



Glendale Memorial Hospital and Health Center

Community Benefit Report 2014 Community Benefit Implementation Plan 2015



A message from

**Jack Ivie, President and CEO of Dignity Health's Glendale Memorial Hospital and Health Center, and
Dr. John Cabrera, Chair of Dignity Health's Glendale Memorial Hospital and Health Center Community Board**

The Hello humankindness campaign launched by Dignity Health is a movement ignited and based on the proven idea that human connection, be it physical, verbal, or otherwise, leads to better health. At Dignity Health the comprehensive approach to community health improvement recognizes the multi-pronged effort needed to meet immediate and pressing needs, to partner with and support others in the community, and to invest in efforts that address the social determinants of health.

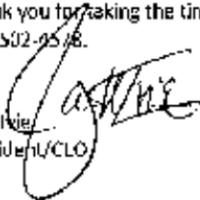
At Glendale Memorial Hospital and Health Center we share a commitment to improve the health of our community and have offered programs and services to achieve that goal. The 2014 Annual Report and 2015 Plan for Community Benefit fulfills section 501 (r) of the Patient Protection and Affordable Care Act, where each hospital must complete a community health needs assessment every three years and develop a community health implementation plan to document how it will address the significant health needs of the community. We are proud to provide this report as a continuation of the work we have done over the past 88 years to better the health of the communities we serve.

In addition, California State Senate Bill 697 requires not for profit hospitals to annually report their community benefit efforts and measurable objectives as well as its plans for the coming year. Encouraged and mandated by its governing body, Dignity Health hospitals comply with both mandates at each of its facilities, including those in Nevada and Arizona, and is proud of the outstanding programs and services that have been offered to improve the health of the communities we serve.

In fiscal year 2014, Glendale Memorial Hospital and Health Center provided \$52,858,039 in financial assistance, community benefit, and unreimbursed patient care. Including the unreimbursed cost of caring for patients covered by Medicare, the total expense was \$77,086,801.

Dignity Health's Glendale Memorial Hospital and Health Center Board of Directors has reviewed and approved the annual Community Benefit Report and Implementation Plan at their November 11, 2014 meeting.

Thank you for taking the time to review our report and plan. If you have any questions, please contact us at 818-502-0518.


Jack Ivie
President/CEO

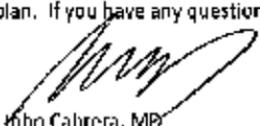

John Cabrera, MD
Chairperson, Board of Directors

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Executive Summary

Founded in 1926, Glendale Memorial Hospital and Health Center (GMHHC) is located at 1420 S. Central Ave., Glendale, CA. It became a member of Dignity Health in 1998. The facility is an acute care hospital with 334 licensed beds. The hospital serves the city of Glendale including the surrounding communities of La Crescenta, La Canada/Flintridge, portions of Burbank and northern sections of the greater Los Angeles metropolitan area. During FY 2014, GMHHC celebrated its eighty-eighth year of providing quality healthcare to Glendale and these surrounding communities. During FY 2014, patient admissions totaled 11,521 (of that number 1,707 were nursery admissions). GMHHC has a staff of more than 1,100 employees and we have more than 540 physicians on our Medical Staff. In addition, we have a large team of active volunteers. On any given month, 200 volunteers provide services and support for our hospital, patients, and families.

Glendale Memorial Hospital and Health Center Service Lines include:

Heart Center

- Non-invasive Diagnostic Services
- Invasive Interventional Procedures
- Surgical Services
- Vascular Services
- Chest Pain Center
- Cardiac Research Studies
- Cardiac Fitness Center
- Chronic Disease Management Program

Colorectal Surgery Institute

- Screening Services
- Surgical Procedures
- Research and Clinical Trials

Orthopedic and Spine Services

- Surgery of Cervical, Thoracic and Lumbar
- Non-surgical Treatment Options

Cancer Center Services

- Marcia Ray Breast Center
- Breast Cancer Support Group
- Cancer prevention and treatment
- Research and Clinical Trials

Women's Health Services

- Newborn intensive Care Unit
- High Risk Perinatal Services
- Outpatient Perinatal Services
- Breastfeeding Resource Center
- State-approved Prenatal Diagnostic Center

Minimally Invasive Surgical Services

Emergency Services

Stroke Program

Center for Wound Healing and Hyperbaric Medicine

Finally, our quality care can be seen in the following awards and accomplishments:

- Successful Joint Commission Survey , No direct findings
- Named by Healthgrades a **Patient Safety** award winner, ranked among top 5% in the nation in Patient Safety
- Named by Healthgrades a 5 star recipient for treatment of **Heart Attack** for 4 years in a row (2011-2014)
- Named by Healthgrades a 5 star recipient for treatment of **Heart Failure** for 12 years in a row (2003-2014)
- Named by Healthgrades a 5 star recipient for **Hip Fracture** for 2 years in a row (2013-2014)
- Named by Healthgrades a 5 star recipient for treatment of **Stroke** in 2014
- Named by Healthgrades a recipient for **Gastrointestinal Care** excellence award in 2014
- Named by Healthgrades a recipient for **General Surgery** excellence award in 2014
- Ranked by Healthgrades among the top 10% in the nation for overall **GI services** in 2014
- Ranked by Healthgrades among the top 10% in the nation for overall **General Surgery** in 2014
- Named by Healthgrades a 5 star recipient for **Small Intestine Surgeries** in 2014
- Named by Healthgrades a 5 star recipient for **Colorectal Surgeries** in 2014
- Named by Healthgrades a 5 star recipient for **Appendectomy** for 3 years (2012- 2014)
- Expanded Community Care Transition program which was awarded by CMS in 2013

In response to identified unmet health-related needs in our hospital's most recent Community Health Needs Assessment (2013), during FY 2014 GMHHC provided programs and services for the broader community and also for the underserved disadvantaged members of our community. Community benefit activities for FY 2014 focused on education and support, as well as health services. GMHHC also engaged in community building through our 20 year partnership with the Glendale Healthier Community Coalition and through various sponsorships. Below are some of our community benefit activities:

GMHHC participates in the Dignity Health **Community Grants Program** which supports the continuum of care in the community offered by other not-for-profit organizations. Our Community Grants Selection Committee is comprised of members of the Mission Council, other hospital employees who are connected to and/or knowledgeable about local community organizations, volunteers, community members, and Foundation Board members. After submitting grant proposals, local organizations are chosen to receive a grant based upon how closely their programs and initiatives respond to the strategic priorities identified in our most recent Community Health Needs Assessment. The Community Board fully supports the Dignity Health Community Grants Program. We provided a total of \$114,000 to the following organizations for FY

2014: Ascencia, Camp Rosie, Corporation for Supportive Housing, Glendale Association for the Retarded, Glendale Community Free Health Clinic, Glendale Healthy Kids, and YWCA of Glendale.

GMHHC continues to provide a number of programs in the community, including:

- Our **50+ Senior Services** program offers seniors 50 years old and over with opportunities for socialization, fitness support groups, and health promoting education.
- Our **Breast Center** provides education and support for women and their partners through monthly Breast Cancer Support groups and educational booths at events such as Komen Race for the Cure.
- Our **Breastfeeding Resource Center** maintains a wide range of robust services for our community. Breastfeeding classes, support groups, and a warm telephone line continue to be a valuable resource for new mothers.

GMHHC also supports **Glendale Healthy Kids**, a local free community clinic which provides health and dental services for underinsured and uninsured children. GMHHC provides laboratory, radiology, pharmacy and other services upon referral.

GMHHC also offers local students **Health Professions Education** opportunities for internships or clinical rotations in the areas of Health Administration, Ultrasound, Radiology, Pharmacy, Phlebotomy, Respiratory Therapy, and Sterile Processing. This is a robust and growing program that draws many students to our hospital. In FY 2014, we offered internships to over 90 students to support this much needed area of education to build community capacity.

To address two chronic care needs of the community and to promote chronic disease self-management, GMHHC has chosen a **Congestive Heart Failure Management Program** in fulfillment of Dignity Health's Community Benefit metric goal. The goal of this program is to improve quality of life for participants by increasing their self-efficacy and avoiding admissions. In addition, our hospital also provides a **Diabetes and Nutrition Program** (diabetes self-management course)—for over 14 years the American Diabetes Association has recognized our program as meeting their quality standards. We have also expanded our Diabetes and Nutrition program by offering these classes in Spanish, and we are one of only two hospitals within a 10 mile radius to do so.

In FY 2014, the unsponsored expense for community benefit excluding the unpaid cost of Medicare was \$52,858,039. The total unsponsored community benefit expense, including the unpaid cost of Medicare, was \$77,086,801.

Mission Statement

Dignity Health Mission

We are committed to furthering the healing ministry of Jesus. We dedicate our resources to:

- Delivering compassionate, high-quality, affordable health services;
- Serving and advocating for our sisters and brothers who are poor and disenfranchised; and
- Partnering with others in the community to improve the quality of life.

Our Vision

A vibrant, national healthcare system known for service, chosen for clinical excellence, standing in partnership with patients, employees and physicians to improve the health of all communities served.

Our Values

Dignity Health is committed to providing high-quality, affordable health care to the communities we serve. Above all else we value:

- **Dignity** - Respecting the inherent value and worth of each person.
- **Collaboration** - Working together with people who support common values and vision to achieve shared goals.
- **Justice** - Advocating for social change and acting in ways that promote respect for all persons and demonstrate compassion for our sisters and brothers who are powerless.
- **Stewardship** - Cultivating the resources entrusted to us to promote healing and wholeness.
- **Excellence** - Exceeding expectations through teamwork and innovation.

As a member of Dignity Health, GMHHC is committed to furthering the mission, values, and vision of Dignity Health. Our local hospital mission also supports the mission, values, and vision of Dignity Health:

“With caring & compassion, we will improve the health and quality of life of the people we serve.”

Our mission is why we exist and is the primary reason why we participate in community benefit activities. Our mission provides guidance to focus our community benefit resources within the city of Glendale and surrounding areas.

Organizational Commitment

Our hospital leadership is comprised of our Hospital President/CEO, Senior Leadership Team, and our Community Board. Our Community Board, comprised of up to 15 members, governs GMHHC. The Community Board is made up of individuals who represent the communities in which we serve. Board representation includes Medical Staff members, community-based organization leaders, and hospital staff. This Board reviews and approves the annual Community Benefit Report and Plan. See Appendix A for a roster of FY 2014 Community Board members.

The Community Board provides community perspective and support for the Hospital President, Senior Leadership Team, and the Dignity Health system to achieve the mission and values of GMHHC and Dignity Health. The Hospital President and Senior Leadership Team are invited to participate in focus groups for the triennial Community Health Needs Assessment, and have an opportunity to provide feedback and input into the final document produced. In addition, the Community Board reviews and approves our Community Needs Health Assessment at regularly scheduled board meetings, as needed.

By assessing community health needs, identified needs of the GMHHC Medical Staff and national trends in healthcare delivery, the Community Board assists the Hospital President and Senior Leadership Team in developing the strategic direction of GMHHC consistent with the needs of the community. In addition, they monitor the implementation of its goals and strategic initiatives. The Community Benefit plan is developed in accordance with policies and procedures of Dignity Health and incorporates system wide performance measures identified by the Dignity Health Board for community benefit programs.

The Community Board provides advice and consultation concerning the annual operating and capital budgets as a part of the budget development process and receives periodic reports from management comparing actual operations to budget.

Non-Quantifiable Benefits

In addition to our community benefit programs and services, GMHHC also provides presence, support, and leadership in a variety of other ways in our community. GMHHC provides leadership and support to a key organization which supports a healthier Glendale community. The Glendale Healthier Community Coalition (GHCC), comprised of key community leaders representing local community agencies and Glendale's hospitals, was initiated by Glendale's three hospitals and has now successfully worked on many high-profile community-wide projects for 20 years (since 1994). These include the birth of Glendale Healthy Kids; the city's Quality of Life Indicators; and healthcare projects serving the homeless, as well as collaborating every three years on the comprehensive Community Health Needs Assessment. As an indication of GMHHC's commitment to the GHCC, the Director of Mission Integration serves on the Executive Board of the GHCC.

In August 2011, GHCC selected "community care transitions" as its primary focus of concern. GHCC has since developed three Coalition initiatives to reduce readmissions, including: (1) managing relations with skilled nursing facilities and home health agencies, including implementation of a newly developed patient transfer form for use between these organizations; (2) an initiative to address the risk of readmission among homeless patients; and, (3) a broader integration of community agencies that have relevant supportive health resources, e.g., exercise and fitness programs, nutrition programs, and case management services, including mental health support. GMHHC has taken the leadership role managing the efforts of two working groups' key to success in our re-hospitalization reduction efforts: skilled nursing facilities (SNF)

and home health agencies (HH). Each group began meeting quarterly since December 2011 with the agenda planned and program led by GMHHC staff.

In September 2012, GMHHC submitted an application to CMS for demonstration project funding to support care transition efforts in the three hospitals in Glendale: Glendale Adventist Medical Center, Verdugo Hills Hospital, and GMHHC. The project was approved and began to enroll patients at high risk for re-hospitalization for transition services provided by Partners in Care Foundation (PICF). PICF provides a “health coach” to facilitate transition into the home setting. As the project applicant, GMHHC provides the continuing oversight and administrative support to the program.

In 2013, the Community Care Transitions Program continues as do the quarterly meetings with SNF and HHA with the three hospitals. In June we held three meetings, one at each of Glendale’s three hospitals, with primary care physicians and the three hospital CEO’s at each meeting to continue our collaboration, education, and process.

During FY 2014, our hospital had the privilege of sponsoring a number of community events to support fundraising efforts or to support raising the awareness of particular health concerns. For example, we sponsored events held by the American Red Cross—Glendale Chapter, Armenian Bone Marrow Donor Registry, Armenian Relief Society, Glendale Educational Foundation, Glendale Fire Foundation, Glendale Parks & Open Spaces Foundation, Kiwanis Club of Glendale, and Soroptomist of Glendale. In addition, our Breast Cancer Center provided education to community members at events sponsored by the American Cancer Society and Komen Race for the Cure.

Finally, many of our Senior Leaders, management, and staff have affiliations with community organizations to further strengthen our connection to our community as well as provide ongoing leadership, support, and input into these organizations that support the overall health of the community:

President/CEO: Glendale Fire Department (board member)

Vice President, Business Development: Glendale Chamber of Commerce

Vice President, Philanthropy: Glendale Kiwanis International

Director, Mission Integration: Glendale Healthier Community Coalition (board member); Glendale Religious Leaders Association

Director, Quality Management: Glendale Healthier Community Coalition

Manager, Community Outreach: Western Prelacy of the Armenian Apostolic Church

Manager, Philanthropy: Rotary Club of Glendale

Manager, Volunteer Services: Cerritos Elementary School Foundation (board member)

Supervisor, Breast Center: American Cancer Society; Susan G. Komen Race for the Cure

Senior Pharmacist: Glendale Community Free Health Clinic

Disaster Coordinator: City of Glendale’s Emergency Operation Center (board member); Glendale American Red Cross (board member), Glendale Veterans Coalition (board member), Wellness Works Veterans Center (board member), and Glendale YWCA (board member)

Community

Definition of Community

Dignity Health hospitals define the community they serve as the geographic area served by the hospital, considered its primary service area. This is based on a percentage of hospital discharges and is also used in various other departments of the system and local hospital for strategy and planning. Therefore, the GMHHC service area is a geographic one defined by the following 30 ZIP Codes:

- Burbank (91501, 91502, 91504)
- Glendale (91201, 91202, 91203, 91204, 91205, 91206, 91207, 91208)
- La Crescenta (91214)
- Los Angeles (90004, 90026, 90027, 90028, 90029, 90031, 90032, 90038, 90039, 90041, 90042, 90065)
- North Hollywood (91605, 91606)
- Panorama City (91402)
- Sunland (91040)
- Sun Valley (91352)
- Tujunga (91042)

Description of the Community

Our community includes a diverse ethnic and socioeconomic population. Of note, Glendale has a large population of Armenians and Hispanic/Latinos. The 2013 population of the GMHHC Community Health Needs Assessment service area is estimated at 552,535 persons and is considered a federally designated medically underserved area. GMHHC itself resides in one of the poorest zip codes in Glendale. In addition, in 2011, nearly half (44.4%) of the population in the cities of Glendale and Montrose were born outside of the United States, a higher proportion when compared to the population in Los Angeles County (35.6%).

Community Demographics

- Population
 - Total population for primary service area—1,436,704
 - Total population for CHNA geographic area—552,535
- Diversity
 - Caucasian: 28.7%
 - Hispanic: 50.9%
 - Asian/Pacific Islanders: 13.0%
 - African American: 5.3%
 - American Indian/Alaskan Native: 0.2%
 - Two or more races: 1.7%
 - Other: 0.2%
- Average Income: \$63,363
- Uninsured: 23.3%
- No High School Diploma: 28.8%
- Renters: 61.7%

- CNI Score: 4.8
- Medicaid Patients: 26.9%
- Other hospitals serving the area: Glendale Adventist Medical Center and Verdugo Hills Hospital

Our current Community Need Index map (CNI map) is attached as Appendix B. This map highlights the highest and lowest need, based on the socioeconomic barriers of the areas surrounding GMHHC by ZIP code and population. The socioeconomic barriers include: income, insurance, education, housing and culture/language. The need ranking score is lowest at 1 and the greatest need is at 5. Our current score is 4.8.

Community Benefit Planning Process

Community Health Needs Assessment Process

Our Community Health Needs Assessment is conducted triennially. For purposes of our Community Health Needs Assessment, we narrowed our primary service area to a smaller geographic region defined by the following 17 ZIP codes (this region represents the area where most of our patients reside):

- Glendale (91201, 91202, 91203, 91204, 91205, 91206, 91207, 91208)
- La Crescenta (91214)
- Los Angeles
 - Hollywood: 90026, 90029
 - Los Feliz: 90027
 - Griffith Park: 90039
 - Eagle Rock: 90041
 - Highland Park: 90042
 - Glassell Park: 90065

For the 2013 Community Health Needs Assessment, the three Glendale hospitals— Glendale Memorial Hospital and Health Center, Glendale Adventist Medical Center, and Verdugo Hills Hospital—collaborated with the Glendale Healthier Community Coalition, as they have in the past, to work with the Center for Nonprofit Management consulting team in conducting the CHNA. During the initial phase of the CHNA process, community input was collected during a focus group with key stakeholders, including health care professionals, government officials, social service providers, community residents, leaders, and other relevant individuals. Appendix D lists the stakeholders involved. Concurrently, secondary data were collected and compared to relevant benchmarks including Healthy People 2020, Los Angeles County or California when possible. The data were also collected at smaller geographies, when possible, to allow for more in-depth analysis and identification of community health issues. In addition, previous CHNAs were reviewed to identify trends and ensure that previously identified needs were not overlooked. Primary and secondary data were compiled into a scorecard presenting health needs and health drivers with highlighted comparisons to the available data benchmarks. The scorecard was designed to allow for a comprehensive analysis across all data sources and for use during the second, prioritization phase of the CHNA process.

Results of the Needs Assessment

Though the finalization of the CHNA occurred September 2013, the preliminary results of the assessment were utilized for planning programs and services for FY 2014. The following list of nine prioritized health needs and nine drivers of health resulted from the above-described process:

1. Obesity/overweight

Obesity is on the rise, reaching epidemic levels in the United States with 68% of adults age 20 years and older being overweight or obese. Obesity reduces life expectancy and causes devastating and costly health problems, increasing the risk of coronary heart disease, stroke, high blood pressure, diabetes, and a number of other chronic diseases. Obesity is associated with factors including poverty, inadequate consumption of fruits and vegetables, breastfeeding, and lack of access to grocery stores, parks, and open

space. In 2011, a third (34.8%) of the population in the GMHHC service area was overweight and another 20.6% were obese. In addition, a third (34.6%) of teens was overweight or obese. Stakeholders added that overweight and obesity is on the rise and impacts low-income and underserved children and adults in the northern sections of Glendale.

2. Mental health

Mental illness is a common cause of disability and untreated disorders may leave individuals at-risk for substance abuse, self-destructive behavior, and suicide. Additionally, mental health disorders can have a serious impact on physical health and are associated with the prevalence, progression and outcome of chronic diseases. In 2011, adults in the GMHHC service area reported experiencing 3.5 unhealthy days per month due to poor mental health, slightly higher when compared to Los Angeles County (3.3 days). Seven percent (7.3%) of adults reported being diagnosed with anxiety, a high percentage when compared to Los Angeles County (6.4%). Another 13.7% of adults in the GMHHC service area reported being diagnosed with depression, higher than for Los Angeles County (12.2%). Also, 600.8 per 100,000 adults were hospitalized for mental health-related issues, much higher when compared to Los Angeles County (551.7). Stakeholders in Glendale mentioned that poor mental health is on the rise particularly among youth and immigrant populations. They also added that poor mental health is closely linked to job-related stress and neighborhood safety.

3. Diabetes

Diabetes affects an estimated 23.6 million people and is the seventh leading cause of death in the United States. Diabetes lowers life expectancy by up to 15 years, increases the risk of heart disease by two to four times, and is the leading cause of kidney failure, lower-limb amputations, and adult-onset blindness. A diabetes diagnosis can indicate an unhealthy lifestyle—a risk factor for further health issues—and is also linked to obesity. In 2011, 8.3% of the population in the GMHHC service area were diagnosed with diabetes of which over half (59.6%) were receiving disease management services, which is lower when compared to Los Angeles County (68.7%). In 2010, 135.6 per 100,000 adults were hospitalized due to diabetes, slightly higher when compared to Los Angeles County (131.3). In addition, 12.9 per 100,000 persons were hospitalized due to uncontrolled diabetes, higher when compared to Los Angeles County (9.5). Stakeholders added that diabetes is prevalent in the Glendale community but particularly among the homeless and ethnic populations. They also acknowledged the link between diabetes, unhealthy eating habits and lack of exercise.

4. Alcohol and substance abuse

Alcohol and substance abuse have a major impact on individuals, families, and communities. The effects of alcohol and substance abuse contribute significantly to costly social, physical, mental, and public health problems, including teenage pregnancy, HIV/AIDS, STDs, domestic violence, child abuse, motor vehicle accidents (unintentional injuries), physical fights, crime, homicide, and suicide. Heavy alcohol consumption is an important determinant of future health needs, including cirrhosis, cancers, and untreated mental and behavioral health needs. In 2011, over half (52.7%) of the GMHHC service area reported consuming an alcoholic beverage, higher when compared to Los Angeles County, 51.9%). Another 17.1% reported binge drinking (higher when compared to Los Angeles County, 15.4%), 4.2% reported heavy drinking (higher when compared to Los Angeles County, 3.5%), and another 17.1% sought treatment for alcohol and/or drug abuse (higher when compared to Los Angeles County, 14.1%). Stakeholders in Glendale added that alcohol and drug use is on the rise among youth, often resulting in reckless driving. Concerning tobacco use, 14.4% of GMHHC service area residents reported smoking, which is higher than the percentage for Los Angeles County (13.1%). Stakeholders added that although smoking is becoming less prevalent, this is still an issue among the Armenian population.

5. Cardiovascular disease

Cardiovascular disease or coronary heart disease includes several health conditions related to plaque buildup in the walls of the arteries, or atherosclerosis often leading to heart attacks. Currently, more than one in three adults (81.1 million) in the United States lives with one or more types of cardiovascular disease. In addition to being one of the leading causes of death in the United States, heart disease results in serious illness and disability, decreased quality of life, and hundreds of billions of dollars in economic loss every year. Cardiovascular disease is closely linked to a number of chronic health conditions such as high cholesterol, diabetes, high blood pressure, HIV, heavy alcohol consumption, metabolic syndrome, obesity, stroke and others. In 2011, 5.7% of the GMHHC service area was diagnosed with heart disease, slightly higher when compared to Los Angeles County (5.6%). In addition, 473.2 out of every 100,000 persons in the GMHHC service area were hospitalized due to heart disease which is much higher when compared to Los Angeles County (361.7). In addition, 18.9 out of every 10,000 persons in the GMHHC service area died of heart disease, higher when compared to California (15.6). Stakeholders added that heart disease is prevalent among community members, particularly the adult homeless population.

6. Hypertension

Hypertension affects one in three adults in the United States. High blood pressure, if untreated, can lead to heart failure, blood vessel aneurysms, kidney failure, heart attack, stroke, and vision changes or blindness. High blood pressure is associated with smoking, obesity, the regular consumption of salt and fat, excessive drinking, and physical inactivity. According to stakeholders, hypertension is a top health concern among the Glendale community and stakeholders understand that the condition is closely linked to other chronic diseases including diabetes and cardiovascular disease.

7. Cholesterol

Cholesterol is one of the leading causes of death in the United States. About one of every six adults in the United States has high blood cholesterol. In addition, 2,200 Americans die of heart disease each day, an average of one death every 39 seconds. Some health conditions, as well as lifestyle and genetic factors, can put people at a higher risk for developing high cholesterol including age, being diabetic, having a diet high in saturated fats, trans fatty acids (trans fats), dietary cholesterol, or triglycerides, being overweight, not being physical active; the condition can also be hereditary. In 2011, a quarter (26.3%) of the GMHHC service area was diagnosed with high cholesterol which is slightly higher when compared to Los Angeles County (25.6%).

8. Disability

An umbrella term for impairments, activity limitations, and participation restrictions, disability is the interaction between individuals with a health condition (e.g., cerebral palsy, Down syndrome, and depression) and personal and environmental factors (e.g., negative attitudes, inaccessible transportation and public buildings, and limited social supports). Over a billion people—corresponding to about 15% of the world population—are estimated to live with some form of disability. Between 110 million (2.2%) and 190 million (3.8%) people 15 years and older have significant difficulties functioning. In California alone, 5.7 million adults, or 23 percent of the adult population, have a disability. The proportion of the population with disabilities increases with age and among females and African American, Whites, or American Indian/Alaskan Native populations. People with disabilities are also more likely than others to be poorly educated, unemployed, and living below the poverty level. In 2011, 16.1% of the children between the ages of 0 and 17 in the GMHHC service area had special health care needs, including developmental delays, which is slightly higher when compared to Los Angeles County (15.8%). Stakeholders indicated that there has been

an increase in children diagnosed with developmental delays. Also, parents are experiencing difficulty when trying to obtain an Individualized Education Program for their child due to their inability to navigate the health care system.

9. Oral health

Oral health is essential to overall health and is relevant as a health need because engaging in preventative behaviors decreases the likelihood of developing future oral health and related health problems. In addition, oral diseases such as cavities and oral cancer cause pain and disability for many Americans. Behaviors that may lead to poor oral health include tobacco use, excessive alcohol consumption, and poor dietary choices. Barriers that prevent or limit a person's use of preventative intervention and treatments for oral health include limited access to and availability of dental services, lack of awareness of the need, cost, and fear of dental procedures. Social factors associated with poor dental health include lower levels or lack of education, having a disability, and other health conditions such as diabetes. In 2011, over half (55.1%) of the GMHHC service area did not have dental insurance which is higher when compared to Los Angeles County (51.8%). A third (33.7%) of adults could not afford to get dental insurance, higher when compared to Los Angeles County (30.3%). Stakeholders added that poor oral health is prevalent in the Glendale community and attribute this to community members not knowing where to go for educational materials as well as the cost of oral health services.

The CHNA is shared with the City of Glendale, Glendale Healthier Community Coalition, and other local government agencies with the objective of achieving a more coordinated allocation of both public and private health resources in Glendale. The CHNA is located on the hospital's website at www.GlendaleMemorialHospital.org and on the Dignity Health website at www.DignityHealth.org. In addition, it is hoped that the findings of the Community Health Needs Assessment will also stimulate greater collaboration between and among healthcare providers, government agencies, and community organizations.

Assets Assessment

Asset mapping is a process by which local community assets are identified for potential community partners and as a way to identify gaps in health and other services. The approach taken in 2013 was to review local community assets identified in the 2010 Community Health Needs Assessment and check to see which still existed in the community, which do not exist anymore, and note any name changes. Local community assets were identified and categorized as: Food Basic Needs, Housing, Education, Community Services, Health Care, Income Support and Employment, Mental Health Services, Substance Abuse Services and Nonprofit Headquarters.

Developing the Hospital's Implementation Plan (Community Benefit Report and Plan)

For the 2013 CHNA, a process to prioritize health needs and drivers was introduced for the first time. This process consisted of a facilitated group session that engaged participants from the first phase of collecting community input and new participants in a discussion of secondary and primary data (compiled and presented in the scorecards and accompanying health need narratives) and an online survey. At the session, participants were provided with a brief overview of the CHNA process, a list of identified needs in the scorecard format, and the brief narrative summary descriptions of the identified health needs described above. Then, in smaller groups, participants considered the scorecards and health needs summaries in

discussing the data and identifying key issues or considerations that were then shared with the larger group.

As a follow-up to this session, participants and other members of the hospital collaborative's network—including the Glendale Healthier Community Coalition—completed an online questionnaire about health needs, drivers, and resources, and ranked each health need according to several criteria including severity, change over time, resources available to address the need or driver, and community readiness to support action on behalf of any health need or driver. The survey results were used to prioritize the health needs and drivers of health identified in the first session. The list of stakeholders who participated in the follow-up session and online questionnaire are also listed in Appendix D.

Drivers of health, such as those listed below, are linked with and impact the health of community members. For this reason, drivers were also considered during the health need identification and prioritization process. The following list includes drivers identified in prioritized order.

1. Alcohol and substance abuse
2. Healthy eating
3. Health care access
4. Physical activity
5. Health education and awareness
6. Cultural competency
7. Poverty
8. Homelessness
9. Dental care access

In developing the hospital's Community Benefit Implementation Plan, the process includes two objectives: 1) The determination of hospital programs and resources that will have the greatest impact on addressing community need; and 2) The identification of potential community partners that have goals and missions aligned with GMHHC and that address identified needs in the CHNA.

To promote effective, sustainable community benefit programming in support of Dignity Health's mission, GMHHC reviews existing community benefit programs and discontinues, if appropriate, or establishes enhancements that focus on disproportionate unmet health-related needs, and integrate as applicable the following principles: emphasis on communities with disproportionate unmet health needs, emphasis on primary prevention, contribute to a seamless continuum of care, build community capacity, and demonstrate collaborative governance. To prioritize the needs, the hospital analyzed the current community projects and identified where a gap existed between information identified in the CHNA and the current hospital programs.

Several of the health issues identified in the CHNA are addressed in various hospital programs. Note that not all community needs are directly addressed by GMHHC, primarily due to limited resource allocation or an adequate number of community resources currently existing to address those needs. In situations where there is no existing hospital program or community organization that currently meets a specific need, the establishment of a new hospital program and/or community partner may be considered.

There are several criteria used to identify community partners and programs that share a spirit of collaboration with GMHHC. The criteria include but are not limited to: resources (i.e. staffing, supplies, and

financial assistance), desired outcome, measurable outcome, community needs, and community benefit. Other non-quantifiable factors are considered when selecting a program, such as the benefits of social interaction, support groups, and the overall improvement of community residents. For example, the high concentration of Armenian residents in the primary service area has resulted in several partnerships with programs geared toward the Armenian population. For example, GMHHC provides financial, administrative, and staff support to the Armenian Bone Marrow Registry, a program addressing specific health needs of this population.

Many hospital programs address vulnerable populations as well as improve the health status of the community. For example, a program that addresses a vulnerable population is the Sweet Success Program. This program targets women with diabetes who are pregnant. The program teaches women to take charge of their health and understand how their pregnancy will affect their diabetes management.

Planning for the Uninsured/Underinsured Patient Population

As a member of Dignity Health, GMHHC is committed to providing financial assistance to persons who have health care needs and are uninsured, underinsured, and ineligible for a government program and are otherwise unable to pay for medically necessary care based on their individual financial situations. Consistent with its mission to deliver compassionate, high quality, affordable health care services, and to advocate for those who are poor and disenfranchised, Dignity Health strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. Financial assistance is not considered to be a substitute for personal responsibility, and patients are expected to cooperate with Dignity Health's procedures for obtaining financial assistance, and to contribute to the cost of their care based on individual ability to pay. Individuals with financial capacity to purchase health insurance shall be encouraged to do so as a means of assuring access to health care services. A summation of the Dignity Health Payment Assistance Policy is included as Appendix C.

Information about the payment assistance that GMHHC offers is posted in prominent locations throughout the hospital and admitting room staff is available to assist patients with bill resolution and applications for government-sponsored health insurance programs. Payment assistance information is also available on the hospital website, www.GlendaleMemorialHospital.org.

Plan Report and Update including Measurable Objectives and Timeframes

Below are the major initiatives and key community based programs operated or substantially supported by GMHHC in FY 2014. Programs were developed in response to the 2013 Community Health Needs Assessment and are guided by the following five core principles:

- Disproportionate Unmet Health-Related Needs: Seek to accommodate the needs to communities with disproportionate unmet health-related needs.
- Primary Prevention: Address the underlying causes of persistent health problem.
- Seamless Continuum of Care: Emphasize evidence-based approaches by establishing operational between clinical services and community health improvement activities.
- Build Community Capacity: Target charitable resources to mobilize and build the capacity of existing community assets.
- Collaborative Governance: Engage diverse community stakeholders in the selection, design, implementation, and evaluation of program activities.

Primary Prevention: Altering susceptibility or reducing exposure for susceptible individuals

- Health promotion/Disease prevention education offered to raise and change awareness, knowledge, attitudes and skills of the participants.

Secondary Prevention – Early detection and treatment of disease

- Chronic disease management program to provide self-management education, increase health outcomes, and decrease utilization for chronic diseases.
- Disease treatment at community clinic.

For FY 2015, our 2013 Community Health Needs Assessment indicates a need to focus on nine prioritized health concerns. Some of these identified needs are new and some are ongoing from the 2010 CHNA. Our plan to address these needs includes the following:

1. Obesity/Overweight

- a. Our hospital's Senior Director of Quality and Director of Mission Integration and Spiritual Care Services both serve on the Glendale Healthier Community Coalition. GHCC is currently working to develop strategies to address obesity in the community.
- b. Our hospital will provide grant money for FY 2015 to the following Accountable Care Communities that are addressing obesity in the programs/activities we are funding:
 - i. *Glendale Healthy Kids/Glendale Community Free Health Clinic/Walk Bike Glendale: Diabetes/Obesity: The Continuum of Care*. This project will encourage family lifestyle changes through screening, health education/training, behavior intervention, treatment and exercise consisting of 3 components: 1) outreach, 2) education, 3) family diabetes intervention. GHK's target population is all 8th grade students, GCFHC is adults diabetes with type 1 or II and WBG is those needing the physical activity to reduce weight and diabetes tendencies (the entire family).

- ii. *Glendale Parks & Open Spaces Foundation/Glendale Community Services & Parks Department/Glendale Unified School District: Afterschool Youth Sports Program (AYSP).* AYSP will provide 4 eight-week fitness and nutrition programs to 4th and 5th grade students from four underserved Glendale elementary schools in the southern part of the City. While obesity can be characterized as the principal health priority upon which the AYSP will focus its attention, other related priorities including diabetes, cardiovascular disease, hypertension, and cholesterol will also be addressed. As pointed out in the CHNA, obesity is a significant national problem and a root cause of the other health priorities listed above. Among the factors associated with obesity are poverty, inadequate consumption of fruits and vegetables, and lack of access to parks and open space. Overweight and obesity is on the rise and has a disproportionate impact on low-income and underserved children. The Assessment further points out that diabetes is linked to obesity with unhealthy eating and lack of exercise a principal cause. While these health issues are not generally present at an early age, the program will provide guidance that can reduce or eliminate these problems in the future. In addition, it can be argued that the program will have a positive effect on alcohol and substance abuse and mental health issues as well. By providing an opportunity for children to be productively engaged after school, the AYSP offers a positive alternative to experimentation with alcohol and other illegal substances. And, through the inclusion of the Glendale Outdoors! (GO!) Program, a nature education and outdoor recreation program, the AYSP addresses mental health as well. As pointed out in the journals, *Psychological Science* and *American Journal of Preventative Medicine*, exposure to nature has a positive effect on children, reducing stress, promoting relaxation, and boosting focus and concentration.
- c. Our hospital's 50+ Senior Services program will provide an educational lecture in this area. In addition, members are encouraged to participate in an on-going walking program called Walk-A-Diles to promote exercise and healthy lifestyles.
- d. Our hospital's Breastfeeding Resource Center provides free support to new moms and their infants. The short-term and long-term benefits of breastfeeding for mother and child are well documented (e.g., for mother—breastfeeding linked to a lower risk of these types of health problems: Type 2 diabetes, breast cancer, cervical cancer, and post-partum depression; for baby—breastfeeding linked to lower risk of Type 1 & 2 Diabetes, childhood leukemia, lower respiratory infections, asthma, and obesity).

2. Mental Health

- a. In response to the growing need for mental health services in our area, GMHHC opened a Behavioral Health Unit in September 2013. During FY 2015 we will continue to strengthen operations and work on access through educating the community regarding its availability and services.
- b. Director of Mission Integration and Spiritual Care Services will serve on the newly formed Glendale Mental Health Coalition (September 2014) to address mental health issues in various populations in our community.
- c. Our hospital will provide grant money for FY 2015 to the following Accountable Care Communities that are addressing mental health in the programs/activities we are funding:
 - i. *Ascencia/Corporation for Supportive Housing/Northeast Valley Health Corporation: 10th Decile Project.* The project will identify ten chronically homeless individuals who have multiple health problems and are high utilizers of emergency and medical services, move them into permanent housing with intensive supportive

services, and document the reduction in costs realized due to this intervention. As well documented, many homeless individuals suffer from mental illness and disabilities.

- ii. *Wellness Works/YWCA Glendale/Trauma Resource Institute: Mission Wellness*. This project will help us enhance our ability to provide high-quality mental health care to veterans with PTSD, TBI (Traumatic Brain Injury), and/or MST (Military Sexual Trauma) by increasing our outreach to female veterans, and providing further Community Resilience Model (CRM) Training, which will enhance our peer-support, self-care model and make veterans' individualized, self-care plans more effective.
- iii. *Glendale Parks & Open Spaces Foundation/Glendale Community Services & Parks Department/Glendale Unified School District: Afterschool Youth Sports Program (AYSP)*.
- d. Our hospital's Breastfeeding Resource Center provides free support to new moms and their infants. The short-term and long-term benefits of breastfeeding for mother and child are well documented (e.g., for mother—breastfeeding linked to a lower risk of these types of health problems: Type 2 diabetes, breast cancer, cervical cancer, and post-partum depression; for baby—breastfeeding linked to lower risk of Type 1 & 2 Diabetes, childhood leukemia, lower respiratory infections, asthma, and obesity).
- e. Emotional support for breast cancer patients and their families is available through our hospital's monthly Breast Cancer Support Group.

3. Diabetes

- a. Our hospital offers an outpatient Diabetes and Nutrition Program that entails 4 sessions of 2 hour classes over 4 weeks. We offer this course in English and Spanish. We also offer a program called Sweet Success for pregnant women with gestational diabetes.
- b. Our hospital's Senior Director of Quality and Director of Mission Integration and Spiritual Care Services both serve on the Glendale Healthier Community Coalition. GHCC is currently working to develop strategies to address diabetes in the community.
- c. Our hospital will provide grant money for FY 2015 to the following Accountable Care Communities that are addressing diabetes in the programs/activities we are funding:
 - i. *Glendale Healthy Kids/Glendale Community Free Health Clinic/Walk Bike Glendale: Diabesity/Obesity: The Continuum of Care*.
 - ii. *Ascencia/Corporation for Supportive Housing/Northeast Valley Health Corporation: 10th Decile Project*.
 - iii. *Glendale Parks & Open Spaces Foundation/Glendale Community Services & Parks Department/Glendale Unified School District: Afterschool Youth Sports Program (AYSP)*.
- d. Our hospital's 50+ Senior Services program will provide an educational lecture regarding disaster preparedness and diabetes.
- e. Our hospital's Breastfeeding Resource Center provides free support to new moms and their infants. The short-term and long-term benefits of breastfeeding for mother and child are well documented (e.g., for mother—breastfeeding linked to a lower risk of these types of health problems: Type 2 diabetes, breast cancer, cervical cancer, and post-partum depression; for baby—breastfeeding linked to lower risk of Type 1 & 2 Diabetes, childhood leukemia, lower respiratory infections, asthma, and obesity).

4. Alcohol and Substance Abuse

- a. Our hospital will provide grant money for FY 2015 to the following Accountable Care Community that is addressing alcohol and substance abuse in the programs/activities we are funding:

- i. *Ascencia/Corporation for Supportive Housing/Northeast Valley Health Corporation: 10th Decile Project.*
- ii. *Glendale Parks & Open Spaces Foundation/Glendale Community Services & Parks Department/Glendale Unified School District: Afterschool Youth Sports Program (AYSP).*

5. Cardiovascular Disease

- a. Our hospital offers a program to provide chronic disease management to patients with congestive heart failure. Our CHF Program provides education and follow-up for persons with CHF to improve overall health and reduce hospital readmissions.
- b. Our hospital will provide grant money for FY 2015 to the following Accountable Care Community that is addressing cardiovascular disease in the programs/activities we are funding:
 - i. *Ascencia/Corporation for Supportive Housing/Northeast Valley Health Corporation: 10th Decile Project.*
 - ii. *Glendale Parks & Open Spaces Foundation/Glendale Community Services & Parks Department/Glendale Unified School District: Afterschool Youth Sports Program (AYSP).*

6. Hypertension

- a. Our hospital will provide grant money for FY 2015 to the following Accountable Care Community that is addressing hypertension in the programs/activities we are funding:
 - i. *Ascencia/Corporation for Supportive Housing/Northeast Valley Health Corporation: 10th Decile Project.*
 - ii. *Glendale Parks & Open Spaces Foundation/Glendale Community Services & Parks Department/Glendale Unified School District: Afterschool Youth Sports Program (AYSP).*
- b. Our hospital's 50+ Senior Services members are encouraged to participate in an on-going walking program called Walk-A-Diles to promote exercise and healthy lifestyles. As part of the Walk-A-Diles program, blood pressure monitoring is offered once per month as well as education regarding hypertension.

7. Cholesterol

- a. Our hospital will provide grant money for FY 2015 to the following Accountable Care Community that is addressing cholesterol in the programs/activities we are funding:
 - i. *Glendale Parks & Open Spaces Foundation/Glendale Community Services & Parks Department/Glendale Unified School District: Afterschool Youth Sports Program (AYSP).*

At this time, our hospital will not be addressing Disability and Oral Health due to limited resources. Furthermore, Glendale Healthy Kids works with children in the community to provide oral health education and services for children. In November of 2014, our Hospital Community Board will be meeting to discuss strategic planning for our hospital. During this time, the prioritized needs from the 2013 CHNA will be revisited and the plan for the next one to three years may be revised and possibly include the three areas not currently being addressed.

The following pages include Program Digests for a few key programs that address one or more of the Initiatives listed above from FY 2014:

Community Grants Program	
Hospital CB Priority Areas	<ul style="list-style-type: none"> ✓ Obesity/Overweight ✓ Mental Health ✓ Diabetes ☐ Alcohol and Substance Abuse ✓ Cardiovascular Disease ✓ Hypertension ☐ Cholesterol ✓ Disability ☐ Oral Health
Program Emphasis	<ul style="list-style-type: none"> ✓ Disproportionate Unmet Health-Related Needs ✓ Primary Prevention ✓ Seamless Continuum of Care ✓ Build Community Capacity ✓ Collaborative Governance
Link to Community Health Needs Assessment	<ul style="list-style-type: none"> • All of our community grant awardees' projects respond to one or more of the identified priority areas named above.
Program Description	<p>The objective of Dignity Health Community Grants Program is to award grants to nonprofit (501c (3) organizations (excluding hospitals) whose proposal responds to the Dignity Health Glendale Memorial Hospital's strategic priorities identified in the most recent Community Health Needs Assessment and the community benefit plan. In addition, programs will be evaluated for the five Dignity Health Community Benefit Principles of serving disenfranchised populations with unmet health needs, primary prevention, seamless continuum of care, community capacity building, and collaborative governance. Dignity Health grants funds are to be used to provide services to underserved populations.</p>
FY 2014	
Goal FY 2014	Increase the community awareness of our grant program.
2014 Objective Measure/Indicator of Success	Increased number of Letters of Intent submitted.
Baseline	In FY 2013 we received 15 Letters of Intent.
Implementation Strategy for Achieving Goal	<p>Advertise our community grants program more rigorously through the following:</p> <ul style="list-style-type: none"> • E-mail to former awardees and those who submitted Letters of Intent • E-mail to the Glendale Healthier Community Coalition • Press release in local newspapers
Result FY 2014	We received 10 Letters of Intent which is less than what we received in the past. However, of note, the Director of Mission Integration, who oversees the community grants program, was on maternity leave during the time when the grants season was in process, therefore implementation suffered.
Hospital's Contribution / Program Expense	\$114,000
FY 2015	
Goal 2015	<ul style="list-style-type: none"> • Increase the membership diversity of the Community Grants Selection Committee. • Improve the process by which Letters of Intent and full grant proposals are reviewed by members of the Community Grants Selection Committee.
2015 Objective Measure/Indicator of Success	<ul style="list-style-type: none"> • Invite 1-3 members of the community to participate on the Community Grants Selection Committee. • Invite 1-3 members of the Foundation Board to participate on the Community Grants Selection Committee. • Invite 1-3 GMHHC employees to participate on the Community Grants Selection Committee. • Create a scoring sheet for committee members to utilize to help them objectively review and evaluate Letters of Intent and full grant proposals.
Baseline	<ul style="list-style-type: none"> • Currently only members of the hospital Mission Council serve as the Community Grants Selection Committee. • Currently members of the Community Grant Selection Committee are given the top identified health priorities of the latest Community Health Needs Assessment to help them in their review and evaluation of the Letters of Intent and full grant proposals.

Implementation Strategy for Achieving Goal	<ul style="list-style-type: none"> • Director of Mission Integration will work with supervisor to identify potential community members and Foundation Board members to serve on the Community Grants Selection Committee. • Director of Mission Integration will work with Mission Council to identify potential employees to invite to participate on Community Grants Selection Committee. • Director of Mission will create a scoring sheet based upon the Dignity Health's mission and Values as well as the grant criteria (such as project description, goals, target population, etc.)
Community Benefit Category	E2—Grants

50+ Senior Services	
Hospital CB Priority Areas	<ul style="list-style-type: none"> ✓ Obesity/Overweight ☐ Mental Health ✓ Diabetes ☐ Alcohol and Substance Abuse ☐ Cardiovascular Disease ✓ Hypertension ☐ Cholesterol ☐ Disability ☐ Oral Health
Program Emphasis	<ul style="list-style-type: none"> ☐ Disproportionate Unmet Health-Related Needs X Primary Prevention ☐ Seamless Continuum of Care X Build Community Capacity ☐ Collaborative Governance
Link to Community Health Needs Assessment	Early detection screenings, preventive healthcare, promoting wellness lifestyle programs.
Program Description	<p>The major components of our hospital's senior services are comprised of the 50+ membership program which offers:</p> <ul style="list-style-type: none"> • Education <ul style="list-style-type: none"> ○ Free monthly health education lectures ○ Informational lectures offered at GMHHC ○ Partnership with Dial Ride to provide transportation to the Senior lectures • Promotion of social well being through: <ul style="list-style-type: none"> ○ Weekly walkers program for seniors promoting healthy physical activity and social interactions ○ Free monthly blood pressure screening at Walk-A-Diles ○ Holiday Luncheon • Senior Services also support and participates in community health fairs to promote health information and wellness events.
FY 2014	
Goal FY 2014	Increase the community awareness and partner with community resources to provide other services.
2013 Objective Measure/Indicator of Success	To increase our membership to our 50+ program.
Baseline	Community leaders identified the following as significant health needs for the senior population: wellness, screening and prevention programs, exercise and physical fitness programs and community informational resources needs.
Implementation Strategy for Achieving Goal	Develop an outreach initiative to work more closely with the service area city programs and senior clubs to raise awareness.
Result FY 2014	We have increased the membership of our senior program, resulting in more overall health education and prevention to the seniors in our community. We have also increased our collaboration with senior centers surrounding the Glendale area.
Hospital's Contribution / Program Expense	\$17,231
FY 2015	

Goal 2015	Increase the community awareness and partner with community resources to provide other services.
2015 Objective Measure/Indicator of Success	To increase our membership to our 50+ program.
Baseline	Community leaders identified the following as significant health needs for the senior population: wellness, screening and prevention programs, exercise and physical fitness programs and community informational resources needs.
Implementation Strategy for Achieving Goal	Develop an outreach initiative to work more closely with the service area city programs and senior clubs to raise awareness.
Community Benefit Category	A1—Community Health Education

Breastfeeding Resource Center	
Hospital CB Priority Areas	<ul style="list-style-type: none"> ✓ Obesity/Overweight ✓ Mental Health ✓ Diabetes <input type="checkbox"/> Alcohol and Substance Abuse <input type="checkbox"/> Cardiovascular Disease <input type="checkbox"/> Hypertension <input type="checkbox"/> Cholesterol <input type="checkbox"/> Disability <input type="checkbox"/> Oral Health
Program Emphasis	<ul style="list-style-type: none"> <input type="checkbox"/> Disproportionate Unmet Health-Related Needs ✓ Primary Prevention <input type="checkbox"/> Seamless Continuum of Care <input type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaborative Governance
Link to Community Health Needs Assessment	Preventive healthcare
Program Description	GMHHC's Breastfeeding Resource Center has trained certified lactation educators to assist new mothers with breastfeeding needs and assess the mother /baby dyad to ensure that the baby is breastfeeding effectively. The short-term and long-term benefits of breastfeeding for mother and child are well documented (e.g., for mother—breastfeeding linked to a lower risk of these types of health problems: Type 2 diabetes, breast cancer, cervical cancer, and post-partum depression; for baby—breastfeeding linked to lower risk of Type 1 & 2 Diabetes, childhood leukemia, lower respiratory infections, asthma, and obesity). We encourage the mother to follow up with the Breastfeeding Resource Center after 48-72 hours after hospital discharge to decrease NICU admission for hyperbilirubinemia /jaundice or dehydration. The Breastfeeding Resource Center and follow-up provides: three breastfeeding consultations up to the baby's 6 weeks of discharge. The visit includes outpatient one on one lactation consultation and follow up if necessary to support breastfeeding and nursing mothers in the community, including weekly breastfeeding support group meetings ("Nursing Mothers Circle") and telephone support.
FY 2014	
Goal FY 2014	<ul style="list-style-type: none"> • Continue to offer free outpatient visits to our patients to ensure that they succeed in their breastfeeding goals. • Continue to market our free support group and classes. • Nurture a free Spanish-speaking weekly support group. • Community awareness that Breastfeeding Consultations and Breast pump purchase assistance is now available through most Health Insurance Plans. • Market our free hot line, classes and support group to surrounding clinics in the community.
2014 Objective Measure/Indicator of Success	<ul style="list-style-type: none"> • Track patients satisfaction with overall breastfeeding support and education provided. • Track number of mothers attending the Breastfeeding Support Group and monitor their overall satisfaction with the services provided.
Baseline	Mothers and babies do not have very many options in the community to receive free education or assessment of their breastfeeding. Often when a mother is not breastfeeding well, she does not have the resources to get good clinical assistance. Many low income mothers only have WIC and depend on the staff at WIC; however there are limited staff who have the knowledge or the

	<p>clinical skills that may be needed to help the mother /baby dyad. If they pay for a Lactation consult, it can cost them from \$80 - \$125/ hour. Many mothers do not have the resources to pay for a breastfeeding class that may make the difference in their choice to breastfeed or not. In choosing to breastfeed, it saves them from purchasing formula (average \$2,500 per year), and often the infant is much healthier lowering the cost of healthcare for the infant and preventing the mother from having to take time from her place of employment.</p> <ul style="list-style-type: none"> • Most Mothers are not yet aware that Health Insurance plans now cover Breastfeeding Consultations and assist in purchase / rental of breast pumps. • Healthy People requirements urge the education and support of breastfeeding which is supported by the CDC, UNICEF and JAHCO.
Implementation Strategy for Achieving Goal	<ul style="list-style-type: none"> • Continue education for OBs, Pediatricians, and RNs to encourage them to support breastfeeding and increase referrals. • Education and handouts to patients on the importance of follow-up. • Patient awareness of Health Insurance plans and breastfeeding. • Performance Improvement projects addressing the above. • Continue active Lactation rounding on all post-partum dyads. • Covering more weekend and evening Lactation shifts.
Result FY 2014	<ul style="list-style-type: none"> • Support group continues to draw in mothers from Glendale and surrounding areas, has gone down due to time changes • Receiving calls on our hot line for mothers seeking resources and more breastfeeding information.
Hospital's Contribution / Program Expense	<ul style="list-style-type: none"> • Program Expense: \$33,140
FY 2015	
Goal 2015	<ul style="list-style-type: none"> • Continue to market our free Breastfeeding support group and classes. • Increase numbers of pregnant women attending the BF classes. • Nurture a free Spanish-speaking weekly support group. • Community awareness that Breastfeeding Consultations and Breast pump purchase assistance is now available through most Health Insurance Plans. • Market our free hot line, classes and support group to surrounding clinics in the community. • Expand the Breastfeeding Support Group back to 2 hours from 1 hour to give mothers more time to resolve and get assistance with their breastfeeding issues. • Get re designated from UNICEF for Baby Friendly Designation.
2015 Objective Measure/Indicator of Success	<ul style="list-style-type: none"> • Track patients satisfaction with overall breastfeeding support and education provided. • Track number of mothers attending the Breastfeeding Support Group and monitor their overall satisfaction with the services provided.
Baseline	<p>Mothers and babies do not have very many options in the community to receive free education or assessment of their breastfeeding. Often when a mother is not breastfeeding well, she does not have the resources to get good clinical assistance. Many low income mothers only have WIC and depend on the staff at WIC; however there are limited staff who have the knowledge or the clinical skills that may be needed to help the mother /baby dyad. If they pay for a Lactation consult, it can cost them from \$80 - \$125/ hour. Many mothers do not have the resources to pay for a breastfeeding class that may make the difference in their choice to breastfeed or not. In choosing to breastfeed, it saves them from purchasing formula (average \$2,500 per year), and often the infant is much healthier lowering the cost of healthcare for the infant and preventing the mother from having to take time from her place of employment.</p> <ul style="list-style-type: none"> • Most Mothers are not yet aware that Health Insurance plans now cover Breastfeeding Consultations and assist in purchase / rental of breast pumps. • Healthy People requirements urge the education and support of breastfeeding which is supported by the CDC, UNICEF and JAHCO.
Implementation Strategy for Achieving Goal	<ul style="list-style-type: none"> • Free weekly support group. • Free Breastfeeding Hot line. • Free Breastfeeding Classes in English and Spanish. • Free Lactation Support in the hospital.
Community Benefit Category	A1—Community Health Education

CHF Program	
Hospital CB Priority Areas	<input type="checkbox"/> Obesity/Overweight <input type="checkbox"/> Mental Health <input type="checkbox"/> Diabetes <input type="checkbox"/> Alcohol and Substance Abuse <input checked="" type="checkbox"/> Cardiovascular Disease <input type="checkbox"/> Hypertension <input type="checkbox"/> Cholesterol <input type="checkbox"/> Disability <input type="checkbox"/> Oral Health
Program Emphasis	<input type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Primary Prevention <input checked="" type="checkbox"/> Seamless Continuum of Care <input type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaborative Governance
Link to Community Health Needs Assessment	Chronic disease management and education
Program Description	The Program provides one to one education to patients and caregivers about congestive heart failure, using teach back method. Making daily rounds on new admissions with congestive heart failure diagnosis and making follow up phone calls within 24-48 hours of discharge to the patients enrolled in the program.
FY 2014	
Goal FY 2014	<ul style="list-style-type: none"> • To decrease 90 day readmission for CHF • To decrease average length of stay • To increase patient's perceived quality of life
2014 Objective Measure/Indicator of Success	<ul style="list-style-type: none"> • 90 day CHF readmission • Average length of stay • Assess Quality of life score
Baseline	As identified in the most recent Community Health Needs Assessment, with respect to Ambulatory Care Sensitive Conditions for Ages 65 and over, the percentage of our hospital discharges for CHF patients is 21.3 percent, demonstrating our hospital's need to address this health concern. Our baseline metric is: <ul style="list-style-type: none"> • 90 day CHF readmission = 18.2%
Implementation Strategy for Achieving Goal	<ul style="list-style-type: none"> • Daily rounds for screening and enrollment • Patient and caregiver education using teach back method • Follow-up phone calls within 24 – 48 hours of discharge
Result FY 2014	<ul style="list-style-type: none"> • 90 day CHF readmission = 10%
Hospital's Contribution / Program Expense	Program expense = \$83,247
FY 2015	
Goal 2015	<ul style="list-style-type: none"> • To decrease 90 day readmission for CHF • To decrease average length of stay • To increase patient's perceived quality of life
2015 Objective Measure/Indicator of Success	<ul style="list-style-type: none"> • 90 day CHF readmission • Average length of stay • Assess Quality of life score
Baseline	With respect to Ambulatory Care Sensitive Conditions for Ages 65 and over, the percentage of our hospital discharges for CHF patients is 20.22 percent, demonstrating our hospital's need to address this health concern. Our baseline metric is: <ul style="list-style-type: none"> • 90 day CHF readmission = 18.2%
Implementation Strategy for Achieving Goal	<ul style="list-style-type: none"> • Daily rounds for screening and enrollment • Patient and caregiver education using teach back method • Follow-up phone calls within 24 – 48 hours of discharge • Coordinate with physicians and pharmacies to help patients receive medication on time.
Community Benefit Category	A1—Community Health Education

This implementation strategy specifies community health needs that GMHHC has determined to meet in whole or in part and that are consistent with its mission. GMHHC reserves the right to amend this implementation strategy as circumstances warrant. For example, certain needs may become more pronounced and require enhancements to the described strategic initiatives. During the three years ending December 31, 2016, other organizations in the community may decide to address certain needs, indicating that the hospital should then refocus its limited resources to best serve the community.

Community Benefit and Economic Value

Summary of Un-sponsored Community Benefit Expense

For the period from 7/1/2013 through 6/30/2014 (including Medicare)

	Persons	Expense	Revenue	Benefit	% of Organization's	
					Expenses	Revenues
<u>Benefits for Living in Poverty</u>						
Financial Assistance	194	3,015,978	0	3,015,978	1.4	1.7
Unpaid Cost of Medicaid	25,314	77,206,849	29,913,092	47,293,757	22.2	26.6
Community Services						
Community Health Improvement Services	4	3,883	0	3,883	0	0
Financial and In-Kind Contributions	428	476,157	0	476,157	0.2	0.3
Totals for Community Services	432	480,040	0	480,040	0.2	0.3
Totals for Living in Poverty	25,940	80,702,867	29,913,092	50,789,775	23.9	28.6
<u>Benefits for Broader Community</u>						
Community Services						
Community Benefit Operations	0	56,045	0	56,045	0.0	0.0
Community Building Activities	0	100,266	0	100,266	0.0	0.1
Community Health Improvement Services	6,647	702,745	0	702,745	0.3	0.4
Financial and In-Kind Contributions	220	12,860	0	12,860	0.0	0.0
Health Professions Education	92	830,712	0	830,712	0.4	0.5
Research	0	377,560	11,924	365,636	0.2	0.2
Totals for Community Services	6,959	2,080,188	11,924	2,068,264	1.0	1.2
Totals for Broader Community	6,959	2,080,188	11,924	2,068,264	1.0	1.2
Totals - Community Benefit	32,899	82,783,055	29,925,016	52,858,039	24.9	29.8
Medicare	21,716	78,983,411	54,754,649	24,228,762	11.4	13.6
Totals with Medicare	54,615	161,766,466	84,679,665	77,086,801	36.3	43.4

Telling the Story

GMHHC has internal and external reporting mechanisms to help share the Community Benefit Report and Implementation Plan. Internally, the report and plan is presented to the Hospital Community Board, as well as management and staff who are interested in knowing how GMHHC has benefited the community.

Externally, this annual report and plan, as well as the most recent Community Health Needs Assessment, will also be posted to the GMHHC website: “Who We Are—Serving the Community” section, www.GlendaleMemorialHospital.org as well as on the Dignity Health website at www.DignityHealth.org, and is available upon request. Furthermore, as appropriate, the report and plan will be shared with key community partners and leaders.

Appendix A: 2014 GMHHC Board of Directors

Jean-Pierre Antaki, MD
Physician
Chief of Staff

John Cabrera, MD
Physician
Board Chair

Robert Gall, MD
Physician
Guest

Edward Keh
CEO, HealthCare Management Services

Jack Ivie
GMHHC President/CEO

Jacob Lee
COO/General Counsel, HYI

Patrick Liddell
Attorney, Melby & Anderson, LLP
Past Board Chair

Rob Mikitarian
President, Burbank Home Health Care

Harold Scoggins
Fire Chief, Glendale Fire Department
Vice Chair

Tyrone Tartt
Retired Attorney

Kalust Ucar, MD
Physician

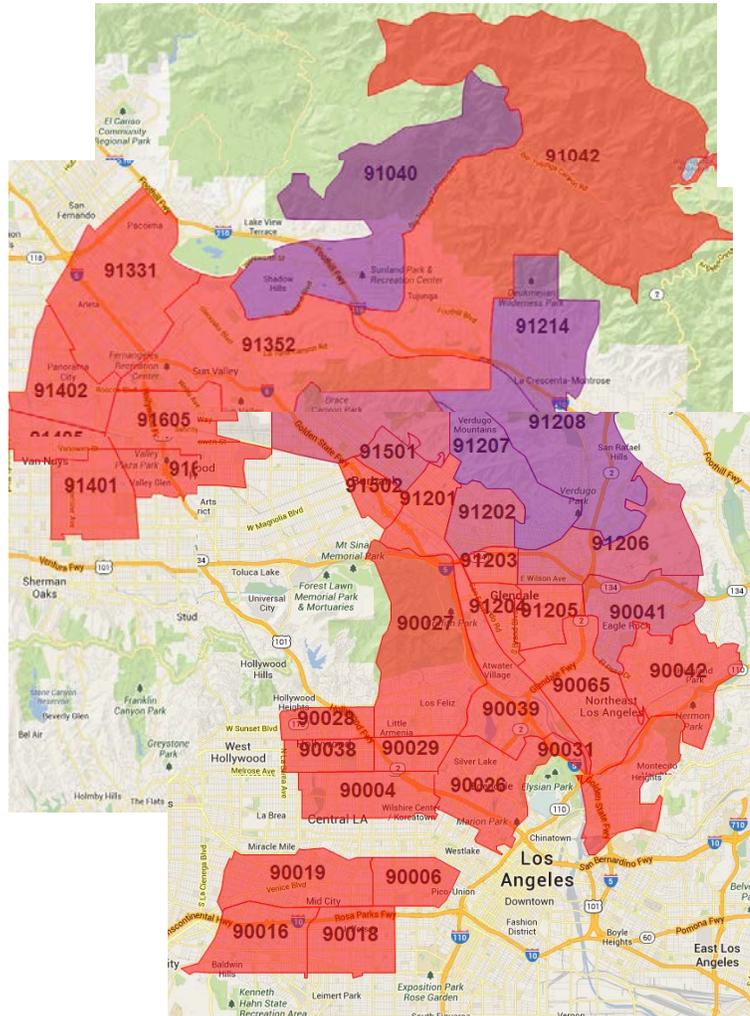
Petar Vukasin, MD
Physician
Guest

Douglas Webber, MD
Physician

Susan Whitten
VP, Business & Operational Development,
Dignity Health

Roberto Zarate
Owner, Tinto Restaurant

Appendix B: Community Need Index Map



■ 1 - 1.7 Lowest
 ■ 1.8 - 2.5 2nd Lowest
 ■ 2.6 - 3.3 Mid
 ■ 3.4 - 4.1 2nd Highest
 ■ 4.2 - 5 Highest

	Zip Code	CNI Score	Population	City	County	State
■	91201	4.4	25,348	Glendale	Los Angeles	California
■	91202	3.6	22,683	Glendale	Los Angeles	California
■	91203	4.4	15,389	Glendale	Los Angeles	California
■	91204	4.8	17,661	Glendale	Los Angeles	California
■	91205	4.6	42,953	Glendale	Los Angeles	California
■	91206	3.8	33,403	Glendale	Los Angeles	California
■	91207	2.8	9,857	Glendale	Los Angeles	California
■	91208	2.6	15,661	Glendale	Los Angeles	California
■	91214	2.6	31,090	La Crescenta	Los Angeles	California
■	90004	5	70,385	Los Angeles	Los Angeles	California

	90006	5	65,883	Los Angeles	Los Angeles	California
	90016	4.8	48,122	Los Angeles	Los Angeles	California
	90018	4.8	50,916	Los Angeles	Los Angeles	California
	90019	4.8	69,091	Los Angeles	Los Angeles	California
	90026	5	74,336	Los Angeles	Los Angeles	California
	90027	4.6	49,895	Los Angeles	Los Angeles	California
	90028	4.8	31,145	Los Angeles	Los Angeles	California
	90029	5	42,486	Los Angeles	Los Angeles	California
	90031	5	39,377	Los Angeles	Los Angeles	California
	90038	5	31,808	Los Angeles	Los Angeles	California
	90039	4.2	29,651	Los Angeles	Los Angeles	California
	90041	3.8	29,062	Los Angeles	Los Angeles	California
	90042	4.8	66,809	Los Angeles	Los Angeles	California
	90065	4.8	48,362	Los Angeles	Los Angeles	California
	91040	3.2	20,818	Sunland	Los Angeles	California
	91042	4.2	27,131	Tujunga	Los Angeles	California
	91331	4.6	100,588	Pacoima	Los Angeles	California
	91352	4.8	47,297	Sun Valley	Los Angeles	California
	91401	4.8	42,605	Van Nuys	Los Angeles	California
	91402	4.8	72,717	Panorama City	Los Angeles	California
	91405	4.8	55,579	Van Nuys	Los Angeles	California
	91501	3.8	20,723	Burbank	Los Angeles	California
	91502	4.4	12,563	Burbank	Los Angeles	California
	91504	3.6	24,856	Burbank	Los Angeles	California
	91605	5	61,676	North Hollywood	Los Angeles	California
	91606	5	49,157	North Hollywood	Los Angeles	California

CNI MEDIAN SCORE: 4.8

Appendix C: Summary of Patient Payment Assistance Policy

Policy Overview:

Dignity Health is committed to providing payment assistance to persons who have health care needs and are uninsured or under-insured, ineligible for a government program, and otherwise unable to pay for medically necessary care based on their individual financial situations. Consistent with its mission to deliver compassionate, high quality, affordable health care services, and to advocate for those who are poor and disenfranchised, Dignity Health strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. Payment assistance is not considered to be a substitute for personal responsibility, and patients are expected to cooperate with Dignity Health's procedures for obtaining payment assistance, and to contribute to the cost of their care based on individual ability to pay. Individuals with financial capacity to purchase health insurance shall be encouraged to do so as a means of assuring access to health care services.

Eligibility for Patient Payment Assistance:

- Eligibility for payment assistance will be considered for those individuals who are uninsured, ineligible for any government health care benefit program, and unable to pay for their care, based upon a determination of financial need in accordance with the policy.
- The granting of payment assistance shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, or immigration status, sexual orientation or religious affiliation.

Determination of Financial Need:

- Financial need will be determined through an individual assessment that may include:
 - a. an application process in which the patient or the patient's guarantor is required to cooperate and supply all documentation necessary to make the determination of financial need;
 - b. the use of external publicly available data sources that provide information on a patient's or a patient's guarantor's ability to pay;
 - c. a reasonable effort by the Dignity Health facility to explore and assist patients in applying for appropriate alternative sources of payment and coverage from public and private payment programs; and will take into account the patient's assets and other financial resources.
- It is preferred but not required that a request for payment assistance and a determination of financial need occur prior to rendering of services. The need for payment assistance may be re-evaluated at each subsequent rendering of services, or at any time additional information relevant to the eligibility of the patient for payment assistance becomes known.
- Dignity Health's values of human dignity and stewardship shall be reflected in the application process, financial need determination and granting of payment assistance. Requests for payment assistance shall be processed promptly, and the Dignity Health facility shall notify the patient or applicant in writing within 30 days of receipt of a completed application.

Patient Payment Assistance Guidelines:

Services eligible under the policy will be made available to the patient on a sliding fee scale, in accordance with financial need as determined by the Federal Poverty Level (FPL) in effect at the time of the termination as follows:

- Patients whose income is at or below 200% of the FPL are eligible to receive free care;
- Patients whose income is above 200% but not more than 350% of the FPL are eligible to receive services at the average rates of payment the Dignity Health facility would receive from Medicare, Medicaid (MediCal), Healthy Families, or any other government-sponsored health program in which the hospital participates, whichever is greater in amount for the same services;
- Patients whose income is above 350% but not more than 500% of the FPL are eligible to receive services at 135% of the average rates the Dignity Health facility would receive from Medicare, Medicaid (MediCal), Healthy Families, or any other government-sponsored health program in which the hospital participates, whichever is greater for the same services;
- Patients whose income exceeds 500% of the FPL may be eligible to receive discounted rates on a case-by-case basis based on their specific circumstances, such as catastrophic illness or medical indigence, at the discretion of the Dignity Health facility.

Dignity Health's administrative policy for Eligibility and Application for Payment Assistance shall define what qualifies as income for these purposes.

Communication of the Payment Assistance Program to Patients and the Public:

- Information about patient payment assistance available from Dignity Health, including a contact number, shall be disseminated by the Dignity Health facility by various means, including the publication of notices in patient bills and by posting notices in the Emergency and Admitting Departments, and at other public places as the Dignity Health facility may elect. Such information shall be provided in the primary languages spoken by the populations served by the Dignity Health facility.
- Any member of the Dignity Health facility staff or medical staff may make referral of patients for payment assistance. The patient or a family member, a close friend or associate of the patient may also make a request for payment assistance.

Budgeting and Reporting:

- Specific dollar amounts and annual plans for patient payment assistance will be included within the Social Accountability Budget of the Dignity Health facility. Dignity Health facilities will report patient payment assistance calculated at cost in the annual Social Accountability Report and may voluntarily report such information as deemed appropriate.
- Patient payment assistance statistics shall be disclosed in annual financial statements but shall not include amounts that are properly considered to be bad debt or contractual discounts.

Relationship to Collection Policies:

- Dignity Health system management shall develop policies and procedures for internal and external collection practices by Dignity Health facilities that take into account the extent to which the patient qualifies for payment assistance, a patient's good faith effort to apply for a governmental program or for payment assistance from Dignity Health, and a patient's good faith effort to comply with his or her payment agreements with the Dignity Health facility.
- For patients who qualify for payment assistance and who are cooperating in good faith to resolve their hospital bills, Dignity Health facilities may offer interest-free extended payment plans to eligible patients, will not impose wage garnishments or liens on primary residences and will not send unpaid bills to outside collection agencies.

Regulatory Requirements:

In implementing this policy, Dignity Health management and dignity health facilities shall comply with all federal, state and local laws, rules and regulations that may apply to activities conducted pursuant to this policy.

Appendix D: Community Health Needs Assessment Stakeholders

Focus Group Participants:

Individuals with special knowledge of or expertise in public health						
	Name (Last First)	Title	Affiliation	Public Health Knowledge/ Expertise	Date of Consult	Type of Consult
1	Kassabian, Armen	MD	Armenian American Medical Society	Family medicine	2/11/2013	Focus Group
2	Momijian, Manuel	MD	Armenian American Medical Society	Family medicine	2/11/2013	Focus Group
3	McDaniel, Sharon	RN, M.S.N., P.M.H.N.P	Didi Hirsch Mental Health Services	Mental health, substance abuse	2/11/2013	Focus Group
4	Virola, Iris	Director of Marketing	Drier's Nursing Care Center	Long-term care and rehabilitation services	2/11/2013	Focus Group
5	Reyes, Toni	Program Manager Health Services	Glendale Community College	Student health services	2/11/2013	Focus Group
6	Roth, Sharon	CEO	Glendale Healthy Kids	Low-cost/no-cost health insurance for children	2/11/2013	Focus Group
7	Sinclair, Kim	Teacher	Glendale High School	Public health, health and psychology	2/11/2013	Focus Group
8	Sergile, Kara	Consultant	KWS Consulting	Public health	2/11/2013	Focus Group
9	Stanley, Terri	VP, Strategy and Business Development	Partners in Care Foundation	Public health, community care	2/11/2013	Focus Group
10	Gonzalez, Jessica		Comprehensive Community Health Centers	FQHC, public health, reproductive health, teens	2/11/2013	Focus Group
11	Nelson, Bruce	Director of Community Services	Glendale Adventist Medical Center	Community services and health	2/11/2013	Focus Group

Individuals with special knowledge of or expertise in public health						
	Name (Last First)	Title	Affiliation	Public Health Knowledge/ Expertise	Date of Consult	Type of Consult
12	Shaw, Sally	DrPH, Project Director	Glendale Adventist Medical Center	Community services and health	2/11/2013	Focus Group
13	Roberts, Kevin	CEO	Glendale Adventist Medical Center	Hospital administration	2/11/2013	Focus Group
14	MacDougall, Teryl	Guest Relations Manager	Glendale Adventist Medical Center	Community services and health	2/11/2013	Focus Group
15	McCarty, Rev. Cassie, M.Div., BCC	Director, Mission Integration & Spiritual Care Services	Glendale Memorial Hospital and Health Center	Community services and health	2/11/2013	Focus Group
16	Davis-Quarrie, Yulanda	Foundation President	Verdugo Hills Hospital	Hospital administration	2/11/2013	Focus Group
17	Petrossian, Celine	Marketing/PR Specialist	Verdugo Hills Hospital		2/11/2013	Focus Group
18	Rivera, Mantha		Glendale Memorial Hospital and Health Center	Hospital administration	2/11/2013	Focus Group

Leaders, representatives, or members of medically underserved populations, low-income persons, minority populations, and populations with chronic disease needs						
	Leader / Rep. Name (Last, First)	Leadership, Representative, or Member Role	Affiliation	Group(s) Represented? (medically underserved, low income, minority population, population with chronic disease)	Date of Consult	Type of Consult
1	Komuro, Natalie	Executive Director	Ascencia	Homeless populations (adults and children)	2/11/2013	Focus Group
2	McDaniel, Sharon	RN, M.S.N., P.M.H.N.P	Didi Hirsch Mental Health Services	Mental health, substance abuse, uninsured, low income	2/11/2013	Focus Group

Leaders, representatives, or members of medically underserved populations, low-income persons, minority populations, and populations with chronic disease needs

	Leader / Rep. Name (Last, First)	Leadership, Representative, or Member Role	Affiliation	Group(s) Represented? (medically underserved, low income, minority population, population with chronic disease)	Date of Consult	Type of Consult
3	Doughty, Sandy	Executive Director	GAR	Adults with developmental disabilities	2/11/2013	Focus Group
4	Roth, Sharon	CEO	Glendale Healthy Kids	Uninsured children	2/11/2013	Focus Group
5	Gunnell, Marilyn	Safe Place, LACMA	YMCA	Youth in crisis and recovery	2/11/2013	Focus Group
6	Bearchell, Ryan		Salvation Army	Seniors, families and youth who are low-income, homeless, accessing Salvation Army programs	2/11/2013	Focus Group
7	Raggio, Lisa		Glendale YMCA	Domestic violence victims and families	2/11/2013	Focus Group
8	Dzhanhyan, Eliza		Glendale Youth Alliance	Low-income youth	2/11/2013	Focus Group
9	Gonzalez, Jessica		Comprehensive Community Health Centers	Teens	2/11/2013	Focus Group
10	Fecske, Fran	Emeritus at Casa Glendale	Casa Glendale	Seniors	2/11/2013	Focus Group

Community Forum Participants (Prioritization):

	Name (Last, First)	Title	Affiliation	Public Health Knowledge/ Expertise	Date of Consult	Type of Consult
1	Gonzalez, Jessica		Comprehensive Community Health Centers	FQHC, public health, reproductive health, teens	5/30/2013	Prioritization Session
2	Nelson, Bruce	Director of Community Services	Glendale Adventist Medical Center	Community services and health	5/30/2013	Prioritization Session
3	Shaw, Sally	D.Ph., Project Director	Glendale Adventist Medical Center	Community services and health	5/30/2013	Prioritization Session
4	Petrossian, Celine	Marketing/PR Specialist	Verdugo Hills Hospital	Hospital	5/30/2013	Prioritization Session
5	Eckart, Marina		Didi Hirsch Mental Health	Community services and health	5/30/2013	Prioritization Session
6	Seck, Nancy	Director of Quality Management	Glendale Memorial Hospital and Health Center	Hospital	5/30/2013	Prioritization Session
7	Lancaster, Katy		Glendale Adventist Medical Center	Hospital	5/30/2013	Prioritization Session
8	Graf, Angela		Glendale Adventist Medical Center	Hospital	5/30/2013	Prioritization Session
9	Aleksani, A.		Glendale Adventist Medical Center	Hospital	5/30/2013	Prioritization Session
10	Sadler, S.		Glendale Adventist Medical Center	Hospital	5/30/2013	Prioritization Session
11	Correa, Sharon		Glendale Adventist Medical Center	Hospital	5/30/2013	Prioritization Session
12	Khanoyan, Sirvard, MD		Family Practice of Glendale	Medical service provider	5/30/2013	Prioritization Session
13	Townsend, Sharon		Glendale Healthy Kids	Medical service provider	5/30/2013	Prioritization Session
14	De Pacina, Nona		Oakpark Healthcare	Skilled Nursing Facility	5/30/2013	Prioritization Session

	Name (Last, First)	Title	Affiliation	Public Health Knowledge/ Expertise	Date of Consult	Type of Consult
15	Sefilyan, Esther		Partners in Care Foundation	Community services and health	5/30/2013	Prioritization Session

Individuals consulted from Federal, tribal, regional, state, or local health departments, or other departments or agencies with current data or other relevant information

	Name (Last, First, Academic Distinction)	Title	Affiliation	Type of Department	Date of Consult	Type of Consult
1	Powers, Christine		City of Glendale	City administration	5/30/2013	Prioritization Session
2	Mozian, Rita	Health Educator	LA County Dept. of Public Health, SPAs 1 and 2	Public health	5/30/2013	Prioritization Session
3	Ochoa, Scott	City Manager	City of Glendale	City administration	5/30/2013	Prioritization Session

Leaders, representatives, or members of medically underserved populations, low-income persons, minority populations, and populations with chronic disease needs

	Leader / Rep. Name (Last, First)	Leadership, Representative, or Member Role	Affiliation	Group(s) Represented (medically underserved, low-income, minority population, populations with chronic disease)	Date of Consult	Type of Consult
1	Komuro, Natalie	Executive Director	Ascencia	Homeless populations (adults and children)	5/30/2013	Prioritization Session
2	Gunnell, Marilyn	Safe Place, LACMA	YMCA	Youth in crisis and recovery	5/30/2013	Prioritization Session

Other sources of community input (such as consumer advocates, nonprofit organizations, academic experts, local government officials, community-based organizations, health care providers, private businesses, and/or health insurance and managed care organizations)

Does not include sources of community input in preceding tables

	Name (Last, First)	Title	Affiliation		Date of Consult	Type of Consult
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Other sources of community input (such as consumer advocates, nonprofit organizations, academic experts, local government officials, community-based organizations, health care providers, private businesses, and/or health insurance and managed care organizations)

Does not include sources of community input in preceding tables

	Name (Last, First)	Title	Affiliation		Date of Consult	Type of Consult
1	Saikali, George	CEO	YMCA of Glendale	Community services and health	5/30/2013	Prioritization Session
2	Cordon, Jeanett		YMCA of Glendale	Community services and health	5/30/2013	Prioritization Session
3	Snively, C.		Deloitte		5/30/2013	Prioritization Session
4	Murray, John		SAP		5/30/2013	Prioritization Session
5	Sahakian, Shant		Sedna Solutions	Marketing and design	5/30/2013	Prioritization Session
6	Babayan, Ida		Glendale Youth Alliance	Community services and health	5/30/2013	Prioritization Session
7	Burlison, Lydia		Glendale Unified School District	Education	5/30/2013	Prioritization Session
8	Vargas, Chad		Health Services Advisory Group	Health care management services	5/30/2013	Prioritization Session

Prioritization Survey Participants:

	Name (Last, First)	Affiliation	Public Health Knowledge/Expertise	Date of Consult	Type of Consult	Prioritization Session
1	Momjian, Manuel	Armenian American Medical Society	Community services and health	June 2013	Online Survey	
2	Gonzalez, Jessica	Comprehensive Community Health Centers	Community services and health	June 2013	Online Survey	
3	Khanoyan, Sirvard	Family Practice of Glendale/Family Medicine Residency Program	Medical services	June 2013	Online Survey	Y
4	Townsend (Roth), Sharon	Glendale Healthy Kids	Community services and health	June 2013	Online Survey	Y
5	Sergile, Kara	KWS Consulting	Mental health services	June 2013	Online Survey	
6	Shaw, Sally	Glendale Adventist Medical Center	Community services and health	June 2013	Online Survey	Y
7	Sadler, Karen	Glendale Adventist Medical Center	Community services and health	June 2013	Online Survey	
8	Macdougall, Teryl	Glendale Adventist Medical Center	Community services and health	June 2013	Online Survey	
9	Rivera, Martha	Glendale Adventist Medical Center	Community services and health	June 2013	Online Survey	Y
10	Garcilazo, Al	Glendale Adventist Medical Center	Community services and health	June 2013	Online Survey	

	Name (Last, First)	Affiliation	Public Health Knowledge/Expertise	Date of Consult	Type of Consult	Prioritization Session
11	Miller, Denise	Glendale Adventist Medical Center	Community services and health	June 2013	Online Survey	
12	Seck, Nancy	Glendale Memorial Hospital and Health Center	Community services and health	June 2013	Online Survey	Y
13	Petrossian, Celine	Verdugo Hills Hospital	Community services and health	June 2013	Online Survey	Y
14	McCurry, Judith	Verdugo Hills Hospital	Community services and health	June 2013	Online Survey	

	Name (Last, First)	Affiliation	Public Health Knowledge/Expertise	Date of Consult	Type of Consult	Prioritization Session
Individuals consulted from Federal, tribal, regional, state, or local health departments, or other departments or agencies with current data or other relevant information						
	Name (Last, First, Academic Distinction)	Affiliation	Knowledge, Expertise	Date of Consult	Type of Consult	Prioritization Session
1	Mozian, Rita	LA County Department of Public Health	Community services and health	June 2013	Online Survey	Y
2	Sinclair, Kimberley	Glendale High School	Education	June 2013	Online Survey	
3	Burlison, Lynda	Glendale Unified School District	Education	June 2013	Online Survey	Y
4	Reynolds, Carol	Glendale Unified School District	Education	June 2013	Online Survey	

Leaders, representatives, or members of medically underserved populations, low-income persons, minority populations, and populations with chronic disease needs						
	Name (Last, First)	Affiliation	Knowledge, Expertise	Date of Consult	Type of Consult	Prioritization Session
1	Sardar, Melina	Ark Family Center, Inc.	Mental health services	June 2013	Online Survey	
2	Zinzalian, Sona	Armenian Relief Society, Social Services	Community services	June 2013	Online Survey	
3	Molano, Herbert	Apartment Association of Greater Los Angeles	Housing	June 2013	Online Survey	
4	Komuro, Natalie	Ascencia	Homeless services	June 2013	Online Survey	
5	Bearchell, Ryan	The Salvation Army	Community services and health	June 2013	Online Survey	
6	Babayan, Ida	Glendale Youth Alliance	Youth development	June 2013	Online Survey	Y
7	Peters, Tim	Door of Hope	Homeless services	June 2013	Online Survey	

Other sources of community input (such as consumer advocates, nonprofit organizations, academic experts, local government officials, community-based organizations, health care providers, private businesses, and/or health insurance and managed care organizations)						
<i>Does not include sources of community input in preceding tables</i>						
	Name (Last, First)	Affiliation	Knowledge, Expertise	Date of Consult	Type of Consult	Prioritization Session
1	Gonzalez, Juan	City of Glendale	City administration	June 2013	Online Survey	
2	Fish, Greg	Glendale Fire Department	Public services	June 2013	Online Survey	

3	Cordon, Jeanett	YMCA of Glendale	Community services and health	June 2013	Online Survey	Y
4	Raggio, Lisa	YWCA Glendale	Community services and health	June 2013	Online Survey	Y
5	Karinski, Edna	Community Foundation of the Verdugos		June 2013	Online Survey	