

*Glendale Adventist
Medical Center*



Community Benefits Report

**Glendale Adventist Medical Center
2012**

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Preface

The purpose of the Glendale Adventist Medical Center's Community Benefits Report 2012 is to present the activities and outcomes in which the hospital engaged during 2012 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 2012 includes each of the elements listed above. The community benefits activities and expected outcomes in which the hospital engaged in 2012 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 2012, 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 2012.

Community Benefits Implementation

The GAMC Community Benefits Plan 2012 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 2012 included a list of challenges and opportunities, objectives and a description of activities that address identified community needs. In 2012, 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 2012 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 2012 is data-driven, participatory in terms of development and approval, and results/outcomes oriented.

Community Benefits Budget for 2012

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 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. 35.2% - White, 1.7% - Black, 16.4% - Asian/ Pacific Islander, 39% - Hispanic, 7.7% are of other races.
- 46.4% - 119,916 over 18 are foreign born, a quarter, 63,835 are not U.S. citizens.
- Age distribution: 26.9% - 91,470, 0-20 years, 60% - 204,357 are 21–64 years, 13.2% - 44,785 are over 65.
- Adults over 25: 22% - less than a high school education, 20.6% - high school graduates, 17.9% - some college or trade school education, and 27% - have a college or post-graduate degree.
- 114,880 households average size: 2.4 persons in Montrose, CA 91020 to 3.3 persons in Highland Park, CA 90042 and Glassell Park, CA 90065.
- Household income: 34% - under \$35,000, 33% - \$35,000-\$74,999, 33% - \$75,000 +
- Children (62.6%) under 18: living in homes with income levels less than 200% of the Federal Poverty Level. Adults over age 18: 28.4%.
- 90,360 persons - 27% covered by Medi-Cal.
- 6,269 children covered by Healthy Families: 7.6% of children under age 19.

- 39,635 adults covered by MediCare: 11.7% of the population over age 18.
- 16.2% are uninsured, more than the uninsured rates for Los Angeles County in 2007, 4.0%: children were uninsured, a decrease of 58.8% from 2002.
- 44% of students receive free/reduced fee meals in Glendale Unified School District.
- The most vulnerable parts of the service area are Eagle Rock and Highland Park.
- Highland Park, CA 90042: 29% of adults - no high school diploma or GED. Eagle Rock, CA 90041: 6% over 25 - no equivalent of a high school diploma. Glassell Park, CA 90065 and Glendale, CA 91205: at risk - 21%, 14% not attaining a high school diploma.
- Other vulnerable populations: 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 majority of deaths: 77.3% - seniors 65 and older.
- Leading causes of mortality in 2002:
 - Heart Disease – 28.4% - age-adjusted death rate is 150 per 100,000.
 - Cancer – 23.8% - age-adjusted death rate is 131.6 per 100,000. Lung cancer had a greater age-adjusted death rate 24.3 per 100,000 than other cancer.
 - Stroke – 5.4% - age-adjusted death rate is 28.9 per 100,000.
- The GAMC service area met the Healthy People 2010 national objectives:
 - 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:
 - Suicide
 - Homicide
 - Chronic Liver Disease and Cirrhosis
- Adult women able to bear children doubled since 2007. 2007: 20% of the total population 71,504 - women of childbearing age 15-44. In 2010: 42% = 142,690.
- Fewer births: 3,750 in 2009 compared to 4,200 live births in the service area in 2006. 1.1% of the total population - infants under one.
- In 2009: 1,795 births - 54.7% - births funded by Medi-Cal.
- Births to mothers under 20: Down by 0.1% - 264 in 2005. 6.0% - 226 in 2009.

- Births with late/no prenatal care: Up by 144% from 0.9% - 35 in 2005 to 2.2% - 82 births in 2009.
- In 2009: 1.3% of births - 49 were very low birth weight, weighing less than 3 lbs., 5 oz.
- In 2002: Infant mortality rate - 7.0 deaths per 1,000 compared with 5.5 deaths per 1,000 live births in LA County. 2004: Infant mortality rate - 4.3 deaths per 1,000 live births. 2008: Infant mortality rate - 3.9 infant deaths per 1,000.
- In 2007: 91.1% of mothers breastfed their infants shortly after birth, 61.4% breastfed for 6 months, and 37.7% breastfed for 1 year.
- The GAMC service area met the Healthy People 2010 national objectives for:
 - Late or no prenatal care
 - Early postpartum breastfeeding
 - Breastfeeding at six months
 - Breastfeeding at one year
 - Infant mortality
- The GAMC service area did not meet the Healthy People 2010 national objectives:
 - 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, CA 90042
 - Glassell Park, CA 90065
 - Glendale, CA 91205
 - Eagle Rock, CA 90041
 - Montrose, CA 91020
- 28% of the total population: 95,346 are children and youth 0 to 20.

Health Status

- In 2009-2010 school year: Percentage of children ages two to four years in pre-school with up-to-date immunizations - 93.4% and 94.7% for all vaccines.
- Substantiated child abuse allegations, in rank order: General neglect, emotional abuse, at-risk sibling abuse, and physical abuse.
- In 2004 to 2006: Age-adjusted rate of total reported child abuse referrals decreased by 1.1% from 31.06 per 1,000 in 2004 to 30.71 in 2006. Reported child abuse referrals: Decreased by 9.4% from 35 per 1,000 in 2008 to 31.7 in 2009.
- In 2002: 7.9% - 6,464 of children experienced asthma within the year. 2005: Increased to 6,696 - 8.2%. 2007: Increased to 7,921 - 9.7%, - up 22.8% since 2002.

Health Behaviors

- Physical activity: More than 1/4 of children - 27.7%, were physically active for at least 1 hour a day for 5 days during a week. 8,961 children - 15% were not and 1/2 - 57.4% were physically active. The US Department of Health and Human Services recommends 1 hour or more of moderate to vigorous physical activity a day. Close to 3/4 - 72.4% do not meet the HHS guidelines.
- In 2007: 17,067 - 20.9% children 6 months to 17 watched television/videos for 3 or more hours per day.
- In 2005: 25,805 -19.6% children ate fast food during the previous day, 44.1% more than in 2002. 2007: 28,564 - 40.4% ate fast food at least once per week.

Access to Health Care

- 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.
- In 2007: 4.0% of children were uninsured, a decrease of 58.8% from 2002.
- 4.3% - 11,677 children reported difficulty accessing health care, this is 25.4% more than in 2005 -11.4% and 2.7% less than LA County - 14.7%.
- In 2007: 3/4 stated that they could not afford medical care and/or they did not know where to go/who to call to access health care for their children. 2010: 1/2 stated that they could not afford medical care and/or had difficulty getting a prompt appointment. 45% did not know where to go.
- 6.4% - 5,226 of children did not have a regular source of health care.
- 6.2% - 5,063 were unable to schedule a doctor's appointment for children for an illness/health problem because of financial constraints, a decrease of 36.1% - 2005.
- 60% - 202,868 are adults 21 to 64 years of age.
- In 2009: 1,633 hospitalizations for Ambulatory Care Sensitive (ACS) conditions among adults age 20-64. Top ACS conditions for hospitalization, in ranked order, were: cellulitis, bacterial pneumonia, congestive heart failure, chronic obstructive pulmonary disease, kidney/urinary infections, and diabetes.
- Adults over 18 diagnosed with chronic diseases:
 - Diabetes: 7.5% -- 19.1% greater than 2005
 - The GAMC Service area did not meet the Healthy People 2010 national objective for diabetes.
 - 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: Individuals with heart disease was 115.4% greater than in 2002.
- Hypercholesterolemia: 28.1%
- Asthma: 9.7%
 - Children/asthma: Up 22.8% since 2002. 2007: 9.7%, 2005: 7.8% & 2002: 4.8%
- Depression: 20.7%
 - Doubled between 2002 -8.9% and 2007 -20.7%. 53,497 adults diagnosed with a depressive disorder and 5.4% - 13,956, are at risk.
- From 2001 to 2009: Domestic violence calls reported to the Glendale PD decreased 46.6% - 610 in 2001 to 326 in 2009.
- Adults over 18 - behaviors which affect health outcomes:
 - 62.2% - overweight/obese. 11,387 - 43.1% overweight, up 24.2% since 2002. 19.1% - obese, 49,362 up 21.7% since 2002. 20.1% - overweight, higher than LA County
 - Sedentary: 38.6%
 - Daily consumption of five fruits and vegetables: 16.1%
 - Smoke cigarettes: 24,035 - 9.3% in 2007, 39.2% less than in 2002, 35% less than in LA 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%
- 35,049 -16.2% of adults 18-64 are uninsured.
- 48,845 -18.9% of adults did not have a regular source of health care.
- 48,845 - 18.9% had difficulty accessing health care, down from 26.1% - 2005.
- Adults unable to attain services because of financial constraints:
 - Physician visit: 14% - 36,181
 - Dental appointment: 18.6% - 48,070
 - Prescription medication: 25,585 - reduced by 45.6% since 2002
 - Mental health care: 24,293 - increased by 88% since 2005
- The GAMC service area met the Healthy People 2010 national objectives:
 - Adults diagnosed with diabetes had a minimum of one HbA1c test
 - Percentage who visited the dentist within the past year
 - Adults who smoke cigarettes
- The GAMC service area did not meet the Healthy People 2010 national objectives:
 - 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 areas are 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
- 13.1% - 44,785 are seniors 65 and older.
- In 2007: 77.2% -1,586 deaths - seniors 65 and older. Leading causes of death:
 - Heart disease: 36.1%
 - Cancer: 21.6%
 - Pneumonia and influenza: 6.6%
 - Cerebrovascular Disease/Stroke: 6.1%
 - Chronic Lower Respiratory Disease: 5.5%
 - Alzheimer's Disease: 5.4%
 - Diabetes: 4.4%
- In 2006: 2,689 hospitalizations for ACS conditions among seniors 65 years and older. The top ACS conditions:
 - Congestive Heart Failure: 27.5%
 - Bacterial pneumonia: 17.5%
 - Chronic Obstructive Pulmonary Disease: 15.8%
 - Kidney/urinary infections: 10.8%

- Seniors participated in preventive care:
 - Test Mammogram: 49,423 - 88.8% within the past 2 years, 22.3% more than in 2005.
 - Influenza vaccination: 75.3%, 25.3% higher than in 2002
 - Pneumococcal vaccination: 57.9%, 13.7% higher than in 2005
- Insurance status of seniors:
 - Private insurance and Medicare: 32.9% - 2005, 1/4 less than 43.7% in 2002
 - Medi-Cal and Medicare: 28.8%
- The GAMC service area met the Healthy People 2010 national objectives:
 - Women over 50 having mammograms
- The GAMC service area did not meet the Healthy People 2010 national objectives:
 - Seniors having an influenza vaccination
 - Seniors having an pneumococcal vaccination
- Based on criteria and focus groups, the following are areas of need:
 - Chronic disease management
 - Cardiovascular disease
 - Respiratory disease
 - Diabetes
- Reduction of risk factors:
 - 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, 2012

Objectives, Activities and Outcomes

The Glendale Adventist Medical Center Community Benefits Report 2012 has been developed in response to findings first presented in the 1995 Glendale Community Needs Assessment, then reassessed every three years as well as county, regional and demographic data and health status indicators; a review of the hospital's mission (see Exhibit 1); 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 appear in the 2007 needs assessment and the specific measurable objectives being implemented in 2012.

In this report a 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 community 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% - Hispanic, 36.1% - White (including the largest Armenian population in the world outside Armenia), 16.6% - Asian/Pacific, 1.7% - Black and 6.6% - other races.
 - 46% of residents are foreign-born.
 - Over 38% of the households have an annual income of under \$35,000. The majority of children (52.7%) under 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) are children and youth 0 to 20 years of age.
 - Nearly a third of area residents over age 25 have less than a high school education.
 - There are 75,207 persons covered by Medi-Cal (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). 7.2% of children are uninsured, down from 9.7% in 2002.
 - 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 is 8.2% less than in Los Angeles County. 73.6% indicated they would like to quit smoking.
 - 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. 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 experienced asthma within the previous year, a 3% increase since 2002. 25,805 (19.6%) children were reported to have consumed fast food during the previous day, which was 44.1% more than in 2002.
 - Teen parenting: In 2006, 255 births (6.1% of total births) were to mothers under 20.
 - From 2001 to 2005, the number of domestic violence calls reported to the Glendale police has decreased 31.2% from a high of 610 in 2001 to 420 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 5 years, the number of total births with late or no prenatal care has decreased by 27.6% from 315 (7.4% of total births) with 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 cellulites, 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, cellulites and gastroenteritis.

Community Objectives

During the fiscal year 2010-11 GAMC pursued the following community objectives:

- 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.	<p>Glendale Healthier Community Coalition:</p> <ul style="list-style-type: none"> • Care Transitions Task Force meetings – 4 • Executive committee meetings – 4 • General coalition meetings – 3 • May 16, 2012 meeting with over 80 community leaders to kick off the PCHT initiative • May 16, 2012 strategic planning meeting with Glendale community agencies <p>Healthcare Foundation participated in:</p> <ul style="list-style-type: none"> • Soroptimist meetings – 140 attending • Soroptimist communittee meetings – 60 • Soroptimsit events – 350 • Rotary meetings – 120 • YWCA board meetings – 100
1.2	Paramedic base station	<ul style="list-style-type: none"> • Field care audits – 46 • Lectures – 31 • Glendale Fire Department lectures – 228 • Ride along/Other CE – 16 • Fire fighter prep – 14
1.3	Community health fairs and clinics: offering free flu shots, health screenings and educational services.	<p>Ambulatory Surgery Center:</p> <ul style="list-style-type: none"> • Diabetes lecture/panel – 70 • City of Glendale Expo – 400 • Heart & Vascular Event – 30 • Curves Health Week – 30 • PPG Aerospace Health – 350 • Quest – 500 • Strategic Partners – 140 • Avon Walk for Breast Cancer – 1,000 • Sierra Madre Health Expo – 150 • Parson’s Health Fair – 700 • Dine Equity Health Fair – 250 • Langham Huntington Expo – 300 • Live Well Senior Program Events- 500 • REM Eyewear – 150 <p>Cancer Services:</p> <ul style="list-style-type: none"> • Skin Cancer Education – 42 • Prostate screening – 72 • Beauty Bus – 35 • Army of Pink Reception – 60 • Rose Court Visit – 25

		<ul style="list-style-type: none"> • Patient Christmas Party – 100 <p>Cardiology Services:</p> <ul style="list-style-type: none"> • Two Heart Health Events – 400 • REM Eyewear - 200 <p>Community Services:</p> <ul style="list-style-type: none"> • Population health screening – 161 <p>Emergency Dept:</p> <ul style="list-style-type: none"> • Sidewalk CPR, Glendale Galleria – 130 <p>Infection Prevention:</p> <ul style="list-style-type: none"> • Glen-Park West Retirement – 22 • Tomas Edison Elementary School –11 <p>Occupational Medicine:</p> <ul style="list-style-type: none"> • PPG Health Fair – 600 • City of Glendale – 300 • REM Eyewear Health Fair – 100 • Quest Health Fair – 600 • Huntsman Health Fair – 100 • Dine Equity Health Fair – 100 • Business Showcase – 75 • Parsons Health Fair – 90 • Rock Tenn – 20 <p>Pediatric Therapy:</p> <ul style="list-style-type: none"> • Glendale Healthy Kids Health Fair – 25 • Eagle Rock Comm Children – 22 • Autism Walk, Screenings – 45 <p>Spine Institute:</p> <ul style="list-style-type: none"> • City of Glendale Health Expo – 80 • Curves Health Fair – 6 <p>Therapy & Wellness Center</p> <ul style="list-style-type: none"> • Diabetes Lecture – 30 • The Valley Business Expo – 100 • San Gabriel Health Fair – 40 • Driving/Car Fit Lecture – 20 <p>Women & Children Services</p> <ul style="list-style-type: none"> • Infant Safety & CPR – 36
1.4	Health Ministries parish nurse program	<ul style="list-style-type: none"> • Six monthly meetings – 28
1.5	Physician referral and hospital information services	Referral Services handled 11,863 calls
1.6	Community health education classes	<p>Community offered at GAMC included:</p> <p>Nursing Education Dept:</p> <ul style="list-style-type: none"> • On Day Lamaze – 30 • Baby Care Basics – 19

		<ul style="list-style-type: none"> • Breastfeeding – 25 • Diabetes Support Group – 48 • Diabetes Healthy Steps – 59 • Healthsaver CPR/First Aid – 27 • Independent Pool Exercise – 430 • Senior Exercise – 18 • Basic EKG – 6 • Freedom from Smoking – 17 <p>Beyond Loss Bereavement Ministry:</p> <ul style="list-style-type: none"> • 5 Bereavement Training Classes – 106 <p>Cardiology Services:</p> <ul style="list-style-type: none"> • Conference on Aging – 1,000 • CARE Symposium – 160 <p>Live Well Senior Program:</p> <ul style="list-style-type: none"> • Identity Theft & Fraud, 2 classes – 195 • Heart Attacks & Chest Pain – 175 • Nutrition & Colon Cancer – 165 • Aging Gracefully – 125 • Bone & Joint Health – 175 • Single Incision Laparoscopic Surgery – 175 • Memory Loss & Alzheimer's – 200 • Your Outlook, Environment & Attitude – 100 • Medicare Supplemental Insurance – 150 • Foot & Ankle Care – 150 • Concerts in the Park – 250 • Longevity & Wellness – 65 • Sleep Better As You Age – 200 • Open House at Scholl Canyon Estates – 75 • Live Well Writing Class – 15 • Senior Clean Air Fair – 25 • CARE Screen – 200 • Flu Shot Clinic – 275 • Evidence Based Program & Aging – 75 • The Great Shake-Out Disaster Planning – 150 • Stroke Education, Take 5, 3 classes – 45 • Prevent Colds & Flu this Season – 150 • Pharmacy Consultations, 3 times – 65 • Pharmacy Speaker at ARC – 20 • Joslyn Senior Center, Burbank – 250 • Medicare Part D update – 75 • Foot Clinic at Scholl Canyon Estates – 95 • Glendale Health Festival – 1,200 • Cordon Bleu – 75 • Screens at Solheim Lutheran Rest Home – 50
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		<ul style="list-style-type: none"> • Orthopedic: Hip & Knees – 175 • Arthritis Screening/Jingle Run – 250 • Holiday Celebration – 300
1.7	Safety Net Providers – Care Transitions	See item #2.11
1.8	Community support groups	<p>Beyond Loss Bereavement Ministry:</p> <ul style="list-style-type: none"> • 6 weekly grief support groups –172 people with total attendance of 2,089 • Condolence Letters sent – 477 • Beyond Loss Newsletter – 125 bimonthly • Holiday Gathering of Remembrance – 110 • Visualization/Guided Imagery – 16 • Individual grief sessions – 579 • 1st time grief sessions – 26 <p>Chaplains' Dept:</p> <ul style="list-style-type: none"> • Support groups – 110 • Glendale Adventist Alcohol/Drug Svcs – 52 mtgs • Counseling – 267 • Glendale Religious Leaders Assoc. – 9 meetings <p>Cancer Services:</p> <ul style="list-style-type: none"> • Daffodil Days – 250 • Cancer Survivors Day – 225 • Bras for a Cause – 10 • Quality Award Breakfast – 35 <p>Neuroscience-Orthopedics:</p> <ul style="list-style-type: none"> • Stroke support groups - 180
1.9	Medical library services	<ul style="list-style-type: none"> • Participant use of library services – 2,388
1.10	Churches Without Walls coalition	<ul style="list-style-type: none"> • Churches Without Walls (CWW) coordinates GAMC health initiatives with the pastors of five local churches in their quest to develop community outreach activities that involve church members in serving the community. • Activities include developing health programs, enhancing communication across institutions, as well as recruiting and training outreach volunteers. • The CWW leadership team conduct planning meetings monthly.
1.11	Family practice residency program	<ul style="list-style-type: none"> • Number of Residents – 24 • Clinic visits – 16,896 • GAMC maternity & inpatient visits – 4,246
1.12	Educational programs and training for physicians, nurses and support staff	<p>GAMC Human Resources issued 499 student ID badges in 2012.</p> <p>Chaplains' Dept:</p> <ul style="list-style-type: none"> • Ten week internship program – 3 students

		<p>Beyond Loss Bereavement Ministry:</p> <ul style="list-style-type: none"> • Presentations/classes – 12 <p>Emergency Dept./Pre-hospital:</p> <ul style="list-style-type: none"> • Glendale Fire Dept. lectures – 228 • Rides/Other continuing education – 16 • Lectures – 31 • Firefighters preparation – 14 <p>Case Management:</p> <ul style="list-style-type: none"> • RN students – 2 • Student buddy program – 1 <p>Infection Prevention:</p> <ul style="list-style-type: none"> • Six colleges/universities – 279 students <p>Neonatal Intensive Care:</p> <ul style="list-style-type: none"> • GCC Development Psych Class – 32 <p>Nursing Education:</p> <ul style="list-style-type: none"> • CNA Continuing Education Classes – 53 • CNA Continuing Education Classes – 42 • Monitor Tech Classes – 8 <p>Pediatric Therapy:</p> <ul style="list-style-type: none"> • PT/OT/SLP and speech students – 27 <p>Physical Medicine & Rehab:</p> <ul style="list-style-type: none"> • Ten colleges/universities – 30 students for OT <p>Radiology Dept.:</p> <ul style="list-style-type: none"> • Radiology tech students – 19 • MRI students – 3 • Ultrasound student program – 2 <p>Rehab/in patient:</p> <ul style="list-style-type: none"> • PT/OT speech students – 9 <p>Therapy & Wellness Center:</p> <ul style="list-style-type: none"> • Intern program – 43
1.13	Volunteer programs for students	<ul style="list-style-type: none"> • High school students – 5,061 volunteer hours • College Tech Schools – 73,511 volunteer hours • Workforce Development – 4,197 volunteer hours <p>See also #3.5</p>
1.14	Population health programs	<ul style="list-style-type: none"> • Health screenings – 161

1.15	Tobacco Control Program	Monterey Park/Alhambra/Duarte Areas: <ul style="list-style-type: none"> • Outreach meetings with legislators – 11 • Presentations at City Council meetings – 11 • Presentations at commission meetings – 17 • Meetings with community leaders – 67 • Public Opinion Surveys conducted – 700 • Local smoke-free air coalition meetings – 16 • Key informant interviews conducted – 9 • Tele-seminars participated in – 13 • LA County tobacco control policy trainings & meetings – 25 • Local events participated in – 15 • Presentations to groups & organizations – 22 • Interviews – 2 • Op Eds – 2 • Ads – 1
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Measurable Objective 1 – Integrating Cardiovascular Services (more effectively into the health care arena/education)

GAMC has 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.

The Heart and Vascular team conducted four educational series on and off campus that offered free screenings to those in attendance. One or more physicians presenting various heart disease conditions and health related topics hosted each event. Screenings included cholesterol, blood pressure, and body mass Index. New features included presentations in Spanish and Korean.

Off-site events were offered in participation with the local YMCA. The newly revised “LEGS FOR LIFE” event was redesigned and is now called “C.A.R.E,” Cardiac Arterial Risk Evaluation. Intensive tests offered include: Abdominal aortic aneurysm, carotid ultrasound, ankle brachial index, and also newly added cholesterol, CRP blood test, BP, and BMI. A cardiac consult was available in Spanish and Armenian. This became a two-day event in 2011 and continued as such in 2012.

This will be the second year the Heart and Vascular Institute hosted an on-campus “Heart Healthy Cooking Class & Presentation.” It was well-received and well-attended. 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.

Thanks to a successful application for a Los Angeles County initiative, GAMC is now 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 2012:

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

Measures

1.16.1	Two-day C.A.R.E. event	• 160 attending
1.16.2	Cholesterol screenings	• 500 participating
1.16.3	Stemi Center	• 50 uninsured/un-reimburse patients
1.16.4	Cardiovascular-related podcasts	• 20 podcasts
1.16.5	Chest Pain Center	• 50 patients
1.16.6	Health Healthy Cooking presentation	• Two events with a total of 400 attending

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
- Glendale YMCA

Measurable Objective 2 – Stroke Education and Support

Stroke ranks as the nation’s third leading cause of death. At a rate of every 45 seconds in America, someone has a stroke; every 3.1 minutes, someone dies of a stroke.

The Certified Advanced Primary Stroke Center at Glendale Adventist has been 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 2012, 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 is 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. The community outreach initiatives that have been completed so far this year are described below, followed by initiatives-in-progress. The goal of the Neuroscience Institute is to continue to expand these activities as additional community contacts and links are established.

In 2012, 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 are evaluated as being able to drive immediately; some as needing special training, while others as having lost the dexterity to drive again. GAMC's Community Mobility Program is operated in partnership with the Department of Motor Vehicles. In 2012, a total of 15 patients participated in the program. Three of the patients had a history of stroke.

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

The annual Glendale Downtown Dash fundraiser benefits stroke education and hosted 600 participants in 2008, 1250 in 2009 and 2010, over 1,500 in 2011 and ?? in 2012. Increased participation has been achieved due to enhanced marketing strategies, participation by Glendale city officials including the city attorney and the mayor, and by word of mouth marketing. Proceeds from the Glendale Downtown Dash are reinvested in the community through speaking events, seminars, and other stroke education.

In 2011, thanks to the funds raised by the Glendale Downtown Dash, proceeds were used to translate stroke education booklets to Armenian and Spanish and in 2012.

Going forward, the GAMC Neuroscience Institute will continue to offer free ongoing stroke awareness community presentations. These community events will be supported by GAMC website podcasts which will address warning signs, methods of prevention, services offered, and treatment options for stroke.

The measurable objectives tracked for outcomes in 2012:

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

Measures

1.17.1	Community Mobility Program	<ul style="list-style-type: none"> • 15 participants
1.17.2	Stroke Support Group	<ul style="list-style-type: none"> • 180 participants
1.17.3	Downtown Dash	<ul style="list-style-type: none"> • 1,500 participants
1.17.4	Free stroke awareness community presentations	<p>In 2012, 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.</p> <ul style="list-style-type: none"> • Kiwanis Club – 150 • Mountain View & Scholl Canyon Estates – 30 • Two day C.A.R.E.S event –150 • Give Me Five lecture series at Live Well Senior Program – 15 • Two day flu clinic with B/P screening and stroke risk assessment – 50 • Service Line fair - 100

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 Addressing 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 hospital's 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 – \$2,800 • Gala and Taste of Downtown Glendale – \$7,500 • Kids Health Expo flier design - \$192
2.2	ASSIST Care	<ul style="list-style-type: none"> • Discharge Medication for 147 patients – \$7,925.82
2.3	SOS Thrift Shop	<ul style="list-style-type: none"> • Food/Clothing vouchers – 277 people • Bread donations – 2,095 • LA Regional Food Bank – 1,603 people, 578 households
2.4	SOS Thrift Shop senior job training program	<ul style="list-style-type: none"> • Project Ajuda – 3 seniors, 15 hours a week • Title V – 3 seniors, 15 hours a week
2.5	Medi-Cal and Medicare programs	<ul style="list-style-type: none"> • GAMC absorbed the un-reimbursed costs for services provided to Medi-Cal and Medicare patients.
2.6	Transportation services	<ul style="list-style-type: none"> • Transportation for 2,895 people - \$75,185.89
2.7	Prostate screenings	<ul style="list-style-type: none"> • Prostate screenings – 106
2.8	Health education classes	<ul style="list-style-type: none"> • See item #1.6
2.9	Armenian outreach programs	<ul style="list-style-type: none"> • Diabetes & kidney disease – 60 • Glendale Health Festival – 750
2.10	Community Health Clinic support	<ul style="list-style-type: none"> • GAMC pharmacy provided service to the Glendale Free Clinic – 115 valued at \$7,538.65
2.11	Consortium of Safety Net Providers	The GAMC Patient Care Transitions Project identifies patients at risk for being readmitted to hospital to have a successful recovery at home and assigns additional

		supports. These supports include the Transition Navigator and the Health Coach. The Transition Navigator identifies the inpatients at risk for readmittance and works with the case manager, discharge planners, and family members to ensure that all needed services are in place for the time immediately after the patient leaves the hospital. These services include doctor appointments, medications, transportation, and appropriate nutrition. The Health Coach is made available through a partnership with a CBO, Partners In Care. The Health Coach visits patients first in the hospital, and arranges to follow up by visiting patients at home once they are discharged for an in-person check that they have all the supports they need for a successful recovery. This project involves the collaboration of the other two hospitals in our community, Glendale Memorial Medical Center and Verdugo Hills Hospital. The project also involves coordinating transition care between the hospital and skilled nursing facilities and between the hospital and home health agencies.
2.12	Children’s Outreach Initiative (CHOI)	See item #2.18.1
2.13	Center to Increase Community Organization (CINCO)	See items 2.18.1 through 2.18.3
2.14	TelepharmacyWest	<ul style="list-style-type: none"> • One hospital was added in 2012, White Memorial Medical Center for a total of eight. • Approximately 400,000 orders were processed for patients.

Measurable Objective 3 – Children’s Health Outreach Initiative

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.

The following recommended objectives were tracked for outcomes in 2012.

2.1 GAMC will increase 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 will:

- Collaborate with agency partners in community coalitions with health consortium partners;

- Provide outreach to families with presentations, enrollment events and partner referrals;
- Confirm enrollment for clients, both children and their families, and provide utilization and redetermination services through limited case management; and,
- Provide 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

2.18.1	Outreach to low-income or uninsured population	<ul style="list-style-type: none"> • Conducted outreach to a total of 6,244 families
2.18.2	Complete applications for Healthy Kids, Medi-Cal, Healthy Families, Kaiser Care for Kids, Access or California Kids	<ul style="list-style-type: none"> • Successfully provided application assistance to 1,839 individuals • 441 were children between the ages of 0-5 and 434 were between the ages of 6-18
2.18.3	Retention rate of applications	<ul style="list-style-type: none"> • Offered re-determination assistance to 100% of family members • 91.33% of the 1,591 were still enrolled 11-12 months after the enrollment date

Partners

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

Measurable Objective 4 – 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 2010 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 are 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 offered low-cost prostate screenings twice each year during Prostate Month (September), free skin screenings as needed (ongoing), and a large skin screening event every year with the City of Glendale.

- 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 Community Benefit plan for cancer services in 2012 is to start additional programs to complement the existing services. Our goal is reach more patients by 5% in all programs and to continue the overwhelming success experienced in 2011.

The following measurable objectives were tracked for outcomes in 2012:

Measures

2.2.1	Smoking cessation for cancer patients	<ul style="list-style-type: none"> • Easy Breathers Support Group – 41
2.2.2	Collaboration with the Beauty Bus Foundation	<ul style="list-style-type: none"> • Beauty Bus event held on Oct 15, 2012 – 35
2.2.3	“Create to Heal’ Program	<ul style="list-style-type: none"> • “Focus on Healing” – 450
2.2.4	Survivorship Program’s Care Plans	<ul style="list-style-type: none"> • Cancer Fitness Program – 1,200 • Positive Image Center – 1,180

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 - 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. Starting in 2012, GAMC is maintaining a blog focused on healthy weight.

Research also tells us that many people prefer a hospital’s website be linked with its social media presence. GAMC is establishing stronger links between its online data sources. The hospital will be highlighting these links through social media posting of its growing video catalog.

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

The following measurable objectives were tracked for outcomes in 2012:

Measures

2.3.1	Views for online health videos	• HEALTHline – 52,491
2.3.2	Visits to online health encyclopedias	• “Adam” web content – 448,180
2.3.3	Number of Facebook users	• Facebook users – 2,043
2.3.4	HQ Newsletter	• The Health Quarterly newsletter was distributed to 252,000 households

Partners

- MedSeek
- AMGA
- Participating guests on videos
- Coffey Communications
- A.D.A.M.
- Facebook
- eOrthopod

AREA OF FOCUS 3

Containing Community Health Care Costs

Challenges and Opportunities

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

- 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 2010-11, 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	See item #2.11
3.2	Developed inpatient, outpatient and homecare programs and services	See item #2.11
3.3	Consolidate and/or share services with other Adventist Health/Southern California hospitals	<ul style="list-style-type: none">• GAMC is collaborating with White Memorial Medical Center (WMMC) and Simi Valley Hospital to share medical laboratory resources for pathology services• GAMC is also sharing business development resources with WMMC
3.4	Train and support quality improvement teams	<p>Patient Safety Program:</p> <ul style="list-style-type: none">• Improve knowledge of fall risk and prevention strategies. Targeted education on fall risk for the detox patients provided on Med II. Safe operation of the Stryker bed provided on Rehab Unit – Goal exceeded – falls reduced by 28%• To maintain best practices related to C Diff prevention and treatment. Ongoing education related to transmission prevention, contact precautions, and best practice tips – C Diff rate varied throughout the year. Consistent rate of .41 or < not maintained each month. Exceeded goal: 3 months rolling rate C Diff Sept-Nov, 2012 = .36

		<p>Improve knowledge and practice related to transmission-based precautions and PPEs. – Education provided at time of hire, annually, and during infection rounds – MRSA rate reduced to .15 Jan-Nov 2012 YTD average</p> <ul style="list-style-type: none"> • Improve knowledge and best practices related to pressure ulcer prevention and treatment – Ongoing education provided. Goal: met, Jan-Nov 2012 UTD average 1.0 • Improve MRSA verbal and written education – House-wide education provided. Lean project launched. Alert hardwired in Cerner. Goal: Met July-Oct 94%, 92%, 90%, 90% • Improving labeling of Meds in ASC – Education provided. Goal: Met, compliance 96%&> July-Dec 2012
3.5	Volunteer program for individuals 14 and older	<ul style="list-style-type: none"> • Adults – 29,792 volunteer hours • Adults w/disabilities – 2,962 volunteer hours • Total adult & student volunteers – 115,523 volunteer hours • See also #1.13

Economic Value of Community Benefits

The economic value of quantifiable activities in which GAMC engaged in fiscal year 2011-12 to achieve its GAMC Community Benefits Plan 2012 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:

- 1 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.
- 2 GAMC contributed to the economic life of the region by purchasing goods and services locally whenever possible.
- 3 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.
- 4 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 REPORT 2012
 Quarterly Report

CIRCLE ONE: 1st Qtr 2nd Qtr 3rd Qtr 4th Qtr
SUBMIT BY: 25-May 15-Jul 15-Oct 15-Jan

Submit To: klarcj1@ah.org or fax 818/546-5688

Department: _____ **Contact Person:** _____ **Extension:** _____ **Today's Date:** _____

NUMBER COUNT								DOLLAR VALUE										
#	1	2	3	4	5	6			7				8			9	10	11
	Program Name	# of People Served	# of Encounters	# of Emp	# Hours Paid	# Hours Unpaid	Total Hours	Hourly Rate	VALUE	Milage	Travel Rate	Travel Expense	Facilities Total Hrs	Facility Rate	Facility Expense	Cost of Supplies	\$ In kind Contrib	\$ Direct Cost
							0	\$41.76	\$0.00		\$ 0.56	\$0.00		\$ 150.00	\$ -			
							0	\$41.76	\$0.00		\$ 0.56	\$0.00		\$ 150.00	\$ -			
							0	\$41.76	\$0.00		\$ 0.56	\$0.00		\$ 150.00	\$ -			
							0	\$41.76	\$0.00		\$ 0.56	\$0.00		\$ 150.00	\$ -			
							0	\$41.76	\$0.00		\$ 0.56	\$0.00		\$ 150.00	\$ -			
							0	\$41.76	\$0.00		\$ 0.56	\$0.00		\$ 150.00	\$ -			
							0	\$41.76	\$0.00		\$ 0.56	\$0.00		\$ 150.00	\$ -			
							0	\$41.76	\$0.00		\$ 0.56	\$0.00		\$ 150.00	\$ -			
							0	\$41.76	\$0.00		\$ 0.56	\$0.00		\$ 150.00	\$ -			
							0	\$41.76	\$0.00		\$ 0.56	\$0.00		\$ 150.00	\$ -			
							0	\$41.76	\$0.00		\$ 0.56	\$0.00		\$ 150.00	\$ -			
							0	\$41.76	\$0.00		\$ 0.56	\$0.00		\$ 150.00	\$ -			
							0	\$41.76	\$0.00		\$ 0.56	\$0.00		\$ 150.00	\$ -			
							0	\$41.76	\$0.00		\$ 0.56	\$0.00		\$ 150.00	\$ -			
							0	\$41.76	\$0.00		\$ 0.56	\$0.00		\$ 150.00	\$ -			
	Totals	0	0	0	0	0	0		\$ -	0		\$ -	0		\$ -	\$0.00	\$0.00	\$0.00

INSTRUCTIONS: CALCULATE YOUR TOTAL ACTIVITIES FOR EACH QUARTER

1. Program Name - The name of the program, event or meeting
2. Number of People Served - The total number of people attending the program, event, or meeting
3. Number of Encounters - Encounters X the number of patients or participants
4. Number of Employees - The total number of employees
5. Number of Hours Paid - The total number of employee hours paid
6. Number of Hours Unpaid - The total number of employee unpaid hours
Total Hours - Add paid and unpaid total hours
7. Value - Rate of \$41.76 per hr X total number of hours (paid and unpaid)
8. Mileage/Travel - Rate of .555 cents X total number of miles
9. Facilitites - Rate of \$150.00 per hr X total number of hours used (Committee Room, Conference Room Rate)
10. Cost of Supplies
11. \$ In kind Contribution - Goods and services donated; equipment used from hospital resources
12. \$ Direct Cost - Goods and services donated by others

ACTIVITY NOTES:

**Glendale Adventist Medical Center
Community Benefit Summary
Year Ending December 31, 2012**

	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				10,262,907	2.69%	0	10,262,906	2.69%
Public programs - Medicaid	1				87,915,458	23.07%	85,929,806	1,985,652	0.52%
Other means-tested government programs (Indigent care)						0.00%		-	0.00%
Community health improvement services (1)	5	7834	11434	encounters	276,242	0.07%	-	276,242	0.07%
***Non-billed and subsidized health services (3)					-	0.00%	-	-	0.00%
Cash and in-kind contributions for community benefit (5)						0.00%	-	-	0.00%
Community building activities (6)						0.00%	-	-	0.00%
TOTAL BENEFITS FOR THE POOR					98,454,607	25.84%	85,929,807	12,524,800	3.29%
**BENEFITS FOR THE BROADER COMMUNITY									
Medicare	1		/	Pt. Days / Visits	176,018,751	46.19%	157,220,343	18,798,409	4.93%
Community health improvement services (1)	185	616,174	869,218			0.00%	-	-	0.00%
Health professions education (2)	32	980	10,735			0.00%	-	-	0.00%
***Non-billed and subsidized health services (3)					-	0.00%	-	-	0.00%
Generalizable Research (4)					-	0.00%	-	-	0.00%
Cash and in-kind contributions for community benefit (5)	1		85	donations	-	0.00%	-	-	0.00%
Community building activities (6)	10	225	225	attendance	11,500	0.00%	-	11,500	0.00%
All other community benefits (7)					-	0.00%	-	-	0.00%
TOTAL BENEFITS FOR THE BROADER COMMUNITY					176,030,251	46.20%	157,220,343	18,809,909	4.94%
TOTAL COMMUNITY BENEFIT					274,484,858	72.04%	243,150,150	31,334,709	8.22%

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

**Community at large - available to anyone

***AKA low or negative margin services