SPA 3

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Situation : Pressing Health and Community Needs

SPA 3's communities face a critical gap between insurance coverage and actual access to care. Despite relatively strong coverage rates, primary care shortages in Pomona, El Monte, and West Covina mean that thousands of residents still go without consistent, culturally responsive care.

Our Evaluation:

- **Increased access:** measured by residents enrolled in primary care
- **Cost savings:** Measured by 25% reduction in avoidable ED visits
- **Equity reach:** Engagement of LEP and foreign-born residents
- **Scalability:** Expanding beyond our pilot without costly increases



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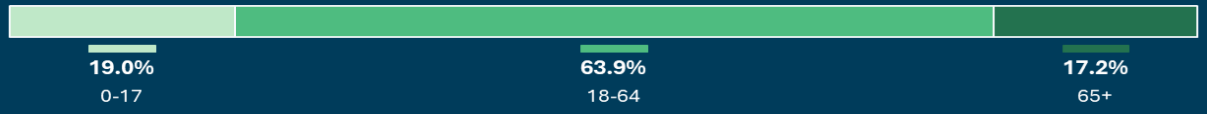
Snapshot of Population

1,720,779 residents in SPA 3

- **17.2%** age 65+ (county 14.9%)
- **37.4%** foreign-born residents
- **26.0%** population with Limited English proficiency

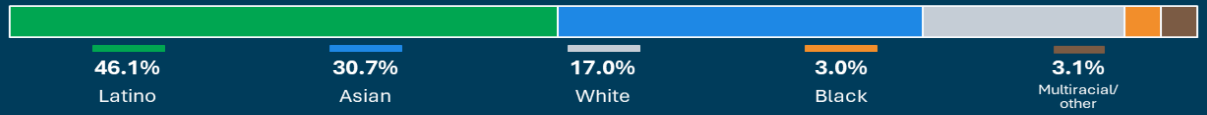
Age profile

Share of total SPA population (2022)



Race and ethnicity

Largest groups; smaller categories combined

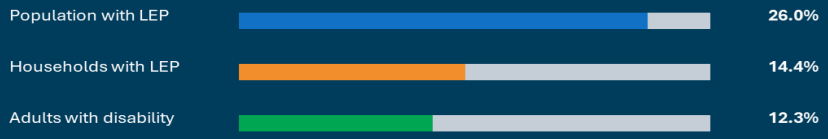


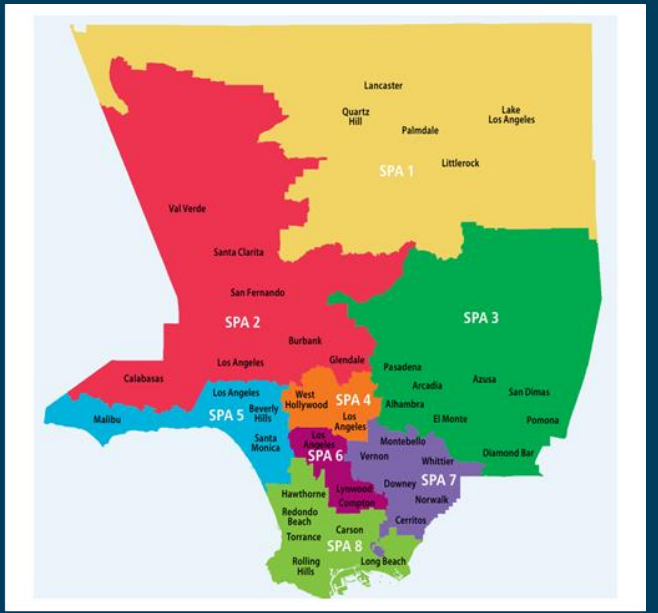
Selected community indicators

LEP = limited English proficiency • ACS 2018-2022

37.4% foreign-born residents

ACS 2018-2022





SPA 3 shown in green on the county SPA map

Source: Los Angeles County Department of Public Health, Community Health Profiles: SPA 3 San Gabriel – Demographics (report generated Aug. 24, 2024). Population estimate (provisional), 2022; ACS 2018-2022. Multiracial/other combines AIAN, NHPI, other race, and two or more races.

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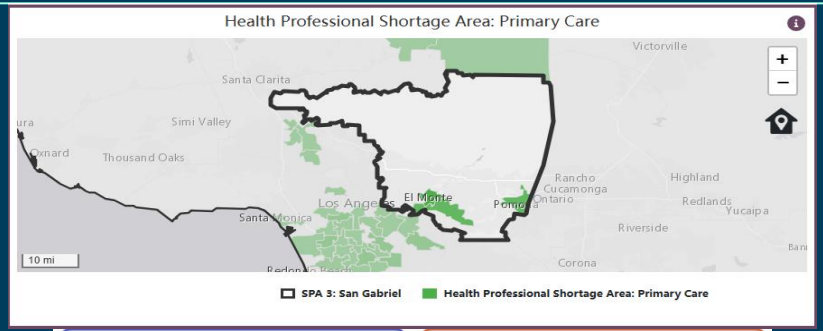
Service Landscape

- 1 in 4 adults report difficulty getting medical care.
- Underserved cities (Pomona, El Monte, West Covina) face primary care shortages.
- 21.5 % of Adults have coverage through Medi-cal.
- These factors contribute to avoidable ED visits and unmet primary care needs.



Mental health & suicide risk

8.5 deaths/100k suicide rate · 61.8% receive social support · stigma limits diagnosis

Chronic disease burden

32.6% hypertension · 12.3% diabetes · 96.4/100k heart disease mortality

Access-to-care gaps

22.7% difficulty getting care · 9.9% uninsured adults · shortage areas across SPA 3

Housing instability & homelessness

Rising costs, doubling up, no recuperative care until Dec 2024 · impacts chronic illness mgmt

Food insecurity

High % of students on free meals · economic stress barriers to healthy diets & medications

Substance use disorder

Co-occurs with homelessness & mental health · insurance gaps make treatment unaffordable

Source:*Los Angeles County Department of Public Health, Community Health Profiles: SPA 3 San Gabriel Healthcare Access (website accessed May 21, 2026). Data from Los Angeles County GIS Health Profiles Portal: https://apps.gis.lacounty.gov/static/DPH/community-profiles/?Geo_ID=spa_3*

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Gaps and Opportunities

Gaps in SPA 3

SPA 3 is home to 1.72 million residents facing multiple barriers: a medically underserved region with a 37.4% foreign-born population, and housing burden well above the national targets.

Opportunities to build support

Our goal is to bridge these gaps by bringing care directly into the communities that need it most.



Assessment

The three program options were developed directly from the identified access gaps and health equity concerns within SPA 3 and are aimed at creating a more connected and equitable access model.

01	Primary Care shortages and appointment limitations	• Increase appointment availability
02	Limited English proficiency in specific populations	• Improving culturally and linguistically appropriate care
03	Low Preventative Care utilization	• Decrease reliability on emergency services
04	Transportation and Access barriers	• Expand outreach into underserved communities
05	Low awareness of services in the community	• Support prevention and continuity of care

Alignment to Criteria

Telehealth Expansion	Low operational costs while improving accessibility to care
Pop-Up Clinics in Underserved Areas	Improves equitable access and preventative care utilization
Multilingual Patient Education Campaigns	Improves patient awareness and utilization of services by providing culturally appropriate care

Decision Support Model

Planning assumptions and estimated 12-month benefit by option

PLANNING ASSUMPTIONS — REACH

1,700,000
SPA 3 residents
Underserved primary-care subregions

433,500
Highest access-risk
25.5% of residents report difficulty accessing care

216,750
Eligible adults
Adult share of high-access-risk group

50%
Outreach reach
Anticipated through pilot channels

3–5%
Enrollment rate
Eligibles enrolled; 25% ED-visit reduction

ESTIMATED 12-MONTH BENEFIT BY OPTION

Option	Enrolled / Engaged	Total Cost (FY 22)	Cost per Enrollee	Revenue Gain (access barriers ↓)	Cost Savings (ED / acute ↓)	Visits Not Missed
Option 1 · Telehealth Expansion *Expand virtual primary care, scheduling, device support*	4,552	$10,000,000	$1,151	$113,794	$2,398,772	1,138
Option 2 · Pop-up / Mobile Clinic *Deploy mobile clinics in Pomona & El Monte*	3,468	$10,000,000	$1,845	$86,700	$1,827,636	867
Option 3 · Multilingual Ed. + Staff ★ *CHWs / navigators, multilingual outreach & education*	**13,005**	$10,000,000	**$580**	$325,125	**$6,853,635**	3,251

Recommendation: Option 3 delivers **2.9×** the enrollment of Option 1 at **½** the cost per enrollee — and the highest projected ED-cost avoidance ($6.85M).

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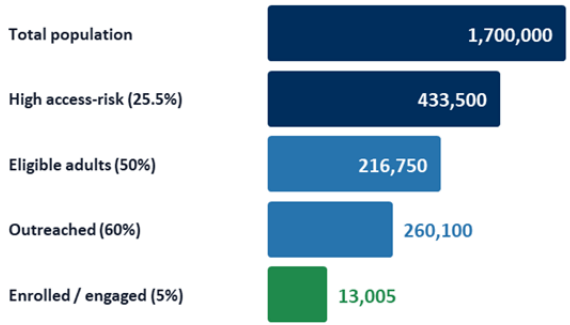
Decision Support Model

Cost-model funnel and 12-month cost-savings analysis by option

OPTION INPUTS

	Option 1 · Telehealth			Option 2 · Pop-up Clinic			Option 3 · Multilingual Ed.+Staff ★		
	70%	3%	$5.13M	40%	4%	$6.23M	60%	5%	$7.15M
	Outreach rate	Enrollment rate	Start-up cost	Outreach rate	Enrollment rate	Start-up cost	Outreach rate	Enrollment rate	Start-up cost

POPULATION FUNNEL · RECOMMENDED OPTION 3



Option 1 outreached / enrolled: 151,725 / 4,552
Option 2 outreached / enrolled: 86,700 / 3,468

COST MODEL — TOTAL COST BY OPTION

Option	Enrolled	Total Cost	Cost / Mbr
Telehealth Expansion	4,552	$5,240,574	$1,151
Pop-up / Mobile Clinic	3,468	$6,398,400	$1,845
★ Multilingual Ed. + Staff	13,005	$7,543,710	$580

COST SAVINGS — 12-MONTH VALUE BY OPTION

Option	Benefit Load	ED Savings	Avoided Visits
Telehealth Expansion	$5,462,100	$2,398,772	1,138
Pop-up / Mobile Clinic	$4,161,600	$1,827,636	867
★ Multilingual Ed. + Staff	$15,606,000	$6,853,635	3,251

Benefit Load = enrolled × $1,200 / yr (planning assumption). ED savings use AHRQ avg $527 / visit × 25% avoidable rate.

Takeaway: Option 3 produces the lowest cost-per-enrollee ($580), highest projected ED-cost savings ($6.85M), and the largest avoided-visit count (3,251) — directly addressing SPA 3's 26% LEP and 37.4% foreign-born population.

Recommendation: Multilingual Patient Education and Navigation

Why This Option Provides the Highest Value

26%
limited English proficiency
in SPA 3

37.4%
foreign-born population
San Gabriel Valley

Lowest cost
per engaged participant

Most scalable
across SPA 3

Risks and Mitigation

Workforce shortages	Use Community Health Workers
Low patient engagement	Partner with trusted community organizations
Fragmented systems	SGV Health Consortium governance
Language barriers	Multilingual navigators and materials



What Success Looks Like for SPA 3

Current State	Future State
🚧 Language barriers limit access	✅ Easier entry into primary care
🚧 Residents struggle to navigate care	✅ More residents connected to a PCP
🚧 Delayed preventive services	✅ Better preventive care utilization
🚧 Avoidable emergency department utilization	✅ Reduced avoidable ED utilization

Expected Impact

Access to healthcare

Healthcare costs

Health equity

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