous with the PSA except for Victorville, which includes a satellite office of a physician who practices at GCH. These zip codes are shown in green in the following map.



The two service areas together account for 79% of all discharges from GCH, and together they are named the Total Service Area (TSA). No zip codes outside of these areas contributed more than 1% of total discharges.

COMMUNITY PROFILE

Demographics

Population Summary

Glendora Community Hospital Total Service Area (TSA) covered a population of approximately 518,000 in 2018, according to US Census estimates. Of that total roughly 40% comes from the nearby area defined as the Primary Service Area (PSA), with the remainder from scattered zip codes defined as the Secondary Service Area (SSA).

Data is provided for each zip code in the PSA and SSA as of 2018. It is consolidated for the TSA, and comparison figures are provided for Los Angeles County, the State of California, and the United States. PSA zip codes are shown in yellow and the SSA zip codes are under green headings.

| Glendora Community Hospital | | | | | | | | | | | | | | | | | | | | | |
|-------------------------------|---|-----------------------------|-------|--------------|--------|--------|----------|--------|----------|--------|-----------|-------------|----------------------|------------------------|--------------------|------------------------------|----------------------|----------------|-------|-------|-------|
| Total Service Area Indicators | | | | | | | | | | | | | | | | | | | | | |
| | City | Hospital Total Service Area | | | | | | | | | | | Primary Service Area | Secondary Service Area | Total Service Area | Los Angeles County 2018 Est. | California 2018 Est. | U.S. 2017 Est. | | | |
| | | Glendora | Azusa | Baldwin Park | Duarte | Pomona | Glendora | Covina | El Monte | Pomona | San Dimas | West Covina | | | | | | | 91740 | 91702 | 91706 |
| Population ¹ | | 27085 | 64205 | 78650 | 27143 | 34819 | 27257 | 37198 | 63335 | 74894 | 34787 | 48630 | 231,902 | 286,101 | 518,003 | 10,283,729 | 39,809,693 | 325,719,178 | | | |
| Median Age ² | | 39.2 | 31.3 | 31.7 | 39.5 | 28.8 | 39.2 | 34.9 | 32.4 | 30.1 | 43.7 | 36.1 | 34.1 | 36.1 | 35.2 | 3.02 | 2.94 | 2.58 | | | |
| Age (%) | | | | | | | | | | | | | | | | | | | | | |
| 0-17 ² | | 20.6% | 25.6% | 27.4% | 21.6% | 25.5% | 19.3% | 23.7% | 26.8% | 28.3% | 17.8% | 23.5% | 24.1% | 23.2% | 23.7% | 24.0% | 24.5% | 23.7% | | | |
| 65+ ² | | 16.1% | 10.0% | 10.2% | 17.9% | 9.0% | 18.4% | 12.1% | 10.6% | 8.5% | 20.2% | 13.8% | 12.6% | 13.9% | 13.4% | 12.0% | 11.8% | 13.4% | | | |
| Race/Ethnicity (%) | | | | | | | | | | | | | | | | | | | | | |
| White Alone | | 66.8% | 56.4% | 43.5% | 50.1% | 49.2% | 77.9% | 52.4% | 38.5% | 45.3% | 69.3% | 45.4% | 53.2% | 54.8% | 54.1% | 62.7% | 62.3% | 74.0% | | | |
| Black Alone | | 2.6% | 2.5% | 1.1% | 7.3% | 6.8% | 1.2% | 3.6% | 0.8% | 4.9% | 3.2% | 3.5% | 4.1% | 2.9% | 3.4% | 1.6% | 6.0% | 12.6% | | | |
| Asian Alone | | 9.5% | 8.5% | 14.4% | 14.7% | 7.0% | 8.5% | 11.8% | 25.4% | 11.0% | 11.6% | 19.4% | 10.8% | 14.6% | 12.9% | 18.3% | 13.3% | 4.9% | | | |
| All Other | | 21.1% | 32.6% | 40.9% | 27.9% | 37.0% | 12.4% | 32.2% | 35.4% | 38.8% | 15.9% | 31.8% | 31.9% | 27.7% | 29.6% | 17.4% | 18.4% | 8.5% | | | |
| Hispanic Origin | | 41.7% | 71.8% | 80.6% | 55.1% | 71.7% | 25.1% | 64.1% | 69.4% | 75.3% | 34.8% | 62.2% | 64.2% | 55.2% | 59.3% | 33.8% | 37.9% | 16.6% | | | |
| Notes | | | | | | | | | | | | | | | | | | | | | |
| 1 | 2018 Census Demographics - U.S. Census Bureau (Zip-Codes.com), County and State Estimates from Calif. Dept of Finance Demographic Research Unit | | | | | | | | | | | | | | | | | | | | |
| 2 | 2010 Census Demographics - U.S. Census Bureau (Zip-Codes.com) | | | | | | | | | | | | | | | | | | | | |

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Population by Age

The age distribution shown in both PSA and SSA roughly echoes the distributions found in the County and State. The youngest age cohort (under age 18), with minor exceptions, is within the range of the comparable areas. The differences in the 65+ age group are much more pronounced, with several zip codes showing very small concentrations of elderly, and others, especially Glendora zip codes, showing very high proportions of elderly people.

Ethnic Populations

While the “white alone” population is the dominant racial group, it is important to note that:

- Much of the “white” population (and probably substantial portions of the other ethnic groups) are of Hispanic origin.
- With the exception of Glendora, and San Dimas, Hispanic Origin residents are the majority population
- Several zip codes show high proportions of Asian residents.
- The “all other” category percentage of population is higher in the PSA and SSA than in any of the comparison areas. This group includes mixed race respondents and those who declined to state, indicating a more varied ethnic mix than is found in any of the larger areas.

Market Share Analysis

Speedtrack, a proprietary data service, consolidates reported discharge and utilization data for hospitals reporting to Medicare and other government agencies, allowing analysis of where residents of specific areas receive care. Speedtrack uses a slightly different market area description for GCH, but the overall analysis is still useful in showing GCH’s contribution to the well-being of the general market area.

The data presented include all services provided to patients (newborns excluded) in the defined market area. Since GCH is a relatively small hospital, and much of the care provided to area residents is beyond the scope of GCH’s staff, it is a relatively small provider overall, but is still important in that it serves local needs locally. It should be noted that GCH’s share of services has increased over the last three years, and thus it is becoming increasingly important in the overall range of health services available to area residents. GCH’s place in the range of hospitals used by Speedtrack is shown in the following table. Note that several hospitals providing significant services to GCH area residents are located outside the defined service area.

| Rank | Facility Name | Discharge Cases | | | | | | | |
|------|--|-----------------------------|---------------|---------------|---------------|----------------------------|----------------|----------------|----------------|
| | | Count of Patient Discharges | | | | Percentage of Market Share | | | |
| | | 2014 | 2015 | 2016 | 2017 | 2014 | 2015 | 2016 | 2017 |
| 1 | CITRUS VALLEY MEDICAL CENTER - QV CAMPUS | 3,778 | 3,877 | 3,695 | 3,644 | 19.20% | 19.44% | 19.28% | 18.29% |
| 2 | FOOTHILL PRESBYTERIAN HOSPITAL - JOHNSTON MEMORIAL | 3,086 | 3,413 | 3,161 | 3,328 | 15.69% | 17.11% | 16.50% | 16.71% |
| 3 | CITRUS VALLEY MEDICAL CENTER - INTERCOMMUNITY CAMPUS | 2,135 | 2,069 | 1,924 | 2,090 | 10.85% | 10.38% | 10.04% | 10.49% |
| 4 | KAISER FOUNDATION HOSPITAL - BALDWIN PARK | 2,148 | 2,213 | 1,917 | 2,077 | 10.92% | 11.10% | 10.00% | 10.43% |
| 5 | HUNTINGTON MEMORIAL HOSPITAL | 720 | 758 | 868 | 869 | 3.66% | 3.80% | 4.53% | 4.36% |
| 6 | METHODIST HOSPITAL - SOUTHERN CALIFORNIA | 883 | 856 | 838 | 830 | 4.49% | 4.29% | 4.37% | 4.17% |
| 7 | GLENDORA COMMUNITY HOSPITAL | 447 | 444 | 539 | 697 | 2.27% | 2.23% | 2.81% | 3.50% |
| 8 | LOS ANGELES COUNTY - USC MEDICAL CENTER | 717 | 572 | 596 | 596 | 3.64% | 2.87% | 3.11% | 2.99% |
| 9 | SAN DIMAS COMMUNITY HOSPITAL | 500 | 488 | 472 | 437 | 2.54% | 2.45% | 2.46% | 2.19% |
| 10 | CHILDRENS HOSPITAL OF LOS ANGELES | 306 | 359 | 389 | 432 | 1.56% | 1.80% | 2.03% | 2.17% |
| | All Others | 4,952 | 4,893 | 4,764 | 4,921 | 25.17% | 24.54% | 24.86% | 24.70% |
| | Grand Total | 19,672 | 19,942 | 19,163 | 19,921 | 100.00% | 100.00% | 100.00% | 100.00% |

ACKNOWLEDGMENTS

This CHNA 2018 is the result of the commitment and efforts of many individuals and organizations who contributed time, expertise and resource to create a comprehensive and effective community assessment. Special thanks go to the Steering Committee and the Advisory Committee members, the staff at Glendora Community Hospital, Community leaders and organizations that participated in our interviews and members of the community that took the survey and shared their experiences and information for the benefit of this assessment.

METHODOLOGY

Primary Data

This project concentrated its effort in gathering qualitative primary data through a series of contacts with key stakeholders that represent the community they are a part of, including government representatives, mayor, public health representatives, healthcare providers, service providers, realtors and minority group leaders. The tools utilized are summarized below.

Survey

A survey was disseminated to the community via the hospitals involved in the HASC report. Both English and Spanish versions were provided. The survey reached patients and community members of all ages and backgrounds. A copy of the surveys that were disseminated are listed in the Appendix at the end of this report.

All information was collected and analyzed, and a summary of results is discussed in the Key Findings Section of this report.

Focus Groups/Key Stakeholders Interviews

Extensive interviews with community leaders that would be able to address and further describe the needs of the community were conducted. A list of individuals and organizations is listed in the Appendix at the end of this report.

Representatives of City and County agencies included the staff of the Los Angeles County Department of Health, and the Los Angeles County 4th District Supervisor's Health Liaison, and the Director of the Los Angeles County Department of Public Health.

Secondary (Quantitative) Data

Available secondary data was used extensively to gather quantitative and qualitative information on the total service area, health and quality of life indicators, currently available services, evidence-based prevalence of diseases and conditions, and established adverse health factors at the community and County level. This data forms the basis for the HASC report, and is used here as a baseline for further analysis where PSA data was available for comparison. Where PSA-specific data was not found, the HASC report data is presented.

Secondary data also served as benchmarking tools to address needs priority, processes and outcomes. Including *Healthy People 2020* (*Healthy People*). *Healthy People* provides science-based, 10-year national objectives for improving the health of all Americans and has established nationally recognized benchmarks and progress monitoring. *Healthy People* is the result of a multiyear process that reflects input from a diverse group of individuals and organizations.

Further benchmarking information was acquired from a variety of resources, including the U.S. Census Bureau, UDS Mapping, Community Commons, Healthy City, County Health Rankings & Roadmaps and Health Indicators Warehouse. Links to all these resources can be found in the Resources at the end of this report.

The County of Los Angeles's Departments of Public and Behavioral Health have embarked on a program called the Community Vital Signs Initiative, designed to develop county-wide information, analyzable in small local areas, which will allow healthcare providers of all sorts to create programs designed to improve the health status of area residents.

References/Secondary Data Sources

- 211 website for Los Angeles County. www.211la.org
- Advancement Project. Healthy City. www.healthycity.org
- Advancing the Movement. Community Commons. www.chna.org
- Alzheimer’s Association
- American Cancer Society
- American Heart Association
- American Lung Association
- California Department of Public Health
- Centers for Disease Control and Prevention
- Centers for Disease Control and Prevention. National Center for Health Statistics. Health Indicators Warehouse. www.healthindicators.gov
- Community Vital Signs. communityvitalsigns.org/portals/41/meetings/2013stakeholder/CVS_data_report.pdf
- Google Maps
- National Cancer Institute
- National Institute for Health
- National Institute for Mental Health
- Online KEYGROUP Survey. www.surveymonkey.com/s/NZZPCZF
- Prime Healthcare Services. Glendora Community Hospital. www.glendorahospital.com/
- U.S. Census Bureau
- U.S. Department of Health and Human Services. Healthy People 2020 Data. www.healthypeople.gov/2020/default.aspx
- University of Wisconsin Population Health Institute. County Health Rankings. www.countyhealthrankings.org
- World Health Organization, 2012

SURVEY DATA SUMMARY

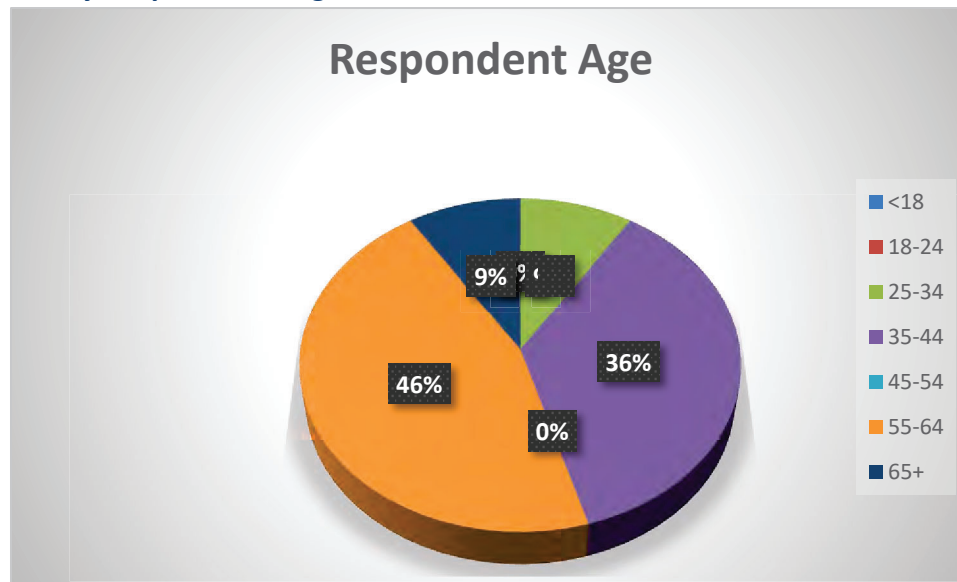
In an attempt to reach out to the community and gather a better understanding of their service area needs, GCH reached out to its patients and community in general through a community needs survey, distributed in five languages (English, Spanish, Korean, Vietnamese, and Mandarin Chinese) to be able to capture and represent as many groups as possible. It should be noted that the

surveys did not differentiate among the various Asian groups, and that many Asian subgroups are present in the area, all of whom would have responded “Asian” to the list of ethnicity options despite significant differences among the various Asian subgroups.

The surveys obtained from respondents in GCH’s service area represent a much smaller sample than the discharge data, but provide a more detailed view of each respondent. Since the surveys are distributed by hospital personnel to their acquaintances and community contacts, they do not represent a true cross-section of the overall TSA population. But the answers provided give insight into some issues that are of interest in analyzing community health needs.

The highlighted items which follow are those where the survey responses deviated from total population data, or where the responses received indicate an area worthy of further analysis. The entire survey results are presented in a later section of the report.

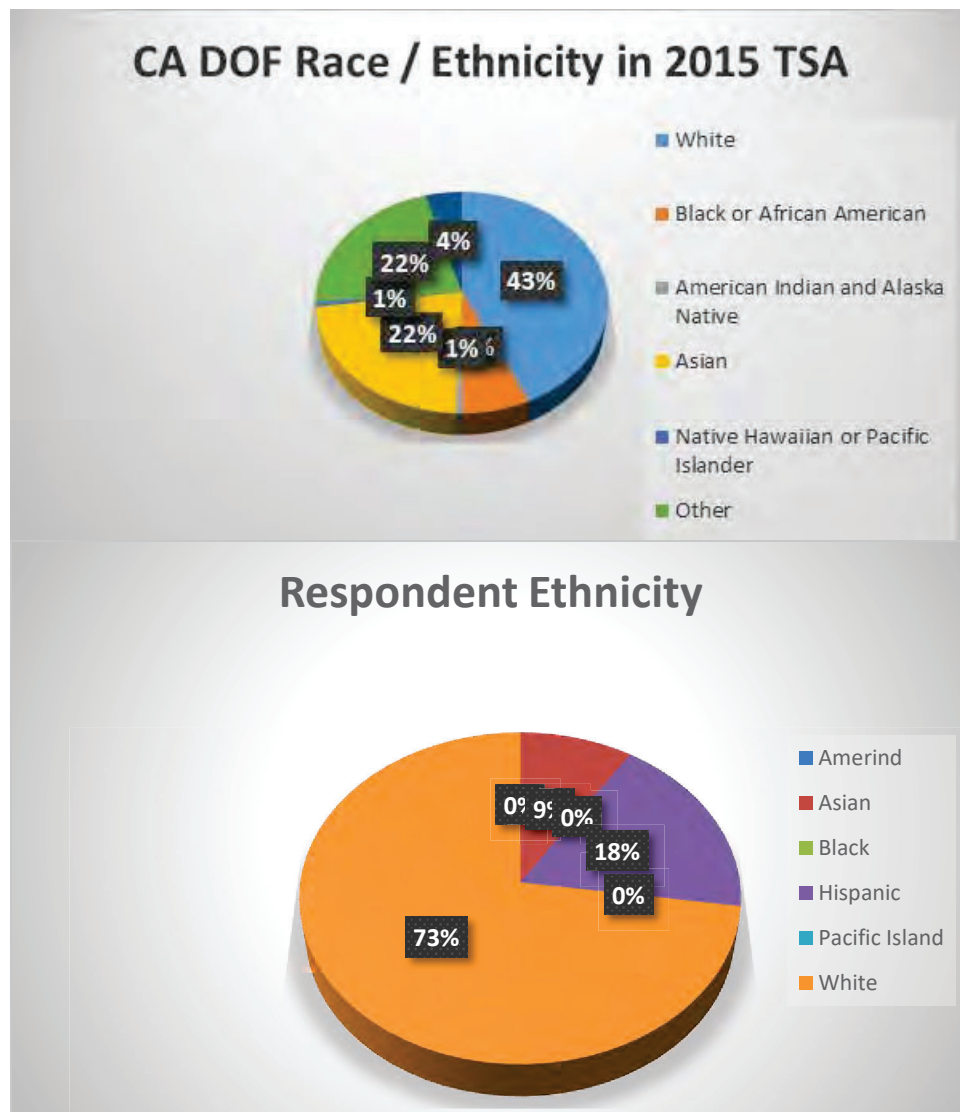
Survey Respondents’ Age



From a planning perspective, neither group is extremely different from county, state or national norms, so the issues of both groups are important considerations, along with those of middle age residents. The demographic mix also indicates that issues found throughout the county are probably issues that will matter to residents of the TSA

Review of the surveys returned indicates that the survey sample was much more weighted toward middle ages, with no respondents either in the 65 and over age group and none less than 18.

Population by Race/Ethnicity

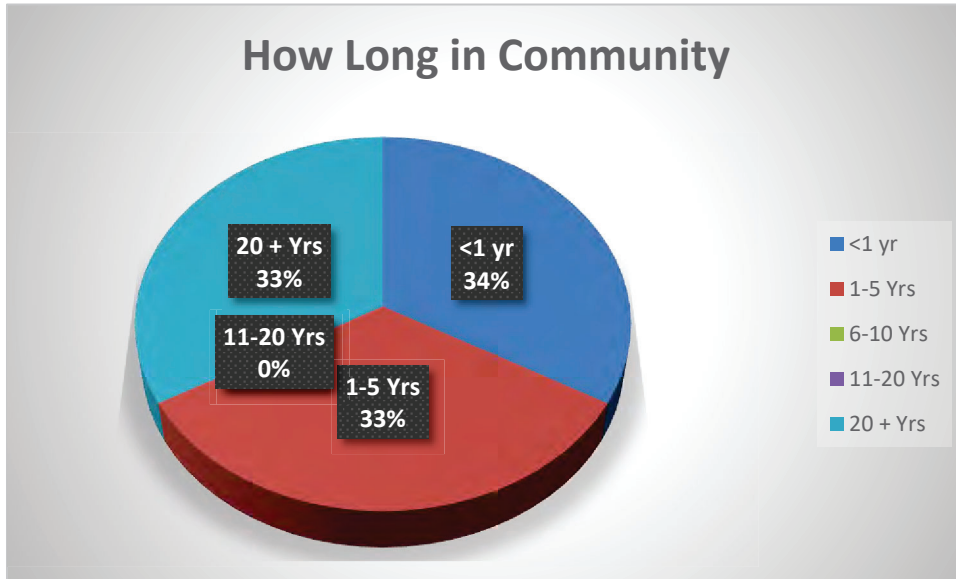


The TSA population as analyzed by the California Department of Finance (“DOF”) is significantly more mixed ethnically than Los Angeles County, California, and especially the USA as a whole. The percentage of “white only” residents in the TSA (54%) is 8% less than Los Angeles County as a whole, and an even smaller percentage compared to California or the USA. All non-white ethnic categories are smaller than their Los Angeles County and US counterparts, except for “all other” groups, which exceed county, state and national averages.

The survey results tell a different story about ethnicity in the area than do census reports. The “white” Survey respondents were more heavily represented than any of the other ethnic groups, the Asian population represented a larger proportion of respondents, and those responding as Hispanic were the second-largest group, although the demographic profile does not list them as a separate group.

An important conclusion to be drawn from this population distribution is that opportunities exist for GCH to serve a more diversified population ethnically, and services to the various ethnic groups are an area for further discussion.

Several other items from the survey are considered primary questions, and they are presented first, with responses to all other questions following.



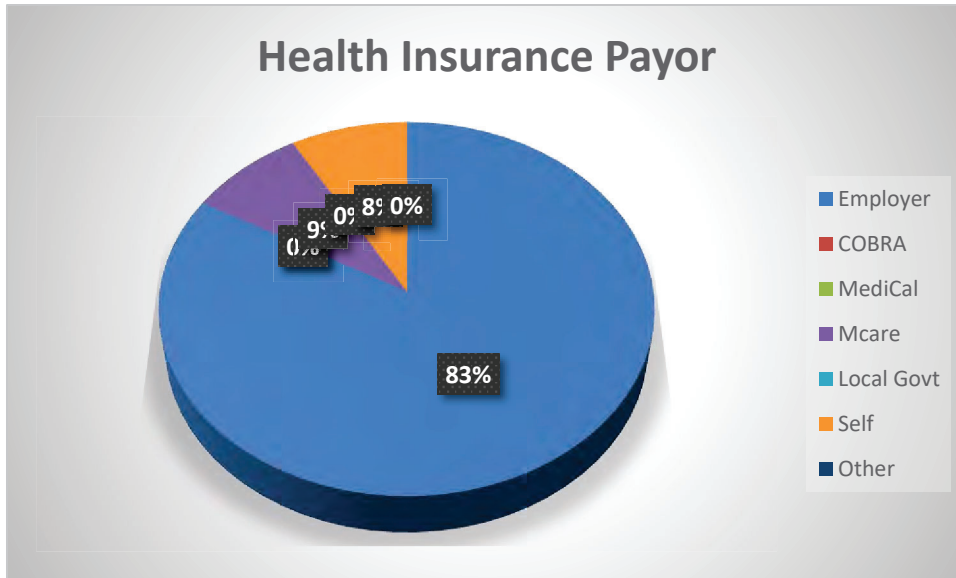
Tenure in Community

The community tenure response was interesting in its split between respondents who had lived for 20 years or more (33%) and those whose tenure was 5 years or less (67%). No respondents had lived in the area for between 6 and 20 years. This is indicative of an area which is undergoing a significant demographic shift, although it is not possible from this information to assess who is moving in or out.

- 2. How long have you lived in the community?
 - Less than one year
 - 1 to 5 years
 - 6 to 10 years

- 11 to 20 years
- More than 20 years

Payment for Insurance



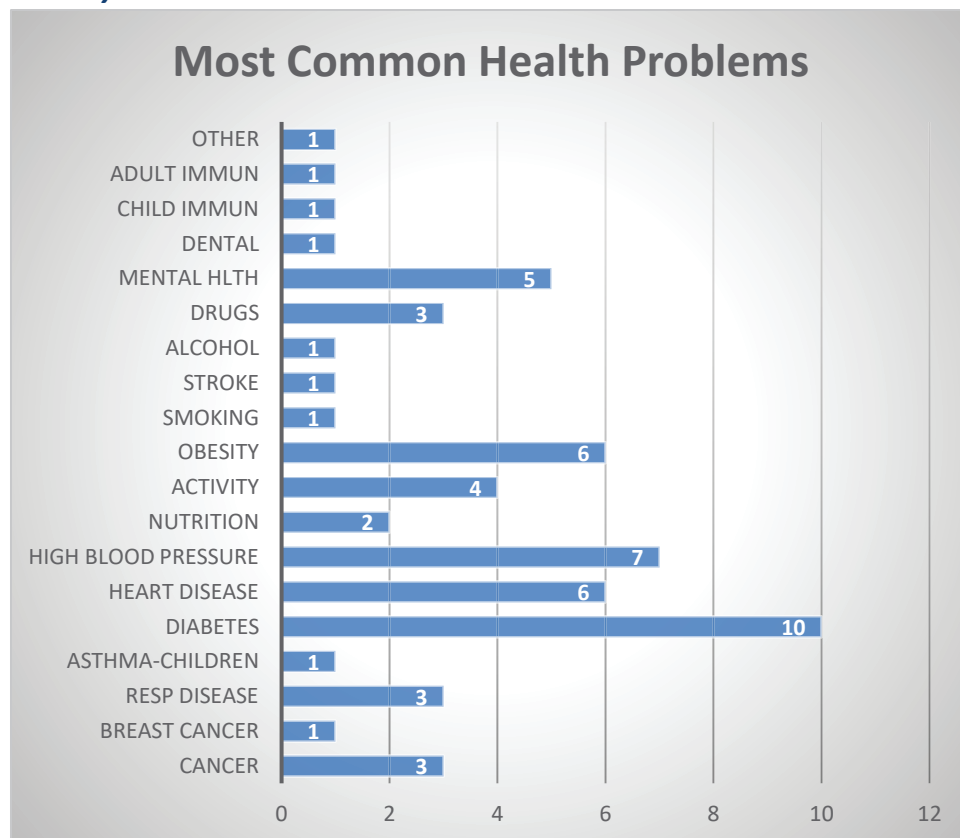
- Self-funded
- Other (please specify)

All respondents replied they have insurance. The primary payor was reported to be their employer, with smaller portions of self-insured and Medicare respondents. The prevalence of insured residents is a marked change from data in the previous CHNA survey, and is significantly different than the statewide ratios, in which roughly one third of the state’s population is a MediCal recipient.

10. Who pays for your health insurance (Check all that apply)?

- Current employer (HMO, PPO)
- Former employer (COBRA)
- State government (Medi-Cal)
- National government (Medicare, Medicaid)
- Local government

Primary Health Problems



When asked to name the greatest health problems in the community, the following were highlighted:

- Diabetes 90%
- High Blood Pressure 70%
- Obesity 50%
- Heart Disease 50%
- Mental Health 45%
- Lack of Activity 40%
- Drugs 30%

The emergence of diabetes as the most commonly cited health problem, and its dominance in the responses, indicates a growing awareness of the problem. Many of the other high-response issues are also diabetes related, indicating an area of opportunity for education.

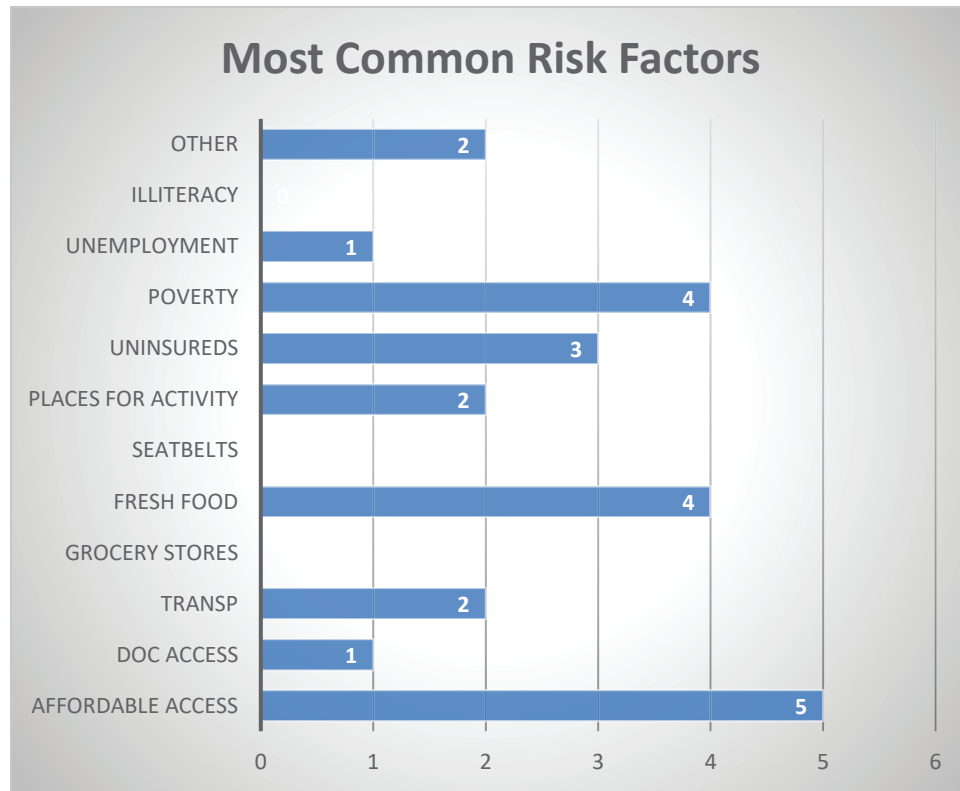
28. Which four diseases/conditions do you believe are the most common in our community?

- Cancer-general
- Breast Cancer
- Respiratory diseases-adults
- Asthma-children

- Diabetes
- Heart disease
- High Blood Pressure
- Poor Nutrition
- Lack of physical activity
- Obesity
- Smoking
- Stroke

- Substance abuse- alcohol
- Substance abuse-drugs
- Mental Health Disorders
- Dental Problems
- Immunizations- children
- Immunizations- adults
- Other (please specify)

Greatest Risk Factors



When asked to list three behavioral risk factors are the most common in the community, not all respondents provided answers. Among those who did, the following were highlighted:

- Affordable Access to Health Care 83%
- Access to fresh food 66%
- Poverty 66%
- Uninsured Patients 50%
- Lack of Safe Places for Activity 33%
- Transportation to appointments 33%

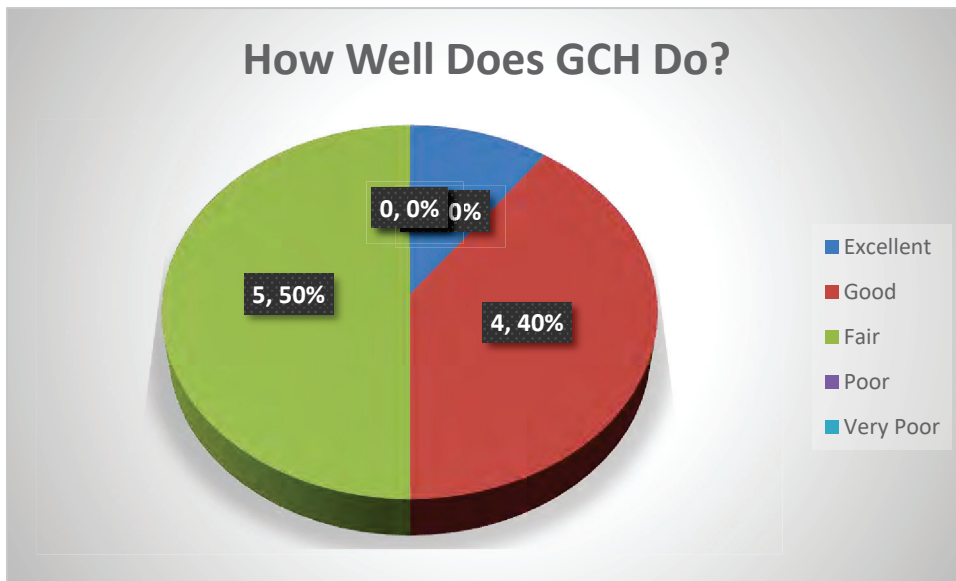
In contrast to previous surveys, which highlighted uninsured residents, the most common complaint now focuses on the cost of care. This correlates to data reported by the Commonwealth Fund, which shows a decrease in uninsured California residents from 25% in 2012 to 10% in 2017, but a much smaller decrease in adults who went without care due to cost (19% in 2012 to 14% in 2017).

29. Which three behavioral risk factors are the most common in our community?

- Access to affordable health care

- Access to physicians
- Inadequate transportation
- Lack of grocery stores
- Access to fresh, healthy food
- Wearing seatbelts
- Lack of safe places for physical activity
- High number of uninsured people
- Poverty
- Unemployment
- Illiteracy
- Other (please specify)

Perception of Glendora Community Hospital



The surveyed community also felt that a variety of clinics and programs were doing a good job in promoting health for the community. When asked specifically about GCH, the responses broke down as shown to the left. While the “Fair” category got the largest share of responses, the other responses were “Good” and “Excellent”.

32. How well does Glendora Community Hospital promote good health?

- Excellent
- Good
- Fair
- Poor
- Very Poor

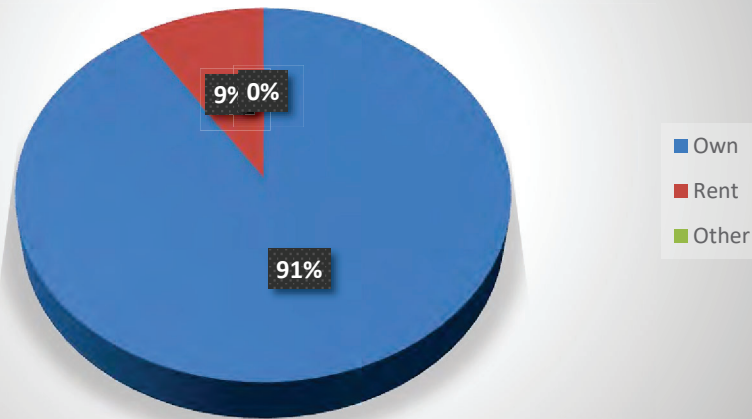
When asked what GCH could do better to promote good health, the most common responses included:

- Have preventive medicine screenings
- Program for staff/exercise room
- Marketing & Incentives
- Offer healthy food options - less carbs
- Farmers Market
- Continue with outreach programs
- Interact more with at risk groups

Finally, the most pressing health care needs for those in the community that took part in the survey were the following:

- Urgent care (colds, flu, pink eye, ear infections)
- More parks to exercise
- In network, nearby specialists
- Affordable healthcare, secondary insurances
- Not sure - need to think on that
- Substance abuse
- Stress
- Access to Physicians on weekends and nights

Ownership Status

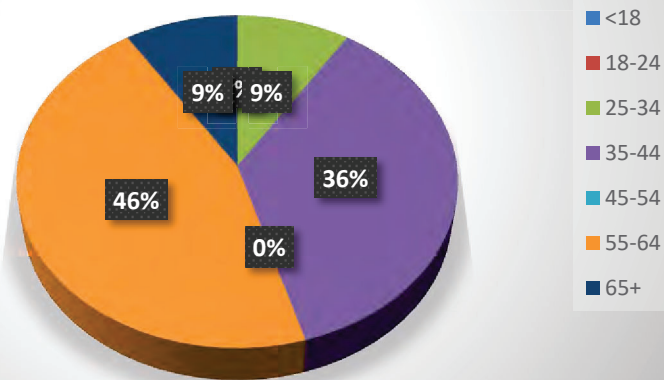


The rest of the questions on the survey are presented below, with the questions as posted on the survey, and the range of responses presented in the charts.

3. Do you own or rent your residence?

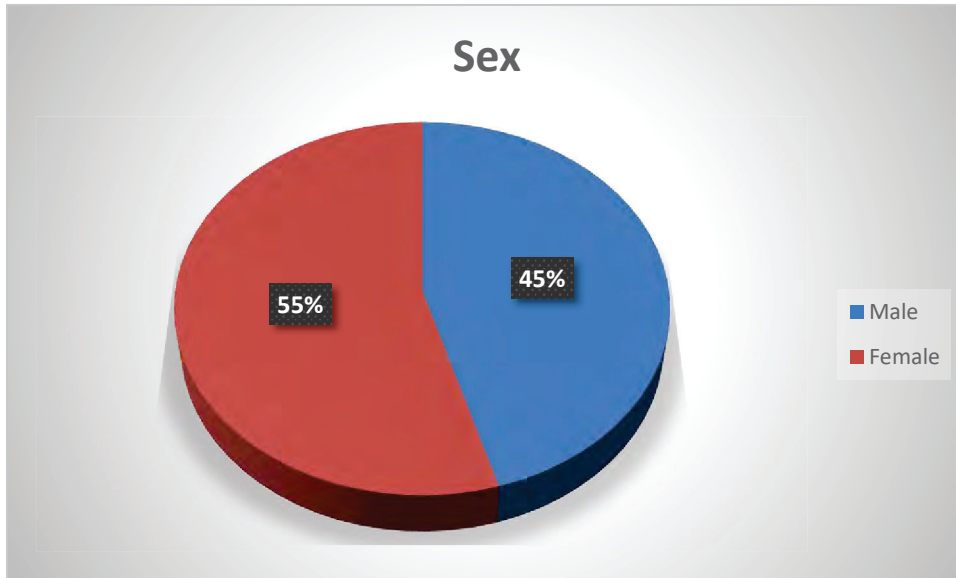
- Own
- Rent
- Other (please specify)

Respondent Age



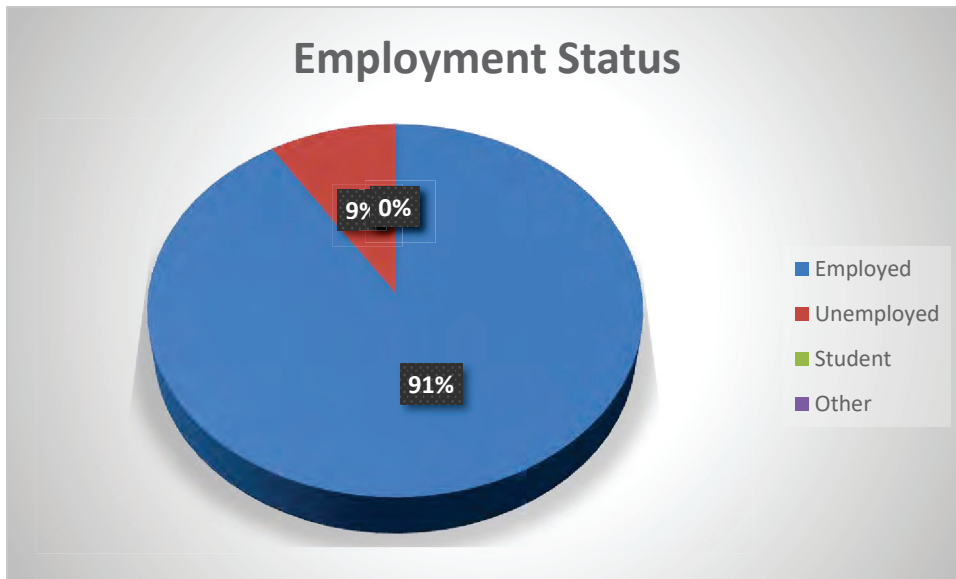
5. What is your age bracket?

- Under 18
- 18 – 24
- 25 – 34
- 35 – 44
- 45 – 54
- 55 – 64
- Over 65



Are you female or male?

- Male
- Female

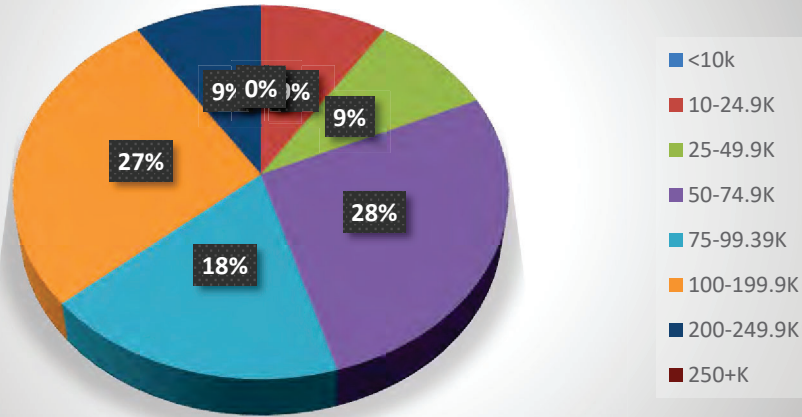


6. Are you currently employed?

- Yes
- No
- Full-time Student
- Other (please specify)

“Other” responses typically classed themselves as retired.

Personal Income



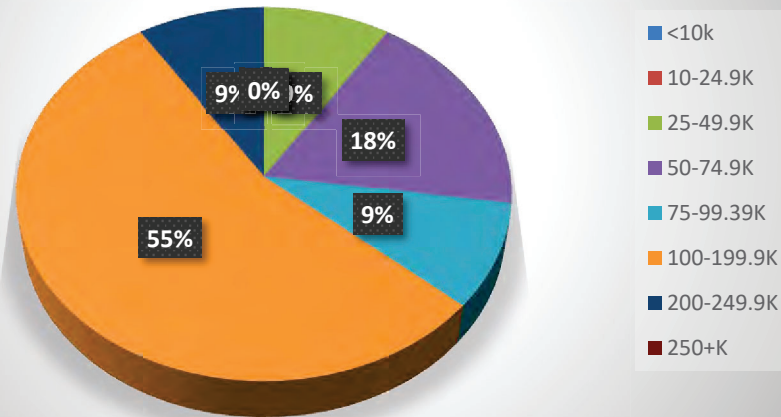
8A. What are your income and your total household income?

Your income

- Under \$10,000
- \$10,000 to \$24,999
- \$25,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$199,999
- \$200,000 to \$249,999
- Over \$250,000

The respondents this year had a higher average personal income than the last time the survey was done, although incomes in nearly all categories were reported.

Household Income

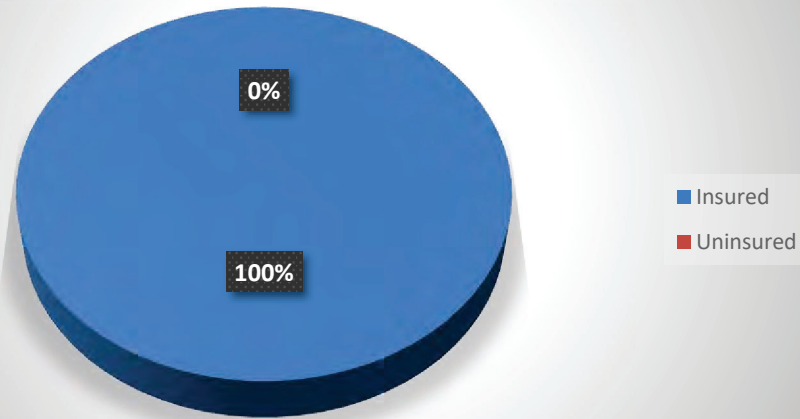


8B. *Total household*

- Under \$10,000
- \$10,000 to \$24,999
- \$25,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$199,999
- \$200,000 to \$249,999
- Over \$250,000

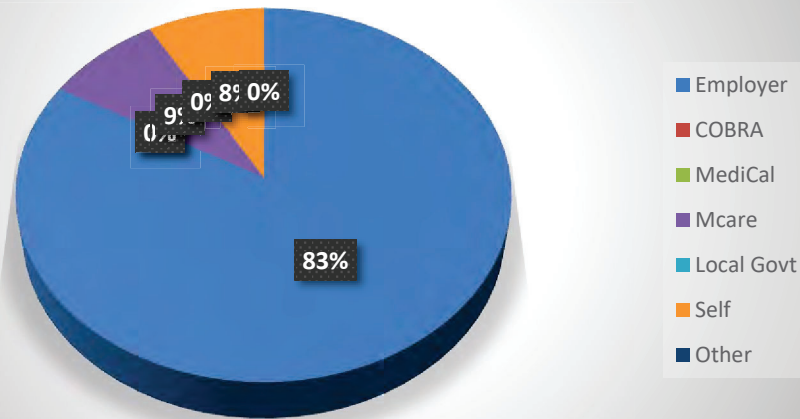
The presence of several two-income households pushed many respondents into higher income brackets.

Health Insurance Status



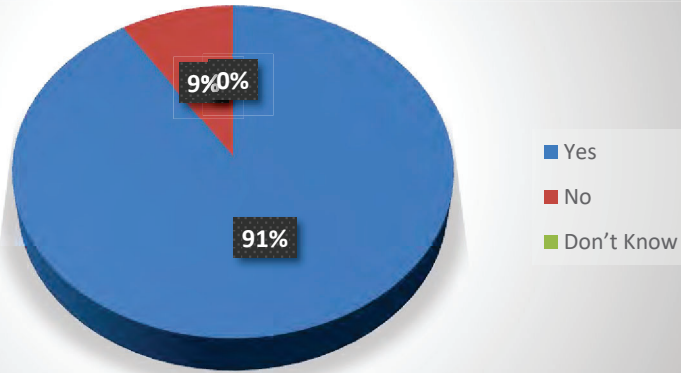
9. Do you currently have health insurance?
- Yes
 - No

Health Insurance Payor



- Current employer (HMO, PPO)
- Former employer (COBRA)
- State government (Medi-Cal)
- National government (Medicare, Medicaid)
- Local government
- Self-funded
- Other (please specify)

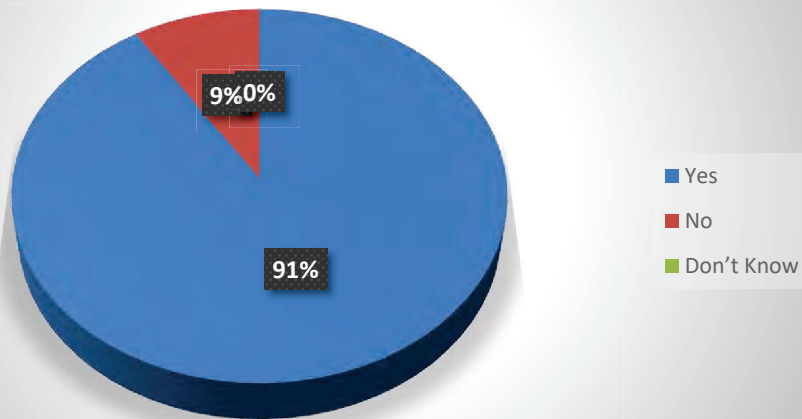
General Health Exam?



12. In the past 12 months, have you had a:
General Health Exam

- Yes
- No
- Do not know

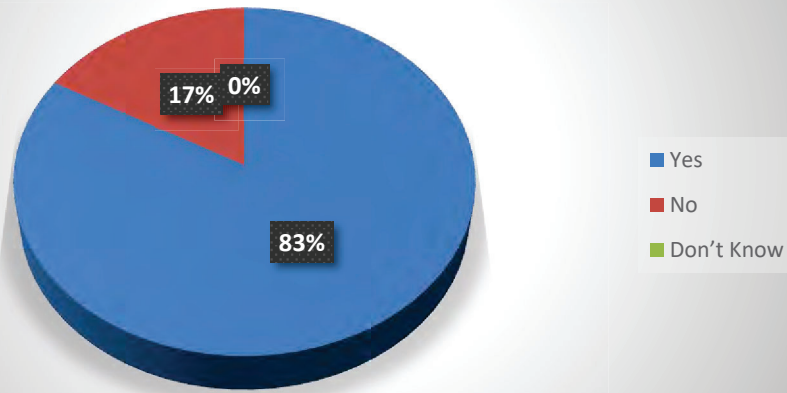
Blood Pressure Screening



Blood Pressure Check

- Yes
- No
- Do not know

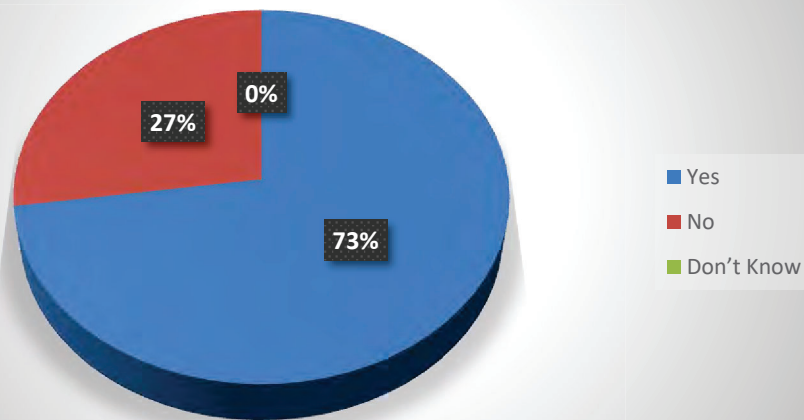
Cholesterol Screening



Cholesterol Check

- Yes
- No
- Do not know

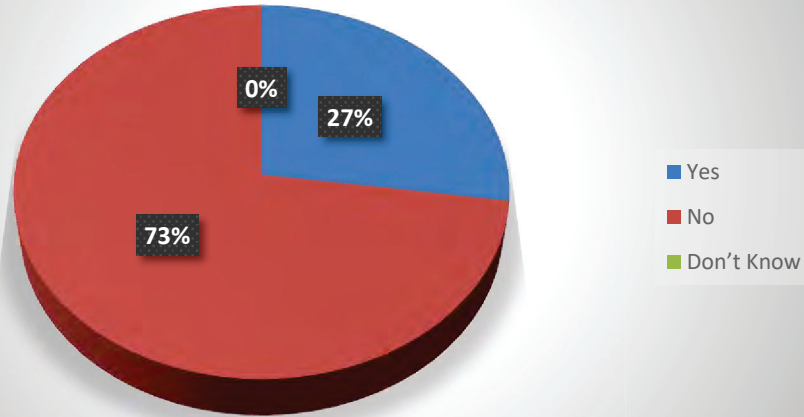
Flu Shot



Flu Shot

- Yes
- No
- Do not know

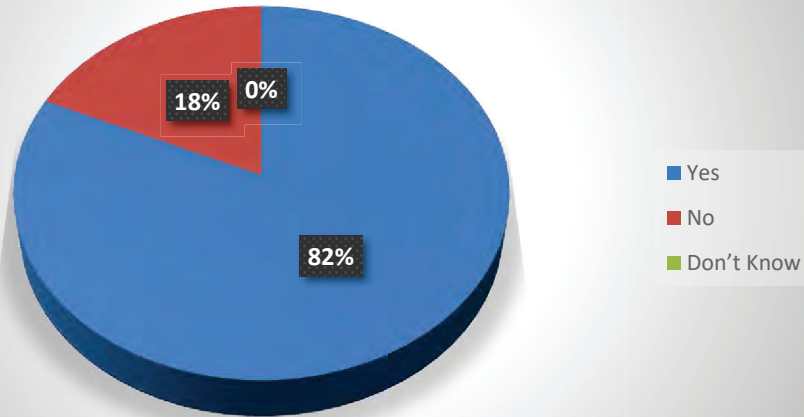
Blood Stool Test



Blood Stool Test

- Yes
- No
- Do not know

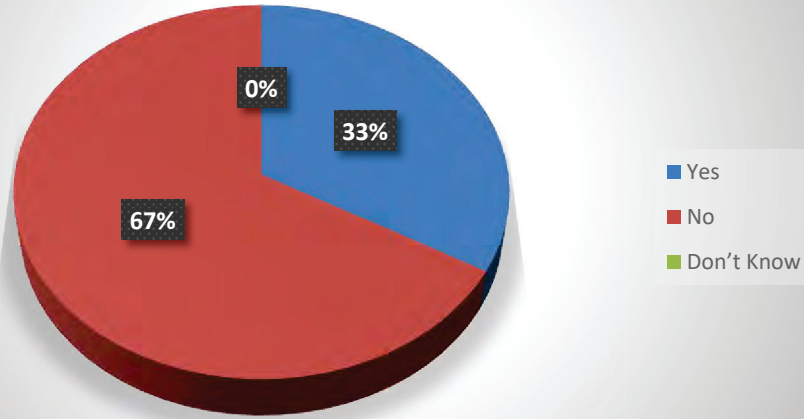
Dental Checkup



Dental Exam/Teeth Cleaned

- Yes
- No
- Do not know

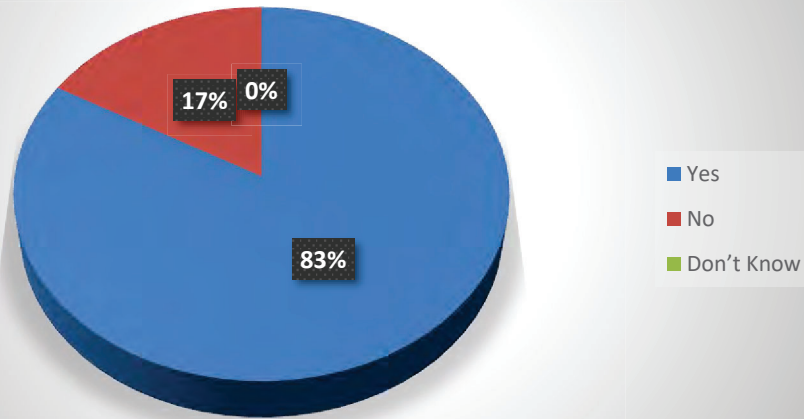
Pap Test



IF FEMALE: Pap Test

- Yes
- No
- Do not know

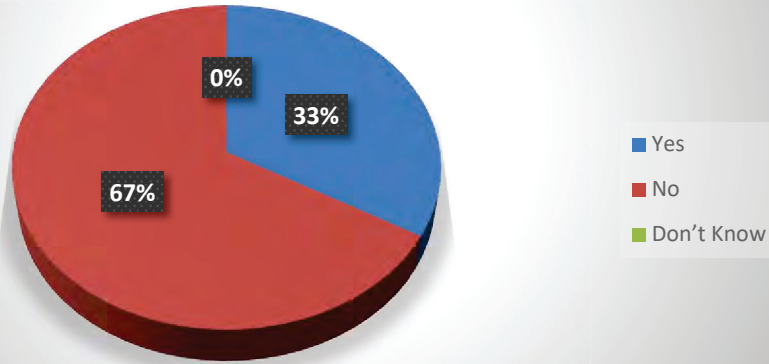
Breast Exam



IF FEMALE: Breast Exam by a Health Care Provider

- Yes
- No
- Do not know

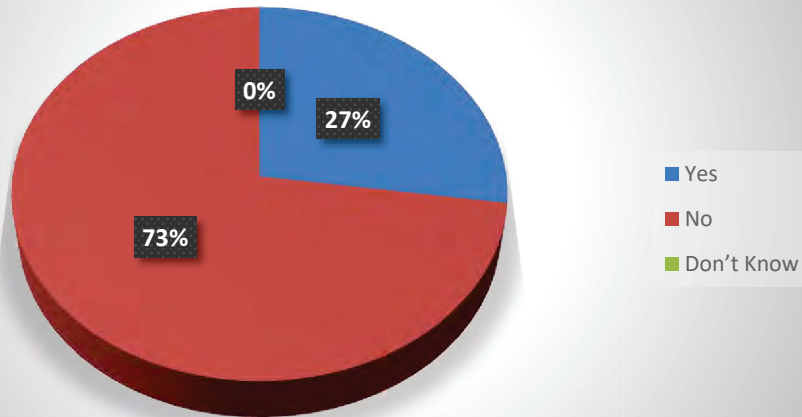
Breast XRay / Mammogram



IF FEMALE: Breast X-Ray or Mammogram

- Yes
- No
- Do not know

Hearing Test

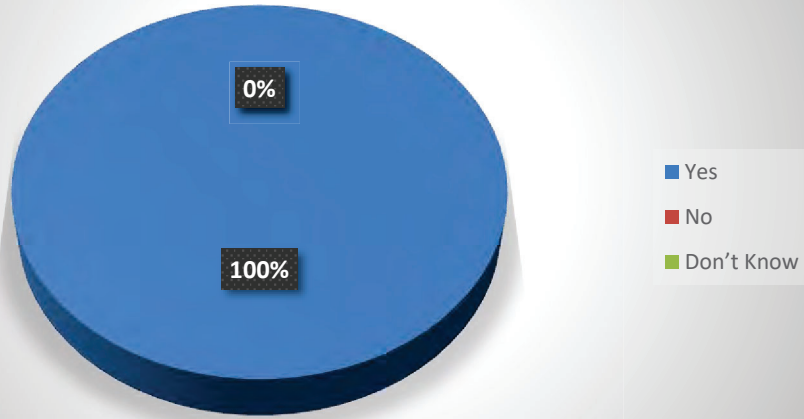


13. In the past 5 years, have you had a (fill in all that apply):

Hearing Test

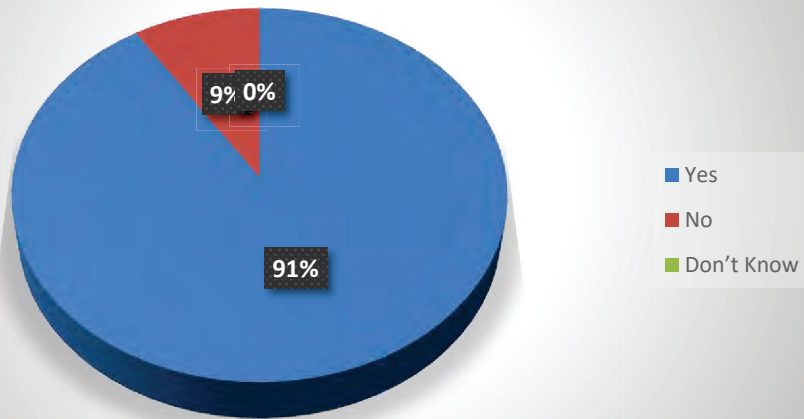
- Yes
- No
- Do not know

Eye Exam



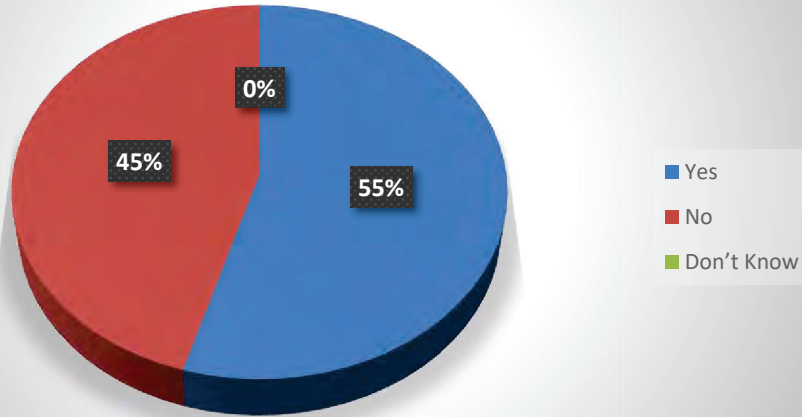
- Eye Exam*
- Yes
 - No
 - Do not know

Diabetes Check



- Diabetes Check*
- Yes
 - No
 - Do not know

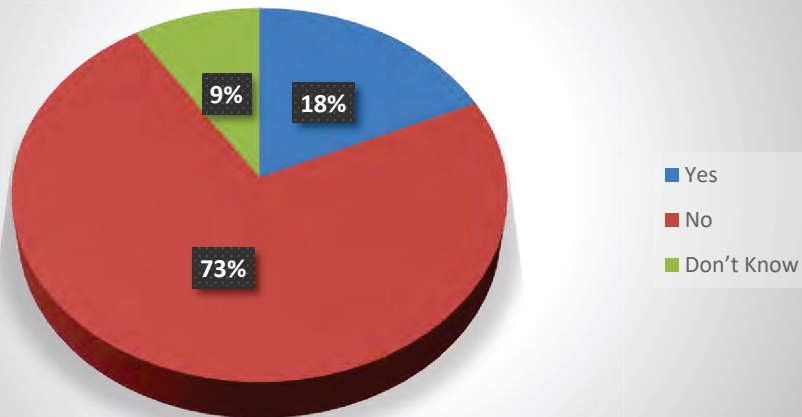
Skin Cancer Exam



Skin Cancer Screen

- Yes
- No
- Do not know

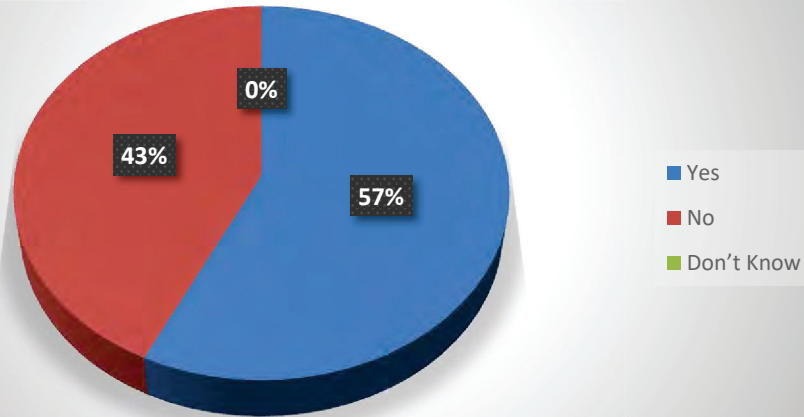
Pneumonia Shot



Pneumonia Shot

- Yes
- No
- Do not know

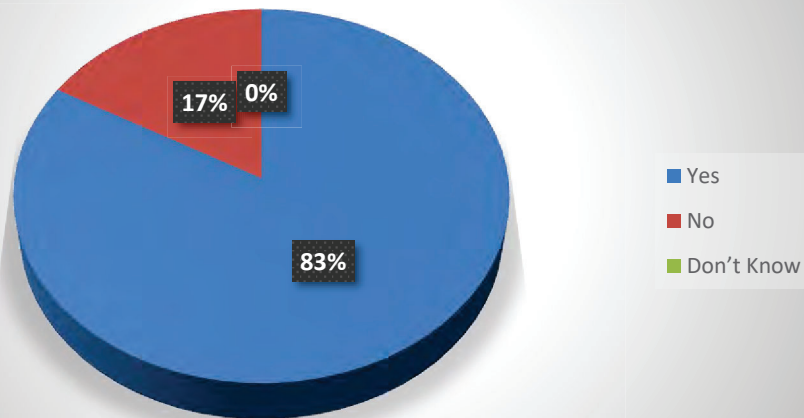
Rectal Exam



IF AGE 40 or OLDER: Rectal Exam

- Yes
- No
- Do not know

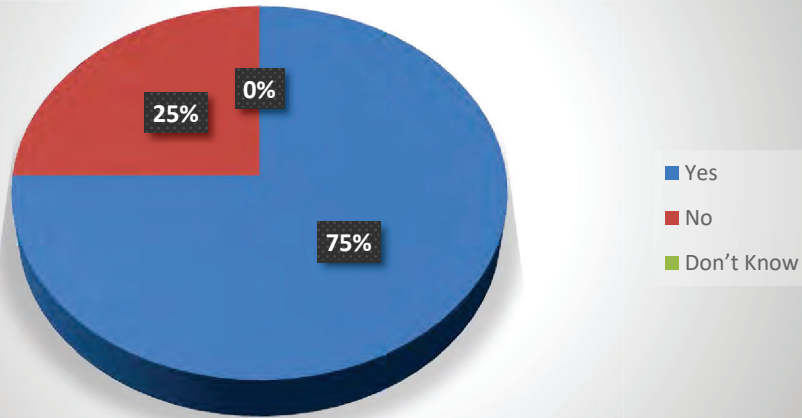
Colonoscopy



IF AGE 50 or OLDER: A Colonoscopy

- Yes
- No
- Do not know

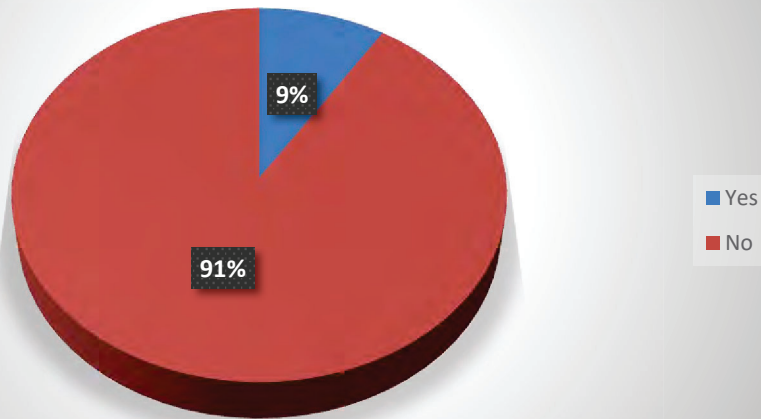
Prostate Cancer Screen



IF MALE and AGE 40 or OLDER: A Prostate Cancer Screen/PSA

- Yes
- No
- Do not know

Problems Getting Care?



14. In the past 12 months, have you had problems getting needed health care?

- Yes
- No

15. If yes, please provide the reason(s) for the difficulty in getting healthcare.

- Lack of insurance
- Health care provider would not accept insurance
- Insurance would not approve pay for care
- Cannot afford co-pay
- Lack of transportation
- Language barriers
- Travel distance to provider too great
- Cannot understand my doctor

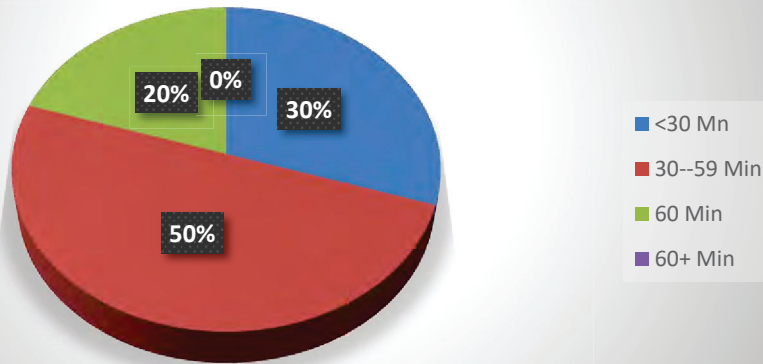
The respondents who mentioned a problem getting care did not provide a reason.



How many times a week do you exercise?

- 0
- 1-2
- 2-4
- 4-7

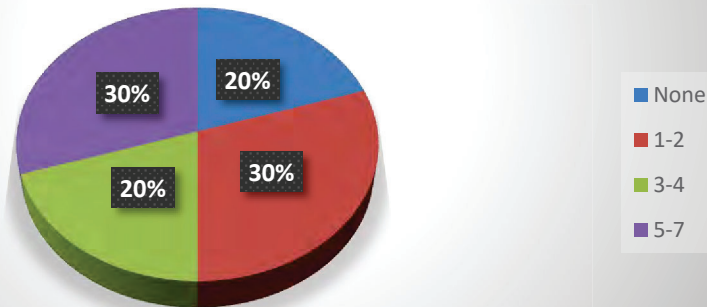
How Long Are Exercise Periods?



16. For about how long do you exercise?
- Less than 30 minutes
 - 30 minutes
 - 1 hour
 - Over 1 hour

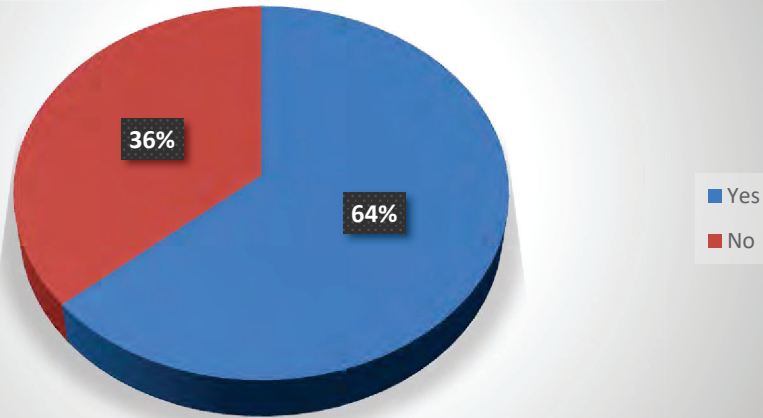
While most respondents indicate that they exercise, the relatively short amount of time spent by many is a matter of concern.

How Many Days/Week Do You Get Fresh Vegetables?



17. How many days per week do you eat at least 5 servings of fruits and/or vegetables?
- 0 days a week
 - 1-2 days a week
 - 3-4 days a week
 - Over 5 days a week

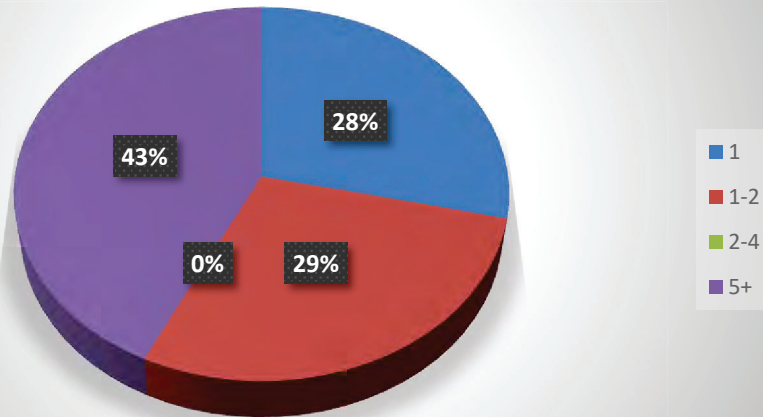
Are You Taking Medications?



Are you on any medications?

- Yes
- No

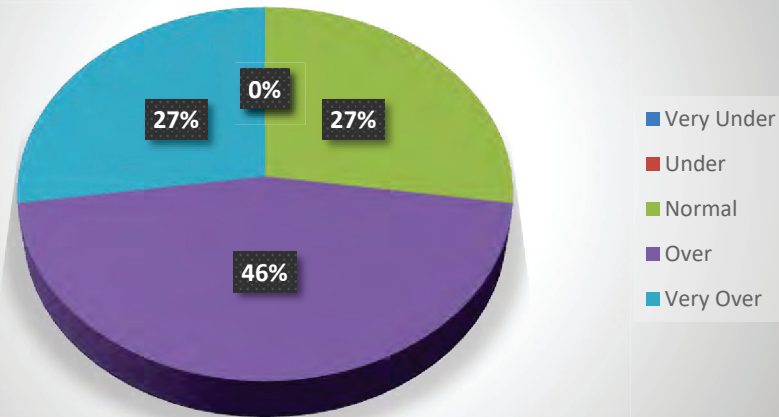
How Many Meds?



18. If Yes, how many?

- Just one
- 1 to 2
- 2 to 4
- Over 5

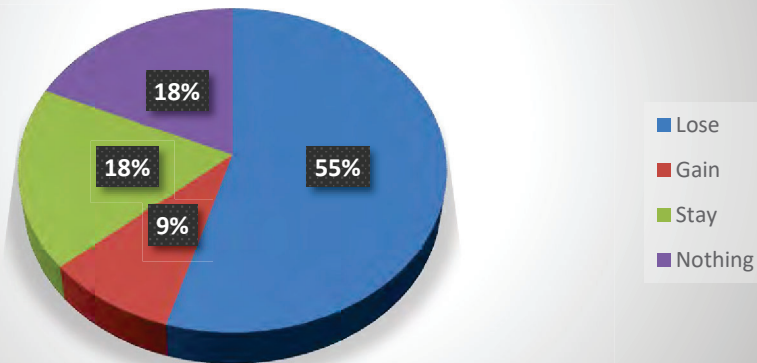
How Do You Feel About Your Weight?



19. How would you describe your weight?
- Very underweight
 - Slightly underweight
 - About right
 - Slightly overweight
 - Very Overweight

The largest group of respondents indicated they felt about normal weight-wise, but a roughly equal number responded with overweight or very overweight, and those two categories accounted for more than half of all responses.

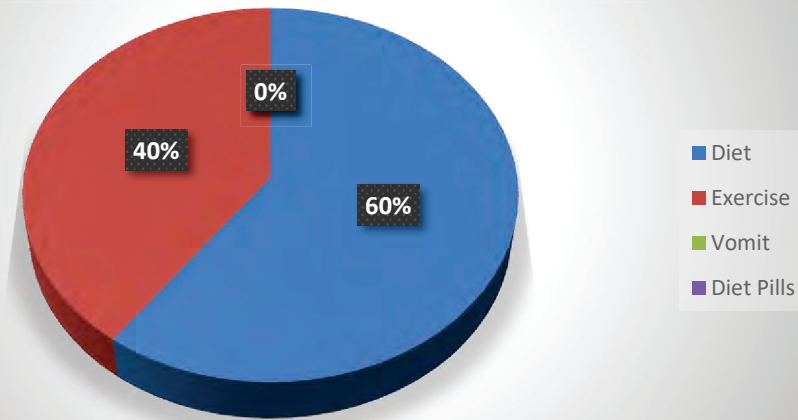
What Do You Plan to Do About Your Weight?



- Which of the following are you trying to do about your weight?
- Lose weight
 - Gain weight
 - Stay the same weight
 - I am not trying to do anything about my weight

These responses echo the respondents' self-assessments, with most of those describing themselves as overweight working to slim down.

How Do You Plan to Lose Weight?

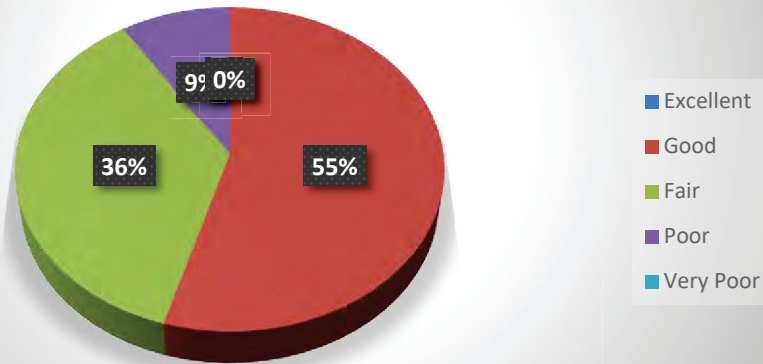


During the past 30 days, did you (Check all that apply):

- Diet to lose weight or to keep from gaining weight
- Exercise to lose weight or to keep from gaining weight
- Vomit, or take laxatives to lose weight or to keep from gaining weight
- Take diet pills to lose weight or to keep from gaining weight

Respondents trying to lose weight are uniformly working on healthy ways to achieve that goal.

Opinion of Community's Health Status

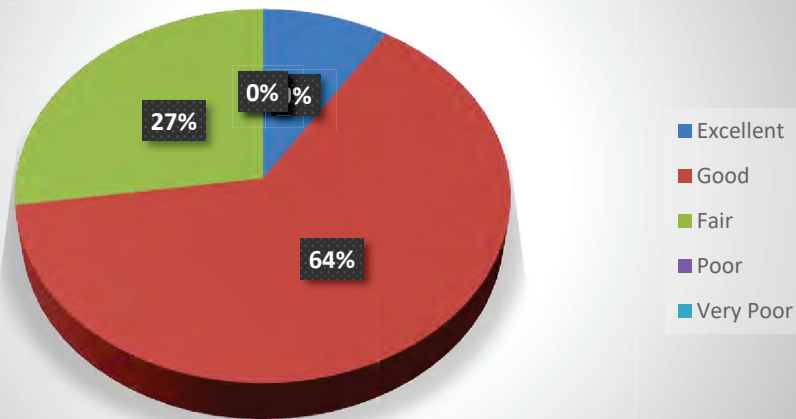


Community Information

20. How could you rate our community's overall health status?

- Excellent
- Good
- Fair
- Poor
- Very Poor

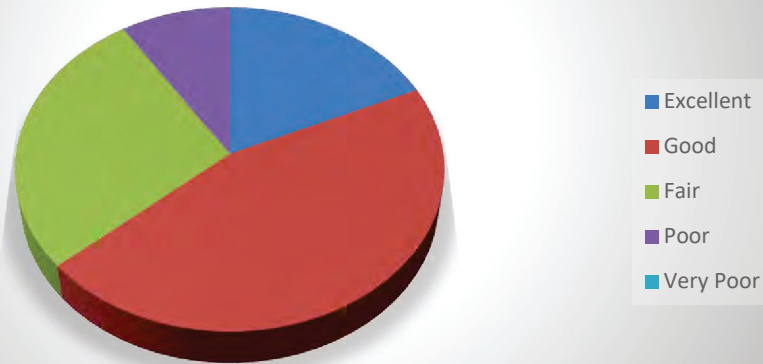
Opinion of Personal Health Status



21. How would you rate your own health status?

- Excellent
- Good
- Fair
- Poor
- Very Poor

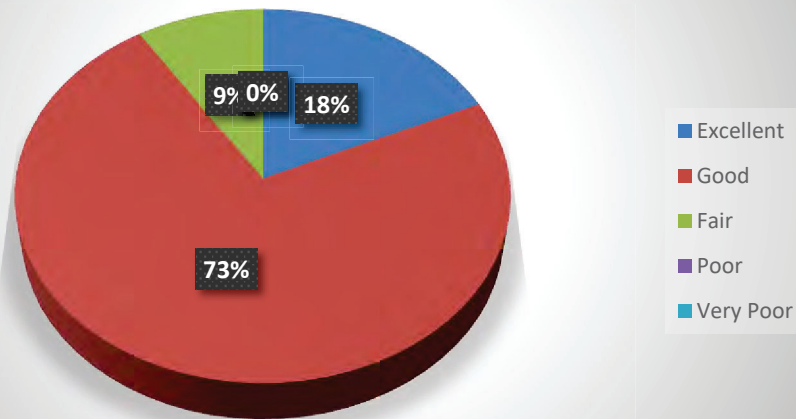
Opinion of Community's Quality of Life



22. How would you rate our community's overall quality of life?

- Excellent
- Good
- Fair
- Poor
- Very Poor

Opinion of Own Quality of Life



How would you rate your own quality of life?

- Excellent
- Good
- Fair
- Poor
- Very Poor

Key Stakeholder Interview Results

Interviews were conducted by phone with individuals who were unable to attend the focus group meeting, but who represented community organizations, government agencies and other parties with an interest in the health of the GCH community.

Each of the interviewees was asked his or her opinion as to the greatest healthcare needs in the community, and what services and programs were available in the community. The interviews did not include requests to prioritize the needs stated.

These interviews resulted in different perceived issues. They are presented in alphabetical order below.

- Asbestos in Schools
- Diabetes
- Dental Care
- Diet
- Education (general & health related)
- Elderly care
- Fragmented Care
- Health information
- Health insurance
- Heart disease
- Homeless population
- Hypertension
- Lack of Safety-Net Services
- Lack of support for Community clinics
- Lack of Homeless Shelters
- Mental Health needs
- Non-English monolingual residents
- Obesity
- Pre- and Post-Natal care

- Poverty Pockets
- Undocumented residents with no insurance

In addition, respondents were asked to outline some of the resources available to residents to maintain or improve health. Respondents provided multiple providers and opportunities. They are listed here.

- Community clinics
- Counseling centers
- Fire/Police/City agencies
- Flu shot programs
- Health education
- Health fairs
- Hospitals
- Senior centers
- Social agencies

Focus Groups Results

Two focus groups were held with invited representatives of Glendora and surrounding communities. Twenty-four invitees attended the meeting, representing local colleges, city agencies, various community social service agencies and healthcare providers. The meetings were held at the Hospital.

The group identified 67 problems or concerns:

- Intensive Outpatient Coordination
- Placements for those with Physical Disabilities
- Alcoholism/Substance Abuse in the Elderly
- Alcoholism/Substance Abuse in Homeless Population
- Training to Recognize Illicit Drug Abuse
- Training to Recognize Opioid Abuse
- Relapse Prevention

- Aggressive Outpatient Care
- Combining Physical and Mental Health Therapies
- Life Coaching
- Community Awareness of Mental Health Needs
- Training for Mental Health Services
- Youth Outreach on Social Media for Mental Health
- Community Awareness of mental Health Issues among Youth
- Community Awareness of mental Health Issues among Parents
- Community Awareness of mental Health Issues among School Nurses
- Community Awareness of mental Health Issues among School Advocates
- Cross training of School Staff to recognize mental Health Issues
- Suicide
- Elderly Mental Health
- Lack of Inpatient Psyche Beds for Elderly
- Lack of Inpatient Psyche Beds for Peds
- Patient Discharge Placement
- Continuity of Care
- Education for Skilled Nursing Providers on Mental Health Issues
- Education for Physicians
- Coordinating Background Medical Records
- Co-Morbidity Issues – Medical/Mental Health
- Academic / Clinical Partnerships – Education
- School Health Curriculum
- Social Media Outreach
- Peer Council Training
- Radiology After Hours
- Diabetes Screening
- Health & Nutrition Education
- Community Resources for Seniors
- Community Resources for Homeless

- Speakers Bureau
- Community Health Lecturers
- Free Gym
- Health Fair
- Flu Shots
- Vaccinations for the Elderly
- Colon Cancer Screening
- Senior Mental Health & Placement
- Senior Mental Health Acute Care
- Discharge Issues – Dialysis
- Discharge Issues – Traches / Vents
- Women’s Health – GYN
- Single Moms & Kids
- Enrollment for Medicare / MediCal
- Patient Advocates
- Drug & Alcohol Abuse
- Smoking Cessation
- Group Homes Needed
- Respiratory / Asthma Education
- COPD
- Meals on Wheels
- Yoga
- Exercise Programs
- Cyclavia
- Group Activities Programs
- Senior Activities Programs
- Pool Programs
- Transport Programs for Seniors
- Visual Screenings
- Adult Daycare
- Dental Screenings

The group also was able to identify a variety of resources to assist residents in achieving and maintaining health. Among the services and programs mentioned were:

- Alta Med Healthcare
- Glendora Community Hospital
- Several nearby hospitals
- Skilled Nursing Facilities
- Senior Housing complexes
- Library resources
- Recreation Center
- Seniors Center
- Youth Center
- Health Fair
- Summer Camps
- After-school programs

While many resources are available, many barriers still exist to access, among them:

- Insufficient supply of low-cost, low-intensity care
- Lack of a “one-stop shop” for referrals
- Language barriers
- Immigration-status issues
- Lack of understanding of how health insurance works.

In the second round of prioritization, participants were provided with six yellow dots, each with a value from 6 to 10, with 10 being the most important. The participants were then asked to place their dots on the items they considered most important and most appropriate for GCH to address. The item most important to each participant would get a 10 dot, and in descending order, the other items could be prioritized. The process yielded the following order of importance, and ability of GCH to address those issues. Of all the options listed, the following seven garnered over the most points. The seven major issues are presented in descending order.

- Vaccinations for the Elderly
- Alcoholism/Substance Abuse
- Mental Health in General

- Training for Mental Health Services
- Housing for Homeless
- Community Awareness of Mental Health Issues
- Coordinating Transitions between Care Levels

All six items in this list were considered important to address, and to varying extents, are addressable by GCH. They are listed in the order of importance derived from the rankings of the focus group.

APPENDIX

Hospitals in Primary Service Area and Secondary Service Area

| FACILITY NAME | FACILITY ADDRESS | CITY | ZIP CODE | LICENSED BEDS |
|---|----------------------------|--------------|----------|---------------|
| CITY OF HOPE HELFORD CLINICAL RESEARCH HOSPITAL | 1500 DUARTE ROAD | DUARTE | 91010 | 217 |
| EMANATE HEALTH Foothill Presbyterian Hospital | 250 SOUTH GRAND AVENUE | GLENDORA | 91741 | 95 |
| EMANATE HEALTH Queen of the Valley Hospital | 1115 SOUTH SUNSET AVENUE | WEST COVINA | 91790 | 272 |
| GLENDORA COMMUNITY HOSPITAL | 150 WEST ROUTE 66 | GLENDORA | 91740 | 128 |
| KAISER FOUNDATION HOSPITAL - BALDWIN PARK | 1011 BALDWIN PARK BLVD. | BALDWIN PARK | 91706 | 105 |
| KINDRED HOSPITAL - BALDWIN PARK | 14148 FRANCISQUITO AVENUE | BALDWIN PARK | 91706 | 101 |
| SAN DIMAS COMMUNITY HOSPITAL | 1350 WEST COVINA BOULEVARD | SAN DIMAS | 91773 | 325 |
| WEST COVINA MEDICAL CENTER | 725 SOUTH ORANGE AVENUE | WEST COVINA | 91790 | 46 |

Community Clinics in the Primary and Secondary Service Areas

| FACILITY NAME | ADDRESS | CITY | ZIP | LICENSE CATEGORY | LATITUDE | LONGITUDE |
|--|-------------------------|--------------|-------|-------------------------|----------|-----------|
| ADVANCED DIALYSIS CENTER - BALDWIN PARK FAC | 3932 DOWNING AVE | BALDWIN PARK | 91706 | Chronic Dialysis Clinic | 34.13794 | -117.966 |
| AZUSA DIALYSIS CENTER | 310 N AZUSA AVE | AZUSA | 91702 | Chronic Dialysis Clinic | 34.14315 | -117.978 |
| COVINA DIALYSIS CENTER | 1547 W GARVEY AVE N | WEST COVINA | 91790 | Chronic Dialysis Clinic | 34.13899 | -117.978 |
| FMC DIALYSIS SERVICES OF IRWINDALE | 12711 RAMONA BLVD | IRWINDALE | 91706 | Chronic Dialysis Clinic | 34.12282 | -117.99 |
| FMC DIALYSIS SERVICES OF WEST COVINA | 1540 W WEST COVINA PKWY | WEST COVINA | 91790 | Chronic Dialysis Clinic | 34.11793 | -117.909 |
| GLENDORA DIALYSIS CENTER | 120 W FOOTHILL BLVD | GLENDORA | 91741 | Chronic Dialysis Clinic | 34.14297 | -117.978 |
| GLENDORA FOOTHILLS DIALYSIS | 750 W ROUTE 66 | GLENDORA | 91740 | Chronic Dialysis Clinic | 34.14379 | -117.967 |
| MOHAN DIALYSIS CENTER OF GLENDORA | 638 S GLENDORA AVE | GLENDORA | 91740 | Chronic Dialysis Clinic | 34.13945 | -117.979 |
| POMONA VALLEY DIALYSIS | 2703 S TOWNE AVE | POMONA | 91766 | Chronic Dialysis Clinic | 34.14164 | -117.978 |
| QUEEN'S DIALYSIS UNIT, INC. | 1135 S SUNSET AVE | WEST COVINA | 91790 | Chronic Dialysis Clinic | 34.12384 | -117.908 |
| SAN DIMAS DIALYSIS CENTER, INC. | 1335 W CYPRESS AVE | SAN DIMAS | 91773 | Chronic Dialysis Clinic | 34.13977 | -117.967 |
| ALTAMED MEDICAL & DENTAL GROUP - WEST COVINA | 1300 S SUNSET AVE | WEST COVINA | 91790 | Community Clinic | 34.07647 | -117.964 |
| AZUSA HEALTH SERVICES | 472 S CITRUS AVE | AZUSA | 91702 | Community Clinic | 34.11493 | -117.89 |
| CENTRAL CITY COMMUNITY HEALTH CENTER, INC. | 4126 MAINE AVE | BALDWIN PARK | 91706 | Community Clinic | 34.11928 | -117.934 |
| CENTRAL CITY COMMUNITY HEALTH CENTER, INC. | 4160 MAINE AVE | BALDWIN PARK | 91706 | Community Clinic | 34.06288 | -117.968 |
| EAST VALLEY COMMUNITY HEALTH CENTER | 420 S GLENDORA AVE | WEST COVINA | 91790 | Community Clinic | 34.06888 | -117.961 |
| EAST VALLEY COMMUNITY HEALTH CENTER INC. | 1555 S GAREY AVE | POMONA | 91766 | Community Clinic | 34.07742 | -117.955 |
| EL PROYECTO DEL BARRIO - MOBILE UNIT | 150 N AZUSA AVE | AZUSA | 91702 | Community Clinic | 34.12384 | -117.908 |
| EL PROYECTO DEL BARRIO, INC, BALDWIN PARK CO | 3942 MAINE AVE | BALDWIN PARK | 91706 | Community Clinic | 34.11924 | -117.934 |
| EL PROYECTO DEL BARRIO, INC. - AZUSA CLINIC | 150 N AZUSA AVE | AZUSA | 91702 | Community Clinic | 34.12673 | -117.908 |
| PARKTREE COMMUNITY HEALTH CENTER | 750 S PARK AVE | POMONA | 91766 | Community Clinic | 34.09536 | -117.963 |
| PLANNED PARENTHOOD GLENDORA HEALTH CENT | 130 W ROUTE 66 | GLENDORA | 91740 | Community Clinic | 34.06844 | -117.968 |
| PLANNED PARENTHOOD LOS ANGELES-EL MONTE C | 4786 PECK RD | EL MONTE | 91732 | Community Clinic | 34.06348 | -117.986 |
| SOUTHERN CALIFORNIA MEDICAL CENTER, INC. | 12100 VALLEY BLVD | EL MONTE | 91732 | Community Clinic | 34.09228 | -117.959 |
| CHOICES WOMEN'S RESOURCE CENTER | 3560 W TEMPLE AVE | POMONA | 91768 | Free Clinic | 34.08743 | -117.96 |
| FOOTHILLS PREGNANCY RESOURCE CENTER | 924 BUENA VISTA ST | DUARTE | 91010 | Free Clinic | 34.08453 | -117.962 |

Home Health Agencies and Hospices in the Primary and Secondary Service Areas

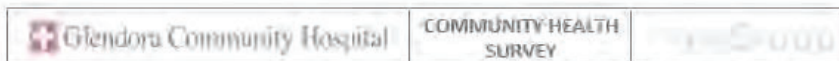
| FACILITY NAME | ADDRESS | CITY | ZIP | LICENSE CATEGORY |
|---|--------------------------|--------------|-------|--------------------|
| ACCU-RITE HEALTH SERVICES, INC. | 163 W ARROW HWY | GLENDORA | 91740 | Home Health Agency |
| ADVANCED HOME CARE SERVICES, INC. | 981 CORPORATE CENTER DR | POMONA | 91768 | Home Health Agency |
| ADVENT HOME HEALTH CARE SERVICES, INC | 1128 E ROUTE 66 | GLENDORA | 91740 | Home Health Agency |
| ASSISTED HEALTHCARE SERVICES | 1900 W GARVEY AVE S | WEST COVINA | 91790 | Home Health Agency |
| ASSISTED HEALTHCARE SERVICES | 1900 W GARVEY AVE S | WEST COVINA | 91790 | Home Health Agency |
| BLUE DIAMOND HOME HEALTH PROVIDER | 1135 E ROUTE 66 | GLENDORA | 91740 | Home Health Agency |
| BRADBOURNE HEALTHCARE, INC | 16029 ARROW HWY | BALDWIN PARK | 91706 | Home Health Agency |
| BROOKDALE HOME HEALTH | 706 E ARROW HWY | COVINA | 91722 | Home Health Agency |
| CARE UNLIMITED HEALTH SYSTEMS, INC. | 1025 W ARROW HWY | GLENDORA | 91740 | Home Health Agency |
| COVENANT HOME HEALTH OF CALIFORNIA | 1217 BUENA VISTA ST. | DUARTE | 91010 | Home Health Agency |
| ETERNITY HOME HEALTH, INC. | 15859 EDNA PL | IRWINDALE | 91706 | Home Health Agency |
| KAISER PERMANENTE - BALDWIN PARK HHA - BRANCH | 1502 WEST COVINA PARKWAY | WEST COVINA | 91790 | Home Health Agency |
| LA HOMECARE PROVIDER, INC. | 1117 VIA VERDE | SAN DIMAS | 91773 | Home Health Agency |
| LIFECARE HOME HEALTH SERVICES, INC. | 540 E FOOTHILL BLVD | SAN DIMAS | 91773 | Home Health Agency |
| LIFELINK HEALTH PROVIDERS, INC. | 211 W FOOTHILL BLVD | GLENDORA | 91741 | Home Health Agency |
| MAXIM HEALTHCARE SERVICES, INC. - POMONA | 801 CORPORATE CENTER DR. | POMONA | 91768 | Home Health Agency |
| MEDQUEST HEALTH SERVICES, INC. | 740 E ARROW HWY | COVINA | 91722 | Home Health Agency |
| POMONA VALLEY HOME CARE, INC. | 1109 VIA VERDE | SAN DIMAS | 91773 | Home Health Agency |
| PREMIER HEALTHCARE SERVICES, LLC | 1730 W CAMERON AVE | WEST COVINA | 91790 | Home Health Agency |
| PROLIFE HOME HEALTH CORPORATION | 3425 POMONA BLVD. | POMONA | 91768 | Home Health Agency |
| ROYALE HOME HEALTH CARE, INC | 221 N SAN DIMAS AVE | SAN DIMAS | 91773 | Home Health Agency |
| SENTRY HOME HEALTH SERVICES, INC | 210 S IRWINDALE AVE | AZUSA | 91702 | Home Health Agency |
| SERENITY HEALTH CARE, INC. | 1139 S GRAND AVE | GLENDORA | 91740 | Home Health Agency |
| SMA HOME HEALTH | 1196 NORTH PARK AVE. | POMONA | 91768 | Home Health Agency |
| SOCAL GOLDEN CARE HOME HEALTH | 1121 E ARROW HWY | GLENDORA | 91740 | Home Health Agency |
| SURE CARE HEALTH CARE SERVICES | 1109 W SAN BERNARDINO RD | COVINA | 91722 | Home Health Agency |
| TEA HEALTHCARE SERVICES, INC. | 1025 W SAN BERNARDINO RD | COVINA | 91722 | Home Health Agency |
| TRUE CARE HOME HEALTH AGENCY, INC. | 1755 HUNTINGTON DR | DUARTE | 91010 | Home Health Agency |
| BLISS HOSPICE CARE | 1755 S GRAND AVE | GLENDORA | 91740 | Hospice |
| BLUE SKIES HOSPICE, LLC | 15472 ARROW HWY | BALDWIN PARK | 91706 | Hospice |
| CARE FIRST HOSPICE SERVICES, INC. | 500 W BONITA AVE | SAN DIMAS | 91773 | Hospice |
| CARE UNLIMITED HOSPICE SERVICES, INC. | 1025 W ARROW HWY | GLENDORA | 91740 | Hospice |
| COMMUNITY CARE HOSPICE | 222 W FOOTHILL BLVD | GLENDORA | 91741 | Hospice |
| COMPASSIONATE HEARTS HOSPICE, INC. | 554 E FOOTHILL BLVD | SAN DIMAS | 91773 | Hospice |
| DIAMOND HOSPICE SERVICES INC | 1135 E RTE 66 | GLENDORA | 91740 | Hospice |
| GMC PROFESSIONAL HOSPICE CARE INC | 401 S MAIN ST | POMONA | 91766 | Hospice |
| GOLDEN MEADOWS HOSPICE LLC | 210B S IRWINDALE AVE | AZUSA | 91702 | Hospice |
| KAIROS HOSPICE, INC. | 161 W ARROW HWY | GLENDORA | 91740 | Hospice |
| KAISER PERMANENTE - BALDWIN PARK HOSPICE - BRANCH | 1502 W WEST COVINA PKWY | WEST COVINA | 91790 | Hospice |
| LIFELINK HOSPICE & PALLIATIVE CARE | 211 W FOOTHILL BLVD | GLENDORA | 91741 | Hospice |
| MEDQUEST HOSPICE CARE | 740 E ARROW HWY | COVINA | 91722 | Hospice |
| PARAMOUNT HOSPICE | 3074 W TEMPLE AVE | POMONA | 91766 | Hospice |
| PATHWAYS HOSPICE & PALLIATIVE CARE | 554 E FOOTHILL BLVD | SAN DIMAS | 91773 | Hospice |
| PRIORITY HOSPICE CARE, INC. | 1285 E ROUTE 66 | GLENDORA | 91740 | Hospice |
| SAN GABRIEL HOSPICE | 1152 E ROUTE 66 | GLENDORA | 91740 | Hospice |
| ST CARMENT HEALTH PROVIDER, INC. | 2060 E ROUTE 66 | GLENDORA | 91740 | Hospice |
| SUNSHINE HEALTH HOSPICE AND PALLIATIVE CARE, INC. | 1171 W SAN BERNARDINO RD | COVINA | 91722 | Hospice |
| VICTORIA ONE HOSPICE, INC. | 510 E FOOTHILL BLVD | SAN DIMAS | 91773 | Hospice |

Skilled Nursing Facilities, Chemical Dependency Recovery Hospitals, and Intermediate Care Facilities for the Developmentally Disabled in the Primary and Secondary Service Areas

| FACILITY NAME | ADDRESS | CITY | ZIP | LICENSED BEDS | LICENSE CATEGORY |
|--|------------------------------|--------------|-------|---------------|---------------------------------|
| AMERICAN RECOVERY CENTER | 2180 VALLEY BOULEVARD | POMONA | 91768 | 50 | Chemical Dep. Recovery Hospital |
| EDGEWOOD CENTER | 200 WEST PARAMOUNT | AZUSA | 91702 | 59 | ICF/Dev. Disabled |
| GOLDEN STATE CARE CENTER | 1758 NORTH BIG DALTON AVENUE | BALDWIN PARK | 91706 | 155 | ICF/Dev. Disabled |
| MONTE VISTA HEALTHCARE CENTER | 802 BUENA VISTA STREET | DUARTE | 91010 | 69 | Skilled Nursing Facility |
| ROYAL TERRACE HEALTH CARE | 1340 HIGHLAND AVENUE | DUARTE | 91010 | 58 | Skilled Nursing Facility |
| COMMUNITY CARE CENTER | 2335 SOUTH MOUNTAIN AVENUE | DUARTE | 91010 | 167 | Skilled Nursing Facility |
| MONROVIA POST ACUTE | 1220 EAST HUNTINGTON DRIVE | DUARTE | 91010 | 82 | Skilled Nursing Facility |
| ROYAL OAKS MANOR - BRADBURY OAKS | 1763 ROYAL OAKS DRIVE | DUARTE | 91010 | 48 | Skilled Nursing Facility |
| SANTA TERESITA MANOR | 819 BUENA VISTA STREET | DUARTE | 91010 | 99 | Skilled Nursing Facility |
| COAST CARE CONVALESCENT CENTER | 14518 LOS ANGELES STREET | BALDWIN PARK | 91706 | 48 | Skilled Nursing Facility |
| SIERRA VIEW CARE CENTER | 14318 OHIO STREET | BALDWIN PARK | 91706 | 98 | Skilled Nursing Facility |
| VICTORIA CARE CENTER | 3541 PUENTE AVENUE | BALDWIN PARK | 91706 | 49 | Skilled Nursing Facility |
| GARDEN VIEW POST-ACUTE REHABILITATION | 14475 GARDEN VIEW LANE | BALDWIN PARK | 91706 | 97 | Skilled Nursing Facility |
| ROYAL CREST HEALTH CARE | 519 WEST BADILLO STREET | COVINA | 91722 | 59 | Skilled Nursing Facility |
| SANTA FE LODGE | 5053 PECK ROAD | EL MONTE | 91732 | 46 | Skilled Nursing Facility |
| PENN MAR THERAPEUTIC CENTER | 3938 COGSWELL ROAD | EL MONTE | 91732 | 45 | Skilled Nursing Facility |
| RAMONA NURSING & REHABILITATION CENTER | 11900 RAMONA BOULEVARD | EL MONTE | 91732 | 148 | Skilled Nursing Facility |
| IDLE ACRE SANITARIUM AND CONVALESCENT HOSPITAL | 5044 BUFFINGTON ROAD | EL MONTE | 91732 | 53 | Skilled Nursing Facility |
| EASTLAND SUBACUTE AND REHABILITATION CENTER | 3825 NORTH DURFEE AVENUE | EL MONTE | 91732 | 139 | Skilled Nursing Facility |
| MAYFLOWER CARE CENTER | 5043 PECK ROAD | EL MONTE | 91732 | 59 | Skilled Nursing Facility |
| GLADSTONE CARE AND REHABILITATION CENTER | 435 EAST GLADSTONE STREET | GLENDORA | 91740 | 118 | Skilled Nursing Facility |
| MESA GLEN CARE CENTER | 638 EAST COLORADO AVENUE | GLENDORA | 91740 | 96 | Skilled Nursing Facility |
| GLENDORA GRAND | 805 WEST ARROW HIGHWAY | GLENDORA | 91740 | 342 | Skilled Nursing Facility |
| ARBOR GLEN CARE CENTER | 1033 EAST ARROW HIGHWAY | GLENDORA | 91740 | 96 | Skilled Nursing Facility |
| GLENDORA CANYON TRANSITIONAL CARE UNIT | 401 W. ADA AVENUE | GLENDORA | 91741 | 120 | Skilled Nursing Facility |
| OLIVE VISTA BEHAVIORAL HEALTH CENTER | 2335 SOUTH TOWNE AVENUE | POMONA | 91766 | 120 | Skilled Nursing Facility |
| CHINO VALLEY HEALTH CARE CENTER | 2351 SOUTH TOWNE AVENUE | POMONA | 91766 | 102 | Skilled Nursing Facility |
| INLAND VALLEY CARE AND REHABILITATION CENTER | 250 WEST ARTESIA STREET | POMONA | 91768 | 241 | Skilled Nursing Facility |
| PARK AVENUE HEALTHCARE & WELLNESS CENTER | 1550 NORTH PARK AVENUE | POMONA | 91768 | 231 | Skilled Nursing Facility |
| LAUREL PARK BEHAVIORAL HEALTH CENTER | 1425 LAUREL AVENUE | POMONA | 91768 | 43 | Skilled Nursing Facility |
| POMONA VISTA CARE CENTER | 651 NORTH MAIN STREET | POMONA | 91768 | 59 | Skilled Nursing Facility |
| COUNTRY OAKS CARE CENTER | 215 WEST PEARL STREET | POMONA | 91768 | 81 | Skilled Nursing Facility |
| CASA BONITA CONVALESCENT HOSPITAL | 535 EAST BONITA AVENUE | SAN DIMAS | 91773 | 106 | Skilled Nursing Facility |
| BROOKDALE SAN DIMAS | 1740 S SAN DIMAS AVENUE | SAN DIMAS | 91773 | 45 | Skilled Nursing Facility |
| WEST HAVEN HEALTHCARE | 1495 W. CAMERON AVENUE | WEST COVINA | 91790 | 99 | Skilled Nursing Facility |
| WEST COVINA HEALTHCARE CENTER | 850 SOUTH SUNKIST AVENUE | WEST COVINA | 91790 | 97 | Skilled Nursing Facility |
| BEACON HEALTHCARE CENTER | 919 NORTH SUNSET AVENUE | WEST COVINA | 91790 | 54 | Skilled Nursing Facility |
| CLARA BALDWIN STOCKER HOME | 527 SOUTH VALINDA AVENUE | WEST COVINA | 91790 | 48 | Skilled Nursing Facility |

GO 00347

Community Survey Instrument – English Version



June 6, 2018

Glendora Community Hospital has engaged KEYGROUP to gather information about day-to-day living habits that may affect your health and some questions about the care that is provided in the community you live. Your participation is voluntary. The survey will only take about 15-20 minutes and your answers will be kept strictly confidential.

This information will be very important to determine which services are provided and assess the health needs of your community. We are grateful for your time and co-operation.

If you have any questions, please call Noelle at (626) 652-5054.

Thank You.

GENERAL INFORMATION

1. What zip code do you live in?

2. How long have you lived in the community?

- Less than one year
- 1 to 5 years
- 6 to 10 years
- 11 to 20 years
- More than 20 years

3. Do you own or rent your residence?

- Own
- Rent
- Other (please specify)

4. What is your age bracket?

- Under 18
- 18 – 24
- 25 – 34
- 35 – 44
- 45 – 54
- 55 – 64
- Over 65

5. How would you describe yourself? (Choose one or more from the following racial groups)

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White (non-Hispanic)

GO 00348

Glendora Community Hospital
Community Health Survey

6. Are you female or male?

- Male
- Female

|

7. Are you currently employed?

- Yes
- No
- Full-time Student
- Other (please specify)

8. What are your income and your total household income?

Your income

- Under \$10,000
- \$10,000 to \$24,999
- \$25,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$199,999
- \$200,000 to \$249,999
- Over \$250,000

Total household

- Under \$10,000
- \$10,000 to \$24,999
- \$25,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$199,999
- \$200,000 to \$249,999
- Over \$250,000

9. Do you currently have health insurance?

- Yes
- No (Skip to Question 11)

10. Who pays for your health insurance (Check all that apply)?

- Current employer (HMO, PPO)
- Former employer (COBRA)
- State government (Medi-Cal)
- National government (Medicare, Medicaid)
- Local government
- Self funded
- Other (please specify)

11. Why do you currently not have health insurance (Check all that apply)?

- Cannot afford insurance
- Lost employment
- Insurance company refused coverage for health reasons
- Employer does not pay for insurance
- Not eligible for employer-paid insurance
- Do not believe in insurance
- Do not need insurance
- Dissatisfied with previous insurance plan or provider
- Other (please specify)

HEALTH HABITS

12. In the past 12 months, have you had a (fill in all that apply):

General Health Exam

- Yes
- No
- Do not know

Blood Pressure Check

- Yes
- No
- Do not know

Cholesterol Check

- Yes
- No
- Do not know

Flu Shot

- Yes
- No
- Do not know

Blood Stool Test

- Yes
- No
- Do not know

Dental Exam/Teeth Cleaned

- Yes
- No
- Do not know

IF FEMALE: Pap Test

- Yes
- No
- Do not know

IF FEMALE: Breast Exam by a Health Care Provider

- Yes
- No
- Do not know

IF FEMALE: Breast X-Ray or Mammogram

- Yes
- No
- Do not know

13. In the past 5 years, have you had a (fill in all that apply):

Hearing Test

- Yes
- No
- Do not know

Eye Exam

- Yes
- No
- Do not know

Diabetes Check

- Yes
- No
- Do not know

Skin Cancer Screen

- Yes
- No
- Do not know

Pneumonia Shot

- Yes
- No
- Do not know

IF AGE 40 or OLDER: Rectal Exam

- Yes
- No
- Do not know

IF AGE 50 or OLDER: A Colonoscopy

- Yes
- No
- Do not know

IF MALE and AGE 40 or OLDER: A Prostate Cancer Screen/PSA

- Yes
- No
- Do not know

14. In the past 12 months, have you had problems getting needed health care?

- Yes
- No

15. If yes, please provide the reason(s) for the difficulty in getting healthcare.

- Lack of insurance
- Health care provider would not accept your insurance
- Insurance would not approve1 pay for care
- Cannot afford co-pay
- Lack of transportation
- Language barriers
- Travel distance to provider too great
- Cannot understand my doctor

How many times a week do you exercise?

- 0
- 1-2
- 2-4
- 4-7

16. For about how long do you exercise?

- Less than 30 minutes
- 30 minutes
- 1 hour
- Over 1 hour

17. How many days per week do you eat at least 5 servings of fruits and/or vegetables?

- 0 days a week
- 1-2 days a week
- 3-4 days a week
- Over 5 days a week

18. Are you on any medications?

- Yes
- No

19. If Yes, how many?

- Just one
- 1 to 2
- 2 to 4
- Over 5

20. How would you describe your weight?

- Very underweight
- Slightly underweight
- About right
- Slightly overweight
- Very Overweight

21. Which of the following are you trying to do about your weight?

- Lose weight
- Gain weight
- Stay the same weight
- I am not trying to do anything about my weight

22. During the past 30 days, did you (Check all that apply):

- Diet to lose weight or to keep from gaining weight
- Exercise to lose weight or to keep from gaining weight
- Vomit, or take laxatives to lose weight or to keep from gaining weight
- Take diet pills to lose weight or to keep from gaining weight

COMMUNITY INFORMATION

23. How could you rate our community's overall health status?

- Excellent
- Good
- Fair
- Poor
- Very Poor

24. How would you rate your own health status?

- Excellent
- Good
- Fair
- Poor
- Very Poor

25. How would you rate our community's overall quality of life?

- Excellent
- Good
- Fair
- Poor
- Very Poor

26. How would you rate your own quality of life?

- Excellent
- Good
- Fair
- Poor
- Very Poor

27. What do you see as the greatest health problems in our community?

28. Which four diseases/conditions do you believe are the most common in our community?

- Cancer-general
- Breast Cancer
- Respiratory diseases-adults
- Asthma-children
- Diabetes
- Heart disease
- High Blood Pressure
- Poor Nutrition
- Lack of physical activity
- Obesity
- Smoking
- Stroke
- Substance abuse- alcohol
- Substance abuse-drugs
- Mental Health Disorders
- Dental Problems
- Immunizations- children
- Immunizations- adults
- Other (please specify)

29. Which three behavioral risk factors are the most common in our community?

- Access to affordable health care
- Access to physicians
- Inadequate transportation
- Lack of grocery stores
- Access to fresh, healthy food
- Wearing seatbelts
- Lack of safe places for physical activity
- High number of uninsured people
- Poverty
- Unemployment
- Illiteracy
- Other (please specify)

30. Who in our community does a good job of promoting health?

31. Who in our community does not promote good health?

32. How well does Glendora Community Hospital promote good health?

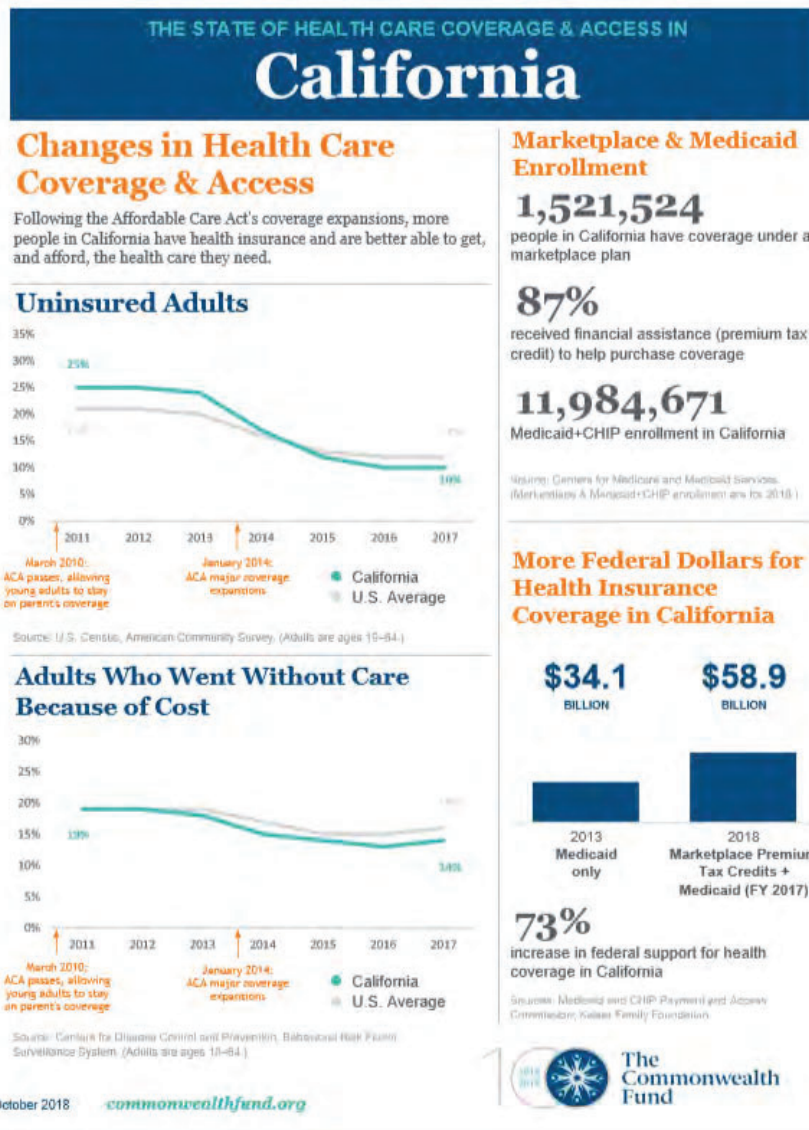
- Excellent
- Good
- Fair
- Poor
- Very Poor

33. What could Glendora Community Hospital do better to promote good health?

34. If you were in charge of improving health in our community, what would you do first?

35. What is the most pressing health care related need for you, your family or our community?

The State of Health Care Coverage and Access in California



GO 00356