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SPA 3: Improving Primary Care Access in Medically Underserved Subregions

Situation

There are Primary care shortages, mainly in Pomona and El Monte, due to the uneven geographic distribution of primary care providers. These shortages are limiting access for medically underserved populations. Language and culture also affect these shortages, leading to longer waiting times, reduced appointment availability, and lower health literacy. Only 50.2% of adults speak mostly English at home, compared to 62.9% countywide. The first goal is to improve equitable access to care through scalable, community-based interventions.

Background

SPA 3 has a diverse population with a high number of Spanish- and Asian-speaking households. Although there are health initiatives, appointment availability remains low, and utilization of preventive care is below county averages. In SPA 3, 25.5% of adults report difficulty accessing medical care despite a relatively strong insurance coverage (88.7%). There have been efforts to improve this through mobile clinics and community health fairs. These efforts have improved outreach, but they lack continuity and data integration.

- There are limited bilingual staff and culturally competent providers.
- There are fragmented scheduling systems.
- There is low awareness of available services.

Assessment

SPA 3 continues to face significant disparities in access to primary care, especially in Pomona and El Monte. The region's 1.7 million residents include high numbers of foreign-born (37.4%) and limited English Proficiency (26%) populations, which contributed to communication barriers and lower health literacy. Mental health indicators show 11.2% of adults report depression, and suicide rates are 8.5 per 100,000. Rising housing costs and instability further limit residents' ability to manage health needs. To address this, SPA 3 needs to expand appointment capacity, expand multilingual education, and improve integration with primary care. Improved coordination between healthcare and multilingual social service systems is needed to reduce emergency department use and improve continuity of care.

Recommendation

The recommendation is to build a Primary Care Access Model focused on Pomona and El Monte. This module would redesign access, increase community engagement, and provide culturally responsive care. To start this, a regional workgroup within the San Gabriel Valley health consortium would need to be established. This group would be responsible for tackling the metrics and establishing a pilot program. The pilot program would need to focus on access to primary care.
The implementation of a Primary Care Access Pilot would need to integrate the following:

1. Telehealth expansion and pop-up clinics in underserved areas.
2. Multilingual patient education campaigns and staff
3. Dashboards to track appointment availability and utilization metrics.

References

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