



Greater San Gabriel Valley Community Health Snapshot

Greater San Gabriel Valley Hospital Collaborative

PRESENTED ON FEBRUARY 6, 2020



BACKGROUND

This report was prepared by the Greater San Gabriel Valley (SGV) Hospital Collaborative, an initiative facilitated by the Health Consortium of Greater San Gabriel Valley (Health Consortium). The mission of the Health Consortium is to strengthen the health care safety net and optimize seamless access to high quality physical health, mental health and substance use disorder (SUD) services in the Greater SGV. In 2018 and 2019, the SGV Hospital Collaborative—funded in part by UniHealth Foundation—collaborated to streamline data collection for regional Community Health Needs Assessments (CHNAs) and to begin developing a collaborative strategy to address a priority health need in the region. This work is innovative with respect to the size and diversity of the joint service areas of participating hospitals, and the breadth of key stakeholders engaged.

Every three years, nonprofit hospitals throughout the United States conduct CHNAs to develop a deeper understanding of the health care needs of the residents of their service areas. The CHNA process involves collecting and analyzing both primary data (from interviews, focus groups and listening sessions) and secondary data (from large public datasets like the US Census and local and regional public health departments). CHNAs provide insight into the magnitude and severity of disease and predictive factors, as well as an understanding of the social, economic, cultural and environmental factors that influence health behaviors and health outcomes.

The Greater SGV Hospital Collaborative is comprised of six nonprofit hospitals and two public agencies serving the Greater San Gabriel Valley, an area that includes both the San Gabriel and Pomona Valleys. The Center for Nonprofit Management provides CHNA data collection, analysis and synthesis technical support under contract with City of Hope.

Greater SGV Hospital Collaborative

City of Hope Medical Center
Emanate Health
Huntington Hospital
Kaiser Permanente Baldwin Park
Methodist Hospital of Southern California
Pomona Valley Hospital Medical Center
Los Angeles County Department of Public Health
Pasadena Public Health Department

This snapshot report provides a high-level overview of data that describes the area's population and five priority issue areas in the Greater SGV, including: Behavioral and Mental Health, Health Care Affordability and Accessibility, Housing and Homelessness, Economic and Food Insecurity, and Chronic Conditions.

For more detailed information about these priority issues as well as specific health topics by category including disease rates, behavioral and mental health indicators, maternal and child health and health concerns of specific populations (i.e. the aging population), please refer to the Greater San Gabriel Valley Hospital Collaborative website where you can find links to each of the participating hospitals' complete CHNA: www.publichealth.lacounty.gov/chs/SPA3/SGVhospitalcollaborative.htm.

HOW YOU CAN USE THIS REPORT

This report combines public health indicators with the voice of residents and service providers on issues affecting quality of life and health in the Greater San Gabriel Valley. This report includes: select demographic and public health indicators; brief summaries of priority health needs; and insights into the connections between economic, social, political, cultural and geographic factors and quality of life in the San Gabriel Valley. Furthermore, community recommendations for improving health and wellbeing for residents is considered. This report can be used to complement nonprofit program grant writing, and to direct and anchor collaborative public health program development.

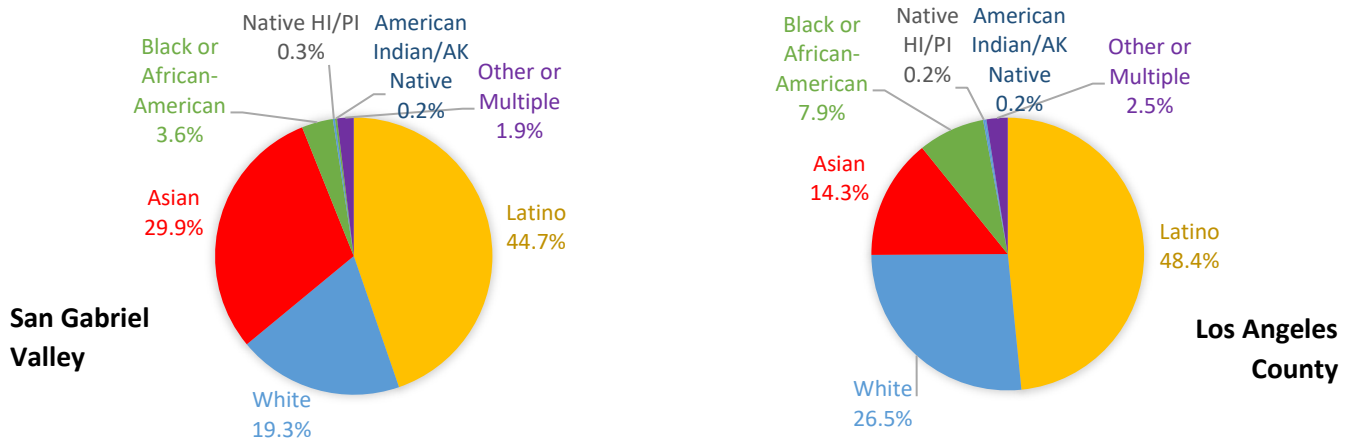
INTRODUCTION

The Greater San Gabriel Valley is home to 1,799,204 residents¹ (nearly one-fifth the population of Los Angeles County), and spans approximately 400 square miles. The geographic boundaries of the Greater San Gabriel Valley are similar to those of Service Planning Area 3—a planning area that includes 28 cities and 16 unincorporated areas. Beyond its size, the Greater San Gabriel Valley is one of the most racially and ethnically diverse regions of the United States. In fact, it is the largest majority Latino/a and Asian American region in the country. The diverse racial and ethnic groups who call the Valley home are unevenly distributed in pockets of high density—an artifact of a long history of housing policies, immigration and migration in the region. The region is also linguistically heterogeneous—67% of residents speak Spanish at home in South El Monte, 56% of residents speak an Asian language at home in Rosemead, and socioeconomically heterogeneous: 23% of the population lives below 100% FPL in El Monte, only 5% do in Sierra Madre.²

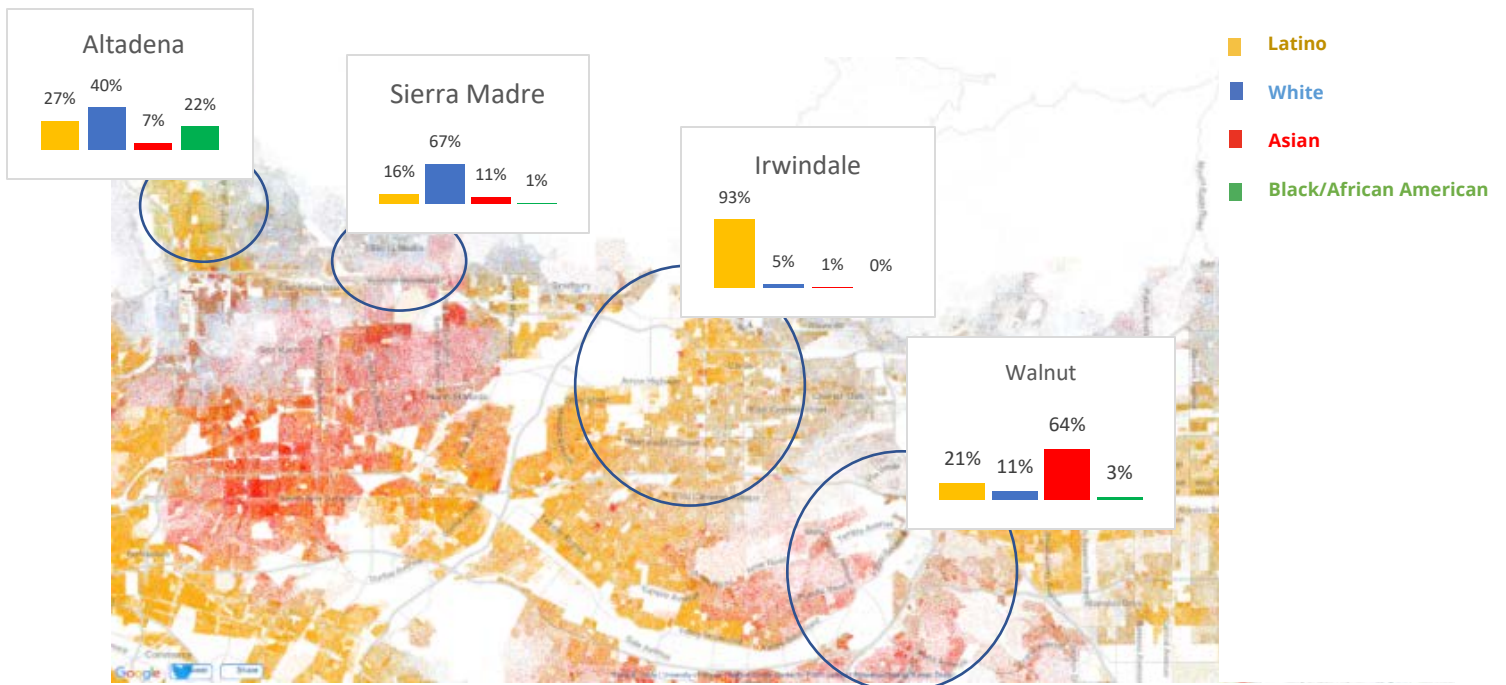
This report aims to echo key themes that emerged from the primary and secondary data collection efforts of multiple community health needs assessments conducted in the San Gabriel Valley. Looking at the current health trends through an equity lens reveals that the geographic size of the Valley—coupled with the cultural, racial and socioeconomic diversity and heterogeneity—make providing responsive health care services that equally meet the needs of all residents an important priority. Additionally, understanding how current economic and social trends, along with reports on the added complexities of structural racism are impacting access to healthy and long lives for vulnerable groups is an important step in developing and evolving public health initiatives, systems and institutions. Furthermore, the snapshot points to the enormity of need that necessitates community-wide attention and support.

DEMOGRAPHIC SNAPSHOT

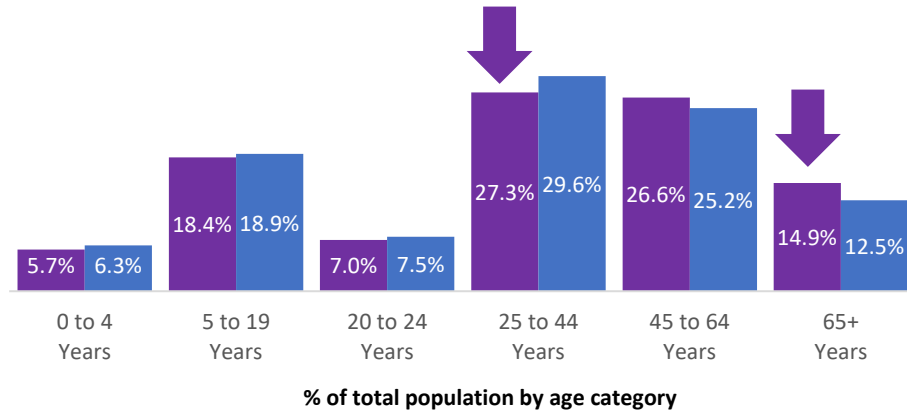
The proportion of the Asian population in the Greater San Gabriel Valley (29.9%) is more than double their proportion in Los Angeles County (14.3%). The proportion of Latino/as is more similar: 44.7% in the SGV and 48.4% in Los Angeles County.³



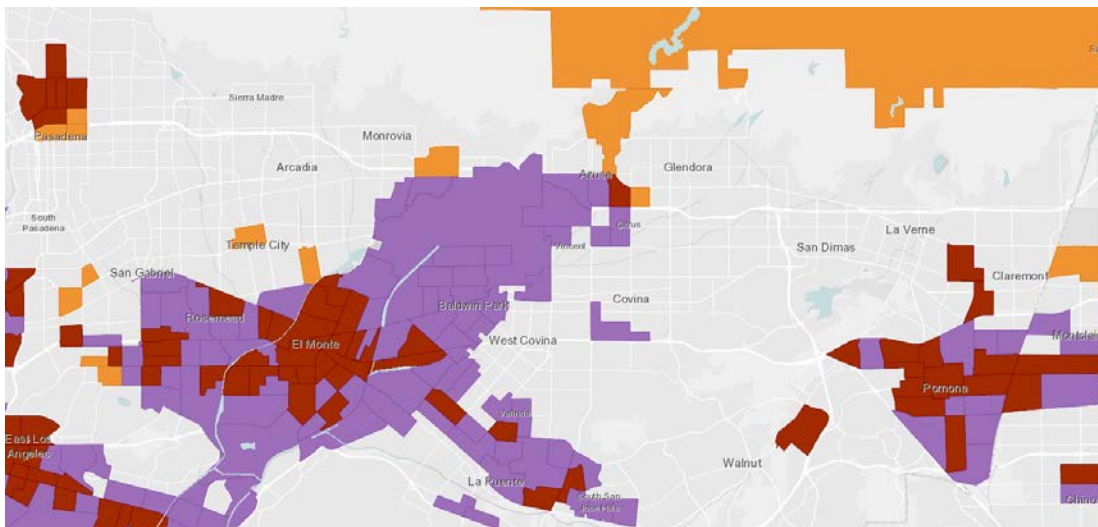
Racial/ethnic populations are highly concentrated in specific geographic “pockets” throughout the Valleys. This is indicative of the challenges of building a coordinated service delivery system that is culturally and linguistically responsive and available in the communities where needed.⁴



Nearly one in six residents of the Greater San Gabriel Valley are over 65. The Greater SGV is home to a proportionately smaller population aged 25 to 44, and slightly larger population aged 45+ than Los Angeles County, meaning there are fewer working adults to support an aging population in the San Gabriel Valley.⁵



El Monte, Pomona and parts of Pasadena have high concentrations of residents with low income and low levels of educational attainment. These are the communities most vulnerable to economic, housing, and food insecurity, factors that can lead to higher than average morbidity and mortality rates.⁶



- Where more than 20% of the population are below poverty level
- Where more than 25% of the population have less than a HS education
- Areas above both thresholds

PRIORITY HEALTH NEEDS

The following section describes the priority health needs that emerged from the Community Health Needs Assessments of the Greater San Gabriel Valley Hospital Collaborative.

Behavioral Health, Including Mental Health

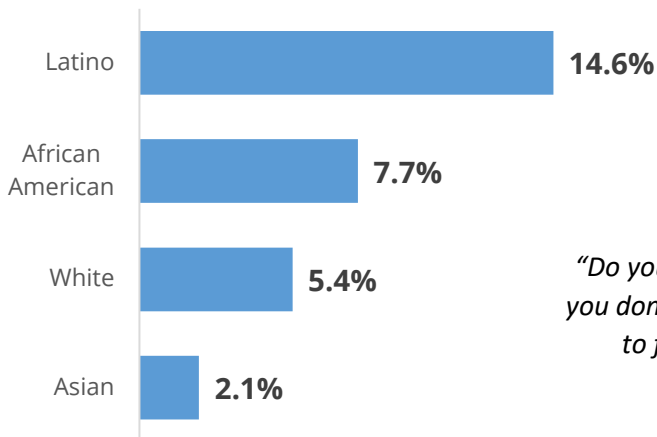
Poor mental health is increasingly recognized as a health concern by individuals, community, and health care providers.

- Needs assessment participants named stress related to social isolation and economic insecurity as the main factor for underlying poor mental and behavioral health.
- Mental and behavioral health services are not adequately covered by many insurance plans, leading to out-of-pocket costs that are prohibitively expensive for many residents.
- The linguistic, cultural and racial diversity of the Greater San Gabriel Valley indicates a need for mental and behavioral health care services that is responsive to patterns of mental and behavioral health care utilization that vary across communities and subpopulations.

Community Recommendations

- Form parent/client advisory councils for mental and behavioral health care providers.
- Provide trauma-informed care, with a particular focus on racial trauma.
- Work through schools to destigmatize mental and behavioral health issues.
- Expand use of promotoras and peer-to-peer mental and behavioral health training.

Percent of Greater San Gabriel Valley adults who seriously thought about committing suicide⁷



“Do you feel stressed? No, sick! You feel feo. Alone, like you don’t know where to go. The stress of not being able to find a place to live is too much for a person.”

Health Care Affordability and Accessibility

Health care is increasingly unaffordable and inaccessible, particularly for the low- and middle-income, undocumented immigrants and aging populations.

- Even when insured by Medi-Cal, Covered California or private health insurance, health care costs—particularly dental—are prohibitively high.
- Insurance systems can be difficult to navigate.
- Available health care providers are often located long distances away: patients lacking transportation, paid time off for visits or affordable childcare find the distance a barrier to accessing services.
- The current political climate conveys an anti-immigrant sentiment and feeds disinformation about public policies including public charge, leading to fear among immigrant communities and a reluctance to accept services.
- Issues of structural and institutional racism in the health care field, implicit bias against the poor, seniors, people of color and LGBTQ individuals, and lack of sufficient linguistically and culturally responsive health care services function as barriers to health care access.

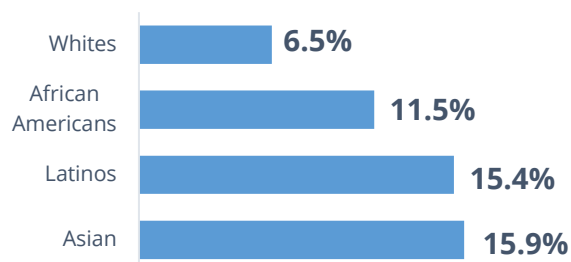
Community Recommendations

- Expand mobile health clinics at workplaces, homeless encampments and schools.
- Provide free health literacy to communities.
- Include community members in health care service planning and evaluation.
- Develop health care services that are rooted in cultural values and traditions.

42% of Greater SGV residents were unable to pay for basic necessities due to medical debt in 2017⁸



1 out of 3 adults in the Greater SGV delayed medical care due to cost or lack of insurance in 2018⁹



“In our area, I don’t know what is happening, I don’t know if the doctors are already booked or have total capacity for the Medical patients but they are full, and the patients get referred to places outside of the area, which is very difficult because they don’t have transportation.”

% of SPA 3 residents who did not have a usual place to go when sick or needing health advice in 2018¹⁰

Housing and Homelessness

Housing insecurity and homelessness are at crisis levels in Los Angeles County, with the Greater San Gabriel Valley also deeply impacted.

- Individuals and families are responding to increasing housing prices by sharing single homes with multiple families, living in garages or in cars, or bouncing between friends and hotels.
- School districts in the Greater San Gabriel Valley are seeing the impact of housing insecurity and homelessness on student achievement: lack of sleep, lack of quality diets, and lack of a safe space to study impede students’ ability to succeed in school.
- Residents who can no longer afford to live in their homes are moving to the Inland Empire or the Antelope Valley area, further from work and school. Longer commute times contribute to poor physical and mental health.

Community Recommendations

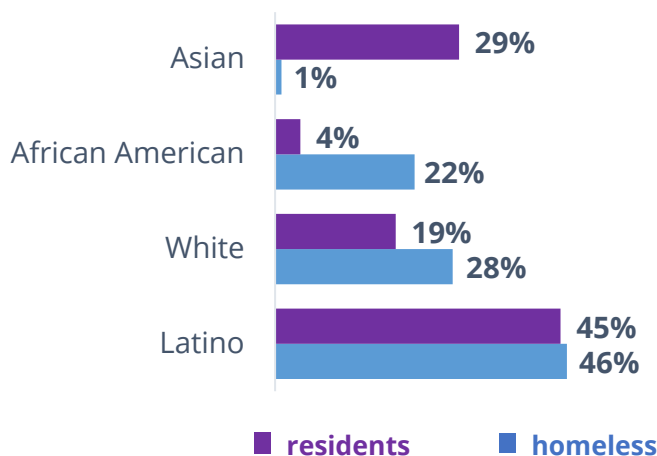
- Address the stigma around “homelessness” and increase political and community will to address the shortfall in affordable housing.
- Provide targeted employment and housing supports for groups highly vulnerable to housing insecurity and homelessness including transitional age youth, foster youth, undocumented immigrants and seniors.



There were 4,489 homeless individuals in the Greater SGV in 2019; 63.3% of these were unsheltered homeless¹¹

72%

Nearly 3 out of 4 homeless in the Greater SGV were newly homeless. The newly homeless are vulnerable to trauma and illness that can impact health and wellbeing in the long term¹²



“The increase in rent has really killed people. People are starting to qualify for homeless services because they’ve doubled up, tripled up in houses. Homeless in schools – it’s not the same definition as HUD. In public schools, you can be in a garage, transitional, doubled up and count as homeless – we have 500 kids who are “homeless” now.”

African Americans are only 4% of the total population, but comprise 22%--more than one out of five--of the homeless residents of the Greater SGV¹³

Economic and Food Insecurity

Economic insecurity is experienced as an inescapable day-to-day stressor that detracts from the physical, emotional, and social wellbeing of individuals and communities.

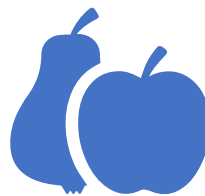
- Hikes in housing prices and associated costs of living coupled with stagnant wages have driven an increase in economic insecurity among the lower and middle class in the Greater San Gabriel Valley.
- Immigrants—particularly undocumented immigrants—and seniors on fixed incomes are highly vulnerable to economic insecurity.
- Economic insecurity is directly linked to issues including housing and food insecurity.
- Economic insecurity is a strong driver of stress, anxiety and depression among residents.

Community Recommendations

- Increase the number of food pantries in communities.
- Increase availability of affordable, quality childcare for working families.
- Provide accessible, physical and behavioral health care to individuals experiencing economic insecurity.
- Expand availability of emergency housing funding for very low-income residents.



One third of Greater SGV Cities have household incomes below the \$67,169 state median.¹⁴ In order to afford median asking rent in Los Angeles County, household income needs to be at least \$98,841¹⁵



Only half of Greater SGV adults said affordable fruits and vegetables are *always* available in their neighborhood.¹⁶

In a 2018 survey, 49% of Latinos in the Greater SGV report being able to afford enough food each month, 67% of Whites and 88% of Asians¹⁷

“I see the communities with a tremendous financial strain – working class families and seniors on fixed incomes.”

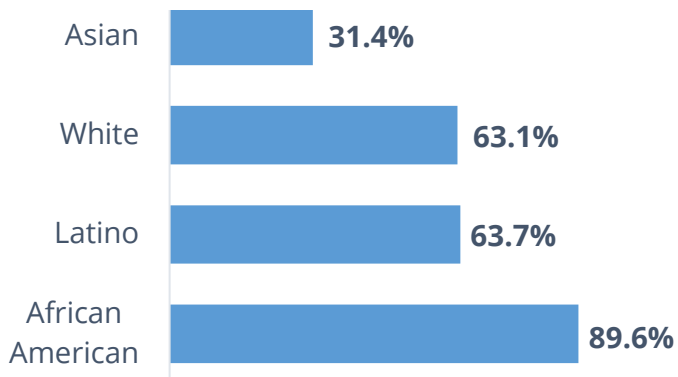
“Being in a stressful situation, you’re in fight or flight, you’re not thinking down the line, you’re thinking “how am I getting food today?” You don’t think if the food is healthy or how it will affect your teeth. So preventive care is not a priority.”

Chronic Conditions

Chronic conditions are particularly challenging because of the complex nature of underlying causes, and the influence of economic and social factors on management and treatment of chronic diseases.

- Economic insecurity and heavy workloads are barriers for many to attaining healthy diets, access to needed medications, physical activity, and leisure time with friends and family – factors that prevent chronic illness and support the management of chronic illness.
- Housing insecurity and homelessness function as barriers to the management of chronic illness and contribute to risk for chronic illness.
- Several factors contribute to racial disparities in incidence and mortality due to chronic conditions. Addressing these disparities means first understanding the nature of structural racism and racial bias in health care and related systems.

Overweight or Obese in SPA 3 in 2018¹⁸



Heart disease mortality rates in Los Angeles County are nearly twice as high for Black men as for all other men.¹⁹

“It’s hard to manage sugar and eating healthy even when you have access and means to afford it. Disproportionally lower income populations are more impacted as they have less money and are managing multiple jobs. They have less time to make healthy meals and less income to afford health options. For the same reasons, homeless people have a huge difficulty staying healthy.”

In California, the ratio of incidence to mortality for all cancer types is highest for African Americans: 45% of African Americans diagnosed with cancer will die of that cancer. This is true for 35% of Whites.²⁰

CALL TO ACTION

As in other regions of Los Angeles County, a great number of lower-income residents of the Greater SGV are experiencing economic and housing insecurity and finding it very difficult to afford the things that are foundational to health and wellbeing: safe, comfortable housing, healthy food and health care. Unique to this moment in time, the current economic reality is putting stress on all public health and social services systems, consequentially impacting the health and wellbeing of all of the diverse communities in the Greater San Gabriel Valley. Many of these communities are particularly vulnerable because they are

Especially Vulnerable Populations

Immigrants, particularly undocumented immigrants
Non-native English speakers
African Americans
Chronically homeless
Those at risk of homelessness
Aging seniors
Individuals and families on fixed incomes
LGBTQ+ populations

positioned at the intersection of multiple social, cultural, political, and environmental forces that act as structural and systemic barriers to accessing resources—barriers that are outside of individual control. These populations include immigrant populations and non-native English speakers, undocumented immigrants, African Americans, chronically homeless and those at risk of becoming homeless, aging seniors, particularly those on fixed incomes, LGBTQ+ populations. We know that a chain or community is only as

strong as its weakest link. A coordinated and collaborative approach is necessary to address the issues affecting the health of our most vulnerable communities. This moment presents an opportunity for innovation and coordination among our community members and leaders across sectors and industries. The Greater SGV Hospital Collaborative and Greater SGV Health Consortium invite your participation in a collective effort to improve health access and outcomes in our communities.

LOOKING FORWARD

As an initiative of the Health Consortium of Greater SGV, the Hospital Collaborative will leverage the information collected through the Community Health Needs Assessment process to develop a coordinated strategy to collectively address a mental health need in the area. The mission of the Health Consortium of Greater SGV is to strengthen the health care safety net and optimize seamless access to high quality physical health, mental health and substance use disorder (SUD) services in the Greater San Gabriel Valley (SGV).

This report, in addition to the detailed public health data contained in the Community Health Needs Assessments published by each of the Greater San Gabriel Hospital Collaborative partners, will inform the work of the Health Consortium as well as the Hospital Collaborative. You can access these resources at:

www.publichealth.lacounty.gov/chs/SPA3/SGVhospitalcollaborative.htm.

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ACKNOWLEDGEMENTS

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Nonprofit Hospitals

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- [Methodist Hospital of Southern California](#) (Contact: Clifford Daniels)
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Local Health Departments

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