

*Glendale Adventist
Medical Center*



Community Benefits Report

**Glendale Adventist Medical Center
2011**

1509 Wilson Terrace
Glendale, CA 92106
818-409-8000

Table of Contents

| | |
|--|----|
| Preface | 3 |
| Executive Summary | 4 |
| Community Benefits Planning Process | 6 |
| Needs Assessment Summary | 7 |
| GAMC Community Benefits Report, 2011 Objectives, Activities and Outcomes | 15 |
| Areas of Focus, Objectives and Activities | |
| 1. Improve Health Status and Quality of Life of Individuals and the Community | 16 |
| Measurable Objective 1 – Integrating Cardiovascular Services (more effectively into the health care arena/education) | 24 |
| Measurable Objective 2 – Stroke Education and Support | 26 |
| 2. Address Health Problems of the Poor and Other Vulnerable Populations | 28 |
| Measurable Objective 3 – Conduct Children’s Health Outreach Initiative to Enroll Low-income Families with Children into Subsidized Health Care Insurance Programs | 30 |
| Measurable Objective 4 – Provide Wellness and Support for Patients Diagnosed with Cancer | 31 |
| Measurable Objective 5 – Provide Web-Based Health Resource Education | 33 |
| 3. Contain Community Health Care Costs | 34 |

| | |
|--|----|
| Economic Value of Community Benefits | 35 |
| Adventist Health Policy: Community Benefit Coordination | 37 |
| Quarterly Report Form | 38 |
| Community Benefit Summary | 39 |

Preface

The purpose of the Glendale Adventist Medical Center Community Benefits Report 2011 is to present the activities and outcomes in which the hospital engaged during 2011 to meet hospital objectives in compliance with the State of California Community Benefit Law SB 697 (1994) for not-for-profit hospitals.

According to the law, a community benefits plan, prepared for annual submission to the Office of Statewide Health Planning and Development, is to include the following elements:

- Mechanisms to evaluate the plan's effectiveness, including a method for obtaining the views of the community served by the hospital.
- A description of the activities the hospital will undertake to address identified community needs within its mission and financial capacity.
- Objectives to be achieved.
- Community benefits are categorized into the following framework: medical care services; other benefits for vulnerable populations; other benefits for the broader community; health research, education and training programs; and non-quantifiable benefits.
- To the extent practicable, the economic value of community benefits provided by the hospital to achieve its plan.

The Glendale Adventist Medical Center Community Benefits Report 2011 includes each of the elements listed above. The community benefits activities and expected outcomes in which the hospital engaged in 2011 are briefly described in this report.

Executive Summary

Our Mission:

The mission of Glendale Adventist Medical Center is:

To share God's love with our community by promoting healing and wellness for the whole person.

Community Benefits Planning

In 1996, Glendale Adventist Medical Center (GAMC) prepared a two-year community benefits plan, in compliance with the State of California Community Benefit Law SB 697 for not-for-profit hospitals. The 1996 plan was revised in 1998, and annually thereafter.

The Executive Summary provides an overview of the GAMC Community Benefits Plan and Report 2011, including a brief description of the community benefits planning process, a review of the plan's three areas of focus and an estimated value of GAMC community benefits. The Executive Summary is followed by a summary of the 2010 Glendale community needs assessment activity and the community benefits activities and outcomes in which the hospital engaged in 2011.

Community Benefits Implementation

The GAMC Community Benefits Plan 2011 had three areas of focus – improving health status and quality of life; addressing health problems of the poor and other vulnerable populations; and containing community health care costs.

In each area of focus, the GAMC Community Benefits Plan 2011 included a list of challenges and opportunities, objectives and a description of activities that address identified community needs. In 2011, GAMC:

- Continued to collaborate with individual community partners as well as coalitions such as the Consortium of Safety Net Providers, the Glendale Healthier Community Coalition, the Glendale Homeless Coalition, Glendale Healthy Kids and the Glendale Health for Youth Advocacy Coalition, to address a broad community health agenda;
- Continued to provide innovative leadership and develop collaborative resources to improve individual and community health status and quality of life;
- Continued to address the health problems of low-income populations, English language learners and other vulnerable populations; and,
- Continued to contain community health care costs by delivering quality health care cost-effectively, consolidating and/or sharing services with two other Adventist Health Southern California hospitals; facilitating planning and acquisition of resources for safety net providers; and supporting clinical and non-clinical quality improvement teams to enable the hospital to deliver better service at lower cost.

Community Benefits Reporting

Preparation of the GAMC Community Benefits Report has included an analysis of the findings from the Glendale Community Health Needs Assessments first conducted in 1995 then reassessed in 1998, 2001, 2004, 2007 and 2010, as well as county, regional and city demographic data and health status indicators; consolidation of the primary needs identified into three general areas of focus; development of a community benefits plan; review and approval of the plan by hospital leadership; adoption of the plan by the hospital's Governing Board; and, the Governing Board's approval of this report.

Governing Board

The hospital's Governing Board consists of 16 members who meet six times per year. The role and responsibility of the Governing Board, under the ultimate direction of the Corporate Board, oversees institutional planning to meet the health needs of the community; organizes and supervises the medical staff; establishes and approves policies and procedures; assures a safe environment within the hospital and follows the policies and procedures necessary to discharge its responsibilities and adopt rules and regulations in accordance with legal requirements.

Community Benefits Planning Process

The process Glendale Adventist Medical Center used to develop the Glendale Adventist Medical Center Community Benefits Report 2011 included collection of the following data:

- The findings of the Glendale Community Health Needs Assessment and county, regional and city demographic data and health status indicators, which have been reviewed with the hospital's senior management, directors and managers, members of the Civic Advisory Board and a group of community leaders representing community-based service providers, organizations and businesses.
- The findings of the assessment, demographic data and health status indicators listed above, which have been analyzed, and the primary community needs, which once identified were consolidated into three broad categories.
- Objectives and activities to address the community needs in each area of focus.
- The completed plan, was reviewed by the hospital's management team and recommended for approval to the Governing Board.

The report has been reviewed and approved by the hospital's Governing Board.

Department staff track their community benefit activities and complete quarterly reports. The reports are then sent to the Community Benefits Coordinator for compilation. The Community Services Director reviews and edits the Community Benefit Report. The report is then reviewed and approved by the CEO and Governing Board, who take an action on the report that is reflected in the board minutes.

As the above description shows, the process used to develop the GAMC Community Benefits Report 2011 is data-driven, participatory in terms of development and approval, and results/outcomes oriented.

Community Benefits Budget for 2011

| | |
|--|-----------------|
| Community Benefits Coordinator | \$15,000 |
| Community Services Director | \$30,000 |
| Secretarial Assistance and Supplies | \$ 5,000 |
| Community Health Needs Assessment Report | <u>\$12,000</u> |
| Total: | \$62,000 |

Needs Assessment Summary

The 2010 Glendale Community Needs Assessment was prepared by Glendale Adventist Medical Center (GAMC) in response to California Senate Bill 697, Community Benefits legislation for not-for-profit hospitals.

This summary provides an overview of the definition of community used in the needs assessment; the needs assessment process; demographics and health status indicators; community consultation; and identified community needs.

Definition of Community

In the needs assessment, community was defined as Glendale Adventist Medical Center's primary service area, including the following ZIP codes.

- 91201-91208 (Glendale)
GAMC is located in the City of Glendale, ZIP code 91206
- 91046 (Verdugo)
- 90041 (Los Angeles: Eagle Rock)
- 90042 (Los Angeles: Highland Park)
- 90065 (Los Angeles: Glassell Park)
- 91201 (Montrose)

Demographics and Health Status Indicators

- The 2010 population of the GAMC service area is estimated at 340,660 persons. Of these, 35.2% are White, 1.7% are Black, 16.4% are Asian/ Pacific Islander, 39% are Hispanic, and approximately 7.7% are of other races.
- 46.4% (119,916) of residents over the age of 18 are foreign born, and almost a quarter (63,835) are not U.S. citizens.
- The overall age distribution of the service area population is 26.9% (91,470) 0-20 years of age, 60% (204,357) between 21–64 years of age, and 13.2% (44,785) are 65 years of age and older.
- For adults over the age of 25 years in the service area, 22% have less than a high school education, 20.6% are high school graduates, 17.9% have some college or trade school education, and 27% have a college or post-graduate degree.
- There are 114,880 households with with an average household size varying from 2.4 persons per household in Montrose ZIP code 91020 to 3.3 persons per household in both Highland Park ZIP code 90042 and Glassell Park ZIP code 90065.
- There is a wide range of household income in the service area. Overall, 34% of the households in the GAMC service area have an annual income of under \$35,000, 33% of the households have an annual income from \$35,000 to \$74,999, and 33% of households have an annual income of \$75,000 and over.

- The majority of children (62.6%) under age 18 years are living in homes with income levels less than 200% of the Federal Poverty Level. Of adults over age 18 years, 28.4% have income levels less than 200% of the Federal Poverty Level.
- There are 90,360 persons (27%) covered by Medi-Cal in the GAMC service area.
- There are 6,269 children covered by Healthy Families, which represents 7.6% of children under age 19 residing in the service area.
- There are 39,635 adults covered by Medicare, which represents 11.7% of the population over age 18 residing in the service area.
- Overall, 16.2% of the GAMC service area population is uninsured, which is more than the uninsured rates for Los Angeles County. In 2007, 4.0% of children were uninsured, which was a decrease of 58.8% from 2002.
- Within Glendale Unified School District, 44% of students receive free or reduced fee meals.
- According to community leaders and representatives from community organizations, the most vulnerable parts of the service area are Eagle Rock and Highland Park.
- In Highland Park ZIP Code 90042, 29% of adults have not attained a high school diploma or GED. In Eagle Rock, ZIP Code 90041, 6% of residents over age 25 have not received the equivalent of a high school diploma. Glassell Park ZIP Code 90065 and Glendale ZIP Code 91205 are more at risk with 21% and 14% respectively who have not attained a high school diploma.
- Of the 12 ZIP codes in the GAMC service area, 91205 was ranked first for lowest household incomes, 91204 second, 91203 ranked third, 91201 ranked fourth and 90042 ranked fifth. In 91205, 48% of the households had an annual income under \$35,000. In 91204, 42% had incomes below \$35,000 per year, in 91203, 40% had incomes below this level, and in 90042, more than 38% of households had annual incomes less than \$35,000.
- In 91204, 47% of the population is Medi-Cal beneficiaries and, in 91205, 91201 and 91203, 35%, 30% and 29% of the populations respectively are beneficiaries of Medi-Cal.
- Other populations identified as vulnerable include low-income and impoverished residents, homeless individuals, war veterans, immigrants (particularly Armenian, Hispanic, Filipino and Korean), undocumented families, abused women, unemployed men ages 50-65, children and youth, seniors, and the uninsured.
- In 2007, the age-adjusted death rate of 539.8 per 100,000 for all causes was 4.9% lower than in 2004 and 13.5% lower than for Los Angeles County.
- In 2007, the majority of deaths (77.3%) occurred among seniors age 65 and older.
- The following conditions were the leading causes of mortality in the GAMC service area during 2002:
 - Heart Disease – 28.4% of total deaths in the service area; age-adjusted death rate is 150 per 100,000 population.

- Cancer – 23.8% of total deaths in the service area; age-adjusted death rate is 131.6 per 100,000 population. Deaths due to lung cancer had a greater age-adjusted death rate (24.3 per 100,000 population) than other types of reported cancer.
 - Stroke – 5.4% of total deaths in the service area; age-adjusted death rate is 28.9 per 100,000 population.
- The GAMC service area met the Healthy People 2010 national objectives in the following areas:
 - Coronary Heart Disease
 - Stroke
 - Overall Cancer, including Colon Cancer, Female Breast Cancer, Lung Cancer, and Prostate Cancer
 - Unintentional Injuries
 - Diabetes
- The GAMC service area did not meet the Healthy People 2010 national objectives in the following areas:
 - Suicide
 - Homicide¹
 - Chronic Liver Disease and Cirrhosis
- The number of adult women able to bear children doubled since 2007. In 2007, approximately 20% of the total population (71,504) was women of childbearing age (15-44 years). In 2010, 42% of the total population (142,690) were women of childbearing age (15-44 years).
- There were, however, fewer births; 3,750 in 2009 compared to 4,200 live births in the GAMC service area during 2006. Approximately 1.1% of the total population is infants under one year of age.
- In 2009, 1,795 births (54.7% of total births) in the GAMC service area were funded by Medi-Cal.
- In the past five years, the percentage of births to mothers under the age of 20 years has decreased by 6.3% from a high of 6.4% (264) of total births in 2005 to 6.0% (226) of total births in 2009.
- In the past five years, the number of total births with late or no prenatal care has increased by 144% from 0.9% (35) with late or no prenatal care in 2005 to 2.2% (82) births in 2009.
- In 2009, 1.3% of total births (49 infants) were very low birth weight, weighing less than 1,500 grams (approximately 3 pounds, 5 ounces).
- In 2002, the infant mortality rate in the GAMC service area was 7.0 infant deaths per 1,000 live births compared with 5.5 infant deaths per 1,000 live births in Los Angeles County. In 2004, the infant mortality rate in the GAMC service area was 4.3 infant

¹ The age-adjusted mortality rate is statistically unreliable when the incidence rate is less than twenty. However, based on the number of deaths, it can be surmised that the GAMC service area did not meet the Healthy People 2010 objectives for Suicide and Homicide.

deaths per 1,000 live births. In 2008, the infant mortality rate in the GAMC service area was 3.9 infant deaths per 1,000 live births.

- In 2007, 91.1% of mothers breastfed their infants shortly after birth, 61.4% breastfed for at least six months, and 37.7% breastfed their infants for at least one year in the GAMC service area.
- The GAMC service area met the Healthy People 2010 national objectives for:
 - Late or no prenatal care
 - Early post partum breastfeeding
 - Breastfeeding at six months
 - Breastfeeding at one year
 - Infant mortality
- The GAMC service area did not meet the Healthy People 2010 national objectives for:
 - Low birth weight infants
 - Very low birth weight infants
- The following ZIP codes in the service area appear to be the most at-risk:
 - Highland Park ZIP Code 90042
 - Glassell Park ZIP Code 90065
 - Glendale ZIP Code 91205
 - Eagle Rock ZIP Code 90041
 - Montrose ZIP Code 91020
- Approximately 28% of the total population (95,346 persons) are children and youth 0 -20 years of age.

Health Status

- In the 2009-2010 school-year, the percentage of children ages two to four years in pre-school with up-to-date immunizations ranged between 93.4% and 94.7% for all vaccines.
- The following are the most common substantiated child abuse allegations in the GAMC service area, in rank order: General neglect, emotional abuse, at-risk sibling abuse, and physical abuse.
- During the three-year period from 2004-2006, the age-adjusted rate of total reported child abuse referrals slightly decreased by 1.1% from a high of 31.06 cases per 1,000 children in 2004 to 30.71 in 2006. The age-adjusted rate of total reported child abuse referrals decreased by 9.4% from 35 cases per 1,000 children in 2008 to 31.7 in 2009.
- In 2002, 7.9% (6,464) of children in the GAMC service area experienced asthma within the previous twelve months. In 2005, the number increased to 6,696 (8.2%). In 2007, the number increased to 7,921 (9.7%), for a total 22.8% increase since 2002.

Health Behaviors

- Within the GAMC service area¹⁶, slightly more than one-quarter of children (27.7%) were physically active for at least one hour a day for five days during a week. A total of 8,961 children (15%) were not physically active at all and more than one-half (57.4%) were physically active for less than one hour a day or less than five days a week. The US Department of Health and Human Services recommends one hour or more of moderate to vigorous physical activity a day for children. In the GAMC service area, close to three-quarters (72.4%) do not meet the HHS guidelines for physical activity.
- Within the GAMC service area, 20.9% (17,067) of children ages six months to 17 years watched television or videos for three or more hours per day during year 2007.
- In the GAMC service area in 2005, 25,805 (19.6%) children were reported to have consumed fast food during the previous day, which was 44.1% more than the percentage of children in 2002. In 2007, 28,564 (40.4%) children reported consuming fast food at least once per week, doubling the figures for the second time in five years.

Access to Health Care

- Within the GAMC service area, 40,912 (50.1%) of children have private medical insurance, 26,784 (32.8%) have Medi-Cal, and 9,228 (12.3%) are enrolled with Healthy Families.
- Within the GAMC service area in 2007, (4.0%) of children are uninsured, which is a decrease of 58.8% from 2002.
- Within the GAMC service area, 14.3% (11,677) children² reported difficulty (either somewhat difficult or very difficult) in accessing health care, which is 25.4% more than in 2005 (11.4%) and 2.7% less than the percentage of children reporting difficulty in accessing health care in Los Angeles County (14.7%).
- In 2007, within the GAMC service area, more than three-quarters of children stated that they could not afford medical care and/or they did not know where to go or who to call to access health care for their children. In 2010, more than one-half stated that they could not afford medical care and/or had difficulty getting a prompt appointment. More than 45% did not know where to go.
- Within the GAMC service area, 6.4% (5,226) of children did not have a regular source of health care.
- Within the GAMC service area, 6.2% of children (5,063) were unable to schedule an appointment with a physician for an illness or health problem because of financial constraints, which is a decrease of 36.1% since 2005.
- Approximately 60% of the total population (202,868 persons) are adults 21-64 years of age.

² Census data using 2007 estimates was used to determine the number of children by insurance status in the service area. During 2007, the total number of children ages 0 –17 years was 81,660 in the GAMC service area.

- In 2009, there were 1,633 hospitalizations for Ambulatory Care Sensitive (ACS) conditions in the GAMC service area among adults age 20-64 years. Among adults, top ACS conditions for hospitalization, in ranked order, were cellulitis, bacterial pneumonia, congestive heart failure, chronic obstructive pulmonary disease, kidney/urinary infections, and diabetes.
- Within the GAMC service area, adults over age 18 years have been diagnosed with the following chronic diseases:
 - Diabetes (7.5% of adults) -- 19.1% greater than in 2005
 - ❖ The GAMC Service area did not meet the Healthy People 2010 national objective for diabetes.
 - ❖ However, the GAMC service area meets the Healthy People 2010 national objective of 50% of all persons with diabetes having an annual HbA1c test.
 - Hypertension (26.6% of adults)
 - ❖ The GAMC Service area did not meet the Healthy People 2010 national objective for hypertension.
 - Heart disease (11.2%)
 - ❖ In 2007, the percentage of individuals with heart disease was 115.4% greater than in 2002.
 - Hypercholesterolemia (28.1%)
 - Asthma (9.7%)
 - ❖ The percentage of children with asthma in the GAMC service area increased by 22.8% since 2002. (9.7% in 2007; 7.8% in 2005; 4.8% in 2002)
 - Depression (20.7%)
 - ❖ Depression diagnoses more than doubled between 2002 (8.9%) and 2007 (20.7%). Within the GAMC service area, an estimated 53,497 adults over age 18 years have been diagnosed with a depressive disorder and 5.4% of the adult population (est. 13,956) is at risk for a serious mental illness.
- During the nine-year period from 2001-2009, the number of domestic violence calls reported to the police in the Glendale jurisdiction has decreased 46.6% from a high of 610 domestic violence calls in 2001 to 326 domestic violence calls in 2009.
- Within the GAMC service area, adults over age 18 years have demonstrated the following behaviors, which affect health outcomes:
 - Within the GAMC service area, 62.2% of the population is overweight or obese. An estimated 111,387 adults (43.1%) over age 18 years are overweight, which is 24.2% greater than in 2002. An estimated 49,362 (19.1%) are obese, which has increased by 21.7% since 2002. The percentage of adults who are overweight in the GAMC Service Area is 20.1% higher than in Los Angeles County.
 - Sedentary (38.6%)
 - Daily consumption of five fruits and vegetables (16.1%)
 - Within the GAMC service area, an estimated 24,035 (9.3%) of adults over age 18 years smoked cigarettes in 2007, which is 39.2% less than in 2002. The percentage of adults who smoke in the GAMC service area is 35% less than in Los Angeles County. The GAMC service area meets the Healthy People 2010 national objective for smoking cigarettes.
 - Binge drinking (13.6%)

- Perceive neighborhood as safe (91%)
- Pap smear (87%)
- Within the GAMC service area, 35,049 (16.2%) adults age 18 to 64 years are uninsured.
- Within the GAMC service area, 48,845 adults over age 18 (18.9%) did not have a regular source of health care.
- Within the GAMC service area, 48,845 adults over age 18 years (18.9%) reported difficulty (either somewhat difficult or very difficult) in accessing health care (down from 26.1% in 2005).
- Within the GAMC service area, adults over age 18 were unable to attain the following services because of financial constraints:
 - Physician visit (14% of adults over age 18 years (est. 36,181)
 - Dental appointment (48,070 adults or 18.6%)
 - Prescription medication (25,585 adults; reduced by 45.6% since 2002)
 - Mental health care (24,293 adults; increased by 88% since 2005)
- The GAMC service area met the Healthy People 2010 national objectives in the following areas:
 - Percentage of adults diagnosed with diabetes had a minimum of one HbA1c tests
 - Percentage of adults who smoke cigarettes
 - Percentage of adults who visited the dentist within the past year
- The GAMC service area did not meet the Healthy People 2010 national objectives in the following areas:
 - Rate of people with diabetes
 - Percentage of adults with hypertension
 - Percentage of adults with high cholesterol
 - Percentage of adults who are overweight
 - Percentage of adults who are obese
 - Percentage of sedentary adults
 - Consumption of five or more fruits and vegetables per day
 - Percentage of population smoking cigarettes
 - Percentage of adults engaging in binge drinking
 - Percentage of women receiving pap smear
 - Percentage of uninsured adults
 - Percentage of adults without a regular source of health care
 - Percentage of adults reporting difficulty in accessing health care
- Based on the criteria and community input from surveys and focus groups, the following are areas of need:
 - Diabetes Care
 - Hypertension
 - High Cholesterol
 - Heart Disease
 - Depressive Disorder
 - Weight Management
 - Nutrition

- Physical Fitness
- Tobacco Cessation
- Alcohol Abuse
- Access to Affordable Medical, Dental, Mental Health and Prescription Health Care
- Approximately 13.1% of the total population (44,785 persons) are seniors 65 years and older.
- In 2007, there were 1,586 deaths (77.2% of total deaths) in the GAMC service area among seniors 65 years and older. The following are the leading causes of death by rank order:
 - Heart disease (36.1% of deaths in this age group)
 - Cancer (21.6% of deaths in this age group)
 - Pneumonia and influenza (6.6% of deaths among seniors)
 - Cerebrovascular Disease/Stroke (6.1% of deaths in this age group)
 - Chronic Lower Respiratory Disease (5.5% of deaths among seniors)
 - Alzheimer's Disease (5.4%)
 - Diabetes (4.4%)
- In 2006, there were 2,689 hospitalizations for ACS conditions in the GAMC service area among seniors age 65 years and older. Among seniors, top ACS conditions for hospitalization were:
 - Congestive Heart Failure (27.5% of hospitalizations in this age group)
 - Bacterial pneumonia (17.5% of hospitalizations)
 - Chronic Obstructive Pulmonary Disease (15.8% of hospitalizations)
 - Kidney/urinary infections (10.8% of hospitalizations)
- Within the GAMC service area, seniors participated in the following preventive care:
 - Mammogram: Within the GAMC service area, an estimated 49,423 (88.8%) women over age 50 years had a mammogram within the past two years—2.3% more than in 2005.
 - Influenza vaccination (75.3% seniors 65 years and older; 25.3% greater than in 2002)
 - Pneumococcal vaccination (57.9% among seniors 65 years and older; 13.7% greater than in 2005)
- Within the GAMC service area, the insurance status of seniors was as follows:
 - Private medical insurance in addition to Medicare (32.9% in 2005 among seniors 65 years and older, about one-quarter less than 43.7% in 2002)
 - Medi-Cal in addition to Medicare (28.8% seniors 65 years and older)
- The GAMC service area met the Healthy People 2010 national objectives in the following area:
 - Percentage of women over age 50 having mammograms
- The GAMC service area did not meet the Healthy People 2010 national objectives in the following areas:
 - Percentage of seniors having an influenza vaccination
 - Percentage of seniors having an pneumococcal vaccination

Based on the criteria and community input from surveys and focus groups, the following are areas of need:

- Chronic disease management particularly focused on:
 - Cardiovascular disease
 - Respiratory disease
 - Diabetes
- Reduction of risk factors involved with:
 - Cardiovascular disease
 - Malignant neoplasms
 - Influenza/Pneumonia
 - Kidney/Urinary infection
 - Cerebrovascular disease
 - Alzheimer's disease
 - Diabetes
 - Cellulitis
 - Falls
- Adult immunizations
- Early detection screenings
 - Other cancer screenings
 - Cardiovascular disease
 - Diabetes
 - COPD
 - Alzheimer's disease
- Access to health care
 - Dental
 - Prescription
- Programs to decrease social isolation

GAMC Community Benefits Report, 2011 Objectives, Activities and Outcomes

The Glendale Adventist Medical Center Community Benefits Report 2011 has been developed in response to findings first presented in the 1995 Glendale Community Health Needs Assessment, then reassessed in 1998, 2001, 2004, 2007 and 2010, as well as county, regional and demographic data and health status indicators; a review of the hospital's mission and an assessment of the hospital's financial capacity.

The report has three areas of focus:

- Improve health status and quality of life of individuals and the community
- Address health problems of the poor and other vulnerable populations
- Contain community health care costs

This report includes the listing of challenges and opportunities, community objectives and activities to address community needs that appeared in the 2010 needs assessment and the specific measurable objectives implemented in 2011.

In this plan a “community partnership” is recognized as a relationship between GAMC and one other community organization or service provider. A “collaborative effort” is recognized as a relationship between GAMC and two or more community organizations or service providers.

AREA OF FOCUS 1 Improve Health Status and Quality of Life of Individuals and the Community

Challenges and Opportunities

Key challenges and opportunities identified in the community needs assessment are as follows:

- Community residents and leaders perceive health to include physical, mental, spiritual and environmental aspects, based on input gathered during the community consultation.
- Desirable components of a healthy community include common goals, public/private/nonprofit collaboration, communication, a sense of belonging, culturally relevant activities, economic resources, economic development, health promotion, access to quality education, clean environment, safe walkways, safe housing, safe neighborhoods, health insurance, role models at home, access to a continuum of care that includes but is not limited to health care.
- Community leaders and representatives from organizations identified the following as the top health problems in the adult population:
 - Diabetes
 - Cardiovascular disease
 - Obesity
 - Poor nutrition
 - Smoking
 - Addiction/ Alcohol and other substance abuse
 - Mental health/mental illness
 - Depression
 - Domestic violence
 - Emergency preparedness
 - Motor vehicle accidents (pedestrian safety)
- The community includes 340,528 residents.
- 28.2% of residents are under 20 years of age.
- 39.0% of area residents are Hispanic, 36.1% are White (including the largest Armenian population in the world outside Armenia), 16.6% are Asian/Pacific, 1.7% are Black and 6.6% are of other races.
- 46% of residents are foreign-born.

- Over 38% of the households in the GAMC service area have an annual income of under \$35,000. The majority of children (52.7%) under age 18 are living in homes with income levels less than 200% of the Federal Poverty Level. Approximately 28% of the total population (95,346 persons) is children and youth 0-20 years of age.
- Nearly a third of GAMC service area residents over age 25 have less than a high school education.
- There are 75,207 persons covered by Medi-Cal in the GAMC service area (22.1% of the service area, down from 25.3% in 2002). Of this group, 32.3% (24,319) are Armenian speaking and 30.5% (22,987) are Spanish speaking. Of individuals enrolled in Medicare, 93.3% (913,000) qualified because of age and 6.7% (66,000) were disabled. 21.1% of the population under age 65 is uninsured (which is 33.5% more than Los Angeles County). In the GAMC service area, 7.2% of children are uninsured, down from 9.7% in 2002.
- Within the GAMC service area, 34,631 (13.4%) of adults over age 18 years smoked cigarettes in 2005, which is 12.4% less than in 2002. The percentage of adults who smoke in the GAMC service area is 8.2% less than in Los Angeles County. 73.6% of adults who smoke indicated they would like to quit smoking.
- Within the GAMC service area, 100,016 (38.7%) adults over age 18 years are sedentary. 98,724 adults (38.2%) over age 18 years are overweight, which is 10.1% greater than in 2002 and 37,991 adults (14.7%) over age 18 years are obese, which is 6.4% less than in 2002. Within the GAMC service area, 38,508 (14.9%) adults over age 18 years consumed five or more fruits and vegetables per day, which is 2% less than in 2002.
- In 2005, 6,696 (8.2%) of children in the GAMC service area experienced asthma within the previous twelve months, a 3% increase since 2002. 25,805 (19.6%) children³ were reported to have consumed fast food during the previous day, which was 44.1% more than the percentage of children in 2002.
- Teen parenting: In 2006, 255 births (6.1% of total births) were to mothers under 20 years of age in the GAMC service area.
- During the five-year period from 2001 to 2005, the number of domestic violence calls reported to the police in the Glendale jurisdiction has decreased 31.2% from a high of 610 domestic violence calls in 2001 to 420 domestic violence calls in 2005. In 2005, 64 (15.2%) total calls for domestic abuse involved weapons, which is an increase of 134% from 2004, when 21 calls (6.5%) involved weapons.
- In 2006, 5.4% of total births (228 mothers) did not receive prenatal care in the first trimester (late or no prenatal care). In the past five years, the number of total births with late or no prenatal care decreased by 27.6% from 315 (7.4% of total births) with

³ Census data using 2007 and 2003 estimates was used to determine the number of children who consumed fast food in the previous day in the service area. During 2007, the total number of children ages 2–17 years was 70,702 in the GAMC service area. During 2003, the total number of children ages 0–17 years was 81,816 in the GAMC service area.

late or no prenatal care in 2002 to 228 (5.4%) births in 2006. This improvement met the Healthy People 2010 national objective.

- In 2006, 5.9% of total births (247) were low birth weight, weighing between 1,500 and 2,499 grams (approximately 5 pounds, 8 ounces). The GAMC service area did not meet the Healthy People 2010 national objective.
- In 2003, top ACS conditions for hospitalization were cellulitis, congestive heart failure, bacterial pneumonia, kidney/urinary infections, and chronic obstructive pulmonary disease. In 2006, top ACS conditions were more pulmonary in nature, including asthma, bacterial pneumonia, kidney/urinary infection, dehydration, cellulitis and gastroenteritis.

Community Objectives

In fiscal year 2011, GAMC pursued the following:

- Continued to provide leadership and other resources in community collaborative efforts designed to improve health status and quality of life.
- Increased the number of community residents identified as at-risk for chronic diseases, including diabetes, cardiovascular and pulmonary disease, through screening activities, clinical assessments and case managed follow-up connected with supportive resources.
- Increased the number of residents in the Armenian and Hispanic communities who have received assistance with cardiac, pulmonary and diabetes risk management.
- Increased the number of community residents at-risk for complications associated with strokes and aneurisms through screening activities, clinical assessments and case managed follow-up connected with supportive resources.
- Continued the development, distribution and communication of health information and provide health screenings and other health evaluations to improve community health.
- Continued the collaboration among safety net providers through the consortium established to deliver care services more effectively to underserved, underinsured and medically indigent residents.
- Continued to increase the number of safety net provider consortium partners networked with the shared medical information system.
- Maintained a primary care residency program and other staff and volunteer training efforts.

GAMC monitored the progress in achieving the above objectives by evaluating the effectiveness of related activities.

Activities

| | | |
|-----|--|--|
| 1.1 | Community outreach including collaboration with the Glendale Healthier Community Coalition and other organizations; GAMC, as a member of GHCC, will work to assess community needs at broader levels and organize a collective response to address community health needs. | Coordinated efforts with over 50 other different organizations to work on community projects, including supporting community clinic efforts, such as the Glendale Free Clinic and the health care clinic at the Edison-Pacific Elementary School Community Center (Edison-Pacific), and provided community access to health information via the Internet |
| 1.2 | Paramedic base station | <ul style="list-style-type: none">• Lectures were provided to GFD and GWT – 249• Education for pre-hospital and emergency care providers included MICN and PM prep• Field care audits – 59• Other CE/ Ride-alongs – 20 |

| | | |
|-----|--|---|
| 1.3 | Community health fairs and clinics: Free flu shots, health screenings and educational services | <p>Ambulatory Surgery Center:</p> <ul style="list-style-type: none"> • So. Ca State Comp. Health Fair – 250 • Bank of America Health Fair – 500 • Downtown Dash Health Fair – 150 • Huntsman Fair – 200 • Forest Lawn Benefits Fair – 300 • Parsons Health Fair – 200 • LAUSD Employee Fair – 500 • Relay for Life – 1,000 <p>Community Services:</p> <ul style="list-style-type: none"> • Population health screenings – 383 <p>Occupational Medicine:</p> <ul style="list-style-type: none"> • State Compensation Health Fair – 200 • Business Expo, Glendale – 125 • YMCA Health Expo – 100 • Huntsman Health Fair – 150 • Dine Equity Health Fair – 100 • Business Showcase – 75 • Parsons Health Fair – 90 <p>Pediatric Therapy:</p> <ul style="list-style-type: none"> • Glendale Healthy Kids – 36 • Autism Walk – 100 • Parent Workshop language development – 5 <p>Wellness Center:</p> <ul style="list-style-type: none"> • State Compensation Health Fair – 200 • City of Glendale Health Fair – 250 • Live Well Senior Program – 30 <p>High School ATC Program – 6000</p> |
| 1.4 | Health Ministries/parish nurse program | <ul style="list-style-type: none"> • Monthly meetings – 71 nurses attended in 2011 • GAMC conducted health education and training programs for parish nurses |
| 1.5 | Physician referral and hospital information services | <ul style="list-style-type: none"> • Referral Services received 1,438 referral calls in 2011 and facilitated 988 encounters |

| | | |
|-----|---|---|
| 1.6 | Community health education classes | <p>Community Classes offered at GAMC included:</p> <ul style="list-style-type: none"> • One day Lamaze – 66 • Baby care basics – 46 • Breastfeeding – 16 • Diabetes support group – 46 • Diabetes healthy steps – 229 • Heartsaver CPR – 40 • Independent pool – 910 • Yoga – 34 • Senior exercise – 41 • Acute Cardiac Life Saving/Basic Life Saving – 8 • Basic EKG – 6 • Freedom from smoking – 10 • Open gym orientation – 156 • Infant safety & CPR – 44 <p>Beyond Loss Bereavement Ministry:</p> <ul style="list-style-type: none"> • 7 Certified Bereavement Training Classes – 95 <p>Cardiology Services:</p> <ul style="list-style-type: none"> • Four YMCA community lectures – 285 <p>Wellness Center:</p> <ul style="list-style-type: none"> • Healthy Spine Class – 18 • Diabetes Lecture – 50 |
| 1.7 | Safety net providers to improve access to health care services, specifically for the Glendale area’s growing senior population, the homeless, and the variety of ethnic groups in our community | <p>Coordinating community efforts to:</p> <ul style="list-style-type: none"> ○ Better manage transition care for patients to and from skilled nursing facilities ○ Better manage coordination of care as patients are being discharged into a primary medical care provider/medical home ○ Better manage coordination of care for homeless patients ○ Develop resources more broadly in the community to support a healthy recovery following a hospitalization for patients in general |
| 1.8 | Community support groups | <p>Beyond Loss Bereavement Ministry:</p> <ul style="list-style-type: none"> • Four weekly Grief Support Groups – 1,972 • Condolence letters sent – 429 • Holiday Gathering of Remembrance – 75 • Individual grief counseling – 565 • Beyond Loss Quarterly Newsletters – 425 <p>Chaplains’ Dept.</p> <ul style="list-style-type: none"> • 66 support groups – 58 attending |

| | | |
|------|--|--|
| | | <ul style="list-style-type: none"> • Counseling – 162 • Glendale Religious Leaders – 12 meetings • Glendale Adventist Alcohol & Drug Services – 52 meetings <p>Cancer Services:</p> <ul style="list-style-type: none"> • Focus on Healing – 200 • Look Good, Feel Better – 28 • RN Support Group – 20 • Daffodil Days – 250 • Cancer Survivor’s Day – 200 • Bras for a Cause – 10 • Cancer Care Guild Kickoff – 150 • Cartoon Class – 25 • Arbonne Facial – 3 • Jewelry Making Class – 36 • Knitting Class – 84 • Music Lesson – 6 • Summer Concert – 25 • Creative Writing – 15 • Skin Screening – 50 • Lemonade Award Ceremony – 30 • Christmas Party – 200 • Beauty Bus – 30 <p>Respiratory Therapy:</p> <ul style="list-style-type: none"> • Easy Breathers – 62 |
| 1.9 | Medical library services | Participant use of library services – 2,376 |
| 1.10 | Churches Without Walls events | <ul style="list-style-type: none"> • Reversing Diabetes, Obesity & Heart Disease Seminar on Feb 19-21, 2011 • “Let’s Move,” 12-wk fitness program, Sept. 25 – Dec. 1, 2011 |
| 1.11 | Family Practice Residency Program | <ul style="list-style-type: none"> • Number of residents – 24 • Clinic visits – 18,528 • GAMC maternity and inpatient visits – 1,768 |
| 1.12 | Educational programs for physicians and nurses | <p>GAMC’s Human Resources issued 697 student ID badges in 2011</p> <p>Chaplains’ Dept:</p> <ul style="list-style-type: none"> • Chaplain 10-Week Intern Program – 2 <p>Infection Prevention:</p> <ul style="list-style-type: none"> • Azusa Pacific University – 39 • Charles Drew University – 37 • College of the Canyons – 21 • Pasadena City College – 46 <p>Nursing Education:</p> <ul style="list-style-type: none"> • CAN CE Classes – 46 |

| | | |
|------|---|---|
| | | <p>Pediatric Therapy:</p> <ul style="list-style-type: none"> • PT/OT Students – 24 • St. Philips School, Pasadena – 4 <p>Radiology:</p> <ul style="list-style-type: none"> • Technology Program – 22 • Ultrasound Student Program – 5 • MRI Student Program – 3 • CT Students – 2 <p>Rehabilitation:</p> <ul style="list-style-type: none"> • OT college students – 23 <p>Wellness Center:</p> <ul style="list-style-type: none"> • PT college interns – 38 • Occidental College welcome student event – 100 |
| 1.13 | Volunteer programs for students | <ul style="list-style-type: none"> • High school students – 5,926 volunteer hours • College/tech students – 63,099 volunteer hours • Workforce development – 3,283 volunteer hours <p>See item #3.6</p> |
| 1.14 | Population health programs and TV shows | <ul style="list-style-type: none"> • Population Health Screenings – 383 • Weekly “Healthline” local cable TV show • <i>Healthy Families</i> Armenian cable television program |
| 1.15 | Tobacco Control Program | <p>Monterey Park/Alhambra area:</p> <ul style="list-style-type: none"> • Outreach meetings: 3 State Assembly members and 2 State Senators • Presentations at City Council Meetings – 12 • Presentations to commissions & boards – 10 • Meetings with Community Leaders – 62 • Public opinion surveys conducted – 896 • Local Smokefree Air Coalition meetings – 15 • Smokefree coalition members recruited – 58 • Letters of support – 9 Community organizations • Ecumenical community members support – 4 • LA County tobacco control policy meetings – 32 <p>Media:</p> <ul style="list-style-type: none"> • Newspaper interviews – 4 • Television – 3 • Press conference – 1 <p>Presentations to:</p> <ul style="list-style-type: none"> ▪ Alhambra Unified School District meeting – 40 attended, 26 petition signatures |

| | | |
|--|--|--|
| | | <ul style="list-style-type: none"> ▪ Youth Clubs: Monterey Park & Alhambra – 8 ▪ Rotary Club Presentations – 2 ▪ Care 1st Healthcare Comm. Leaders Conf. ▪ Langley & Joslyn Senior Centers ▪ San Gabriel H.S. Migrant Parent’s Group <p>Participated in community cultural events – 5</p> <p>Duarte:</p> <ul style="list-style-type: none"> • Community Advocacy Coalition – 36 adults and 25 youth; held 15 meetings • One-on-one outreach meetings – 65 • Duarte Youth Council presentations – 3 • 16 Community presentations – 560 attendees • Arts & Advocacy program – 11 workshops • Community event participation – 8 • State-wide webinars – 11 • Public opinion surveys – 800 • Resident petition signatures – 91 • Letters of support – 2 <p>Sacramento:</p> <ul style="list-style-type: none"> • Capital Information and Education Days event <p>Statewide participation:</p> <ul style="list-style-type: none"> • Regional Tobacco Control Forum • Coalition for a Tobacco-Free LA County – 4 • Center for Tobacco Policy and Organizing • City of Hope AIDS/HIV Summit • Pasadena Tobacco Prevention Coalition • Glendale Latino Association Awards Luncheon |
|--|--|--|

Measurable Objective 1 – Integrating Cardiovascular Services (more effectively into the health care arena/education)

GAMC identified the need to more effectively integrate education into cardiovascular services. As a leading arena of chronic disease, morbidity and mortality, cardiovascular health has been targeted with increasing education, prevention and early identification activities. Integrating these activities more effectively with cardiovascular services provides increased health benefits for the community.

In addition to the quarterly blood drive in partnership with American Red Cross, GAMC offered “Legs for Life,” a nationally sponsored screening for peripheral cardiovascular

disease including carotid arteries, renal arteries and legs that became a two-day event in 2011. These community events were supported by podcasts on the GAMC website, which also addressed cardiovascular warning signs, prevention activities, services and treatment options.

HV+I also hosted an on-campus “Heart Healthy Cooking Class & Presentation.” Participants enjoyed a healthy alternative holiday dinner as they watched a fresh food chef demonstrate. A cardiologist and cardio-thoracic surgeon spoke on basic heart anatomy and ways to stay heart healthy all year long.

Physician education was also offered through the annual Cardiac Symposium. Addressing stroke and cardiac symptoms, signs, indications and misconceptions, the Symposium integrated primary care physicians into the stream of awareness in this disease area.

Thanks to a successful application for a Los Angeles County initiative, GAMC is home to one of the region’s few stemi centers. Providing specialized services for specific heart attack types, the GAMC Stemi Center keeps dedicated physicians on call 24/7. In the case of uninsured patients and/or non-reimbursed care, GAMC contracts with the panel physicians and assures that even patients without insurance receive care. GAMC Stemi Center services are made possible through the integration of specialized technologies and health programs, and continue to be monitored for quality assurance.

The following measurable objectives were tracked for outcomes in 2011.

1.16 The GAMC Heart and Vascular Institute will integrate cardiac services more effectively into the health care arena and education.

Measures

| | | |
|--------|--|---|
| 1.16.1 | Blood drives | <ul style="list-style-type: none"> • A total of 201 units at 3 blood drives |
| 1.16.2 | Legs for Life event | <ul style="list-style-type: none"> • “C.A.R.E.” Screening – 162 |
| 1.16.3 | Stemi Center | <ul style="list-style-type: none"> • Maintained Accreditation |
| 1.16.4 | Cardiovascular-related podcasts | <ul style="list-style-type: none"> • Filmed at least 2 cardiovascular-related episodes of Healthline |
| 1.16.5 | Chest Pain Center Certification by the Society of Chest Pain Centers | <ul style="list-style-type: none"> • Obtained certification in March 2011 |
| 1.16.6 | Community Education Events | <ul style="list-style-type: none"> • Four YMCA Community lectures – 285 • State Compensation Ins. Fund Event – 200 • City of Glendale – 600 • Glendale YMCA 85th Anniversary – 160 • Glendale YMCA Family Fun Fest – 500 • Commerce Business Expo – 200 • Joslyn Retirement Center – 200 • Healthy Cooking Session – 100 |

Partners

- Society for Interventional Radiology
- American College of Cardiology
- Los Angeles County Department of Health
- Hospital and community physicians
- Verdugo Hills Hospital for cardiac rehab
- American Red Cross
- Society of Chest Pain Centers

Measurable Objective 2 – Stroke Education and Support

Stroke ranks as the nation's third leading cause of death. In America, about every 45 seconds, someone has a stroke and about every 3.1 minutes, someone dies of a stroke.

The Certified Advanced Primary Stroke Center at GAMC was established to meet this medical need of the community it serves. The Center was first certified in March of 2008 by the Joint Commission and is re-audited every 2 years. A Stroke Alert Team is available 24/7 and offers the latest modalities of treatment available. GAMC submits data for its stroke patients to the Joint Commission and the American Stroke Association (a division of the American Heart Association). In 2009, the GAMC Stroke Center received a Gold Plus Award from the American Heart Association for meeting the criteria set by the Get with the Guidelines program, which recognizes hospitals that implement evidence-based best practices for stroke care.

In addition, a key mission of the GAMC Neuroscience Institute was to reach out and educate the community regarding the risk factors, signs and symptoms of stroke and the preventative measures that can be taken in order to potentially reduce its occurrence. Described below are the community outreach initiatives that have been completed so far this year followed by initiatives-in-progress. The goal of the Institute is to continue to expand these activities as more and more community contacts and links are established.

In 2011, the Neuroscience Institute participated in several stroke community events. A total of 180 participants were screened for stroke risk in a two-day event held in October. A presentation on stroke awareness and prevention was held in September. At least 60 seniors from the community attended the event.

A Community Mobility Program was initiated for people who have had a stroke and are experiencing neurological deficits that may impair driving ability. Because the loss of driving ability is one of the most difficult losses stroke patients face, GAMC offers this service in order to evaluate patients from a clinical and an on-the-road perspective to determine driving ability. Some were evaluated as being able to drive immediately; some as needing special training, and others as having lost the dexterity to drive again. GAMC's Community Mobility Program is operated in partnership with the Department of Motor Vehicles.

A new free monthly stroke support group began in 2009 with donated hours of a licensed clinical social worker from GAMC Rehabilitation Services. The support group replaced the lecture series offered in 2008, which helped us identify a greater need for emotional support among stroke survivors. GAMC welcomed survivors from all local hospitals and has put in place an outreach initiative designed to encourage survivors to avail themselves of this resource. At least 15 to 20 stroke survivors attend this ongoing monthly meeting.

The annual Glendale Downtown Dash fundraiser hosted 1,250 in 2009 and 2010, and over 1,500 in 2011. Increased participation has been achieved due to enhanced marketing strategies, enthusiastic participation by Glendale city officials including the city attorney and the mayor, and by word of mouth dissemination. All of the proceeds raised from the Glendale Downtown Dash are reinvested in the community through speaking events, seminars and stroke education. In 2011, DASH funds raised were used to translate stroke education booklets into Armenian and Spanish.

The GAMC Neuroscience Institute offered free ongoing stroke awareness community presentations. These community events were supported by podcasts on the GAMC website, which also addressed warning signs, methods of prevention, services offered and treatment options for stroke.

The Neuroscience Institute at GAMC offered appropriate patients access to clinical trials. GAMC participated in nationwide multi-center clinical trials and is currently one of four hospitals chosen for participation in California in the SAMMPRIS (Stenting and Aggressive Medical Management for Preventing Recurrent Stroke in Intracranial Stenosis) trial. This activity is also an outreach tool thanks to press coverage received when each new clinical trial is opened. This is also true of press coverage for the Downtown Dash and its accompanying health fair.

The following measurable objectives were tracked for outcomes in 2011.

1.17 The GAMC Neuroscience Institute will offer stroke education and support to community members and stroke survivors.

Measures

| | | |
|--------|--|---|
| 1.17.1 | Community Mobility Program | <ul style="list-style-type: none"> • Participation – 10 patients, 3 – history of stroke |
| 1.17.2 | Stroke Support Group | <ul style="list-style-type: none"> • 180 annual attendance |
| 1.17.3 | Downtown Dash | <ul style="list-style-type: none"> • 1,500 participants |
| 1.17.4 | Stroke Awareness Community Presentations | <ul style="list-style-type: none"> • LA Convention Center stroke booth – 3,000 • Women’s Works Event – 200 • CARES Event screening – 180 |
| 1.17.5 | Stroke-Related Podcasts | <ul style="list-style-type: none"> • Stroke Health Tips • GAMC Healthline: Amazing Miracles |

Partners

- Department of Motor Vehicles
- Glendale Merchants Association

- Glendale News-Press
- Local membership organizations
- Clinical trial umbrella organization
- Participating physicians
- Verdugo Hills Hospital
- Glendale Memorial Medical Center
- American Heart/Stroke Association
- National Stroke Association

AREA OF FOCUS 2 Address Health Problems of the Poor and Other Vulnerable Populations

Challenges and Opportunities

Key challenges and opportunities identified in the community needs assessment are as follows:

- The population in GAMC's primary service area is ethnically and culturally diverse; significant numbers of Armenians, Hispanics and Asians live in the service area.
- Recent population increases (since amnesty was made available to illegal aliens in 1991) have included a predominately immigrant population with limited English language proficiency and cultural practices consistent with their homelands.
- In 2002, approximately 11.9% of residents in GAMC's primary service area were 65 years and older; in 2005, this population increased to 12.2% of the total population.
- Overall, 38.5% of the households in the GAMC service area have an annual income of under \$35,000.
- In 2005, 21.1% of the GAMC service area population was uninsured. In 2002, the percentage of uninsured persons age 0-64 ranged from 29% in Assembly District 43 (Glendale, Burbank, Los Feliz and Griffith Park) to 41% in Assembly District 45 (Atwater Village, Glassell Park, Highland Park, Lincoln Heights and Eagle Rock).
- Health needs of the homeless include dental, vision and medical care, getting prescriptions filled and mental health services.
- Other populations identified as vulnerable populations include low-income and impoverished residents, homeless individuals, mentally ill residents, immigrants (particularly Armenian, Hispanic and Korean), undocumented families, children and youth, and the uninsured.

Community Objectives

During the fiscal year, GAMC pursued the following community objective.

- Continued to develop effective hospital-initiated and collaborative strategies to respond to the needs of the area's poor and vulnerable populations.

GAMC monitored progress in achieving this objective by evaluating the effectiveness of related activities.

Activities

| | | |
|------|---|--|
| 2.1 | Glendale Healthy Kids | <ul style="list-style-type: none"> • Two newsletter mailings – \$2,799.72 • Gala sponsorship – \$5,000 • In kind medical services – \$3,782 • Kids Health Expo flier design – \$192 |
| 2.2 | ASSIST Care Program | <ul style="list-style-type: none"> • Medications – 160 discharged patients – \$7,561.33 and 1 other assistance – \$13.53 |
| 2.3 | Share Our Selves | <ul style="list-style-type: none"> • Food/Clothing – 146 people • Bread donations – 827 • Lunch program – 454 • Food bank – 341 |
| 2.4 | SOS Referrals / Support | <ul style="list-style-type: none"> • 12-step co-dependency meetings held monthly with 10-15 attending • Counseling – estimated 5 times a month – 60 • Parkinson's monthly support meetings – 135 • Parkinson's counseling – 15 |
| 2.5 | SOS Job Training | <ul style="list-style-type: none"> • Project Ayuda – 4 seniors, 10 hours a week • Title V – 2 seniors, 15 hours a week • Glendale Youth Alliance – 2 students, 320 hours annually |
| 2.6 | Medi-Cal and Medicare programs | <ul style="list-style-type: none"> • GAMC absorbed the un-reimbursed costs for services provided to Medicare and Medi-Cal patients |
| 2.7 | Transportation Services | <ul style="list-style-type: none"> • Transportation for 3,292 people – \$67,499.31 |
| 2.8 | Prostate Screening | <ul style="list-style-type: none"> • Prostate Screening – 73 |
| 2.9 | Health Education Classes | See item #1.6 |
| 2.10 | Armenian Outreach Programs | <ul style="list-style-type: none"> • Diabetes & Kidney Disease – 60 • Glendale Health Festival – 750 |
| 2.11 | Healthy Families TV Show | GAMC participated in producing and televising the weekly Armenian cable TV health promotion program, hosted by Dr. Hovik Sarrafian |
| 2.12 | Community Health Clinic Support | <ul style="list-style-type: none"> • Services provided for Glendale Community Free Clinic – 136 clients valued at \$171,714.94 • Family Practice Residency Program – 18,528 clinic visits |
| 2.13 | Children's Health Outreach Initiative (CHOI) | See items # 2.1.1 to 2.1.4 |
| 2.14 | Center to Increase Community Organization (CINCO) | <p>Office Assistance Program Classes:</p> <ul style="list-style-type: none"> • Spring semester – 25-35 students • Summer session – 20-25 students • Fall semester – 25-30 students • Internships/on-the-job training – 4 |

| | | |
|------|--------------------------------------|--|
| | | <ul style="list-style-type: none"> • Job placement – 3 • Field trips – 4 • Certificates issued: <ul style="list-style-type: none"> ○ Office Assistance Program – 18 ○ Computer operation 1 – 30 ○ Computer operation 2 – 28 ○ Keyboarding – 3 • Nine-week memory enhancement – 20 seniors |
| 2.15 | CARE Program – Medical Mgmt Services | See item #1.16.2 |
| 2.16 | TelepharmacyWest | <ul style="list-style-type: none"> • Three hospitals were registered in 2011: St. Helena Hospital Napa Valley, Simi Valley Hospital, and Howard Memorial Hospital • There are four hospitals already on the system • Provided coverage to about 400 patients daily |

Partners

- Glendale Adventist Medical Center
- Los Angeles Unified School District
- Share Ourselves Thrift Shop
- Local businesses

Measurable Objective 3 – Children’s Health Outreach Initiative to Enroll Low-income Families with Children into Subsidized Health Care Insurance Programs

The Glendale and Northeast Los Angeles communities contain sizeable Armenian and Hispanic populations (largely foreign-born) without culturally appropriate access to medical service. Within the Glendale Unified School District, over one-third of the children are uninsured and over 45% qualify for state or federal assistance. Foreign-born populations are at higher risk for health risks because of cultural, educational, financial and language barriers to insurance and medical care. Providing parents with application assistance for subsidized insurance will give children access to medical care.

2.1 The following recommended objectives were tracked for outcomes in 2011. GAMC increased enrollment, utilization and redetermination for children ages 0-5 years and 6-18 years in public health insurance programs as a contractor for the Children’s Health Outreach Initiative funded by First 5 L.A. and administered by the Los Angeles County Department of Health and Human Services. To do so, GAMC:

- Collaborated with agency partners in community coalitions with health consortium partners;
- Provided outreach to families with presentations, enrollment events and partner referrals;
- Confirmed enrollment for clients, both children and their families, and provide utilization and redetermination services through limited case management; and,

- Provided limited case management to connect clients to a medical home and to address good outcomes for family support, including good health, economic well-being, safety and survival, social and emotional well-being, and education and workforce readiness.

Measures

| | | |
|-------|---|---|
| 2.1.1 | Conducted outreach among target population | <ul style="list-style-type: none"> • Conducted outreach to a total of 5,716 families |
| 2.1.2 | Completed applications for Healthy Kids, Medi-Cal, Healthy Families, Kaiser Cares for Kids, Access for Infants & Mothers or CA Kids | <ul style="list-style-type: none"> • Successfully provided application assistance to 1,697 individuals |
| 2.1.3 | Retention rate for applicants | <ul style="list-style-type: none"> • Retention rate of 83.58% at 14 months for a sample of clients who submitted applications and were confirmed enrolled • Offered re-determination assistance to 100% of family members • 72.83% of the 1,583 were still enrolled 11-12 months after the enrollment date |
| 2.1.4 | Increased enrollment, utilization and re-determination for children ages 0-5 and 6-18 in public health insurance programs. | <ul style="list-style-type: none"> • Provided application assistance to 1,697 family members • 297 were children between the ages of 0-5 and 404 were between the ages of 6-18 |

Partners

- Glendale Adventist Medical Center
- Consortium of Safety Net Providers
- Glendale Healthier Community Coalition
- Local clinics
- Local businesses
- CBOs/FBOs providing social services to families and children

Measurable Objective 4 – Provide Wellness and Support for Patients Diagnosed with Cancer

For over 10 years, the GAMC Cancer Center has collaborated with community partners to provide wellness and support for patients diagnosed with cancer. These activities improve outcomes and reduce costs, which is particularly needed among vulnerable patients. Cancer patients in underserved communities and among vulnerable populations are likely to present at a later stage of cancer diagnosis.

In 2002-2003, a collaborative assessment identified vulnerable populations in the GAMC service area. GAMC worked with community partners to conduct a Community Health Care Delivery System Needs Assessment to assess strengths and needs among safety net providers. This was updated by information from the 2007 Community Needs

Assessment and is being further updated by the 2010 City of Glendale Quality of Life Indicators report. The assessment indicates that many Northeast Los Angeles and Glendale residents are vulnerable and have difficulty accessing health services. In the CSNP service area, the high poverty rate, mobility rate and the large immigrant uninsured population results in persons whose medical care is episodic, often on an emergency basis, and lacking continuity with health care providers. (Specific Glendale zip codes in the GAMC service area have been designated as a Medically Underserved Area. Northeast Los Angeles is a Federally Designated Underserved Area with over 30% of the population living below 100% of the federal poverty level, and over 44% of the residents living within 133% of the federal poverty level. It is also a Medically Underserved Area.)

The GAMC Cancer Center addressed community health status through free wellness and supportive services to improve health outcomes for cancer patients. This included patient visits, support groups and individual counseling as well as case-managed service referrals for psychosocial services that help patients to cope with their treatment regimen, including disability services. Other psychosocial supports included free supports and services through the Positive Image Center, including wigs, toiletries, seminars and massages. GAMC also offered free yoga and strength training classes to cancer patients. These services were supported through community fundraising, donations and the hospital's contributions of salaried staff and consultant time. GAMC also contributed some restricted funds for oncology nursing certification. Annual fundraising and awareness-raising events included Daffodil Days and the Relay running event.

GAMC offers low-cost prostate screenings twice each year including during Prostate Month (September), free skin screenings as needed (ongoing) as well as a large skin screening event every year with the City of Glendale. In 2011, GAMC:

- Provided cancer wellness and support services to patients through a multifaceted approach including mental health services, visitation, gifts, case managed referrals, self image services and products, exercise programs and awareness raising
- Increased the number of vulnerable patients receiving cancer wellness and support services through case managed service referrals

The following measurable objectives were tracked for outcomes in 2011.

2.2 GAMC Cancer Center provided cancer patients with wellness and support services for improved health outcomes and reduced health care costs.

Measures

| | | |
|-------|---|--|
| 2.2.1 | Focus on Healing | • 200 encounters |
| 2.2.2 | Positive Image Center | • 729 patients served |
| 2.2.3 | Cancer Fitness Program | • 1,809 visits |
| 2.2.4 | Cancer Nurse Navigator | • 233 encounters |
| 2.2.5 | National Accreditation Program for Breast Centers | • Dedicated Breast Surgeon to join Medical Staff in 2012 |

Partners

- Glendale Adventist Medical Center
- Glendale Historical Society
- Ingeborg Zerne Foundation
- American Cancer Society
- National Junior Charity League
- Los Angeles County Department of Health and Human Services

Measurable Objective 5 – Provide Web-Based Health Resource Education

Demand for online health information is increasing nationwide. Online avenues including websites, cloud applications, and social media have presented new ways to develop relationships with people to help them better manage their health.

According to a 2010 eMarketer study, 40% of online consumers turn to social media for health information. And, data shows that the average American watches 30 minutes of online video per day.

A trusted health education resource in the community, GAMC has developed additional online resources. In 2010, GAMC began filming a weekly series of short videos focusing on community health and patient-centered medical care. The videos are then individually podcast on the GAMC website. These podcasts are archived and remain available as health education resources in perpetuity.

The GAMC website also offers A.D.A.M. health encyclopedia information (like WebMD). The software was purchased and integrated with the website, so that when a website visitor researches heart conditions, for example, the website pulls up related A.D.A.M. topics in addition to GAMC site content. The site also pulls up physicians to facilitate referrals and to find the resources needed to address the condition.

The acquisition of a channel manager for the GAMC website helps to integrate encyclopedia information with health resources and vice versa, and also helps visitors access related information.

GAMC's quarterly community newsletter, HQ, is available by .pdf on the website. This means that in addition to the 150,000 circulation of the newsletter, this content is now available online in perpetuity as an archived health education resource. Content includes health and wellness articles addressing a wide variety of health issues relevant to our service area, such as heart health, oncology, warning signs and rehab for strokes, etc.

The following measurable objectives were tracked for outcomes in 2011.

2.3 The GAMC Marketing Department provided web-based multimedia resources for local and global health education.

Measures

| | | |
|-------|------------------------------|---|
| 2.3.1 | Weekly cable TV show | <ul style="list-style-type: none"> • 451,945 views online |
| 2.3.2 | A.D.A.M. health encyclopedia | <ul style="list-style-type: none"> • 271,920 views |
| 2.3.3 | HQ Newsletter access | <ul style="list-style-type: none"> • 2,401 newsletters |
| 2.3.4 | Health education web pages | <ul style="list-style-type: none"> • Pages under the health education tab, visits include – 24,284 |

Partners

- MedSeek
- Charter 280 TV channel
- Participating guest physicians on TV show
- Coffey Communications

AREA OF FOCUS 3 Contain Community Health Care Costs

Challenges and Opportunities

The following challenge and opportunity was identified in the community needs assessment.

- As a leader in providing health care services in the community, GAMC faces the ongoing challenge of continuing to provide health care services despite decreased funds and limited health insurance coverage from public and private sectors.

Community Objective

During fiscal year 2011, GAMC pursued the following objective.

- To continue to develop strategies and services to reduce costs of health care services in the community.

GAMC monitored the progress in achieving this objective by evaluating the effectiveness of related activities.

Activities

| | | |
|-----|--|---|
| 3.1 | Provide health care services in response to community needs and utilization patterns | GAMC collaborated with Glendale Memorial and Verdugo Hills Hospitals to conduct a community needs assessment that included input from key community leaders. This input is used to guide and advise program development, such as services to address CVD, stroke, diabetes, and services to vulnerable populations. |
| 3.2 | Develop inpatient, outpatient and home care programs | GAMC opened a new hospital wing that provides a surgical intensive care unit, coronary intensive care unit and a neuro critical care unit |

| | | |
|-----|---|--|
| | | Developed plans to include telemonitoring for home care patients. GAMC also provided outpatient services to 58,248 people |
| 3.3 | Offer family practice clinical services | See item #1.11 GAMC is collaborating with the Adventist Health/Southern California Network to coordinate primary care services in the community |
| 3.4 | Consolidate and/or share services | GAMC has consolidated many laboratory services in cooperation with White Memorial Medical Center and Simi Valley Hospital |
| 3.5 | Train and support quality improvement teams | <ul style="list-style-type: none"> • The Sepsis PI Team Mortality Rate – 2nd Qtr 2011 – 14% lower then 4th Qtr 2009 – 27% • Transfusion and Adverse Outcomes – Approximate 30% reduction in units transfused per 1,000 acute patient days. • CMA notification of Five Quality Awards – <ul style="list-style-type: none"> • Attainment in the clinical area of HF • Top Improvement in the clinical area of HF • Attainment in the clinical area of PN • Attainment in the clinical area of SCIP • Top Improvement in the clinical area of SCIP • The following Hospital Acquired Conditions measures for GAMC had zero occurrences: <ul style="list-style-type: none"> • Foreign object retained after surgery • Air embolism • Blood incompatibility • Catheter-associated urinary tract infection • Manifestations of poor glycemic control |
| 3.6 | Volunteer programs and activities | <ul style="list-style-type: none"> • Adult volunteers – 35,623 volunteer hours • Adults w/disabilities – 3,231 volunteer hours • Total adult and student volunteer hours – 111,162 See item #1.13 |

Economic Value of Community Benefits

The economic value of quantifiable activities in which GAMC engaged in fiscal year 2011 to achieve its GAMC Community Benefits Plan 2011 objectives is included in the Community Benefit Summary. In addition, the hospital continued to provide the following non-quantifiable benefits, a category specifically identified in the State of California Community Benefit Law SB 697 (1994) for not-for-profit hospitals.

Additionally, in fiscal year 2011:

- GAMC, as one of the largest employers in the City of Glendale, recruited, trained and hired community residents of the larger Glendale-Burbank-Pasadena region.
- GAMC contributed to the economic life of the region by purchasing goods and services locally whenever possible.
- GAMC actively advocated for individual and community health needs to be identified and addressed by city, county and state government officials and other community leaders.
- GAMC continued to collaborate with health care education and training programs to assure the availability of well-trained and compassionate care givers for the future.

Facility

System-wide Corporate Policy

Standard Policy

Model Policy

Policy No.

AD-04-002-S

Page

1 of 1

Department:

Administrative Services

Category/Section:

Planning

Manual:

Policy/Procedure Manual

POLICY: COMMUNITY BENEFIT COORDINATION

POLICY SUMMARY/INTENT:

The following community benefit coordination plan was approved by the Adventist Health Corporate President's Council on November 1, 1996, to clarify community benefit management roles, to standardize planning and reporting procedures, and to assure the effective coordination of community benefit planning and reporting in Adventist Health hospitals.

POLICY: COMPLIANCE – KEY ELEMENTS

1. The Adventist Health *OSHPD Community Benefit Planning & Reporting Guidelines* will be the standard for community needs assessment and community benefit plans in all Adventist Health hospitals.
2. Adventist Health hospitals in California will comply with OSHPD requirements in their community benefit planning and reporting. Other Adventist Health hospitals will provide the same data by engaging in the process identified in the Adventist Health *OSHPD Community Benefit Planning & Reporting Guidelines*.
3. **The Adventist Health Government Relations Department will monitor hospital progress on community needs assessment, community benefit plan development, and community benefit reporting. Helpful information (such as schedule deadlines) will be communicated to the hospitals' community benefit managers, with copies of such materials sent to hospital CFOs to ensure effective communication. In addition, specific communications will occur with individual hospitals as required.**
4. **The Adventist Health Budget & Reimbursement Department will monitor community benefit data gathering and reporting in Adventist Health hospitals.**
5. **California Adventist Health hospitals' finalized community benefit reports will be consolidated and sent to OSHPD by the Government Relations Department.**
6. **The corporate office will be a resource to provide needed help to the hospitals in meeting both the corporate and California OSHPD requirements relating to community benefit planning and reporting.**

AUTHOR: Administration

APPROVED: AH Board, SLT

EFFECTIVE DATE: 6-12-95

DISTRIBUTION: AHEC, CFOs, PCEs, Hospital VPs, Corporate AVPs and Directors

REVISION: 3-27-01, 2-21-08

REVIEWED: 9-6-01; 7-8-03

**Glendale Adventist Medical Center
Community Benefit Summary
December 31, 2011**

| | CASELOAD | | | | TOTAL COMMUNITY BENEFIT COSTS | | DIRECT CB REIMBURSEMENT | UNSPONSORED COMMUNITY BENEFIT COSTS | |
|--|--------------------|----------------|------------------|-------------------|-------------------------------|------------------|-------------------------|-------------------------------------|------------------|
| | NUMBER OF PROGRAMS | PERSONS SERVED | UNITS OF SERVICE | | TOTAL CB EXPENSE | % OF TOTAL COSTS | OFFSETTING REVENUE | NET CB EXPENSE | % OF TOTAL COSTS |
| | | | NUMBER | MEASURE | | | | | |
| *BENEFITS FOR THE POOR | | | | | | | | | |
| Traditional charity care | 1 | | 2,246 / 8,774 | Pt. Days / Visits | 10,293,380 | 2.89% | 0 | 10,293,380 | 2.89% |
| Public programs - Medicaid | 1 | | 27,615 / 36,290 | Pt. Days / Visits | 82,101,242 | 23.04% | 80,444,376 | 1,656,866 | 0.46% |
| Other means-tested government programs | | | | | | 0.00% | | - | 0.00% |
| Community health improvement services | | | | | - | 0.00% | - | - | 0.00% |
| ***Non-billed and subsidized health services | | | | | - | 0.00% | - | - | 0.00% |
| Cash and in-kind contributions for community benefit | 6 | 3,509 | 3,509 | | 271,831 | 0.08% | - | 271,831 | 0.08% |
| Community building activities | | | | | - | 0.00% | - | - | 0.00% |
| TOTAL BENEFITS FOR THE POOR | | | | | 92,666,453 | 26.01% | 80,444,377 | 12,222,077 | 3.43% |
| **BENEFITS FOR THE BROADER COMMUNITY | | | | | | | | | |
| Medicare | 1 | | / | Pt. Days / Visits | 168,759,569 | 47.36% | 162,209,500 | 6,550,070 | 1.84% |
| Community health improvement services | 255 | 754,783 | 771,555 | | 1,713,668 | 0.48% | - | 1,713,668 | 0.48% |
| Health professions education | 106 | 1,116 | 70,881 | | 5,839,854 | 1.64% | 1,884,822 | 3,955,032 | 1.11% |
| ***Non-billed and subsidized health services | | | | | - | 0.00% | - | - | 0.00% |
| Generalizable Research | | | | | - | 0.00% | - | - | 0.00% |
| Cash and in-kind contributions for community benefit | 8 | | | | 1,371,088 | 0.38% | - | 1,371,088 | 0.38% |
| Community building activities | | | | | - | 0.00% | - | - | 0.00% |
| All other community benefits | | | | | - | 0.00% | - | - | 0.00% |
| TOTAL BENEFITS FOR THE BROADER COMMUNITY | | | | | 177,684,180 | 49.87% | 164,094,322 | 13,589,858 | 3.81% |
| TOTAL COMMUNITY BENEFIT | | | | | 270,350,633 | 75.87% | 244,538,698 | 25,811,935 | 7.24% |

*Persons living in poverty per hospital's charity eligibility guidelines

**Community at large - available to anyone

***AKA low or negative margin services