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City of Hope®

2016 COMMUNITY HEALTH NEEDS ASSESSMENT

Contents

Introduction

What Is a Community Health Needs Assessment?

A community health needs assessment (CHNA) is a report on the health status of a community. A CHNA explores the root causes of death and disease and identifies the communities most impacted by these causes. Root causes of death and disease are often rooted in social issues such as crime, poverty, educational level achieved, air pollution, unhealthy lifestyle choices, mental illness, language and cultural differences. A CHNA can pinpoint the communities/cities where there might be more people at a greater risk for a problem like obesity or access to healthy food, for example. This is done is by collecting statistical data from sources like the Centers for Disease Control; other national, state and local health departments; and university data bases. This type of data is called **secondary data**. It provides a general description of the leading causes of death and illness in a community.

In order to dig deeper, a CHNA must take the next step in exploring causes of death and disease by going into local communities and actually asking the people who live there for their thoughts and feelings about health and disease in their community. It can be done through phone calls, written or electronic surveys or small group discussions. This is called **primary data** collection, because the information comes from the people living where the root causes have been identified. It is a perfect opportunity to ask people why they think a certain health issue is more prevalent in their neighborhood. More importantly, they may be able to provide input on possible solutions for improving their health, as well.

How to Use This CHNA

Depending on what you are interested in accomplishing, you may choose to study the entire report, focus on a particular key health indicator or select various characteristics found in the San Gabriel Valley. No matter which pathway you choose, this report is organized in a way that will make it easy for you to gather the information you seek.

Much of the report provides data on various health indicators at the state and Los Angeles County level. Whenever possible, we gathered data for the specific cities located within the San Gabriel Valley. If you want to learn which cities have the highest percentage of residents graduating from high school, you can simply go to the section on Educational Attainment and locate the table with graduation rates. We have done the same for each key indicators for which the data was available.

Since City of Hope considers Los Angeles, Orange, San Bernardino, Riverside and Ventura as part of our larger service area, we have included data on those counties. You may find it useful to pull from this data and compare indicators, so you can track trends or identify issues of significance.

Take your time diving into the information provided in this report. Use it to learn more about your community or to design your own reports or project plans. At City of Hope, we will use the data to help us home in on the most serious health issues and social disparities that lead to poor health, so we can best allocate our resources toward improving the lives of residents of our service area.

Background and Purpose

Founded in 1913, City of Hope is one of only 47 comprehensive cancer centers in the nation, as designated by the National Cancer Institute. City of Hope is also a founding member of the National Comprehensive Cancer Network, using research and treatment protocols that advance care throughout the nation. City of Hope is dedicated to making a difference in the lives of people with cancer, diabetes and other serious illnesses. Our mission is to transform the future of health care by turning science into a practical benefit and hope into reality. We accomplish this by providing outstanding care, conducting innovative research and offering vital education programs focused on eliminating these diseases. For 13 years, *U.S. News & World Report*' has listed City of Hope in its "Best Hospitals in America" issue, which recognizes the leading hospitals in the country in many categories.

City of Hope's main campus, located in Duarte, has 217 licensed beds and provides the latest treatments for cancer, HIV/AIDS and diabetes. City of Hope continues to be a pioneer of patient-centered care and remains committed to a tradition of exceptional care for patients, families and communities. Each day, we live out our credo: "There is no profit in curing the body if, in the process, we destroy the soul."

City of Hope has undertaken a CHNA as required by state and federal law. California Senate Bill 697,(the Patient Protection and Affordable Care Act) and IRS section 501(r)(3) direct tax-exempt hospitals to conduct a CHNA and develop an implementation strategy every three years. The CHNA is a primary tool used by City of Hope to determine its community benefit plan, which outlines how it will give back to the community in the form of health care and other services to address unmet community health needs. This assessment incorporates components of primary data collection and secondary data analysis that focus on the health and social needs of the community benefit service area.

Service Area

As an internationally renowned Center of Excellence, City of Hope serves the global community. Located at 1500 East Duarte Road in the City of Duarte, City of Hope is situated in Los Angeles County Service Planning Area (SPA) 3. For purposes of community benefit planning, SPA 3 is included in City of Hope's primary service area (Figure 1). Cities in SPA 3 include Alhambra, Altadena, Arcadia, Azusa, Baldwin Park, Claremont, Covina, Diamond Bar, Duarte, El Monte, Glendora, Irwindale, Monrovia, Monterey Park, Pasadena, Pomona, San Dimas, San Gabriel, San Marino, Temple City, Walnut, West Covina and others. City of Hope's primary service area also includes portions of Los Angeles, Orange, Riverside, San Bernardino and Ventura counties.

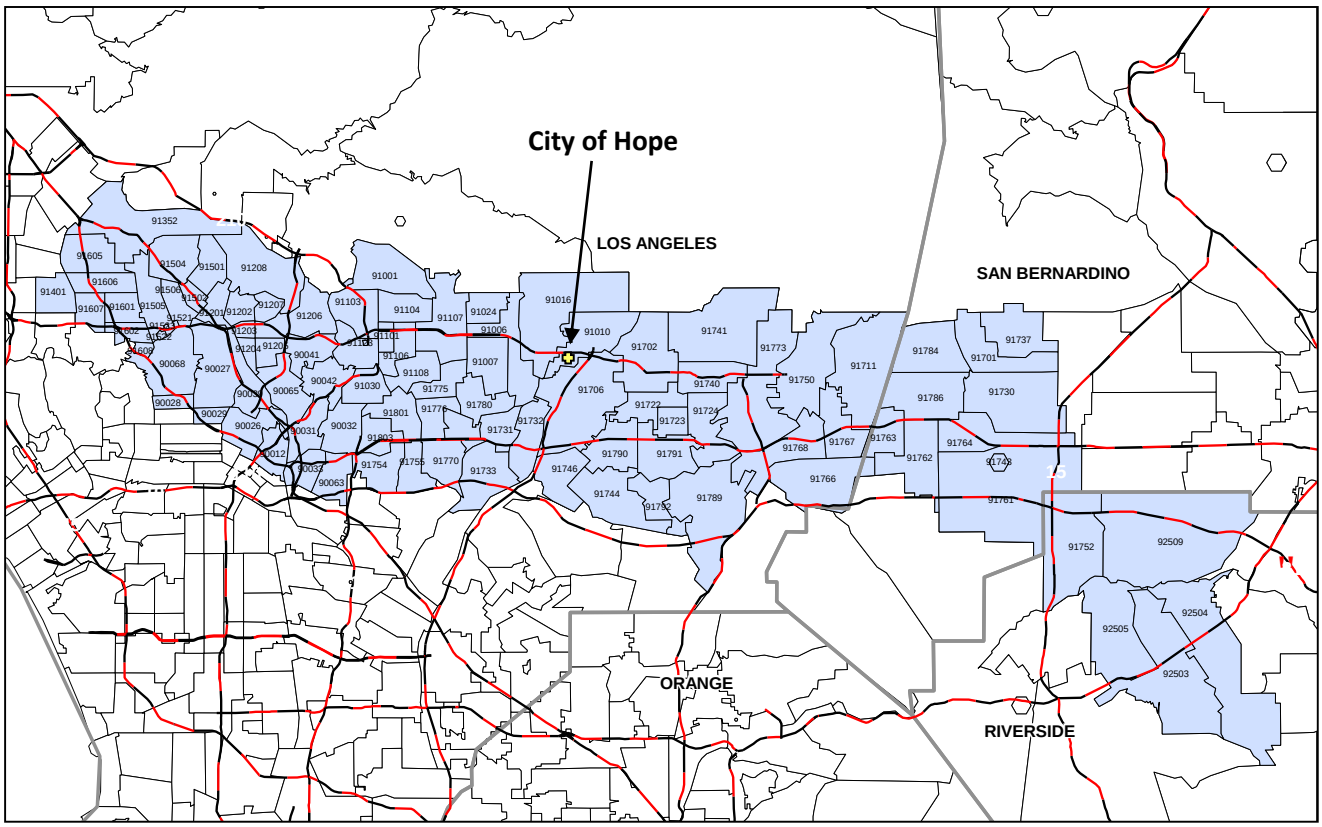

Figure 1. City of Hope Service Area

Project Oversight

The CHNA for City of Hope was overseen by Nancy Clifton-Hawkins, M.P.H., M.C.H.E.S., Community Benefit Manager, Department of Community Benefit.

Consultant

The CHNA was conducted by Biel Consulting, Inc., an independent consulting firm that works with hospitals, clinics and community-based nonprofit organizations. Dr. Melissa Biel, D.P.A, M.S.N., R.N. was in charge of City of Hope's CHNA, and she was joined by Deborah Silver, M.S., and Denise Flanagan, B.A. Biel Consulting (www.bielconsulting.com) has extensive experience in conducting hospital CHNAs and working with hospitals on developing, implementing, and evaluating community benefit programs.

Methods

In order to understand the needs of a community, a great deal of data must be collected. While represented in numbers, this data helps draw a picture of what life is like for residents of that community. For our City of Hope CHNA, we drew from both secondary and primary data. Secondary data is a higher level of data that can pinpoint particular diseases and conditions that impacts citizens at the city, county, state, national and world level. Knowing secondary data can help an organization target programs and services directly to communities that are impacted the most. However, secondary data can often be impersonal: It will not necessarily tell you why certain health or social conditions exist. Secondary data is like a black-and-white picture. It tells you a lot about a community, but it two-dimensional. Primary data fleshes out the picture with color and detail.

In collecting primary data, you enter a community and ask the residents how a particular health or social issue impacts them. This type of information—which is often more significant than a "leading cause of death"—can help you design a program or services to eliminate barriers decreasing quality of life for that group. You may find language, lack of transportation, poverty, crime and location of housing are the reasons why a health issue is more prevalent than in other communities. Primary data can be gathered directly from through focus groups, interviews and targeted surveys. When an organization is able to address the most pressing issues—the root causes of health inequities—the path to preventing or eliminating a leading cause of death becomes clearer. The following sections will introduce you to the types of methods used to learn more about City of Hope's community and will add color to your own picture of health and wellness in the San Gabriel Valley.

Secondary Data Collection

Secondary data is collected from a variety of local, county and state sources to present community demographics, social and economic factors, health access, leading causes of death, cancer incidence and mortality, chronic disease, health behaviors, mental health and substance abuse. The sources of data we used for this CHNA included U.S. Census American Community Survey, County Health Rankings, California Health Interview Survey, California Department of Public Health, California Department of Finance, California Office of Statewide Health Planning & Development, California Department of Justice, California Employment Development Department, Community Commons, California Cancer Registry, California Department of Education, Los Angeles County Department of Public Health, among others. When pertinent, these data sets are presented in the context of the State of California, framing the scope of an issue as it relates to the broader community.

Secondary data for the hospital service area was collected and documented in data tables with narrative explanations. The tables include the data indicator, the geographic area represented, the data measurement (e.g., rate, number or percent), county and state comparisons (when available), data source, data year and an electronic link to the data source. The report includes benchmark comparison data that measures Mercy data findings with Healthy People 2020 objectives. Healthy People 2020 is a

national initiative to improve public health by providing measurable objectives and goals that are applicable at national, state and local levels.

Primary Data Collection

Analysis of secondary data yielded a preliminary list of significant health needs, which then informed primary data collection. The primary data collection process was designed to validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, ascertain community assets to address needs and discover gaps in resources.

For this CHNA, we obtained information through focus groups; a community survey; and interviews with key community stakeholders, public health and service providers, members of medically underserved, low-income and minority populations in the community, and individuals or organizations serving or representing the interests of such populations. A list of the primary data collection sources can be found in Appendix 1.

Focus Groups

City of Hope developed focus groups that included members of medically underserved, low-income and minority populations in the community, and individuals and organizations serving or representing the interests of these populations. Five focus groups engaging 65 community stakeholders were conducted. One focus group was conducted in Spanish with a bilingual facilitator, and one was conducted in English and Mandarin with a bilingual interpreter. The other three focus groups were conducted in English. Focus group participants were selected because they represented subpopulations (racial/ethnic, age and geographic) of the SPA 3 service area. The meetings were hosted by trusted community organizations. An agency contact was made available to answer any questions at each focus group. Refreshments were offered, and gift cards were provided to participants.

At the beginning of each focus group, the purpose of the group and the community assessment process were explained. Participants were assured of anonymity, as responses would be aggregated. The focus group discussions were recorded on audio for ease of documentation. Before beginning the discussion, each facilitator asked each participant to consent to participating and being recorded. The focus group participants were asked to share their perspectives related to topics within the following areas:

- Biggest issues and health concerns facing the community
- Issues, challenges and barriers faced by community members specific to the identified health needs
- Services, programs and community efforts available to address each health need
- Special populations or groups that are most affected by a health need
- How City of Hope might help address the community needs
- Other comments or concerns

Community Survey

To further engage community residents in the assessment process, an electronic survey was made available from November 2015 to January 2016 through Survey Monkey. The hospital distributed the survey link to community partners. An introduction to the survey questions explained the purpose of the survey and assured them that participation was voluntary and that they would remain anonymous. Thirty-eight persons returned the survey.

The survey asked for the respondents' ZIP code, age, insurance status and perceived health status. Survey questions focused on the following topics:

- Biggest health issues in the community
- Where they accessed routine health care services
- Problems they face accessing health care or supportive services
- What would make it easier to obtain care
- Types of support or services needed in the community
- Healthy changes adopted in the past year to improve health

The summary survey report can be found in Appendix 2.

Interviews

Targeted interviews were used to gather information and opinions from persons who represent the community served by the hospital. City of Hope developed a list of key influencers who have knowledge of community health needs. They were selected to cover a wide range of communities within the hospital service area and to represent different age groups and racial/ethnic populations. Fifteen interviews were completed in December 2015 and January 2016.

Stakeholders were invited by email to participate in a phone interview. Interview appointments were scheduled at the stakeholder's convenience. At the onset of each interview, the purpose of the interview in the context of the assessment was explained, stakeholders were assured their responses would remain confidential and consent to proceed was obtained.

Interview participants were asked to share their perspectives on a number of topics related to the identified preliminary health needs in the service area. Questions focused on the following topics:

- Major health issues facing the community
- Socioeconomic, behavioral, environmental or clinical factors that contribute to poor health in a community
- Issues, challenges and barriers relating to the identified health needs
- Services, programs, community efforts and resources available to address the health needs
- Special populations or groups that are affected by a health need
- Health or social services that are missing or difficult to access
- Other comments or concerns

Focus group, survey and interview participants were asked to provide additional comments to share with the hospital. Analysis of the primary data was performed through a process that compared and combined responses in order to identify themes. All responses to each question were examined together, and concepts and themes were then summarized to reflect the respondents' experiences and opinions. These results were reviewed in conjunction with the secondary data. Primary data findings were used to corroborate secondary data-defined health needs, serving as a confirmatory data source. Responses are included in the following CHNA chapters.

Information Gaps

Information gaps that impact the ability to assess health needs were identified. Some of the secondary data was not always collected on a regular basis, meaning that some data was several years old. Disaggregated data around age, ethnicity, race and gender were not available for all data indicators, which limited the ability to examine disparities of health issues within every community.

Public Comment

In compliance with IRS regulations 501(r)(3) for charitable hospitals, a hospital CHNA and implementation strategy are to be made widely available to the public, and public comment must be solicited. In compliance with these regulations, the previous City of Hope CHNA and Implementation Strategy were made available to the public on www.cityofhope.org/about-city-of-hope/community/community-benefit. Public comment was requested. At the time of this report, no public comments had been received.

Identification of Significant Health Needs

How to Use This Section

This section highlights the health and social issues with the greatest impact on residents of City of Hope's service area. You can use this information to broaden your understanding of how the needs were identified and prioritized. Pay particular attention to the way that community input was used to validate the data and focus priorities at the local level.

Review of Primary and Secondary Data

Secondary data analysis yielded a preliminary list of significant health needs, which then informed primary data collection. The primary data collection process helped validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations and ascertain community assets to address needs.

The following criteria were used to identify significant health needs:

1. Size of the problem (relative portion of population afflicted by the problem)
2. Seriousness of the problem (impact on individuals, families and communities)

To determine size and seriousness, health indicators identified in the secondary data collection were measured against benchmark data, specifically California rates and Healthy People 2020 objectives, whenever available. Health indicators that performed poorly against one or more of these benchmarks were considered to have met the size or seriousness criteria. Additionally, primary data sources (interview, focus group and survey participants) were asked to identify and validate community and health issues. Information gathered from these sources helped determine significant health needs.

Significant Health Needs

The following significant health needs were determined:

- Access to health care
- Cancer
- Heart disease
- Mental health
- Overweight and obesity
- Substance abuse (alcohol, drug, tobacco use)

Community input on these health needs is detailed throughout the CHNA report.

Resources to Address Significant Needs

Through the focus groups, surveys and interviews, community stakeholders and residents identified community resources that can help address the significant health needs. These resources are presented in Appendix 3.

Priority Health Needs

How to use this section

Even when data exposes a health issue as critical, it may not be so on the community level. This section shares the insights that local residents provided on health and social issues that impact them. It is interesting to note how priorities shifted when presented to the community members for ranking. This suggests that even though data may tell us one thing, we must address issues according to residents' priorities. In the end, program and services should be designed to address the most pressing concerns first, building trust and social capital and leading the way toward more sustainable programs and services to be implemented in the future.

Community Input on Significant Health Needs

The identified significant health needs were prioritized with input from the community. The following criteria were used to prioritize the health needs:

- Perceived severity of a health issue or health factor/driver as it affects the health and lives of community residents
- The level of importance City of Hope should place on addressing the issue

Each stakeholder interviewee was sent a link to an electronic survey on Survey Monkey in advance of the interview. They were asked to rank each identified health need in order of importance. The percentage of responses noted for those identified as having severe or very severe impact on the community, having worsened over time and having a shortage or absence of resources available in the community for addressing the issue. Not all survey respondents answered every question; therefore, the percentages were calculated based on number of responders and not on entire sample size. Mental health and overweight/obesity scored the highest. This indicates a severe impact on the community, a worsening over time and a shortage or absence of resources available to address these issues. Access to health care also rated high on insufficient resources available. Results are listed in Table 1 below:

Significant Health Needs	Severe and Very Severe Impact on the Community	Worsened Over Time	Insufficient or Absence of Resources
Access to health care	63.7%	0%	72.7%
Cancer	63.7%	0%	36.4%
Heart disease	45.5%	0%	36.4%
Mental health	63.7%	36.4%	72.7%
Overweight and obesity	81.9%	45.5%	63.6%
Substance abuse	54.6%	9.1%	54.6%

Table 1. Community responses to significant health needs

The survey respondents, focus group attendees and interviewees were asked to rank the health needs according to highest level of importance in the community. The total score for each significant health need (possible score of 4) was divided by the total number of responses for which data was provided, producing an average score for each health need. Significant health needs were prioritized as follows:

Significant Health Needs	Rank Order Score (Total Possible Score of 4)
Access to health care	3.85
Mental health	3.72
Cancer	3.65
Heart disease	3.56
Overweight and obesity	3.54
Substance abuse	3.34

Table 2. Significant health needs ranked by priority

Impact Evaluation of Priorities Identified in the Last Assessment

City of Hope conducted its previous CHNA in 2013. Significant health needs were identified from issues supported by primary and secondary data sources gathered for the CHNA. In developing the hospital's implementation strategy resulting from the 2013 CHNA, City of Hope chose to address research alliances, cancer prevention and early detection, healthy living (specifically, the impact of nutrition and physical activity on cancer and diabetes), culturally relevant community partnerships and education, and smoking cessation and its impact on lung cancer. An evaluation of the impact of the actions City of Hope took to address these significant health needs can be found in Appendix 4.

Community Demographics

How to use this section

This section introduces you to the people who live in City of Hope's service area. You will learn how many people reside here and their age, ethnicity, gender, citizenship and the language spoken in their home. When working with communities, it is necessary to know who the residents are. While reading through this section, think about how language and gender might influence community programs. Would delivering a program in English in a community that mostly speaks Spanish be successful? If the population is older, would it be a good idea to hold classes at night? The data is shared in a broader context of the five counties before being narrowing down to the cities surrounding City of Hope.

Population

Based on 2010 census data, the population in the five core counties served by City of Hope is 17,877,006. Population density ranges from the very dense Orange and Los Angeles counties to the more sparsely populated Ventura, Riverside and San Bernardino counties.

County	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Los Angeles	9,818,605	4,057.88	2,419.6
Orange	3,010,232	790.57	3,807.7
Riverside	2,189,641	7,206.48	303.8
San Bernardino	2,035,210	20,056.94	101.5
Ventura	823,318	1,843.13	446.7
Total of 5 Counties	**17,877,006**	**33,955.00**	**7,079.3**

Table 3. Population of City of Hope's service area by county (2010 census)
Source: U.S. Census Bureau, 2010 Census of Population and Housing, DP-1.
http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml

There are 34 cities in Los Angeles County's Service Planning Area (SPA) 3. They range in population from Industry (407 residents) to Pomona (150,006 residents).

SPA 3	Total Population
Alhambra	83,799
Altadena	45,015
Arcadia	56,758
Azusa	46,843
Baldwin Park	75,933
Bradbury	924
Citrus	11,134
Claremont	35,252
Covina	48,098
Diamond Bar	55,950
Duarte	21,499

SPA 3	Total Population
El Monte	114,412
Glendora	50,500
Hacienda Heights	55,816
Industry	407
Irwindale	1,497
La Puente	40,110
La Verne	31,336
Monrovia	36,806
Monterey Park	60,591
Pasadena	138,004
Pomona	150,006
Rosemead	54,116
Rowland Heights	50,263
San Dimas	33,582
San Gabriel	39,953
San Marino	13,205
Sierra Madre	10,983
South El Monte	20,260
South Pasadena	25,747
Temple City	35,772
Valinda	22,694
Walnut	29,584
West Covina	106,731

Table 4. Population of SPA 3 cities (2009-2013)
Source: U.S. Census Bureau, American Community Survey, 2009-2013, DP05. http://factfinder.census.gov

Figure 2. Population density of City of Hope's service area

Since the 2000 census was taken, the five counties served by City of Hope's hospital have experienced an overall growth in population that lags slightly behind that of the state as a whole (10.3%, compared with 11.2%). The increase was largely driven by explosive growth in the populations of Riverside (44.2%) and San Bernardino (20.3%) counties. Los Angeles and Orange counties grew at much slower rates (3.9% and 7.2%, respectively).

County	Total Population 2000 Census	Current Population Estimate	Total Population Change (2000-2013)	Percent Population Change (2000-2013)
Los Angeles	9,519,338	9,893,481	374,143	3.9%
Orange	2,846,289	3,051,771	205,482	7.2%
Riverside	1,545,387	2,228,528	683,141	44.2%
San Bernardino	1,709,434	2,056,915	347,481	20.3%
Ventura	753,197	829,017	75,820	10.1%

Table 5. Population growth by county (2000-2013)

Source: U.S. Census Bureau, 2000 Census; American Community Survey, 2009-2013. http://factfinder.census.gov

Children and youth ages 0-17 make up 22.9% of the SPA 3 population, while 10.5% of residents are 18-

24 years of age, 27.5% are 25-44, 26.3% are 45-64 and 12.8% are age 65 and older. While somewhat similar in size (138,004 and 150,006 residents, respectively), Pasadena and Pomona have very different population profiles: Pasadena has the highest number of residents ages 25-44, 45-64 and 65+ of any SPA 3 city, and Pomona has the highest number of residents ages 0-4, 5-17 and 18-24.

SPA 3	Ages 0-4	Ages 5-17	Ages 18-24	Ages 25-44	Ages 45-64	Ages 65+
Alhambra	4,358	10,894	7,961	25,140	23,212	12,235
Altadena	2,701	7,563	3,241	11,704	13,324	6,482
Arcadia	2,554	9,933	4,484	13,849	17,084	8,854
Azusa	3,185	8,619	9,743	12,601	9,181	3,560
Baldwin Park	5,239	15,946	9,340	20,958	17,692	6,758
Bradbury	40	104	93	142	352	192
Citrus	813	2,015	1,659	3,318	2,438	891
Claremont	1,375	5,817	6,169	6,874	8,989	6,028
Covina	3,559	9,042	5,050	12,698	12,650	5,146
Diamond Bar	2,350	9,288	5,259	14,435	17,960	6,602
Duarte	1,290	3,461	1,720	5,676	5,826	3,526
El Monte	8,009	21,395	12,471	34,209	26,200	12,242
Glendora	2,475	9,545	5,050	11,868	14,645	6,969
Hacienda Heights	2,679	9,489	4,968	14,512	15,517	8,707
Industry	11	108	18	118	66	86
Irwindale	121	307	196	370	367	138
La Puente	3,289	7,942	4,532	12,033	8,503	3,810
La Verne	1,410	5,421	3,322	6,863	8,837	5,484
Monrovia	2,797	5,595	2,981	10,858	10,269	4,306
Monterey Park	2,848	7,634	5,696	15,935	16,784	11,694
Pasadena	7,452	17,665	13,248	45,403	34,087	20,149
Pomona	11,850	30,451	21,001	42,002	32,101	12,601
Rosemead	2,652	8,604	5,033	15,044	15,152	7,684
Rowland Heights	2,312	7,288	4,775	14,023	14,727	7,087
San Dimas	1,646	4,869	3,728	7,724	10,444	5,104
San Gabriel	1,638	5,713	3,196	11,387	12,186	5,913
San Marino	739	2,535	634	2,496	4,371	2,443
Sierra Madre	725	1,439	351	2,746	3,778	1,944
South El Monte	1,763	4,072	1,925	5,896	4,579	1,985
South Pasadena	1,236	4,840	1,519	7,776	7,389	2,987
Temple City	2,003	5,831	2,540	9,372	10,517	5,545
Valinda	1,498	4,947	2,315	6,854	4,993	2,065
Walnut	828	5,059	3,373	6,479	10,206	3,668
West Covina	6,938	19,105	11,527	28,924	27,003	13,021
Totals	**94,383**	**272,536**	**169,118**	**440,287**	**421,429**	**205,906**

Table 6. Population of SPA 3 cities by age

Source: U.S. Census Bureau, American Community Survey, 2009-2013, DP05. http://factfinder.census.gov

In SPA 3, Monterey Park is the city with the smallest percentage of children 0-17 (4.7%) and the highest percentage of seniors (19.3%). Azusa has the lowest percentage of seniors (7.6%) and the highest percentage of young adults ages 18-24 (20.8%). South El Monte has the highest percentage of children 0-17 (8.7%), while Sierra Madre has the highest percentage of working-age adults (59.4%).

SPA 3	Ages 0-4	Ages 5-17	Ages 18-24	Ages 25-44	Ages 45-64	Ages 65+
Alhambra	5.2%	13.0%	9.5%	30.0%	27.7%	14.6%
Altadena	6.0%	16.8%	7.2%	26.0%	29.6%	14.4%
Arcadia	4.5%	17.5%	7.9%	24.4%	30.1%	15.6%
Azusa	6.8%	18.4%	20.8%	26.9%	19.6%	7.6%
Baldwin Park	6.9%	21.0%	12.3%	27.6%	23.3%	8.9%
Bradbury	4.3%	11.3%	10.1%	15.4%	38.1%	20.8%
Citrus	7.3%	18.1%	14.9%	29.8%	21.9%	8.0%
Claremont	3.9%	16.5%	17.5%	19.5%	25.5%	17.1%
Covina	7.4%	18.8%	10.5%	26.4%	26.3%	10.7%
Diamond Bar	4.2%	16.6%	9.4%	25.8%	32.1%	11.8%
Duarte	6.0%	16.1%	8.0%	26.4%	27.1%	16.4%
El Monte	7.0%	18.7%	10.9%	29.9%	22.9%	10.7%
Glendora	4.9%	18.9%	10.0%	23.5%	29.0%	13.8%
Hacienda Heights	4.8%	17.0%	8.9%	26.0%	27.8%	15.6%
Industry	2.7%	26.5%	4.4%	29.0%	16.2%	21.1%
Irwindale	8.1%	20.5%	13.1%	24.7%	24.5%	9.2%
La Puente	8.2%	19.8%	11.3%	30.0%	21.2%	9.5%
La Verne	4.5%	17.3%	10.6%	21.9%	28.2%	17.5%
Monrovia	7.6%	15.2%	8.1%	29.5%	27.9%	11.7%
Monterey Park	4.7%	12.6%	9.4%	26.3%	27.7%	19.3%
Pasadena	5.4%	12.8%	9.6%	32.9%	24.7%	14.6%
Pomona	7.9%	20.3%	14.0%	28.0%	21.4%	8.4%
Rosemead	4.9%	15.9%	9.3%	27.8%	28.0%	14.2%
Rowland Heights	4.6%	14.5%	9.5%	27.9%	29.3%	14.1%
San Dimas	4.9%	14.5%	11.1%	23.0%	31.1%	15.2%
San Gabriel	4.1%	14.3%	8.0%	28.5%	30.5%	14.8%
San Marino	5.6%	19.2%	4.8%	18.9%	33.1%	18.5%
Sierra Madre	6.6%	13.1%	3.2%	25.0%	34.4%	17.7%
South El Monte	8.7%	20.1%	9.5%	29.1%	22.6%	9.8%
South Pasadena	4.8%	18.8%	5.9%	30.2%	28.7%	11.6%
Temple City	5.6%	16.3%	7.1%	26.2%	29.4%	15.5%
Valinda	6.6%	21.8%	10.2%	30.2%	22.0%	9.1%
Walnut	2.8%	17.1%	11.4%	21.9%	34.5%	12.4%
West Covina	6.5%	17.9%	10.8%	27.1%	25.3%	12.2%
Total	**5.9%**	**17.0%**	**10.5%**	**27.5%**	**26.3%**	**12.8%**

Table 7. Percent of population by age in SPA 3 Cities

Source: U.S. Census Bureau, American Community Survey, 2009-2013, DP05. http://factfinder.census.gov

Note: When comparing categories as a percentage of total population, Bradbury, Industry and Irwindale were excluded, due to small population sizes.

At the county level, children and youth ages 0-17 make up 25% of the five-county population, whie 10.7% are ages 18-24, 28.5% are 25-44, 24.5% are 45-64 and 11.3% are 65 or older.

County	Ages 0-4	Ages 5-17	Ages 18-24	Ages 25-44	Ages 45-64	Ages 65+
Los Angeles	643,076	1,731,359	1,068,496	2,928,470	2,423,903	1,108,070
Orange	192,262	540,163	311,281	854,496	784,305	366,213
Riverside	160,454	456,848	233,995	586,103	519,247	271,880
San Bernardino	158,382	431,952	234,488	563,595	481,318	191,293
Ventura	54,715	154,197	82,902	216,373	219,690	101,140
California	**2,527,752**	**6,714,466**	**3,961,953**	**10,592,531**	**9,415,614**	**4,446,865**

Table 8. Population by age and county

Source: U.S. Census Bureau, American Community Survey, 2009-2013, DP05. http://factfinder.census.gov

County	Ages 0-4	Ages 5-17	Ages 18-24	Ages 25-44	Ages 45-64	Ages 65+
Los Angeles	6.5%	17.5%	10.8%	29.6%	24.5%	11.2%
Orange	6.3%	17.7%	10.2%	28.0%	25.7%	12.0%
Riverside	7.2%	20.5%	10.5%	26.3%	23.3%	12.2%
San Bernardino	7.7%	21.0%	11.4%	27.4%	23.4%	9.3%
Ventura	6.6%	18.6%	10.0%	26.1%	26.5%	12.2%
California	**6.7%**	**17.8%**	**10.5%**	**28.1%**	**25.0%**	**11.8%**

Table 9. Percentage of population by age and county

Source: U.S. Census Bureau, American Community Survey, 2009-2013, DP05. http://factfinder.census.gov

Gender

Of the five-county population, 49.5% are male and 50.5% are female.

County	Male	Female
Los Angeles	49.3%	50.7%
Orange	49.5%	50.5%
Riverside	49.8%	50.2%
San Bernardino	49.8%	50.2%
Ventura	49.7%	50.3%
California	**49.7%**	**50.3%**

Table 10. Population by gender and county

Source: U.S. Census Bureau, American Community Survey, 2009-2013, DP05. http://factfinder.census.gov

Race/Ethnicity

The SPA 3 service area population is 39.9% Hispanic/Latino, 21.7% White, 26.4% Asian and 6.6% Black/African-American. The highest numbers of Hispanics, Native Hawaiians/Pacific Islanders and American Indian/Alaskan Natives are found in Pomona, while Pasadena has the highest number of Whites, Blacks and "Other" or multiple-race individuals. Alhambra has the highest population of Asians.

SPA 3	Hispanic or Latino	White	Asian	Black or African – American	Native HI / Pacific Islander	American Indian/AK Native	Other or Multiple
Alhambra	29,214	8,860	43,283	1,148	53	84	1,157
Altadena	13,169	17,862	2,667	9,371	123	11	1,812
Arcadia	6,610	14,913	33,234	518	113	52	1,318
Azusa	30,880	9,549	4,114	1,430	22	61	787
Baldwin Park	60,728	3,204	10,708	643	56	214	380
Bradbury	153	441	286	22	0	2	20
Citrus	7,624	2,273	887	137	0	18	195
Claremont	7,888	19,259	5,120	1,665	20	106	1,194
Covina	26,648	13,491	5,255	1,495	168	59	982
Diamond Bar	11,204	11,378	29,652	2,099	227	185	1,205
Duarte	9,470	6,319	3,834	1,345	0	27	504
El Monte	75,798	5,582	31,560	530	234	136	572
Glendora	15,371	29,061	3,567	1,034	0	166	1,301
Hacienda Heights	25,939	7,984	20,329	474	246	154	690
Industry	185	154	41	25	0	0	2
Irwindale	1,402	63	8	24	0	0	0
La Puente	34,221	1,702	3,445	507	21	18	196
La Verne	9,476	16,471	3,111	1,268	0	96	914
Monrovia	14,916	14,058	4,689	2,145	0	68	930
Monterey Park	17,723	2,534	38,507	261	236	66	1,264
Pasadena	45,133	53,946	19,454	15,030	86	155	4,200
Pomona	103,440	19,279	13,546	11,231	316	322	1,872
Rosemead	17,307	2,366	33,402	145	272	110	514
Rowland Heights	14,486	5,530	29,098	294	147	105	603
San Dimas	9,788	16,953	4,354	983	16	97	1,391
San Gabriel	9,692	4,505	24,697	228	34	60	737
San Marino	1,123	5,172	6,680	0	0	0	230
Sierra Madre	1,686	7,635	1,193	114	0	14	341
South El Monte	17,583	543	1,973	10	40	82	29
South Pasadena	5,230	10,857	8,019	566	23	20	1,032
Temple City	6,393	8,046	20,156	243	0	13	921
Valinda	18,158	1,585	2,590	135	7	35	184
Walnut	5,247	3,693	18,748	1,022	0	40	834

SPA 3	Hispanic or Latino	White	Asian	Black or African – American	Native HI / Pacific Islander	American Indian/AK Native	Other or Multiple
West Covina	57,810	15,023	26,631	5,414	0	153	1,700
Total	**640,093**	**348,380**	**422,555**	**105,678**	**56,073**	**30,072**	**640,093**

Table 11. Total population of SPA 3 cities by race/ethnicity
Source: U.S. Census Bureau, American Community Survey, 2009-2013, DP05. http://factfinder.census.gov

South El Monte has the highest concentration of Hispanics/Latinos of any SPA 3 city (86.8%) and the lowest percentage of Whites (2.7%). Sierra Madre has the highest concentration of Whites (69.5%). Monterey Park has the highest percentage of Asians (63.6%). Altadena has the highest concentration of Blacks (20.8%) and the lowest percentage of Asians (5.9%).

SPA 3	Hispanic or Latino	White	Asian	Black or African – American	Native HI / Pacific Islander	American Indian/AK Native	Other or Multiple
Alhambra	34.9%	10.6%	51.7%	1.4%	0.1%	0.1%	1.4%
Altadena	29.3%	39.7%	5.9%	20.8%	0.3%	0.0%	4.0%
Arcadia	11.6%	26.3%	58.6%	0.9%	0.2%	0.1%	2.3%
Azusa	65.9%	20.4%	8.8%	3.1%	0.0%	0.1%	1.7%
Baldwin Park	80.0%	4.2%	14.1%	0.8%	0.1%	0.3%	0.5%
Bradbury	16.6%	47.7%	31.0%	2.4%	0.0%	0.2%	2.2%
Citrus	68.5%	20.4%	8.0%	1.2%	0.0%	0.2%	1.8%
Claremont	22.4%	54.6%	14.5%	4.7%	0.1%	0.3%	3.4%
Covina	55.4%	28.0%	10.9%	3.1%	0.3%	0.1%	2.0%
Diamond Bar	20.0%	20.3%	53.0%	3.8%	0.4%	0.3%	2.2%
Duarte	44.0%	29.4%	17.8%	6.3%	0.0%	0.1%	2.3%
El Monte	66.3%	4.9%	27.6%	0.5%	0.2%	0.1%	0.5%
Glendora	30.4%	57.5%	7.1%	2.0%	0.0%	0.3%	2.6%
Hacienda Heights	46.5%	14.3%	36.4%	0.8%	0.4%	0.3%	1.2%
Industry	45.5%	37.8%	10.1%	6.1%	0.0%	0.0%	0.5%
Irwindale	93.7%	4.2%	0.5%	1.6%	0.0%	0.0%	0.0%
La Puente	85.3%	4.2%	8.6%	1.3%	0.1%	0.0%	0.5%
La Verne	30.2%	52.6%	9.9%	4.0%	0.0%	0.3%	2.9%
Monrovia	40.5%	38.2%	12.7%	5.8%	0.0%	0.2%	2.5%
Monterey Park	29.3%	4.2%	63.6%	0.4%	0.4%	0.1%	2.1%
Pasadena	32.7%	39.1%	14.1%	10.9%	0.1%	0.1%	3.0%
Pomona	69.0%	12.9%	9.0%	7.5%	0.2%	0.2%	1.2%
Rosemead	32.0%	4.4%	61.7%	0.3%	0.5%	0.2%	0.9%
Rowland Heights	28.8%	11.0%	57.9%	0.6%	0.3%	0.2%	1.2%
San Dimas	29.1%	50.5%	13.0%	2.9%	0.0%	0.3%	4.1%
San Gabriel	24.3%	11.3%	61.8%	0.6%	0.1%	0.2%	1.8%
San Marino	8.5%	39.2%	50.6%	0.0%	0.0%	0.0%	1.7%
Sierra Madre	15.4%	69.5%	10.9%	1.0%	0.0%	0.1%	3.1%

SPA 3	Hispanic or Latino	White	Asian	Black or African – American	Native HI / Pacific Islander	American Indian/AK Native	Other or Multiple
South El Monte	86.8%	2.7%	9.7%	0.0%	0.2%	0.4%	0.1%
South Pasadena	20.3%	42.2%	31.1%	2.2%	0.1%	0.1%	4.0%
Temple City	17.9%	22.5%	56.3%	0.7%	0.0%	0.0%	2.6%
Valinda	80.0%	7.0%	11.4%	0.6%	0.0%	0.2%	0.8%
Walnut	17.7%	12.5%	63.4%	3.5%	0.0%	0.1%	2.8%
West Covina	54.2%	14.1%	25.0%	5.1%	0.0%	0.1%	1.6%
Total	**39.9%**	**21.7%**	**26.4%**	**6.6%**	**3.5%**	**1.9%**	**39.9%**

Table 12. Percent of population in SPA 3 cities by race/ethnicity
Source: U.S. Census Bureau, American Community Survey, 2009-2013, DP05. http://factfinder.census.gov
Note: When comparing categories as a percentage of total population, Bradbury, Industry and Irwindale were excluded due to small population sizes in which small differences cause large percentage swings.

At the county level, the five-county service area population is 45.2% Hispanic/Latino, 33.1% White, 12.3% Asian and 6.5% Black/African-American. The area has a higher percentage of Hispanics/Latinos and Blacks/African-Americans, and a lower percentage of Asians and Whites than California as a whole.

San Bernardino County has the highest percentage of Hispanics (49.9%) and Blacks (8.3%), Ventura County has the highest percentage of Whites (48.1%), and Orange County has the highest concentration of Asians (18.2%).

County	Hispanic or Latino	White	Asian	Black or African-American	Native HI / Pacific Islander	American Indian/AK Native	Other or Multiple
Los Angeles	4,741,492	2,721,187	1,356,049	803,913	23,829	17,674	229,337
Orange	1,032,879	1,327,507	555,650	45,900	9,138	6,163	74,534
Riverside	1,025,543	867,859	130,179	131,246	6,124	10,085	57,492
San Bernardino	1,026,596	667,933	129,480	170,307	6,302	7,723	48,574
Ventura	337,773	398,921	55,723	13,336	1,142	2,072	20,050
California	**14,270,345**	**14,937,880**	**4,938,488**	**2,153,341**	**136,053**	**146,496**	**1,076,578**

Table 13. Total population by race/ethnicity by county
Source: U.S. Census Bureau, American Community Survey, 2009-2013, DP05. http://factfinder.census.gov

County	Hispanic or Latino	White	Asian	Black or African-American	Native HI / Pacific Islander	American Indian/AK Native	Other or Multiple
Los Angeles	47.9%	27.5%	13.7%	8.1%	0.2%	0.2%	2.3%
Orange	33.8%	43.5%	18.2%	1.5%	0.3%	0.2%	2.4%
Riverside	46.0%	38.9%	5.8%	5.9%	0.3%	0.5%	2.6%
San Bernardino	49.9%	32.5%	6.3%	8.3%	0.3%	0.4%	2.4%
Ventura	40.7%	48.1%	6.7%	1.6%	0.1%	0.2%	2.4%
California	**37.9%**	**39.7%**	**13.1%**	**5.7%**	**0.4%**	**0.4%**	**2.9%**

Table 14. Percent of population by race/ethnicity by county

Source: U.S. Census Bureau, American Community Survey, 2009-2013, DP05. http://factfinder.census.gov

Demographic Shifts

Projections for the counties in City of Hope's service area suggest that the number of Hispanic/Latino residents will continue to rise, and the number of White residents will continue to fall. Hispanics are expected to represent the majority of the population (more than 50%) by 2020 in Los Angeles and San Bernardino counties and by 2030 in Riverside County. The number of Black residents is expected to decline in Los Angeles County, but stay relatively stable—as is the population of Asians—in the other four counties.

Race/Ethnicity	2010	2020 (Projected)	2030 (Projected)
Hispanic/Latino	47.9%	50.8%	53.5%
White	27.9%	24.8%	22.4%
Black/African-American	8.4%	8.0%	7.6%
Asian	13.5%	13.9%	13.7%

Table 15. Expected changes in race/ethnicity from 2010-2013 in Los Angeles County

Source: State and County Population Projections by Race/Ethnicity, 2010-2060. State of California, Department of Finance; December 2014. http://www.dof.ca.gov/research/demographic/reports/projections/p-1/

Race/Ethnicity	2010	2020 (Projected)	2030 (Projected)
Hispanic/Latino	33.7%	36.0%	38.8%
White	44.2%	39.8%	36.6%
Black/African-American	1.5%	1.5%	1.5%
Asian	17.8%	19.5%	19.3%

Table 16. Expected changes in race/ethnicity from 2010-2030 in Orange County

Source: State and County Population Projections by Race/Ethnicity, 2010-2060. State of California, Department of Finance; December 2014. http://www.dof.ca.gov/research/demographic/reports/projections/p-1/

Race/Ethnicity	2010	2020 (Projected)	2030 (Projected)
Hispanic/Latino	45.5%	48.3%	50.5%
White	39.8%	36.4%	33.1%
Black/African-American	6.0%	6.0%	5.9%
Asian	5.8%	6.0%	6.7%

Table 17. Expected changes in race/ethnicity from 2010-2030 in Riverside County
Source: State and County Population Projections by Race/Ethnicity, 2010-2060. State of California, Department of Finance; December 2014. http://www.dof.ca.gov/research/demographic/reports/projections/p-1/

Race/Ethnicity	2010	2020 (Projected)	2030 (Projected)
Hispanic/Latino	49.3%	52.1%	53.8%
White	33.4%	30.5%	27.8%
Black/African-American	8.5%	8.3%	8.4%
Asian	6.2%	5.9%	6.7%

Table 18. Expected changes in race/ethnicity from 2010-2030 in San Bernardino County
Source: State and County Population Projections by Race/Ethnicity, 2010-2060. State of California, Department of Finance; December 2014. http://www.dof.ca.gov/research/demographic/reports/projections/p-1/

Race/Ethnicity	2010	2020 (Projected)	2030 (Projected)
Hispanic/Latino	40.4%	43.9%	47.1%
White	48.7%	44.9%	41.1%
Black/African-American	1.6%	1.5%	1.4%
Asian	6.7%	6.7%	6.8%

Table 19. Expected changes in race/ethnicity from 2010-2030 in Ventura County
Source: State and County Population Projections by Race/Ethnicity, 2010-2060. State of California, Department of Finance; December 2014. http://www.dof.ca.gov/research/demographic/reports/projections/p-1/

Citizenship

In the five-county service area, Los Angeles County and Orange County have the highest percentage and San Bernardino County has the lowest percentage of foreign-born and non-citizen residents.

County	Foreign Born	Not a U.S. Citizen
Los Angeles	35.1%	18.6%
Orange	30.4%	15.1%
Riverside	21.9%	12.2%
San Bernardino	21.1%	11.7%
Ventura	22.8%	12.6%

California	**27.0%**	**14.3%**

Table 20. Foreign-born and non-citizen residents by county

Source: U.S. Census Bureau, American Community Survey, 2009-2013, B05001. http://factfinder.census.gov

Language

In the five-county service area, almost half of residents (49.8%) speak only English in the home. This is a lower rate than that of the state (56.3%). Spanish is spoken in more than a third of homes (35.4%), a larger percentage than that of the state (28.8%). Asian languages are spoken in the home at about the same rate as statewide (9.5% vs. 9.6%).

At the county level, Ventura has the highest percentage of residents speaking only English in the home (62.2%), while Spanish is spoken in 39.5% of Los Angeles County homes. Los Angeles County also has the highest percentage of residents who speak some other Indo-European language or a language other than those listed. Orange County has the highest number of residents speaking an Asian or Pacific Islander language (13.9%).

County	Speaks Only English	Speaks Spanish	Speaks Asian/PI Language	Speak other Indo-European Language	Speaks Other Language
Los Angeles	43.2%	39.5%	10.8%	5.4%	1.1%
Orange	54.5%	26.5%	13.9%	4.2%	0.9%
Riverside	60.1%	33.1%	4.0%	2.1%	0.7%
San Bernardino	58.9%	33.8%	4.8%	1.6%	0.9%
Ventura	62.2%	30.0%	4.3%	2.9%	0.6%
California	**56.3%**	**28.8%**	**9.6%**	**4.4%**	**0.9%**

Table 21. Language spoken at home by county

Source: U.S. Census Bureau, American Community Survey, 2009-2013, B16002. http://factfinder.census.gov

When language is examined by city, Sierra Madre has the highest percentage of residents speaking only English in the home (80%). South El Monte has the lowest percentage speaking only English (12.8%), and the highest percentage speaking Spanish (77.1%). The highest percentage of residents speaking an Asian or Pacific Islander language at home is found in Rosemead (57.9%). Duarte (7.2%) and Pasadena (7.1%) have the highest percentage of residents who speak some other Indo-European Language.

SPA 3	Speaks Only English	Speaks Spanish	Speaks Asian/PI Language	Speak other Indo-European Language	Speaks Other Language
Alhambra	25.5%	26.1%	46.3%	1.9%	0.2%
Altadena	65.3%	22.5%	3.9%	6.7%	1.6%
Arcadia	37.4%	6.9%	51.3%	3.5%	0.9%
Azusa	41.9%	49.5%	6.5%	1.6%	0.4%
Baldwin Park	16.4%	69.8%	13.2%	0.5%	0.1%
Bradbury	57.5%	15.4%	23.2%	3.7%	0.2%
Citrus	34.4%	54.0%	6.7%	1.4%	3.6%
Claremont	72.4%	12.4%	9.4%	4.6%	1.2%
Covina	59.1%	30.4%	8.6%	1.2%	0.7%
Diamond Bar	43.9%	10.0%	40.3%	5.1%	0.7%
Duarte	46.4%	33.0%	11.7%	7.2%	1.7%
El Monte	13.9%	58.3%	27.4%	0.4%	0.1%
Glendora	74.1%	15.2%	4.7%	2.9%	3.0%
Hacienda Heights	33.3%	32.1%	32.9%	1.4%	0.3%
Industry	90.2%	6.6%	2.8%	0.5%	0.0%
Irwindale	41.0%	59.0%	0.0%	0.0%	0.0%
La Puente	21.7%	69.8%	7.8%	0.5%	0.2%
La Verne	76.5%	12.3%	5.5%	4.3%	1.5%
Monrovia	59.9%	26.6%	10.0%	2.6%	0.9%

SPA 3	Speaks Only English	Speaks Spanish	Speaks Asian/PI Language	Speak other Indo-European Language	Speaks Other Language
Monterey Park	21.7%	21.1%	56.1%	1.0%	0.1%
Pasadena	55.4%	27.2%	9.7%	7.1%	0.7%
Pomona	35.3%	55.1%	7.8%	1.2%	0.6%
Rosemead	18.2%	23.3%	57.9%	0.6%	0.1%
Rowland Heights	26.6%	19.9%	51.0%	2.2%	0.3%
San Dimas	71.5%	14.3%	9.0%	3.1%	2.1%
San Gabriel	26.8%	15.6%	56.0%	1.4%	0.1%
San Marino	47.1%	6.7%	44.0%	1.7%	0.4%
Sierra Madre	80.0%	7.7%	7.3%	4.6%	0.4%
South El Monte	12.8%	77.1%	9.9%	0.2%	0.0%
South Pasadena	61.8%	10.3%	22.7%	4.6%	0.7%
Temple City	34.6%	11.9%	50.8%	1.7%	1.0%
Valinda	25.5%	63.5%	10.7%	0.0%	0.3%
Walnut	36.8%	10.2%	48.3%	3.3%	1.3%
West Covina	44.5%	33.6%	20.0%	1.2%	0.7%

Table 22. Language spoken at home in SPA 3 cities

Source: U.S. Census Bureau, American Community Survey, 2009-2013, B16002. http://factfinder.census.gov

Note: When comparing categories as a percentage of total population, Bradbury, Industry and Irwindale were excluded due to small population sizes in which small differences cause large percentage swings.

Social and Economic Factors

How to use this section

The previous section on community demographics was the start of a beautiful black-and-white picture of our communities. This section will now add color in the form of detail on the residents who live in City of Hope's service area. With a deeper understanding of the community, you will begin to realize that many things impact health. Think about the following questions as you explore this section: How does poverty make a person vulnerable? How does unemployment impact housing? What does it mean to be food-insecure, and how does that hurt children? Listen to the voices of the community. What do they have to say? How can their opinions impact the way programs are planned?

Social and Economic Factors

The *Rankings* are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play. The County Health Rankings list counties according to health factors data. Social and economic indicators are examined as contributors to the health of a county's residents. California's 58 counties are ranked according to social and economic factors, with 1 being the county with the most favorable factors, and 58 being the county being the least favorable factors. The ranking includes high school graduation rates, unemployment, children in poverty and need for social support. Los Angeles County is ranked at 42, San Bernardino at 41 and Riverside County is ranked at 32, putting all three in the bottom half of all California counties. Orange County (7) and Ventura County (11) are in the top quartile of California counties.

County	County Ranking (out of 58)
Orange	7
Ventura	13
Riverside	32
San Bernardino	41
Los Angeles	42

Table 23. Ranking of social and economic factors by county
Source: County Health Rankings, 2016.
http://www.countyhealthrankings.org/app/california/2016/rankings/riverside/county/factors/overall/snapshot

Poverty

Poverty thresholds are used for calculating official poverty population statistics. For 2013, the federal poverty level for one person was $11,490, and for a family of four was $23,550. In SPA 3, the highest levels of poverty are found in El Monte, where almost one-fourth (24.3%) of the population lives in poverty. More than 50% of the population in El Monte, Pomona and South El Monte are low-income and have the highest levels of poverty. San Marino, just 12 miles from El Monte, has the lowest levels of poverty.

SPA 3	Below 100% Poverty	Below 200% Poverty
Alhambra	13.9%	35.9%
Altadena	10.7%	24.7%
Arcadia	9.6%	22.6%
Azusa	20.1%	47.0%
Baldwin Park	17.5%	48.4%
Bradbury	9.6%	18.3%
Citrus	10.9%	38.4%
Claremont	7.2%	18.5%
Covina	11.3%	30.0%
Diamond Bar	5.9%	16.4%
Duarte	13.4%	29.2%
El Monte	24.3%	57.8%
Glendora	7.8%	23.3%
Hacienda Heights	8.1%	24.4%
Industry	1.0%	5.1%
Irwindale	10.4%	29.7%
La Puente	14.3%	44.7%
La Verne	7.9%	21.1%
Monrovia	9.8%	26.2%
Monterey Park	15.2%	37.2%
Pasadena	13.2%	31.1%
Pomona	21.6%	51.4%
Rosemead	18.8%	49.0%
Rowland Heights	10.6%	32.5%
San Dimas	6.6%	16.7%
San Gabriel	13.3%	34.2%
San Marino	5.4%	9.7%
Sierra Madre	8.3%	18.3%
South El Monte	19.4%	57.7%
South Pasadena	6.7%	15.7%
Temple City	10.0%	26.5%
Valinda	12.5%	37.4%
Walnut	6.2%	17.1%
West Covina	10.0%	28.1%

Table 24. Percent of population living in poverty in SPA 3 cities
Source: U.S. Census Bureau, American Community Survey, 2009-2013, S1701.http://factfinder.census.gov
Note: When comparing categories as a percentage of total population, Bradbury, Industry and Irwindale were excluded due to small population sizes in which small differences cause large percentage swings.

On the county level, Ventura and Orange counties have the lowest rates of poverty. San Bernardino, Los Angeles and Riverside counties have poverty rates higher than those of the state.

County	Below 100% Poverty	Below 200% Poverty
Los Angeles	17.8%	40.3%
Orange	12.4%	29.5%
Riverside	16.2%	38.7%
San Bernardino	18.7%	41.7%
Ventura	11.1%	27.7%
California	**15.9%**	**35.9%**

Table 25. Percent of population below the poverty level, by county
Source: U.S. Census Bureau, American Community Survey, 2009-2013, S1701.http://factfinder.census.gov

Vulnerable Populations

Poverty and education attainment are predictive of at-risk or vulnerable populations. Visualization of vulnerable populations is provided in Figure 3. Communities with 30% or more of residents in poverty are shown in orange. Communities in which 25% or more of residents lack a high school education are shown in purple. The overlap of high poverty and low educational attainment is depicted in brown and indicate communities with vulnerable populations

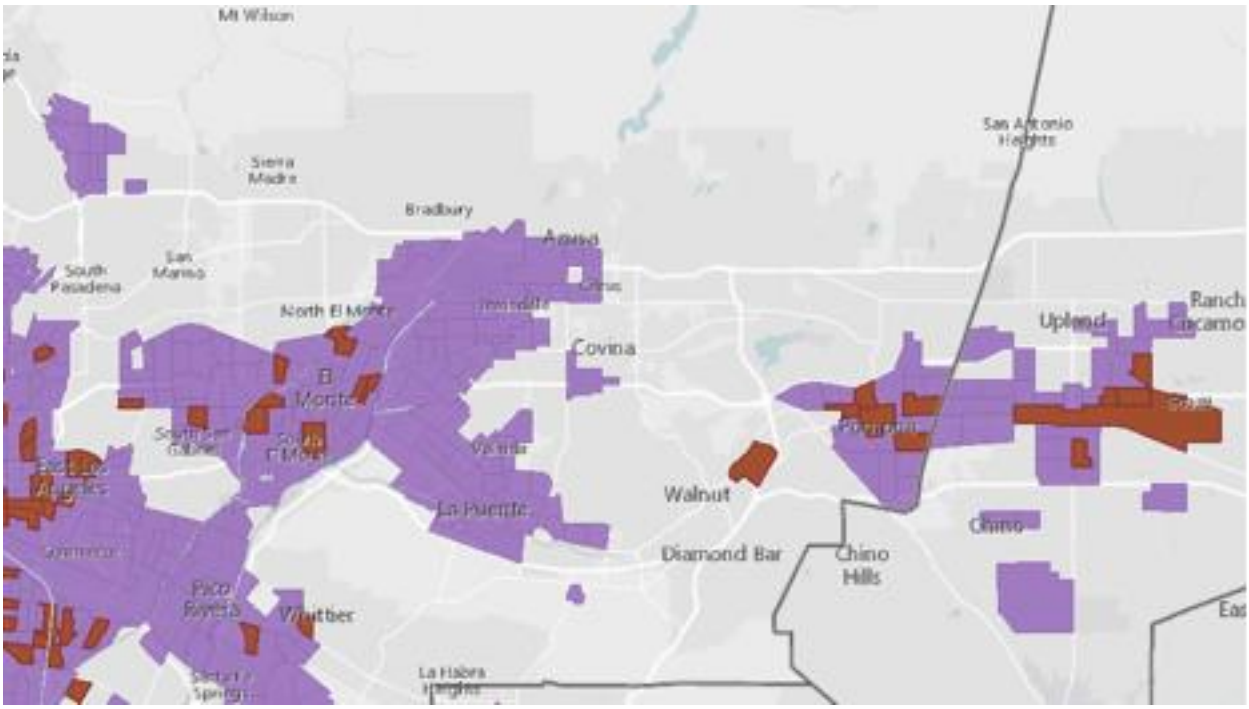

Figure 3. Map of City of Hope service area highlighting vulnerable populations
Source: Community Commons

Food Insecurity

36.2% of adult low-income residents in SPA 3 reported food insecurity. By county, 43.9% of low-income residents of Ventura County and 43.4% of low-income residents of San Bernardino County were food-insecure.

County	Adults Below 200% FPL Reporting Food Insecurity
Los Angeles	42.2%
Orange	35.7%
Riverside	40.3%
San Bernardino	43.4%
Ventura	43.9%
SPA 3	**36.2%**
California	**41.7%**

Table 26. Food insecurity by county

Source: California Health Interview Survey, 2011-2012.http://ask.chis.ucla.edu/

Household Income

The median household income in SPA 3 is highest in San Marino ($131,758) and lowest in El Monte ($39,535).

SPA 3	Median Household Income
Alhambra	$54,148
Altadena	$82,895
Arcadia	$77,704
Azusa	$52,001
Baldwin Park	$51,153
Bradbury	$107,917
Citrus	$59,919
Claremont	$87,324
Covina	$66,726
Diamond Bar	$88,422
Duarte	$62,250
El Monte	$39,535
Glendora	$74,615
Hacienda Heights	$76,839
Industry	$49,329
Irwindale	$63,250
La Puente	$53,794
La Verne	$77,040
Monrovia	$71,768
Monterey Park	$56,014
Pasadena	$69,302
Pomona	$49,474
Rosemead	$45,760
Rowland Heights	$62,631
San Dimas	$78,685

SPA 3	Median Household Income
San Gabriel	$56,388
San Marino	$131,758
Sierra Madre	$88,837
South El Monte	$44,104
South Pasadena	$85,058
Temple City	$66,075
Valinda	$67,859
Walnut	$101,250
West Covina	$67,088

Table 27. Median household income in SPA 3 cities
Source: U.S. Census Bureau, American Community Survey, 2009-2013, DP03. http://factfinder.census.gov
Note: When examining Bradbury, Industry and Irwindale, care should be taken due to small population sizes in which small differences cause large swings.

Ventura and Orange Counties have median incomes above state average, while Riverside, Los Angeles and San Bernardino counties have median incomes below the state average.

County	Median Household Income
Los Angeles	$55,909
Orange	$75,422
Riverside	$56,529
San Bernardino	$54,090
Ventura	$76,544
California	**$61,094**

Table 28. Median household income by county
Source: U.S. Census Bureau, American Community Survey, 2009-2013, DP03. http://factfinder.census.gov

Unemployment

Unemployment rates have dropped in all five counties over the past four years. The counties that make up the City of Hope regional service area have variable rates of unemployment, with unemployment in San Bernardino (8.0%), Riverside (8.2%) and Los Angeles (8.3%) counties above the state average of 7.5% and Ventura (6.7%) and Orange (5.5%) counties below the state unemployment rate.

County	2010 Unemployment Rate	2014 Unemployment Rate
Los Angeles	12.6%	8.3%
Orange	9.5%	5.5%
Riverside	14.5%	8.2%
San Bernardino	14.2%	8.0%

Ventura	10.8%	6.7%
California	**12.4%**	**7.5%**

Table 29. Unemployment rate in 2010 and 2014 by county

Source: California Employment Development Department, Labor Market Information, 2010 & 2014
http://www.labormarketinfo.edd.ca.gov/data/unemployment-and-labor-force.html

Homelessness

The Los Angeles Homeless Services Authority (LAHSA) conducts the Greater Los Angeles Homeless Count every two years to provide a snapshot of how many individuals are homeless on a given day. Data from this survey show an increase in homelessness from 2013 to 2015. A larger portion of the homeless are unsheltered, and the percentage of unsheltered homeless increased from 2013 to 2015.

Homeless Population	SPA 3		Los Angeles County	
	2013	2015	2013	2015
Total homeless	2,794	3,093	35,524	41,174
Sheltered	48.9%	43.9%	36.4%	29.7%
Unsheltered	51.1%	56.1%	63.6%	70.3%
Adult individuals	81.8%	81.0%	78.9%	81.1%
Family members	17.4%	18.7%	18.8%	18.2%
Unaccompanied minors (<18)	0.8%	0.4%	2.3%	<1%

Table 30. Homeless population count in Greater Los Angeles from 2013–2015*

Source: Los Angeles Homeless Services Authority, 2013 & 2015 Greater Los Angeles Homeless Count Results.
www.lahsa.org/homelesscount_results

*These data represent the homeless counts from the LA County Continuum of Care, which does not include Glendale, Long Beach and Pasadena homeless counts.

The percentage of chronically homeless increased between 2013 and 2015. In SPA 3, 32.4% of the homeless population is now chronically homeless. Increases were seen in homeless populations that experienced domestic violence.

Homeless Subpopulations	SPA 3		Los Angeles County	
	2013	2015	2013	2015
Chronically homeless	24.3%	32.4%	24.5%	34.4%
Substance abuse	28.7%	23.9%	31.2%	25.2%
Mental illness	28.0%	20.3%	28.0%	29.8%
Veterans	11.8%	7.7%	11.3%	9.8%
HIV/AIDS	1.1%	0.9%	0.6%	0.2%
Domestic violence experience	9.5%	18.6%	1.0%	21.4%
Physical disability	18.8%	18.5%	8.9%	19.8%

Table 31. Homelessness in Greater Los Angeles by subpopulation*

Source: Los Angeles Homeless Services Authority, 2013 & 2015 Greater Los Angeles Homeless Count Results. www.lahsa.org/homelesscount_results *This data represent the homeless counts from the LA County Continuum of Care, which does not include Glendale, Long Beach and Pasadena homeless counts.

Educational Attainment

South El Monte has the highest percentage of residents age 25 and over in SPA 3 without a high school diploma (51.1%). Sierra Madre has the lowest rate (3.2%).

SPA 3	No High School Diploma
Alhambra	19.6%
Altadena	12.7%
Arcadia	8.7%
Azusa	24.8%
Baldwin Park	41.7%
Bradbury	6.4%
Citrus	23.9%
Claremont	7.3%
Covina	14.2%
Diamond Bar	8.0%
Duarte	18.3%
El Monte	43.1%
Glendora	9.7%
Hacienda Heights	15.3%
Industry	21.9%
Irwindale	31.8%
La Puente	40.0%
La Verne	8.5%
Monrovia	11.5%
Monterey Park	23.2%
Pasadena	14.2%
Pomona	33.7%
Rosemead	37.1%

SPA 3	No High School Diploma
Rowland Heights	14.8%
San Dimas	7.7%
San Gabriel	23.2%
San Marino	5.2%
Sierra Madre	3.2%
South El Monte	51.1%
South Pasadena	3.8%
Temple City	14.1%
Valinda	32.4%
Walnut	6.8%
West Covina	16.9%

Table 32. SPA 3 residents age 25 years and older with no high school diploma
Source: U.S. Census Bureau, American Community Survey, 2009-2013, DP02. http://factfinder.census.gov
Note: When examining categories as a percentage of total population, care should be taken with Bradbury, Industry and Irwindale due to small population sizes in which small differences cause large percentage swings.

The highest rate of residents age 25 and older without a high school diploma is found in Los Angeles County (23.4%). Orange and Ventura counties have the lowest rates (16.2% and 17.2%, respectively), which are below the state average.

County	No High School Diploma
Los Angeles	23.4%
Orange	16.2%
Riverside	20.4%
San Bernardino	21.8%
Ventura	17.2%
California	**18.7%**

Table 33. Population age 25 years and older with no high school diploma by county
Source: U.S. Census Bureau, American Community Survey, 2009-2013, DP02. http://factfinder.census.gov

Among SPA 3 cities, South El Monte has the highest rate of adults who dropped out of school before 9th grade (34.6%). In fact, more than three-fourths of their population (77.9%) have a high school diploma or less, and they are the least likely to have any level of college education. San Marino residents are the most likely to have attained a college degree.

SPA 3	Population 25 years and Older	Less than 9th Grade	Some High School, No Diploma	High School Graduate	Some College, No Degree	Associate Degree	Bachelor's Degree	Graduate Degree
Alhambra	60,605	11.6%	8.0%	20.5%	19.5%	7.6%	21.8%	10.9%
Altadena	31,515	7.2%	5.5%	13.6%	21.9%	7.4%	25.6%	18.8%
Arcadia	39,808	5.0%	3.7%	14.8%	15.3%	8.7%	32.1%	20.4%
Azusa	25,325	15.0%	9.8%	29.6%	18.7%	7.4%	13.5%	5.9%
Baldwin Park	45,447	25.3%	16.4%	28.2%	15.0%	3.8%	8.7%	2.5%
Bradbury	687	1.7%	4.7%	10.3%	20.7%	8.7%	28.5%	25.3%
Citrus	6,644	12.4%	11.5%	35.4%	19.5%	7.9%	9.4%	3.9%
Claremont	21,902	3.4%	3.9%	10.5%	20.3%	7.0%	26.3%	28.7%
Covina	30,481	6.5%	7.7%	23.7%	28.2%	9.6%	17.2%	7.0%
Diamond Bar	38,988	4.0%	4.0%	16.5%	17.5%	9.5%	31.1%	17.3%
Duarte	15,035	11.0%	7.3%	25.9%	19.1%	8.8%	18.3%	9.7%
El Monte	72,633	26.2%	16.9%	27.2%	13.5%	4.2%	9.8%	2.1%
Glendora	33,456	3.7%	6.0%	20.1%	28.2%	11.5%	18.8%	11.8%
Hacienda Heights	38,689	8.2%	7.1%	22.8%	19.0%	7.8%	24.8%	10.3%
Industry	270	11.9%	10.0%	10.7%	35.2%	5.2%	21.9%	5.2%
Irwindale	874	17.6%	14.2%	33.1%	21.6%	5.4%	6.5%	1.6%
La Puente	24,348	23.0%	17.0%	29.2%	15.8%	5.6%	6.9%	2.6%
La Verne	21,183	2.9%	5.6%	19.0%	27.6%	9.4%	22.4%	13.0%
Monrovia	25,430	6.9%	4.6%	21.6%	21.4%	10.0%	22.4%	13.1%
Monterey Park	44,367	14.9%	8.3%	24.1%	17.0%	7.4%	19.4%	8.9%
Pasadena	99,645	8.6%	5.6%	13.4%	17.0%	6.7%	26.8%	21.9%
Pomona	86,602	19.9%	13.8%	24.3%	18.7%	6.7%	11.6%	4.9%
Rosemead	37,861	24.5%	12.6%	25.9%	16.2%	6.3%	11.1%	3.3%
Rowland Heights	35,889	8.9%	5.9%	20.8%	17.8%	9.8%	27.9%	9.0%
San Dimas	23,335	3.3%	4.4%	20.9%	26.4%	10.6%	21.6%	12.8%
San Gabriel	29,418	13.2%	10.0%	25.5%	16.4%	7.0%	19.7%	8.2%
San Marino	9,299	2.7%	2.5%	6.1%	12.0%	4.0%	37.2%	35.5%
Sierra Madre	8,461	2.0%	1.2%	8.9%	19.8%	9.0%	30.5%	28.6%
South El Monte	12,498	34.6%	16.5%	26.8%	10.9%	3.3%	6.4%	1.6%
South Pasadena	18,161	1.8%	2.0%	8.6%	17.3%	7.4%	33.3%	29.7%
Temple City	25,400	7.9%	6.2%	20.3%	18.2%	10.5%	24.1%	12.9%
Valinda	13,912	18.9%	13.5%	29.6%	19.3%	5.1%	10.2%	3.2%
Walnut	20,323	3.8%	3.0%	13.4%	16.4%	11.1%	36.4%	16.0%
West Covina	69,037	7.9%	9.0%	23.7%	23.9%	8.2%	20.6%	6.7%

Table 34. Educational attainment of adults age 25 years and older in SPA 3 cities

Source: U.S. Census Bureau, American Community Survey, 2009-2013, DP02. [http://factfinder.census.gov.](http://factfinder.census.gov)

Note: When comparing categories as a percentage of total population, Bradbury, Industry and Irwindale were excluded due to small population sizes in which small differences cause large percentage swings.

Adults in San Bernardino (47.8%), Riverside (45.7%) and Los Angeles (43.9%) counties are more likely to have only a high school education or less than the state average (39.4%). Adults in the same three counties are also less likely to have attained a college degree than those of California as a whole. Residents of Orange and Ventura counties are less likely to have attained only a high school education or less, and more likely to have attained a college degree.

County	Population 25 years and Older	Less than 9th Grade	Some High School, No Diploma	High School Graduate	Some College, No Degree	Associate Degree	Bachelor's Degree	Graduate Degree
Los Angeles	6,456,772	13.7%	9.7%	20.5%	19.6%	6.9%	19.4%	10.2%
Orange	2,008,808	8.8%	7.4%	18.0%	21.3%	7.8%	23.9%	12.9%
Riverside	1,376,023	9.7%	10.7%	25.3%	26.0%	7.7%	13.2%	7.3%
San Bernardino	1,233,965	10.0%	11.7%	26.1%	25.3%	8.1%	12.2%	6.5%
Ventura	536,939	9.7%	7.5%	19.0%	24.0%	8.4%	19.8%	11.6%
California	**24,455,010**	**10.2%**	**8.5%**	**20.7%**	**22.1%**	**7.8%**	**19.4%**	**11.2%**

Table 35. Educational attainment of adults age 25 years and older by county
Source: U.S. Census Bureau, American Community Survey, 2009-2013, DP02. http://factfinder.census.gov

High school graduation rates, or the number of high school graduates that graduated four years after starting ninth grade, are highest in Orange (88.6%), Riverside (85.1%) and Ventura (83.2%) counties, which are all higher than the state average (80.8%). With 78.6% and 78.0% of students graduating in four years, respectively, San Bernardino and Los Angeles counties are both lower than the state rate.

County	High School Graduation Rate
Los Angeles	78.0%
Orange	88.6%
Riverside	85.1%
San Bernardino	78.6%
Ventura	83.2%
California	**80.8%**

Table 36. High school graduation rates for the 2013-2014 school year by county
Source: California Department of Education, 2015. http://dq.cde.ca.gov/dataquest/

Community Input on Social and Economic Factors

Stakeholder interviews identified the most important socioeconomic, behavioral and environmental factors contributing to poor health in the community:

- People don't take their health seriously enough to prioritize it on their agenda.
- Economics play a major role for people. If you have enough income, you can buy insurance. But some people won't or can't sign up for health insurance, because they cannot afford it.
- The poverty cycle causes people to focus on immediate priorities. They cannot comprehend the longer view.
- People who are already on welfare or SSI have already established connections with a support

community and have learned the ropes. Those living on the edge – the working poor – don't have health insurance and get overwhelmed with any health issue that comes up. They don't go to the doctor and don't know what to do.

- I'm concerned about the impact of urban conditions on people's health, including technology, which is both wonderful and horrible. People are more sedentary, watching TV, being on the computer, playing games.
- The homeless population is growing, and it's difficult to link them with health care.
- Transportation to health facilities is a real need.
- People don't know where to go for referrals for services they need, such as housing and food.
- Language barriers are a problem for people who speak Spanish, Chinese, Farsi and Tagalog.
- There is a lack of information among the immigrant community about good doctors or where to go for medical services.
- We forget that even if you speak English and have Internet access, technology can still be a barrier that contributes to lack of access to, or understanding of, how to find information online. You may not know what you qualify for.
- The homeless population is so transient. For them, medical coverage and a medical home are new concepts, so we have to work at helping them access services.
- It's challenging for people to access social services. A lot of what's available goes unused. Benefits are available that people don't access, maybe due to a lack of awareness or immigration fears.

Health Access

How to use this section

By now, you should be forming a detailed picture of the residents in City of Hope's service area. Health access is an important issue, because it determines a person's ability to receive care for a health issue before it becomes critical. Even in a time when everyone is supposed to have health insurance, not everyone does. Think back to language, education level and poverty. How does a person with such barriers get health insurance or health care? This section explores how and where residents are obtaining health care. The data is mostly at the county level, and California data is provided for comparison. Data is provided at the SPA level wherever it was available. Remember, SPA stands for special planning area. For City of Hope, that means cities within our local service area. When you see SPA 3, it will include the San Gabriel Valley. You can use this data when writing grants or reporting on your programs.

Health Insurance

Health insurance coverage is considered a key component to accessing health care. 85.9% of SPA 3 residents are insured—a rate lower than the California average (88.1%). Of the five counties that make up City of Hope's regional service area, only Orange County residents (88.2%) are more likely to be insured, when compared to the state as a whole.

County	Insured	Uninsured
Los Angeles	86.7%	13.3%
Orange	88.2%	11.2%
Riverside	79.3%	20.7%
San Bernardino	86.7%	13.3%
Ventura	85.8%	14.2%
SPA 3	**85.9%**	**14.1%**
California	**88.1%**	**11.9%**

Table 37. Insurance coverage for adults, teens and children by county
Source: California Health Interview Survey, 2014. http://ask.chis.ucla.edu/

Residents of Orange and Ventura counties are more likely to be insured through their employers, compared with SPA 3 or California. Ventura and Riverside counties are more likely to be insured through Medicare than the California average. Medi-Cal rates are higher for San Bernardino (29.4%), Riverside (26.2%) and Los Angeles (24.4%) counties, compared to the state (22.5%).

Insurance Coverage	Los Angeles County	Orange County	Riverside County	San Bernardino County	Ventura County	SPA 3	California
Medi-Cal	24.4%	19.4%	26.2%	29.4%	11.7%	22.0%	22.5%
Medicare only	1.4%	0.6%	2.1%	0.4%	2.6%	1.2%	1.4%
Medicare/Medi-Cal	3.7%	3.1%	2.0%	1.7%	3.5%	4.4%	3.0%
Medicare and other	7.4%	7.6%	10.0%	7.1%	9.7%	8.0%	9.0%
Other public	0.8%	0.6%	0.6%	2.1%	6.2%	0.3%	1.0%
Employment-based	41.5%	49.9%	34.6%	43.0%	52.0%	42.1%	44.8%
Private purchase	7.4%	7.6%	3.9%	3.0%	None	7.8%	6.4%
No insurance	13.3%	11.2%	20.7%	13.3%	14.2%	14.1%	11.9%

Table 38. Insurance coverage by type

Source: California Health Interview Survey, 2014; http://ask.chis.ucla.edu/ Tally differences across tables due to rounding.

Sources of Care

Residents who have a medical home and access to a primary care provider have been continuity of care and fewer unnecessary ER visits. 16.1% of SPA 3 residents have no regular source of care—a higher rate than that of the state (14.3%). Of the five counties, Orange has the lowest percentage of residents with no source of care (13.5%). The ER is less likely to be the regular source of care in Orange County, with most residents receiving their care through a doctor's office, HMO or Kaiser Permanente.

County	Dr. Office/ HMO/Kaiser Permanente	Community Clinic/Government Clinic/Community Hospital	ER/Urgent Care	Other	No Source of Care
Los Angeles	57.6%	23.6%	1.7%	0.9%	16.2%
Orange	70.3%	15.3%	0.1%	0.7%	13.5%
Riverside	58.1%	22.6%	1.5%	1.7%	16.0%
San Bernardino	61.6%	20.2%	2.4%	0.1%	15.7%
Ventura	62.2%	20.4%	2.6%	0.4%	14.4%
SPA 3	**61.9%**	**19.1%**	**2.0%**	**1.0%**	**16.1%**
California	**60.8%**	**22.8%**	**1.4%**	**0.7%**	**14.3%**

Table 39. Sources of care

Source: California Health Interview Survey, 2014. http://ask.chis.ucla.edu/

11.3% of SPA 3 residents also reported delaying or not seeking medical care, and 7.5% reported delaying or not getting their prescription medication in the last 12 months. These rates are lower than those reported at the state level. Of the five counties that make up the hospital's core service area, Ventura has the highest percentage of residents who delay receiving medical care (17.6%) and accessing prescription medicines (17.9%).

County	Delayed or Didn't Get Medical Care in Last 12 Months	Delayed or Didn't Get Prescription Medicine in Last 12 Months
Los Angeles	11.7%	7.9%
Orange	11.3%	10.8%
Riverside	10.4%	5.4%
San Bernardino	12.3%	9.7%
Ventura	17.6%	17.9%
SPA 3	**10.3%**	**7.5%**
California	**11.3%**	**8.7%**

Table 40. Delay in receiving care

Source: California Health Interview Survey, 2014. http://ask.chis.ucla.edu/

Use of the Emergency Room

A close look at emergency room (ER) use can lead to improvements in providing community-based primary and preventive care. 15.8% of residents in SPA 3 visited an ER during a one-year period. ER use was below the state average, except among seniors.

ER use was highest in Ventura (21.7%) and Riverside (21.1%) counties and lower in Orange County (14.4%), when compared to the state (17.4%). Low-income and poverty-level residents (<100% and <200% Federal Poverty Level) in San Bernardino County were much more likely to report using the ER in the past year than those in any other county.

Use of ER	Los Angeles	Orange	Riverside	San Bernardino	Ventura	SPA 3	California
Visited ER in last 12 months	16.6%	14.4%	21.2%	19.9%	21.7%	15.8%	17.4%
0-17 years old	19.7%	17.0%	25.6%	26.2%	40.1%	18.9%	19.3%
18-64 years old	15.7%	11.8%	20.5%	18.2%	12.6%	12.9%	16.5%
65 and older	15.5%	23.8%	15.4%	12.7%	29.5%	23.8%	18.3%
<100% of poverty level	17.6%	11.8%	23.1%	34.0%	26.6%	13.9%	20.6%
<200% of poverty level	16.7%	15.7%	23.0%	29.3%	13.6%	15.1%	19.0%

Table 41. Use of emergency room by county

Source: California Health Interview Survey, 2014; http://ask.chis.ucla.edu/

Dental Care

In SPA 3, 26.7% of children and 6.4% of adults have never been to the dentist. These rates are higher than the state average. Among these counties, 18.9% of children in Riverside County had never been to the dentist. In Los Angeles County, 2.1% of teens and 4.1% of adults had never been to a dentist.

County	Children Never Been to Dentist	Teens Never Been to Dentist	Adults Never Been to Dentist
Los Angeles	16.0%	2.1%	4.1%
Orange	11.3%	1.8%	0.7%

Riverside	18.9%	None	3.3%
San Bernardino	11.6%	None	1.3%
Ventura	16.2%	None	2.3%
SPA 3	**26.7%**	**None**	**6.4%**
California	**15.3%**	**1.8%**	**2.2%**

Table 42. Dental care by county

Source: California Health Interview Survey, 2014. http://ask.chis.ucla.edu/

Community Input on Access to Care

Stakeholder interviews identified the following issues, challenges and barriers related to access to care:

- Insurance is too complicated and hard to understand. People don't understand their coverage until there's a problem, and only then do they learn what is and is not covered under their policies.
- Access to health care for middle school children is a key issue. They often fall through the cracks and lose Medi-Cal. Their parents don't know what to do. It's not a seamless system.
- Often, people can't afford care or coverage, or they can't afford to take time off from work. Some people fear losing their job, if they take off too much time.
- Some Asian communities, particularly the Vietnamese and Korean, have difficulty accessing care. We have pretty good resources for Mandarin and Spanish. Usually, there is someone who can speak Spanish, but it's difficult with some of the less-common Asian languages.
- There is still a lack of health care. We thought the Affordable Care Act would cover people, but many people still don't have access to affordable care.
- Knowing how to access health insurance is still a barrier. If one knows how to work the system, it's possible to access care, but one needs to have that knowledge.
- Geographic and economic barriers include the fact that some people can't afford care, they can't afford to take time off work to deal with health problems or obtain preventive care, and services are often too far away and require long trips to get there. Sometimes, people have to take three buses to get to the doctor's office.
- Language barriers with many Asian languages cause problems accessing care. People speaking less-common Asian languages may not know about opportunities or enrollment assistance that's available.
- It's a challenge getting people to understand that they need care and that it's worth the effort.
- Many in the Hispanic community will assume things and don't go out and research what's best for them. They will do what their friends and family members do, or just follow what they've been told, such as they can't qualify for health insurance or health care. They don't try to find out what's accurate for them.
- The undocumented—especially the Spanish speaking—are afraid to come into a health facility for fear of INS involvement. They are fearful they will get in trouble and get deported.
- The literacy level of health materials is too high, and many people can't read or understand the level of writing. Certified enrollment counselors are helping with enrollment, and also helping the patient population to read paperwork and sort through information. If they get a letter from

the county, they often need help to read and understand it. This is one reason that services or eligibility get terminated: People are unable to read their mail and follow through.

- We have the same percentage of people insured in SPA 3 as throughout the county. But even for those with insurance, the issue becomes finding providers who they can relate to culturally and linguistically.
- Health care is available, but it's difficult for many people to navigate care, understand their medical coverage/resources and establish a medical home.
- Previously, the homeless didn't have the coverage they do now, so it's hard to educate them about the importance of establishing a relationship with a doctor and trusting a medical home.
- The cost of co-pays prevents people from continuing to seek medical care. This barrier is a challenge that mostly impacts low- to mid-level income populations.
- Often, marginal people like the working poor don't have health insurance. They get overwhelmed with many health issues and don't go to the doctor and don't know what to do.
- Better communication is needed. Individual agencies try to share their messages with the public, but there needs to be a clearinghouse where we can confidently refer someone to learn what their options are and know that they will get directed appropriately.
- Asian and Chinese people won't go to a hospital or seek health care because they are intimidated by the hospital system, mostly because of the language barrier. Sometimes an interpreter is provided, but not always.
- In South Los Angeles there are geographic and economic barriers to accessing health care.
- In El Monte and the San Gabriel Valley, we see a lot of Asian immigrants who are low-income and arrive with limited resources and also have language barriers.
- We are seeing an increase in seniors with language barriers. They require case management and intensive follow-up.
- Affordability of health insurance is an issue. Some people who work full-time still can't afford insurance. Premiums are too high, and some people fall through the cracks relative to insurance affordability; i.e., they earn too much to be eligible for Medi-Cal or subsidies, yet they can't afford what they are eligible for.
- Transportation is a problem for many people.
- The complexity of the health care system is a barrier for seniors and others. It's difficult to navigate the system, including forms, paperwork, changing rules and reductions in benefits.

Mortality/Leading Causes of Death

How to use this section

People die from any different causes. Use this section as a way of finding out what people are dying from and thinking about what other issues might be putting people at increased risk for one type of disease over another. It is interesting to see that people in Orange County are not dying as early as those living in San Bernardino County. Why is this? How is a premature cause of death different from other causes of death? The most obvious cause of premature death seems to be completely preventable. Learning about what people are dying from is usually a good place to begin exploring solutions for healthier communities. Pinpoint a leading cause of death and begin to consider what puts a person in a particular area at increased risk of death.

Premature Death

The County Health Rankings examine the years of potential life lost before age 75 per 100,000 persons. California's 58 counties are ranked from 1 (lowest loss of potential life) to 58 (highest loss of potential life) based on the National Center of Health Statistics' mortality files. Premature death rates in the five counties that make up City of Hope's service area vary widely. Orange County has a ranking of 5, and Ventura County has a ranking of 6, which puts them in the top 25% of California counties in terms of premature death. San Bernardino County has a ranking of 30, which puts it in the bottom 50% of counties statewide.

County	Years of Potential Life Lost per 100,000	County Ranking (out of 58)
Orange	4,179	5
Ventura	4,730	6
Los Angeles	5,066	19
Riverside	5,627	23
San Bernardino	6,379	30

Table 43. Premature death ranking by county

Source: County Health Rankings, 2015.

http://www.countyhealthrankings.org/app/california/2015/rankings/outcomes/1

In Los Angeles County, 43% of people in 2011 died before they reached age 75, which the Los Angeles County Department of Public Health deems "premature." In SPA 3, coronary heart disease was the leading cause of death and premature death.

Leading Causes of Death	Leading Causes of Premature Death
1. Coronary Heart Disease	1. Coronary Heart Disease
2. Chronic Obstructive Pulmonary Disease	2. Suicide
3. Stroke	3. Liver Disease
4. Lung Cancer	4. Motor Vehicle Crash
5. Alzheimer's Disease	5. Lung Cancer

Table 44. Leading causes of death and premature death in SPA 3 (2011)
Source: LA County Department of Public Health, Mortality in Los Angeles County, 2014.
http://publichealth.lacounty.gov/dca/data/documents/mortalityrpt11.pdf

Mortality Rates

The two leading causes of death in the City of Hope service area are heart disease and cancer. The age-adjusted cancer mortality rate is highest in San Bernardino County (165.0 per 100,000 persons), a rate higher than the Healthy People 2020 goal of 161.4. Rates in the other four counties fell below this target. San Bernardino County also had the highest rates of death for stroke, chronic lower respiratory disease, diabetes and liver disease. Riverside County had the highest rates of death for coronary heart disease and unintentional injury. Orange County had the highest rate of death attributed to Alzheimer's disease. Los Angeles County had the highest rate of death from pneumonia and influenza, and Ventura County ha the highest suicide rate.

Causes of Death	Los Angeles	Orange	Riverside	San Bernardino	Ventura	CA	HP 2020
Cancer	146.2	142.9	153.3	165.0	142.3	151.0	161.4
Coronary Heart Disease	122.3	98.8	122.9	120.9	84.8	103.8	No Objective
Stroke	34.7	34.7	35.2	38.2	34.8	35.9	34.8
Chronic Lower Respiratory Disease	31.2	31.2	46.4	55.0	32.2	35.9	No Objective
Alzheimer's Disease	25.7	36.6	30.6	29.8	30.1	30.8	No Objective
Unintentional Injuries	20.3	22.0	31.6	25.0	31.0	27.9	36.4
Diabetes	23.0	15.0	19.4	33.0	16.6	20.8	No Objective
Pneumonia and Influenza	22.3	17.8	12.6	14.1	10.3	16.3	No Objective
Liver Disease	12.7	9.5	12.6	13.9	10.2	11.7	8.2
Suicide	7.6	9.6	10.9	10.4	11.6	10.2	10.2

Table 45. Age-adjusted mortality rates per 100,000 persons from 2011-2013 by county
Source: California Department of Public Health, 2015; http://www.cdph.ca.gov/programs/ohir/Pages/CHSPCountySheets.aspx
Dark Blue= Highest; **Light Blue**= Above HP2020 goals

Cancer Incidence and Mortality

How to use this section

City of Hope is designed by a National Cancer Institute as a comprehensive cancer center. Unlike many general nonprofit hospitals, City of Hope is a specialty hospital. Because of this, cancer is a big deal. The data in this section will help you understand who has cancer, where they live, whether they are taking preventive measures and what the community thinks about this. Community conversations about cancer are fascinating, because it becomes clear how inequalities in social and economic factors make it hard for people to prevent certain cancers and get help when they need it.

Incidence

In City of Hope's five-county service area, the five-year age-adjusted cancer incidence rate is 412.1 per 100,000 persons, which is lower than the state average. However, four cancers have a slightly higher rate than the state: ovarian, thyroid, stomach and colorectal.

Looking at individual counties, only Ventura has a higher-than-state rate of overall cancer incidence, driven by a higher rate of female cancers (breast, uterine and ovarian), skin melanomas, thyroid cancers and non-Hodgkin lymphoma. San Bernardino County has the highest rates of prostate, lung, colorectal, kidney and renal pelvic cancers. Los Angeles County has the highest incidence of cancers of the uterus, liver, bile duct and stomach. Riverside County has the highest rate of bladder cancer, and Orange County has the highest rate of leukemia.

Cancer Sites	Los Angeles	Orange	Riverside	San Bernardino	Ventura	California
Cancer, all sites	405.5	418.6	414.6	423.1	432.8	424.9
Prostate	122.0	120.6	125.1	137.0	125.1	126.9
Breast (female)	116.9	125.4	117.0	111.5	132.8	122.1
Lung and bronchus	41.6	46.2	48.6	51.0	42.7	47.9
Colon and rectum	41.3	37.6	40.9	44.1	38.4	40.0
In situ breast (female)	25.5	30.2	26.1	23.2	32.0	29.1
Uterus*	25.1	22.7	21.7	24.5	25.1	24.1
Skin melanoma	13.4	26.2	20.8	16.4	28.1	20.9
Non-Hodgkin lymphoma	18.4	18.8	16.9	17.1	19.8	18.8
Bladder	16.7	17.2	19.9	18.7	18.7	18.5
Kidney and renal pelvis	13.6	12.2	15.1	15.5	14.7	14.3
Leukemia **	12.3	12.5	11.9	12.0	11.9	12.5
Ovary	12.5	12.7	11.4	12.8	12.9	12.1
Thyroid	12.5	13.5	11.2	10.3	16.2	12.0
Pancreas	11.2	11.2	11.1	11.2	11.2	11.6
Liver and bile duct	9.9	8.3	6.8	9.6	6.9	9.3
Miscellaneous	8.4	7.9	9.1	9.3	9.5	8.9
Stomach	9.9	7.5	6.2	7.0	6.4	7.8

Cervix and uterus	8.8	6.5	8.4	9.3	7.5	7.7
Myeloma	5.8	5.5	5.6	5.4	5.1	5.8
Testis	5.2	6.1	6.0	5.7	6.3	5.6

Table 46. Age-adjusted cancer incidence per 100,000 persons, by county
Source: California Cancer Registry, California Department of Public Health, 2008-2012; Age-adjusted to 2000 U.S. Standard http://www.cancer-rates.info/ca/
Dark Blue= Highest; **Light Blue**= Above CA averages
** = Myeloid & Monocytic + Lymphocytic + "Other" Leukemias * = Uterus, NOS + Corpus Uteri

At the state level, Blacks continue to have a higher incidence rate when looking across all types of cancers.

Cancer Sites	Hispanic	White	Asian/PI	Black	All
Cancer, all sites	339.1	469.7	306.7	475.2	424.9
Prostate	112.2	127.2	71.2	197.1	126.9
Breast (females)	89.0	140.5	97.1	129.0	122.1
Lung and bronchus	27.5	55.5	36.7	63.3	47.9
Colon and rectum	34.8	40.7	36.8	53.2	40.0
In situ breast	19.1	32.8	30.8	29.8	29.1
Uterus*	20.0	25.9	19.5	25.3	24.1
Skim melanoma	4.4	33.0	1.2	1.1	20.9
Non-Hodgkin lymphoma	17.6	20.4	13.7	14.9	18.8
Bladder	10.4	23.2	8.8	14.1	18.5
Kidney and renal pelvis	15.7	14.8	7.9	18.2	14.3
Leukemia **	10.2	13.8	7.8	11.1	12.5
Ovary	10.9	13.2	9.8	10.6	12.1
Thyroid	10.6	13.2	12.9	8.0	12.0
Pancreas	10.7	12.0	9.5	15.9	11.6
Liver and bile duct	12.8	6.6	13.7	11.4	9.3
Miscellaneous	8.3	9.7	5.3	9.8	8.9
Stomach	10.8	5.5	11.4	10.4	7.8
Cervix and uterus	9.8	6.9	6.8	8.2	7.7
Myeloma	5.7	5.6	3.5	12.6	5.8
Testis	5.1	7.5	1.9	1.9	5.6

Table 47. Age-adjusted cancer incidence per 100,000 persons in California, by race
Source: California Cancer Registry, California Department of Public Health, 2008-2012; Age-adjusted to 2000 U.S. Standard. http://www.cancer-rates.info/ca/
** = Myeloid & Monocytic + Lymphocytic + "Other" Leukemias * = Uterus, NOS + Corpus Uteri

When cancer incidence is examined by county by race, Whites and Blacks have the highest rates of cancer, and Asians have the lowest rates.

County	Hispanic	White	Asian/PI	Black	All
Los Angeles	323.5	473.1	311.2	474.7	405.5
Orange	328.0	472.1	280.4	427.7	418.6
Riverside	330.7	447.7	270.7	443.8	414.6
San Bernardino	337.3	478.6	283.4	461.9	423.1
Ventura	335.0	470.1	284.3	455.9	432.8
California	339.1	469.7	306.7	475.2	424.9

Table 48. Age-adjusted cancer rates per 100,000 persons by race and county
Source: California Cancer Registry, California Department of Public Health, 2008-2012; Age-adjusted to 2000 U.S. Standard. http://www.cancer-rates.info/ca/

Mortality

The average five-year mortality rate for all cancers in SPA 3 was 143.6 deaths per 100,000 persons.

Cancer Sites	Annual Deaths	Age-adjusted Rate
Cancer, all sites	**2,626.4**	**143.6**
Lung and bronchus	314.8	40.9
Breast (female)	218.2	20.9
Prostate	131.6	17.9
Colon and rectum	258.8	13.9
Pancreas	183.0	10.0
Cervix and Ovaries	139.6	7.6
Leukemia	111.6	6.2
Stomach	101.4	5.5
Non-Hodgkin lymphoma	96.4	5.3
Bladder	60.4	3.3
Esophagus	52.8	2.9

Table 49. Age-adjusted cancer mortality rates per 100,000 persons in SPA 3
Source: L.A. County Department of Public Health Mortality Dataset Query System, 2008-2012. Age-adjusted to 2000 U.S. Standard. https://dqs.publichealth.lacounty.gov/query.aspx?d=1

The five-year average cancer mortality rate for all cancers in the five-county service area was 152.8, which is higher than the SPA 3 rate, but slightly lower than the California rate and made possible by slightly lower rates of respiratory and miscellaneous cancer deaths.

Cancer mortality is highest in San Bernardino County, followed by Riverside County, and driven by the highest mortality rates for lung, breast, prostate and colorectal cancers in the area. Los Angeles County has markedly higher mortality rates for liver, bile duct and stomach cancers than other counties in the service area.

Cancer Sites	Los Angeles	Orange	Riverside	San Bernardino	Ventura	California
Cancer, all sites	150.7	145.9	158.8	169.4	146.6	154.6
Lung and bronchus	32.3	33.6	38.9	40.0	32.3	36.0
Breast (female)	21.5	20.0	22.0	24.0	21.6	21.2
Prostate	21.0	19.6	22.1	25.2	20.6	21.0
Colon and rectum	14.6	12.4	16.0	17.1	13.9	14.2
Pancreas	10.5	10.0	10.9	10.1	10.3	10.4
Miscellaneous	9.4	10.0	8.8	10.7	10.8	10.6
Ovary	7.6	8.1	8.4	7.6	7.8	7.6
Liver and bile duct	8.1	6.7	5.9	7.4	6.0	7.2
Leukemia*	6.6	6.7	6.3	6.5	6.2	6.5
Non-Hodgkin lymphoma	5.6	5.5	5.5	6.2	4.9	5.8
Uterus**	4.8	3.9	3.9	4.5	4.4	4.3
Stomach	5.5	4.0	3.8	3.9	3.2	4.2
Bladder	3.6	4.1	4.2	5.0	3.5	3.9
Kidney and renal pelvis	3.3	3.1	4.0	4.5	3.2	3.5
Esophagus	2.9	3.2	3.7	4.2	3.4	3.5
Myeloma	3.1	2.9	3.0	3.1	3.0	3.1
Skin melanoma	1.9	3.0	2.8	2.6	3.0	2.6
Cervix	2.7	1.8	2.8	3.1	2.0	2.2

Table 50. Age-adjusted cancer mortality rates per 100,000 persons, by county

Source: California Cancer Registry, California Department of Public Health, 2008-2012; Age-adjusted to 2000 U.S. Standard http://www.cancer-rates.info/ca/

Dark Blue= Highest; **Light Blue**= Above CA averages

* = Myeloid & Monocytic + Lymphocytic + "Other" Leukemias ** = Uterus, NOS + Corpus Uteri

Yet, when examined at the state level, Blacks are dying from cancer at a higher rate than the other three races.

Cancer Sites	Hispanic	White	Asian/PI	Black	All
Cancer, all sites	132.2	165.2	115.1	205.3	154.6
Lung and bronchus	20.9	41.7	26.3	48.5	36.0
Breast (female)	16.6	23.4	13.2	32.6	21.2
Prostate	19.7	21.6	9.6	48.3	21.0
Colon and rectum	12.8	14.3	12.0	22.3	14.2
Pancreas	10.0	10.7	8.4	14.2	10.4
Miscellaneous	9.3	11.5	6.7	13.2	10.6
Ovary	6.9	8.4	5.0	7.6	7.6
Liver and bile duct	10.1	5.2	11.1	8.9	7.2
Leukemia*	5.3	7.0	4.4	6.6	6.5
Non-Hodgkin lymphoma	6.1	6.1	4.3	4.7	5.8
Uterus**	4.0	4.3	3.1	8.1	4.3
Stomach	6.6	2.7	6.5	6.5	4.2

Bladder	2.4	4.8	1.8	4.0	3.9
Kidney and renal pelvis	4.1	3.6	2.2	3.8	3.5
Esophagus	2.4	4.2	1.7	3.0	3.5
Myeloma	3.2	3.1	1.8	6.5	3.1
Skin melanoma	0.9	4.0	0.3	0.3	2.6
Cervix	3.0	1.8	1.9	3.5	2.2

Table 51. Age-adjusted cancer mortality rates per 100,000 persons in California, by race
Source: California Cancer Registry, California Department of Public Health, 2008-2012; Age-adjusted to 2000 U.S. Standard. http://www.cancer-rates.info/ca/
* = Myeloid & Monocytic + Lymphocytic + "Other" Leukemias ** = Uterus, NOS + Corpus Uteri

When cancer mortality rates by race are examined by county, Whites and Blacks have the highest rates of death from cancer, and Asians have the lowest.

County	Hispanic	White	Asian/PI	Black	All
Los Angeles	128.3	162.7	119.5	210.3	150.7
Orange	129.5	158.1	109.1	177.9	145.9
Riverside	133.5	168.6	112.0	187.3	158.8
San Bernardino	137.4	187.7	110.2	207.5	169.4
Ventura	124.4	158.0	95.8	174.5	146.6
California	**132.2**	**165.2**	**115.1**	**205.3**	**154.6**

Table 52. Age-adjusted cancer mortality rates per 100,000 persons by race and county
Source: California Cancer Registry, California Department of Public Health, 2008-2012; Age-adjusted to 2000 U.S. Standard. http://www.cancer-rates.info/ca/

Cancer Mortality versus Incidence

One would expect to see the highest cancer incidence rates paired with the highest mortality rates, however, this is not always the case. For example, the incidence of breast cancer diagnosis is highest among White women, while the mortality rate from breast cancer is highest among Black women. Similarly, while the incidence of cervical cancer is highest among Hispanic women, the mortality rate is highest among Black women.

Cancer Sites	Hispanic		White		Asian / PI		Black		All	
	Mort.	Incid.	Mort.	Incid.	Mort.	Incid.	Mort.	Incid.	Mort.	Incid.
Cancer, all sites	132.2	339.1	165.2	469.7	115.1	306.7	205.3	475.2	154.6	424.9
Lung and bronchus	20.9	27.5	41.7	55.5	26.3	36.7	48.5	63.3	36.0	47.9
Breast (female)	16.6	89.0	23.4	140.5	13.2	97.1	32.6	129.0	21.2	122.1
Prostate	19.7	112.2	21.6	127.2	9.6	71.2	48.3	197.1	21.0	126.9
Colon and rectum	12.8	34.8	14.3	40.7	12.0	36.8	22.3	53.2	14.2	40.0
Pancreas	10.0	10.7	10.7	12.0	8.4	9.5	14.2	15.9	10.4	11.6
Ovary	6.9	10.9	8.4	13.2	5.0	9.8	7.6	10.6	7.6	12.1
Liver and bile duct	10.1	12.8	5.2	6.6	11.1	13.7	8.9	11.4	7.2	9.3
Leukemia*	5.3	10.2	7.0	13.8	4.4	7.8	6.6	11.1	6.5	12.5

Non-Hodgkin lymphoma	6.1	17.6	6.1	20.4	4.3	13.7	4.7	14.9	5.8	18.8
Uterus**	4.0	20.0	4.3	25.9	3.1	19.5	8.1	25.3	4.3	24.1
Stomach	6.6	10.8	2.7	5.5	6.5	11.4	6.5	10.4	4.2	7.8
Bladder	2.4	10.4	4.8	23.2	1.8	8.8	4.0	14.1	3.9	18.5
Kidney and renal pelvis	4.1	15.7	3.6	14.8	2.2	7.9	3.8	18.2	3.5	14.3
Myeloma	3.2	5.7	3.1	5.6	1.8	3.5	6.5	12.6	3.1	5.8
Skin melanoma	0.9	4.4	4.0	33.0	0.3	1.2	0.3	1.1	2.6	20.9
Cervix	3.0	9.8	1.8	6.9	1.9	6.8	3.5	8.2	2.2	7.7

Table 53. Age-adjusted cancer mortality and incidence rates per 100,000 persons in California, by race
Source: California Cancer Registry, California Department of Public Health, 2008-2012; Age-adjusted to 2000 U.S. Standard.
*http://www.cancer-rates.info/ca/ * = Myeloid & Monocytic + Lymphocytic + "Other" Leukemias ** = Uterus, NOS + Corpus Uteri*

Looking at the ratio of mortality to incidence suggests cancer outcomes in California tend to be best among Asians and Whites and worse among Blacks, with a few exceptions for various cancers. Outcomes tend to be best among Asians and Whites.

Cancer Sites	Hispanic	White	Asian / PI	Black	All
Cancer, all sites	39.0%	35.2%	37.5%	43.2%	36.4%
Lung and bronchus	76.0%	75.1%	71.7%	76.6%	75.2%
Breast (female)	18.7%	16.7%	13.6%	25.3%	17.4%
Prostate	17.6%	17.0%	13.5%	24.5%	16.5%
Colon and rectum	36.8%	35.1%	32.6%	41.9%	35.5%
Pancreas	93.5%	89.2%	88.4%	89.3%	89.7%
Ovary	63.3%	63.6%	51.0%	71.7%	62.8%
Liver and bile duct	78.9%	78.8%	81.0%	78.1%	77.4%
Leukemia*	52.0%	50.7%	56.4%	59.5%	52.0%
Non-Hodgkin lymphoma	34.7%	29.9%	31.4%	31.5%	30.9%
Uterus**	20.0%	16.6%	15.9%	32.0%	17.8%
Stomach	61.1%	49.1%	57.0%	62.5%	53.8%
Bladder	23.1%	20.7%	20.5%	28.4%	21.1%
Kidney and renal pelvis	26.1%	24.3%	27.8%	20.9%	24.5%
Myeloma	56.1%	55.4%	51.4%	51.6%	53.4%
Skin melanoma	20.5%	12.1%	25.0%	27.3%	12.4%
Cervix	30.6%	26.1%	27.9%	42.7%	28.6%

Table 54. Age-adjusted ratio of cancer mortality to incidence per 100,000 persons in California by race
Source: California Cancer Registry, California Department of Public Health, 2008-2012; Age-adjusted to 2000 U.S. Standard. http://www.cancer-rates.info/ca/
* = Myeloid & Monocytic + Lymphocytic + "Other" Leukemias ** = Uterus, NOS + Corpus Uteri

When examined at the county level, it is clear cancer rates and cancer mortality rates tend to be lowest among Asians, and cancer incidencetends to be highest among White. Cancer mortality is highest among Blacks.

County	Hispanic		White		Asian / PI		Black		All	
	Mort.	Incid.	Mort.	Incid.	Mort.	Incid.	Mort.	Incid.	Mort.	Incid.
Los Angeles	128.3	323.5	162.7	473.1	119.5	311.2	210.3	474.7	150.7	405.5
Orange	129.5	328.0	158.1	472.1	109.1	280.4	177.9	427.7	145.9	418.6
Riverside	133.5	330.7	168.6	447.7	112.0	270.7	187.3	443.8	158.8	414.6
San Bernardino	137.4	337.3	187.7	478.6	110.2	283.4	207.5	461.9	169.4	423.1
Ventura	124.4	335.0	158.0	470.1	95.8	284.3	174.5	455.9	146.6	432.8
California	**132.2**	**339.1**	**165.2**	**469.7**	**115.1**	**306.7**	**205.3**	**475.2**	**154.6**	**424.9**

Table 55. Age-adjusted mortality and incidence rates for all cancers per 100,000 persons by race and county

Source: California Cancer Registry, California Department of Public Health, 2008-2012; Age-adjusted to 2000 U.S. Standard. http://www.cancer-rates.info/ca/

When looking at the percentage of those getting cancer and dying from it, Blacks are still disproportionately impacted at 43% compared to (39%) Hispanic, (37.5%) Asian/P.I. and Whites (35.2%).

County	Hispanic	White	Asian / P.I.	Black	All
Los Angeles	39.7%	34.4%	38.4%	44.3%	37.2%
Orange	39.5%	33.5%	38.9%	41.6%	34.9%
Riverside	40.4%	37.7%	41.4%	42.2%	38.3%
San Bernardino	40.7%	39.2%	38.9%	44.9%	40.0%
Ventura	37.1%	33.6%	33.7%	38.3%	33.9%
California	**39.0%**	**35.2%**	**37.5%**	**43.2%**	**36.4%**

Table 56. Age-adjusted ratio of cancer mortality to incidence per 100,000 persons by race and county

Source: California Cancer Registry, California Department of Public Health, 2008-2012; Age-adjusted to 2000 U.S. Standard. http://www.cancer-rates.info/ca/

Looking at the conjunction between race and gender, it is clear that the incidence of cancer and its outcomes tend to be generally better among women than men, with the stark exception of Black women, whose rates are only marginally better than those of Black men.

Race and Gender	Mortality	Incidence	Ratio Mortality to Incidence
Asian women	96.9	298.9	32.4%
White women	142.3	435.8	32.6%
All women	**132.5**	**388.8**	**34.1%**
Hispanic women	114.4	310.5	36.8%
White men	191.4	517.4	37.0%
All men	**179.8**	**476.7**	**37.7%**
Hispanic men	153.7	385.1	39.9%
Asian men	136.3	323.3	42.2%
Black women	176.1	410.7	42.9%
Black men	242.1	563.7	42.9%

Table 57. Age-adjusted cancer mortality and incidence rates per 100,000 persons in California by race and gender
Source: California Cancer Registry, California Department of Public Health, 2008-2012; Age-adjusted to 2000 U.S. Standard. http://www.cancer-rates.info/ca/

Cancer Screening

Cervical Cancer Screening

The Healthy People 2020 objective for cervical cancer screening is for 93% of women ages 21 to 65 years to have a Pap smear within the past three years. In Los Angeles County, women are falling short of that goal, with only 82.8% having been screened. At 78.6%, SPA 3 rates are even lower. Rates by county are lowest among Asian/Pacific Islander women (65.9%), followed by Whites (83.9%), Latinas (86.3%) and Blacks (89.3%), but all groups fall below the Healthy People 2020 goal.

Pap Smear	SPA 3	Los Angeles County
Women ages 21-65 who reported having a Pap smear in the past 3 years	78.6%	82.8%

Table 58. Cervical cancer screenings in Los Angeles County
Source: Los Angeles County Health Survey, 2011.
http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2011.htm

Mammograms

The Healthy People 2020 objective calls for 81% of women ages 50 to 74 years to have a mammogram within the past two years. In SPA 3, women exceeded the objective, with 84.9% reporting having had a mammogram. Levels in the five counties are lower, however, and range from a high of 68.2% in San Bernardino County to a low of 58.7% in Ventura County.

County	Percent
Los Angeles	63.6%

Orange	65.8%
Riverside	62.2%
San Bernardino	68.2%
Ventura	58.7%
SPA 3	**84.9%**
California	**84.8%**

Table 59. Women ages 50-74, who had a mammogram in the past 2 years
Source: California Health Interview Survey, 2011-2012. http://ask.chis.ucla.edu/

Colorectal Cancer Screening

76.9% of SPA 3 residents ages 50 and older have undergone a colorectal cancer screening, which exceeds the Healthy People 2020 objective of 70.5%. All five counties in the service area exceeded the objective. Of adults advised to obtain a screening, 67.4% were compliant. Compliance was lowest in San Bernardino County (62.2%) and Riverside County (63.0%) and highest in Orange County (73.6%).

County	Screening Sigmoidoscopy, Colonoscopy or Fecal Occult Blood Test	Compliant with Screening at Time of Recommendation
Los Angeles	75.7%	66.5%
Orange	80.8%	73.6%
Riverside	75.1%	63.0%
San Bernardino	76.2%	62.2%
Ventura	76.8%	68.0%
SPA 3	**76.9%**	**67.4%**
California	**78.0%**	**68.1%**

Table 60. Colorectal cancer screening in adults age 50+
Source: California Health Interview Survey, 2009. http://ask.chis.ucla.edu/

Community Input on Cancer

Stakeholder interviews identified the following issues, challenges and barriers related to cancer:

- Co-pays are sometimes are a barrier. Every Woman Counts won't help if the person has any coverage at all, so patients with some coverage, who can't afford their co-pays fall through the cracks.
- Cancer happens at all ages, but when it happens to younger people, they get a lot of emotional and social support. When cancer happens to older people, they get less support, and people distance themselves from them.
- Denial and fear are two of the biggest challenges that negatively affect accessing preventive screenings.
- There is a lack of sensitivity among providers regarding cultural issues, such as comfort levels with eye contact and touch.
- I don't hear a lot about free cancer screenings other than what is offered at health fairs.
- There are no resources available to provide a high level of care. We focus on early identification, but then lack the resources to treat people.

- Prostate cancer is the No. 1. killer of African-Americans. This rate is higher than for any other ethnic group in the country. Men fear of anything related to the prostate. They are concerned about their manhood being affected and want to still be able to have sex, so they don't want to accept that they have prostate cancer.
- Most doctors can't take the time to sit with patients and help them understand their cancer. But this is very important for cancer patients to help them get rid of their fear. There are so many myths about cancer in all cultures. People automatically think it's a death sentence. So it is important to educate them and raise their level of hope.
- Many people with cancer have to stop working, which creates an economic problem that relates to their ability to purchase healthy food.
- There is mixed information out there about PSAs based on research on White men in Denmark that affects the standards in this country. There is a lack of inclusion of African-American men in research.
- It's hard to get patients to come in for preventive screenings like Pap smears, mammograms, prostate, etc., but it's improving as our doctors keep pushing and explaining the importance of these screenings.
- Family histories aren't shared, so people don't know their risks. Talking about it and sharing information is needed.
- Cultural expectations and the use of herbal treatments among many Mexicans and Asians can impact treatment.

Chronic Disease

How to use this section

This section, like the previous one, addresses health status and various chronic diseases, including diabetes, heart disease and high blood pressure. The data describes who gets its, where it occurs most often and how the community thinks these conditions impact their lives. How could you use both types of data and opinions in building a program or delivering services when funding is lean? Community input can provide rich detail on how best to address barriers and ensure program success.

Health Status

Among adults and children in SPA 3, 21.4% reported being in fair or poor health. This is a higher rate than for the state. In Los Angeles County, 19.3% of residents reported having fair to poor health.

County	Persons with Fair or Poor Health
Los Angeles	19.3%
Orange	17.4%
Riverside	17.0%
San Bernardino	15.1%
Ventura	17.6%
SPA 3	**21.4%**
California	**17.0%**

Table 61. Health status reported as fair to poor
Source: California Health Interview Survey, 2014.http://ask.chis.ucla.edu/

Diabetes

In the California Health Interview Survey, 12% of adults in SPA 3 reported having been diagnosed with diabetes. While caution should be used with the following statistics due to the small sample size for SPA 3, 66.6% of adults who reported having diabetes are very confident they can control it.

San Bernardino County (12.5%) and Los Angeles County (10%) residents reported the highest rates of diabetes, while Orange County (16.1%) reported the highest rate of prediabetes. Ventura County residents are the most confident of being able to manage their diabetes (62.5%), and San Bernardino County diabetics are the least confident (41.6%).

Diabetes	Los Angeles	Orange	Riverside	San Bernardino	Ventura	SPA 3	CA
Diagnosed pre/borderline diabetes	8.8%	16.1%	7.2%	10.2%	9.2%	10.6%	10.5%
Diagnosed with diabetes	10.0%	7.1%	5.5%	12.5%	7.0%	12.0%	8.9%
Very confident in controlling diabetes	56.9%	51.2%	61.7%	41.6%	62.5%	66.6%	56.5%
Somewhat confident	33.7%	36.6%	25.6%	53.8%	30.9%	23.5%	34.7%
Not confident	9.3%	2.2%	12.7%	4.6%	6.6%	9.9%	8.8%

Table 62. Adults diagnosed with diabetes or prediabetes
Source: California Health Interview Survey, 2014. http://ask.chis.ucla.edu/

Heart Disease

7% of adults in SPA 3 reported having been diagnosed with heart disease. 56.6% are very confident they can manage their condition, and 50.1% have a management care plan.

At the county level, Orange County (6.3%) residents reported being diagnosed with heart disease at a higher rate than at the state level (6.1%). Ventura County residents were the least confident in their ability to control their heart disease, but the most likely to report having a management plan (92.3%).

Heart Disease	Los Angeles	Orange	Riverside	San Bernardino	Ventura	SPA 3	CA
Diagnosed with heart disease	5.7%	6.3%	4.9%	4.1%	5.3%	7.0%	6.1%
Very confident in controlling their condition	53.5%	57.0%	76.1%	57.9%	33.8%	56.6%	53.6%
Somewhat confident	36.0%	29.3%	19.3%	37.9%	26.6%	42.1%	34.9%
Not confident	10.4%	13.7%	4.6%	4.2%	39.5%	1.4%	11.5%
Has a management care plan	55.5%	62.9%	70.7%	75.6%	92.3%	50.1%	67.1%

Table 63. Adults diagnosed with heart disease
Source: California Health Interview Survey, 2014. http://ask.chis.ucla.edu/

High Blood Pressure

High blood pressure (hypertension) is a co-morbidity factor for diabetes and heart disease. In SPA 3, 29.8% of adults reported having been diagnosed with high blood pressure, and 69.9% of them take medication to control it. These rates are slightly higher than state rates. At the county level, Riverside County reported the highest rates of hypertension (33%).

County	Ever Diagnosed with Hypertension	Takes Medicine for Hypertension
Los Angeles	27.3%	67.2%
Orange	27.8%	75.0%
Riverside	33.0%	66.4%
San Bernardino	24.7%	62.9%
Ventura	25.6%	72.4%
SPA 3	**29.8%**	**69.9%**
California	**28.5%**	**68.5%**

Table 64. Rates of high blood pressure
Source: California Health Interview Survey, 2014. http://ask.chis.ucla.edu/

When inpatient diagnoses at City of Hope were examined, cancer was the most common diagnosis, as expected (44.6%).

Principal Cause	Discharges	Percentage
Cancer (includes noncancerous growths)	2,635	44.6%
Other reasons	857	14.5%
Injuries/poisonings/complications	456	7.7%
Infections	285	4.8%
Respiratory system	270	4.6%
Anemia and other blood disorders	267	4.5%
Digestive system	244	4.1%
Genitourinary system	209	3.5%
Symptoms	201	3.4%
Circulatory system	114	1.9%
Endocrine system	109	1.9%
Musculoskeletal system	107	1.8%
Nervous system	90	1.5%
Skin disorders	48	0.8%
Mental disorders	7	0.1%
Birth defects	3	0.1%
Pregnancy	1	0.1%
Total Discharges	**5,903**	**100.0%**

Table 65. Inpatient principal diagnosis groups at City of Hope (2014)
Source: California Office of Statewide Health Planning & Development, 2014.
http://report.oshpd.ca.gov/?DID=PID&RID=Facility_Summary_Report_Hospital_Inpatient

Community Input on Chronic Diseases

Stakeholder interviews identified the following issues, challenges and barriers related to chronic diseases:

- A lot of people don't know the symptoms of heart disease and don't know anything about it until they have chest pain.
- A big barrier to caring for a chronic disease is lack of time for families to cook healthy meals or exercise, especially when working hard and driving the kids around.
- Access to specialty care and getting the whole work-up that's needed before specialty care is available can be challenging.
- More education on heart disease is needed in the Chinese and Asian communities. People usually find out from their doctor that they have heart disease after they have experienced severe symptoms. They don't have the knowledge they need about symptoms to undergo early detection.
- African-American men think it can't happen to them. There is a lot of fear about going to the doctor. That's why the average lifespan for this group is only 70. It's largely due to fear and denial.
- A major issue is trying to get people to change their habits about exercising and eating better. A lot of money and resources have gone into education, but issues still exist.
- It's known as the "silent" death, so many people may not know they have a problem, or they don't know there is a problem unless they go to the doctor.
- There is a cultural practice among African-Americans of automatically salting food without trying it first, which increases blood pressure.
- There is a lack of awareness about family history and the importance of it as a risk factor.

Health Behaviors

How to use this section

Many of our health problems exist because of lifestyle or health habits that increase the risk of death and chronic disease. Below you will explore such behaviors that increase risk for residents of our five local counties and the San Gabriel Valley. At City of Hope, we know that obesity increases the risk for chronic disease like diabetes and cancer. We also know that if you have diabetes, your ability to fight cancer is weaker than if you did not have diabetes. Using health behavior data related to obesity can help us design programs that get to the root causes of obesity and, ultimately, address risk factors for diabetes and cancer.

Health Behaviors

County Health Rankings ranks counties according to health behaviors. California's 58 counties are ranked from 1 (healthiest) to 58 (least healthy) based on a number of indicators that include adult smoking, obesity, physical inactivity, excessive drinking, sexually transmitted infections and others. The five counties that make up City of Hope's service area vary widely in their Health Behaviors Ranking, from Orange County (8), which is in the top 25% of California counties for healthy behaviors, to San Bernardino (44), which is in the bottom 25%.

County	County Ranking (out of 58)
Orange	8
Ventura	15
Los Angeles	17
Riverside	32
San Bernardino	44

Table 66. Health behaviors ranked by county

Source: County Health Rankings, 2015.http://www.countyhealthrankings.org/app/california/2015/rankings/factors/3

Physical Environment Ranking

County Health Rankings ranks counties according to physical environment. California's 58 counties are ranked from 1 (healthiest) to 58 (least healthy) based on a number of indicators that include air pollution/particulate matter, drinking water violations, severe housing problems and issues involving commuting. The five counties that make up City of Hope's service area are ranked toward the bottom half the least healthy California counties, with the exception of Ventura County (19).

County	County Ranking (out of 58)
Ventura	19
Orange	32
Los Angeles	43
Riverside	49
San Bernardino	53

Table 67. Physical environment ranking by county

Source: County Health Rankings, 2015.

http://www.countyhealthrankings.org/app/california/2015/rankings/factors/5

HIV/AIDS

The rate of new and existing cases of HIV and AIDS are higher for the Los Angeles/Long Beach/Anaheim Metropolitan Statistical Area (MSA) than for the state, and lower for the Riverside/San Bernardino/Ontario MSA than for the state.

HIV/AIDS	L.A. / Long Beach / Anaheim MSA		Riverside / San Bernardino / Ontario MSA		California, 2013	
	Number	Est. Rate	Number	Est. Rate	Number	Est. Rate
New HIV cases	2,048	18.1	431	11.4	4,636	13.9
New AIDS cases	1,064	9.1	233	6.0	2,431	7.1
Living with HIV	51,510	401.6	7,949	186.2	117,814	375.0
Living ever diagnosed with AIDS	30,522	238.1	5,136	120.3	72,925	232.1

Table 68. HIV/AIDS per 100,00 persons, by Metropolitan Statistical Area, in 2012

Source: Centers for Disease Control and Prevention. HIV Surveillance Report, 2013; vol. 25.

http://www.cdc.gov/hiv/library/reports/surveillance/2013/surveillance_Report_vol_25.html

Sexually Transmitted Diseases

Rates of sexually transmitted diseases (STD) vary widely among the five counties that make up the hospital service area. Rates are generally lowest in Orange and Ventura counties and highest in Los Angeles and San Bernardino counties. Chlamydia varies from a low of 275.3 cases per 100,000 persons in Orange County to 534.4 per 100,000 in San Bernardino County. Rates of gonorrhea vary from 39.6 per 100,000 persons in Ventura County to 130.4 per 100,000 in Los Angeles County. In general, STD rates tend to be highest in women 15-29 and in African-Americans, although rates of syphilis are highest in African-American men ages 20-29 (data not shown).

County	Chlamydia	Gonorrhea	Primary and Secondary Syphilis	Early Latent Syphilis
Los Angeles	508.5	130.4	11.1	14.2
Orange	275.3	46.8	6.4	3.8
Riverside	392.2	62.2	5.7	4.4
San Bernardino	534.4	98.5	3.7	3.0
Ventura	299.8	39.6	2.1	1.5
California	**439.5**	**100.4**	**9.3**	**7.6**

Table 69. Rate of sexually transmitted diseases per 100,000 persons by county
Source: California Department of Public Health, 2013.
http://www.cdph.ca.gov/data/statistics/Documents/STD-Data-2013-Report.pdf

Overweight and Obesity

In SPA 3, 35.9% of the adult population, 13.4% of teens and 24.3% of children reported being overweight. SPA 3 rates of overweight are lower than state rates for adults and teens, but higher for children.

At the county level, Los Angeles, Orange, Riverside and San Bernardino counties all reported higher rates of overweight adults than seen statewide. Orange and San Bernardino counties reported higher rates in children than the state. Only Riverside and San Bernardino counties reported higher rates of overweight teens than are seen at the state level, with Ventura's rate much lower than the state.

County	Adult (ages 20+ years)	Teen (ages 12-17 years)	Child (ages 2-11)
Los Angeles	37.2%	14.4%	12.5%
Orange	42.7%	12.7%	16.0%
Riverside	37.9%	39.2%	4.4%
San Bernardino	38.6%	26.3%	37.0%
Ventura	35.9%	4.4%	10.4%
SPA 3	**35.9%**	**13.4%**	**24.3%**
California	**36.2%**	**16.3%**	**15.0%**

Table 70. Overweight adults, teens and children by county
Source: California Health Interview Survey, 2014. http://ask.chis.ucla.edu/

At the county level, San Bernardino reported the highest rate of obese adults (34.5%), while Riverside reported the highest rate of obese teens (23.8%).

County	Adult (ages 20+ years)	Teen (ages 12-17 years)
Los Angeles	27.6%	14.9%
Orange	18.6%	16.6%
Riverside	30.4%	23.8%
San Bernardino	34.5%	11.1%
Ventura	26.3%	None
SPA 3	**26.8%**	**22.8%**
California	**27.5%**	**14.6%**

Table 71. Obesity in adults and teens by county
Source: California Health Interview Survey, 2014. http://ask.chis.ucla.edu/

In SPA 3, rates of overweight and obesity in adults are higher in African-Americans (79.3%) and Latinos (74.4%) than in Whites (66.7%), with Asians reporting the lowest rates (38.3%).

Race/Ethnicity	Los Angeles	Orange	Riverside	San Bernardino	Ventura*	SPA 3	CA
Latino	72.6%	76.7%	79.9%	78.4%	77.8%	74.4%	74.7%
African-American	83.5%	71.4%	56.3%	80.7%	96.5%	79.3%	73.5%
White	60.8%	62.4%	64.0%	67.6%	58.5%	66.7%	60.1%
Asian	41.0%	36.8%	33.8%	69.9%	6.6%	38.3%	44.0%

Table 72. Overweight and obesity in adults by race/ethnicity, county, SPA 3 and state
Source: California Health Interview Survey, 2014. http://ask.chis.ucla.edu/
* Obesity data for the Asian population in Ventura County not available.

Fast Food

In SPA 3, 9.1% of children ages 2 to 17 and 34.5% of adults consume fast food three or more times a week. More than 25% of children in Ventura County consume fast food three or more times a week (28.5%). Los Angeles County (37%) and San Bernardino County (35.6%) have the highest rate of adults who regularly consume fast food.

County	Children (ages 2-17)	Adults (ages 18+)
Los Angeles	15.1%	37.0%
Orange	20.2%	29.0%
Riverside	18.0%	29.5%
San Bernardino	21.9%	35.6%
Ventura	28.5%	25.9%
SPA 3	**9.1%**	**34.5%**
California	**14.6%**	**35.5%**

Table 73. Average consumption of fast food three or more times a week
Source: California Health Interview Survey, 2014. http://ask.chis.ucla.edu/

Soda Consumption

Among adults in SPA 3, 11.6% consume four or more sodas a week. At the county level, Ventura (9%) and Orange (9.5%) reported the lowest levels of soda consumption, while San Bernardino County (19.7%) reported the highest.

County	Percent
Los Angeles	13.3%
Orange	9.5%
Riverside	15.1%
San Bernardino	19.7%
Ventura	9.0%
SPA 3	**11.6%**
California	**13.2%**

Table 74. Average consumption of sodas four or more times a week by adults
Source: California Health Interview Survey, 2014. http://ask.chis.ucla.edu/

Fruit Consumption

52.1% of children ages 2-12 years old and 59% of teens in SPA 3 consume two or more servings of fruit per day. At the county level, San Bernardino has the highest rate of children who ate two or more servings of fruit in the past day. Ventura County (81.3%) reported the highest rate of fruit and vegetable consumption among adults. Fruit consumption was lower among teens, with only 20% of teens in Ventura County consuming two or more servings of fruit in a day.

County	Children (ages 2-12)	Teens (ages 13-17)
Los Angeles	63.4%	43.6%
Orange	62.5%	50.2%
Riverside	76.0%	47.6%
San Bernardino	81.3%	67.0%
Ventura	73.9%	20.0%
SPA 3	**52.1%**	**59.0%**
California	**68.8%**	**51.4%**

Table 75. Children and teens who eat two or more servings of fruit daily
Source: California Health Interview Survey, 2014. http://ask.chis.ucla.edu/

Physical Activity

Among children in SPA 3, 88.7% engaged in physical activity three or more days per week. 64.3% of teens in SPA 3 were active three or more days a week. 85% of SPA 3 youth visited a park, playground or open space in the past month. At the county level, Orange County children have the lowest rate of physical activity (63.7%), and Riverside County teens (52.2%) have the lowest rate of physical activity. Ventura County has the highest rate of children and teens who are physically active.

County	Child Engaged in at Least One Hour of Physical Activity 3-7 Days of the Previous Week	Teen Engaged in at Least One Hour of Physical Activity 3-7 Days in a Typical Week	Youth Visited Park, Playground or Open Space in the Last Month
Los Angeles	72.2%	60.6%	83.3%
Orange	63.7%	80.3%	92.8%
Riverside	77.9%	52.2%	80.0%
San Bernardino	76.1%	92.5%	77.5%
Ventura	79.5%	100%	87.2%
SPA 3	**88.7%**	**64.3%**	**85.0%**
California	**76.3%**	**68.5%**	**83.9%**

Table 76. Physical activity in children and teens
Source: California Health Interview Survey, 2014. http://ask.chis.ucla.edu/

Community Input on Overweight and Obesity

Stakeholder interviews identified the following issues, challenges and barriers related to overweight and obesity:

- Residents of low-income communities don't have access to healthy food, in part because large grocery store chains don't have locations in low-income neighborhoods. Consequently, low-

income neighborhood residents don't have access to healthy, fresh food and are limited to processed, calorie-dense food. The food environment is dismal.

- Obesity is related to major illnesses such as cancer, diabetes and heart disease, as well as being a contributor to overall susceptibility to colds, flu, etc., and missed work days. It's also related to health issues such as arthritis, joint problems, etc.
- Ordinances that prevent fast food restaurants don't help much. People are still able to find fast food if they want it. Fast food is cheap. If you don't have a job, or have a low-paying job, you are going to eat what you can afford, even if it's unhealthy.
- When affordable access to nutrition in communities is lacking, malnutrition can occur and appear as obesity or starvation. This results in diabetes, heart disease or cancer. They are all nutritionally connected.
- Families don't know how to make healthy choices within their budget. They don't know how to serve healthier meals within their budget and think they can't.
- All supermarkets in Duarte have closed in the past year. Food stores are now located in either Monrovia or in Azusa.
- There aren't a lot of parks in the area, and people don't feel safe walking and exercising in the community. Many areas are dark and feel unsafe. People go straight from work to their homes and lock the doors.
- The soda industry is coming into the schools. Supposedly they are doing nutrition education, but they're still promoting their products. It's hard to fight these huge companies with lots of money, who make it look like sodas and sugary cereals are still good.
- Data has shown that the problem has stabilized, but we need to keep improving and not just stay stable.
- Many elementary schools don't have PE teachers, only classroom teachers. If the classroom teacher is passionate about PE, that's great. But if the teacher is not, then nothing happens in that classroom. It would be great to have a standard program to promote PE.
- People make choices based on income, and there are often multigenerational habits of poor eating or eating fast food.

Substance Abuse

Cigarette Smoking

In SPA 3, 10.6% of adults smoke cigarettes, which is lower than the state rate of 11.6%. In Riverside County, 12.3% of adults smoke, and in San Bernardino County, 12.8% of adults smoke. These levels exceeds the Healthy People 2020 objective of 12%.

County	Current Smoker	Former Smoker	Never Smoked
Los Angeles	10.8%	22.4%	66.8%
Orange	10.8%	21.8%	67.5%
Riverside	12.3%	18.3%	69.4%
San Bernardino	12.8%	19.1%	68.1%
Ventura	8.9%	22.9%	68.2%
SPA 3	**10.6%**	**19.2%**	**70.1%**
California	**11.6%**	**22.4%**	**66.0%**

Table 77. Cigarette smoking among adults

Source: California Health Interview Survey, 2014. http://ask.chis.ucla.edu/

Among teens, 2.5% in Los Angeles County and 0.5% in Orange County smoke cigarettes. 11.3% of teens in Los Angeles County have smoked an electronic (vaporizer) cigarette. This is higher than the SPA 3 rate (10.9%) and state rate (10.3%).

County	Not a Current Smoker	Ever Smoked an E-Cigarette
Los Angeles	97.5%	11.3%
Orange	99.5%	3.2%
Riverside	100%	8.6%
San Bernardino	100%	0.9%
Ventura	100%	None
SPA 3	**100%**	**10.9%**
California	**97.4%**	**10.3%**

Table 78. Smoking among teens

Source: California Health Interview Survey, 2014. http://ask.chis.ucla.edu/

Alcohol and Drug Use

Binge drinking is defined as consuming a certain amount of alcohol within a set period of time. For males, this is five or more drinks per occasion; for females, four or more drinks. 28.8% of SPA 3 adults had engaged in binge drinking over the past year. These rates are slightly under the California average (32.6%). This rate was far exceeded by of adults in San Bernardino County, 42.2% of whom had engaged in binge drinking in the past year.

28.7% of teens in SPA 3 had an alcoholic drink in the past year, which is higher than the state rate of 22.5%. Ventura County had the highest rate of teen drinking (68.7%).

County	Teen Ever Had an Alcoholic Drink	Adult Binge Drinking in the Past Year
Los Angeles	19.1%	31.5%
Orange	17.6%	33.5%
Riverside	18.7%	26.1%
San Bernardino	9.6%	42.2%
Ventura	68.7%	35.3%
SPA 3	**28.7%**	**28.8%**
California	**22.5%**	**32.6%**

Table 79. Alcohol consumption and binge drinking

Source: California Health Interview Survey, 2014, http://ask.chis.ucla.edu/

Community Input on Drugs, Alcohol and Tobacco

Stakeholder interviews identified the following issues, challenges and barriers related to drugs, alcohol and tobacco:

- Everything becomes more stressful for people in lower socioeconomic situations. This results in a greater propensity for substance abuse. People want to self-medicate to feel better, but it ruins everything. They get sucked into a downward spiral.
- Parents are bad role models and don't realize their kids are learning smoking habits from them.
- There aren't enough places to refer patients for drug, alcohol and tobacco cessation services. Many places have closed.
- Finding a provider who can see someone right away, when a person is ready, is challenging. If someone can't get in for a few weeks, the window of opportunity is often lost.
- The cities of San Gabriel, Alhambra, Monterey Park and Monrovia are establishing ordinances for smoke-free parks. Attention is also being given to preventing smoking around bus stops.
- It's harder to find substance use disorder providers than mental health providers, particularly when detox or inpatient beds are needed.
- You see tons of liquor stores in lower income neighborhoods, and they sell individual cigarettes to promote smoking.
- Tobacco is a big issue among Chinese immigrants. A large percentage are heavy smokers.
- With drug abuse, a common factor is that people are not facing themselves and are using the chemicals to avoid doing that. This includes heroin, marijuana and pharmaceuticals.
- It's concerning that high profile people in entertainment are always going into rehab. It creates a perception that it's okay to engage in these behaviors, and that cycling in and out of rehab will cure it. It also exposes kids at an early age to these behaviors.
- The Healthy Retail Initiative is working with retail providers on how they advertise alcohol and cigarettes and to promote having healthier food options. This is a countywide project, but they are starting with lower income neighborhoods with a high density of liquor stores.
- The age for starting tobacco use is getting younger and younger. Lots of children around age 12 are using tobacco.

- Stigma and family dynamics must be considered when admitting to addiction, because they can lead to rejection.

Mental Health

How to use this section

Often times, we think of physical health, mental health and dental health as separate entities. In reality, they are interconnected and need to be strong in order for a person to be in optimal health. While this section of the assessment is short, it is rich in information about how serious mental health issues are in the San Gabriel Valley. If community programs were designed with mental health challenges in mind, barriers could be addressed up front to ensure future program success. For example, if you know that you want to start a program to get community members walking, but you notice that people in your community suffer from stress or depression, you could use that information to design promotional materials that reinforce how regular walking can help decrease stress and depression. You can also prepare your program to provide local resources that address these issues as they are presented by participants. Ultimately, this data can help your organizations better serve residents by being aware of and ready for any potential mental health issues that might impeded your efforts to do good work.

Mental Health Locally

In SPA 3, 13% of adults reported having serious psychological distress and 14.4% needing help for emotional/mental health problems or use of alcohol or drugs in the past 12 months, a slightly lower rate than the state (15.9%). In Orange County, 55.3% of adults who sought or needed mental health care did not receive treatment. The Healthy People 2020 objective is for 64.6% of adults with a mental disorder to receive treatment, which equates to 35.4% who do not receive treatment.

7.8% of SPA 3 adults reported taking prescription medications for emotional/mental health for at least two weeks in the past year—a lower level than the state rate (10.1%). Rates of medication use were highest in Orange and Ventura (11.1%), counties. Orange County adults had the highest percentage of residents who seriously considering suicide (7.7%), but this rate is lower than that of the state (7.8%).

Mental Health Indicators	Los Angeles	Orange	Riverside	San Bernardino	Ventura	SPA 3	CA
Adults who reported having serious psychological distress during the past year	9.6%	3.7%	5.3%	1.1%	2.4%	7.1%	7.7%
Adults who needed help for emotional/mental and/or alcohol/drug issues in past year	18.0%	14.9%	13.9%	14.7%	13.9%	14.4%	15.9%
Adults who saw a health care provider for emotional/mental health and/or alcohol/drug issues in past year	13.0%	9.9%	11.4%	11.0%	11.7%	9.8%	12.0%
Adults who sought/needed help, but did not receive treatment	43.2%	55.3%	40.6%	47.8%	41.9%	43.3%	43.4%
Adults who took prescription drugs for an emotional/mental health issue in past year	9.2%	11.1%	10.2%	7.3%	11.1%	7.8%	10.1%
Adults who ever seriously considered committing suicide	7.2%	7.7%	6.5%	5.6%	6.4%	5.7%	7.8%

Table 80. Mental health indicators in adults

Source: California Health Interview Survey, 2014. http://ask.chis.ucla.edu/

Community Input on Mental Health

Stakeholder interviews identified the following issues, challenges and barriers related to mental health:

- There is stigma associated with mental health problems among different ethnic and cultural groups.
- It's hard to take time off work to get mental health services.
- Maybe kids qualify for services or get services through the school, but there is nothing for families or adults.
- People tend to hide it or misidentify it. They don't want to be seen as crazy or somehow "less than" others.
- Families don't want to expose that they have a family member with mental health problems, because they are ashamed. They may hide the family member from community events and activities in case they act out or are embarrassing. As a result, many people with mental health problems get isolated.
- Many of those who want to access services don't have sufficient coverage or completely lack mental health coverage.
- People have no idea how to navigate the mental health system, and the payment systems are all strange.
- Due to HIPAA, we can't make mental health appointments for patients unless they are present. Once a patient leaves the office, they are not likely to make the appointment themselves.

Instead, they'll just return to our office when they have another episode, but they haven't gotten help.

- Many Asians have stigmatized mental health. They don't want to admit they have depression or any other problem, because it's seen as shameful for the family, so, they won't talk about it.
- My Health LA doesn't include any mental health coverage.
- Waits are too long to get help right away. There aren't enough services immediately accessible in the geographic area. Delay in response time can be a challenge or a barrier. Distance to services is also a barrier.
- Although there are community mental health centers, it's difficult to get medications, psychiatric services or hospitalizations. Community mental health clinics are limited in what they can do.
- People don't seek help. Often, it isn't seen as a disease that can be helped. Also, people don't want to take medication or have other people think they are crazy.
- Mental health services are not a priority over food or housing. The need is there but it's not what people are actively looking for.
- People are concerned about mental health information showing up on their medical record.

Conclusion

Thank you for taking the time to read and explore this 2016 Community Health Needs Assessment (CHNA) of City of Hope's service area. We hope that you have been able to pull from the data enough information to create an image of the health, wellness and social issues affecting residents living in the greater San Gabriel Valley. It is our desire that readers use this document to support any work or endeavors to improve the health of their own communities.

Please do not forget to explore the appendix section of this CHNA. Within the appendix, we have included notes from our focus groups, details about the participants and the organizations/communities they represent and lists of local resources. The final section of the appendix reports on the progress City of Hope has made in addressing objectives identified in the 2013-2016 implementation strategy.

Moving forward, City of Hope will present the findings of this CHNA to a cadre of local community stakeholders and City of Hope leadership to identify priorities for the next three years. Once these areas have been identified and prioritized, a strategic implementation strategy will be developed. Local residents will receive a yearly update on our progress in meeting the goals and objectives until the next CHNA takes place in 2019. All reports can be found on City of Hope's website, www.cityofhope.org/about-city-of-hope/community/community-benefit.

Your questions and comments are welcome. If you would like assistance in interpreting the CHNA for use in grant writing or reporting purposes, contact City of Hope's Department of Community Benefit at communitybenefit@coh.org. Together, we can build a healthy community.

Appendix

1 – Focus Groups and Interviewees

2 – Community Survey Summary

3 – Community Resources

4 – Evaluation of Impact

Appendix 1 – Focus Groups and Interviewees

Community input was obtained from focus groups, surveys and interviews that engaged public health professionals, community members and representatives from organizations that represent medically underserved, low-income and/or minority populations. Information on the survey respondents can be found in Appendix 2.

Table 81. Focus Groups

Agency and Agency Location	Participant Description	Language	Number of Participants
Second Baptist Church (Monrovia)	African-American adults	English	12
Second Baptist Church (Monrovia)	Teens, ages 14-18	English	20
Duarte Senior Center (Duarte)	Seniors	English	11
Asian Youth Center (San Gabriel)	Asian-American adults	English and Mandarin	12
Our Saviour Center (El Monte)	Hispanic/Latino adults	Spanish	10
TOTAL			**65**

Table 82. Interview Key Informants

	Name	Title	Organization
1	Tim Alderson	Executive Director	Seeds of Hope Episcopal Diocese of Los Angeles
2	Mary Borja	Health Services Chair	El Monte City School District
3	Lisa Dowd	Health Services Coordinator	Duarte Unified School District
4	Florence Lin	Community Relations Manager	Asian Youth Center
5	Jasmine Lopez	Volunteer	El Consilio
6	Maggie Lopez	Clinic Administrator, Azusa Clinic	El Proyecto del Barrio
7	Jim Morris	Executive Director	Men Educating Men About Health
8	Jennifer Rivera	Community Liaison Public Health Supervisor, Community Health Services	Los Angeles County Department of Public Health, SPAs 3 and 4
9	Cindy Sarabia	Volunteer, School-age Department	Antelope Valley Partners for Health
10	Tashera Taylor	Client Services Director	Foothill Unity Center
11	Jamie Thai	Chief Financial Officer	Garfield Health Center
12	Corina Ulloa	Director, Nutrition Services	West Covina Unified School District
13	Rev. George Van Alstine	Co-pastor	Altadena Baptist Church
14	Sonja Yates	Executive Director	San Gabriel Valley Habitat for Humanity
15	Lucy Young	Senior Director	Herald Cancer Center

Appendix 2 – Community Survey Summary

A survey was made available to community partners from November 2015 to January 2016 through Survey Monkey. An introduction to the survey explained the purpose of the survey and assured participants that participation was voluntary and that they would remain anonymous. We received 38 responses. Survey results are below:

Table 83. Age of Respondents

Age	Percent
20-29	15.0%
30-39	12.5%
40-49	22.5%
50-59	27.5%
60-69	17.5%
70-79	5.0%

Table 84. Insurance Coverage

Insurance coverage	Percent
No health care insurance	10.5%
Medicaid/Medi-Cal	7.9%
Medicare	10.5%
Employer-based insurance (includes HMO)	68.4%
Other or don't know	2.7%

Table 85. What is the biggest health issue facing your community?

Health Issues	Number of Respondents
Diabetes	13
Obesity	10
Heart disease	8
Addiction/drug abuse/smoking	4
Access to health care, insurance coverage	4
Cancer	3
Air quality/pollution	3
Mental health	2
Asthma	1
HIV/AIDS	1
Aging population	1
Safety	1
Homelessness	1

What kinds of problems do you or your family face obtaining care or support services?

- We cannot afford it. Money and the lack of health insurance get in the way.
- The cost and the approval for my services
- Sometimes staff is insensitive. They are worried about money and quantity instead of quality.
- Selecting reliable specialists and costs
- Not be able to pay or not be able to see a doctor, because medical insurance won't approve authorizations.
- Making the time to address health needs.
- Limited appointment availability (i.e. earliest appointment isn't available for weeks).
- Cost of prescription meds, cost of dental care
- The lack of information about the various health services available in Pasadena. From my own experience, I have noticed that some parents don't know where clinics are located, and they know that it would be costly to take them to Huntington Hospital.
- The healthcare maze and out-of-pocket expenses
- Availability of appointments, money for co-pays
- Fighting with insurers over billing
- Language barrier/transportation for elders
- Taking time off work during the day. I would like to see more doctors offer regular evening hours.

What would make it easier for you and your family to obtain care?

- Zero co-pay
- Universal health care as offered by other industrialized nations in the world
- Talking with a social worker who has a lot of patience
- Resources and staff that are culturally appropriate and in-language. Also, navigators that can help patients with follow-up and help translate medical forms.
- Transportation. My parents are elderly and don't like to drive. I sometimes have to take time off work to drive them to their doctor visits.
- Reduce the cost and make health care more affordable.
- Having more work flexibility or having office hours that are not urgent care, e.g. on the weekends
- Not waiting so long for an appointment
- More specialty care practitioners
- More family clinics with flexible times to see doctors
- Local urgent care or after-hours services with early/late appointment hours
- Interpreters available to help people understand and navigate the system
- Health insurance
- A place that shows all the resources in the area
- Encourage discussion of mental health issues in Asian-American culture.
- Encourage Asians to seek jobs in mental health and other allied health and public health fields to ensure cultural and linguistic competency in serving the local San Gabriel Valley residents (and California).
- Private physicians and pharmacists (and their staff) should be knowledgeable in community resources and supportive resources to share with their patients.
- Better understanding of how to access insurance opportunities

What type of support or services do you see a need for in this community?

- Transportation
- Language materials available in API languages
- Translations (especially Spanish and Asian languages such as Chinese, Vietnamese, Tagalog, etc.)
- Support from people who would like to see healthier food options. Advocacy, education of elected officials
- Patient navigation
- Obesity prevention
- Mental health services
- Sex education
- Alcohol abuse prevention
- Drugs and tobacco use prevention
- Teen resources and services for pregnant teens
- Support for single seniors
- Low-income clinics or hospitals
- Forums on diabetes prevention and care
- Obesity prevention and care
- Education in all languages, more outreach in the community, having support groups to teach the community
- Access to affordable preventive checkups
- Mental health providers that talk with people and not just give pills
- Low-cost dental services
- Let our community know that there is information and resources available for them.
- Health insurance for those of us who own homes, but do not make enough to pay for health insurance
- Health care staff that speak our language, understand our culture and know there are cultural beliefs, barriers and strengths influencing health and accessing care.
- I don't know where to get resources and have to go to too many different places.
- Childcare, parks and recreation services, afterschool programs, senior centers, adult educational programs and community centers
- Behavioral health must improve. There cannot be waiting lists. People who suffer from mental disorders need to have mental/behavioral health available immediately.

Appendix 3 – Community Resources

City of Hope solicited community input through key stakeholder interviews, a community survey and focus groups to identify programs, organizations and facilities potentially available to address significant health needs. This is not a comprehensive list of all available resources. For additional resources, refer to 211 LA County at www.211la.org/ and Think Health LA at www.thinkhealthla.org.

Table 86. Community Resources

Significant Health Needs	Community Resources
Access to care	• Clinica Ramona in El Monte provides one year of health coverage for free • Community Health Alliance of Pasadena (ChapCare) • Set for Life hosts health expos with health screenings • Senior Advocacy Program, a county program for seniors primarily in nursing homes • CVS and Rite Aid offer flu shots and screenings • Foothill Transit offers bus service from Duarte to Pasadena • Duarte Senior Center publishes a newsletter that identifies resources • City of Hope Health Fair • Herald Christian Health Center • Tzu Chi Foundation • Cleaver Family Wellness Clinic and food pantry • Good Samaritan Hospital • Parish Nurses offer screenings with referrals for more services • El Monte School District developed a Family Center in El Monte, which includes a number of services and community organizations. • AltaMed • Western University provides dental services at two dental clinics at schools • Duarte School District's Health Services Center focuses on getting kids access to health insurance. • Foothill Unity Center food bank • Department of Health Services clinic in El Monte • C-Care • Latinos for Hope (City of Hope group) goes out into the community and inform/educate about what's available • Certified Enrollment Counselors at El Proyecto del Barrio help patients understand eligibility and enrollment and to keep them on their programs to maintain their benefits • East Valley Community Health Center • Antelope Valley Community Clinic • Antelope Valley Children's Center • Antelope Valley Partners for Health • Palmdale Regional Medical Center • Antelope Valley Hospital

	• Garfield Health Center • Asian Community Center • Kaiser Permanente • Huntington Hospital • City of Pasadena Public Health Department • Chinatown Service Center
Cancer	• Clínica Médica Familiár (Family Medical Clinic) has clinics twice a year • Brotherhood Labor League Annual Men's Conference • City of Hope offers cancer screenings at health fairs • Set for Life offers mammograms • Children's Hospital Los Angeles • Southern California Health Conference at Pasadena Civic Center • Cleaver Clinic • American Cancer Society has resources that can help with transportation and navigation assistance • Susan B. Komen • My Health LA patients provides emergency Medi-Cal for women 40+ with breast cancer, and for women of any age with cervical cancer through the Every Woman Counts program • Prostate Cancer Research Institute annual conference • MEMAH (Men Educating Men About Health) annual conference Partners with City of Hope to do digital rectal exams • Garfield Health Center provides mammograms and Colorectal cancer screening • Herald Cancer Association offers support, consultation, answers questions, written information, links to websites
Heart disease	• American Heart Association • Set for Life • Labor Union Conference • Curbside CPR classes offered by the Fire Department • Tzu Chi Foundation • Children's Hospital Los Angeles • Los Angeles County Department of Public Health Service • City of Azusa has a Wellness Center • El Proyecto Del Barrio does medication management and assistance • Clinic pharmacy dispensary provides some additional medications • Los Angeles County Department of Health Services, Healthy Choice the Easy Choice. Working to have healthier options more accessible, including exercise breaks in meetings, etc. • Foothill Unity Center offers a walking program and checks blood pressure

	• Health plans provide educational materials about foods to eat and foods to avoid. Some have been translated by health plans.
Mental health	• Alma Services • Spirit Family Services • Enki Mental Health Center • Foothill Unity Center provides referrals and services for families and homeless • National Association for the Mentally Ill • Tri-Cities Mental Health serves Pomona, La Verne and Claremont • Los Angeles County Department of Mental Health • Foothill Family Service offers some group services • Libraries provide information on where to access services • Whittier Hospital has a lot of free classes • El Monte School district added a district social worker and school counselor • Pacific Clinics/Asian Pacific Family Center • Foothill Family Services • D'Veal Family & Youth Services • District Homeless Coordinator has information about referrals for kids • Duarte School District has partnerships with providers (Foothill Family Services and D'Veal) to come into the schools and provide services • Asian Coalition helps people find resources • Each Mind Matters, the California Mental Health movement • Mental Health Services Act • Asian Youth Center hosts a mental health day • Health Consortium of Greater San Gabriel Valley is looking to build more connections between physical and behavioral health providers • Healthy Neighborhoods initiative from Department of Mental Health pilot site in El Monte. Department of Mental Health Service Area Advisory Committee includes consumers and tries to deal with issues of access • Santa Anita Family Services • Foothill Family Services • Arcadia Mental Heath • Aurora Clinic • Pacific Clinics • Asian Pacific Health Care Venture has Chinese language mental health services
Overweight and obesity	• San Gabriel Valley Service Center has free Zumba, yoga, line dancing and aerobics classes • Women, Infant and Children offers nutrition classes • Our Saviour Center has nutrition and cooking classes • Community centers offer exercise programs such as Zumba and walking

	• Senior centers • Each city has some exercise programs • Swim programs for school-age children • Some nonprofits organize physical education and/or nutrition education/healthy snacks, such as Boys & Girls Clubs • City of Duarte hosts a Biggest Loser contest and sponsors city walks • Duarte Senior Center offers referrals and some free services, including a hiking club
Drugs, alcohol, tobacco	• Alcoholics Anonymous • Azteca • California's anti-tobacco campaign • Policies that prevent tobacco use in public settings and more enforcement of laws that prevent tobacco sales to minors • American Cancer Society • Unity One • Los Angeles County Sherriff's drug and alcohol prevention programs • Parent University • Narcotics Anonymous • Asian Youth Center program helping cities create smoke-free parks

Appendix 4 – Evaluation of Impact

City of Hope developed and approved an implementation strategy to address significant health needs identified in the 2013 CHNA. In December 2013, the community participants had established five priorities, which City of Hope's executive leadership team immediately adopted in January of 2014. Those five priorities are:

1. Research alliances (RA)
2. Cancer prevention and early detection, specifically related to lung, colorectal, prostate, and women's cancers (CP)
3. Healthy living, specifically related to how nutrition and physical activity impact cancer and diabetes (HL)
4. Culturally relevant community partnerships and education (CRCP)
5. Smoking cessation and its impact on lung cancer (SC)

Within these focus areas, the community members identified the following specific issues as important to pursue over the next three years. Because the focus areas identified by the community stakeholders are interrelated, many existing City of Hope programs touch on more than one core principle and meet more than one strategic priority. We believe this is a sign of a robust program that is likely to meet a large number of needs.

- Reduction of obesity (HL)
- Increase in physical activity (HL)
- Culturally competent and culturally specific health education (CRCP/HL)
- Culturally sensitive support (CRCP)
- Assistance in navigating the health care system (CRCP)
- Cancer advocacy training (CRCP)
- Increase in community partnerships (CRCP)
- Barriers that prevent vulnerable populations from accessing services, including poverty, lack of transportation and cultural/linguistic issues (CRCP)

To accomplish the implementation strategy, goals were established that indicated the expected changes in the health needs as a result of community programs and activities. Strategies to address the priority health needs were identified and impact measures tracked. The following section outlines the impact made on the selected priority health needs since the completion of the 2013 Community Health Needs Assessment.

Ever since the first implementation strategy was developed, Community Benefit programs at City of Hope have been undergoing a transition. Some programs will be provided to the community on an annual basis, while others were developed address needs or requests on a more reactionary basis. As we continue exploring the hidden gems of community benefit investment throughout the institution, we may continue to find that some programs no longer make sense or need to be redesigned to ensure the needs of our local community are met. Also, we have experienced a curve in learning and behavior change. As we transition into the final year of our 2014-2017 Implementation Strategy, we are learning more about program planning and evaluation. In prior years, we collected and reported process data. During this transitional phase, our teams are moving into the development of overarching program goals, measuring impact and sharing program data. Rather than taking the traditional approach to creating and measuring impact based on the five priority areas, we will take a more holistic approach and lace those areas into the framework of existing programs and services.

	Core Principles				Strategic Priorities				
Program Activity *Beckman Research Center	Vulnerable Populations	Primary Prevention	Seamless Continuum of Care	Community Capacity Building	Cancer Prevention Early	Healthy Living	Culturally Relevant Partnerships	Smoking Cessation	Research
Workforce Development									
• Regional Occupational Program • Student Mentoring/Interns • Train, Educate and Accelerate Careers in Healthcare • Science Education Partnership Award Program* • Job Shadowing • Community Science Festival • Diversity Healthcare Career Expo	x	x		x			x		
Community Health Awareness/Healthy Living (Screening, Lectures/Classes, Support Groups)									
• Eat Move Live* • Community Nutrition and Diabetes Classes • Healthy Living Grants • Ask The Experts • BRAC1 and BRAC2* Genetic	x	x	x	x	x	x	x	x	
Diversity Initiatives									
• Latino Outreach Strategy • Latino's Living Healthy (LULAC) • Healthy Hispanic Living • Chinese Outreach	x	x				x	x		
Health Care Support Services									
• Patient Resources Coordination • Adopt-A-Family • Community Blood Drives • Village Stays	x	x	x				x		
Seamless Continuum of Care									
• Transition of Care Comm Coalition • Bereavement Support Grp	x	x		x		x	x		x
Medical Professionals Education									
• Pharmacy • Rehabilitation • Nursing • Nutrition • Social Work • Continuing Medical Educ.	x	x	x	x	x		x		

Figure 4. City of Hope 2014-2017 community benefit programs by strategic priority

Workforce Development

To ensure access to care, it is vital that City of Hope retains a workforce that reflects the cultural and linguistic composition of our local community. In addition to preventing disease, upholding sustainable environmental practices and fostering a broad range of partnerships to collaboratively advance the health of our communities, City of Hope is committed to increasing educational opportunities that can lead to careers in health care for underrepresented ethnic/cultural groups.

Objectives

1. Develop a diverse workforce that mirrors our catchment area
2. Strengthen our local area's capacity to build a pathway for future health care careers

Impacts

Five videos that promoted health care careers were developed for children in elementary school and junior high.

Two Diversity in Health Care Expos were held. 77% of the 2015 attendees said they wanted to pursue a career in health care. 54% attendees credited the expo with helping them believe that a career in health care was obtainable. 29% learned that the health care field would value having someone with their cultural and/or language background. 26% said the sessions taught them how to enter the health care field (Figure 5).

Figure 5. Diversity Health Care Expo evaluation results

Since 2012, the Science Education Partnership Award (SEPA) program has followed students after they graduate. In 2015, we found that 90% of students who responded to the survey were enrolled in college. The remaining 10% were either still in high school or had only recently graduated. 48% of the students enrolled in the 2015 program were Latino, and 60% were female. The aspirations of those who enrolled in the program demonstrated a sincere desire to pursue a career in science. All students who enrolled in a four-year college declared their major in a field of science. A majority indicated a desire to continue with more schooling after attaining a bachelor's degree (Figure 6).

Figure 6. Summer internship program evaluation results

Community Education/Awareness

Knowledge is power, and multiple City of Hope departments support ongoing community efforts to increase awareness about HIV/AIDS, women's health issues, and cancer prevention.

City of Hope's community health awareness programs held during fiscal year 2014 were primarily one-day events held in conjunction with community partners. For these events, City of Hope provided administrative support, monetary support and/or expert speakers. In FY 2015 and 2016, COH created The Healthy Living Grant program to address the issues of preventable disease in the local service area. The details are below.

Objectives

1. Decrease the incidence of preventable disease through community education/awareness programs and services.
2. Support a creative, sustainable approach to promoting healthy living through good nutrition and physical activity.

Impact

City of Hope, does not conduct population health interventions on a regular basis, as there are organizations in our community that are experts in this area. During the 2014 and 2016 fiscal years, we funded 15 nonprofit organizations who deliver innovative programs designed to address one or more of our strategic priorities: cancer prevention, health living and smoking cessation. They are listed below. Wherever interesting program evaluation results were available, we listed those, too.

- Duarte Teen Center (2014)
- Pomona Valley Bicycle Coalition (2014)
- Azusa Pacific University Neighborhood Wellness Center's Azusa Walks Program (2015) and Opportunities for Healthy Living (2016). 96% of participants increased their exercise and 100% are eating more fruits and vegetables at the end of the program (Figure 7).

Figure 7. Azusa Pacific University Neighborhood Wellness Center Azuza Walks program evaluation results

- Pasadena Educational Foundation's Sharing a Healthy Start (2015). This program actually produced a decrease in the number of families that ran out of food by the end of the month. Participants also showed steady increases in knowledge and positive behavior changes by the end of the program (Figure 8).

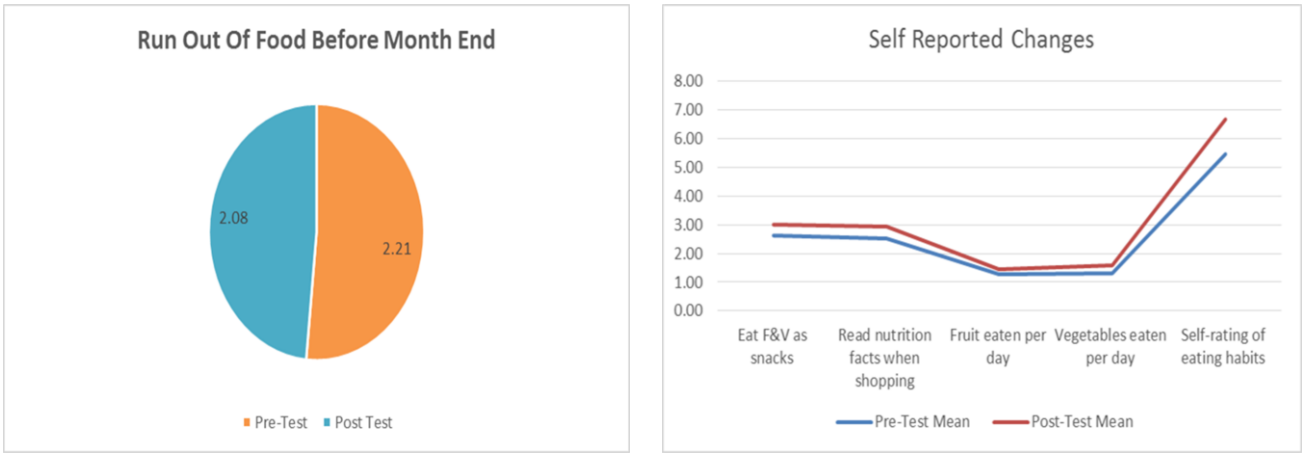

Figure 8. Pasadena Education Foundation's Sharing a Health Start evaluation results

- AltaMed for Diabetes Group Visit Program–West Covina (2015) and El Monte (2016). This program demonstrated significant declines in LDL and HgA1c from first visit to six months post-visit. (Figure 9).

	Goal	Pre-Visit	Post-Visit	6-Month Post-Visit
Systolic BP	< 120	125.58	125.59	126.8
Diastolic BP	< 80	74.57	72.82	72.9
LDL	< 100	101.94	97.25	95.31
HgA1c	< 7%	9.10	8.43	7.67

Figure 9. Alta Med Diabetes Group Visit Program West Covina evaluation results

- American Heart Association for "Check. Change. Control." (2015)**.** This American Heart Association program demonstrated that tracking blood pressure readings could produce significant and sustained drops in blood pressure (Figure 10). The program taught classes in Mandarin and Cantonese.

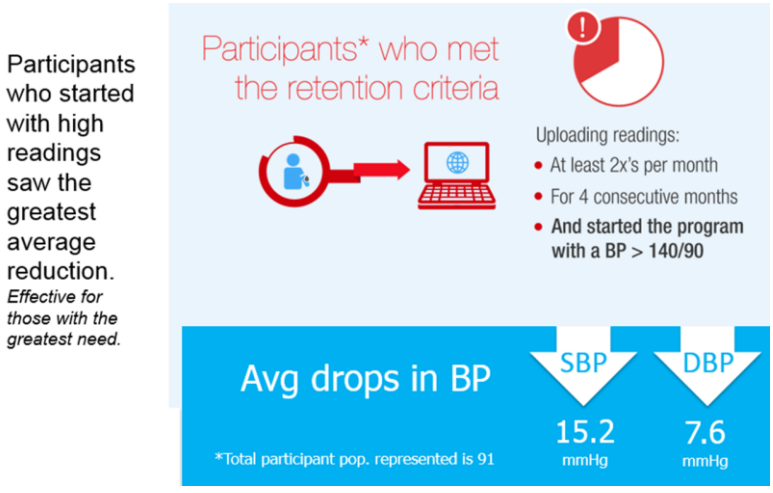

Figure 10. "Check.Change.Control" evaluation results

- Bike San Gabriel Valley for Learn to Bike SGV (2015)

- San Gabriel High School Business and Technology Academy's Health and Wellness Initiative (2015). Not only did this program introduce superfoods to their school via social memes, but they also raised confidence in the students' ability to talk with their friends about health issues (Figure 11).

Figure 11. San Gabriel High School's Health and Wellness Initiative evaluation results

- Foothill Unity Center's Health Nutrition Education Program (2016)
- Planned Parenthood Pasadena and San Gabriel Valley's Mobile Mammography Expansion Project (2016)
- San Gabriel High School Medical Academy's Healthy Living Starts Within (2016)
- Tzu Chi Medical Foundation's Healthy Community in the San Gabriel Valley (2016)
- Western University Health Sciences' Healthy Living and Active Living in Pomona (2016)
- YWCA San Gabriel Valley's Healthy Parents and Kids SGV (2016)

Diversity Initiatives

Objective

Reduce barriers to cancer care by implementing targeted cultural and linguistic programs and services for the local community.

Impact

From the input of our community stakeholders in our 2013 Community Health Needs Assessment, we learned that many cultural barriers to care exist. These stakeholders identified the lack of health care professionals speaking their language or understanding their cultural practices or beliefs is a barrier to accessing care or seeking preventive services. To address both of those barriers, City of Hope's Department of Human Resources is spearheading a large effort that began by hiring a consultant for Diversity and Inclusion. This person leads an institution-wide Diversity and Inclusion Initiative that focuses on the specific needs of our multicultural community. Programs were created to encompass specific cultural, racial, ethnic and gender groups:

1. Asian American Community Diversity Resource Group

2. Connecting People of African Descent for Hope
3. Latinos for Hope
4. Pinoys4Hope
5. Pride in the City
6. Women's Professional Network
7. Young Professionals Network

Formed to encourage networking, foster diversity and inclusion and support our mission, these groups provide opportunities for community involvement and professional development by:

- Hosting or helping to plan events such as educational forums, diversity and inclusion celebrations, receptions for international visitors and Bring Your Child to Work Day
- Participating in and providing feedback on potential new diversity and inclusion programs
- Serving as focus groups to provide diverse perspectives as needed
- Supporting City of Hope's community outreach, fundraising or recruitment efforts
- Providing networking and support for members of particular groups
- Supporting blood drives
- Helping build skills and networks through mentorship programs
- Helping develop the academic pipeline through mentorship

Outcomes related to their work can be found within the data collected for the Workforce Development events on page 84.

In addition to the Diversity and Inclusion Initiative, City of Hope also seeks to break down barriers to sharing information about our Community Benefit work with speakers of Spanish and Chinese. In 2014, our Community Benefit report was translated into Spanish. The following year, our 2015 Community Benefit report was translated into both Spanish and Chinese. We felt these translations would increase the level of transparency in our reporting. The reports are available to the community and are included on our English, Spanish and Chinese websites.

Health Care Support Services

Objective

Increase access and quality of care in health services available to individuals living in poverty and those in other vulnerable populations.

Impact:

Health care support services are those activities/programs that address issues in a clinical or non-clinical setting designed to prevent patients from falling in a gap in the continuum of care. City of Hope provides assistance to patients who need help navigating the course of life outside of their treatment. Some of these patients need social services for themselves or their caregivers, but would not be able to access them due to cultural and/or language barriers. Our patient resources coordinator helps these patients find supportive external services to help their families while they are receiving care. The patient

resource coordinator also participates in a local behavioral health collaborative that seeks to address barriers to mental health barriers experienced by many people in our service area.

People of all races and cultural groups need blood. During our 2015 fiscal year, our blood bank targeted specific groups to encourage them to donate blood and blood products.

Seamless Continuum of Care

Objectives

1. Create communication pathways that reduce barriers to transitioning patients between hospital and other care facility or home.

2. Provide a space for families affected by cancer to grieve.

Impact

One of the most important things we can do for our community is to increase its capacity to care for patients with unique needs. We have learned that the process is often far from smooth. We have also learned that when one person dies from cancer, the need to support and care for their loved ones must continue. In order to address both issues, City of Hope is proud to support two community programs that seek to ease the transition from hospital to home or facility care and to offer support to patients, loved ones and providers of care. These are the Transitions of Care Community Coalition and City of Hope Bereavement Support Group.

Transitions of Care Community Coalition: The Transitions of Care Community Coalition (TC3) was created between 2015 and 2016 and now includes 90 individuals from 35 leading transitional health care organizations in Los Angeles, Riverside, San Bernardino and Orange counties. Two full-day educational programs have been held to address issues that coalition members identified as barriers to seamless transitions for patients and caregivers. Coalition members also created a five-year plan to ensure that cancer patients throughout our region experience a better quality of life. A biannual evaluation was recently conducted to evaluate TC3 member challenges and beliefs in the benefit of participating in this type of collaborative activity with potential competitors in the patients market. The responses are below (Figure 12):

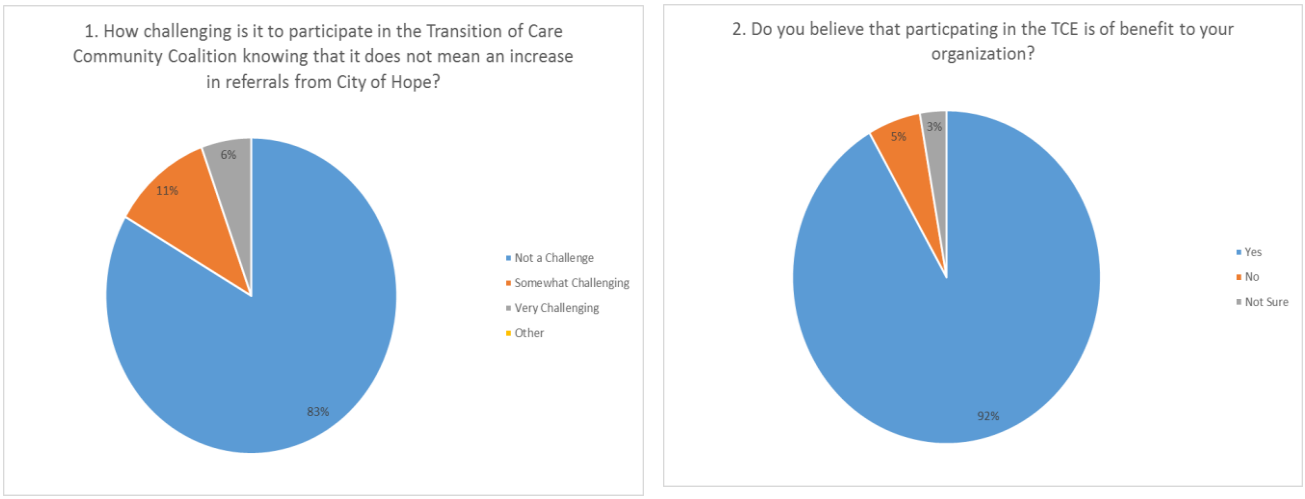

Figure 12. Transitions of Care Community Coalition evaluation results

Bereavement Support Group: It is not easy to move from caring for a loved one to grieving after the loved one has passed. To address the need for support during grief, the Child Life Team from City of Hope created a 12-week bereavement support group that offers a safe place to explore and reconcile feelings while returning to a new normal life. Meetings are held at the Maryvale Family Resource Center. Any member of the community can register to attend. Over the course of the past year, it is clear that the bereavement support group was valuable to participants and increased their confidence in using newly learned coping skills to work through their grief (Figure 13).

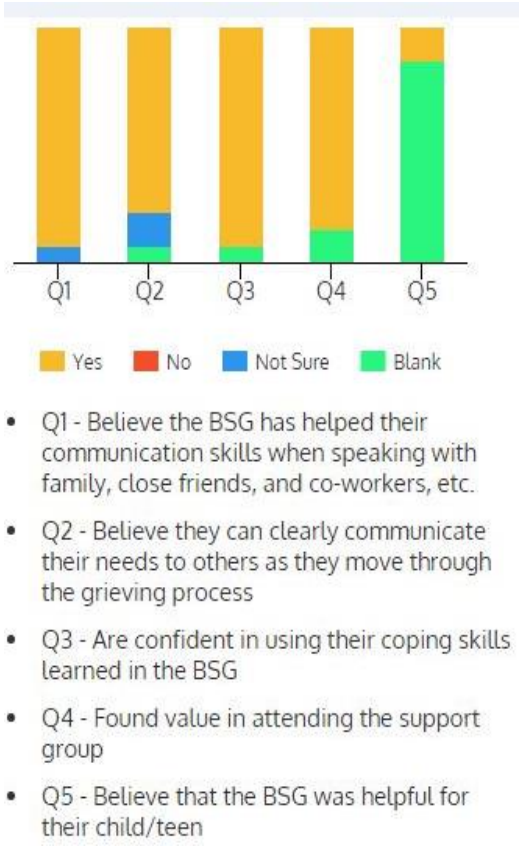

Figure 13. Bereavement Support Group evaluation results

Medical Professionals Education

Objective

Offer diverse training experiences that will increase capacity of regional health care networks to provide culturally sensitive and culturally appropriate health care that address the needs of patients and their families.

Impact:

During the last fiscal year, City of Hope provided ongoing education and training experiences for many people choosing to enter the field of health care. Most notably, City of Hope provided these special learning opportunities to students in the diverse occupations of nursing, nutrition, social work, physical therapy, occupational therapy and pharmacy. Additionally, City of Hope continues to provide ongoing continuing medical education on health issues related to the most vulnerable and at-risk in the community. These types of programs provide the learners with information they need to address the special needs that often cause barriers to accessing much-needed medical services.

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