



*Huntington East Valley Hospital  
1999-2001 Community Needs Assessment & Community Benefits Plan*

# Huntington



*East Valley Hospital*

*An affiliate of Southern California Healthcare Systems*

## **Community Needs Assessment, 1998 Community Benefits Plan, 1999-2001**

Submitted by  
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**“To promote health, the whole community must be involved and efforts have to be concentrated on the early years of life. The locus of services must be the neighborhood and family. . . . As we begin to envision health, we will uncover yet higher and higher dimensions of being. Health is a progressive redefinition of human possibilities.”**

*Leland Kaiser  
Designer Health Care for a Designer Nation: A New Paradigm*

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## **INTRODUCTION**

In September 1994, California SB 697 was passed into law and approved by Governor Pete Wilson. The "spirit of the legislation," according to the Office of Statewide Health Planning and Development's (OSHPD) Health Policy and Planning Division, is fourfold:

- Challenges hospitals to foster organizational commitment to the community-benefit process and in addressing targeted needs;
- Promotes collaboration, partnership and leadership in the community;
- Promotes creativity and innovation in addressing community needs; and
- Promotes efficient use of resources via collaborations and program evaluations.

In continuing efforts to create and document community needs and community benefits activities, Huntington East Valley Hospital:

- Conducted a community needs assessment in 1995, in partnership with Southern California Healthcare Systems affiliates Huntington Memorial Hospital in Pasadena, and Methodist Hospital of Southern California.
- Submitted a Huntington East Valley Hospital community needs assessment report and community benefits plan in 1996.
- Submitted a hospital community benefits plan update in 1998 for 1997.
- Sponsored a community needs assessment in partnership with the San Gabriel Valley Not-for-Profit Consortium conducted in the Fall of 1998 by the Center for Health Services Management Research at the University of La Verne in La Verne, California.
- Prepared and submitted this combined document that includes: update on 1997 initiatives, the results of the 1998 community needs assessment and the community benefit plan for 1999-2001.

## I. Update on 1996 Community Benefits Plan Initiatives

### Non-Emergency Medical Care

- Objective:** Create new low-cost, easily accessible non-emergency medical services through the hospital *and through area community agencies (modified from original initiative established in 1996).*
- Results:** More extensive outreach efforts were implemented in 1998 for FastTrack Service. Outreach outlets included local family resource centers, churches and networking in the communities we serve. New decision support software to be implemented in the year 2000 will capture data regarding type of service utilized. Total 1998 hospital Emergency Department visits averaged 450 visits per month.
- Partners:** Huntington East Valley Emergency Services Department personnel, feedback from area paramedics and EMT's, other physicians and the East Valley Emergency Medicine Group, the Azusa Family Resource Center, the Family Resource Center Collaborative and the Los Angeles County Department of Health Services.

### Women's Health

- Objective:** To identify and prioritize healthcare issues of particular importance to women in our service area and to offer appropriate education, information and clinical support. [Through a committee of women from the community, including a psychologist, a school district nurse, a local businesswoman, a former school board member, a hospital administrator, a physician, a community leader and others, the following topics were identified and implemented for 1998]:
- Results:** **Women & Good Health Day**  
This community education event was held on March 21, 1998, 8:30 a.m. to 1 p.m. Speakers on stress management/visualization, osteoporosis, and a special lighthearted, luncheon speaker were the agenda for this event. Attendance was 45 women.
- Partners:** Speakers -- Sheryl Wilson, Ph.D.; Robin K. Dore, M.D; Marlene Adler Marks. Door-prize donations: Femino's Trattoria, Eli Lilly & Co., 222 Espresso Bar, Barbie's Balloon Boutique, Ciao Bella Boutique, Glendora Jazzercise Studio Plus, Golden Spur Restaurant, The Hill Breast Center, Peaches & Cream Salon, The Secret Garden and Undercovers Intimate Apparel.

### Heart Disease

- Objective:** Through community events and media relations, to educate, inform and screen community members to identify those at-risk of heart disease and to begin a thought process that will change health-threatening behaviors.
- Activity:** Provided leadership to the American Health Association through staff participation at the Board level. Huntington East Valley Hospital's CEO, Jim Maki, along with several other hospital staff members served on the Board of



Directors and committees to disseminate information and co-sponsor health education events such as Heart Score, Jump Rope for Heart and others.  
*Partners:* Azusa-Glendora division of the American Heart Association, local cardiologists and physicians, Glendora and Charter Oak School Districts, Huntington East Valley Hospital staff, other healthcare organizations, local media outlets.

**Activity:** **American Red Cross/NBC4 Health Fair Expo**  
For the seventh year in a row, Huntington East Valley Hospital was a site for this event, which reached approximately 400 people. Screenings and health-education efforts targeted to heart disease included: nutrition, exercise, blood pressure, heart disease, cholesterol, healthy lifestyles and others.  
*Partners:* American Red Cross, NBC4, Sav-On Drugs, the American Heart Assn., and approximately 60 other health-education exhibitors and screeners.

**Activity:** **Reducing Cholesterol Workshop for Seniors**  
On September 23, 1998, a workshop on how to reduce cholesterol levels was held at Huntington East Valley Hospital under the auspices of the 50+ Health Connection senior membership program. Seniors were given healthy food tips, exercise recommendations and other. That day, 40 area seniors were in attendance.  
*Partners:* Senior health plans, Nutrifit, 50+ Health Connection senior membership program.

### **HIV/AIDS/Sexually Transmitted Disease**

**Objective:** Reduce the number of reported cases of sexually transmitted disease in junior high and high school students within our service area.  
**Results:** Tabled to 1999-2000.  
**1999 Plans:** Creation of a Teen Health committee, including the school nurses of the Azusa and Glendora Unified School districts, teen volunteers.

### **Senior Mental Health & Welfare Issues**

**Objective:** Reduce the number of senior citizens (age 60+) within the East San Gabriel Valley treated for depression and other senior-related health *and welfare* issues via the hospital's Senior Mental Health and Senior Care Network case management programs.  
**Results:** Huntington East Valley Hospital attended several Senior Health Fairs, continued health education efforts through a senior membership program (for persons 50+), made weekly site visits to local board and care/skilled nursing facilities to educate them about the mental health services provided by the hospital. In 1998, 4,879 patients were admitted to the inpatient program, and 3,147 patients were admitted to the partial hospitalization program. Huntington East Valley Hospital continued

to fund an outstation office for one LCSW and one BSW from Senior Care Network, including office space, phone and fax.

*Partners:* Huntington East Valley Hospital Senior Mental Program, Huntington Memorial Hospital's Senior Care Network, area board and care facilities and skilled nursing facilities.

## **Cancer Education**

**Objective:** To integrate educational and community outreach programs to educate and inform community members and to begin a thought process that will change health-threatening behaviors.

**Results:** Huntington East Valley Hospital donated countless hours of staff time to promote the American Cancer Society (ACS) and its outreach efforts in the east San Gabriel Valley. Venues included the Great Glendora Festival, Health Fair Expo '98, hosting ACS meetings and training sessions. For seniors, a workshop titled, "Cooking for Cancer Protection" was held on August 5, 1998, where close to 40 seniors received tips and a cooking demonstration on healthy foods.

**Partners:** American Cancer Society, Hill Medical Radiology Group, other SCHS entities, Cancer Center of Southern California.

## II. SOUTHERN CALIFORNIA HEALTHCARE SYSTEMS

### Mission Statement

Southern California Healthcare Systems is committed to serving the people of Southern California by being the preeminent health delivery corporation, which integrates all types of health care services, and which functions as a unified system, whose affiliates and subsidiaries collaborate on behalf of those communities seeking our services to improve their health status. As a nonprofit corporation, Southern California Healthcare Systems maintains its charitable purpose in its patient care, education and research programs.

Specifically, it pursues this mission by:

- Providing a network of high quality and efficient services for disease prevention, early diagnosis, acute and chronic treatment, rehabilitation, and palliative care; which enables medically-necessary care in the most appropriate setting.
- Establishing partnerships with physicians in ways which align physicians, hospitals and payors.
- Seeking long-term relationships with payors by demonstrating superior clinical outcomes and convenient, patient-friendly services at competitive prices.
- Participating in appropriate alliances with other integrated delivery systems.
- Developing and using its resources as effectively as possible, and, managing its business affairs responsibly in order to assure the financial base required to serve in the future while meeting current needs.

## **The SCHS Definition of Health**

As quality-of-life initiatives at the federal, state and local level grow and evolve, the word “health” has come to be an amorphous term that encompasses a wide spectrum of ideas and realities.

To give the goal of “health” -- and programs and services geared toward that goal -- a framework in which to function, Southern California Healthcare Systems and its affiliated hospitals in 1996 crafted its own definition:

*“[We] believe that health results from the proper care of the mind, body and spirit. We believe that through an integration of medical, social and community initiatives a healthier community can be achieved. As a leader in the delivery of health care, our role is to serve as a partner, advocate and facilitator of this process.”*

## Facts on Southern California Healthcare Systems

Southern California Healthcare Systems (SCHS) is a non-profit, integrated health care delivery system formed in 1992 to provide a comprehensive continuum of high quality, cost effective health care services to residents of the San Gabriel Valley, a large, 29-city area northeast of Los Angeles.

Headquartered in Pasadena, SCHS is composed of three non-profit, general acute hospitals with nearly 1,100 acute beds; two skilled nursing facilities with 131 beds; a medical foundation; physician practice and IPA management companies; and affiliated companies with laboratories, pharmacies, imaging centers and home care. SCHS hospitals have more than 1,500 physicians on staff and nearly 3,500 employees. Annual net operating revenues for SCHS total approximately \$380 million. Because SCHS is non-profit, any surpluses are returned to the community in the form of replacement facilities, new patient programs, education and research.

SCHS hospital entities include:

- Huntington Memorial Hospital (HMH), Pasadena, a 103-year-old, 606-bed regionally oriented, full-service tertiary hospital;
- Methodist Hospital of Southern California, Arcadia, a 92-year-old, 347-bed general acute hospital;
- Huntington East Valley Hospital in Glendora, a 128-bed general acute hospital.

Because it is referred to as an *integrated health care delivery system*, SCHS is committed to integration of all types of health care services, facilitated through relationships among hospitals, physician groups and other health providers. Functioning as a unified system, SCHS affiliates and subsidiaries collaborate on behalf of San Gabriel Valley communities, allowing patients and physicians, employers and insurance companies a wide range of care options.

### **III. HUNTINGTON EAST VALLEY HOSPITAL**

#### **Hospital Leadership Revision, Reaffirmation of Mission Statement**

January 1998.

#### **Mission Statement**

Huntington East Valley Hospital is dedicated to serving the people of the east San Gabriel Valley by providing high quality health care in a caring and compassionate environment. As a nonprofit subsidiary of Southern California Healthcare Systems, we are responsive to the health care and educational needs of our communities, while also offering access to a full range of health care services.

We pursue this mission by fostering these values:

- Convey honesty, integrity and respect in all of our actions.
- Learn what is most important to those we serve and actively seek to continuously improve our service.
- Accept personal responsibility to broaden individual knowledge and skills, enhancing our overall performance.
- Promote teamwork through group planning, cooperative problem-solving and effective communication.
- Recognize each other for exceptional service and celebrate successes.
- Build financial strength for the future to ensure our continued ability to serve the east San Gabriel Valley.
- Develop plans and actions that meet the changing needs of the health care environment.

## **Huntington East Valley Hospital Vision Statement**

*Revised by the Huntington East Valley Hospital Board of Directors, 5/27/98.*

*Huntington East Valley Hospital, as a partner of Southern California Healthcare Systems, aspires to be the leading community health center in the east San Gabriel Valley by providing health care services, programs and resources to achieve and sustain healthy citizens and communities.*

## **Huntington East Valley Hospital Facts**

**Year Established: 1958**

**Primary Service Area (Zip Codes):** Glendora (91740, -41), Azusa (91702), La Verne (91750), San Dimas (91773), Covina (91722, -23, -24), West Covina (91790, -91)

**Secondary Service Area:** Baldwin Park (91706, 91797), Duarte (91010), Irwindale (91706)

**Number of Beds: 128**

**Number of Employees: 350**

**Annual Payroll: \$9,953,000**

**Total Operating Expenses: \$24,336,000**

**Total Patient Revenue: \$59,391,000**

**Medicare as Percentage of Total Care: 51.10%**

**SSI as Percentage of Medicare: 15.80%**

**Medicaid as Percentage of Total Care: 40.27%**

**Annual Medi-Cal Emergency Room Visits: 1,089**

**Annual Medi-Cal Acute Nursery Days: 1,777**

**Congressional District: David Dreier, R-28**

**State Senate District: Richard Mountjoy, R-29**

**State Assembly District: Bob Margett, D-59**

*Patient data derived from Huntington East Valley Hospital cost reports, OSHPD 1996 Financial Disclosure Data*



## **Huntington East Valley Hospital Historical Background**

Huntington East Valley Hospital has provided quality health care services for more than 40 years to residents in Glendora and the East San Gabriel Valley. The hospital first opened its doors on May 22, 1958 as Glendora Community Hospital, the city's first hospital. It was then a 76-bed hospital.

Today, Huntington East Valley is a 128-bed acute-care hospital that is fully accredited by the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO); the Emergency Department is certified by the American Heart Association and the laboratory is accredited by the College of American Pathologists.

As a nonprofit subsidiary of Southern California Healthcare Systems, the hospital's programs are responsive to the healthcare and educational needs of East San Gabriel Valley communities.

Healthcare services geared for under-served populations include the Los Angeles County Comprehensive Perinatal Education Program "Babies Are Special," combining prenatal care for mothers-to-be with education on topics such as breastfeeding, infant care and safety, and parenting. Outreach for this program includes teen mothers within area school districts and Medi-Cal patients from throughout a five-city area.

An annual site for the American Red Cross/KNBC4 Health Fair Expo, Huntington East Valley for seven years has coordinated this one-day event that offers screenings and health-education exhibits for approximately 500 people. Information, screenings and education on women's health issues are a recognized need for area residents, and the hospital responds through semi-annual "Women and Good Health" symposiums, focusing on topics such as breast health, osteoporosis, stress reduction and depression.

Each fall, along with our SCHS sister hospitals, Huntington East Valley offers free flu shots to more than 500 senior citizens annually. Community-health partnerships are a top priority, and other projects Huntington East Valley Hospital participates in include the Azusa Family Resource Center, Azusa Pacific University's Neighborhood Wellness Center, and the Azusa and Glendora Unified School Districts' kindergarten immunization programs.

## **Huntington East Valley Hospital Programs and Services**

Full-service Hospital (Accredited, Joint Commission on the Accreditation of Health care Organizations)  
24-Hour Emergency Services – Physician on Duty (American Heart Association approved)  
"Babies Are Special" Comprehensive Perinatal Services Program  
Cardio-Pulmonary Services – Inpatient and Outpatient  
Clinical Laboratory – Inpatient and Outpatient (Accredited, College of American Pathologists)  
Community Education  
CT Scanner  
Diagnostic & Therapeutic Services  
Echocardiography  
Family Centered Maternity Care  
FastTrack Service (Non-emergency, after-hours care)  
50+ Health Connection  
The Hill Breast Center  
The Huntington Imaging Center  
Inpatient and Outpatient Services  
Intensive Care/Critical Care Unit (Approved - American Heart Assn.)  
Mammography  
Nuclear Medicine  
Nutritional Services  
Open-air MRI  
Physical Therapy  
Physician Referral Service  
Same-Day Surgery  
Senior Mental Health Services – Inpatient, Outpatient & Partial Hospitalization  
Social Services/Discharge Planning  
Volunteer Services (Adults, college and high-school age)  
Women's Health

## Description of the Huntington East Valley Hospital Community

### Five-city primary service area

Statistics from the County of Los Angeles for 1997 show the hospital's five-city primary service area (Glendora, San Dimas, Covina, La Verne and Azusa) with a population of approximately 216,000 (1997). (See Appendix A, map of SCHS hospitals' primary service areas and Appendix B, demographics of Huntington East Valley Hospital primary service area.)

Looking at *gender*, approximately 59 percent are female.

The *ethnic breakdown* is 53 percent White, 36 percent Hispanic 8 percent Asian, 3 percent Black, and less than 1 percent American Indian.

In *education*, the service area has 6 percent with some high-school education, 27 percent with a high-school diploma, 40 percent with some college, 16 percent with college degrees, 3 percent with some post-graduate studies, and 8 percent with graduate degrees.

In *household income*, Azusa residents average \$21,180 per year, Glendora averages \$23,051 per year, Covina residents average \$29,944 per year, San Dimas residents average \$39,560 per year, and La Verne residents average \$40,530.

*Social service recipients per city* reveal the highest number in Azusa (7,733); followed by Covina (5,084), Glendora (2,943), San Dimas (1,919) and La Verne (1,602). Overall, approximately 9 percent of the total population are on some form of public assistance.

The above cited demographic statistics for the five-city area draw a picture of an affluent, well-educated population, but the numbers are heavily skewed by the inclusion of the 91741 zip code of Glendora, and the cities of San Dimas, Covina and La Verne.

Demographics for two specific areas within that five-city service area paint a much different picture: *Azusa (zip code 91702) and the southern Glendora (zip code 91740*, delineated from 91741 as the south side of Alostia Avenue, a major east-west thoroughfare. (See Appendix C, demographics of Azusa and 91740 zip code of Glendora).

These two areas are the focus of 1999-2001 community benefits services and programs.

### Azusa

At a glance, some statistics stand out for Azusa:

- Approximately 22 percent of 1997 patients at Huntington East Valley Hospital are from Azusa.
- The largest number of households in the five-city area with income less than \$10,00 annually.
- Labor force characteristics show 48 percent white collar, 37 blue collar, and 13 percent service occupations.
- Ranks highest in the area in public assistance (7,733 or 16 percent of the population).
- Has the largest percentage of Black, American Indian, Asian and Hispanic residents (35,037 or 74 percent).
- Has the highest utilization of the Huntington East Valley Hospital Emergency Department, with approximately 150 patients per month.
- Has 21 percent of the female population living in poverty, and 21 percent of the total population living in poverty (Los Angeles County Children's Planning Council statistics, 1997).
- The leading cause of death (94 deaths = 32 percent) in this community is heart disease, according to 1995 statistics from the County of Los Angeles. This number proportionately above the targeted 100 per 100,000 outlined by Healthy People 2000.

**Glendora Zip Code 91740**

- Approximately 8,200 households. Approximate 1997 population for this zip code was 25,984.
- Approximately 15 percent of all 1997 Huntington East Valley Hospital inpatients are from this zip code.
- The largest number of households with income less than \$10,00 annually.
- Labor force characteristics: 63 percent white collar, 25 percent blue collar, and 11 percent service occupations (compared to zip code 91741: 70 percent white collar, 20 percent blue collar, and 10 percent service occupations).
- Has the largest percentage of Black, American Indian, Asian and Hispanic residents (35,037 or 74 percent)
- Huntington East Valley Hospital statistics for emergency room use by zip code show Glendora (91740) patients with the second highest utilization of the Emergency Department (approximately 90 patients per month).

## IV. COMMUNITY NEEDS ASSESSMENT

### Hospital commitment to SB697

Huntington East Valley Hospital's community outreach and community benefit program is under the purview of the Marketing & Community Outreach Department. Although ideally the two areas should be separated, budget and personnel constraints dictate the marriage of these two areas for the foreseeable future. The director of this department participates in Executive Team and department head meetings where community outreach is a regular agenda item.

Hospital leadership is focused on community. Executive Team members (the CEO, Vice President of Business Development, Vice President of Finance, Administrative Directors of Patient Care Services and Professional Services, and the directors of Human Resources, Marketing/Community Outreach and Fund Development), as well as department managers are encouraged to be involved in community outreach activities. In fact, the department manager performance evaluation was revised in 1997, including documentation for required community education efforts and community involvement. For employees, an objective cited in the hospital's 1998-99 Strategic Plan was to "Develop and Implement Employee Community Involvement/Participation Program."

The 1998-99 Huntington East Valley Hospital Strategic Plan also includes two objectives tied to the community benefit process:

- *Continually develop, coordinate community health partnerships to improve the health status of the communities we serve.*
- *Collaborate with Southern California Healthcare Systems entities to implement community outreach programs and increase utilization by under-served populations.*

## Community Needs Assessment Methodology

Huntington East Valley's community needs assessment was implemented through a collaborative effort between two groups:

1) A *task force of community outreach and education representatives* from Huntington East Valley and our sister hospitals, Huntington Memorial Hospital in Pasadena and Methodist Hospital of Southern California in Arcadia. This group met on an as-needed basis to mentor, monitor and motivate each other

2) A *joint team of the San Gabriel Valley Not-for-Profit Hospital Consortium (SGVNFPHC) and the Center for Health Services Management Research (CHSMR)* at the University of La Verne in the nearby city of La Verne. The Consortium was made up of hospitals and health care providers, including:

Beverly Hospital

Citrus Valley Health Partners:

Citrus Valley Medical Center, Foothill Presbyterian Hospital

City of Hope National Medical Center

Kaiser Permanente - Baldwin Park

Pomona Valley Hospital Medical Center

Presbyterian Intercommunity Hospital

San Gabriel Valley Medical Center

Santa Teresita Hospital

Southern California Healthcare Systems:

Huntington East Valley Hospital, Huntington Memorial Hospital,

Methodist Hospital of Southern California

Numerous meetings during 1998, between hospital representatives and CHSMR, resulted in a common survey instrument and common parameters for the gathering and analysis of primary and secondary data for the San Gabriel Valley. Additional information was gleaned by Huntington East Valley Hospital from sources including the internet, the California Department of Health Services, the Children's Health Planning Council, Inforum, and others (see references for complete listing).

### **The Survey Instrument**

A mail survey was created by CHSMR, based upon research conducted by various member hospitals in the form of phone surveys, written questionnaires and focus groups. An open-ended survey was created (see Appendix E) to assess perceived needs, barriers and resources for improving the health/quality-of-life in the areas served by each hospital.

### **The Research Questions**

As outlined by CHSMR, the research questions were:

1. What are the unmet health/quality-of-life needs facing the population of responding organizations?
2. What are the major barriers to improving the health/quality-of-life of the population of responding organizations?
3. What improvements would enhance the health/quality-of-life of the population of responding organizations?
4. Who in the community has the greatest positive impact on the health/quality-of-life of the population of responding organizations?
5. What actions can hospitals take to improve the health/quality-of-life of the population of responding organizations in the hospital's service area?
6. What important issues should the hospital be made aware of relative to its service area?
7. Is there a willingness of respondents to participate in activities to discuss issues raised in this survey?
8. What additional community service and information sources would be of value to hospitals in this project?

## **The Sample**

The survey mailing list was 1,640 individuals, organizations and companies as identified by the member hospitals. The respondents were classified by type using terms such as public safety/criminal justice, business and media/chambers of commerce, education, health care, social services/advocacy, seniors, youth, ethnic group, and community/civic leaders

After mailing a first and second wave of surveys under the signature of the CHSMR, the return was very low. To boost returns, each member hospital sent personalized letters and duplicate surveys to those individuals and/or groups within their service areas, encouraging a response. Final survey returns were 239 or 15 percent of the total. Some completed surveys were shared by various hospitals due to the large geographical area covered by agencies and/or organizations along the San Gabriel Valley corridor. Of the 313 stakeholders to whom surveys were initially mailed for Huntington East Valley's three-city service area, 61 responded, for a 20 percent response rate.

It's important to note that the primary data collected through CHSMR was from a wide-ranging geographical area, including primary and secondary service-area cities of Huntington East Valley. The reader of this report needs to take that into account when studying the "snapshot" that the primary data draws for Huntington East Valley.

## **Data Analysis**

Data analysis for the written survey was conducted by the CHSMR at the University of La Verne, using a specially designed FileMaker Pro database as well as SAS statistical package. All data were analyzed for content and coded to allow for a variety of descriptive analytical techniques.

## **Preliminary Survey Findings**

The preliminary findings of the community needs assessment survey will be presented as a summary of results. The total number of returned questionnaires for Huntington East Valley was 61.

### ***Description of responding agencies/organizations.***

Regarding categories that best describe the agency/organization, 28 percent (17) of the Huntington East Valley respondents described themselves as education-related. The second highest category represented was social services/advocacy (10), and the third highest was health care (9).



***Unmet health/quality-of-life needs***

Survey respondents identified 48 “Needs” in priority ranking of 1 to 3. The “Needs” were then grouped into six “General Areas.” Under two of these “General Areas” -- Social Services and Health Services -- subsets were created for similar or related services. What floated to the top of the “Needs” list of priorities, as noted by Huntington East Valley Hospital respondents:

**Child and Teen Care**

Child Care  
Youth Programs  
School Care

**General Issues**

Quality of life/nurture  
Decision-making skills

**Health Services**

Affordable Health Insurance & Health Care  
Better Health Education  
Case Management  
Insurance for Underinsured  
Easy Access, Health Care  
Dental & Vision Care

**Mental Health**

Affordable & Better Mental Health Care Coverage  
Child Care

**Services for the Elderly**

Caregiver Services

**Social Services**

Shelter  
Employment  
Transportation

**Barriers to health care service**

Lack of funding for services  
Transportation problems  
Cultural/language problems  
Lack of health care education  
Available resources  
Lack of funds  
Ignorance of public health  
Insurance limitations

**Most Important Unmet Health and Quality-of-Life Needs**

Affordable care  
Education/health information  
Lack of insurance  
Case management

**Improvements That Will Enhance Health and Quality-of-Life**

Health Services

Affordable Care  
Easy access  
Access/ Affordable Insurance  
Adequate Care  
Case Managers

Services for the General Community

Available Jobs  
Transportation

Social Services

Funding/Financial Aid  
Family Involvement

**The Goal of the  
Huntington East Valley Hospital  
Community Benefits Program**

*In cooperation with other health care partners, the goal of Huntington East Valley Hospital's community benefits program is to provide health education and information on topics of importance to our community, and to provide or facilitate the provision of accessible healthcare services to the under-served in our area.*

## IV. Development of Community Benefits Plan

Four years ago, in the creation of the 1995 community benefits plan, Huntington East Valley Hospital focused on three of its five primary service cities: Glendora, Azusa and San Dimas (the other two primary service area cities are Covina and La Verne). Secondary service cities are Duarte, Covina, West Covina and Baldwin Park. The identification of the service area was made through information on hospital discharges and other demographic data.

However, in 1999, after reviewing demographic data and having learned more about the community benefits process, it was decided by the hospital's Executive Team to focus community benefits plan activities in two geographical areas: the zip code 91740 of Glendora, and Azusa (zip code 91702). In the entire five-city service area, these two areas are the most vulnerable in terms of income, education and access to resources

Suggestions and recommendations in the development of a community benefits plan were solicited via one-to-one interviews with:

- The hospital Executive Team
- Hospital department managers and key employees
- One-to-one interviews with school nurses from the Glendora Unified School District and the Azusa Unified School District
- Feedback from the community needs respondents (see Appendix C, list of responding stakeholders)
- Discussions with representatives from the Azusa Family Resource Center and the Family Resource Center Collaborative and others.

Input on the plan was solicited from the hospital's Executive Team, department managers, employees, volunteers, SCHS hospital entities, and collaboration and discussion with other health care institutions in the East San Gabriel Valley.

Follow-up discussions will take place with relevant community partners to further refine and target projects and resources.

## **Prioritization of needs and rationale for selection**

As the State of California and the numerous not-for-profit health care providers have found, the community needs/community benefits process is not an exact science. It's the *aggregation and interpretation* of the numerous data sources that provides a direction and a focus for the community needs assessment and community benefits plan process. Prioritizing and identifying which needs are targeted in a community benefits plan is a balancing act between desires and financial realities.

In reviewing the first round of community benefits plans, OSHPD noted: "In some cases, the hospital may not target the most 'pressing' need. This may reflect financial limitations of the hospital, the fact that others in the community are addressing the need, the practical limits of what is achievable within the community, or other equally legitimate reasons" (Memo from OSHPD, July 29, 1998).

Using the community needs assessment as a basis, and taking into consideration community input via the community needs assessment and personal contacts, and present hospital programs, services and resources, a community benefits plan was drafted for 1999-2001, led by the hospital's Executive Team. The following health-related concerns and areas were chosen:

1. *Affordable Health Insurance and Health Care*
2. *More and Better Health Education*
3. *Collaboration With Other Agencies*

## V. The Community Benefits Plan, 1999-2001

### Initiative #1

#### Affordable Health Insurance and Health Care

**Goal:** Increase awareness of low- or no-cost health services in the communities we serve, and facilitate access to state and county health insurance programs.

**Measurable outcomes:** Beginning in 1999, facilitate access to Healthy Families and Medi-Cal services, making contact with at least 500 uninsured or under-served families.

In 1998, Huntington East Valley Hospital began a partnership with Latino HealthCare Consultants, a community-based organization, to implement two initiatives:

- The establishment of a Medi-Cal Resource Center.
- Outreach to area school districts and physicians to facilitate access to health care education, programs, services and resources.

In meeting its goal of outreach to the uninsured and under-served, Huntington East Valley will:

#### 1999 (Year 1)

- Increase the days and hours of operation of the Medi-Cal Resource Center in Glendora. Goals are to go from two days per week, to include after-work hours and possibly weekend hours, to be more easily accessible for those who work.
- Investigate collaborative partnerships with organizations such as Azusa Pacific University's Parish Nursing Program, the Azusa Family Resource Center and area school districts.

#### 2000 (Year 2)

- Implement two collaborative programs and/or services to vulnerable populations through area schools and religious organizations.
- Educate Huntington East Valley Hospital physicians and their office staffs on topics such as cultural sensitivity and ways to help patients overcome barriers to health care services.

#### 2001 (Year 3)

- Expand outreach through outstation sites in Azusa, Glendora, Baldwin Park and other communities as needed.

**Partners:** Latino HealthCare Consultants, Glendora Unified School District, Azusa Unified School District, Baldwin Park Unified School District, Azusa Pacific University, California Department of Public Social Services, and area religious organizations.

## **Initiative #2**

### **More and Better Health Education**

**Goal:** Beginning in 1999, Huntington East Valley Hospital will expand the number and quality of community health education programs based on community needs and interest. Topics identified by the needs assessment and other health agencies include: teen health issues, women's health, and

**Measurable Outcomes:** Numbers of first-time people who attend health education programs both at Huntington East Valley Hospital and in the community.

In meeting its goal of increased and improved health education activities, Huntington East Valley will:

#### **1999 (Year 1)**

- Develop a health care speakers' bureau and communicate its resources and availability to area civic and service organizations.
- Investigate partnerships with disease-specific advocacy/research/support groups.
- Certify at least one hospital RN in enrollment procedures for Healthy Families.

#### **2000 (Year 2)**

- Host one additional disease-specific support group.
- Begin health-screening activities through the Glendora Farmers' Market, in partnership with area health care providers, once per month.
- Partner with disease-specific advocacy and research organizations to facilitate linkage between those in need and area health care resources, support groups and services.

#### **2001 (Year 3)**

- Host an additional disease-specific support group.

#### **Partners**

Local and regional disease-specific advocacy and research organizations, the County of Los Angeles, hospital nursing and education staffs, hospital marketing/community outreach department.

### **Initiative #3**

#### **Linkage with Community Partners to Improve Health**

**Goal:** Beginning in 1999, Huntington East Valley Hospital will increase the number of collaborative organizations it is involved with, averaging two new partnership activities per year.

**Measurable Outcome:** Huntington East Valley Hospital will partner with a minimum of two new community-based organizations, offering expertise, resources and skills as deemed necessary.

In meeting its goal of two new collaborative activities per year, Huntington East Valley Hospital will:

##### **1999 (Year 1)**

- Identify community health collaborative organizations at work in our communities.
- Assign Executive Team members and department managers to attend meetings, conferences and workshops as appropriate, to understand the goals and objectives of these organizations.
- Identify which organizations Huntington East Valley Hospital can reasonably expect to partner with, given existing and possible programs, services and resources. Special consideration will be given to programs that are school- or faith-community based.
- Identify two programs to focus hospital resources.

##### **2000 (Year 2)**

- Implement collaborative relationship with two above-identified programs.

##### **2001 (Year 3)**

- Implement two additional collaborative relationships.

##### **Potential New Partners:**

- Azusa Pacific University Parish Nursing Program
- Azusa Unified School District Healthy Start Program
- Community Campus Partnership for Health
- East San Gabriel Valley Health Cabinet
- East San Gabriel Valley Children's Coalition
- East San Gabriel Valley Coalition for the Homeless
- ECHO Program.
- Family Resource Center Collaborative
- Glendorans for a Drug Free Youth
- Huntington Memorial Hospital
- Methodist Hospital of Southern California
- San Gabriel Valley Not-for-Profit Hospitals Consortium



*“The data generated by the community benefits inventory should not, however, be used in isolation to define the community benefit role of a health care organization. Numbers alone cannot convey the value of community services provided by CHA and VHA organizations. The most valuable programs are not necessarily the most costly. Impossible-to-measure efforts, such as the organization’s role as facilitator, convener and leader, are inseparable from the community benefit picture. Even the most conscientious efforts to measure community benefits undercount or overlook important programs and services.”*

Manual, p. 2, Community Benefit Inventory  
for Social Accountability Software

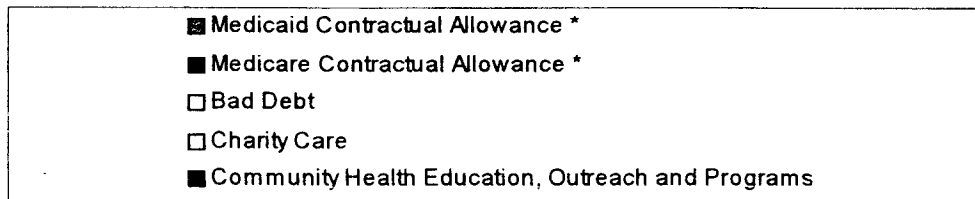
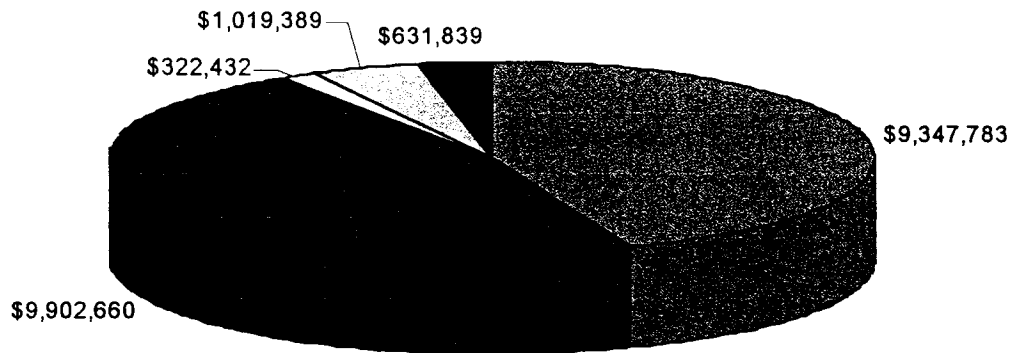
## VI. Community Benefits Inventory

In 1998, Huntington East Valley purchased Community Benefit Inventory for Social Accountability software, by Lyons. It was used analyze and track community benefits activities. Highlighted are:

Medicaid Contractual Allowance *	\$ 9,347,783
Medicare Contractual Allowance *	\$ 9,902,660
Bad Debt	\$ 322,432
Charity Care	\$ 1,019,389
Community Health Education, Outreach and Programs	\$ 631,839
<b>TOTAL</b>	<b>\$21,224,103</b>

\* Current system unable to calculate costs by payor.

1998 Community Benefits Financial Update for  
 Huntington East Valley Hospital



## A Closer Look at the Numbers

In 1998, Huntington East Valley Hospital purchased and utilized the “Community Benefit Inventory for Social Accountability” (CBISA) software program to track community benefit activities. This software was created by a collaboration of VHA, Inc. (Voluntary Hospitals of America) and CHA (The Catholic Health Association of the United States), in partnership with Lyon Software. As many other hospitals have found, even with forms to fill out, data to enter and tables to illustrate efforts, there is a lot of subjectivity and interpretation involved in using this software.

A number of paradoxes present themselves in the software. For instance, in trying to determine what is *quantifiable* versus *non-quantifiable*, it is unclear whether this *quantifiability* (for lack of a better term) applies to dollars or numbers of people served. In light of OSHPD guidelines, the manual for the CBISA software, and discussion with other hospitals, interpretation is in the mind of the beholder and varies from hospital to hospital.

One example of the paradox of guidelines is outlined below:

1. The CBISA manual (no date could be found in the binder), in its chapter titled “What Counts: Identifying True Community Benefits,” offers two pages of examples of “Do Not Report,” “Include in Narrative Report,” and “Include in Community Benefit Inventory.”
2. One example cited under “Include in Community Benefit Inventory” is “Staff using organizational funds or working hours to provide community service.” One example is a nurse speaking to high-school students about drunk driving.
3. However, on page 4 of that manual, a quantified inventory should “best be quantified in terms of dollars spent, rather than hours spent or numbers of participants.”
4. In using the CBISA software, the hospital is asked to include default parameters, including an average hourly rate of employees. For specific occurrences, the forms ask us to delineate between staff time and volunteer time. A dollar value is going to be assigned to staff time.
5. However, even if a staff member offers his or her expertise and personal time to another health-oriented or non-profit organization in the community, does not that time have a dollar value *to that organization*? The organization “benefits” from that time.

Another interesting paradox is that employee volunteer time to health-related organizations is considered non-quantifiable, but “office hours” time used for [general] community service is considered quantifiable for the community benefits inventory (CBISA Manual, p. 6.) Popular wisdom defines “health” to include socioeconomic, environmental and other conditions. So, why the delineation for non-health versus health-related organizations?

In good faith, Huntington East Valley Hospital gathered data on activities, hours spent, actual costs, persons served etc., and used the CBISA software to pull the community benefit inventory information together for this report.

What follows are highlights and, in some cases, explanatory narrative for dollars and benefits offered in this report:

## Charity Care, Medi-Cal, Medi-Care and More

In the pie chart on page 28 at a glance, the reader can see the various categories of costs associated with community benefits. Because of a lack of cost-accounting systems, Huntington East Valley Hospital is only able to report Medi-Cal and Medi-Care *contractual allowances*, rather than “shortfalls.” That is why the number is so large.

However, it must be noted that Huntington East Valley is a Disproportionate Share Hospital (DSH) and does serve as part of the “Safety Net” for the under-served. In fact, 91 percent of total patient care at Huntington East in 1998 was for Medi-Care and Medi-Cal patients (see hospital facts on page 10).

Some of the programs and services included in the pie chart as “Community Health Education, Outreach and Program” are:

## General Community Support

As a member of our community, Huntington East Valley Hospital *supports employee and physician involvement in community activities*. This involvement included active planning and participation in community events like the Great Glendora Festival, assisting in preparedness for disasters through drills and education, and being members in civic/service organizations in the area.

Community board and committee membership activities take place both during office hours and volunteer time. Some of the organizations that benefited from the in-kind time and expertise of staff members, and some cash donations were:

- Baldwin Park “School to Career Program”
- Baldwin Park School District & Chamber of Commerce “Partners in Learning”
- City of Azusa
- Glendora Chamber of Commerce
- Glendora Community Coordinating Council
- Glendora Crime Stoppers
- Glendora Historical Society
- Glendora Holiday Basket Program
- Glendora Unified School District “Partners in Reading”
- Foothills Sunrise Rotary
- Glendora Library Literacy Program
- YWCA of San Gabriel Valley

## Use of Hospital Facilities

Hospital facilities and dietary services are made available to community groups, health care professionals and non-profit organizations for meetings and seminars at no charge. Dietary services are often included.

Examples of these organizations include Alcoholics Anonymous; the Lupus Foundation of America Support Group; Eye-Das; The San Gabriel Valley Club for the Visually Impaired; the American Heart Association; the American Cancer Society and more. Estimates are that both the hospital auditorium and the Board Room are used 80 percent of the time for community-related

meetings and events. Costs involved include rent and maintenance, as these rooms are located in the medical office building adjacent to the hospital, which is not hospital-owned.

Health care programs and services geared to under-served populations include:

### **Babies Are Special (CPSP)**

The *Los Angeles County Comprehensive Perinatal Program, called "Babies Are Special"* at Huntington East Valley Hospital. This fee-for-service program combines prenatal care for English- and Spanish-speaking mothers-to-be with assessment and education on topics such as breastfeeding, infant care, child safety and parenting. Outreach efforts for this program include teen mothers within area school districts and Medi-Cal and Medi-Cal eligible patients from throughout a five-city area.

Extra hospital monies are spent for this population to pay for car seats, strollers, taxi vouchers for those without any other means of transportation, gifts of baby clothes for mothers in need, gift baskets of non-commercial baby-care items and more. The nurse in charge of this program, plus the certified public health worker (CPHW), often go door-to-door in under-served neighborhoods to educate residents about the program. This program dovetails with the Healthy California 2000 objective of attaining a 90 percent level of pregnant women receiving prenatal care in their first trimester of pregnancy.

Beginning in 1998, hospital nurses began donating their time to crochet beautiful baby caps for newborns. These free baby gifts are made with yarn donated by hospital employees and community members. At present levels, it is estimated that 900 caps were donated in 1998.

### **Medi-Cal Resource Center**

Opened in mid-1998, this center is a collaborative effort between Huntington East Valley Hospital, Latino HealthCare Consultants and the California Department of Public Social Services. Both in an office in an adjacent building, and in outreach to the schools and other organizations, efforts are geared to reach the uninsured and under-served of our communities. The desired outcome is to provide families and individuals help in maneuvering the new Medi-Cal Managed Care system, and to facilitate access to Medi-Cal and/or Healthy Families insurance. Costs include a Latino outreach consultant to staff the center and do outreach, office supplies, telephone costs and printing.

### **Community-Health Partnerships**

Huntington East Valley Hospital offers the expertise and time (on and off the job) of department managers, the Executive Team and registered nurses. They participate in projects and programs such as the Great Glendora Festival Health Fair, the Azusa Golden Days Health Fair, Glendora Emergency Preparedness Fair, Rowland Electric Employee Health Fair and others. The Director of Marketing and Community Outreach serves as President of the Board of the Azusa Family Resource Center, a collaborative project that brings together health care organizations, schools, special-interest groups, businesses and residents together for health.

- American Cancer Society Relay for Life, Speakers' Bureau

- American Heart Association Heart Walk, Daffodil Days
- American Red Cross/NBC4 Health Fair Expo
- Azusa Family Resource Center, Board Membership
- Azusa Golden Days Health Fair
- East San Gabriel Valley Health Cabinet
- Family Resource Center Collaborative
- Susan G. Komen Foundation "Race for the Cure"
- San Gabriel Valley Not-for-Profit Hospital Consortium
- University of La Verne Center for Healthcare Services Management Research

### **AT & T Language Line and the Health Access Line**

Language is a commonly reported barrier to health care service. To help bridge that gap, Huntington East Valley Hospital pays for two programs to better communication between physicians and hospital staff and patients. The AT&T Language line is available 24 hours a day and offers an extensive array of languages.

The Health Access Line, a joint effort of Southern California Healthcare Systems' hospitals also provides language support. Above and beyond the traditional physician referral program, the Health Access Line is multi-lingual, and available 7 days per week, 24 hours per day. In addition to physician referral, phone consultants offer additional information on programs and/or services from any of the SCHS hospitals, or callers are referred to the Social Services Department for further information. Physician information on the database includes health plans accepted and languages spoken by physicians and/or office staff to help make the referral more useful to the patient.

### **Other Educational Programs and Services**

Ongoing education and training is available to physicians, their office staffs, hospital employees, LVN students, paramedics, EMT's and more. The hospital's community newsletter, a quarterly publication, has approximately 25 percent of its content dedicated to health awareness and education that reached 24,000 area residents in 1998. Senior Care Network, a multi-faceted program that reaches seniors, those with disabilities and other vulnerable populations, found a home at Huntington East Valley Hospital for four years. In-kind donations included office space, use of phone, fax and copier, which was used at no charge.

### **Other Programs and Services**

*Volunteer Department.* The volunteer department continues to be instrumental in coordinating and motivating the community volunteers who help our patients and our community. Hospital volunteers logged more than 8,500 hours of service in 1998.

*Hospital Chaplain.* Beyond customary services to inpatients, the Huntington East Valley Hospital chaplain conducted two training sessions in 1998 for area clergy on body/spirit healing. Efforts also include recruiting "on call" clergy to meet the needs of patients of various denominations. The goal is to provide appropriate spiritual care by appropriate persons.

*Huntington East Valley Hospital  
1999-2001 Community Needs Assessment & Community Benefits Plan*

**Huntington East Valley Hospital  
Summary of Quantifiable Benefits  
For period from 01/01/98 through 12/31/98  
Classified as to Poor and Broader Community**

**9/14/99**

	<u>Persons Served</u>	<u>Total Expense</u>	<u>Offsetting Revenue</u>	<u>Net Community Benefit</u>	<u>% of Hospital Expenses Revenues</u>	
<b>Benefits for the Poor</b>						
<b>Traditional Charity Care:</b>	408	1,019,389	0	1,019,389	4.1	1.7
<b>Unpaid Costs of Public Programs:</b>						
Medicaid	1,158	9,347,783	0	9,347,783	38.4	15.7
Other Public Programs	0	0	0	0	.0	0.0
<b>Community Services:</b>						
Nonbilled Services	3,322	94,546	10,800	83,746	0.3	0.1
Medical Education	0	0	0	0	0.0	0.0
Subsidized Health Services	0	0	0	0	0.0	0.0
Research	0	0	0	0	0.0	0.0
Cash / Inkind Donations	20,134	30,591	0	30,591	0.1	0.0
Community Building	0	2,469	0	2,469	0.0	0.0
<b>Totals for Poor</b>	<b>25,022</b>	<b>10,494,778</b>	<b>10,800</b>	<b>10,483,978</b>	<b>43.0</b>	<b>17.6</b>
<b>Benefits for Broader Community</b>						
<b>Unpaid costs of Medicare</b>	1,078	9,902,660	0	9,902,660	40.6	16.6
<b>Community Services:</b>						
Nonbilled Services	40,427	351,103	1,000	350,103	1.4	0.5
Medical Education	491	25,558	0	25,558	0.1	0.0
Subsidized Health Services	1,545	8,483	0	8,483	0.0	0.0
Research	0	0	0	0	0.0	0.0
Cash / Inkind Donations	4,614	53,077	0	53,077	0.2	0.0
Community Building	550	53,683	2,808	50,875	0.2	0.0
<b>Broader Community</b>	<b>48,705</b>	<b>10,394,564</b>	<b>3,808</b>	<b>10,390,756</b>	<b>42.7</b>	<b>17.5</b>
<b>Grand Totals:</b>	<b>73,727</b>	<b>20,889,342</b>	<b>14,608</b>	<b>20,874,734</b>	<b>85.7</b>	<b>35.1</b>

## Overview of Community Benefit Activities

<u>Date</u>	<u>USE OF FACILITY Description</u>	<u>Persons Served</u>	<u>Costs</u>
1/1/98	Rotary		\$35,253
1/1/98	Sana Care/IPA	104	\$953
1/1/98	EYE-DAS	300	\$778
1/1/98	AA Meetings	3120	\$4,047
1/1/98	Lupus Group	250	\$934
1/1/98	American Cancer Society Meetings & Training's		\$4,783
2/17/98	Glendora Unified School District In-Service Training	22	\$727
2/18/98	Glendora Police Department Citizens Academy Graduation	60	\$652
6/25/98	American Cancer Society Board Retreat	20	\$562
1/1/98	Rental Cost of Medical Office Building: Auditorium and Board Room		\$3,100
<b>TOTAL USE OF FACILITY</b>		<b>3772</b>	<b>\$51,789</b>

<u>Date</u>	<u>SENIOR OUTREACH Description</u>	<u>Persons Served</u>	<u>Costs</u>
1/1/98	Senior Mental Health Patients Transportation	2860	\$132,502
1/1/98	50+ Health Connection - Education and Discounted Services	700	\$8,400
1/16/98	50+ Senior Program: Answers about Long-Term Care	24	\$626
1/16/98	50+ Senior Program: Some Like It Hot	24	\$1,001
5/22/98	50+ Senior Program: Dealing with Arthritis	31	\$639
6/16/98	50+ Senior Program: Fit for Adventure - Travel & Health	30	\$718
6/16/98	50+ Senior Program: Credit Card and Check Fraud	30	\$717
6/26/98	50+ Senior Program: Laughter Is Good Medicine	30	\$295
7/8/98	50+ Senior Program: What Was Your Name?	37	\$634
8/5/98	50+ Senior Program: Cooking for Cancer Protection	37	\$965
8/18/98	50+ Senior Program: Vitamins and More	36	\$802
9/23/98	50+ Senior Program: Reducing Cholesterol	39	\$734
10/2/98	Senior Flu Clinic	338	\$14,919
10/7/98	50+ Senior Program: Medication Management	10	\$706
11/11/98	50+ Senior Program: Incredible Holiday Edibles	49	\$984
12/11/98	50+ Senior Program: Success Over Stress	31	\$702
<b>TOTAL SENIOR OUTREACH</b>		<b>4306</b>	<b>\$165,344</b>



*Huntington East Valley Hospital  
1999-2001 Community Needs Assessment & Community Benefits Plan*

<u>Date</u>	<u>MATERNAL/CHILD HEALTH Description</u>	<u># Served</u>	<u>Costs</u>
1/1/98	Adolescent Pregnancy Program	300	\$3,352
1/1/98	Babies Are Special: car seats & strollers for new mothers	1200	\$49,887
1/1/98	Babies Are Special: booklets for new mothers	1200	\$10,743
1/1/98	Babies Are Special: Baby Care Basics Classes	180	\$11,948
1/1/98	Babies Are Special: Childbirth Preparation Classes	180	\$14,648
1/1/98	Babies Are Special: Infant/Child Safety CPR Classes	180	\$11,948
1/1/98	Babies Are Special: Breastfeeding Classes	180	\$11,948
<b>TOTAL MATERNAL/CHILD HEALTH</b>		<b>3120</b>	<b>\$111,122</b>

<u>Date</u>	<u>COMMUNITY OUTREACH Description</u>	<u># Served</u>	<u>Costs</u>
1/1/98	Senior Mental Health Outreach	345	\$34,924
1/1/98	Volunteer Services To Project Sister		\$4630
1/1/98	Medi-Cal Resource Center/Outreach		\$28,725
1/1/98	Azusa Family Resource Center Board Membership		\$1,769
1/1/98	Azusa Family Resource Center Collaborative		\$2,469
1/1/98	Community Outreach Department		\$53,061
1/1/98	Vials for Life		\$2,000
1/1/98	Health Access Line	1080	\$25,916
5/30/98	Azusa Centennial	6000	\$1,218
7/11/98	Glendora Chamber of Commerce "Shop Glendora Week"		\$1,214
10/10/98	Glendora Chamber "Great Glendora Festival" Health Fair		\$4,236
6/62/98	American Cancer Society Daffodil Days		\$3,050
<b>TOTAL COMMUNITY OUTREACH</b>		<b>7425</b>	<b>\$163,212</b>

<u>Date</u>	<u>CASH/IN-KIND DONATIONS TO SCHOOLS Description</u>	<u># Served</u>	<u>Costs</u>
1/1/98	Washington Elementary School Student Craft Fair		\$25
1/1/98	Glendora Unified School District Reading to Students		\$56
1/1/98	Baldwin Park "Partners in Learning"	40	\$154
2/1/98	Azusa Pacific University Third Annual Soap Box Classic		\$300
2/20/98	Azusa Pacific University Yearbook		\$266
3/1/98	Bishop Amat High School		\$145
4/30/98	Citrus College Latino Youth Conference		\$125
5/9/98	La Verne Heights Elementary School		\$85
5/15/98	Glendora High School Choral Boosters Club		\$190
7/1/98	Charter Oak Football Boosters		\$165
9/13/98	Citrus College Foundation "Taste of Autumn"		\$500
10/1/98	Top Shelf Hockey		\$250
10/5/98	Glendora High School - Music Camp Scholarship		\$500
10/15/98	Glendora Unified School District		\$40
10/19/98	Mini grants to school teachers		\$300
<b>TOTAL CASH/IN-KIND DONATIONS TO SCHOOLS</b>		<b>40</b>	<b>\$3,101</b>

**CASH/IN-KIND DONATIONS TO COMMUNITY**

<u>Date</u>	<u>Description</u>	<u># Served</u>	<u>Costs</u>
1/1/98	Glendora Crime Stoppers		\$50
1/1/98	Methodist Hospital Golf Tournament		\$3,056
1/1/98	YWCA of San Gabriel Valley		\$150
1/1/98	Glendora Historical Society Booklets	1500	\$500
1/1/98	Center for Health Services Management Research La Verne University		\$5,000
2/17/98	Glendora Chamber of Commerce - Citizen of the Year Banquet		\$1,100
3/1/98	Glendora Lions Club		\$175
5/15/98	Nick Enriquez Benefit Golf Tournament	1	\$250
5/18/98	Glendora Chamber of Commerce Golf Tournament		\$1,406
6/7/98	Wellness Telethon		\$500
6/26/98	Azusa "Play for Kids" Golf Tournament		\$128
7/23/98	Glendora Community Coordinating Council Campership Program	1	\$68
7/27/98	Tracy Murray Basketball Camp	1	\$90
9/15/98	Glendora Public Library: Great Trivia Challenge	75	\$339
11/1/98	Glendora Lions Club: The Game of Glendora		\$350
11/15/98	Race for the Cure		\$239
12/1/98	Glendora Community Coordinating Council Holiday Baskets	130	\$478
<b>TOTAL CASH/IN-KIND DONATIONS TO COMMUNITY</b>		<b>1708</b>	<b>\$13,879</b>

**HEALTH FAIRS**

<u>Date</u>	<u>Description</u>	<u>Persons Served</u>	<u>Costs</u>
1/1/98	C.O.P.D. and Pneumonia/Lung Screening Health Fair Expo	175	\$161
3/16/98	Citrus College Foundation Health Fair	20000	\$200
4/23/98	Health Fair Expo "Ask The Pharmacist"	400	\$223
4/25/98	Health Fair Expo '98	400	\$13,562
6/15/98	Emergency Preparedness Fair	200	\$303
10/1/98	Azusa Golden Days - OB Outreach	1000	\$134
10/22/98	Cal Poly Wellness Fair "It's All About You"	2000	\$298
6/37/98	Rowland Electric Employee Picnic & Health Fair	300	\$106
<b>TOTAL HEALTH FAIRS</b>		<b>24475</b>	<b>\$14,987</b>

*Huntington East Valley Hospital  
1999-2001 Community Needs Assessment & Community Benefits Plan*

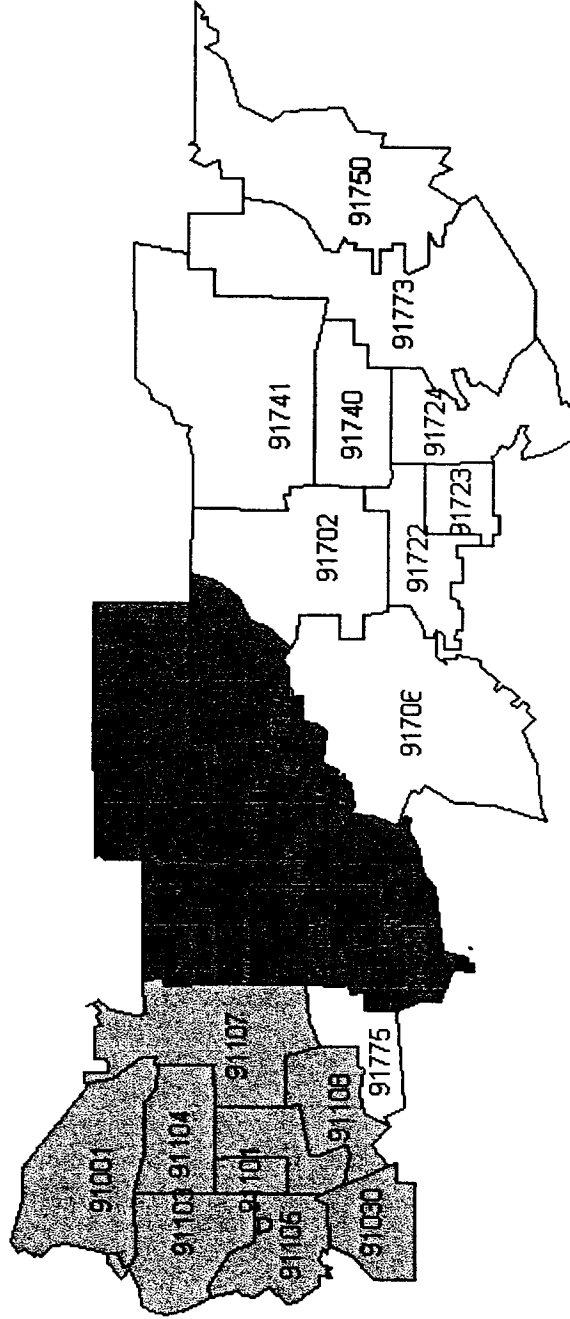
		<b>OTHER</b>	
<u>Date</u>	<u>Description</u>	<u>Persons Served</u>	<u>Costs</u>
1/1/98	CME's 1998	200	\$5,604
1/1/98	Physician Offices Clerical Staff Luncheon	20	\$343
1/1/98	Glendora Coordinating Council Membership		\$25
1/1/98	American Heart Association	1500	\$5,939
1/1/98	Glendora Chamber of Commerce Membership		\$6,794
1/1/98	Glendora Chamber of Commerce Health Information Flyer Inserts	550	\$839
1/1/98	Transportation for OB, ER, and other patients	890	\$6,232
1/1/98	Community Newsletter & 50+ Newsletter 25% of community newsletter	24000	\$14,969
1/1/98	Clinical Experiences for CNA's, LVN's, Respiratory Therapists, Pharmacy	226	\$14,171
1/1/98	Continuous Education for Nurses and Paramedics	45	\$5,025
1/1/98	Follow-up for Discharged Patients	25	\$2,007
1/1/98	Recruit and Train Community Clergy	30	\$3,116
1/1/98	Senior Care Network	2	\$6,543
1/1/98	Reddinet System		\$4,644
1/3/98	CPR Recertification for the community and professionals	52	\$3,436
3/21/98	Women and Good Health Education Lecture	45	\$4,963
7/16/98	American Cancer Society/SGV Site Visit		\$56
10/10/98	American Cancer Society - Maki Board of Directors Member		\$19,260
10/24/98	Healthier Communities Best Practice Forum - Community Building		\$2,186
11/14/98	New York Underground Breast Health Awareness Mailing	410	\$2,253
<b>TOTAL OTHER</b>		<b>27995</b>	<b>\$108,405</b>
<b>GRAND TOTAL</b>		<b>72841</b>	<b>\$631,839</b>

## References

- California Department of Health Services, "Healthy California 2000 Progress Report," via the Internet ([www.dhs.cahwnet.gov](http://www.dhs.cahwnet.gov)).
- County of Los Angeles, Children's Planning Council 1997 demographic data by city, zip code, via the internet ([www.childpc.org](http://www.childpc.org)).
- Department of Health Services, Public Health Programs and Services, Data Collection and Analysis Unit. "Health District Profiles 1995, distributed May 6, 1998.
- Huntington East Valley Hospital, 1998-1999 Strategic Plan. May 27, 1998.
- Information Systems Report on Emergency Department Patient Origin by Zip Code, Sept. 8, 1999.
- Labor Force Characteristics Report created by Inforum, August 1999.
- Kaiser, Leland R. "Designer Health Care for a Designer Nation: A New Paradigm."
- Office of Statewide Health Planning and Development (OSHPD). "SB 697 – Community Benefits Legislation." Handout from "Taking the Next Step: Your Community Benefits Plan workshop," November 9, 1995.
- Memo from OSHPD, Subject: Hospital Benefit Program (SB697) 1998, July 29, 1998.
- Senate Bill 697. Bill Mandating Not-for-Profit Hospitals to Conduct Community Needs Assessments and Adopt Community Benefit Plans. United States Senate.
- Southern California Healthcare Systems. 1997 State Data Report: Patients, Days and Charges by All Product Lines from 1/1/97 to 6/30/97. Compiled November 12, 1998.

**Appendix A**  
**Huntington East Valley Hospital**  
**Map of SCHS Hospitals' Primary Service Areas**

## Huntington East Valley Hospital Map of SCHS Hospitals' Primary Service Areas



Light Grey/Yellow = Huntington East Valley Hospital  
Primary Service Area

**Appendix B**  
**Huntington East Valley Hospital**  
**Demographics: Primary & Secondary Service Areas**

## Huntington East Valley Hospital Demographics, Primary & Secondary Service Areas

### Population by Gender and Age HEV Primary and Secondary Service Area Inforum 1998 Demographic Data

Age Group	Female Population	Male Population	Total Population
Under 6	20,581	21,260	41,841
6-13	26,033	27,333	53,366
14-17	12,037	12,813	24,850
18-24	19,867	21,246	41,113
25-34	30,858	33,374	64,232
35-44	34,013	33,981	67,994
45-54	26,438	25,473	51,911
55-64	17,272	15,813	33,085
65-74	14,396	11,392	25,788
75-84	8,972	5,415	14,387
85+	4,040	1,324	5,364
<b>Total</b>	<b>214,507</b>	<b>209,424</b>	<b>423,931</b>

### Population by Gender by Zip Code HEV Primary and Secondary Service Area Inforum 1998 Demographic Data

ZIP Code	City Name	Female Population	Male Population	Total Population
91706	Baldwin Park	38,052	38,863	76,915
91702	Azusa	27,848	28,381	56,229
91790	West Covina	21,257	20,543	41,800
91750	La Verne	17,962	16,861	34,823
91773	San Dimas	17,125	16,828	33,953
91722	Covina	16,216	15,679	31,895
91791	West Covina	14,809	14,259	29,068
91010	Duarte	14,033	13,244	27,277
91741	Glendora	13,035	12,483	25,518
91740	Glendora	12,851	12,227	25,078
91724	Covina	12,529	11,885	24,414
91723	Covina	8,790	8,171	16,961
<b>Total</b>		<b>214,507</b>	<b>209,424</b>	<b>423,931</b>



**Projected 2003 Detailed Age/Gender Distribution by ZIP Code**

**1998 ZIP Report for HEV**

Variable Name	Count	% Across
Projected Population	85,289	
Projected Population <65	77,088	90.4
Projected Male Pop <5	3,768	4.9
Projected Male Pop 5-9	3,678	4.8
Projected Male Pop 10-14	3,585	4.7
Projected Male Pop 15-17	1,964	2.5
Projected Male Pop 18-24	4,614	6
Projected Male Pop 25-34	6,354	8.2
Projected Male Pop 35-44	6,991	9.1
Projected Male Pop 45-54	5,310	6.9
Projected Male Pop 55-64	3,024	3.9
Projected Female Pop <5	3,724	4.8
Projected Female Pop 5-9	3,601	4.7
Projected Female Pop 10-14	3,466	4.5
Projected Female Pop 15-17	1,922	2.5
Projected Female Pop 18-24	4,533	5.9
Projected Female Pop 25-34	5,662	7.3
Projected Female Pop 35-44	6,462	8.4
Projected Female Pop 45-54	5,221	6.8
Projected Female Pop 55-64	3,209	4.2
Projected Population 65+	8,201	9.6
Projected Male Pop 65-74	1,961	23.9
Projected Male Pop 75-84	1,083	13.2
Projected Male Pop 85+	259	3.2
Projected Female Pop 65-74	2,455	29.9
Projected Female Pop 75-84	1,694	20.7
Projected Female Pop 85+	749	9.1

**Population Growth by Age Group  
 HEV Primary and Secondary Service Area  
 Inforum 1998 Demographic Data**

Age Group	1998 Population	Estimated 2003 Population	% Increase
Under 18	120,057	123,384	2.8%
18-24	41,113	44,146	7.4%
25-44	132,226	126,757	-4.1%
45-64	84,996	99,954	17.6%
65-74	25,788	26,495	2.7%
75+	19,751	23,434	18.6%
<b>Total</b>	<b>423,931</b>	<b>444,170</b>	<b>4.8%</b>

**Population Growth by Zip Code  
 HEV Primary and Secondary Service Area  
 Inforum 1998 Demographic Data**

Zip Code	City Name	1998 Population	Estimated 2003 Population	% Increase
91706	Baldwin Park	76,915	80,331	4.4%
91702	Azusa	56,229	58,728	4.4%
91010	Duarte	27,277	28,469	4.4%
91722	Covina	31,895	33,365	4.6%
91790	West Covina	41,800	44,188	5.7%
91723	Covina	16,961	17,566	3.6%
91740	Glendora	25,078	26,561	5.9%
91791	West Covina	29,068	30,534	5.0%
91724	Covina	24,414	25,029	2.5%
91750	La Verne	34,823	36,377	4.5%
91773	San Dimas	33,953	35,593	4.8%
91741	Glendora	25,518	27,429	7.5%
<b>Total</b>		<b>423,931</b>	<b>444,170</b>	<b>4.8%</b>

**Labor Force Characteristics  
HEV Primary and Secondary Service Area  
Inform 1998 Demographic Data**

Zip Code	Females in Labor Force		No Workers in Family		White Collar Occupations		All Service Occupations		Blue Collar Occupations	
	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total
91722	7,740	62.90	612	8.00	9,393	57.80	1,808	11.10	4,908	30.20
91773	8,583	62.70	545	6.40	13,336	71.50	1,638	8.80	3,499	18.80
91724	6,225	61.70	538	8.50	8,699	66.90	1,199	9.20	3,038	23.40
91741	6,403	60.10	574	8.50	9,595	69.30	1,334	9.60	2,768	20.00
91750	8,548	59.60	850	9.60	12,592	70.00	1,827	10.10	3,445	19.10
91723	4,022	58.90	411	10.00	5,444	64.50	951	11.30	1,963	23.20
91702	11,600	58.70	832	7.00	12,288	47.80	3,290	12.80	9,425	36.70
91740	5,818	58.60	454	7.30	7,960	63.20	1,346	10.70	3,163	25.10
91791	6,602	57.20	678	9.40	9,561	66.50	1,376	9.60	3,327	23.20
91790	9,214	57.20	907	9.00	12,053	60.70	1,989	10.00	5,637	28.40
91010	5,689	54.20	498	8.40	6,967	58.30	1,340	11.20	3,379	28.30
91706	13,815	53.00	1,420	9.20	13,438	42.60	3,775	12.00	13,543	43.00
<b>Total</b>	<b>94,259</b>	<b>58.30</b>	<b>8,319</b>	<b>8.40</b>	<b>121,326</b>	<b>59.40</b>	<b>21,873</b>	<b>10.70</b>	<b>58,095</b>	<b>28.50</b>

**Huntington East Valley  
Socioeconomic Indicators  
HEV Primary and Secondary Service Area  
Inform 1998 Demographic Data**

Zip Code	City	1988 Households	1998 Median Household Income	Median Age of Total Population	Median Years of School Completed	Median Home Value	Renter Occupied Households	% of Total Households	Geonit Quality Score	Population Density Centile
91706	Baldwin Park	18,675	38,010	26.90	12.10	153,831	7,487	40.10	49	89
91702	Azusa	16,084	39,539	28.60	12.50	151,266	7,211	44.80	52	81
91790	West Covina	12,582	46,593	33.30	12.90	190,392	3,663	29.10	60	89
91750	La Verne	11,879	57,028	38.10	14.00	255,223	2,891	24.30	69	73
91773	San Dimas	11,256	62,944	37.90	14.10	255,536	2,566	22.80	74	77
91722	Covina	10,357	44,717	33.20	12.90	172,590	3,261	31.50	58	86
91791	West Covina	9,347	52,102	34.90	13.60	228,201	2,871	30.70	71	86
91741	Glendora	8,928	58,593	40.70	14.20	283,220	2,309	25.90	75	74
91724	Covina	8,361	55,165	37.20	13.60	222,706	2,072	24.80	69	82
91740	Glendora	8,193	52,357	36.50	13.20	198,475	2,276	27.80	63	82
91010	Duarte	8,116	44,491	33.40	13.00	168,966	2,547	31.40	60	74
91723	Covina	6,328	39,292	34.70	13.10	198,960	3,724	58.80	55	86
	<b>Total</b>	<b>130,106</b>	<b>48,354</b>	<b>33.30</b>	<b>13.10</b>	<b>204,506</b>	<b>42,878</b>	<b>33.00</b>	<b>62</b>	<b>82</b>

**Households by Income**  
**HEV Primary & Secondary Service Area**  
**Inforum 1998 Demographic Data**

<b>Income Bracket</b>	<b>Number of Households</b>	<b>% of Total</b>
Under \$25,000	30,509	23.4%
\$25,000-49,999	38,157	29.3%
\$50,000-74,999	30,441	23.4%
\$75,000-99,999	15,354	11.8%
\$100,000+	15,645	12.0%
	<hr/> 130,106	<hr/> 100.0%

**Appendix C**  
**Huntington East Valley Hospital**  
**Demographics: Azusa & Glendora 91740**

## Huntington East Valley Hospital Demographics: Azusa & Glendora 91740

### Population Growth by Age and Sex 1998 ZIP Report for HEV

#### Male Population Age 65+

Zip Code	1980 Population	1990 Population	% Growth '80-'90	1998 Population	% Growth 90-98	2003 Population	% Growth 98-2003
91740	611	855	39.9	1,301	52.2	1,503	15.5
91702	1,140	1,438	26.1	1,690	17.5	1,800	6.5
<b>Total</b>	<b>1,751</b>	<b>2,293</b>	<b>31.0</b>	<b>2,991</b>	<b>30.4</b>	<b>3,303</b>	<b>10.4</b>

#### Female Population 65+

Zip Code	1980 Population	1990 Population	% Growth '80-'90	1998 Population	% Growth 90-98	2003 Population	% Growth 98-2003
91740	1,160	1,418	22.2	1,999	41.0	2,345	17.3
91702	1,727	2,157	24.9	2,430	12.7	2,553	5.1
<b>Total</b>	<b>2,887</b>	<b>3,575</b>	<b>23.8</b>	<b>4,429</b>	<b>23.9</b>	<b>4,898</b>	<b>10.6</b>

**Male Population 0-64**

Zip Code	1980 Population	1990 Population	% Growth '80-'90	1998 Population	% Growth 90-98	2003 Population	% Growth 98-2003
91740	9,943	10,438	5.0	10,926	4.7	11,441	4.7
91702	19,728	25,567	29.6	26,691	4.4	27,847	4.3
<b>Total</b>	<b>29,671</b>	<b>36,005</b>	<b>21.3</b>	<b>37,617</b>	<b>4.5</b>	<b>39,288</b>	<b>4.4</b>

**Female Population 0-64**

Zip Code	1980 Population	1990 Population	% Growth '80-'90	1998 Population	% Growth 90-98	2003 Population	% Growth 98-2003
91702	19,814	24,596	24.1	25,418	3.3	26,528	4.4
91740	9,990	10,516	5.3	10,852	3.2	11,272	3.9
<b>Total</b>	<b>29,804</b>	<b>35,112</b>	<b>17.8</b>	<b>36,270</b>	<b>3.3</b>	<b>37,800</b>	<b>4.2</b>



**Ethnic Demographic Analysis  
1998 ZIP Report for HEV**

**White Population**

Zip Code	1998 Population	Count	%D	%A	IOC
91740	25,078	16,023	52.83	63.9	171
91702	56,229	14,309	47.17	25.4	68
<b>Total</b>	<b>81,307</b>	<b>30,332</b>	<b>100.00</b>	<b>37.3</b>	<b>100</b>

**Black Population**

Zip Code	1998 Population	Count	%D	%A	IOC
91702	56,229	1,880	81.88	3.3	118
91740	25,078	416	18.12	1.7	59
<b>Total</b>	<b>81,307</b>	<b>2,296</b>	<b>100.00</b>	<b>2.8</b>	<b>100</b>

**Asian Population**

Zip Code	1998 Population	Count	%D	%A	IOC
91702	56,229	4,049	66.29	7.2	96
91740	25,078	2,059	33.71	8.2	109
<b>Total</b>	<b>81,307</b>	<b>6,108</b>	<b>100.00</b>	<b>7.5</b>	<b>100</b>

**Hispanic Population**

Zip Code	1998 Population	Count	%D	%A	IOC
91702	56,229	35,675	84.69	63.4	122
91740	25,078	6,450	15.31	25.7	50
<b>Total</b>	<b>81,307</b>	<b>42,125</b>	<b>100.00</b>	<b>51.8</b>	<b>100</b>

**Self-Reported Health Status - Local Market Detail**

TOTAL HEALTH STATUS	TOPICS USED TO DETERMINE HEALTH STATUS:
US HEALTH STATUS SCORE MEAN: 51.9	Arthritis (94)
US HEALTH STATUS SCORE RANKINGS:	Cancer (94)
EXCELLENT: 100 - 69	Diabetes (94)
VERY GOOD: 68 - 57	Heart Disease (94)
GOOD: 56 - 47	Chest Pain (94)
FAIR: 46 - 36	Chronic Breathing/Lung (94)
POOR: 35 - 0	High Blood Pressure (97)
	Chronic Pain (94)
	0 Fruits/Vegetables (94)
	Chronic Stomach (94)
	1+ HH Member Smokes (97)
	Regular Exercise (96)
	1+ HH Member Fair/Poor Health (97)
	Wellness (95)
	Bodily Pain: Very Severe/Severe (97)
	Social Interference: All The time/Most Time (97)

	BG Geocode	Cluster Nickname	1998 Households	Health Status Score
Quintile 1	60374006.01	Young Influentials	1,827	76.2
	60374039.02	Executive Suites	724	73.8
	60374039.01	Kids & Cul-de-Sacs	267	68.0
	60374012.01	Kids & Cul-de-Sacs	587	67.3
	60374012.02	Kids & Cul-de-Sacs	667	66.7
	60374012.01	Pools & Patios	599	66.4
			<b>4,671</b>	<b>71.6</b>
Quintile 2	60374040	Kids & Cul-de-Sacs	233	65.9
	60374043.01	Boomers & Babies	408	65.6
	60374042	Boomers & Babies	376	62.6
	60374044.01	Suburban Sprawl	85	62.5
	60374039.01	Boomers & Babies	152	61.5
	60374041	Suburban Sprawl	533	60.4
	60374006.02	Suburban Sprawl	409	60.3
	60374044	Suburban Sprawl	317	58.1
	60374006.02	Suburban Sprawl	435	57.8
	60374039.02	New Empty Nests	221	57.4
	60374040	New Empty Nests	275	57.4
60374012.03	New Empty Nests	1,782	57.0	
			<b>5,226</b>	<b>59.5</b>

*Huntington East Valley Hospital  
1999-2001 Community Needs Assessment & Community Benefits Plan*

	<b>BG Geocode</b>	<b>Cluster Nickname</b>	<b>1998 Households</b>	<b>Health Status Score</b>
	60374045	Suburban Sprawl	738	56.9
	60374042	New Empty Nests	364	56.8
	60374039.01	New Empty Nests	223	55.3
	60374012.02	New Empty Nests	353	55.3
	60374039.01	New Empty Nests	353	54.3
	60374042	New Beginnings	623	54.2
	60374039.02	New Empty Nests	616	53.8
	60374011.02	New Empty Nests	372	52.8
	60374008	New Empty Nests	854	52.6
Quintile 3			4,496	54.5
	60374011.01	New Beginnings	1,101	50.8
	60374042	Mobility Blues	740	49.4
	60374043	Mobility Blues	382	48.6
	60374045	Mobility Blues	672	48.0
	60374043	Mobility Blues	381	47.9
	60374006.02	Mobility Blues	546	47.6
	60374044.01	Mobility Blues	579	47.3
	60374041	Blue-Chip Blues	265	46.8
Quintile 4			4,666	48.7
	60374041	Blue-Chip Blues	286	46.5
	60374041	Blue-Chip Blues	340	46.1
	60374043.01	Blue-Chip Blues	234	45.8
	60374044	Blue-Chip Blues	626	45.0
	60374044	Gray Collars	387	38.1
	60374043	Gray Collars	453	37.3
	60374043	Hometown Retired	337	31.4
	60374045	Family Scramble	1,230	30.3
	60374044	Family Scramble	337	30.2
	60374006.02	Family Scramble	497	29.4
Quintile 5			4,727	36.4
<b>Total</b>			<b>23,786</b>	<b>54.2</b>

**Household Income Levels  
 1998 ZIP Report for HEV**

**Household Income Less than \$10,000 per Year**

	1998					
Zip Code	Households	Count	%D	%A	IOC	
91702	16,084	1,642	75.36	10.2		114
91740	8,193	537	24.64	6.6		73
<b>Total</b>	<b>24,277</b>	<b>2,179</b>	<b>100</b>	<b>9</b>		<b>100</b>

**Household Income \$10,000 - \$19,999**

	1998					
Zip Code	Households	Count	%D	%A	IOC	
91702	16,084	1,918	73.37	11.9		111
91740	8,193	696	26.63	8.5		79
<b>Total</b>	<b>24,277</b>	<b>2,614</b>	<b>100</b>	<b>10.8</b>		<b>100</b>

**Household Income \$20,000 - \$29,999**

	1998					
Zip Code	Households	Count	%D	%A	IOC	
91702	16,084	2,313	73.9	14.4		112
91740	8,193	817	26.1	10		77
<b>Total</b>	<b>24,277</b>	<b>3,130</b>	<b>100</b>	<b>12.9</b>		<b>100</b>

Source: Inforum 1998

**Population Growth by Age and Sex  
1998 ZIP Report for HEV**

**Male Population Age 65+**

Zip Code	1980 Population	1990 Population	% Growth '80-'90	1998 Population	% Growth '90-98	2003 Population	% Growth 98-2003
91740	611	855	39.9	1,301	52.2	1,503	15.5
91702	1,140	1,438	26.1	1,690	17.5	1,800	6.5
Total	1,751	2,293	31.0	2,991	30.4	3,303	10.4

**Female Population 65+**

Zip Code	1980 Population	1990 Population	% Growth '80-'90	1998 Population	% Growth 90-98	2003 Population	% Growth 98-2003
91740	1,160	1,418	22.2	1,999	41.0	2,345	17.3
91702	1,727	2,157	24.9	2,430	12.7	2,553	5.1
Total	2,887	3,575	23.8	4,429	23.9	4,898	10.6

**Male Population 0-64**

Zip Code	1980 Population	1990 Population	% Growth '80-'90	1998 Population	% Growth 90-98	2003 Population	% Growth 98-2003
91740	9,943	10,438	5.0	10,926	4.7	11,441	4.7
91702	19,728	25,567	29.6	26,691	4.4	27,847	4.3
Total	29,671	36,005	21.3	37,617	4.5	39,288	4.4

**Female Population 0-64**

Zip Code	1980 Population	1990 Population	% Growth '80-'90	1998 Population	% Growth 90-98	2003 Population	% Growth 98-2003
91702	19,814	24,596	24.1	25,418	3.3	26,528	4.4
91740	9,990	10,516	5.3	10,852	3.2	11,272	3.9
Total	29,804	35,112	17.8	36,270	3.3	37,800	4.2

**Appendix D**  
**List of Responding Stakeholders**  
**Huntington East Valley Hospital Needs Assessment**

## **List of Responding Stakeholders Huntington East Valley Hospital Needs Assessment**

<b>Stakeholder Name</b>	<b>Stakeholder Category</b>	<b>Target Population</b>
29th Congressional District	Government and Political Leadership (2)	
29th Senate District	Government and Political Leadership (2)	
Acacia Counseling	Social Service/Advocacy (7)	Adults
Alcoholics Anonymous	Social Service/Advocacy (7)	All alcoholics, primarily white collar workers
American Cancer Society	Health Care (5)	All
American Heart Association	Health Care (5)	Women/men 40+ and school children K-8
Arrow Community Center Neighborhood/Christian Fellowship	Religious Communities (6)	Youth and families
Arrow High School	Education (4)	Students in alternative education, pregnant minors, work study students, independent
Azusa	Government and Political Leadership (2)	Entire population
Azusa Adult School	Education (4)	Adults 17 and a half and up
Azusa Family Resource Center	Social Service/Advocacy (7)	
Azusa Head Start	Education (4)	Preschool age children
Azusa High School	Education (4)	14 – 18 year old students
Azusa Pacific University	Education (4)	College students and employees
Azusa Pacific University School of Nursing	Education (4)	Children and families, home care, Homeless Clinic
Azusa Senior Center	Seniors (8)	Senior Citizens
Azusa Unified School District Healthy Start	Education (4)	Four elementary school's population
Bassett Unified School District	Education (4)	Preschool through adult



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Bonita Unified School District	Education (4)	Minor children (ages 3 – 18 years)
Charter Behavioral Health	Health Care (5)	Youths and adults
Charter Oak Unified	Education (4)	Children K-12
Charter Oak Woman’s Club	Community Leaders/Civic Leaders (11)	Women, children and senior citizen
Child Support Services and Resource Center	Youth (9)	Custodial and non-custodial parents
Community Senior Services	Seniors (8)	Senior Citizens
Covina Elementary School	Education (4)	Youth ages 3-17
Covina Parks & Recreation Department	Business and Media/Chambers of Commerce (3)	All
Covina Valley School District	Education (4)	School age children, preschool special education children
East San Gabriel Senior Care OASIS	Seniors (8)	Seniors 60 years and up of all races and religions
East San Gabriel Valley Alliance for the Mentally Ill (AMI)	Health Care (5)	Families coping with schizophrenia, manic-depression, major depression
East San Gabriel Valley Coalition for the Homeless	Social Service/Advocacy (7)	Any homeless person without children, or persons in wheelchairs, etc.
East San Gabriel Valley ROP	Education (4)	In school youth and displaced workers
ESGV League of Women Voters	Community Leaders/Civic Leaders (11)	Senior and all others
Evangelical Methodist Church	Religious Communities (6)	All
First Christian Church	Religious Communities (6)	Anyone and everyone
Gladstone School	Education (4)	
Glendora After Stroke Group	Health Care (5)	After stroke persons and their families
Glendora Chamber of Commerce	Business and Media/Chambers of Commerce (3)	Businesses in Glendora

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Glendora Lions Club	Community Leaders/Civic Leaders (11)	Children and homeless
Glendora Police Department	Public Safety/Criminal Justice (1)	All
Glendora United Methodist Church	Religious Communities (6)	Preschoolers and families, youth and seniors
Holistic Care Center & Pain Clinic	Health Care (5)	Seniors, women and all other ages and sexes
Info Line	Social Service/Advocacy (7)	All
Joshua's House	Social Service/Advocacy (7)	Women and children
Joslyn Senior Center	Seniors (8)	Senior Citizens
LA County HS Health Care Azusa	Health Care (5)	
La Fetra Senior Center	Seniors (8)	Senior Citizens
La Verne City Hall	Government and Political Leadership (2)	Senior women, some senior men, youths and adults
Pasadena Planned Parenthood	Health Care (5)	Low income women ages 15 – 45
Project Info Community Services	Social Service/Advocacy (7)	Adolescents and their families, adults
RSVP	Social Service/Advocacy (7)	Retired or working Seniors, 55 or older
Sacred Heart Catholic Church	Religious Communities (6)	All groups, all ages
San Gabriel Valley Economic Council	Business and Media/Chambers of Commerce (3)	Top 2,500 business in the San Gabriel Valley
San Gabriel Valley Economic Partnership	Business and Media/Chambers of Commerce (3)	Business community and cities
San Gabriel Valley YMCA	Youth (9)	Youth and families
St. Dorothy Catholic Church	Religious Communities (6)	
University of La Verne, CHSMR	Education (4)	College students
WINGS	Social Service/Advocacy (7)	Battered women and their children

*NOTE: Blanks exist in "Audience" column because of failure of respondents to specify this information.*

**Appendix E  
Community Needs Assessment Survey Instrument**

# Community Needs Assessment Survey Instrument

## SAN GABRIEL VALLEY NOT-FOR-PROFIT HEALTH SERVICES CONSORTIUM

### COMMUNITY NEEDS AND RESOURCES ASSESSMENT (Please print clearly in ink)

1. Name of your organization:
2. Your title/role in the organization and length of time in your position:
3. Primary geographic service area (by city or geographic boundaries):
4. What is the: a) primary target population(s) served by your organization (such as women, disabled, seniors, homeless, etc.) and b) where is the major geographic concentration of those populations located within your service area?

a) Primary Target Populations

b) Major Concentrations

5. What major services does your organization provide? (Please check as many as apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Advocacy                      | <input type="checkbox"/> Housing & Homeless                    |
| <input type="checkbox"/> Case Management               | <input type="checkbox"/> Information Referral                  |
| <input type="checkbox"/> Children and Youth Guidance   | <input type="checkbox"/> Instructional classes (workshops)     |
| <input type="checkbox"/> Community Safety, Crime       | <input type="checkbox"/> Job Training and preparation          |
| <input type="checkbox"/> Counseling                    | <input type="checkbox"/> Lectures and Presentations (Seminars) |
| <input type="checkbox"/> Custodial Care                | <input type="checkbox"/> Mental Health                         |
| <input type="checkbox"/> Domestic Violence             | <input type="checkbox"/> Prevention/Intervention               |
| <input type="checkbox"/> Day Care                      | <input type="checkbox"/> Spiritual                             |
| <input type="checkbox"/> Education                     | <input type="checkbox"/> Substance Abuse                       |
| <input type="checkbox"/> Emergency Assistance          | <input type="checkbox"/> Support Groups, Hot lines/ Crisis     |
| <input type="checkbox"/> Employment and Training       | <input type="checkbox"/> Transportation                        |
| <input type="checkbox"/> Food Assistance               | <input type="checkbox"/> Treatment / Care                      |
| <input type="checkbox"/> General Assistance            | <input type="checkbox"/> Tutoring                              |
| <input type="checkbox"/> Health Care                   | <input type="checkbox"/> Other, please specify:                |
| <input type="checkbox"/> Health Promotion and Wellness |  |

6. What are the three most important *unmet* health/quality-of-life needs facing the population *your organization* serves? (Please rank in priority -- one being most important.)

(1)

(2)

(3)

7. What are the major barriers to improving the health/quality-of-life of the population you serve?

(1)

(2)

(3)

8. Identify the top three improvements that would enhance the health/quality-of-life for the population *you* serve.

(1)

(2)

(3)

9. What three *programs, organizations, or people* in your community have the most positive impact on the health/quality-of-life of the population *your organization* serves?

(1) Name:

Describe impact:

(2) Name:

Describe impact:

(3) Name:

Describe impact:

10. What three things can your community hospital(s) do to assist in improving the health/quality-of-life of your community?

(1)

(2)

(3)

11. General Comments: Is there anything else you feel is important for us to know about you or the community you serve?

11. (con't)

Would you or someone from your organization be willing to participate in:

- A phone survey regarding the issues covered here?  Yes  No
- A focus group regarding these issues?  Yes  No
- A community-wide task force regarding these issues?  Yes  No

Who else should we contact who has knowledge about the issues covered in this survey?

Name:

Address:

Phone:

Issue(s):

Name:

Address:

Phone:

Issue(s):

**PLEASE RETURN THIS SURVEY IN THE ENCLOSED ENVELOPE NO LATER THAN AUGUST 10, 1998. Again, thank you for taking time to help us in this effort; we hope it will also be of help to you.**

If you would like a personal copy or additional copies of the results of this survey, please give your name and mailing address below:

Your name:

Address:

**San Gabriel Valley Not-For-Profit  
Health Services Consortium  
1950 Third Street, La Verne, CA 91750**

**Appendix F**  
**San Gabriel Valley Not-for-Profit Hospital Consortium**  
**Participants in CHSMR Survey**



## San Gabriel Valley Not-for-Profit Hospital Consortium Hospital Participants in CHSMR Survey

**Mr. Chris Aldworth**

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**Ms. Eileen Diamond**

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**Ms. Mary Hubbard**

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**Ms. Marcia Jackson**

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**Ms. Cathy Kitsman**

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**Ms. Judy McAlister**

Marketing/Communications Coordinator  
Presbyterian Intercommunity Hospital  
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Whittier, CA 90602  
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FAX: 562/698-1728

**Ms. Annette Mercurio**

Manager, Health Education Services  
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**List of Hospitals Participating in CHSMR  
Community Needs Assessment**  
*Continued from previous page*

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**Ms. Sylvia Garcia-Novakoff**

Director Marketing & Community Outreach  
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Glendora, CA 91740  
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220  
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**Ms. Jackie Sharpe**

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# 1997 COMMUNITY BENEFITS REPORT UPDATE

**Huntington**

*East Valley Hospital*

An affiliate of Southern California Healthcare Systems

150 West Alostia Avenue  
Glendora, CA 91740-6207  
(626) 335-0231

## HUNTINGTON EAST VALLEY HOSPITAL 1997 COMMUNITY BENEFITS REPORT UPDATE

As stated in our 1996 Community Benefits Plan, the goal of Huntington East Valley Hospital is: "In cooperation with other healthcare partners, to provide health education, information, and accessible clinical services on topics deemed important as indicated by our community needs assessment."

We have made significant progress on three of six stated areas, with the foundation being laid to move forward on the remaining three:

### Non-Emergency Medical Care

**Objective:** Create new hospital-based, low-cost, easily accessible non-emergency medical services program.

**Results:** Implementation of "Fast Track Service," a low-cost medical program administered through the hospital's Emergency Services Department. FastTrack Service allows patients to access the expertise of ER physicians, and specially trained nurses at a lower, cost-effective rate. Patients with non-traumatic conditions, such as headaches, diarrhea, vomiting, etc., are the targeted population. Available 24 hours a day, seven days per week, treatment is cost-effective. In the last couple of months of 1997, special lower-cost cash pricing was established for this service. In 1997, the Emergency Department had 4,873 visit. Due to a new tracking process being in place in late 1997, it is unclear how many patients were seen in the ED for FastTrack Service. This problem has been alleviated for 1998 tracking.

*Partners:* Huntington East Valley Emergency Services Department personnel, feedback from area EMT's, other physicians, and the East Valley Emergency Medicine Group.

**1998 Plans:** More extensive outreach efforts are planned for this service. Publicity outlets include local family resource centers, churches and networking in the communities we serve.

### Women's Health

**Objective:** To identify and prioritize healthcare issues of particular importance to women in our service area and to offer appropriate education, information and clinical support. Through a committee of women from the community, including a psychologist, a school district nurse, a local businesswoman, a former school board member, a hospital administrator, a physician, a community leader and others, the following topics were identified and followed through for 1997:

**Results:** **TOPIC: NUTRITION**

*Activity:* **Balanced Weight Loss Seminar, April 5, 1997, 9 a.m. to 11 a.m.** Taught by a women's health physician, this workshop covered topics such as the

primary causes of weight gain in women; how obesity compromises health, review of fad diets; and sensible methods for determining which weight-loss program is appropriate for whom. Approximately 20 women attended this event.  
*Partners:* Sarah Stanton, M.D.; various weight-reduction companies.

**TOPIC: STRESS**

*Activity:* **Keys to Healthier Living, May 31, 1997;** 9 a.m. to 1 p.m. Relaxation through visualization, trigger-point therapy, aromatherapy and humor as therapy – all were topics for this half-day conference for women. Participating were a psychologist, a chiropractor and the owner of a day-spa. Keynote luncheon speaker was Diane Conway, author and humorist. Approximately 40 women attended this event.  
*Partners:* Allied Behavioral Health Services, Peaches & Cream Salon, Steven C. Mandell, D.C.; Diane Conway, speaker.

**TOPIC: BREAST CANCER/BREAST HEALTH**

*Activity:* **Construction and opening of The Hill Breast Center** on the campus of Huntington East Valley Hospital. At an expense to the hospital of approximately \$100,000, HEVH, in partnership with Congress Services and the Hill Radiology Medical Group, opened the Huntington Imaging Center/The Hill Breast Center. This center offers mammography, ultrasound-guided breast biopsy, among other services. In 1997, 531 women had breast-health services performed at this site.

*Partners:* Hill Radiology Medical Group, Congress Services and Huntington East Valley Hospital.

*Activity:* **Breast Health Awareness Day, October 18, 1997;** 9 a.m. to Noon. Dr. Kevin Kelly, director of breast imaging and supervising radiologist for mammography, was the keynote speaker at this morning event. Other topics included proper bra fit, breast self-exam education, and a tour of the hospital's new Hill Breast Center. Approximately 40 women attended this event.

*Partners:* Charter Communications, Lifetime Cable Network, The Hill Breast Center, Wellness Community - Foothills, the Cancer Center of Southern California, and the San Gabriel Valley American Cancer Society.

**1998 Plans:** Women and Good Health seminars will again focus on personal issues such as relaxation and stress-reduction (Spring 1998), along with breast health and mammography education through The Hill Breast Center (Fall 1998).

**Heart Disease**

**Objective:** Through community events and media relations, to educate, inform and screen community members to identify those at-risk of heart disease and to begin a thought process that will change health-threatening behaviors.

**Results:** *Activity:* **HeartWalk '97, November 16, 1997.** In cooperation with the Glendora Division of the American Heart Assn., Huntington East Valley Hospital's CEO, Jim Maki, along with several other hospital staff members, chaired and

implemented the second annual HeartWalk. More than 300 walkers participated in this event, which raised just under \$22,000 to help the AHA continue to disseminate information and co-sponsor health education events such as Heart Score, Jump Rope for Heart and others.

*Partners:* Glendora Division of the American Heart Association, local cardiologists and physicians, Glendora & Charter Oak School Districts, HEVH staff, other healthcare organizations, local media outlets.

*Activity:* **American Red Cross/NBC4 Health Fair Expo, April 12, 1997, 8 a.m. to 3 p.m.** For the sixth year in a row, Huntington East Valley Hospital was a site for this event, which reached approximately 700+ people. Screenings and health-education efforts targeted to heart disease included: nutrition, exercise, blood pressure, heart disease, healthy lifestyles and others.

*Partners:* American Red Cross, NBC4, Foothill Transit, Sav-On Drugs, the American Heart Assn., and approximately 50 other health-education exhibitors and screeners.

**1998 Plans:** To partner with the Glendora Division of the American Heart Association to launch a **multi-division HeartWalk**, and to provide leadership to this organization through staff participation at the Board level. Also, **to again host Health Fair Expo**, increasing the number of screenings and educational exhibits related to heart disease and heart health, such as stroke screenings, cholesterol reduction, the benefits of exercise, etc.

### HIV/AIDS/Sexually Transmitted Disease

**Objective:** Reduce the number of reported cases of sexually transmitted disease in junior high and high-school students within our service area.

**Results:** The topic of HIV, AIDS, and sexually transmitted disease is a sensitive one in Glendora and surrounding communities. Conversations with the Glendora Unified School District, for example, reveal that an approach "through a back door" (i.e. through churches and other youth-oriented organizations), rather than the school districts, would be necessary to disseminate information and provide education on these topics. A couple of different approaches had to be tabled.

**1998 Plans:** Further efforts to move this project forward, especially in relation to educating teens about issues of sexuality and STD's.

### Mental Health Services (Inpatient, Outpatient)

**Objective:** Increase the number of senior citizens (age 60+) within the East San Gabriel Valley served by the hospital's Senior Mental Health and Senior Care Network case management programs.

**Results:** Huntington East Valley Hospital attended several Senior Health Fairs, initiated a senior membership program (for persons 50+), made weekly site visits to local board and care/skilled nursing facilities to educate them about the mental health services provided by the hospital. In 1997, 259 patients were admitted to the

inpatient program, and 448 patients were admitted to the partial hospitalization program. In late 1997, the hospital began offering a semimonthly Caregiver's Support Groups, under the auspices of the Senior Mental Health Program. Hospital staff also participated in senior health fairs in Azusa, Glendora and smaller business-based sites in 1997.

*Partners:* Huntington East Valley Hospital Senior Mental Health Services, Huntington Memorial Hospital's Senior Care Network, area board and care facilities and skilled nursing facilities.

**1998 Plans:** In conjunction with the hospital's 50+ Health Connection senior membership program, senior mental health will continue to be focused topic. Support groups, such as the Caregiver's Support Group, will continue in 1998, as well as the hospital's involvement in the Glendora Healthy Cities Project, whose focus in caregivers for 1998.

## **Cancer**

**Objective:** To integrate clinical, educational and community outreach programs to educate, inform, screen, and facilitate treatment of community members and to begin a thought process that will change health-threatening behaviors.

**Results:** Construction, start-up of outpatient diagnostic imaging center (Spring 1997); implementation of Special Touch breast self-exam program (Spring 1997); serve as referral hospital, resource for the Cancer Center of Southern California (CCSC); publicize system-wide efforts in cancer-related support groups, educational seminars (all of 1997). participated in American Cancer Society's Daffodil Days fundraiser, as well as leadership for the local ACS board of directors by HEVH President and CEO, Jim Maki. As an affiliate of SCHS, HEVH cooperated with the CCSC to publish a quarterly newsletter to patients and family members in the San Gabriel Valley.

*Partners:* American Cancer Society, Hill Medical Radiology Group, other SCHS entities, Cancer Center of Southern California.

**1998 Plans:** The Cancer Center of Southern California, a program of Southern California Health Systems, is going to see many exciting changes in 1998, including an affiliation with the City of Hope in nearby Duarte. The partnership between these two entities promises to increase the clinical, educational and outreach activities in the San Gabriel Valley and beyond.

## **OTHER PROGRAMS:**

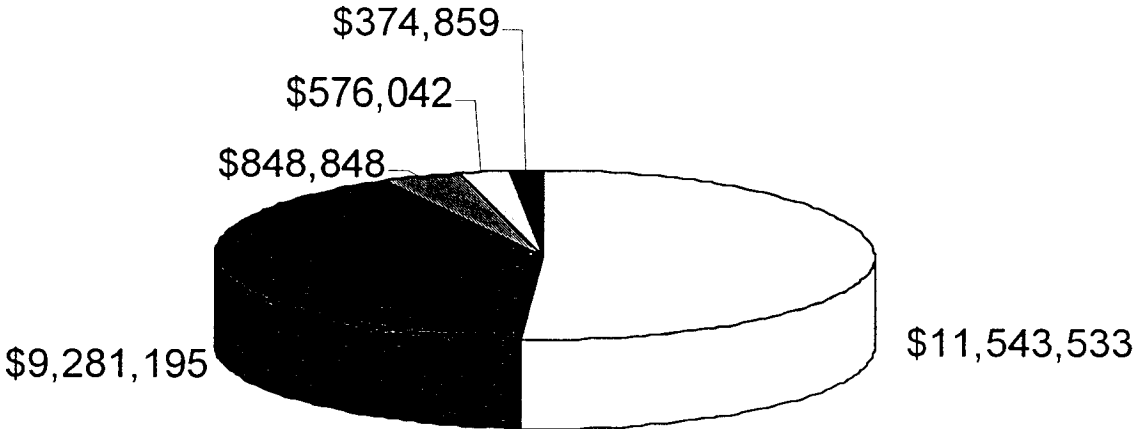
HEVH participated in numerous community-outreach projects, reaching a total of 8,000+ community members: Great Glendora Festival (October 1997); Wells Fargo community fair (July 12); Cinco de Mayo Health Fair co-sponsored by a local Spanish-language radio station (May 4); and the Wal-Mart Employee Health Fair, among others.

For more information on Huntington East Valley Hospital's Community Benefits Plan, please contact **Sylvia Garcia-Novakoff**, Director of Marketing & Community Outreach, at (626) 335-02131, ext. 220; Fax (626) 857-0251. Huntington East Valley Hospital is located at 150 W. Alosta Avenue, Glendora, CA 91740-6207.

## 1997 Community Benefits Financial Update

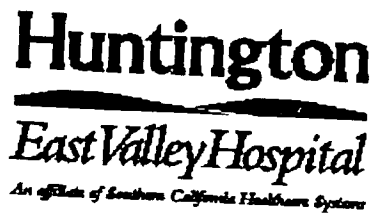
Medicaid Contractual Allowance	\$11,543,533
Medicare Contractual Allowance	\$ 9,281,195
Bad Debt	\$ 848,848
Charity Care	\$ 576,042
Community Health Education, Outreach and Programs	\$ 374,859
<b>Total:</b>	<b>\$22,624,477</b>

1997 Unreimbursed Community Care at HEVH



- Medi Cal Contractual Allowance
- Medicare Contractual Allowance
- Bad Debts
- Charity Care
- Community Health Education, Outreach and Programs





**Executive Summary**  
**Community Needs Assessment  
& Community Benefits Plan**

Prepared by:

Sylvia Garcia-Novakoff  
Director of Marketing/Public Relations

*To be submitted to OSHPD March 15, 1997*

## EXECUTIVE SUMMARY

In September, 1994, California SB 697 was passed into law and approved by Governor Pete Wilson. The "spirit of the legislation," according to the Office of Statewide Health Planning and Development's (OSHPD) Health Policy and Planning Division, is fourfold:

- Challenges hospitals to foster organizational commitment to the community-benefit process and in addressing targeted needs;
- Promotes collaboration, partnership and leadership in the community;
- Promotes creativity and innovation in addressing community needs; and
- Promotes efficient use of resources via collaborations and program evaluations.

In response to this legislative mandate, Huntington East Valley Hospital, following its affiliation with Pasadena, Calif.-based Southern California Healthcare Systems (SCHS) in April 1995, conducted a community needs assessment and developed a community benefits plan. The methodology, findings and results of this research is summarized here.

### *The community needs assessment: methodology*

The target area for the Huntington East Valley Hospital Community Needs Assessment and Community Benefits Plan was a 42-square-mile region consisting of Azusa, Glendora and San Dimas, totaling 44,116 households. The survey was implemented through a cooperative effort between the three hospital entities of SCHS, including Huntington East Valley, Huntington Memorial Hospital in Pasadena, Calif., and Methodist Hospital of Southern California in Arcadia.

The community needs assessment survey – including preparation, process and data analysis – was implemented between April and December 1995 with input by two committees:

- 1) A committee of hospital employees representing women's health, senior mental health, social services, education/performance improvement, emergency services, marketing/public relations, volunteer services and managed care; and
- 2) A task force of SCHS strategic planning and research personnel, plus community outreach and education directors from Huntington Memorial Hospital and Methodist Hospital, respectively.

In all, approximately 750 surveys were mailed to governmental, religious, social-service, law enforcement, and other agencies and organizations that serve the three-city area under study during the first week of October 1995. Ninety surveys were returned by the end of the month (a 14.6 percent return rate). Some completed surveys were then shared by the three hospital entities due to the duplication of agencies and/or organizations along the San Gabriel Valley corridor. As a result, an additional 41 surveys were gathered, bringing the total sample size for this study to 131.

***The community needs assessment: survey findings***

The goals of the written survey were to gauge "perceptions" of healthcare concerns and healthcare services in terms of importance, seriousness and adequacy. The main subheadings of the survey asked respondents for their perceptions of:

- health concerns
- health services
- mental health services
- substance abuse services
- seriousness of listed social concerns (i.e. domestic violence, sexual assault, etc.)
- healthcare information sources, and
- barriers to healthcare services.

It is interesting to note that some of the survey items considered important were *not* necessarily considered inadequately served. For instance, heart disease, lung disease and cancer were considered important but services to prevent and/or treat them were *not* considered inadequate.

It also should be noted that a large percentage of respondents marked "Don't Know" when asked about the importance and/or inadequacy of healthcare services and programs. This may relate to the fact that in responses to another survey question, "Lack of Information" about healthcare was ranked high (71.4%). This points Huntington East Valley to a twofold challenge of meeting healthcare needs *and* communicating those services to our community.

Based on the survey results, the four top healthcare concerns were:

**Healthcare Concerns Perceived Important**

- 1) Heart Disease (56.1%)
- 2) Cancer (50%)
- 3) HIV/AIDS (47.2%)
- 4) Stress (46%)

The top four healthcare services considered inadequate were:

**Perceived Inadequacy of Services in Preventing and/or Treating These Problems:**

- 1) HIV/AIDS (55.3%)
- 2) Sexually Transmitted Diseases (52.8%)
- 3) Stress (52.5%)
- 4) Nutritional Disorders (41.2%)

**Other Services**

Respondents were also asked to rate general health services, mental health services and substance abuse services in our community. In order of most inadequate, the services were:

- 1) Long-term hospitalization and/or residential care for the mentally disabled (53.3%)
- 2) Alcohol abuse prevention (52.1%)
- 3) Drug Inpatient/hospital treatment (52.1%)
- 4) Outpatient/clinic mental health counseling (51.2%)
- 5) Short-term hospital treatment for mental illness (50.4%)
- 6) Drug abuse prevention (50.4%)
- 7) Adult day care for the mentally ill (49.6%)
- 8) Nutritional counseling (46.7%)
- 9) Preventative clinic/outpatient medical care (45.1%)
- 10) Day care for the physically disabled (41.5%)
- 11) Non-emergency medical care (40.5%).

### ***The Community Benefits Plan***

Using the community needs assessment as a basis, and taking into consideration community input, present hospital programs, services and resources, a community benefits plan was drafted for 1996-97, focusing on the following healthcare concerns considered to be important and/or inadequately served in our communities:

- HIV/AIDS/Sexually Transmitted Disease
- Mental Health Services (Inpatient, Outpatient)
- Non-Emergency Medical Care
- Heart Disease
- Cancer, and
- Women's Health.

Input on the plan was solicited from the hospital's board of directors, the hospital's administrative team, department directors, employees, volunteers, the other SCHS hospital entities, and collaboration and discussion with other healthcare institutions in the East San Gabriel Valley. The community benefits plan will be evaluated on a six-month basis, beginning with June 1997, through the use of the hospital's performance improvement and continuous quality improvement processes.

Huntington East Valley Hospital's community outreach programs and services for 1996-97 will focus on the following goal, topics and objectives:

**Goal: In cooperation with other healthcare partners, to provide health education, information, and accessible clinical services to the community on topics deemed important by our community needs assessment.**

**Topic: HIV/AIDS/Sexually Transmitted Disease**

Objective: Reduce the number of reported cases of sexually transmitted disease in junior high and high-school students within our service area.

Activities: Dissemination of teaching tools to school teachers; seminars and workshops for students and parents.

Partners: Planned Parenthood East San Gabriel Valley, Glendora/Charter Oak Unified School Districts, American Red Cross/NBC 4 (Health Fair Expo).

**Topic: Mental Health Services (Inpatient, Outpatient)**

- Objective: Increase the number of senior citizens (age 60+) within the East San Gabriel Valley served by the hospital's Senior Mental Health and Senior Care Network case management programs.
- Activities: Senior health fairs, senior membership program, site visits to local board and care/skilled nursing facilities.
- Partners: Huntington East Valley Hospital Senior Mental Services, Huntington Memorial Hospital's Senior Care Network, area board and care facilities and skilled nursing facilities.

**Topic: Non-Emergency Medical Care**

- Objective: Create new hospital-based low-cost, easily accessible non-emergency medical services program.
- Activities: Implementation of "Fast Track Service," low-cost medical program through Emergency Services Department.
- Partners: Huntington East Valley Emergency Services Department and ICU/CCU physicians and nurses.

**Topic: Heart Disease**

- Objective: Through community events and media relations, to educate, inform and screen community members to identify those at-risk of heart disease and to begin a thought process that will change health-threatening behaviors.
- Activities: HeartWalk '96 and '97; HeartScore '97, American Red Cross/NBC4 Health Fair Expo, free blood-pressure screenings.
- Partners: American Heart Association, HEVH cardiologists, Glendora & Charter Oak School Districts, HEVH staff, other healthcare organizations, local media outlets.

**Topic: Cancer.**

- Objective: To integrate clinical, educational and community outreach programs to educate,

inform, screen, and facilitate treatment of community members and to begin a thought process that will change health-threatening behaviors.

Activities: Construction, implementation of outpatient diagnostic imaging center (Spring 1997); special diagnostic screenings for breast cancer (Spring, Fall 1997) and prostate cancer (September 1997); implementation of Special Touch breast self-exam program (Spring 1997); serve as referral hospital, resource for the Cancer Center of Southern California; support groups, educational seminars (Spring/Fall 1997).

Partners: American Cancer Society, Hill Medical Radiology Group, other SCHS entities, Cancer Center of Southern California, local Chambers of Commerce, local media outlets and others.

**Topic: Women's Health**

Objective: To identify and prioritize healthcare issues of particular importance to women in our service area and to offer appropriate education, information and clinical support.

Activities: Symposia, screenings, workshops on menopause, hormone replacement therapy, osteoporosis, stress, diet, nutrition; implementation of special "women's health" clinic.

Partners: American Menopause Foundation, various HEVH physicians and clinical specialists, other SCHS hospitals, American Psychological Association, managed-care providers.

# Community Needs Assessment Report & Community Benefits Plan

**Huntington**

***East Valley Hospital***

*An affiliate of Southern California Healthcare Systems*

150 W. Alostia Avenue  
Glendora, CA. 91740-6207  
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April 1, 1997



## EXECUTIVE SUMMARY

In September, 1994, California SB 697 was passed into law and approved by Governor Pete Wilson. The "spirit of the legislation," according to the Office of Statewide Health Planning and Development's (OSHPD) Health Policy and Planning Division, is fourfold:

- Challenges hospitals to foster organizational commitment to the community-benefit process and in addressing targeted needs;
- Promotes collaboration, partnership and leadership in the community;
- Promotes creativity and innovation in addressing community needs; and
- Promotes efficient use of resources via collaborations and program evaluations.

In response to this legislative mandate, Huntington East Valley Hospital, following its affiliation with Pasadena, Calif.-based Southern California Healthcare Systems (SCHS) in April 1995, conducted a community needs assessment and developed a community benefits plan. The methodology, findings and results of this research is summarized here.

### *The community needs assessment: methodology*

The target area for the Huntington East Valley Hospital Community Needs Assessment and Community Benefits Plan was a 42-square-mile region consisting of Azusa, Glendora and San Dimas, totaling 44,116 households. The survey was implemented through a cooperative effort between the three hospital entities of SCHS, including Huntington East Valley, Huntington Memorial Hospital in Pasadena, Calif., and Methodist Hospital of Southern California in Arcadia.

The community needs assessment survey – including preparation, process and data analysis – was implemented between April and December 1995 with input by two committees:

- 1) A committee of hospital employees representing women's health, senior mental health, social services, education/performance improvement, emergency services, marketing/public relations, volunteer services and managed care; and

2) A task force of SCHS strategic planning and research personnel, plus community outreach and education directors from Huntington Memorial Hospital and Methodist Hospital, respectively.

In all, approximately 750 surveys were mailed to governmental, religious, social-service, law enforcement, and other agencies and organizations that serve the three-city area under study during the first week of October 1995. Ninety surveys were returned by the end of the month (a 14.6 percent return rate). Some completed surveys were then shared by the three hospital entities due to the duplication of agencies and/or organizations along the San Gabriel Valley corridor. As a result, an additional 41 surveys were gathered, bringing the total sample size for this study to 131.

***The community needs assessment: survey findings***

The goals of the written survey were to gauge "perceptions" of healthcare concerns and healthcare services in terms of importance, seriousness and adequacy. The main subheadings of the survey asked respondents for their perceptions of:

- health concerns
- health services
- mental health services
- substance abuse services
- seriousness of listed social concerns (i.e. domestic violence, sexual assault, etc.)
- healthcare information sources, and
- barriers to healthcare services.

It is interesting to note that some of the survey items considered important were *not* necessarily considered inadequately served. For instance, heart disease, lung disease and cancer were considered important but services to prevent and/or treat them were not considered inadequate.

It also should be noted that a large percentage of respondents marked "Don't Know" when asked about the importance and/or inadequacy of healthcare services and programs. This may relate to the fact that in responses to another survey question, "Lack of Information" about

healthcare was ranked high (71.4%). This points Huntington East Valley to a twofold challenge of meeting healthcare needs *and* communicating those services to our community.

Based on the survey results, the four top healthcare concerns were:

### **Healthcare Concerns Perceived Important**

- 1) Heart Disease (56.1%)
- 2) Cancer (50%)
- 3) HIV/AIDS (47.2%)
- 4) Stress (46%)

The top four healthcare services considered inadequate were:

### **Perceived Inadequacy of Services in Preventing and/or Treating These Problems:**

- 1) HIV/AIDS (55.3%)
- 2) Sexually Transmitted Diseases (52.8%)
- 3) Stress (52.5%)
- 4) Nutritional Disorders (41.2%)

### **Other Services**

Respondents were also asked to rate general health services, mental health services and substance abuse services in our community. In order of most inadequate, the services were:

- 1) Long-term hospitalization and/or residential care for the mentally disabled (53.3%)
- 2) Alcohol abuse prevention (52.1%)
- 3) Drug Inpatient/hospital treatment (52.1%)
- 4) Outpatient/clinic mental health counseling (51.2%)
- 5) Short-term hospital treatment for mental illness (50.4%)
- 6) Drug abuse prevention (50.4%)
- 7) Adult day care for the mentally ill (49.6%)
- 8) Nutritional counseling (46.7%)
- 9) Preventative clinic/outpatient medical care (45.1%)

- 10) Day care for the physically disabled (41.5%)
- 11) Non-emergency medical care (40.5%).

***The Community Benefits Plan***

Using the community needs assessment as a basis, and taking into consideration community input, present hospital programs, services and resources, a community benefits plan was drafted for 1996-97, focusing on the following healthcare concerns considered to be important and/or inadequately served in our communities:

- HIV/AIDS/Sexually Transmitted Disease
- Mental Health Services (Inpatient, Outpatient)
- Non-Emergency Medical Care
- Heart Disease
- Cancer, and
- Women's Health.

Input on the plan was solicited from the hospital's board of directors, the hospital's administrative team, department directors, employees, volunteers, the other SCHS hospital entities, and collaboration and discussion with other healthcare institutions in the East San Gabriel Valley. The community benefits plan will be evaluated on a six-month basis, beginning with June 1997, through the use of the hospital's performance improvement and continuous quality improvement processes.

Huntington East Valley Hospital's community outreach programs and services for 1996-97 will focus on the following goal, topics and objectives:

**Goal: In cooperation with other healthcare partners, to provide health education, information, and accessible clinical services to the community on topics deemed important by our community needs assessment.**

**Topic: HIV/AIDS/Sexually Transmitted Disease**

**Objective:** Reduce the number of reported cases of sexually transmitted disease in junior high and high-school students within our service area.

**Activities:** Dissemination of teaching tools to school teachers; seminars and workshops for students and parents.

Partners: Planned Parenthood East San Gabriel Valley, Glendora/Charter Oak Unified School Districts, American Red Cross/NBC 4 (Health Fair Expo).

**Topic: Mental Health Services (Inpatient, Outpatient)**

Objective: Increase the number of senior citizens (age 60+) within the East San Gabriel Valley served by the hospital's Senior Mental Health and Senior Care Network case management programs.

Activities: Senior health fairs, senior membership program, site visits to local board and care/skilled nursing facilities.

Partners: Huntington East Valley Hospital Senior Mental Services, Huntington Memorial Hospital's Senior Care Network, area board and care facilities and skilled nursing facilities.

**Topic: Non-Emergency Medical Care**

Objective: Create new hospital-based low-cost, easily accessible non-emergency medical services program.

Activities: Implementation of "Fast Track Service," low-cost medical program through Emergency Services Department.

Partners: Huntington East Valley Emergency Services Department and ICU/CCU physicians and nurses.

**Topic: Heart Disease**

Objective: Through community events and media relations, to educate, inform and screen community members to identify those at-risk of heart disease and to begin a thought process that will change health-threatening behaviors.

Activities: HeartWalk '96 and '97; HeartScore '97, American Red Cross/NBC4 Health Fair Expo, free blood-pressure screenings.

Partners: American Heart Association, HEVH cardiologists, Glendora & Charter Oak School Districts, HEVH staff, other healthcare organizations, local media outlets.

**Topic: Cancer.**

- Objective: To integrate clinical, educational and community outreach programs to educate, inform, screen, and facilitate treatment of community members and to begin a thought process that will change health-threatening behaviors.
- Activities: Construction, implementation of outpatient diagnostic imaging center (Spring 1997); special diagnostic screenings for breast cancer (Spring, Fall 1997) and prostate cancer (September 1997); implementation of Special Touch breast self-exam program (Spring 1997); serve as referral hospital, resource for the Cancer Center of Southern California; support groups, educational seminars (Spring/Fall 1997).
- Partners: American Cancer Society, Hill Medical Radiology Group, other SCHS entities, Cancer Center of Southern California, local Chambers of Commerce, local media outlets and others.

**Topic: Women's Health.**

- Objective: To identify and prioritize healthcare issues of particular importance to women in our service area and to offer appropriate education, information and clinical support.
- Activities: Symposiums, screenings, workshops on menopause, hormone replacement therapy, osteoporosis, stress, diet, nutrition; implementation of special "women's health" clinic.
- Partners: American Menopause Foundation, various HEVH physicians and clinical specialists, other SCHS hospitals, American Psychological Association, managed-care providers.

## I. SOUTHERN CALIFORNIA HEALTHCARE SYSTEMS

### Mission Statement

Southern California Healthcare Systems is committed to serving the people of Southern California by being the preeminent health delivery corporation, which integrates all types of healthcare services, and which functions as a unified system, whose affiliates and subsidiaries collaborate on behalf of those communities seeking our services to improve their health status. As a nonprofit corporation, Southern California Healthcare Systems maintains its charitable purpose in its patient care, education, and research programs.

Specifically, it pursues this mission by:

- providing a network of high quality and efficient services for disease prevention, early diagnosis, acute and chronic treatment, rehabilitation, and palliative care; which enables medically-necessary care in the most appropriate setting.
- establishing partnerships with physicians in ways which align physicians, hospitals, and payors.
- seeking long term relationships with payors by demonstrating superior clinical outcomes and convenient, patient-friendly services at competitive prices.
- participating in appropriate alliances with other integrated delivery systems.
- developing and using its resources as effectively as possible, and, managing its business affairs responsibly, in order to assure the financial base required to serve in the future while meeting current needs.

### **Definition of Health**

Recognizing the diversity among the communities served by the Huntington East Valley Hospital, many different definitions of health may apply. Therefore, it is important that our strategies and services take into consideration the unique social, economic and environmental assets of each community.

Southern California Healthcare Systems and its affiliated hospitals believe that health results from the proper care of the mind, body and spirit. We believe that through an integration of medical, social and community initiatives a healthier community can be achieved. As a leader in the delivery of healthcare, our role is to serve as a partner, advocate and facilitator of this process.



### **Southern California Healthcare Systems Facts**

Southern California Healthcare Systems (SCHS) is a non-profit, integrated healthcare delivery system formed in 1992 to provide a comprehensive continuum of high quality, cost effective healthcare services to residents of the San Gabriel Valley, a large, 29-city area northeast of Los Angeles.

Headquartered in Pasadena, SCHS is composed of three non-profit, general acute hospitals with nearly 1,100 acute beds; two skilled nursing facilities with 131 beds; a medical foundation; physician practice and IPA management companies; and affiliated companies with laboratories, pharmacies, imaging centers and home care. SCHS hospitals have over 1,500 physicians on staff and nearly 3,500 employees. Annual net operating revenues for SCHS total approximately \$380 million. Because SCHS is non-profit, any surpluses are returned to the community in the form of replacement facilities, new patient programs, education and research.

SCHS hospital entities include: Huntington Memorial Hospital (HMH) in Pasadena, a 103-year-old, 606-bed regionally oriented, full-service tertiary hospital; Methodist Hospital of Southern California in Arcadia, a 92-year-old, 347-bed general acute hospital; Huntington East Valley Hospital in Glendora (formerly Glendora Community Hospital), a 128-bed general acute hospital. In May 1995, SCHS announced the first step in a process to fully affiliate with Beverly Hospital in Montebello, a 212-bed general acute care facility.

Because it is referred to as an *integrated healthcare delivery system*, SCHS is committed to integration of all types of healthcare services, facilitated through relationships among hospitals, physician groups and other health providers. Functioning as a unified system, SCHS affiliates and subsidiaries collaborate on behalf of their communities, allowing patients and

physicians, employers and insurance companies a wide range of options for care throughout the entire San Gabriel Valley.

According to SCHS President and CEO Fred Meyer, "By reducing our cost structure and eliminating administrative burdens, we can turn out dollars to patient care programs and be very competitive in this managed care environment." (Source: Southern California Healthcare Systems, 1995)

## II. HOSPITAL – SPECIFIC

### **Huntington East Valley Hospital Mission Statement**

In partnership, the medical staff, allied health professionals, employees, and volunteers of Huntington East Valley Hospital are dedicated to serving the people of the east San Gabriel Valley by providing high quality healthcare, in a caring, compassionate and friendly environment. As a nonprofit subsidiary of Southern California Healthcare Systems, the hospital's programs are responsive to the healthcare and educational needs of east San Gabriel Valley communities, while also offering access to a full range of services in an integrated delivery system.

We pursue this Mission by fostering these Values:

- Convey Honesty, Integrity, and Respect in all of our actions;
- Learn what is most important to those we serve and actively seek to continuously improve our service;
- Accept personal responsibility to broaden individual knowledge and skills, enhancing our overall performance;
- Promote teamwork through group planning, cooperative problem solving, and effective communication;
- Recognize each other for exceptional service and celebrate successes;
- Build financial strength for the future to ensure our continued ability to serve the east San Gabriel Valley; and
- Develop plans and actions to meet the changing needs of the health care environment.

## **Board of Directors Reaffirmation of Mission Statement**

June 18, 1995.

### **Huntington East Valley Hospital Facts**

Huntington East Valley Hospital has provided quality healthcare services for more than 35 years to residents in Glendora and the East San Gabriel Valley. The hospital first opened its doors on May 22, 1958 as Glendora Community Hospital, the city's first hospital. It was then a 76-bed hospital. Today, Huntington East Valley is a 128-bed acute care hospital that is fully accredited by the Joint Commission on the Accreditation of HealthCare Organizations (JCAHO); the Emergency Department is certified by the American Heart Association and the laboratory is accredited by the College of American Pathologists. Accreditation by JCAHO is a voluntary process supported by the American College of Surgeons, American Hospital Association and the American Medical Association, and this demonstrates the hospital's strong commitment to the highest standards of medical care.

In April 1995, Huntington East Valley became part of Southern California Healthcare Systems, creating an integrated healthcare delivery system spanning the San Gabriel Valley corridor and beyond. Huntington East Valley now has as sister hospitals: Huntington Memorial Hospital in Pasadena, and Methodist Hospital of Southern California in Arcadia. Together, this healthcare system provides access to more than 2,000 physicians and more than 100 specialty programs and services.

### **Huntington East Valley Hospital Programs and Services**

Full-service Hospital (Accredited, Joint Commission on the Accreditation of HealthCare Organizations)

24-Hour Emergency Services – Physician on Duty (American Heart Association approved)

"Babies Are Special" Comprehensive Perinatal Services Program

Cardio-Pulmonary Services – Inpatient and Outpatient

Clinical Laboratory – Inpatient and Outpatient (Accredited, College of American Pathologists)

Community Education

CT Scanner

Diagnostic & Therapeutic Services

Echocardiography

Family Centered Maternity Care

FastTrack Service (Non-emergency, after-hours care)

General Surgery

Home Health Care

Inpatient and Outpatient Services

Intensive Care/Coronary Care Unit (Approved - American Heart Assn.)

Laser Eye Surgery

Mammography

Nuclear Medicine

Nutritional Services

Pharmacy Services

Physical Therapy

Physician Referral Service

Radiology

Respiratory Therapy

Same-Day Surgery

Senior Mental Health Services – Inpatient & Outpatient

Snoring & Sleep Disorders Center

Social Services/Discharge Planning

Volunteer Services

### **Description of the Huntington East Valley Hospital Community**

The area addressed for the Huntington East Valley Hospital Community Needs Assessment is a 42-square-mile area consisting of Azusa, Glendora (2 zip codes), and San Dimas totaling 44,116 households. As a whole, these communities have a population of 139,323 as of 1994. Since 1990, there has been a growth of 4.3% and it is estimated that by 1999 there will be a 2.7% growth in population.

The four zip code area has an overall average household income of \$57,536, with Glendora (91741) having the highest household income average of \$70,481 and Azusa the lowest at \$42,411. Azusa also has the largest number of households (1,750 or 4.0%) with income lower than \$10,000 and the largest number of households (1,954 or 4.4%) with income between \$10,000 - \$19,999. Considering all four zip codes, 7.9% of the households have incomes lower than \$10,000 and 9.4% of the households have incomes between \$10,000 - \$19,999.

The dominant age group for this four zip code area is the 25 - 34 year olds equaling 23,739 or 17.0% of the total population. This group is followed closely by the 35 - 44 year olds with 22,102. The age group with the fewest members is the 65+ year olds with only 12,399 or 8.9%.

Ethnically speaking, the white population dominates in total numbers with 80,893 or 58.1% of the total population. The next largest ethnic group is Hispanic with 47,775 (34.3%) people. The "other" ethnic population encompasses all other ethnic groups excluding white, black, Asian and Hispanic and only numbers 174. The black population had the lowest total numbers of only 1,891 people or 1.4% of the population residing in this four zip code area. San

Dimas has the highest white population, Azusa the highest black, Asian, Hispanic and other populations.

Azusa also has the highest number of unemployed at 2,225 or 55.8% of the total. Glendora (91741) the least with 537. These numbers correlate with the educational levels observed; Azusa has the greatest population obtaining a high school diploma as the highest level of education. San Dimas has the largest number of people holding a 4+ year degree. The overall average for completed years in school is 13.4 years.

These four zip codes do not have a high cumulative number of people having been diagnosed with AIDS. Only 102 cases have been diagnosed as of March 1995. Of this number, there are only 39 people living with AIDS in this four zip code area.

Analyzing the population on public assistance, Azusa far outnumbers (10,794) the remaining three zip codes regarding the total on AFDC, Food Stamps, MediCal and General Relief. The next highest zip code is Glendora (91740) with 2,933. Overall, there are 15,409 people receiving some type of public assistance with most of the assistance being in the form of AFDC-FG.

For further review of the above statistics, please see Appendix D: Demographics of service area studied. (Source: Inforum, United Way of Greater Los Angeles)



## Community Benefits Inventory

In 1994, Huntington East Valley Hospital spent approximately \$756,525 on community health needs. Following is a breakdown and description of those dollars:

### COMMUNITY HEALTH EDUCATION

Huntington East Valley Hospital recognizes its responsibility to provide health education, endorse early detection/prevention of disease, and promote healthy lifestyles within the community. A community outreach program is comprised of screenings/health fairs, referral services, classes and lectures/hospital tours. Many programs targeted the needs of senior citizens and expectant mothers due to the demand in the community.

***Red Cross Health Fair Expo.*** The hospital was very proud to be chosen by the Red Cross to participate in their annual Health Fair Expo. As a site, the hospital served between 675 to 750 people during the six hour fair. The emphasis was to promote disease prevention and detect potential disease in early stages through screenings and education.

In April, 1994, the hospital provided various health screenings including vision, glaucoma, blood profile, blood pressure, body fat analysis, skin cancer, pulmonary function, dental, hearing and chiropractic exam. All screenings were free (except for a nominal charge for the blood profile) and exhibitors were restricted from marketing or selling products or services.

Additionally, information was disseminated on a variety of health risks and care such as heart disease, strokes, correct use of pharmaceuticals, nutrition and pre-natal care, through brochures, videos and demonstrations. Community organizations and agencies i.e. fire dept.,

American Cancer Society and health maintenance organizations participated by staffing booths and providing health informational materials.

***The Great Glendora Festival.*** In October, the staff of the cardio-respiratory department had a booth where they screened the lung function of approximately 150 people at the Great Glendora Festival, a community fair organized by the Chamber of Commerce.

***Free Blood Pressure Testing:*** In emergency room, free blood pressure testing is provided 24-hours a day, 7 days a week to the public. Public response averaged 30 tests per month in 1994.

***Free Senior Flu Clinic.*** The hospital held two clinics in September & October which combined, inoculated approximately 500 patients against the flu.

***Medical Explorer Program.*** In conjunction with Boy Scouts of America, this program gave 28 honor students from local high schools an opportunity to gain knowledge by observing and helping health professionals in action. The idea of the program was to allow students who aspire to pursue a future career in the medical field to get an early grasp on what is happening in the ever-changing field. Special medical techniques, instructional videos, or guest speakers were provided for their weekly 1 1/2-hour meeting and field trips were occasionally arranged. For example, Explorers observed a dermatologist demonstrate how to stitch a wound, a hip replacement surgery on a dog and a cadaver. Although the Explorer group operated on their own

budget, the hospital provided the meeting room, a director, three adult advisors, educational materials and the training opportunities.

***Senior Mental Health Program.*** The Geropsych department designed the Senior Mental Health program to be a resource to the community. Being a resource included giving extensive referrals, providing a speaker's bureau and working with other groups i.e. Chamber of Commerce and county mental health agencies to identify potential problems in the community and ways to deal with them. The Speaker's Bureau provided speakers who lectured on a variety of topics relevant to senior mental health at non-profit organizations, civic groups and facilities for the elderly.

***Geropsych Department Open House.*** On May 18, 1994, the Geropsych Department held an open house in order to educate the public on the special needs of the elderly and inform them of the services available to meet those needs.

***Maternity Teas.*** For expectant couples, the hospital hosted monthly teas during 1994 in the auditorium and gave a tour of the maternity unit in order to educate them about their pregnancy and make them more comfortable with the process. Two staff members were present to give a tour of OB department, interact with the expectant parents and answer questions.

***OB Department Open House.*** On October 19, 1994, the hospital held an open house of the OB Department. Tours and appetizers were provided to more than 200 people from the community.

***Childbirth Preparation Classes.*** This class covered Lamaze instruction, relaxation techniques, emotional aspects of the child-bearing year, caesarean births, breastfeeding and newborn care. Eight sessions of this five-week course were held in 1994.

***Hospital Tours.*** The hospital gave area second grade students an opportunity to learn more about hospitals by giving them a tour of our facilities. The program started with a lecture in the Auditorium attended by staff members for 1 1/2 hours, and concluded with a brief tour of the hospital. Students were given refreshments and a grab bag filled with surgical hats, booties, masks and a hospital-type coloring book.

***1994 EMS Week.*** During Emergency Medical Services (EMS) Week in late April, the hospital hosted a luncheon for the local paramedics in our auditorium in order to show our support and appreciation.

Also, the hospital provided special EMS flyers informing the public on use of the 911 emergency system and CPR techniques. Flyers were distributed through the library, senior center, and other community organizations.

*Career day participation and community lectures.* The hospital staff supported the community by participation in career days at local high schools and giving interviews to college students working on research projects in the healthcare field.

*X-Ray Halloween Candy.* As a community service, we x-ray Halloween candy to look for foreign objects and ease the fears of anxious parents.

## VALUE/COSTS ASSOCIATED WITH COMMUNITY HEALTH EDUCATION

### HEALTH FAIRS/SCREENINGS

Direct Expenses	\$ 41,167
Staff Hours	703
Volunteer Hours	440
Physician Hours	24
Number of People Served	1,760

**HEALTH EDUCATION CLASSES/  
LECTURES/TOURS**

Direct Expenses	\$ 28,031
Staff Hours	890
Number of People Served	2,713

**TOTALS**

Direct Expenses	\$69,198
Staff Hours	1,593
Volunteer Hours	440
Physician Hours	24
Number of People Served	4,473

**PROFESSIONAL MEMBERSHIPS**

As a member of our community, Huntington East Valley Hospital supported employee and physician involvement in community organizations. This involvement included active planning and participation in community events like the Great Glendora Festival, assisting in preparedness for possible disaster through disaster drills and education, and being members in civic clubs in the area.

Examples of hours spent in these activities include:

- Member, San Gabriel Valley Nurse Managers.

- Member, Perinatal Social Workers Association.
- Member, Southern California Assn. of Directors of Volunteer Services (SCADVS).
- Member, Glendora Coordinating Council
- Member, Foothill Health Advisory Committee - purpose of committee was to share and disseminate information between Healthcare facilities.
- Member, Kiwanis Club.
- Member, Glendora Chamber of Commerce.

## **IN-KIND SUPPORT**

The hospital incurred other costs associated with providing community benefits. For instance, our facilities were often loaned to community groups, healthcare professionals and non-profit organizations for meetings and seminars at no or minimal charge.

***AA Meetings.*** The local chapter of Alcoholic Anonymous held a three-hour meeting every Saturday night in the hospital's auditorium.

***Civic Organizations.*** In order to support our community, the hospital provided meeting space to non-profit and community organizations. The Glendora Chamber of Commerce and the Kiwanis Club took advantage of our facilities for meetings. Also, the Hospital funded the printing of annual booklets for the Glendora Historical Society.

***Healthcare professionals.*** The hospital meeting space was also used for classes and lectures by doctors and healthcare organization on such topics as eye surgery and financial planning for senior citizens.

We estimate the total value of this in-kind support to be \$26,500.



## CHARITY CARE

In an effort to meet the health care need of this area, Huntington East Valley Hospital provided care without charge to members of the community. Charity care totaled \$ 337,419 in 1994 and included uninsured patients, insurance coverage shortfalls, and bad debt write-offs. In addition to this direct support, the hospital programs provided more than \$8,000 in charity care through the following programs:

***Community Flu Shots.*** In addition to the flu clinic, the emergency room offered free flu shots to the public.

***OB Giveaways.*** Beginning in February, 1994, every mother who delivered a baby at the hospital received a stroller or car seat. We estimate over 600 families were provided with these items.

***Tray favors.*** On certain holidays, volunteers create small gifts delivered to the patients on their meal tray. This service covered eight holidays and served 40 to 60 patients per holiday.

***Baby Quilts.*** The hospital disseminated baby quilts donated by ABC Quilts to underprivileged families of newborns.

***Food Drives.*** The hospital's human resources department organized charity drives for food and toys at Thanksgiving and Christmas. Food Baskets donations are given to the Glendora Coordinating Council for distribution to needy families.

## **DIRECT PATIENT SUPPORT**

Huntington East Valley Hospital provided its patients with many support services which are not mandated. These services were created to meet the patient's individual needs including their spiritual, mental and emotional needs.

***Social Services.*** The social worker may assist in discharge planning, may assist as families struggle with medical decisions, and may provide supportive services to encourage both physical, mental, emotional and spiritual health. This service was available at any time of the day. Cost of this service in 1994 is estimated to have been \$ 57,700.

***Language Line.*** Translation services were provided to non-English speaking patients through use of the AT&T Language Line service.

Cost of the language line in 1994 was \$ 600.

***Volunteer Department.*** The volunteer department continues to be instrumental in coordinating and motivating the community volunteers who help our patients and our community. In 1994, 4,009 hours of service were given by volunteers at Huntington East Valley Hospital. Value of this service was \$ 40,090. Cost of maintaining a Volunteer Department was \$ 17,200.

***Medical Explorer Volunteers.*** Scouts in the Medical Explorer program (detailed in the Community Health Education section above) were assigned to various departments ( physical therapy, gero-psych, maternity, laboratory, medical records, and ER) all year. They performed

clerical tasks or supported care-giving such as feeding babies in maternity. Explorers volunteered 6 to 7 hours per week, approximately 300 hours annually, valued at \$3,000.

***Patient grooming.*** Volunteers from Citrus College Cosmetology Department came every other week to the Geropsych ward to groom patients by providing manicures and hair styling. This service benefitted the patient by raising their morale and confidence. Students volunteered approximately 208 hours, valued at \$ 2,080. We spent more than \$400 to support this program.

***Paramedic support.*** Our ER provides free food to the paramedics and restocks their supplies. The cost of this service averages \$300 per month, for an annual total of \$ 3,600.

***Bible Ministry.*** Volunteers visited patients to provide inspirational support through audio tapes of the Bible. This service was brought to the patient's room, one day a week. In 1994, volunteers spent 39 hours, valued at \$ 390, on this service.

## **EDUCATION AND TRAINING OF HEALTH PROFESSIONALS**

Huntington East Valley Hospital is dedicated to the education of health care professionals by providing clinical experience and support for students and supplying continuing education to our staff through in-house training and outside education and seminars.

***EMT Student training.*** Students from East San Gabriel Valley Regional Occupation Program (ROP) were given clinical training in our emergency room. The student followed the RN or technician who instructed them in procedures and practices. The students were not paid by the hospital and earned the credit hours they needed for their certification. In 1994, four students per week worked eight shifts each. Total time spent in the EMS training program was 1,664 hours.

***In-house Continuing Education.*** The hospital was approved to provide continuing education to its professional staff. Classes were provided on many special topics including management assaultive behavior, Alzheimer's disease, antibiotic update and issues of sexuality/grief and loss for elderly patients, in addition to standard classes such as CPR, neo-natal resuscitation, and advance coding.

***Outside professional training.*** The hospital also funds outside education classes and industry seminars costs for the staff. The cost of outside professional training in 1994 was \$ 22,175.

***Medical Library & Physician Training.*** The hospital houses a medical library. Subscriptions for the medical staff totaled \$1,400 in 1994. The hospital was certified by the California Medical Association to provide training to any physician. A staff member spent a significant amount of time on coordinating the educational programs sponsored by the medical staff and maintaining the hospital's certification. The cost of this service is estimated to have been \$6,000.

***Dues and Subscriptions.*** The hospital paid staff members' dues to professional organizations and supplied selected health-related or community publications. In 1994, the cost of this service was \$75,940.

**Total expenses for the education and training of hospital staff was \$ 84,833.**

### III. COMMUNITY NEEDS ASSESSMENT

#### Methodology

Huntington East Valley's community needs assessment was implemented through a cooperative effort between two task forces:

- 1) An internal hospital task force comprised of representatives from the following areas: social services, social services, education/performance improvement, managed care, senior mental health, marketing & public relations, volunteer services and others; and
- 2) A task force of community outreach and education representatives from the two other hospital entities of Pasadena, Calif.-based Southern California Healthcare Systems (SCHS), including Huntington Memorial Hospital in Pasadena, Calif., and Methodist Hospital in Arcadia, Calif. Huntington East Valley became an SCHS affiliate in April 1995 and soon thereafter was brought into the community needs assessment process.

Numerous meetings between the hospital representatives and SCHS resulted in an agreed-upon emphasis to assess community health needs in the primary service areas for all three hospitals. For Huntington East Valley, the three primary service cities are Glendora, Azusa and San Dimas. Secondary Huntington East Valley service cities are Duarte, Covina, West Covina and Baldwin Park (please see map, Appendix E ). The identification of the primary service areas

was made through information on hospital discharges and other demographic data (SCHS, April 1995).

### *The Instrument*

After months of collaboration, it was concluded that the primary needs assessment tool would be a written survey. The questionnaire was designed by pulling concepts from various sources, including the United Way (1995), PATCH (Planned Assistance to Community Health), and "Healthy People 2,000" (U.S. Department of Health and Human Services, 1994), a nationwide study of health promotion and disease prevention objectives, among others.

The final survey format was identical for the three hospitals, with the exception of closing comments asking respondents for future participation in focus groups (HEVH) and community meetings (Huntington Memorial). Methodist Hospital was slated to do, instead, depth interviews with selected community leaders. The main subheadings of the survey included respondents' perceptions of : health concerns, health services, mental health services, substance abuse services, seriousness of named social concerns (i.e. domestic violence, sexual assault, drop-out rate of students, etc.), health care information sources, and barriers to health care services. Scales used gauged adequacy (Don't Know Inadequate, Adequate), importance (Don't Know, Moderately, Very), frequency of use (Never Used, Occasionally, Frequently), and seriousness (Don't know, Not Serious, Serious).

Approximately 750 surveys were mailed the first week of October 1995 and responses were requested by month's end. Ninety surveys were returned, or 14.6 percent. Some completed surveys were later shared by all three hospitals due to the duplication of agencies and/or

organizations along the San Gabriel Valley corridor. As a result of this, an additional 41 surveys were gathered from the other two hospitals, bringing the total sample size for this study to 131.

### ***The Sample***

Based on the experience of the United Way, in efforts to get a "big picture" of community health needs, surveys were mailed to area "service providers," defined as agencies and/or organizations that provide education, governmental, social-service and/or religious support to wide populations within the service areas (United Way 1995). Service providers included in this survey were: realty companies, schools (both public and private), churches, healthcare facilities, top employers, civic and service organizations, city dignitaries, chamber of commerce directors, city department and division heads, U.S. and state congressmen, federal and county social-service agencies, and law enforcement and fire officials. Mailing lists were gathered from city halls, social-service agencies, chambers of commerce and telephone directories for all three cities.

### ***Measures***

Dependent variables of importance in the survey include perceived importance of health care issues, perceived adequacy of prevention/treatment of these problems, perceived adequacy of health services, perceived adequacy of mental health services, perceived adequacy of substance abuse services, and perceived seriousness of numerous social concerns. Of special interest to this study are groups of questions related to sources of health care information



(Section F, Questions 45-58) and perceived seriousness of barriers to service (Section G, Questions 59-72). For health care information sources, respondents used a scale of "Never Used (0)," "Occasionally (1)," and "Frequently (2)." Open-ended comments regarding barriers and/or problems with health care services also were solicited at the end of the survey.

Independent variables of interest are type of agency or organization, level of operation (ranging from neighborhood level to national level), and characteristics of target population (if any) served by that agency/organization, including ethnicity, income, age, gender, disabilities (if any) and disease/condition emphasized (if any).

In addition to the quantitative portion of question G: Barriers to Service, respondents were invited to comment freely on the open-ended question "Any additional comments on barriers or problems with healthcare in our community?" Of the 131 completed surveys, 38 (29%) included such qualitative comments.

Three general comment categories emerged from these comments based on the nature and emphasis of their message: "Low Cost Health Care Services/Eligibility Requirements," "Lack of Specialty Services/Care," and "Lack of Information About Available Care." The category names were taken from question G headings. Each of the comments was recorded and then grouped into the most appropriate category. In the event that a comment was found to contain messages that could possibly fit more than one category, the comment was assigned to the category which most accurately encompassed its main point.

Each category has been listed with a definition of what it includes, the total number of comments assigned to it, the percentage of comments assigned to that category based on the total number of comments received, and the percentage of comments assigned to that category based

on the total number of surveys received. Following each category and its rate of response details is a selection of examples of the comments received that were assigned to that category. The comment samples were selected based on content (i.e. not repetitious, specifically defined), level of organizational operation, and degree of clarity.

### **Data Analysis**

An SPSS command file was written for the survey for statistical analysis of the data. Each response was coded, and in all cases the number "9" denoted a missing value. The probability level was set at 95 percent, with a sampling error of 0.5. Several statistical tests were conducted under the heading of "descriptive statistics," including percentages and bar charts (see Appendix for overview of results, and complete data run).

### **Preliminary Findings**

The preliminary findings of the community needs assessment survey will be presented as a summary of results. The total number of returned questionnaires was 131. The data of the survey was analyzed by a statistical computer software program (SPSS) Following is a summary of the results.

#### ***Description of responding agencies/organizations.***

Regarding categories that best describe the agency/organization, almost a third of the respondents described themselves as human services. The second most frequently checked category was education, and the category mostly identified after that was healthcare. The level

of operation that the agencies/organizations operate on was almost equally broken up between city level, regional level, national level and county level. (Only a few respondents operate on neighborhood, state or all levels.)

***The populations served by those agencies/organizations.***

A specific target population was identified only by a quarter of the agencies, and the majority of these respondents answered that they target all ethnic groups. Only a small minority (about 10 percent) indicated that they target predominantly disabled persons, Hispanics, Caucasians, youths, Asians, or pregnant women.

However, almost a quarter of the respondents target primarily women and slightly less target both male and female, while only a small number of respondents target primarily men.

Slightly less than half of the respondents provided the average household income of their target audience. A third of them described a low income group with a salary of \$5,000-14,000 and \$15,000-34,999.

With regard to the average age of the target group, more than half of the respondents answered. The majority of the responses was divided almost equally between 25-44 years; 0-17 years; and 18-24 years.

The large majority (almost 88 percent) of agencies did not indicate any specific diseases that they are concerned with. The few answers received included mentally handicapped; poverty; alcoholism; family planning; post-stroke; tooth decay; AIDS; cancer; sexual abuse and child care.

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***Major health concerns***

In assessing the perceptions on specific healthcare concerns, five major health concerns could be identified as *very important* to the community (ranked in order of importance):

- 1) Heart disease
- 2) Cancer
- 3) HIV/AIDS
- 4) (tied) Lung disease and stress.

The four major health concerns of *moderate importance* included:

- 1) nutritional disorders
- 2) stroke
- 3) smoking related diseases and
- 4) sexually transmitted diseases (STD's).

***Gauging the inadequacy of healthcare services***

To better gauge potential unmet healthcare needs, respondents were also asked about the *adequacy of the services* in preventing or treating these health problems. Respondents tended to rate services associated with heart disease, cancer and lung disease as adequate. Respondents rated the following to be inadequately treated or prevented:

- 1) HIV/AIDS
- 2) Stress
- 3) Sexually transmitted diseases
- 4) Nutritional counseling/disorders

Since HIV/AIDS and stress were both of high concern and considered to have inadequate services to prevent and/or treat these health problems, the survey indicates that services regarding these two health care issues need to be addressed.

### ***Rating healthcare services in the community***

Furthermore, when rating general healthcare services in their community, respondents identified four major areas of inadequacy:

- 1) Nutritional counseling
- 2) Day care for the physically disabled.
- 3) Preventative clinic/outpatient medical care
- 4) Non-emergency medical care.

### ***Mental health services***

Overall, mental health services were rated as inadequate by more than 50 percent of the agencies, and as adequate by a small minority of respondents. Of major concern regarding inadequacy were:

- 1) Long-term hospitalization
- 2) Residential care for the mentally disabled
- 3) Outpatient/clinic counseling. Both areas received ratings slightly higher than 50 percent in inadequacy.

### ***Substance abuse services***

Similarly, almost all substance abuse services were rated inadequate by more than half of the people. Alcohol abuse prevention and drug inpatient/hospital treatment were rated No. 1 and No. 2 as most inadequate.

### ***Social concerns***

In areas of social concern, respondents were asked to rate the seriousness of a number of social issues. The top three concerns were:

- 1) Youths in conflict (including gang activities)
- 2) Domestic violence
- 3) Neglect/abuse of children. Also, more than half of the people surveyed felt that literacy rates, homelessness, sexual assault, and child care were serious issues in their communities. Overall, each of the social concerns were perceived as serious by more than half of the respondents, except for senior day care which was rated as serious by 43percent (but seen as not serious by 26 percent).

### ***Health care information sources***

There was a clear perception of how health care information is gathered by respondents' target populations. Ranked in order, they are:

- 1) Family/friends
- 2) Television
- 3) Newspapers

4) Healthcare professionals. Least often used as frequent sources were computer online services (only 1.7%), however almost half of the respondents marked it as an occasional source. Seminars/workshops/classes and the library were used frequently by less than a quarter of the respondents. Virtually all of the listed sources were used occasionally by more than half of the respondents.

***Barriers to health care service***

The most serious barrier to health care service appears to be the *cost* of services. Also, lack of information about available services, wait for services, and eligibility requirements seem to be important factors that keep people from using services. Lack of child care, and lack of transportation were of secondary importance. Inconvenient locations, perceptions about quality of service, and confidentiality appeared to be of less concern.



#### **IV. APPROACH TO DEVELOPMENT OF COMMUNITY BENEFITS PLAN**

Input, suggestions and direction in the development of a community benefits plan was solicited via one-to-one interviews/meetings with: the CEO, VP of Operations/Nursing, a panel of women representatives from the community and others.

Using the community needs assessment as a basis, and taking into consideration community input, present hospital programs, services and resources, a community benefits plan was drafted for 1996-97, focusing on the following healthcare concerns considered to be important and/or inadequately served in our communities:

- HIV/AIDS/Sexually Transmitted Disease
- Mental Health Services (Inpatient, Outpatient)
- Non-Emergency Medical Care
- Heart Disease
- Cancer, and
- Women's Health.

Input on the plan was solicited from the hospital's board of directors, the hospital's administrative team, department directors, employees, volunteers, the other SCHS hospital entities, and collaboration and discussion with other healthcare institutions in the East San Gabriel Valley. The community benefits plan will be evaluated on a six-month basis, beginning with June 1997, through the use of the hospital's performance improvement and continuous quality improvement processes.

Huntington East Valley Hospital's community outreach programs and services for 1996-97 will focus on the following goal, topics and objectives:

**Goal: In cooperation with other healthcare partners, to provide health education, information, and accessible clinical services to the community on topics deemed important by our community needs assessment.**

**Topic: HIV/AIDS/Sexually Transmitted Disease**

**Objective:** Reduce the number of reported cases of sexually transmitted disease in junior high and high-school students within our service area.

**Activities:** Dissemination of teaching tools to school teachers; seminars and workshops for students and parents.

**Partners:** Planned Parenthood East San Gabriel Valley, Glendora/Charter Oak Unified School Districts, American Red Cross/NBC 4 (Health Fair Expo).

**Topic: Mental Health Services (Inpatient, Outpatient)**

**Objective:** Increase the number of senior citizens (age 60+) within the East San Gabriel Valley served by the hospital's Senior Mental Health and Senior Care Network case management programs.

**Activities:** Senior health fairs, senior membership program, site visits to local board and care/skilled nursing facilities.

**Partners:** Huntington East Valley Hospital Senior Mental Services, Huntington Memorial Hospital's Senior Care Network, area board and care facilities and skilled nursing facilities.

**Topic: Non-Emergency Medical Care**

Objective: Create new hospital-based low-cost, easily accessible non-emergency medical services program.

Activities: Implementation of "Fast Track Service," low-cost medical program through Emergency Services Department.

Partners: Huntington East Valley Emergency Services Department and ICU/CCU physicians and nurses.

**Topic: Heart Disease**

Objective: Through community events and media relations, to educate, inform and screen community members to identify those at-risk of heart disease and to begin a thought process that will change health-threatening behaviors.

Activities: HeartWalk '96 and '97; HeartScore '97, American Red Cross/NBC4 Health Fair Expo, free blood-pressure screenings.

Partners: American Heart Association, HEVH cardiologists, Glendora & Charter Oak School Districts, HEVH staff, other healthcare organizations, local media outlets.

**Topic: Cancer.**

Objective: To integrate clinical, educational and community outreach programs to educate, inform, screen, and facilitate treatment of community members and to begin a thought process that will change health-threatening behaviors.

Activities: Construction, implementation of outpatient diagnostic imaging center (Spring 1997); special diagnostic screenings for breast cancer (Spring, Fall 1997) and prostate cancer (September 1997); implementation of Special Touch breast self-exam program (Spring 1997); serve as referral hospital, resource for the Cancer Center of Southern California; support groups, educational seminars (Spring/Fall 1997).

Partners: American Cancer Society, Hill Medical Radiology Group, other SCHS entities, Cancer Center of Southern California, local Chambers of Commerce, local media outlets and others.

**Topic: Women's Health.**

Objective: To identify and prioritize healthcare issues of particular importance to women in our service area and to offer appropriate education, information and clinical support.

Activities: Symposiums, screenings, workshops on menopause, hormone replacement therapy, osteoporosis, stress, diet, nutrition; implementation of special "women's health" clinic.

Partners: American Menopause Foundation, various HEVH physicians and clinical specialists, other SCHS hospitals, American Psychological Association, managed-care providers.

## References

Office of Statewide Health Planning and Development (OSHPD). "SB 697 – Community Benefits Legislation." Handout from "Taking the Next Step: Your Community Benefits Plan" workshop, November 9, 1995.

PATCH (Planned Assistance to Community Health).

Senate Bill 697. Bill Mandating Not-for-Profit Hospitals to Conduct Community Needs Assessments and Adopt Community Benefit Plans. United States Senate.

Southern California Healthcare Systems. (1995, July 20). Hospital Service Areas Document.

United Way service provider questionnaire.

U.S. Department of Health and Human Services. (1994). Healthy People 2,000 Review 1994. Hyattsville, MD: Public Health Service.

## Appendix A: Overview of Quantitative Survey Results

### Overview of Quantitative Survey Results

The results of the community health assessment survey will be presented in percentages. The total number of returned questionnaires was 131. In the following, each question will be broken down into its response rate, and into the percentages of its corresponding responses.

***Q 1: Asked the respondents to check one category that best describes their agency/organization.*** There were no missing cases.

30.5% checked the category human services; 23.7% education; 19.8% healthcare; 11.5% government ; 6.9% religious/ministerial; 4.6% private business; 1.5% law enforcement; .8% political and another .8% checked fire.

***Q 2: Asked the level that the agency/organization operates on.*** There were 2 missing values (1.5%). 22.9% operate on city level; 19.8% operate on regional level; another 19.8% on national level; 16% on county level; 9.2% on state level; another 9.2% on neighborhood level; and 1.5% operate on all levels.

***Q 3: Asked whether their agency targets a specific population.*** 51.9% answered 'No,' while 45% answered 'Yes.' There were 4 missing cases (3.1%).

*Part A of the question examined the ethnicity or unique characteristic of the target audience.* For 74% this question did not apply. 15.3% target all ethnic groups; 3.8% target Hispanics; 2.3% Caucasians; another 2.3% youths; 1.5% Asians; and .8% target pregnant women.

*Part B inquired about the household income of the target audience.* This question was not applicable for 52.7%. 16.8% fell in the group of \$5,000-14,999; 14.5% into the group of \$15,00-34,999; 9.2% into the group of \$35,000-49,999; 3.1% into the group of \$50,000-74,999; 1.5% into \$100,000 and above; and 2.3% of the respondents checked all of the income groups.

*Part C asked for the average age of the target group.* 45.8% did not reply to that question. 14.5% answered 25-44 years; 13.7% answered 0-17 years; 6.9% checked 45-64 years; 4.6% answered 65 years and above, while another 4.6% answered under 65 years; 13.7% checked 18-24 years; 2.3% checked 50 years and above; another 2.3% answered 0 years; and 1.5% answered 18 years and above.

*Part D asked the respondents if the target audience was primarily disabled.* Of the 71 valid responses, 80.3% answered 'No,' 18.3% 'Yes,' and 1.4% replied with 'Both.'

*In part E respondents identified the gender of their target audience.* Of the 69 valid answers, 47.8% targets women; 37.7% target both male and female; and 14.5% target primarily men.

*Part F of question 3. asked for any specific diseases that the agency might deal with.* 87.8% did not reply to this question. 3.8% identified mentally handicapped; 1.5% poverty; 1.5% alcoholism; another 1.5% family planning; .8% post-stroke; .8% tooth decay; .8% AIDS/cancer; .8% sexual abuse; and another .8% child care.

**SECTION A:** The questions in section A were about health concerns.

*Part A asked about the perceived importance of some specific health care concerns in the community.* The following lists the health concerns, and the corresponding counts and valid percentages of importance evaluations (ranked in order of most important).

<u>Concern</u>	<u>Don't Know</u>		<u>Moderately Impt.</u>		<u>Very Impt.</u>	
Heart disease	16	13%	38	30.9%	69	56.1%
Cancer	20	16.4%	41	33.6%	61	50%
HIV/AIDS	17	13.6%	49	39.2%	59	47.2%
Stress	25	20.2%	42	33.9%	57	46%
Lung disease	25	20.2%	42	33.9%	57	46%
STD	17	13.7%	52	41.9%	55	44.4
Smoking related	20	16.3%	53	43.1%	50	40.7%
Stroke	21	16.9%	57	46%	46	37.1%
Nutritional disorders	37	29.6%	59	47.2%	29	23.2%



*Part B asked about the perceived adequacy of services in preventing and/or treating these problems. The responses are presented in order of most inadequate.*

<u>Problem</u>	<u>Don't Know</u>		<u>Inadequate</u>		<u>Adequate</u>	
HIV/AIDS	33	26.8%	68	55.3%	22	17.9%
STD	34	27.6%	65	52.8%	24	19.5%
Stress	39	33.1%	62	52.5%	17	14.4%
Nutritional disorders	51	42.9%	49	41.2%	19	16%
Smoking related	36	30.5	40	33.9%	42	35.6%
Lung disease	40	33.9%	37	31.4%	41	34.7%
Cancer	33	27.3%	33	27.3%	56	45.5%
Stroke	38	30.9%	33	26.8%	52	42.3%
Heart disease	30	24.4%	29	23.6%	64	52%

**SECTIONS B, C & D:** In these sections, the survey asked the respondents to rate the adequacy of particular health services in their community. The following is a list of the services and the counts and percentages of the responses to each item.

**SECTION B: General Health Services (ranked in order of most inadequate).**

Service	Don't Know	Inadequate	Adequate
Nutritional counseling	43 35.2%	57 46.7%	22 18%
Preventative clinic/ outpatient medical care	20 16.4%	55 45.1%	47 38.5%
Day care/physically disabled	55 44.7%	51 41.5%	17 13.8%
Non-emergency med. care	16 13.2%	49 40.5%	56 46.3%
Family planning	36 29.3%	48 39%	39 31.7%
Dental care	21 17.2%	43 35.2%	58 47.5%
Prenatal care	33 27%	42 34.4%	47 38.5%
Emergency medical care	12 9.8%	41 33.6%	69 56.6%
Nursing home care	36 29.5%	39 32%	47 38.5%
Rehab. care /phys. disabled	51 41.8%	38 31.1%	33 27%
Pediatric prev.care/immuniz.	28 23%	37 30.3%	57 46.7%
Skilled home healthcare	47 38.5%	34 27.9%	41 33.6%
Short-term hospital treatment	27 22.5%	23 19.2%	70 58.3%

**SECTION C: Mental Health Services (ranked in order of most inadequate).**

<u>Service</u>	<u>Don't Know</u>		<u>Inadequate</u>		<u>Adequate</u>	
Long-term hospitalization	42	35%	64	53.3%	14	11.7%
Outpatient/clinic counseling	26	21.5%	62	51.2%	33	27.3%
Short-term hospital treatment and/or residential care	35	28.9%	61	50.4%	25	20.7%
Adult day care	47	38.8%	60	49.6%	14	11.6%

**SECTION D: Substance Abuse Services (ranked in order of most inadequate).**

<u>Service</u>	<u>Don't Know</u>		<u>Inadequate</u>		<u>Adequate</u>	
Alcohol abuse prevention	24	20.0%	62	52.1%	33	27.7%
Drug inpatient/ hospital treatment	33	27.7%	62	52.1%	24	20.2%
Drug abuse prevention	22	18.5%	60	50.4%	37	31.1%
Alcohol inpatient/ hospital treatment	34	28.6%	58	48.7%	27	22.7%
Drug outpatient/clinic treatment	36	30.3%	57	47.9%	26	21.8%
Alcohol outpatient/ clinic treatment	36	30.3%	56	47.1%	27	22.7%

**SECTION E: Social Concerns**

*Respondents were asked to indicate how serious they perceive the following issues to be.* Below is the list of concerns and the corresponding counts and percentage values of the answers, ranked in order of most serious.

<u>Social Issue</u>	<u>Don't Know</u>		<u>Not Serious</u>		<u>Serious</u>	
Youths in conflict	5	4%	14	11.1%	107	84.9%
Domestic violence	14	11.3%	17	13.7%	93	75%
Neglect/abuse of children	17	13.6%	16	12.8%	92	73.6%
Literacy rate	14	22.3%	34	27.4%	76	61.3%
Homelessness	7	5.7%	42	34.1%	74	60.2%
Sexual assault	24	19.5%	27	22%	72	58.5%
Child care	16	12.9%	37	29.8%	71	57.3%
Drop-out rate of students	16	12.8%	40	32%	69	55.2%
Neglect/abuse of elderly	32	25.8%	26	21%	66	53.2%
Environmental health	15	12.1%	43	32.8%	66	53.2%
Senior day care	37	30.1%	33	26.8%	53	43.1%

**SECTION F: *This section was about healthcare information sources.*** It asked respondents to indicate their perception of how health care information is received in their community. The following is a list of healthcare information sources and the evaluations of each source in counts and percentages, ranked in order of most frequently used.

<u>Information Source</u>	<u>Never Used</u>		<u>Occasionally</u>		<u>Frequently</u>	
Family/friends	6	4.8%	47	37.3%	73	57.9%
Television	6	4.8%	60	48%	59	47.2%
Newspapers	2	1.6	66	53.7%	55	44.7%
Healthcare professionals	13	10.5%	59	47.6%	52	41.9
Service agencies/organiz'ns	12	9.6%	71	56.8%	42	33.6%
Newsletters/pamphlets/ brochures	4	3.2%	79	63.7%	41	33.1%
Pharmacists	21	16.9%	66	53.2%	37	29.8%
Magazines	14	11.4%	73	59.3%	36	29.3%
Hospitals	10	8.1%	78	62.9%	36	29%
Radio	19	15.3%	72	58.1%	33	26.6%
Community screenings	14	11.4%	78	63.4%	31	25.2%
Library	22	17.9%	75	61%	26	21.1%
Seminars/workshops/classes classes	25	20%	76	60.8%	24	19.2%
Computer online services	60	50%	58	48.3%	2	1.7%

**SECTION G: The last section asked respondents to indicate their perception of how serious each of the following barriers is for people in the community.** Below is a presentation of the results, ranked in order of most serious.

<u>Healthcare Barriers</u>	<u>Don't Know</u>		<u>Not Serious</u>		<u>Serious</u>	
Cost of services	10	7.8%	17	13.3%	101	78.9%
Lack of information about available services	7	5.6%	29	23%	90	71.4%
Wait for services	15	11.7%	31	24.2%	82	64.1%
Eligibility requirements	24	19%	26	20.6%	76	60.3%
Lack of child care	21	16.7%	35	27.8%	70	55.6%
Lack of transportation	9	7.1%	48	37.8%	70	55.1%
Language/cultural barriers	14	11.2%	50	40%	61	48.8%
Reluctance to go outside family/friends for help	37	29.4%	39	31%	50	39.7%
Lack of specialty services/care	29	23.2%	52	41.6%	44	35.2%
Perceptions about quality of service	21	16.8%	63	50.4%	41	32.8%
Prior bad experience	36	28.8%	49	39.2%	40	32%
Inconvenient locations	17	13.6%	70	56%	38	30.4%
Concerns about confidentiality	34	27.4%	61	49.2%	29	23.4%

**SECTION G: Open-ended questions regarding prioritized unmet healthcare needs:**

- 1) Low Cost Health Care Services/Eligibility Requirements: 15 Comments
- 2) Lack of Specialty Services/Care: 14 Comments
- 3) Lack of Information About Available Services: 9 Comments

***For a detailed summary of the open-ended question responses, see Appendix B.***

**Appendix B:**  
**Summary of Responses to Open-ended Questions**  
**Regarding Unmet Healthcare Needs in the Community**

### **Synopsis of Answers to Open-ended Questions**

The open-ended questions asked for additional comments on barriers or problems regarding services in the community. The following is a presentation of the comments, in order of most frequently cited.

#### **1. Low Cost Health Care Services/Eligibility Requirements: 15 Comments**

This category generated the greatest response rate, with 39.5% of all responses (11.5% of the total surveys) specifically indicating cost and/or eligibility as a barrier to services. It includes all categories of cost and eligibility concerns including affordable access for the working-class poor, youth, elderly, uninsured, immigrants, and those ineligible for Medi-Cal.

***March of Dimes (HealthCare, National):*** "Complications and barriers due to type of health insurance coverage and limitations the coverage imposes."

***Lutheran Social Services (Human Services, State):*** "For persons over 18 and under 65 medical coverage is very hard to obtain."

***Church of the Open Door (Religious/Ministerial, Regional):*** "Affordability is the key to many of these categories. Services are available, but for many who cannot afford insurance, it is a real problem to get adequate treatment."



***Union Station Foundation (Human Services, Regional):*** "There is a shortage of care at any level for persons without income or insurance."

***Visiting Nurse Association of East San Gabriel Valley (Health Care, Regional):*** "There are services available for any client if there is insurance or enough money for private pay. It is the working-poor family, the immigrant family, and the mentally ill that need assistance in linking with community agencies."

***Lone Hill Middle School (Education, Regional):*** "Difficulty finding urgent emergency services or sliding scale or fee for service for people with no insurance; lack of specialist who accept MediCal for services locally..."

***City of Glendora (Government, City):*** "Often affordable services mean long waits-even a waiting list of months."

## **2. Lack of Specialty Services/Care: 14 Comments**

This category accounted for 36.8% of the total responses (10.7% of the total surveys). It includes, but is not limited to, comments concerning resources for day care, elderly care, outreach programs, sexual abuse programs, substance rehabilitation programs, youth issues, and services for the mentally ill.

***Bienvenidos Village For Children (Shelter, County):*** "No resources for drug rehab for mothers with children (living in). Lack of post partum services. Family support services for at risk and families in crisis inadequate."

***Arcadia Mental Health Center (Human Services/Government, County):*** "Need for cultural sensitivity & education, need for diversity training, need for integration of services."

***Foothill Family Service (Human Services, Regional):*** "Teens have special health care needs that are often inadequately met- they do not feel comfortable in pediatric services and yet are often not adequately served by adult programs."

***Foothill Developmental School (Education, Regional):*** "Lack of information on learning disabilities in pediatric communication community."

**Glendora City Council Member (Government, City):** "For some years now we have talked about sick care for young ones who would normally go to day care. For working parents it has become a necessity and a hardship when kids cannot go to day care. It would be nice to resurvey the schools to update our child care study and see if this is a concern."

**St. Lucy's High School (Education, City):** "Little given to topics for teen-agers; prevention-care available/ also eating disorders, smoking etc."

**Azusa High School (Education, Neighborhood):** "We need an outreach program for our teens and their families."

### **3. Lack of Information About Available Services: 9 Comments**

This category includes concerns for inability to locate information or services and programs which are available in the community. It accounted for 23.7% of the total responses (6.9% of the total surveys).

**Planned Parenthood (Healthcare, National, State, & City):** "Excellent services are available but so often some people who need them most do not know where they are or how to get there..."

**U.S. Center of World Mission (Religious, National):** "Provide a handbook for new immigrants."

***Project Information Community Services, Inc. (Alcohol Prevention, County, Regional, City & Neighborhood):*** "There are lots of resources available to the people in the Glendora area.

However, people in general have a problem with how to access these resources. Since the City of Glendora has hired a person to give out resources, I feel this should help people to find a source of help. However, there should be a collective effort for each agency, etc. to submit their services to this central place for easy access by the client."

***Valley Support Services of the VNA (Health Care, City):*** "Some agencies seem to be good about referring inquiries to other neighborhood agencies; sometimes I wish for a 'resource clearinghouse."

***Glendorans for Drug Free Youth (Non-profit, City):*** "The City's counseling referral service is good but somehow we need to get information out to parents. The community tends to deny we have problems."

## **Appendix C: Community Needs Assessment Survey Instrument**

# Huntington

*East Valley Hospital*

An affiliate of Southern California Healthcare Systems

October 9, 1995

Dear Neighbor:

As members of the East San Gabriel Valley, we share in the responsibility to serve our communities in the best way possible. As a newly reorganized non-profit entity, Huntington East Valley Hospital's mission is to assess our service area and to determine its health needs. To accomplish that, we need your help.

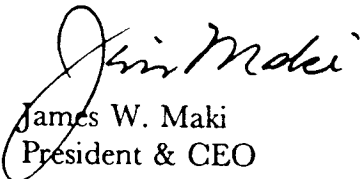
Enclosed is a "Community Needs Assessment Survey." Please direct this to the appropriate person in your organization who would have a "big picture" sense of the population you serve and community needs. This might be the President, Owner, Human Resources Director, Community Relations Representative, etc.

Please take a few minutes to fill out the enclosed survey and return it in the self-addressed stamped envelope provided, or mail it to Huntington East Valley Hospital, Public Relations Department, 150 West Alostia Avenue, Glendora, CA 91740.

We would appreciate your response by **Tuesday, October 31**.

Thank you in advance for your cooperation. If you have any questions, please contact Sylvia Novakoff, Director of Public Relations at (818) 335-0231, ext. 471.

Sincerely,



James W. Maki  
President & CEO

JWM:sn

150 West Alostia Avenue • Glendora, CA 91740-6207

(818) 335-0231 • Fax (818) 335-5082

# Community Health Assessment Survey

Agency/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

1. Please check one of the following categories that best describes your agency/organization:

- Private Business       Education       Law Enforcement  
 Human Services       Religious/Ministerial       Other (please specify): \_\_\_\_\_  
 Government       Healthcare

2. Does your agency/organization operate at one of the following levels?

- National     State     County     Regional     City     Neighborhood

3. Does your agency/organization target a specific population?     Yes     No

If "yes," please identify your population through the following categories. If "no," skip to Section A.

- A. Ethnicity:     Caucasian     Hispanic     Asian     African-American  
                    Other (please specify): \_\_\_\_\_

B. Household Income (Average):

- \$5,000 - 14,999     \$15,000 - 34,999     \$35,000 - 49,999     \$50,000 - 74,999     \$100,000+

C. Age (Average):     0-17     18-24     25-44     45-64     65+

D. Disabled (primarily):     Yes     No

E. Gender (primarily):     Male     Female

F. Disease/condition (please specify): \_\_\_\_\_

Please circle the appropriate answer to the following questions:

PART A \_\_\_\_\_

*How important do you perceive these healthcare concerns to be in our community?*

PART B \_\_\_\_\_

*How adequate do you perceive services to be in preventing/treating these problems?*

## A. HEALTH CONCERNS

	PART A			PART B		
	Don't Know	Moderately	Very	Don't Know	Inadequate	Adequate
1. Cancer .....	0	1	2	0	1	2
2. HIV/AIDS .....	0	1	2	0	1	2
3. Sexually transmitted diseases .....	0	1	2	0	1	2
4. Heart disease .....	0	1	2	0	1	2
5. Stroke .....	0	1	2	0	1	2
6. Lung disease (e.g. asthma) .....	0	1	2	0	1	2
7. Smoking related diseases .....	0	1	2	0	1	2
8. Nutritional disorders (e.g. anorexia, bulimia) ..	0	1	2	0	1	2
9. Stress (work and/or home related) .....	0	1	2	0	1	2
10. Other (specify): _____	0	1	2	0	1	2

*Please indicate how serious you perceive the following issues to be in our community.*

**E. SOCIAL CONCERNS:**

	Don't Know	Not Serious	Serious
34. Domestic violence . . . . .	0	1	2
35. Youths in conflict (including gang activity) . . . . .	0	1	2
36. Sexual assault . . . . .	0	1	2
37. Neglect/abuse of children . . . . .	0	1	2
38. Neglect/abuse of elderly . . . . .	0	1	2
39. Drop-out rate of students . . . . .	0	1	2
40. Literacy rate . . . . .	0	1	2
41. Homelessness . . . . .	0	1	2
42. Child care . . . . .	0	1	2
43. Senior day care . . . . .	0	1	2
44. Environmental health (sanitation, pollution, etc.) . . . . .	0	1	2

*Listed below are frequent sources of health information. Please give us your perception of how this information is received in our community.*

**F. HEALTHCARE INFORMATION SOURCES:**

	Never Used	Occasionally	Frequently
45. Television . . . . .	0	1	2
46. Radio . . . . .	0	1	2
47. Magazines . . . . .	0	1	2
48. Newsletters/pamphlets/brochures . . . . .	0	1	2
49. Newspapers . . . . .	0	1	2
50. Library . . . . .	0	1	2
51. Healthcare professionals (nurse, MD, etc.) . . . . .	0	1	2
52. Pharmacists . . . . .	0	1	2
53. Family/friends . . . . .	0	1	2
54. Hospitals . . . . .	0	1	2
55. Service agencies/organizations . . . . .	0	1	2
56. Community screenings . . . . .	0	1	2
57. Computer online services . . . . .	0	1	2
58. Seminars/workshops/classes . . . . .	0	1	2



## **Appendix D: Demographics of Service Area Studied**

# SOUTHERN CALIFORNIA HEALTHCARE SYSTEMS

## COMMUNITY DEMOGRAPHICS

### HUNTINGTON EAST VALLEY HOSPITAL

Source: Inforum, 1993 OSHPD Discharge Data

#### Population:

<u>Zip Code</u>	<u>City</u>	<u>1990 Population</u>	<u>1994 Population</u>	<u>Est. 1999 Population</u>	<u>Number of Households</u>	<u>Area in Square Miles</u>
91702	Azusa	52,261	55,551	56,433	15,934	10.6
91740	Glendora	23,990	24,043	20,110	7,831	4.7
91741	Glendora	24,846	26,346	30,848	9,238	10.9
91773	San Dimas	32,453	33,383	35,675	11,113	16.2
	Total	133,550	139,323	143,066	44,116	42.4

#### Household Income:

<u>Zip Code</u>	<u>City</u>	<u>1989 Avg HH Income</u>	<u>1994 Avg HH Income</u>	<u>HH with Income &lt; \$10,000</u>	<u>HH w/Income \$10,000 - \$19,999</u>
91702	Azusa	\$37,044	\$42,411	1,750	1,954
91740	Glendora	\$46,557	\$53,481	532	675
91741	Glendora	\$61,584	\$71,487	525	652
91773	San Dimas	\$60,165	\$70,481	662	849
	Average	\$49,746	\$57,536	Total 3,469	4,130

#### Education:

<u>Zip Code</u>	<u>City</u>	<u>High School Graduate</u>	<u>College Degree (4+ yrs)</u>	<u>Median Yrs of School Completed</u>
91702	Azusa	7,172	3,392	12.5
91740	Glendora	4,155	2,581	13.2
91741	Glendora	3,695	4,739	14.2
91773	San Dimas	4,736	5,971	14.1
	Total	19,758	16,683	Average 13.4

**Age:**

<u>Zip Code</u>	<u>City</u>	<u>&lt; 6 yrs</u>	<u>6 - 13 yrs</u>	<u>14 - 17 yrs</u>	<u>18 - 24 yrs</u>	<u>25 - 34 yrs</u>
91702	Azusa	6,747	7,233	2,953	8,330	10,953
91740	Glendora	2,442	2,831	1,289	2,168	4,175
91741	Glendora	2,230	3,011	1,479	2,160	3,647
91773	San Dimas	2,909	3,932	1,785	3,159	4,964
	Total	14,328	17,007	7,506	15,817	23,739

<u>Zip Code</u>	<u>City</u>	<u>35 - 44 yrs</u>	<u>45 - 54 yrs</u>	<u>55 - 64 yrs</u>	<u>65+ yrs</u>
91702	Azusa	7,457	4,733	3,390	3,755
91740	Glendora	3,999	2,726	1,940	2,473
91741	Glendora	4,381	3,705	2,661	3,072
91773	San Dimas	6,265	4,663	2,607	3,099
	Total	22,102	15,827	10,598	12,399

**Race:****- POPULATION -**

<u>Zip Code</u>	<u>City</u>	<u>White</u>	<u>Black</u>	<u>Asian</u>	<u>Hispanic</u>	<u>Other</u>
91702	Azusa	18,375	919	2,985	33,019	100
91740	Glendora	17,211	202	1,443	5,083	19
91741	Glendora	21,683	86	1,093	3,389	17
91773	San Dimas	23,624	684	2,647	6,284	38
	Total	80,893	1,891	8,168	47,775	174

**Unemployment:**

<u>Zip Code</u>	<u>City</u>	<u>Unemployed</u>
91702	Azusa	2,225
91740	Glendora	605
91741	Glendora	537
91773	San Dimas	623
	Total	3,990

# SOUTHERN CALIFORNIA HEALTHCARE SYSTEMS

## COMMUNITY DEMOGRAPHICS

### HUNTINGTON EAST VALLEY HOSPITAL

Source: United Way of Greater Los Angeles

#### AIDS Cases:

<u>Zip Code</u>	<u>City</u>	<u>AIDS Cases Diagnosed Cumulative</u>	<u>Persons Living with AIDS</u>
91702	Azusa	22	7
91740	Glendora	5	-
91741	Glendora	55	22
91773	San Dimas	20	10
	Total	102	39

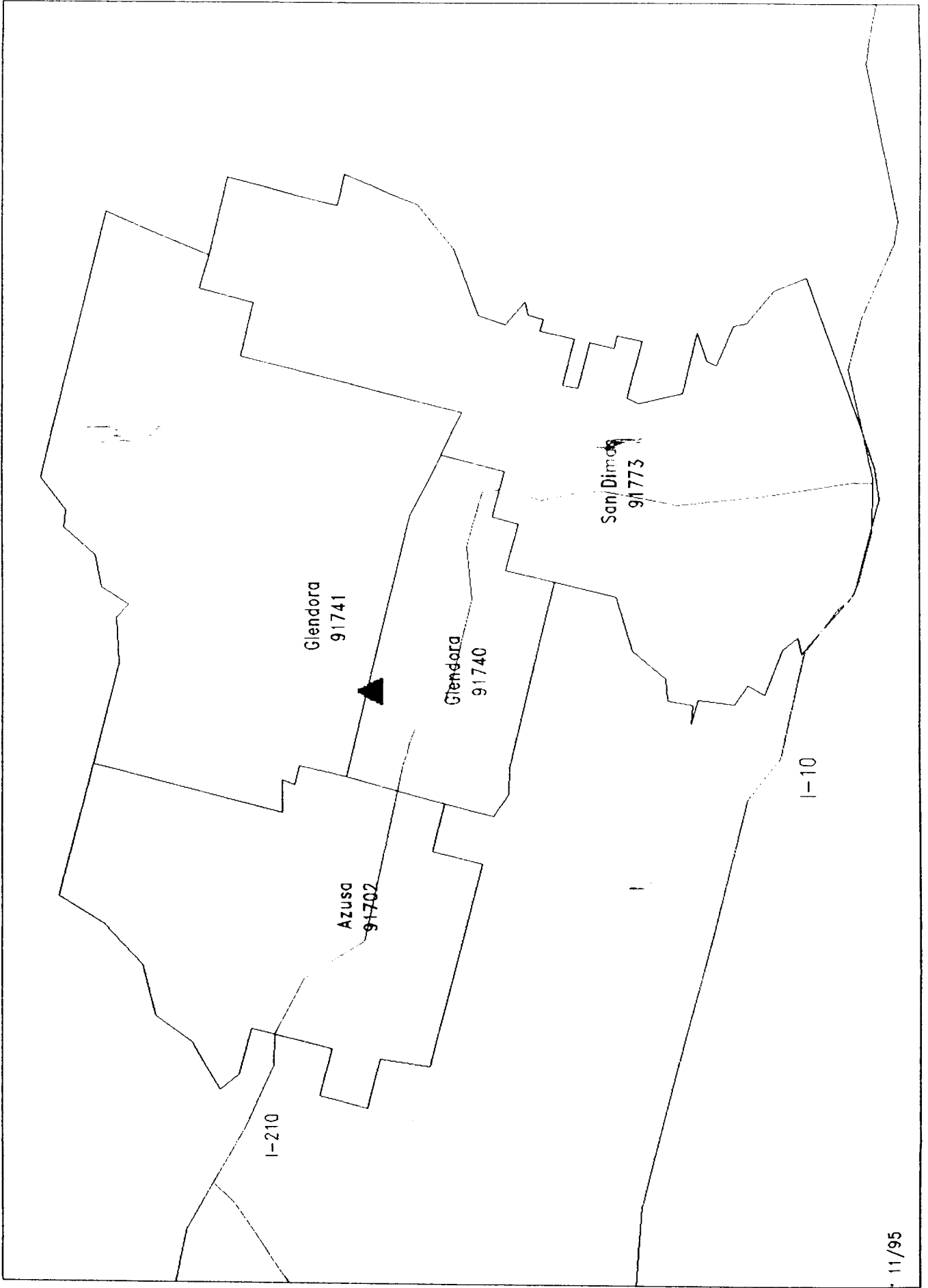
#### PUBLIC ASSISTANCE RECIPIENTS:

<u>Zip Code</u>	<u>City</u>	<u>AFDC-FG</u>	<u>AFDC-U</u>	<u>Food Stamps Only</u>	<u>MediCal Only</u>	<u>General Relief</u>	<u>Total</u>
91702	Azusa	4,771	886	1,110	3,778	249	10,794
91740	Glendora	1,346	225	207	1,063	92	2,933
91741	Glendora	N/A	N/A	N/A	N/A	N/A	N/A
91773	San Dimas	797	94	184	552	55	1,682
	Total	6,914	1,205	1,501	5,393	396	15,409

Note: No data is available for 91741 as it was not a zip code in 1990.

**Appendix E:**  
**Map of Huntington East Valley Hospital Service Area**

HUNTINGTON EAST VALLEY HOSPITAL  
COMMUNITY NEEDS ASSESSMENT ZIP CODES





**Appendix F:  
SPSS/PC+ Data Output,  
Community Needs Assessment Survey**



124	_____	1
125	_____	1
126	_____	1
127	_____	1
128	_____	1
129	_____	1
130	_____	1
131	_____	1

0 1 2 3 4 5

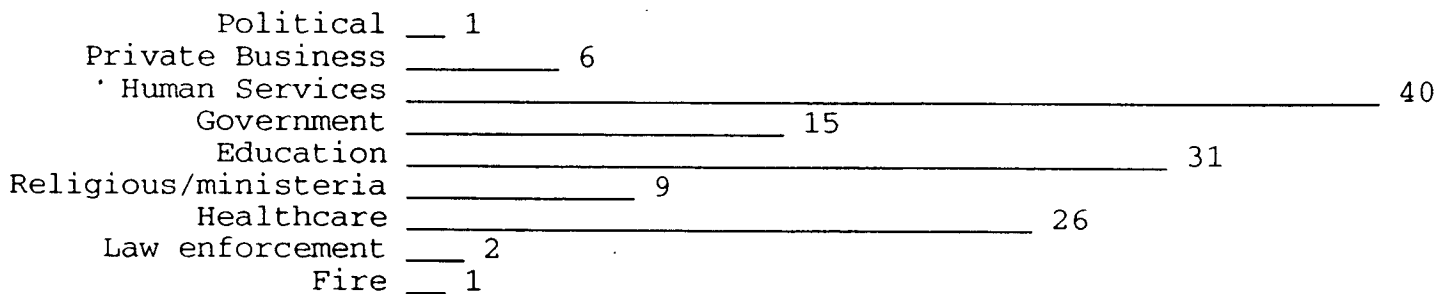
Mean	66.000	Std err	3.317	Median	66.000
Mode	1.000	Std dev	37.961	Variance	1441.000
Kurtosis	-1.200	S E Kurt	.420	Skewness	.000
S E Skew	.212	Range	130.000	Minimum	1.000
Maximum	131.000	Sum	8646.000		

\* Multiple modes exist. The smallest value is shown.

Valid cases 131 Missing cases 0

Q1 Agency/organization

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Political	0	1	.8	.8	.8
Private Business	1	6	4.6	4.6	5.3
Human Services	2	40	30.5	30.5	35.9
Government	3	15	11.5	11.5	47.3
Education	4	31	23.7	23.7	71.0
Religious/ministeria	5	9	6.9	6.9	77.9
Healthcare	6	26	19.8	19.8	97.7
Law enforcement	7	2	1.5	1.5	99.2
Fire	8	1	.8	.8	100.0
Total		131	100.0	100.0	



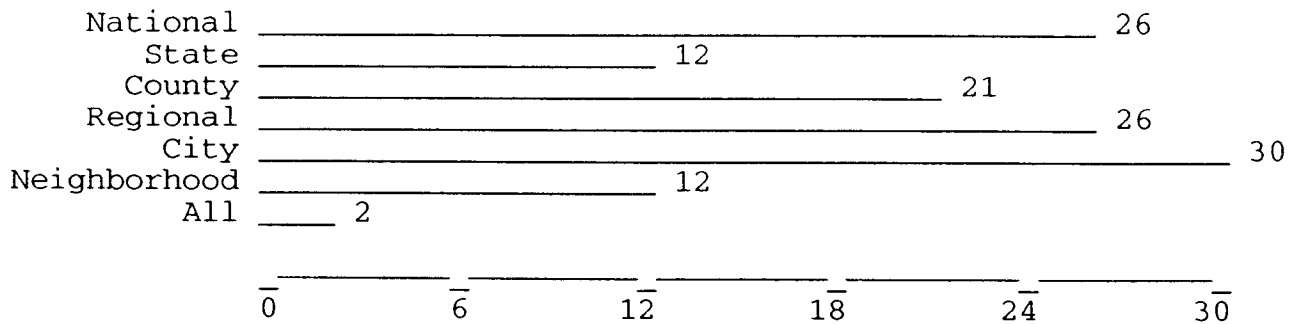
0 8 16 24 32 40

Mean	3.649	Std err	.149	Median	4.000
Mode	2.000	Std dev	1.700	Variance	2.891
Kurtosis	-.944	S E Kurt	.420	Skewness	.279
S E Skew	.212	Range	8.000	Minimum	.000
Maximum	8.000	Sum	478.000		

Valid cases 131 Missing cases 0

Q2 Level of operation

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
National	1	26	19.8	20.2	20.2
State	2	12	9.2	9.3	29.5
County	3	21	16.0	16.3	45.7
Regional	4	26	19.8	20.2	65.9
City	5	30	22.9	23.3	89.1
Neighborhood	6	12	9.2	9.3	98.4
All	8	2	1.5	1.6	100.0
	9	2	1.5	Missing	
Total		131	100.0	100.0	



Mean	3.527	Std err	.153	Median	4.000
Mode	5.000	Std dev	1.732	Variance	3.001
Kurtosis	-.782	S E Kurt	.423	Skewness	-.010
S E Skew	.213	Range	7.000	Minimum	1.000
Maximum	8.000	Sum	455.000		

Valid cases 129 Missing cases 2

Q3 Target population

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Yes	1	59	45.0	46.5	46.5

No	2	68	51.9	53.5	100.0
	9	4	3.1	Missing	
	Total		131	100.0	100.0

Yes	_____				59	
No	_____				68	
	0	15	30	45	60	75

Mean	1.535	Std err	.044	Median	2.000
Mode	2.000	Std dev	.501	Variance	.251
Kurtosis	-2.011	S E Kurt	.427	Skewness	-.144
S E Skew	.215	Range	1.000	Minimum	1.000
Maximum	2.000	Sum	195.000		

Valid cases 127 Missing cases 4

Q3A Ethnicity

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Caucasian	1	3	2.3	8.8	8.8
Hispanic	2	5	3.8	14.7	23.5
Asian	3	2	1.5	5.9	29.4
Youth	5	3	2.3	8.8	38.2
All	6	20	15.3	58.8	97.1
Pregnant women & you	7	1	.8	2.9	100.0
	9	97	74.0	Missing	
	Total		131	100.0	100.0

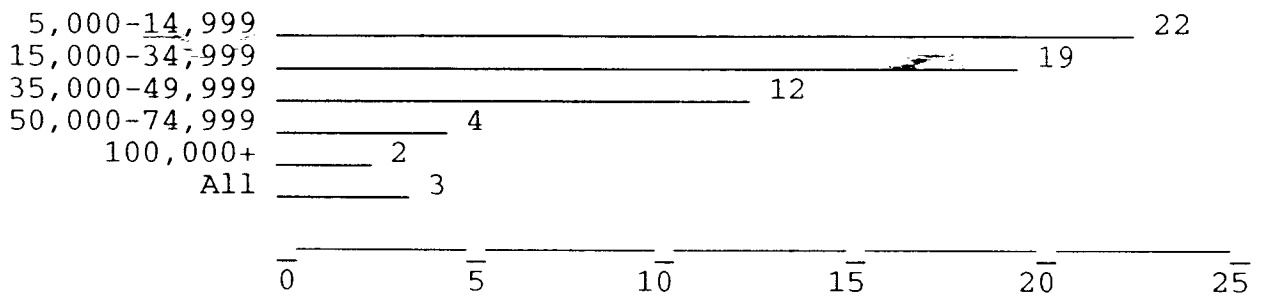
Caucasian	_____	3				
Hispanic	_____	5				
Asian	_____	2				
Youth	_____	3				
All	_____					
Pregnant women & you	_____	1	20			
	0	4	8	12	16	20

Mean	4.735	Std err	.331	Median	6.000
Mode	6.000	Std dev	1.928	Variance	3.716
Kurtosis	-.767	S E Kurt	.788	Skewness	-.975
S E Skew	.403	Range	6.000	Minimum	1.000
Maximum	7.000	Sum	161.000		

Valid cases 34 Missing cases 97

Q3B Household income

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
5,000-14,999	1	22	16.8	35.5	35.5
15,000-34,999	2	19	14.5	30.6	66.1
35,000-49,999	3	12	9.2	19.4	85.5
50,000-74,999	4	4	3.1	6.5	91.9
100,000+	5	2	1.5	3.2	95.2
All	6	3	2.3	4.8	100.0
	9	69	52.7	Missing	
Total		131	100.0	100.0	

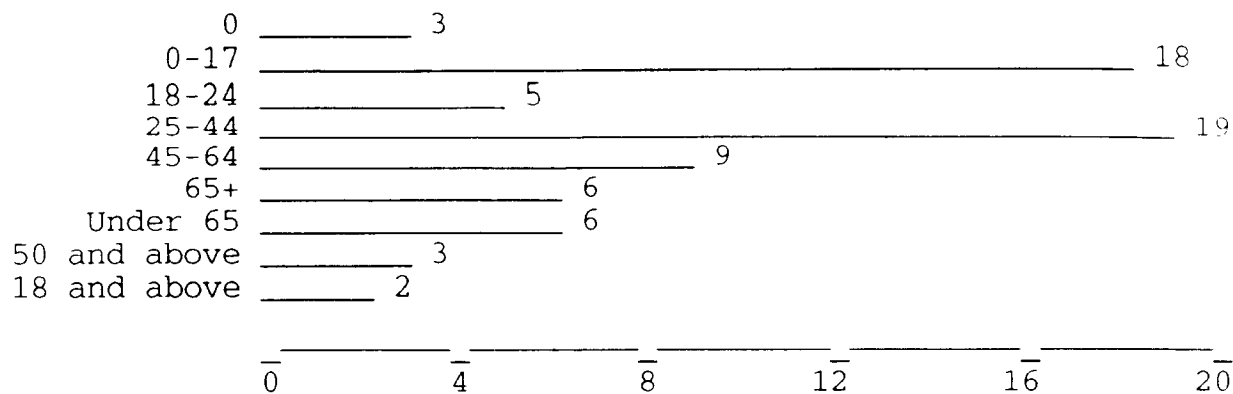


Mean	2.258	Std err	.172	Median	2.000
Mode	1.000	Std dev	1.354	Variance	1.834
Kurtosis	1.132	S E Kurt	.599	Skewness	1.230
S E Skew	.304	Range	5.000	Minimum	1.000
Maximum	6.000	Sum	140.000		

Valid cases 62 Missing cases 69

Q3C Target Age

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
	0	3	2.3	4.2	4.2
0-17	1	18	13.7	25.4	29.6
18-24	2	5	3.8	7.0	36.6
25-44	3	19	14.5	26.8	63.4
45-64	4	9	6.9	12.7	76.1
65+	5	6	4.6	8.5	84.5
Under 65	6	6	4.6	8.5	93.0
50 and above	7	3	2.3	4.2	97.2
18 and above	8	2	1.5	2.8	100.0
	9	60	45.8	Missing	
Total		131	100.0	100.0	

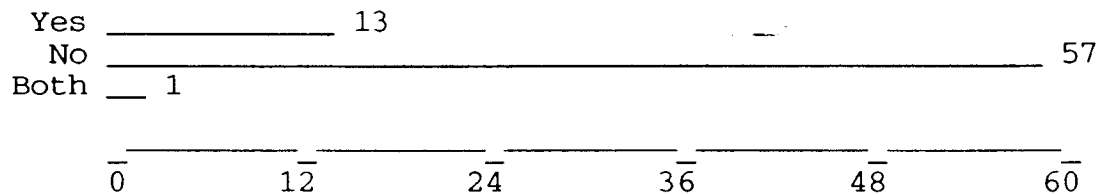


Mean	3.155	Std err	.240	Median	3.000
Mode	3.000	Std dev	2.026	Variance	4.104
Kurtosis	-.435	S E Kurt	.563	Skewness	.525
S E Skew	.285	Range	8.000	Minimum	.000
Maximum	8.000	Sum	224.000		

Valid cases 71 Missing cases 60

Q3D Disabled

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Yes	1	13	9.9	18.3	18.3
No	2	57	43.5	80.3	98.6
Both	3	1	.8	1.4	100.0
	9	60	45.8	Missing	
	Total	131	100.0	100.0	



Mean	1.831	Std err	.049	Median	2.000
Mode	2.000	Std dev	.414	Variance	.171
Kurtosis	1.184	S E Kurt	.563	Skewness	-1.161
S E Skew	.285	Range	2.000	Minimum	1.000
Maximum	3.000	Sum	130.000		

Valid cases 71 Missing cases 60

Q3E Target Gender

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Male	1	10	7.6	14.5	14.5
Female	2	33	25.2	47.8	62.3
Both	3	26	19.8	37.7	100.0
	9	62	47.3	Missing	
	Total	131	100.0	100.0	

Male	10	
Female		33
Both		26

0                    8                    16                    24                    32                    40

Mean	2.232	Std err	.083	Median	2.000
Mode	2.000	Std dev	.689	Variance	.475
Kurtosis	-.845	S E Kurt	.570	Skewness	-.339
S E Skew	.289	Range	2.000	Minimum	1.000
Maximum	3.000	Sum	154.000		

Valid cases            69            Missing cases            62

Q3F            Specific disease

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Poverty	0	2	1.5	12.5	12.5
Mentally Handicapped	1	5	3.8	31.3	43.8
Post-Stroke	2	1	.8	6.3	50.0
Alcoholism	3	2	1.5	12.5	62.5
Tooth Decay	4	1	.8	6.3	68.8
AIDS/Cancer	5	1	.8	6.3	75.0
Sexual Abuse	6	1	.8	6.3	81.3
Child Care	7	1	.8	6.3	87.5
Family Planning	8	2	1.5	12.5	100.0
	9	115	87.8	Missing	
	Total	131	100.0	100.0	

Poverty	2	
Mentally Handicapped		5
Post-Stroke	1	
Alcoholism	2	
Tooth Decay	1	
AIDS/Cancer	1	
Sexual Abuse	1	
Child Care	1	

Family Planning \_\_\_\_\_ 2

	0	1	2	3	4	5
Mean	3.188					
Mode	1.000					
Kurtosis	-1.023					
S E Skew	.564					
Maximum	8.000					
Std err			.702			
Std dev			2.810			
S E Kurt			1.091			
Range			8.000			
Sum			51.000			
Median					2.500	
Variance					7.896	
Skewness					.647	
Minimum					.000	

Valid cases 16 Missing cases 115

Q4A Cancer important

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Dont know	0	20	15.3	16.4	16.4
Moderately	1	41	31.3	33.6	50.0
Very	2	61	46.6	50.0	100.0
	9	9	6.9	Missing	
		-----	-----	-----	
	Total	131	100.0	100.0	

Dont know \_\_\_\_\_ 20  
 Moderately \_\_\_\_\_ 41  
 Very \_\_\_\_\_ 61

	0	15	30	45	60	75
Mean	1.336					
Mode	2.000					
Kurtosis	-.934					
S E Skew	.219					
Maximum	2.000					
Std err			.067			
Std dev			.745			
S E Kurt			.435			
Range			2.000			
Sum			163.000			
Median					1.500	
Variance					.556	
Skewness					-.637	
Minimum					.000	

Valid cases 122 Missing cases 9

Q4B Cancer prevent/treat

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Dont know	0	33	25.2	27.3	27.3
Inadequate	1	33	25.2	27.3	54.5
Adequate	2	55	42.0	45.5	100.0
	9	10	7.6	Missing	

-----  
 Total            131      100.0      100.0

Dont know \_\_\_\_\_ 33  
 Inadequate \_\_\_\_\_ 33  
 Adequate \_\_\_\_\_ 55

-----  
 0            12            24            36            48            60

Mean	1.182	Std err	.076	Median	1.000
Mode	2.000	Std dev	.837	Variance	.700
Kurtosis	-1.484	S E Kurt	.437	Skewness	-.355
S E Skew	.220	Range	2.000	Minimum	.000
Maximum	2.000	Sum	143.000		

Valid cases      121      Missing cases      10

-----  
 Q5A            HIV/AIDS important

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Dont know	0	17	13.0	13.6	13.6
Moderately	1	49	37.4	39.2	52.8
Very	2	59	45.0	47.2	100.0
	9	6	4.6	Missing	
	Total	131	100.0	100.0	

Dont know \_\_\_\_\_ 17  
 Moderately \_\_\_\_\_ 49  
 Very \_\_\_\_\_ 59

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 0            12            24            36            48            60

Mean	1.336	Std err	.063	Median	1.000
Mode	2.000	Std dev	.706	Variance	.499
Kurtosis	-.823	S E Kurt	.430	Skewness	-.584
S E Skew	.217	Range	2.000	Minimum	.000
Maximum	2.000	Sum	167.000		

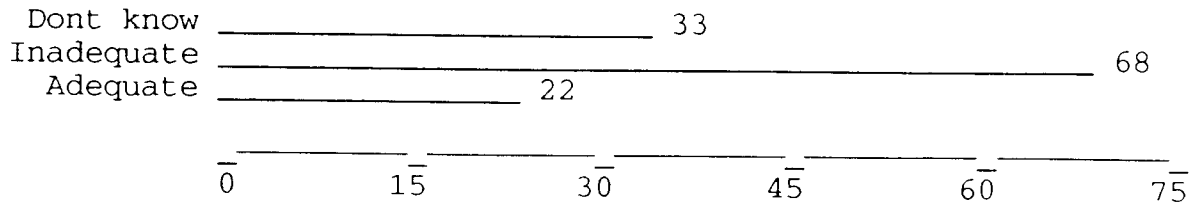
Valid cases      125      Missing cases      6

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 Q5B            HIV/AIDS prevent/treat

Valid      Cum



Value Label	Value	Frequency	Percent	Percent	Percent
Dont know	0	33	25.2	26.8	26.8
Inadequate	1	68	51.9	55.3	82.1
Adequate	2	22	16.8	17.9	100.0
	9	8	6.1	Missing	
	Total	131	100.0	100.0	

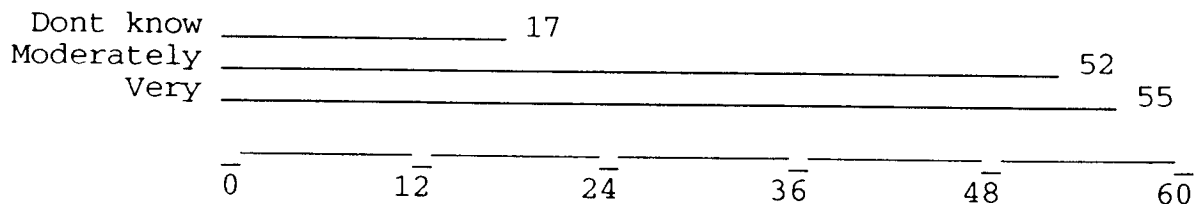


Mean	.911	Std err	.060	Median	1.000
Mode	1.000	Std dev	.665	Variance	.443
Kurtosis	-.718	S E Kurt	.433	Skewness	.101
S E Skew	-.218	Range	2.000	Minimum	.000
Maximum	2.000	Sum	112.000		

Valid cases 123 Missing cases 8

Q6A STD important

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Dont know	0	17	13.0	13.7	13.7
Moderately	1	52	39.7	41.9	55.6
Very	2	55	42.0	44.4	100.0
	9	7	5.3	Missing	
	Total	131	100.0	100.0	



Mean	1.306	Std err	.063	Median	1.000
Mode	2.000	Std dev	.700	Variance	.491
Kurtosis	-.851	S E Kurt	.431	Skewness	-.506
S E Skew	.217	Range	2.000	Minimum	.000
Maximum	2.000	Sum	162.000		

Valid cases 124 Missing cases 7

Q6B STD prevent/treat

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Dont know	0	34	26.0	27.6	27.6
Inadequate	1	65	49.6	52.8	80.5
Adequate	2	24	18.3	19.5	100.0
	9	8	6.1	Missing	
Total		131	100.0	100.0	

Dont know	34
Inadequate	65
Adequate	24

0 15 30 45 60 75

Mean	.919	Std err	.062	Median	1.000
Mode	1.000	Std dev	.685	Variance	.469
Kurtosis	-.840	S E Kurt	.433	Skewness	.104
S E Skew	.218	Range	2.000	Minimum	.000
Maximum	2.000	Sum	113.000		

Valid cases 123 Missing cases 8

Q7A Heart disease important

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Dont know	0	16	12.2	13.0	13.0
Moderately	1	38	29.0	30.9	43.9
Very	2	69	52.7	56.1	100.0
	9	8	6.1	Missing	
Total		131	100.0	100.0	

Dont know	16
Moderately	38
Very	69

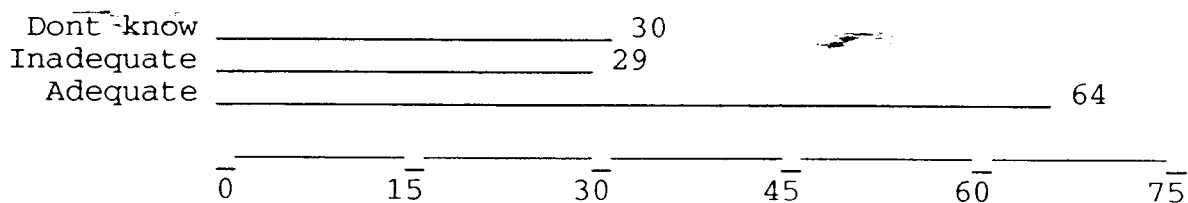
0 15 30 45 60 75

Mean	1.431	Std err	.064	Median	2.000
Mode	2.000	Std dev	.714	Variance	.510
Kurtosis	-.567	S E Kurt	.433	Skewness	-.852
S E Skew	.218	Range	2.000	Minimum	.000
Maximum	2.000	Sum	176.000		

Valid cases 123 Missing cases 8

Q7B Heart disease prevent/treat

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Dont know	0	30	22.9	24.4	24.4
Inadequate	1	29	22.1	23.6	48.0
Adequate	2	64	48.9	52.0	100.0
	9	8	6.1	Missing	
Total		131	100.0	100.0	

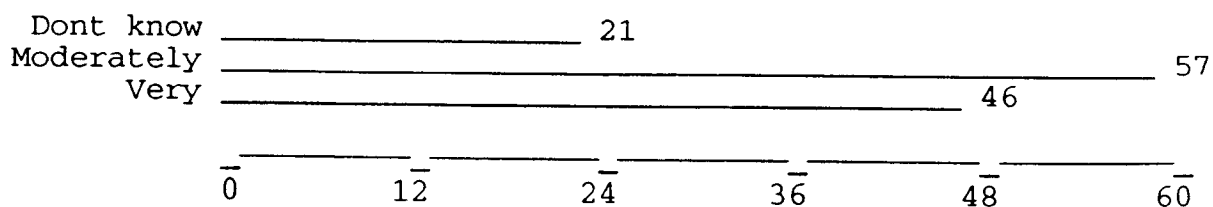


Mean	1.276	Std err	.075	Median	2.000
Mode	2.000	Std dev	.833	Variance	.693
Kurtosis	-1.332	S E Kurt	.433	Skewness	-.559
S E Skew	.218	Range	2.000	Minimum	.000
Maximum	2.000	Sum	157.000		

Valid cases 123 Missing cases 8

Q8A Stroke important

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Dont know	0	21	16.0	16.9	16.9
Moderately	1	57	43.5	46.0	62.9
Very	2	46	35.1	37.1	100.0
	9	7	5.3	Missing	
Total		131	100.0	100.0	



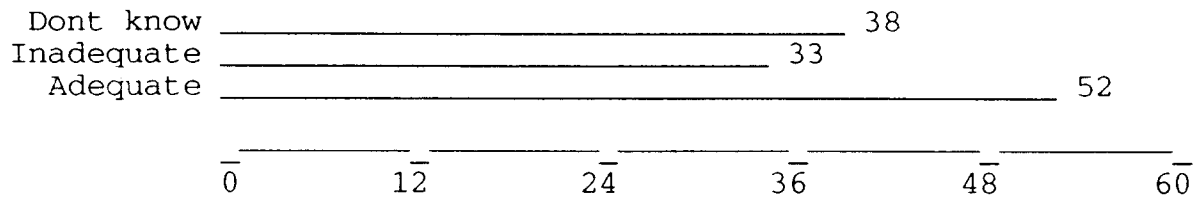
Mean	1.202	Std err	.064	Median	1.000
Mode	1.000	Std dev	.710	Variance	.504
Kurtosis	-.970	S E Kurt	.431	Skewness	-.312
S E Skew	.217	Range	2.000	Minimum	.000
Maximum	2.000	Sum	149.000		

Valid cases 124      Missing cases 7

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Q8B      Stroke prevent/treat

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Dont know	0	38	29.0	30.9	30.9
Inadequate	1	33	25.2	26.8	57.7
Adequate	2	52	39.7	42.3	100.0
	9	8	6.1	Missing	
	Total	131	100.0	100.0	



Mean	1.114	Std err	.077	Median	1.000
Mode	2.000	Std dev	.851	Variance	.725
Kurtosis	-1.590	S E Kurt	.433	Skewness	-.221
S E Skew	.218	Range	2.000	Minimum	.000
Maximum	2.000	Sum	137.000		

Valid cases 123      Missing cases 8

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Q9A      Lung disease important

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Dont know	0	25	19.1	20.2	20.2
Moderately	1	42	32.1	33.9	54.0
Very	2	57	43.5	46.0	100.0
	9	7	5.3	Missing	
	Total	131	100.0	100.0	



	0	12	24	36	48	60
Mean	1.258					
Mode	2.000					
Kurtosis	-1.173					
S E Skew	.217					
Maximum	2.000					
Std err			.070			
Std dev			.774			
S E Kurt			.431			
Range			2.000			
Sum			156.000			
Median					1.000	
Variance					.600	
Skewness					-.485	
Minimum					.000	

Valid cases 124 Missing cases 7

Q9B Lung disease prevent/treat

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Dont know	0	40	30.5	33.9	33.9
Inadequate	1	37	28.2	31.4	65.3
Adequate	2	41	31.3	34.7	100.0
	9	13	9.9	Missing	
	Total	131	100.0	100.0	

Dont know	40
Inadequate	37
Adequate	41

	0	10	20	30	40	50
Mean	1.008					
Mode	2.000					
Kurtosis	-1.558					
S E Skew	.223					
Maximum	2.000					
Std err			.077			
Std dev			.832			
S E Kurt			.442			
Range			2.000			
Sum			119.000			
Median					1.000	
Variance					.692	
Skewness					-.016	
Minimum					.000	

Valid cases 118 Missing cases 13

Q10A Smoking related important

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Dont know	0	20	15.3	16.3	16.3
Moderately	1	53	40.5	43.1	59.3
Very	2	50	38.2	40.7	100.0
	9	8	6.1	Missing	

	Total	131	100.0	100.0
Dont know		20		
Moderately				53
Very				50
	0	12	24	36
				48
				60

Mean	1.244	Std err	.065	Median	1.000
Mode	1.000	Std dev	.717	Variance	.514
Kurtosis	-.974	S E Kurt	.433	Skewness	-.399
S E Skew	.218	Range	2.000	Minimum	.000
Maximum	2.000	Sum	153.000		

Valid cases 123 Missing cases 8

Q10B Smoking related prevent/treat

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Dont know	0	36	27.5	30.5	30.5
Inadequate	1	40	30.5	33.9	64.4
Adequate	2	42	32.1	35.6	100.0
	9	13	9.9	Missing	
	Total	131	100.0	100.0	

Dont know	36
Inadequate	40
Adequate	42
	0
	10
	20
	30
	40
	50

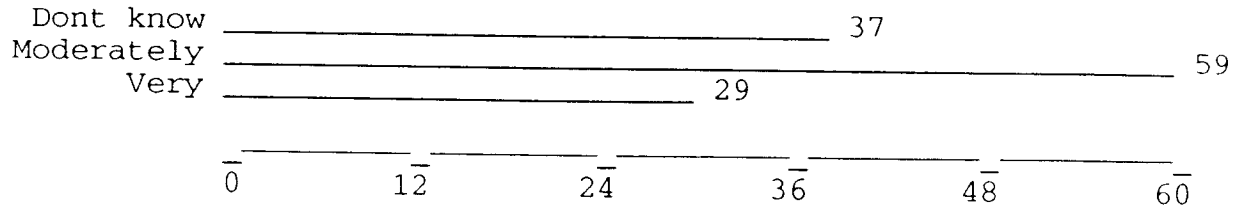
Mean	1.051	Std err	.075	Median	1.000
Mode	2.000	Std dev	.815	Variance	.664
Kurtosis	-1.487	S E Kurt	.442	Skewness	-.094
S E Skew	.223	Range	2.000	Minimum	.000
Maximum	2.000	Sum	124.000		

Valid cases 118 Missing cases 13

Q11A Nutritional disorders important

Valid Cum

Value Label	Value	Frequency	Percent	Percent	Percent
Dont know	0	37	28.2	29.6	29.6
Moderately	1	59	45.0	47.2	76.8
Very	2	29	22.1	23.2	100.0
	9	6	4.6	Missing	
	Total	131	100.0	100.0	

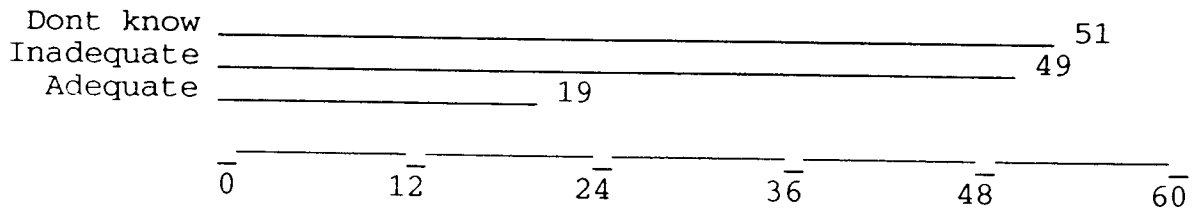


Mean	.936	Std err	.065	Median	1.000
Mode	1.000	Std dev	.727	Variance	.528
Kurtosis	-1.084	S E Kurt	.430	Skewness	.098
S E Skew	-.217	Range	2.000	Minimum	.000
Maximum	2.000	Sum	117.000		

Valid cases 125 Missing cases 6

Q11B Nutritional disorders prevent/treat

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Dont know	0	51	38.9	42.9	42.9
Inadequate	1	49	37.4	41.2	84.0
Adequate	2	19	14.5	16.0	100.0
	9	12	9.2	Missing	
	Total	131	100.0	100.0	

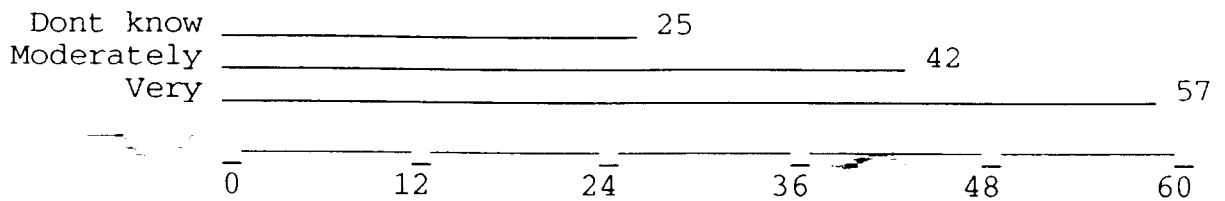


Mean	.731	Std err	.066	Median	1.000
Mode	.000	Std dev	.721	Variance	.520
Kurtosis	-.967	S E Kurt	.440	Skewness	.456
S E Skew	.222	Range	2.000	Minimum	.000
Maximum	2.000	Sum	87.000		

Valid cases 119 Missing cases 12

Q12A Stress important

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Dont know	0	25	19.1	20.2	20.2
Moderately	1	42	32.1	33.9	54.0
Very	2	57	43.5	46.0	100.0
	9	7	5.3	Missing	
	Total	131	100.0	100.0	

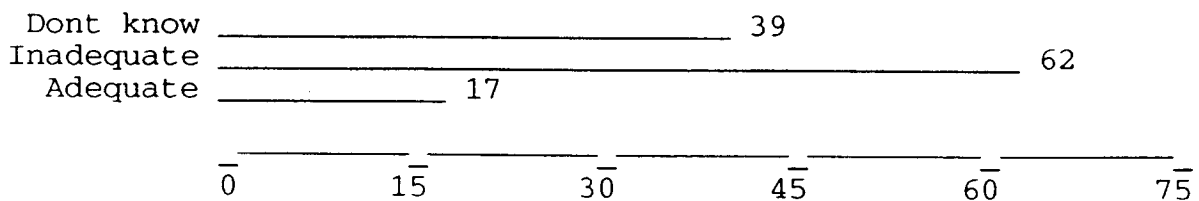


Mean	1.258	Std err	.070	Median	1.000
Mode	2.000	Std dev	.774	Variance	.600
Kurtosis	-1.173	S E Kurt	.431	Skewness	-.485
S E Skew	.217	Range	2.000	Minimum	.000
Maximum	2.000	Sum	156.000		

Valid cases 124 Missing cases 7

Q12B Stress prevent/treat

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Dont know	0	39	29.8	33.1	33.1
Inadequate	1	62	47.3	52.5	85.6
Adequate	2	17	13.0	14.4	100.0
	9	13	9.9	Missing	
	Total	131	100.0	100.0	



Mean	.814	Std err	.061	Median	1.000
Mode	1.000	Std dev	.666	Variance	.444
Kurtosis	-.754	S E Kurt	.442	Skewness	.229
S E Skew	.223	Range	2.000	Minimum	.000

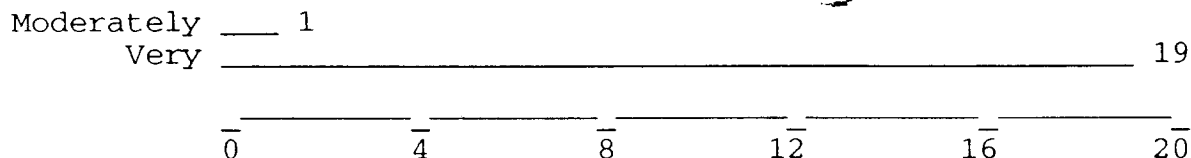


Maximum 2.000 Sum 96.000

Valid cases 118 Missing cases 13

Q13A Other important

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Moderately	1	1	.8	5.0	5.0
Very	2	19	14.5	95.0	100.0
	9	111	84.7	Missing	
	Total	131	100.0	100.0	

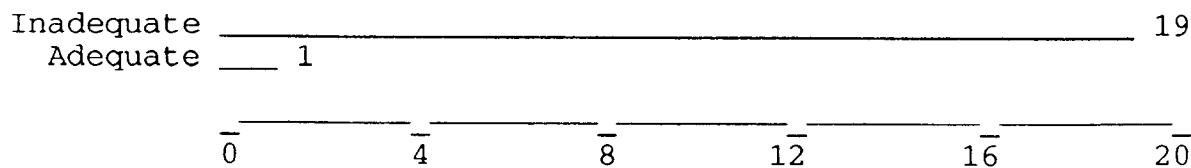


Mean	1.950	Std err	.050	Median	2.000
Mode	2.000	Std dev	.224	Variance	.050
Kurtosis	20.000	S E Kurt	.992	Skewness	-4.472
S E Skew	.512	Range	1.000	Minimum	1.000
Maximum	2.000	Sum	39.000		

Valid cases 20 Missing cases 111

Q13B Other prevent/treat

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Inadequate	1	19	14.5	95.0	95.0
Adequate	2	1	.8	5.0	100.0
	9	111	84.7	Missing	
	Total	131	100.0	100.0	



Mean	1.050	Std err	.050	Median	1.000
Mode	1.000	Std dev	.224	Variance	.050

Kurtosis	20.000	S E Kurt	.992	Skewness	4.472
S E Skew	.512	Range	1.000	Minimum	1.000
Maximum	2.000	Sum	21.000		

Valid cases 20      Missing cases 111

Q14      Dental care

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Dont know	0	21	16.0	17.2	17.2
Inadequate	1	43	32.8	35.2	52.5
Adequate	2	58	44.3	47.5	100.0
	9	9	6.9	Missing	
	Total	131	100.0	100.0	

Dont know \_\_\_\_\_ 21  
 Inadequate \_\_\_\_\_ 43  
 Adequate \_\_\_\_\_ 58

0      12      24      36      48      60

Mean	1.303	Std err	.068	Median	1.000
Mode	2.000	Std dev	.748	Variance	.560
Kurtosis	-1.011	S E Kurt	.435	Skewness	-.563
S E Skew	.219	Range	2.000	Minimum	.000
Maximum	2.000	Sum	159.000		

Valid cases 122      Missing cases 9

Q15      prev. clinic/outpatient care

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Dont know	0	20	15.3	16.4	16.4
Inadequate	1	55	42.0	45.1	61.5
Adequate	2	47	35.9	38.5	100.0
	9	9	6.9	Missing	
	Total	131	100.0	100.0	

Dont know \_\_\_\_\_ 20  
 Inadequate \_\_\_\_\_ 55  
 Adequate \_\_\_\_\_ 47

	0	12	24	36	48	60
Mean	1.221	Std err	.064	Median	1.000	
Mode	1.000	Std dev	.710	Variance	.504	
Kurtosis	-.962	S E Kurt	.435	Skewness	-.348	
S E Skew	.219	Range	2.000	Minimum	.000	
Maximum	2.000	Sum	149.000			

Valid cases 122 Missing cases 9

Q16 Non-emergency care

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Dont know	0	16	12.2	13.2	13.2
Inadequate	1	49	37.4	40.5	53.7
Adequate	2	56	42.7	46.3	100.0
	9	10	7.6	Missing	
Total		131	100.0	100.0	

Dont know	16	
Inadequate	49	
Adequate	56	

	0	12	24	36	48	60
Mean	1.331	Std err	.064	Median	1.000	
Mode	2.000	Std dev	.700	Variance	.490	
Kurtosis	-.813	S E Kurt	.437	Skewness	-.560	
S E Skew	.220	Range	2.000	Minimum	.000	
Maximum	2.000	Sum	161.000			

Valid cases 121 Missing cases 10

Q17 Emergency care

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Dont know	0	12	9.2	9.8	9.8
Inadequate	1	41	31.3	33.6	43.4
Adequate	2	69	52.7	56.6	100.0
	9	9	6.9	Missing	
Total		131	100.0	100.0	

Dont know	_____	12
Inadequate	_____	41
Adequate	_____	69
	_____	
	0	15
	30	45
	60	75

Mean	1.467	Std err	.061	Median	2.000
Mode	2.000	Std dev	.670	Variance	.449
Kurtosis	-.361	S E Kurt	.435	Skewness	-.883
S E Skew	.219	Range	2.000	Minimum	.000
Maximum	2.000	Sum	179.000		

Valid cases 122      Missing cases 9

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 Q18      Short-term hospital phys. illness

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Dont know	0	27	20.6	22.5	22.5
Inadequate	1	23	17.6	19.2	41.7
Adequate	2	70	53.4	58.3	100.0
	9	11	8.4	Missing	
	Total	131	100.0	100.0	

Dont know	_____	27
Inadequate	_____	23
Adequate	_____	70
	_____	
	0	15
	30	45
	60	75

Mean	1.358	Std err	.076	Median	2.000
Mode	2.000	Std dev	.828	Variance	.686
Kurtosis	-1.119	S E Kurt	.438	Skewness	-.756
S E Skew	.221	Range	2.000	Minimum	.000
Maximum	2.000	Sum	163.000		

Valid cases 120      Missing cases 11

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 Q19      Nursing home care

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
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Dont know	0	36	27.5	29.5	29.5
Inadequate	1	39	29.8	32.0	61.5
Adequate	2	47	35.9	38.5	100.0
	9	9	6.9	Missing	
Total		131	100.0	100.0	

Dont know	36
Inadequate	39
Adequate	47

0 10 20 30 40 50

Mean	1.090	Std err	.075	Median	1.000
Mode	2.000	Std dev	.823	Variance	.678
Kurtosis	-1.506	S E Kurt	.435	Skewness	-.170
S E Skew	.219	Range	2.000	Minimum	.000
Maximum	2.000	Sum	133.000		

Valid cases 122 Missing cases 9

Q20 Skilled home healthcare

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Dont know	0	47	35.9	38.5	38.5
Inadequate	1	34	26.0	27.9	66.4
Adequate	2	41	31.3	33.6	100.0
	9	9	6.9	Missing	
Total		131	100.0	100.0	

Dont know	47
Inadequate	34
Adequate	41

0 10 20 30 40 50

Mean	.951	Std err	.077	Median	1.000
Mode	.000	Std dev	.851	Variance	.725
Kurtosis	-1.620	S E Kurt	.435	Skewness	.095
S E Skew	.219	Range	2.000	Minimum	.000
Maximum	2.000	Sum	116.000		

Valid cases 122 Missing cases 9

Q21 Rehab care for phys. disabled

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Dont know	0	51	38.9	41.8	41.8
Inadequate	1	38	29.0	31.1	73.0
Adequate	2	33	25.2	27.0	100.0
	9	9	6.9	Missing	
	Total	131	100.0	100.0	

Dont know	51
Inadequate	38
Adequate	33

0 12 24 36 48 60

Mean	.852	Std err	.074	Median	1.000
Mode	.000	Std dev	.820	Variance	.672
Kurtosis	-1.458	S E Kurt	.435	Skewness	.280
S E Skew	.219	Range	2.000	Minimum	.000
Maximum	2.000	Sum	104.000		

Valid cases 122 Missing cases 9

Q22 Day care for the phys. disabled

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Dont know	0	55	42.0	44.7	44.7
Inadequate	1	51	38.9	41.5	86.2
Adequate	2	17	13.0	13.8	100.0
	9	8	6.1	Missing	
	Total	131	100.0	100.0	

Dont know	55
Inadequate	51
Adequate	17

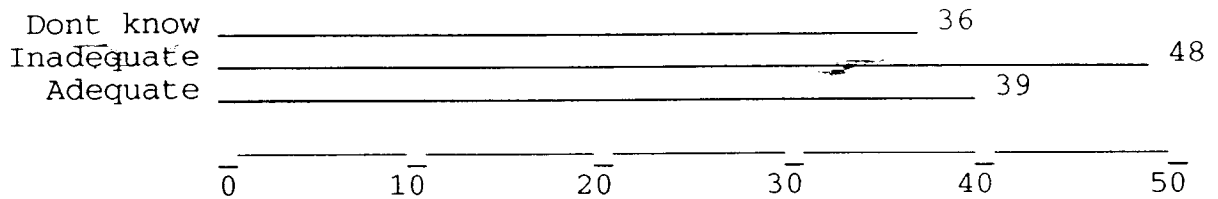
0 12 24 36 48 60

Mean	.691	Std err	.063	Median	1.000
Mode	.000	Std dev	.703	Variance	.494
Kurtosis	-.855	S E Kurt	.433	Skewness	.516
S E Skew	.218	Range	2.000	Minimum	.000
Maximum	2.000	Sum	85.000		

Valid cases 123 Missing cases 8

Q23 Family planning

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Dont know	0	36	27.5	29.3	29.3
Inadequate	1	48	36.6	39.0	68.3
Adequate	2	39	29.8	31.7	100.0
	9	8	6.1	Missing	
Total		131	100.0	100.0	

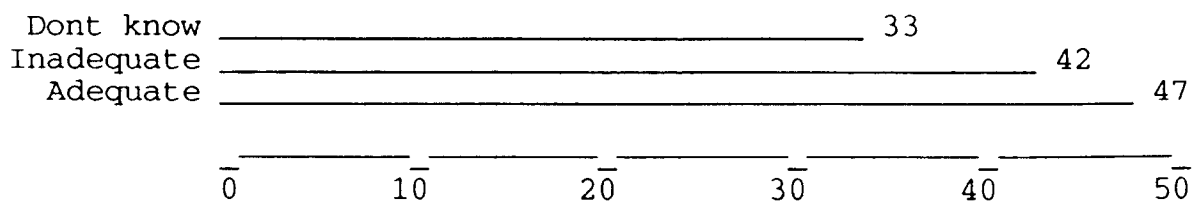


Mean	1.024	Std err	.071	Median	1.000
Mode	1.000	Std dev	.784	Variance	.614
Kurtosis	-1.364	S E Kurt	.433	Skewness	-.043
S E Skew	.218	Range	2.000	Minimum	.000
Maximum	2.000	Sum	126.000		

Valid cases 123 Missing cases 8

Q24 Prenatal care & counseling

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Dont know	0	33	25.2	27.0	27.0
Inadequate	1	42	32.1	34.4	61.5
Adequate	2	47	35.9	38.5	100.0
	9	9	6.9	Missing	
Total		131	100.0	100.0	



Mean	1.115	Std err	.073	Median	1.000
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Mode	2.000	Std dev	.805	Variance	.648
Kurtosis	-1.424	S E Kurt	.435	Skewness	-.212
S E Skew	.219	Range	2.000	Minimum	.000
Maximum	2.000	Sum	136.000		

Valid cases 122 Missing cases 9

Q25 Pediatric prev. care

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Dont know	0	28	21.4	23.0	23.0
Inadequate	1	37	28.2	30.3	53.3
Adequate	2	57	43.5	46.7	100.0
	9	9	6.9	Missing	
	Total	131	100.0	100.0	

Dont know	28
Inadequate	37
Adequate	57

0 12 24 36 48 60

Mean	1.238	Std err	.073	Median	1.000
Mode	2.000	Std dev	.803	Variance	.646
Kurtosis	-1.303	S E Kurt	.435	Skewness	-.459
S E Skew	.219	Range	2.000	Minimum	.000
Maximum	2.000	Sum	151.000		

Valid cases 122 Missing cases 9

Q26 Nutritional counseling

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Dont know	0	43	32.8	35.2	35.2
Inadequate	1	57	43.5	46.7	82.0
Adequate	2	22	16.8	18.0	100.0
	9	9	6.9	Missing	
	Total	131	100.0	100.0	

Dont know	43
Inadequate	57



Adequate \_\_\_\_\_ 22

0                    12                    24                    36                    48                    60

Mean	.828	Std err	.064	Median	1.000
Mode	1.000	Std dev	.712	Variance	.507
Kurtosis	-.991	S E Kurt	.435	Skewness	.263
S E Skew	.219	Range	2.000	Minimum	.000
Maximum	2.000	Sum	101.000		

Valid cases        122            Missing cases        9

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Q27            MH outpatient/clinic counseling

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Dont know	0	26	19.8	21.5	21.5
Inadequate	1	62	47.3	51.2	72.7
Adequate	2	33	25.2	27.3	100.0
	9	10	7.6	Missing	
	Total	131	100.0	100.0	

Dont know \_\_\_\_\_ 26  
 Inadequate \_\_\_\_\_ 62  
 Adequate \_\_\_\_\_ 33

0                    15                    30                    45                    60                    75

Mean	1.058	Std err	.064	Median	1.000
Mode	1.000	Std dev	.699	Variance	.488
Kurtosis	-.925	S E Kurt.	.437	Skewness	-.079
S E Skew	.220	Range	2.000	Minimum	.000
Maximum	2.000	Sum	128.000		

Valid cases        121            Missing cases        10

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Q28            Short-term hospital treat. for MH

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Dont know	0	35	26.7	28.9	28.9
Inadequate	1	61	46.6	50.4	79.3
Adequate	2	25	19.1	20.7	100.0
	9	10	7.6	Missing	

-----  
 Total            131    100.0    100.0

Dont know \_\_\_\_\_ 35  
 Inadequate \_\_\_\_\_ 61  
 Adequate \_\_\_\_\_ 25

-----  
 0            15            30            45            60            75

Mean	.917	Std err	.064	Median	1.000
Mode	1.000	Std dev	.702	Variance	.493
Kurtosis	-.946	S E Kurt	.437	Skewness	.116
S E Skew	.220	Range	2.000	Minimum	.000
Maximum	2.000	Sum	111.000		

Valid cases    121            Missing cases    10

-----  
 Q29            Long-term hosp. and/or res. care for men

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Dont know	0	42	32.1	35.0	35.0
Inadequate	1	64	48.9	53.3	88.3
Adequate	2	14	10.7	11.7	100.0
	9	11	8.4	Missing	
		-----	-----	-----	
	Total	131	100.0	100.0	

Dont know \_\_\_\_\_ 42  
 Inadequate \_\_\_\_\_ 64  
 Adequate \_\_\_\_\_ 14

-----  
 0            15            30            45            60            75

Mean	.767	Std err	.059	Median	1.000
Mode	1.000	Std dev	.645	Variance	.416
Kurtosis	-.668	S E Kurt	.438	Skewness	.260
S E Skew	.221	Range	2.000	Minimum	.000
Maximum	2.000	Sum	92.000		

Valid cases    120            Missing cases    11

-----  
 Q30            Adult day care for mentally disabled

Valid            Cum

Value Label	Value	Frequency	Percent	Percent	Percent
Dont know	0	47	35.9	38.8	38.8
Inadequate	1	60	45.8	49.6	88.4
Adequate	2	14	10.7	11.6	100.0
	9	10	7.6	Missing	
	Total	131	100.0	100.0	

Dont know	47
Inadequate	60
Adequate	14

0            12            24            36            48            60

Mean	.727	Std err	.060	Median	1.000
Mode	1.000	Std dev	.658	Variance	.433
Kurtosis	-.734	S E Kurt	.437	Skewness	.356
S E Skew	-.220	Range	2.000	Minimum	.000
Maximum	2.000	Sum	88.000		

Valid cases      121      Missing cases      10

Q31      Alcohol abuse prev.

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Dont know	0	24	18.3	20.2	20.2
Inadequate	1	62	47.3	52.1	72.3
Adequate	2	33	25.2	27.7	100.0
	9	12	9.2	Missing	
	Total	131	100.0	100.0	

Dont know	24
Inadequate	62
Adequate	33

0            15            30            45            60            75

Mean .	1.076	Std err	.063	Median	1.000
Mode	1.000	Std dev	.691	Variance	.477
Kurtosis	-.877	S E Kurt	.440	Skewness	-.100
S E Skew	.222	Range	2.000	Minimum	.000
Maximum	2.000	Sum	128.000		

Valid cases      119      Missing cases      12

Q32 Drug Abuse Prev.

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Dont know	0	22	16.8	18.5	18.5
Inadequate	1	60	45.8	50.4	68.9
Adequate	2	37	28.2	31.1	100.0
	9	12	9.2	Missing	
Total		131	100.0	100.0	

Dont know	22	
Inadequate	60	60
Adequate	37	

0	12	24	36	48	60
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Mean	1.126	Std err	.064	Median	1.000
Mode	1.000	Std dev	.696	Variance	.484
Kurtosis	-.909	S E Kurt	.440	Skewness	-.175
S E Skew	.222	Range	2.000	Minimum	.000
Maximum	2.000	Sum	134.000		

Valid cases 119 Missing cases 12

Q33 Alcohol outpatient/clinic treat.

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Dont know	0	36	27.5	30.3	30.3
Inadequate	1	56	42.7	47.1	77.3
Adequate	2	27	20.6	22.7	100.0
	9	12	9.2	Missing	
Total		131	100.0	100.0	

Dont know	36	
Inadequate	56	56
Adequate	27	

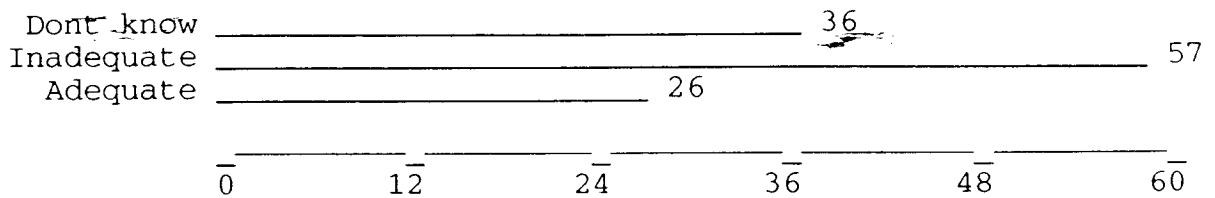
0	12	24	36	48	60
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Mean	.924	Std err	.067	Median	1.000
Mode	1.000	Std dev	.727	Variance	.528
Kurtosis	-1.082	S E Kurt	.440	Skewness	.117
S E Skew	.222	Range	2.000	Minimum	.000
Maximum	2.000	Sum	110.000		

Valid cases 119 Missing cases 12

Q34 Drug outpatient/clinic treat.

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Dont know	0	36	27.5	30.3	30.3
Inadequate	1	57	43.5	47.9	78.2
Adequate	2	26	19.8	21.8	100.0
	9	12	9.2	Missing	
Total		131	100.0	100.0	

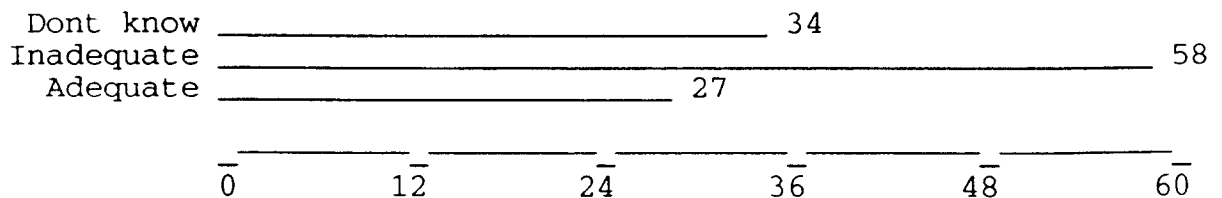


Mean	.916	Std err	.066	Median	1.000
Mode	1.000	Std dev	.720	Variance	.518
Kurtosis	-1.045	S E Kurt	.440	Skewness	.127
S E Skew	.222	Range	2.000	Minimum	.000
Maximum	2.000	Sum	109.000		

Valid cases 119 Missing cases 12

Q35 Alcohol inpatient/hospital treat.

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Dont know	0	34	26.0	28.6	28.6
Inadequate	1	58	44.3	48.7	77.3
Adequate	2	27	20.6	22.7	100.0
	9	12	9.2	Missing	
Total		131	100.0	100.0	



Mean	.941	Std err	.066	Median	1.000
Mode	1.000	Std dev	.717	Variance	.513
Kurtosis	-1.028	S E Kurt	.440	Skewness	.087
S E Skew	.222	Range	2.000	Minimum	.000
Maximum	2.000	Sum	112.000		

Valid cases 119 Missing cases 12

Q36 Drug inpatient/hospital treat.

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Dont know	0	33	25.2	27.7	27.7
Inadequate	1	62	47.3	52.1	79.8
Adequate	2	24	18.3	20.2	100.0
	9	12	9.2	Missing	
Total		131	100.0	100.0	

Dont know \_\_\_\_\_ 33  
 Inadequate \_\_\_\_\_ 62  
 Adequate \_\_\_\_\_ 24

0 15 30 45 60 75

Mean	.924	Std err	.063	Median	1.000
Mode	1.000	Std dev	.691	Variance	.477
Kurtosis	-.877	S E Kurt	.440	Skewness	.100
S E Skew	.222	Range	2.000	Minimum	.000
Maximum	2.000	Sum	110.000		

Valid cases 119 Missing cases 12

Q37 Domestic violence

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Dont know	0	14	10.7	11.3	11.3
Not serious	1	17	13.0	13.7	25.0
Serious	2	93	71.0	75.0	100.0
	9	7	5.3	Missing	
Total		131	100.0	100.0	

Dont know \_\_\_\_\_ 14  
 Not serious \_\_\_\_\_ 17



			-----	-----	-----
	Total	131	100.0	100.0	
Dont know	_____	24			
Not serious	_____	27			
Serious	_____				72



Mean	1.390	Std err	.072	Median	2.000
Mode	2.000	Std dev	.796	Variance	.633
Kurtosis	-.924	S E Kurt	.433	Skewness	-.823
S E Skew	.218	Range	2.000	Minimum	.000
Maximum	2.000	Sum	171.000		

Valid cases 123      Missing cases 8

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Q40      Neglect/abuse of children

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Dont know	0	17	13.0	13.6	13.6
Not serious	1	16	12.2	12.8	26.4
Serious	2	92	70.2	73.6	100.0
	9	6	4.6	Missing	
	Total	131	100.0	100.0	

Dont know	_____	17			
Not serious	_____	16			
Serious	_____				92



Mean	1.600	Std err	.064	Median	2.000
Mode	2.000	Std dev	.718	Variance	.516
Kurtosis	.607	S E Kurt	.430	Skewness	-1.485
S E Skew	.217	Range	2.000	Minimum	.000
Maximum	2.000	Sum	200.000		

Valid cases 125      Missing cases 6

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Q41      Neglect/abuse of elderly

Valid      Cum



Value Label	Value	Frequency	Percent	Percent	Percent
Dont know	0	32	24.4	25.8	25.8
Not serious	1	26	19.8	21.0	46.8
Serious	2	66	50.4	53.2	100.0
	9	7	5.3	Missing	
	Total	131	100.0	100.0	

Dont know	32
Not serious	26
Serious	66

0 15 30 45 60 75

Mean	1.274	Std err	.076	Median	2.000
Mode	2.000	Std dev	.849	Variance	.721
Kurtosis	-1.386	S E Kurt	.431	Skewness	-.560
S E Skew	-.217	Range	2.000	Minimum	.000
Maximum	2.000	Sum	158.000		

Valid cases 124 Missing cases 7

Q42 Drop-out rate of students

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Dont know	0	16	12.2	12.8	12.8
Not serious	1	40	30.5	32.0	44.8
Serious	2	69	52.7	55.2	100.0
	9	6	4.6	Missing	
	Total	131	100.0	100.0	

Dont know	16
Not serious	40
Serious	69

0 15 30 45 60 75

Mean	1.424	Std err	.064	Median	2.000
Mode	2.000	Std dev	.710	Variance	.504
Kurtosis	-.588	S E Kurt	.430	Skewness	-.825
S E Skew	.217	Range	2.000	Minimum	.000
Maximum	2.000	Sum	178.000		

Valid cases 125 Missing cases 6

Q43 Literacy rate

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Dont know	0	14	10.7	11.3	11.3
Not serious	1	34	26.0	27.4	38.7
Serious	2	76	58.0	61.3	100.0
	9	7	5.3	Missing	
Total		131	100.0	100.0	

Dont know	14
Not serious	34
Serious	76

0 20 40 60 80 100

Mean	1.500	Std err	.062	Median	2.000
Mode	2.000	Std dev	.693	Variance	.480
Kurtosis	-.190	S E Kurt	.431	Skewness	-1.045
S E Skew	.217	Range	2.000	Minimum	.000
Maximum	2.000	Sum	186.000		

Valid cases 124 Missing cases 7

Q44 Homelessness

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Dont know	0	7	5.3	5.7	5.7
Not serious	1	42	32.1	34.1	39.8
Serious	2	74	56.5	60.2	100.0
	9	8	6.1	Missing	
Total		131	100.0	100.0	

Dont know	7
Not serious	42
Serious	74

0 15 30 45 60 75

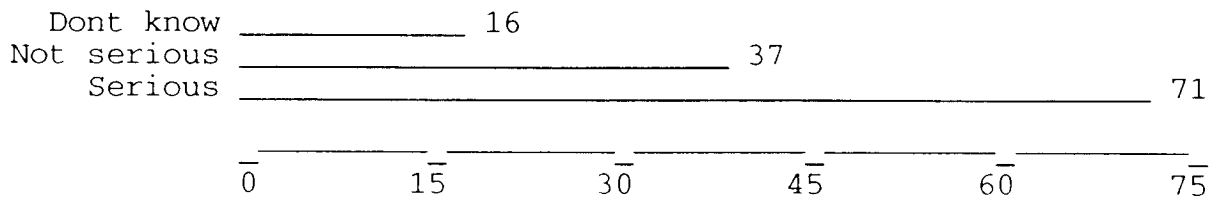
Mean	1.545	Std err	.054	Median	2.000
Mode	2.000	Std dev	.604	Variance	.365
Kurtosis	-.051	S E Kurt	.433	Skewness	-.968
S E Skew	.218	Range	2.000	Minimum	.000

Maximum 2.000 Sum 190.000

Valid cases 123 Missing cases 8

Q45 Child care

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Dont know	0	16	12.2	12.9	12.9
Not serious	1	37	28.2	29.8	42.7
Serious	2	71	54.2	57.3	100.0
	9	7	5.3	Missing	
Total		131	100.0	100.0	

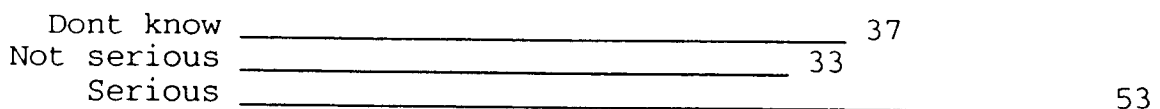


Mean	1.444	Std err	.064	Median	2.000
Mode	2.000	Std dev	.713	Variance	.509
Kurtosis	-.514	S E Kurt	.431	Skewness	-.890
S E Skew	.217	Range	2.000	Minimum	.000
Maximum	2.000	Sum	179.000		

Valid cases 124 Missing cases 7

Q46 Senior day care

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Dont know	0	37	28.2	30.1	30.1
Not serious	1	33	25.2	26.8	56.9
Serious	2	53	40.5	43.1	100.0
	9	8	6.1	Missing	
Total		131	100.0	100.0	



0            12            24            36            48            60

Mean	1.130	Std err	.077	Median	1.000
Mode	2.000	Std dev	.849	Variance	.721
Kurtosis	-1.571	S E Kurt	.433	Skewness	-.253
S E Skew	.218	Range	2.000	Minimum	.000
Maximum	2.000	Sum	139.000		

Valid cases      123            Missing cases      8

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Q47            Environmental health

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Dont know	0	15	11.5	12.1	12.1
Not serious	1	43	32.8	34.7	46.8
Serious	2	66	50.4	53.2	100.0
	9	7	5.3	Missing	
		-----	-----	-----	
	Total	131	100.0	100.0	



0            15            30            45            60            75

Mean	1.411	Std err	.063	Median	2.000
Mode	2.000	Std dev	.699	Variance	.488
Kurtosis	-.613	S E Kurt	.431	Skewness	-.768
S E Skew	.217	Range	2.000	Minimum	.000
Maximum	2.000	Sum	175.000		

Valid cases      124            Missing cases      7

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Q48            Television

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Never used	0	6	4.6	4.8	4.8
Occasionally	1	60	45.8	48.0	52.8
Frequently	2	59	45.0	47.2	100.0
	9	6	4.6	Missing	
		-----	-----	-----	
	Total	131	100.0	100.0	

Never used \_\_\_\_\_ 6  
 Occasionally \_\_\_\_\_ 60  
 Frequently \_\_\_\_\_ 59

0 12 24 36 48 60

Mean	1.424	Std err	.052	Median	1.000
Mode	1.000	Std dev	.586	Variance	.343
Kurtosis	-.692	S E Kurt	.430	Skewness	-.433
S E Skew	.217	Range	2.000	Minimum	.000
Maximum	2.000	Sum	178.000		

Valid cases 125 Missing cases 6

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Q49 Radio

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Never used	0	19	14.5	15.3	15.3
Occasionally	1	72	55.0	58.1	73.4
Frequently	2	33	25.2	26.6	100.0
	9	7	5.3	Missing	
		-----	-----	-----	
	Total	131	100.0	100.0	

Never used \_\_\_\_\_ 19  
 Occasionally \_\_\_\_\_ 72  
 Frequently \_\_\_\_\_ 33

0 15 30 45 60 75

Mean	1.113	Std err	.057	Median	1.000
Mode	1.000	Std dev	.640	Variance	.410
Kurtosis	-.555	S E Kurt	.431	Skewness	-.103
S E Skew	.217	Range	2.000	Minimum	.000
Maximum	2.000	Sum	138.000		

Valid cases 124 Missing cases 7

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Q50 Magazines

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Never used	0	14	10.7	11.4	11.4



Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Never used	0	2	1.5	1.6	1.6
Occasionally	1	66	50.4	53.7	55.3
Frequently	2	55	42.0	44.7	100.0
	9	8	6.1	Missing	
	Total	131	100.0	100.0	

Never used \_\_\_\_\_ 2  
Occasionally \_\_\_\_\_ 66  
Frequently \_\_\_\_\_ 55

0 15 30 45 60 75

Mean	-1.431	Std err	.048	Median	1.000
Mode	1.000	Std dev	.529	Variance	.280
Kurtosis	-1.271	S E Kurt	.433	Skewness	-.056
S E Skew	.218	Range	2.000	Minimum	.000
Maximum	2.000	Sum	176.000		

Valid cases 123 Missing cases 8

Q53 Library

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Never used	0	22	16.8	17.9	17.9
Occasionally	1	75	57.3	61.0	78.9
Frequently	2	26	19.8	21.1	100.0
	9	8	6.1	Missing	
	Total	131	100.0	100.0	

Never used \_\_\_\_\_ 22  
Occasionally \_\_\_\_\_ 75  
Frequently \_\_\_\_\_ 26

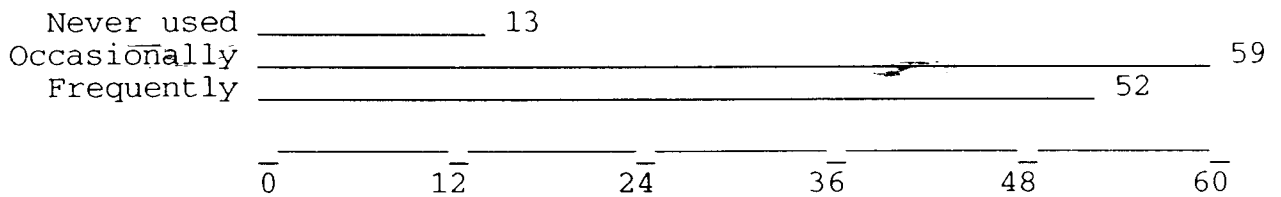
0 15 30 45 60 75

Mean	1.033	Std err	.056	Median	1.000
Mode	1.000	Std dev	.626	Variance	.392
Kurtosis	-.403	S E Kurt	.433	Skewness	-.023
S E Skew	.218	Range	2.000	Minimum	.000
Maximum	2.000	Sum	127.000		

Valid cases 123 Missing cases 8

Q54 Healthcare professionals

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Never used	0	13	9.9	10.5	10.5
Occasionally	1	59	45.0	47.6	58.1
Frequently	2	52	39.7	41.9	100.0
	9	7	5.3	Missing	
	Total	131	100.0	100.0	

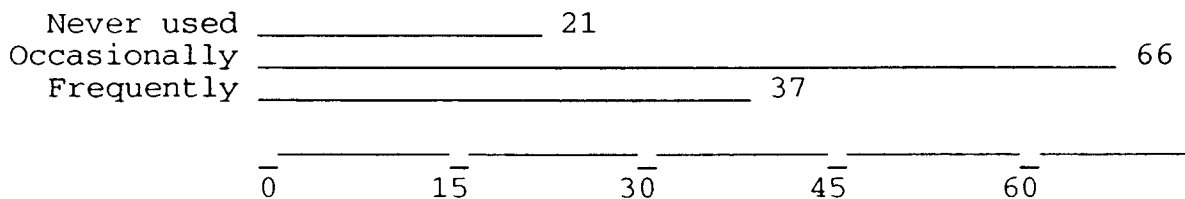


Mean	1.315	Std err	.059	Median	1.000
Mode	1.000	Std dev	.655	Variance	.429
Kurtosis	-.712	S E Kurt	.431	Skewness	-.430
S E Skew	.217	Range	2.000	Minimum	.000
Maximum	2.000	Sum	163.000		

Valid cases 124 Missing cases 7

Q55 Pharmacists

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Never used	0	21	16.0	16.9	16.9
Occasionally	1	66	50.4	53.2	70.2
Frequently	2	37	28.2	29.8	100.0
	9	7	5.3	Missing	
	Total	131	100.0	100.0	



Mean	1.129	Std err	.061	Median	1.000
Mode	1.000	Std dev	.674	Variance	.455



Kurtosis	-.786	S E Kurt	.431	Skewness	-.159
S E Skew	.217	Range	2.000	Minimum	.000
Maximum	2.000	Sum	140.000		

Valid cases 124      Missing cases 7

Q56      Family/friends

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Never used	0	6	4.6	4.8	4.8
Occasionally	1	47	35.9	37.3	42.1
Frequently	2	73	55.7	57.9	100.0
	9	5	3.8	Missing	
	Total	131	100.0	100.0	

Never used \_\_\_\_\_ 6  
 Occasionally \_\_\_\_\_ 47  
 Frequently \_\_\_\_\_ 73

0      15      30      45      60      75

Mean	1.532	Std err	.052	Median	2.000
Mode	2.000	Std dev	.589	Variance	.347
Kurtosis	-.264	S E Kurt	.428	Skewness	-.841
S E Skew	.216	Range	2.000	Minimum	.000
Maximum	2.000	Sum	193.000		

Valid cases 126      Missing cases 5

Q57      Hospitals

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Never used	0	10	7.6	8.1	8.1
Occasionally	1	78	59.5	62.9	71.0
Frequently	2	36	27.5	29.0	100.0
	9	7	5.3	Missing	
	Total	131	100.0	100.0	

Never used \_\_\_\_\_ 10  
 Occasionally \_\_\_\_\_ 78  
 Frequently \_\_\_\_\_ 36

0                    20                    40                    60                    80                    100

Mean	1.210	Std err	.052	Median	1.000
Mode	1.000	Std dev	.574	Variance	.330
Kurtosis	-.278	S E Kurt	.431	Skewness	-.028
S E Skew	.217	Range	2.000	Minimum	.000
Maximum	2.000	Sum	150.000		

Valid cases        124            Missing cases        7

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Q58            Service agencies/organizations

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Never used	0	12	9.2	9.6	9.6
Occasionally	1	71	54.2	56.8	66.4
Frequently	2	42	32.1	33.6	100.0
	9	6	4.6	Missing	
	Total	131	100.0	100.0	

Never used                    \_\_\_\_\_ 12

Occasionally                   \_\_\_\_\_ 71

Frequently                    \_\_\_\_\_ 42

0                    15                    30                    45                    60                    75

Mean	1.240	Std err	.055	Median	1.000
Mode	1.000	Std dev	.614	Variance	.377
Kurtosis	-.542	S E Kurt	.430	Skewness	-.192
S E Skew	.217	Range	2.000	Minimum	.000
Maximum	2.000	Sum	155.000		

Valid cases        125            Missing cases        6

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Q59            Community screenings

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Never used	0	14	10.7	11.4	11.4
Occasionally	1	78	59.5	63.4	74.8
Frequently	2	31	23.7	25.2	100.0
	9	8	6.1	Missing	
	Total	131	100.0	100.0	

Never used \_\_\_\_\_ 14  
 Occasionally \_\_\_\_\_ 78  
 Frequently \_\_\_\_\_ 31

0 20 40 60 80 100

Mean	1.138	Std err	.053	Median	1.000
Mode	1.000	Std dev	.591	Variance	.350
Kurtosis	-.213	S E Kurt	.433	Skewness	-.041
S E Skew	.218	Range	2.000	Minimum	.000
Maximum	2.000	Sum	140.000		

Valid cases 123 Missing cases 8

Q60 Computer online services

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Never used	0	60	45.8	50.0	50.0
Occasionally	1	58	44.3	48.3	98.3
Frequently	2	2	1.5	1.7	100.0
	9	11	8.4	Missing	
	Total	131	100.0	100.0	

Never used \_\_\_\_\_ 60  
 Occasionally \_\_\_\_\_ 58  
 Frequently \_\_\_\_\_ 2

0 12 24 36 48 60

Mean	.517	Std err	.049	Median	.500
Mode	.000	Std dev	.534	Variance	.285
Kurtosis	-1.220	S E Kurt	.438	Skewness	.269
S E Skew	.221	Range	2.000	Minimum	.000
Maximum	2.000	Sum	62.000		

Valid cases 120 Missing cases 11

Q61 Seminars/workshops/classes

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Never used	0	25	19.1	20.0	20.0

Occasionally	1	76	58.0	60.8	80.8
Frequently	2	24	18.3	19.2	100.0
	9	6	4.6	Missing	
		-----	-----	-----	
	Total	131	100.0	100.0	

Never used \_\_\_\_\_ 25  
Occasionally \_\_\_\_\_ 76  
Frequently \_\_\_\_\_ 24

0            20            40            60            80            100

Mean	.992	Std err	.056	Median	1.000
Mode	1.000	Std dev	.629	Variance	.395
Kurtosis	-.418	S E Kurt	.430	Skewness	.006
S E Skew	.217	Range	2.000	Minimum	.000
Maximum	2.000	Sum	124.000		

Valid cases      125            Missing cases      6

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Q62            Lack of info about services

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Dont know	0	7	5.3	5.6	5.6
Not serious	1	29	22.1	23.0	28.6
Serious	2	90	68.7	71.4	100.0
	9	5	3.8	Missing	
		-----	-----	-----	
	Total	131	100.0	100.0	

Dont know \_\_\_\_\_ 7  
Not serious \_\_\_\_\_ 29  
Serious \_\_\_\_\_ 90

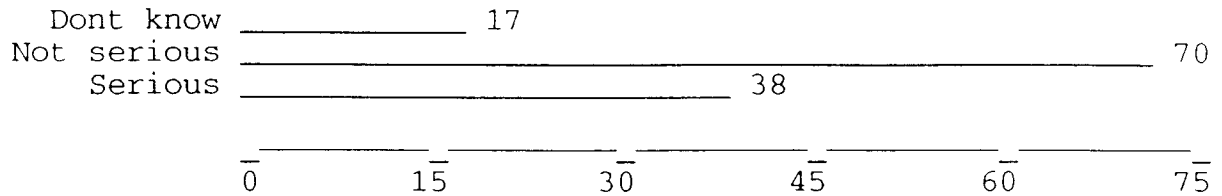
0            20            40            60            80            100

Mean	1.659	Std err	.052	Median	2.000
Mode	2.000	Std dev	.582	Variance	.339
Kurtosis	1.295	S E Kurt	.428	Skewness	-1.512
S E Skew	.216	Range	2.000	Minimum	.000
Maximum	2.000	Sum	209.000		

Valid cases      126            Missing cases      5

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Q63            Inconvenient locations

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Dont know	0	17	13.0	13.6	13.6
Not serious	1	70	53.4	56.0	69.6
Serious	2	38	29.0	30.4	100.0
	9	6	4.6	Missing	
Total		131	100.0	100.0	

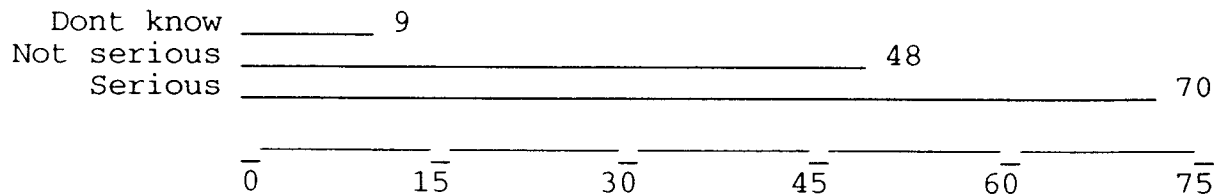


Mean	1.168	Std err	.058	Median	1.000
Mode	1.000	Std dev	.644	Variance	.415
Kurtosis	-.623	S E Kurt	.430	Skewness	-.170
S E Skew	.217	Range	2.000	Minimum	.000
Maximum	2.000	Sum	146.000		

Valid cases 125 Missing cases 6

Q64 Lack of transportation

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Dont know	0	9	6.9	7.1	7.1
Not serious	1	48	36.6	37.8	44.9
Serious	2	70	53.4	55.1	100.0
	9	4	3.1	Missing	
Total		131	100.0	100.0	

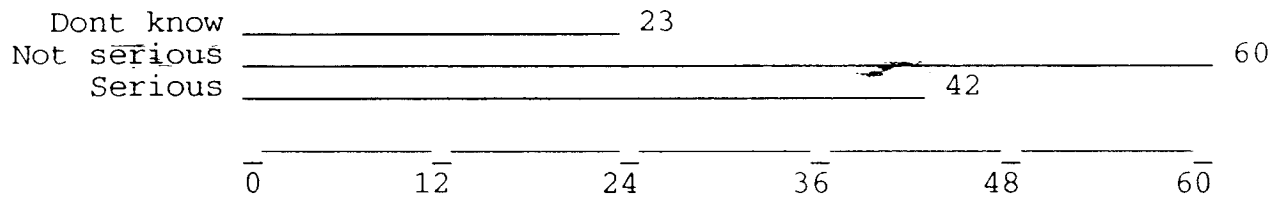


Mean	1.480	Std err	.056	Median	2.000
Mode	2.000	Std dev	.628	Variance	.394
Kurtosis	-.351	S E Kurt	.427	Skewness	-.804
S E Skew	.215	Range	2.000	Minimum	.000
Maximum	2.000	Sum	188.000		

Valid cases 127 Missing cases 4

Q65 Inconvenient hours/days

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Dont know	0	23	17.6	18.4	18.4
Not serious	1	60	45.8	48.0	66.4
Serious	2	42	32.1	33.6	100.0
	9	6	4.6	Missing	
	Total	131	100.0	100.0	

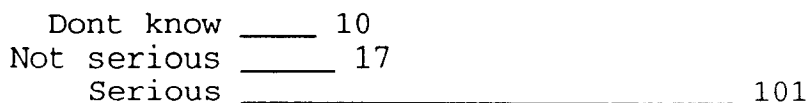


Mean	1.152	Std err	.063	Median	1.000
Mode	1.000	Std dev	.708	Variance	.501
Kurtosis	-.974	S E Kurt	.430	Skewness	-.226
S E Skew	.217	Range	2.000	Minimum	.000
Maximum	2.000	Sum	144.000		

Valid cases 125 Missing cases 6

Q66 Cost of services

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Dont know	0	10	7.6	7.8	7.8
Not serious	1	17	13.0	13.3	21.1
Serious	2	101	77.1	78.9	100.0
	9	3	2.3	Missing	
	Total	131	100.0	100.0	



Mean	1.711	Std err	.053	Median	2.000
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Mode	2.000	Std dev	.604	Variance	.365
Kurtosis	2.562	S E Kurt	.425	Skewness	-1.953
S E Skew	.214	Range	2.000	Minimum	.000
Maximum	2.000	Sum	219.000		

Valid cases 128 Missing cases 3

Q67 Eligibility requirements

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Dont know	0	24	18.3	19.0	19.0
Not serious	1	26	19.8	20.6	39.7
Serious	2	76	58.0	60.3	100.0
	9	5	3.8	Missing	
Total		131	100.0	100.0	

Dont know \_\_\_\_\_ 24  
 Not serious \_\_\_\_\_ 26  
 Serious \_\_\_\_\_ 76

0 20 40 60 80 100

Mean	1.413	Std err	.071	Median	2.000
Mode	2.000	Std dev	.793	Variance	.628
Kurtosis	-.833	S E Kurt	.428	Skewness	-.883
S E Skew	.216	Range	2.000	Minimum	.000
Maximum	2.000	Sum	178.000		

Valid cases 126 Missing cases 5

Q68 Perceptions about quality of service

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Dont know	0	21	16.0	16.8	16.8
Not serious	1	63	48.1	50.4	67.2
Serious	2	41	31.3	32.8	100.0
	9	6	4.6	Missing	
Total		131	100.0	100.0	

Dont know \_\_\_\_\_ 21  
 Not serious \_\_\_\_\_ 63

Serious \_\_\_\_\_ 41

0            15            30            45            60            75

Mean	1.160	Std err	.062	Median	1.000
Mode	1.000	Std dev	.689	Variance	.474
Kurtosis	-.873	S E Kurt	.430	Skewness	-.219
S E Skew	.217	Range	2.000	Minimum	.000
Maximum	2.000	Sum	145.000		

Valid cases      125            Missing cases      6

Q69            Language/cultural barriers

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Dont know	0	14	10.7	11.2	11.2
Not serious	1	50	38.2	40.0	51.2
Serious	2	61	46.6	48.8	100.0
	9	6	4.6	Missing	
	Total	131	100.0	100.0	

Dont know \_\_\_\_\_ 14  
 Not serious \_\_\_\_\_ 50  
 Serious \_\_\_\_\_ 61

0            15            30            45            60            75

Mean	1.376	Std err	.061	Median	1.000
Mode	2.000	Std dev	.680	Variance	.462
Kurtosis	-.681	S E Kurt	.430	Skewness	-.634
S E Skew	.217	Range	2.000	Minimum	.000
Maximum	2.000	Sum	172.000		

Valid cases      125            Missing cases      6

Q70            Prior bad experience

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Dont know	0	36	27.5	28.8	28.8
Not serious	1	49	37.4	39.2	68.0
Serious	2	40	30.5	32.0	100.0
	9	6	4.6	Missing	



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Total            131      100.0      100.0

Dont know \_\_\_\_\_ 36  
 Not serious \_\_\_\_\_ 49  
 Serious \_\_\_\_\_ 40

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0            10            20            30            40            50

Mean	1.032	Std err	.070	Median	1.000
Mode	1.000	Std dev	.782	Variance	.612
Kurtosis	-1.357	S E Kurt	.430	Skewness	-.056
S E Skew	.217	Range	2.000	Minimum	.000
Maximum	2.000	Sum	129.000		

Valid cases      125      Missing cases      6

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Q71      Reluct. to go outside family/friends

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Dont know	0	37	28.2	29.4	29.4
Not serious	1	39	29.8	31.0	60.3
Serious	2	50	38.2	39.7	100.0
	9	5	3.8	Missing	
Total		131	100.0	100.0	

Dont know \_\_\_\_\_ 37  
 Not serious \_\_\_\_\_ 39  
 Serious \_\_\_\_\_ 50

-----

0            10            20            30            40            50

Mean	1.103	Std err	.074	Median	1.000
Mode	2.000	Std dev	.828	Variance	.685
Kurtosis	-1.516	S E Kurt	.428	Skewness	-.196
S E Skew	.216	Range	2.000	Minimum	.000
Maximum	2.000	Sum	139.000		

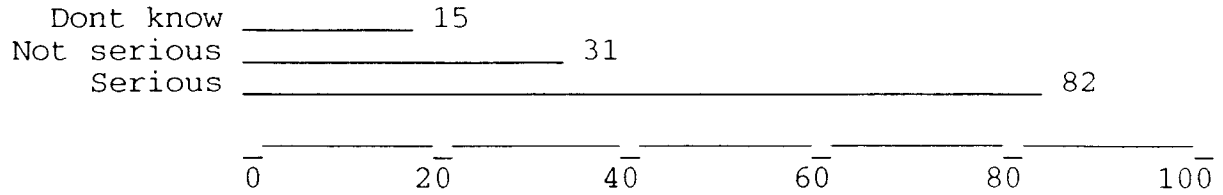
Valid cases      126      Missing cases      5

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Q72      Wait for services

Valid      Cum

Value Label	Value	Frequency	Percent	Percent	Percent
Dont know	0	15	11.5	11.7	11.7
Not serious	1	31	23.7	24.2	35.9
Serious	2	82	62.6	64.1	100.0
	9	3	2.3	Missing	
	Total	131	100.0	100.0	

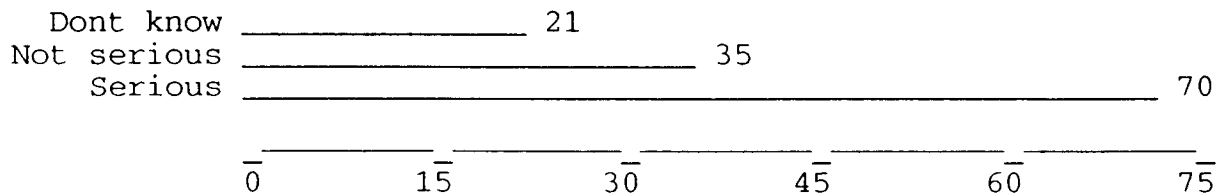


Mean	1.523	Std err	.062	Median	2.000
Mode	2.000	Std dev	.698	Variance	.488
Kurtosis	-.040	S E Kurt	.425	Skewness	-1.142
S E Skew	-.214	Range	2.000	Minimum	.000
Maximum	2.000	Sum	195.000		

Valid cases 128 Missing cases 3

Q73 Lack of child care

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Dont know	0	21	16.0	16.7	16.7
Not serious	1	35	26.7	27.8	44.4
Serious	2	70	53.4	55.6	100.0
	9	5	3.8	Missing	
	Total	131	100.0	100.0	



Mean	1.389	Std err	.068	Median	2.000
Mode	2.000	Std dev	.759	Variance	.576
Kurtosis	-.826	S E Kurt	.428	Skewness	-.788
S E Skew	.216	Range	2.000	Minimum	.000
Maximum	2.000	Sum	175.000		

Valid cases 126 Missing cases 5

Q74 Concerns about confidentiality

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Dont know	0	34	26.0	27.4	27.4
Not serious	1	61	46.6	49.2	76.6
Serious	2	29	22.1	23.4	100.0
	9	7	5.3	Missing	
	Total	131	100.0	100.0	

Dont know	34
Not serious	61
Serious	29

0 15 30 45 60 75

Mean	.960	Std err	.064	Median	1.000
Mode	1.000	Std dev	.715	Variance	.511
Kurtosis	-1.018	S E Kurt	.431	Skewness	.059
S E Skew	.217	Range	2.000	Minimum	.000
Maximum	2.000	Sum	119.000		

Valid cases 124 Missing cases 7

Q75 Lack of specialty services/care

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Dont know	0	29	22.1	23.2	23.2
Not serious	1	52	39.7	41.6	64.8
Serious	2	44	33.6	35.2	100.0
	9	6	4.6	Missing	
	Total	131	100.0	100.0	

Dont know	29
Not serious	52
Serious	44

0 12 24 36 48 60

Mean	1.120	Std err	.068	Median	1.000
Mode	1.000	Std dev	.758	Variance	.574
Kurtosis	-1.225	S E Kurt	.430	Skewness	-.204
S E Skew	.217	Range	2.000	Minimum	.000

Maximum 2.000 Sum 140.000

Valid cases 125 Missing cases 6

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Page 5 SPSS/PC+ 11/25/95

This procedure was completed at 0:43:29  
save outfile 'c:\data\chris525.94\AZUSA\_2.sps'.  
The SPSS/PC+ system file is written to  
file c:\data\chris525.94\AZUSA\_2.sps  
95 variables (including system variables) will be saved.  
0 variables have been dropped.

The system file consists of:

432 Characters for the header record.  
3040 Characters for variable definition.  
3248 Characters for labels.  
14336 Characters for data.  
21056 Total file size.

131 out of 131 cases have been saved.

-----  
Page 6 SPSS/PC+ 11/25/95

This procedure was completed at 0:43:32  
get file 'c:\data\chris525.94\AZUSA\_2.sps'.  
The SPSS/PC+ system file is read from  
file c:\data\chris525.94\AZUSA\_2.sps  
The file was created on 11/25/95 at 0:43:29  
and is titled SPSS/PC+  
The SPSS/PC+ system file contains  
131 cases, each consisting of  
95 variables (including system variables).  
95 variables will be used in this session.

-----  
Page 7 SPSS/PC+ 11/25/95

This procedure was completed at 0:43:33  
display.

-----  
Page 8 SPSS/PC+ 11/25/95

IDNUM	Q1	Q2	Q3	Q3A
Q3B	Q3C	Q3D	Q3E	Q3F
Q4A	Q4B	Q5A	Q5B	Q6A
Q6B	Q7A	Q7B	Q8A	Q8B
Q9A	Q9B	Q10A	Q10B	Q11A
Q11B	Q12A	Q12B	Q13A	Q13B
Q14	Q15	Q16	Q17	Q18
Q19	Q20	Q21	Q22	Q23
Q24	Q25	Q26	Q27	Q28
Q29	Q30	Q31	Q32	Q33
Q34	Q35	Q36	Q37	Q38
Q39	Q40	Q41	Q42	Q43
Q44	Q45	Q46	Q47	Q48
Q49	Q50	Q51	Q52	Q53
Q54	Q55	Q56	Q57	Q58
Q59	Q60	Q61	Q62	Q63

**Appendix G:**  
**Preliminary Results, 1995 Economic Benefit Inventory**

## **Preliminary Results, Huntington East Valley Hospital 1995 Economic Benefit Inventory**

The following are Huntington East Valley's preliminary findings of community benefit costs – both "hard" and "soft" data – based on information gleaned from numerous meetings, workshops and articles about how to best calculate these numbers. It is expected that 1995 and 1996 numbers will be generated and included with the hospital's next community benefits plan to be submitted as appropriate.

### **Benefits for Vulnerable Populations**

Charity	\$100,195
Medicare Shortfalls	\$852,589
Medi-Cal Shortfalls*	\$2,010,296

### **Benefits for the Broader Community**

Community Health Education	\$10,688
Direct Patient Services	\$48,476
Professional Development	\$7,369
In-Kind Support to Community Agencies	\$7,236

**Total** **\$3,036,849**

*\*Note: Huntington East Valley Hospital is a designated disproportionate share (DSH) hospital.*

