Glendale Memorial Hospital & Health Center

Community Benefit 2021 Report and 2022 Plan

Adopted October 2021





A message from

Jill Welton, president and CEO of Dignity Health Glendale Memorial Hospital and Health Center, and Petar Vukasin, MD, Chair of the Dignity Health Glendale Memorial Hospital and Health Center Community Board.

Dignity Health's approach to community health improvement aims to address significant health needs identified in the Community Health Needs Assessments that we conduct with community input, including from the local public health department. Our initiatives to deliver community benefit include financial assistance for those unable to afford medically necessary care, a range of prevention and health improvement programs conducted by the hospital and with community partners, and investing in efforts that address social determinants of health.

Glendale Memorial Hospital shares a commitment with others to improve the health of our community, and delivers programs and services to help achieve that goal. The Community Benefit 2021 Report and 2022 Plan describes much of this work. This report meets requirements in California state law (Senate Bill 697) that not-for-profit hospitals produce an annual community benefit report and plan. Dignity Health hospitals in Arizona and Nevada voluntary produce these reports and plans, as well. We are proud of the outstanding programs, services and other community benefits our hospital delivers, and are pleased to report to our community.

In fiscal year 2021 (FY21), Glendale Memorial Hospital provided \$27,661,933 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services and other community benefits. The hospital also incurred \$16,600,858 in unreimbursed costs of caring for patients covered by Medicare.

The hospital's Community Board reviewed, approved and adopted the Community Benefit 2021 Report and 2022 Plan at its October 20, 2021 meeting.

Thank you for taking the time to review our report and plan. We welcome any questions or ideas for collaborating that you may have, by reaching to out to Cassie McCarty, Director of Mission Integration, at 818-502-4578 or Cassie.Mccarty@dignityhealth.org.

Jill Welton

President/CEO

Petar Vukasin, MD

Chairperson, Board of Directors

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At-a-Glance Summary

Community Served

Dignity Health Glendale Memorial Hospital and Health Center (GMHHC) is located in Glendale, California within the county of Los Angeles and serves the greater Glendale community. The total population within GMHHC's primary service area is 779,282.

GMHHC's primary service is the following 17 ZIP Codes:

- Glendale (91201, 91202, 91203, 91204, 91205, 91206, 91207, 91208)
- La Crescenta (91214)
- Los Angeles

o Hollywood: 90026, 90029

Los Feliz: 90027
Griffith Park: 90039
Eagle Rock: 90041
Highland Park: 90042
Glassell Park: 90065

Tujunga (91042)

Economic Value of Community Benefit

\$27,661,933 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services, community grants and other community benefits

\$16,600,858 in unreimbursed costs of caring for patients covered by Medicare



Addressed

The significant community health needs the hospital is helping to address and that form the basis of this document were identified in the hospital's most recent Community Health Needs Assessment (CHNA). Needs being addressed by strategies and programs are:



- 1. Poverty / Homelessness
- Mental Health / Substance
 Abuse
- 3. Access to Medical Care
- 4. Cardiovascular Diseases
- 5. Geriatric Support

FY21 Programs and Services



The hospital delivered several programs and services to help address identified significant community health needs. These included:

 Community Grants Program (Grant awardees provided programs and/or services that addressed our significant community health needs.)

- Cultural Trauma and Mental Health Resiliency Project (Grant awardees addressed Mental Health in their programs through evidence-based curriculum.)
- 50+ Senior Services
- Breastfeeding Resource Center
- Diabetes and Nutrition Program
- Collaboration with Glendale Healthier Community Coalition
- Health Professions Education (provided internships to ultrasound, X-ray, phlebotomy, lab, pharmacy, surgical technician, and dietician students)

Please note that some programs were cancelled, paused, and/or adjusted due to the pandemic. The 50plus program senior education lecture was adjusted and the exercise class was paused. The breastfeeding support group and colorectal support group meetings were paused. These will be resumed as public health conditions permit.

FY22 Planned Programs and Services



For FY22, the hospital plans to continue the same programs and activities, as well as grant funding for our Community Grants Program and the Cultural Trauma and Mental Health Resiliency Project. We will offer a new healthcare internship program for Glendale Unified School District and Glendale Community College students. Please note, due to the coronavirus pandemic, some of the programs will be held virtually and we may have to limit the number of internships we can offer. In addition, at this time, we still do not know if we will be able to host and/or participate in health fairs as the hospital typically did pre-pandemic.

This document is publicly available online at https://www.dignityhealth.org/socal/locations/glendalememorial/about-us/serving-the-community/community-health-needs-assessment-plan.

Written comments on this report can be submitted to the Dignity Health Glendale Memorial Hospital and Health Center, c/o Director of Mission Integration, 1420 S. Central Ave., Glendale, CA 91204 or by e-mail to Cassie.McCarty@dignityhealth.org.

Our Hospital and the Community Served

About Glendale Memorial Hospital

Glendale Memorial Hospital is a member of Dignity Health, which is a part of CommonSpirit Health. The hospital offers services in multiple areas of health including:

- Adult Behavioral Health Unit
- Colorectal Care Center
- Critical Care Medicine
- Emergency Services
- Gastroenterology
- Heart Care
- Maternity Care
- Neonatal Intensive Care Unit (Level III)

- Orthopedics
- · Rehabilitation Services
- Spine Services
- Stroke Care
- Surgical Services
- Women's Health
- Wound Care

Our Mission

As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

Our Vision

A healthier future for all - inspired by faith, driven by innovation, and powered by our humanity.

Financial Assistance for Medically Necessary Care

Glendale Memorial Hospital is dedicated to creating healthier communities by providing financial assistance to persons who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay. Advocating for the poor and vulnerable is both our mission and our passion. The hospital has financial assistance available to help pay for medically necessary services provided to those patients who meet certain income requirements. The financial assistance policy, a plain language summary of the policy, and a financial assistance application are on the hospital's web site.

Description of the Community Served

Glendale Memorial Hospital and Health Center (GMHHC) serves the city of Glendale and the surrounding communities of La Crescenta, La Canada/Flintridge, portions of Burbank and northern sections of the greater Los Angeles metropolitan area. The City of Glendale is very diverse and includes a large population of Armenian community members, including immigrants. GMHHC is located in the southernmost part of Glendale, an underserved area of our community.

Dignity Health hospitals define the community they serve as the geographic area served by the hospital. Our primary service area is the basis for our Community Health Needs Assessment. A summary description of the community is below, and additional details can be found in the CHNA report online.

Demographics of the primary service area are from Claritas Pop-Facts © 2021; SG2 Market Demographic Module:

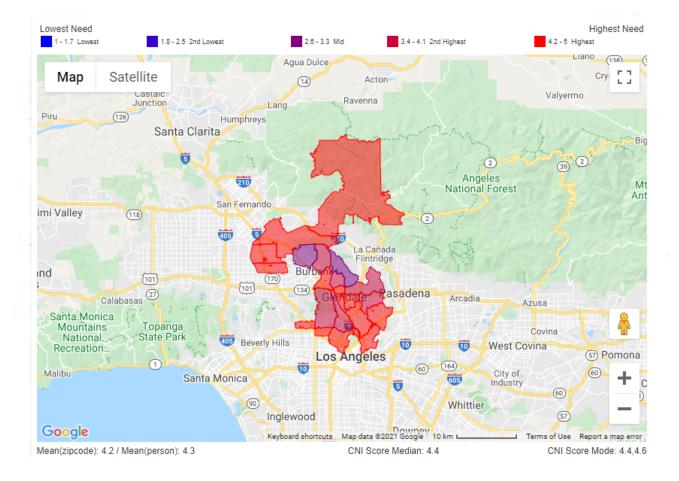
- Population for primary service area: 779,282
- Race
 - o White Non-Hispanic: 37.9%
 - o Black/African American Non-Hispanic: 2.4%
 - o Hispanic or Latino: 43.3%
 - o Asian/Pacific Islander: 13.8%
 - o All others: 2.6%
- % Below Poverty: 12%
- Unemployment: 6.4%
- No High School Diploma: 19.6%
- Medicaid (household): 11.3%
- Uninsured (household): 4.8%



Community Need Index

One tool used to assess health need is the Community Need Index (CNI) created and made publicly available by Dignity Health and IBM Watson Health. The CNI analyzes data at the zip code level on five factors known to contribute or be barriers to health care access: income, culture/language, education, housing status, and insurance coverage.

Scores from 1.0 (lowest barriers) to 5.0 (highest barriers) for each factor are averaged to calculate a CNI score for each zip code in the community. Research has shown that communities with the highest CNI scores experience twice the rate of hospital admissions for ambulatory care sensitive conditions as those with the lowest scores.



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Zip Code	CNI Score	Population	City	County	State
90026	4.6	68737	Los Angeles	Los Angeles	California
90027	3.8	45063	Los Angeles	Los Angeles	California
90028	4.4	34402	Los Angeles	Los Angeles	California
90029	4.8	37702	Los Angeles	Los Angeles	California
90031	4.8	40550	Los Angeles	Los Angeles	California
90039	3.8	28305	Los Angeles	Los Angeles	California
90041	3.6	27767	Los Angeles	Los Angeles	California
90042	4.4	62631	Los Angeles	Los Angeles	California
90065	4.4	47539	Los Angeles	Los Angeles	California
91042	4.4	28523	Tujunga	Los Angeles	California
91201	4.2	22664	Glendale	Los Angeles	California
91202	3.8	23434	Glendale	Los Angeles	California
91203	4.2	16262	Glendale	Los Angeles	California
91204	4.6	16485	Glendale	Los Angeles	California
91205	4.6	37941	Glendale	Los Angeles	California
91206	3.6	32730	Glendale	Los Angeles	California
91207	2.8	10455	Glendale	Los Angeles	California
91352	4.4	49156	Sun Valley	Los Angeles	California
91501	3.8	21816	Burbank	Los Angeles	California
91504	3.2	26005	Burbank	Los Angeles	California
91605	4.6	55889	North Hollywood	Los Angeles	California
91606	4.6	45226	North Hollywood	Los Angeles	California

Community Assessment and Significant Needs

The hospital engages in multiple activities to conduct its community health improvement planning process. These include, but are not limited, to conducting a Community Health Needs Assessment with community input at least every three years, identifying collaborating community stakeholder organizations, describing anticipated impacts of program activities and measuring program indicators.

Community Health Needs Assessment

The health issues that form the basis of the hospital's community benefit plan and programs were identified in the most recent CHNA report, which was adopted in October 2019.

The CHNA contains several key elements, including:

- · Description of the assessed community served by the hospital;
- Description of assessment processes and methods;
- Presentation of data, information and findings, including significant community health needs;
- · Community resources potentially available to help address identified needs; and
- Discussion of impacts of actions taken by the hospital since the preceding CHNA.

Additional detail about the needs assessment process and findings can be found in the CHNA report, which is publicly available at https://www.dignityhealth.org/content/dam/dignity-health/pdfs/chna/chnaglendale.pdf or upon request at the hospital's Community Health office.

Significant Health Needs

The most recent community health needs assessment identified the following significant community health needs:

1. Poverty and Homelessness

In California, where the cost of living is high, families can earn two or more times the Federal Poverty Level and still struggle to meet their basic needs. A comprehensive 2018 state-by-state report by the National Low Income Housing Coalition (NLIHC) demonstrated that renting a two-bedroom apartment in Los Angeles required a household income of \$66,520. The GMHHC service area falls within larger geographic Service Planning Areas that differ in their overall poverty profile. Although the county's highest rates of poverty are in SPA 6 and SPA 1, as described in the chart below, the densely populated SPA 4 has a larger percentage of the population living below the FPL than both neighboring SPA 2 and the entire county: one in four households in SPA 4 were estimated to be living below 100% of the FPL. Youth in the county are similarly affected, with 27.4% living below 100% of the FPL compared with the state's rate of 21.0%. In 2017, according to the U.S. Census, 40.6% of Los Angeles County families with children under 18 with a female head of household were living below 100% FPL. This rate is line with the state's rate of 39.5%.

Population Living below the Federal Poverty Level

	Below 100% Poverty	100-200% Poverty
SPA 2—San Fernando Valley	14.2%	16.8%
SPA 4—Metro	25.9%	22.7%
HIGHEST POVERTY Area in Los Angeles County	SPA 6—South: 38.6%	SPA 1—Antelope Valley: 30.4%
Los Angeles County	20.6%	18.2%
California	16.8%	18.1%

Data Source: California Health Interview Survey, 2017, SPA

According to the Los Angeles Homeless Services Authority, "homeless individuals" (as opposed to "homeless families") include single adults, adult couples with no children, and groups of adults over the age of 18. Most of the homeless individuals in the GMHHC service area are living within SPA 4–Metro (27.7%). Of the identified homeless families, most are within SPA 4–Metro (22.7%). Of the 125 homeless minors under the age of 18 in all SPAs, most reside within SPA 4–Metro (31.2%). SPA 4–Metro has the county's highest percentage of homeless who are mentally ill (29.3%), have substance abuse issues (28.0%), are HIV-positive (45.2%), or are physically disabled (28.0%). These percentages are slightly higher than in Los Angeles County.

Homeless by Type

	Total Homeless	Individuals (Not in Family Units)	Family Members (in Family Units)	Unaccompanied Minors (Under age 18)
SPA 2	7,738	77.2%	22.8%	0.0%
SPA 4	14,218	89.7%	9.9%	0.3%
Highest SPA	SPA 4	SPA 4	SPA 2	SPA 4
Los Angeles County	52,765	84.1%	15.8%	0.1%

Source: Los Angeles Homeless Service Authority, 2018 Greater Los Angeles Homeless Count Reports

2. Mental Health and Substance Abuse

In 2017, in Los Angeles County, psychological distress and depression were prevalent within 8.6% to 9.7% of the population. Two-thirds of the population reported receiving adequate social and emotional support (64.0%), leaving the remaining third of the population vulnerable to the risks associated with untreated mental health. This crisis in care affects the teenage population mostly profoundly, where 1 in 4 needs urgent care for emotional and mental health crises at least once in the course of a year. Adults experience an average of 2.6 unhealthy days resulting from poor mental health—much like reports within the county (2.3 days). Over 8% report feeling depressed.

Mental Health Indicators

	Limited-Activity Days in Past Month for Adults due to Poor Physical and/ Mental Health	Adults with Serious Psychological Distress in the Last Year ¹	Depression Prevalence	Adequate Social and Emotional Support	
Report Area	Days	Percentage	Percentage	Percentage	
SPA 2-San Fernando Valley	2.5	7.6%	8.0%	69.1%	
SPA 4-Metro	2.7	10.9%	10.8%	60.2%	
GMHHC Service Area	2.6	NA	9.6%	64.0%	
Los Angeles County	2.3	9.7%	8.6%	64.0%	

Data Sources: Los Angeles County Health Survey, 2015 and (1) California Health Interview Survey (CHIS), 2017,

In 2015, within the GMHHC service area, half (55.0%) of adults (18+ years old) reported drinking alcohol at least once in the past month, while 16.2% of adults reported engaging in binge drinking in the past month. In 2016, the average number of alcohol outlets per 1,000 persons in the GMHHC service area was 1.5. The rate was almost three times higher for 91203—Glendale (4.0), relative to the service area, and for the service area relative to Los Angeles County (0.6).

In 2017, the percentage of adults who reported misusing prescription drugs in the GMHHC service area (5.7%) is slightly higher than in Los Angeles County (5.5%), as is the percentage of adults who reported using marijuana in the past year (13.4%).

Finally, almost one in six persons (17.1%) in the county reported needing help for mental, emotional, or alcohol/drug issues in 2017—slightly lower than that reported for the state (18.5%). In general, fewer adults sought help than recognized their need for help in the county and the state, though in SPA 4, the trend is reversed: more (17.8%) saw a health care provider than reported their need for help. A large proportion in SPA 2 (49.3%) and in SPA 4 (27.7%) said that they sought or needed help but did not receive any treatment.

Needed Help for Mental, Emotional, or Alcohol/Drug Issues

Report Area	Adults Who Needed Help for Emotional/Mental and/or Alcohol-Drug Issues in Past Year	Adults Who Saw a Health Care Provider for Emotional/Mental Health and/or Alcohol- Drug Issues in Past Year	Adults Who Sought/Needed Help for Self-reported Mental/Emotional and/or Alcohol-Drug Issues
SPA 2-San Fernando Valley	17.6%*	13.7%	49.3%
SPA 4-Metro	15.5%	17.8%*	27.7%*
Los Angeles County	17.1%	15.1%	39.9%
California	18.5%	15.2%	39.7%

3. Access to Medical Care

More than 7% of the population in both the state and Los Angeles County do not have insurance. In 2013-2017, over 10% of adults in SPA 2 and SPA 4 carried no insurance. In 2017, more than a quarter of adults (25.6%) in the GMHHC service area had difficulty accessing medical care, which is slightly higher than Los Angeles County (23.6%).

As shown in the chart, the percentage of adults who lack a consistent source of primary care is lower in Los Angeles County (19.7%) than in the GMHHC service area (21.1%).

Lack of a Consistent Source of Primary Care among Adult Population

Report Area	Percentage		
SPA 2-San Fernando Valley	18.6%		
SPA 4-Metro	23.0%		
GMHHC Service Area	21.1%		
Los Angeles County	19.7%		

Data source: Los Angeles County Health Survey, 2015, SPA

4. Cardiovascular Diseases

In Los Angeles County, the rate of adults diagnosed with heart disease increased moderately each year. This trend is more pronounced in SPA 4 (which includes GMHHC's service area), where the diagnosis rate in 2015 was 2.6%, and the change in rate was +3.8% in 2016 and an additional +0.5% in 2017. Within the county, almost 1 in 10 white adults (9.5%) has heart disease compared to 5.6% of Latinos, 8.2% of African Americans, and 2.8% of Asians.

In 2013-2015, the emergency room visit rates for heart failure and hypertension for the GMHHC service area was 5.8% and 32.9%, respectively. The highest rates for chronic obstructive pulmonary disease (COPD), heart failure, and hypertension, are for Glendale: Glendale—91204 and 91205 had the highest COPD rates, while Glendale—91203 had the highest rates for both heart failure (11.2%) and hypertension (50.7%).

Emergency Room Visits per 10,000 Persons

		Average Annual Age-Adjusted Rat		
City	ZIP Code	COPD	Heart Failure	Hypertension
Echo Park, Silver Lake	90026	8.2	4.6	25.9
East Hollywood	90029	9.3	5.2	33.8
Los Feliz	90027	13.2	7.8	36.5
Atwater Village, Elysian Valley	90039	6.5	5.5	24.7
Eagle Rock	90041	10.1	5.4	32.3
Highland Park	90042	9.7	5.6	24.6
Glassell Park	90065	5.9	5.5	28.8
Tujunga	91042	8.2	6.9	31.2
Glendale	91201	6.3	7.2	31.3
Glendale	91202	5.3	5.6	48.2
Glendale	91203	7.6	11.2	50.7
Glendale	91204	19.8	6.3	52

		Average Annual Age-Adjusted Rate			
City	ZIP Code	COPD	Heart Failure	Hypertension	
Glendale	91205	14.1	5.1	36	
Glendale	91206	4.5	4.6	23.8	
Glendale	91207	6.9	3.0	19.5	
Glendale	91208	7.3	3.5	15.2	
La Crescenta	91214	4.8	4.8	30.5	
GMHHC Service Area		8.9	5.8	32.9	

Data Source: California Department of Public Health 2013-2015, ZIP Code

5. Geriatric Support

The GMHHC service area has a larger population of adults over 65 (16.3%) compared to the Los Angeles County average (13.5%). A larger percentage of the 65+ population have been diagnosed with diabetes (21.2%), hypertension (54.2%) or high cholesterol (47.5%) than the Los Angeles County population in general (9.8%, 23.5%, and 25.2%, respectively). Additionally, 47.7% of the 65+ population reported low or no physical activity, compared with 34.8% of the general population.

Looking at falls, the rate of elderly hospitalizations due to falls is roughly 28% in both Los Angeles County and California. Comparatively, seniors in SPA 2 and SPA 4 have significantly fewer falls. The GMHHC service area has a lower percentage of elderly hospitalized from falls (16.5%) than both Los Angeles County (28.0%) and California (28.5%).

Elderly (65+) Falls in Past Year

	Eiu	erry (05+) rans in r	ast rear	
Report Area	Was Hospitalized due to Falls	Changed Daily Routines because of Fall in Past Year	Professional Recommended Physical Therapy/Exercise due to Falls	Professional Reviewed Medication after Fall
SPA 2-San Fernando Valley	21.6%	30.0%	86.7%	40.8%
SPA 4-Metro	12.8%	32.9%	69.8%	29.5%
GMHHC Service Area	16.5%	31.7%	76.9%	34.3%
Los Angeles County	28.0%	33.5%	83.9%	40.2%
California	28.5%	33.3%	80.4%	33.7%

Data Source: Los Angeles County Health Survey, 2015, SPA

Significant Needs the Hospital Does Not Intend to Address

The hospital intends to take actions to address all of the prioritized significant health needs in the CHNA report, both through its own programs and services and with community partners. Lists and descriptions of those planned actions are included in this report.

2021 Report and 2022 Plan

This section presents strategies and program activities the hospital is delivering, funding or on which it is collaborating with others to address significant community health needs. It summarizes actions taken in FY21 and planned activities for FY22, with statements on anticipated impacts, planned collaboration, and patient financial assistance for medically necessary care. Program Digests provide detail on select programs' goals, measurable objectives, expenses and other information.

This report specifies planned activities consistent with the hospital's mission and capabilities. The hospital may amend the plan as circumstances warrant. For instance, changes in significant community

health needs or in community assets and resources directed to those needs may merit refocusing the hospital's limited resources to best serve the community.

The anticipated impacts of the hospital's activities on significant health needs are summarized below, and for select program initiatives are stated in Program Digests. Overall, the hospital anticipates that actions taken to address significant health needs will: improve health knowledge, behaviors, and status; increase access to needed and beneficial care; and help create conditions that support good health. The hospital works to evaluate



impact and sets priorities for its community health programs in triennial Community Health Needs Assessments.

Creating the Community Benefit Plan

Glendale Memorial Hospital is dedicated to improving community health and delivering community benefit with the engagement of its management team, board, clinicians and staff, and in collaboration with community partners.

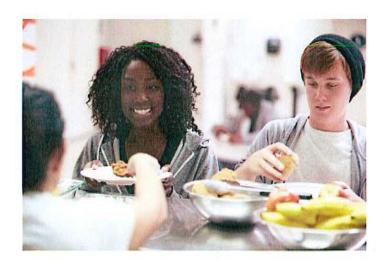
In developing the hospital's Community Benefit Plan, the process includes two objectives: 1) The determination of hospital programs and resources that will have the greatest impact on addressing community need; and 2) The identification of potential community partners that have goals and missions aligned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

The Director of Mission Integration, along with the manager of Community Health, members of the Senior Leadership Team, and Mission Council (community members are represented in this council), review existing community benefit programs to ensure alignment with significant health needs identified

in the most recent CHNA. In addition, the hospital's Community Board reviews community benefit plans and program updates (see Page 29 for our Community Board roster).

Impact of the Coronavirus Pandemic

When the COVID-19 pandemic became an unprecedented reality for our hospital and the world in March 2020, it impacted the ability of our hospital and community partners to provide typical in-person programs and services for the community.



In FY21, some of our programs were still paused due to COVID restrictions (such as our weekly senior exercise class and our breastfeeding support group), while other programs were conducted virtually (such as our senior health lectures). We continue to hear about the pressing need for mental health support for our community (one of our prioritized health needs), and this need has now been exacerbated by the pandemic. Our continued grant support for NAMI (National Alliance for Mental Illness) Glendale and Glendale Youth Alliance in FY21 and also for FY22 provides continued education and awareness for our community. Our Behavioral Health Unit also remains a vital resource for community members in need of in-patient clinical support.

Report and Plan by Health Need

The tables below present strategies and program activities the hospital has delivered or intends to deliver to help address significant health needs identified in the community health needs assessment.

They are organized by health need and include statements of strategy and program impact, and any collaboration with other organizations in our community.

Strategy or Program Name	Summ	ary Description	Active FY21	Planned FY22
Support for situationally homeless families	•	Community Grant to Family Promise of the Verdugos. This project will provide support for parents and children as they obtain housing, jobs, and maintain schooling.	⊠	⊠
Support for low income and homeless children	•	Community Grant to Kids' Dental Community Clinic. This project will provide access to dental care for low-income and homeless children.		

Support for low- income seniors and disabled adults.	•	Community Grant to Hope through Housing Foundation. This project will provide low-income seniors and disabled adults individual assistance and resource referrals and coordination partnership to deliver health, wellness, exercise and social programs.	⊠	
Support for chronically homeless individuals and families	•	Community Grant to Ascencia to support access to medical care/medical home and permanent supportive housing and case management.		⊠
Support for low- income seniors.	•	Community Grant to Catholic Charities of Los Angeles Glendale Community Center. This project will provide case management and food security for seniors.		\boxtimes

Impact: The hospital's initiatives to address poverty and homelessness are anticipated to decrease Glendale homeless population; increase access to basic needs; improve physical and mental wellbeing; increase positive behavior; and decrease social isolation and depression.

Collaboration: In particular, through our Community Grants program, our hospital partners with a number of community organizations to ensure a broader reach with respect to addressing Poverty and Homelessness.

Strategy or Program Name	Summ	ary Description	Active FY21	Planned FY22
Support for situationally homeless families	•	Community grant to Family Promise of the Verdugos. This project will provide support for parents and children as they obtain housing, jobs, and maintain schooling. This will include support for families for overall mental wellbeing.	⊠	×
Support for low- income seniors and disabled adults.		Community Grant to Hope through Housing Foundation. This project will provide low-income seniors and disabled adults individual assistance and resource referrals and coordination partnership to deliver health, wellness, exercise and social programs.		
Cultural Trauma and Mental Health Resiliency Project		Our hospital will provided grant funds to two lead organizations (National Alliance for Mental Health and Glendale Youth Alliance / Glendale Unified School District) who work with primary and secondary schools and	\boxtimes	

		libraries to provide education for administrators, teachers, staff, parents, and community members on the signs and symptoms of mental health.	
Support for seniors	•	Our hospital hosted virtual senior support group meetings. Meetings were paused due to change in staff. We plan to resume pending staffing resources.	
Breastfeeding Resource Center	•	Our hospital's Breastfeeding Resource Center provides free support to new moms and their infants in the community through group and 1:1 support in English and Spanish. Breastfeeding is linked to a lower risk of post-partum depression. For FY22, we continue to offer our telephone warm line, however, it is not yet determined if/when we can resume in-person support groups and/or transition to virtual platforms.	
Support for chronically homeless individuals and families	•	Community Grant to Ascencia to support access to medical care/medical home and permanent supportive housing and case management. This includes supporting mental health.	

Impact: The hospital's initiatives to address Mental Health are anticipated to result in increased education, destignatization, and/or support for the mental well-being of a variety of populations in our community.

Collaboration: In particular, through our Community Grants program, our hospital partners with a number of community organizations to ensure a broader reach with respect to addressing Mental Health needs.

Strategy or Program Name	Summ	ary Description	Active FY21	Planned FY22
Education for the community	•	Our hospital hosts monthly health education lectures regarding screenings, diagnosis, treatment options and diet on various health topics as well as safety topics. Due to COVID-19 in FY22 we will continue to use the virtual platform.		
Access to oral health care	•	Community Grant to Kids' Dental Community Clinic. This project will provide access to dental care for low-income and homeless children.	⊠	

Access to medical care/medical home	•	Community Grant to Ascencia to support access to medical care/medical home and permanent supportive housing and case management. This includes supporting mental health.	×	⊠
Financial assistance		Our hospital provides financial assistance to eligible patients who do not have the capacity to pay for medically necessary health care services, and who otherwise may not be able to receive these services. The financial assistance policy and plain language summary are on the hospital's web site and at the end of this report.		
Access to COVID vaccine	•	Hosted numerous vaccine clinics to ensure availability to the community.		

Impact: The hospital's initiatives to address Access to Medical Care are anticipated to result in increased access, education, and information for various populations in our community.

Collaboration: Our connection to local community organizations, including Senior Centers, provide opportunities for collaboration around Access to Medical Care.

Health Need: Cardiovascular Diseases **Summary Description** Active Planned Strategy or **Program Name** FY21 FY22 Support for seniors Our hospital is planning to host Zumba classes X to promote exercise and healthy lifestyles. Due to COVID-19, for FY22, this class will be offered via a virtual platform. Health Fit Program Reduced cost prevention program in our \times Cardiac Fitness Gym for community members without documented heart disease that are looking to reduce their risk of cardiovascular disease.

Impact: The hospital's initiatives to address Cardiovascular Disease are anticipated to result in increased education and disease management for various populations in our community.

Collaboration: Our connection to local Senior Centers and other community agencies provide opportunities for collaboration around Cardiovascular Disease.



Health Need: Geriatric Support

Strategy or Program Name	Summary Description	Active FY21	Planned FY22
Support for low- income seniors and disabled adults.	 Community grant to Hope through Housing Foundation. This project will provide low- income seniors and disabled adults individual assistance and resource referrals and coordination partnership to deliver health, wellness, exercise and social programs. 	×	
Support for low-income seniors.	 Community Grant to Catholic Charities of Los Angeles Glendale Community Center. This project will provide case management and food security for seniors. 		×
Access to COVID vaccine	 Hosted numerous vaccine clinics to ensure availability to the community including our seniors. 		\boxtimes
Support for seniors	 Our hospital hosted virtual senior support group meetings. Meetings were paused due to change in staff. We plan to resume pending staffing resources. 		⊠ ,
Education for the community	 Our hospital hosts monthly health education lectures regarding screenings, diagnosis, treatment options and diet on various health topics as well as safety topics. Due to COVID- 19 in FY22 we will continue to use the virtual platform. 		\boxtimes
Support for seniors	 Our hospital is planning to host Zumba classes to promote exercise and healthy lifestyles. Due to COVID-19, for FY22, this class will be offered via a virtual platform. 		×

Impact: The hospital's initiatives to address Geriatric Support are anticipated to result in increased education and will improve fitness for seniors in our community.

Collaboration: The hospital's Community Grants provides opportunity for collaboration with partners.

Community Grants Program

One important way the hospital helps to address community health needs is by awarding financial grants to non-profit organizations working together to improve health status and quality of life. Grant funds are used to deliver services and strengthen service systems, to improve the health and well-being of vulnerable and underserved populations.

In FY21, the hospital awarded the grants below totaling \$114,410. Some projects also may be described elsewhere in this report.

Grant Recipient	Project Name	Amount
Ascencia	Integrated Health Homes Housing Retention	\$27,000
Family Promise of the Verdugos	Shelter & Supportive Services for Homeless Families	\$30,000
Hope Through Housing Foundation	Connections to Care	\$20,000
Kids' Community Clinic of Burbank	COVID Pandemic Support	\$10,000
Glendale Youth Alliance (GYA)/Glendale Unified School District (GUSD) and NAMI Glendale	Cultural Trauma & Mental Health Resiliency Project	\$27,410

Program Digests

The following pages include Program Digests describing key programs and initiatives that address one or more significant health needs. The digests include program descriptions and intervention actions, statements of which health needs are being addressed, any planned collaboration, and program goals and measurable objectives.

50+ Senior Ser	vices
Significant Health Needs Addressed	 □ Poverty and Homelessness ✓ Mental Health and Substance Abuse ✓ Access to Medical Care □ Cardiovascular Disease ✓ Geriatric Support
Program Description	The major components of our hospital's senior services are comprised of the 50+ membership program which offers: • Education

	 Free monthly health related education lectures specifically targeted for seniors Free monthly virtual senior support group meetings 	
Community Benefit Category	A1—Community Health Education	
	FY 2021 Report	
Program Goal / Anticipated Impact	Increase health awareness for seniors in our community.	
Measurable Objective(s) with Indicator(s)	Grow membership by 5%	
Intervention Actions for Achieving Goal	 5 education lectures for members. 4 senior peer support group meetings for members. 	
Collaboration	Community Health Manager collaborated with local senior centers and she serves on the City of Glendale Senior Services Committee.	
Performance / Impact	Hosted monthly senior lectures. Served 56 individuals over the year.	
Hospital's Contribution / Program Expense	\$2,558. (This includes Community Health staff.)	
	FY 2022 Plan	
Program Goal / Anticipated Impact	Increase health awareness for seniors in our community.	
Measurable Objective(s) with Indicator(s)	Increase virtual lecture participations by 5%.	
Intervention Actions for Achieving Goal	Depending on COVID-19, schedule monthly virtual senior lectures and schedule weekly virtual exercise classes.	
Planned Collaboration	Community Health Manager to continue collaborating with local senior centers and serve on the City of Glendale Senior Services Committee.	

Breastfeeding	Resource Center
Significant Health Needs Addressed	 □ Poverty and Homelessness ✓ Mental Health and Substance Abuse □ Access to Medical Care □ Cardiovascular Disease □ Geriatric Support
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.

Community Benefit	All women in the community are invited to participate, whether or not their baby was delivered at GMHHC. In particular, many low-income women have limited or no access to breastfeeding support and education, and we want to make our resources available to them, 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). Al—Community Health Education
Category	
	FY 2021 Report
Program Goal / Anticipated Impact	 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. Open up a low cost/no cost Lactation Service for the community
Measurable Objective(s) with Indicator(s)	 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.
Intervention Actions for Achieving Goal	 Free Breastfeeding Hotline. Free Lactation Support in the hospital. Making sure mother/baby dads receive BF resources
Collaboration	Working with Director of Breastfeeding Promotion at WIC, she has generously donated time to visit physician offices to give free Breastfeeding Education to their staff.
Performance / Impact	 Receiving calls on our hotline for mothers seeking resources and more breastfeeding information. Served 83 persons. Due to COVID-19 pandemic the support group classes are on pause.
Hospital's Contribution / Program Expense	\$5,338. (Includes Breastfeeding Resource staff and dedicated phone line.)
	FY 2022 Plan
Program Goal / Anticipated Impact	 Inform the community regarding our free hotline for breastfeeding support.

•	Please note, the following will be goals only if current restrictions
	are lifted around COVID-19:
	Moulest our free Description dies surrent annua and alesses

- Market our free Breastfeeding support group and classes.
- Breastfeeding follow up clinic low cost/no cost
- 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.

Measurable Objective(s) with Indicator(s)

- Track patients satisfaction with overall breastfeeding support and education provided.
- Track number of mothers who call our hotline and who attend the Breastfeeding Support Group and monitor their overall satisfaction with the services provided.

Intervention Actions for Achieving Goal

Continuing:

· Free Breastfeeding Hotline.

Continuing only if restrictions are lifted with respect to COVID-19 (In addition, we are also exploring the possibility of offering these support groups and classes virtually)

- · Free weekly support group.
- Free Breastfeeding Classes in English and Spanish.

Planned Collaboration

Working with Director of Breastfeeding Promotion at WIC, she has generously donated time to visit physician offices to give free Breastfeeding Education to their staff. In addition, work with City of Glendale to promote Breastfeeding Resource Center through resource pamphlets.



Community Grants

Significant Health Needs Addressed

- ✓ Poverty and Homelessness
- ✓ Mental Health and Substance Abuse
- ✓ Access to Medical Care
- ☐ Cardiovascular Disease
- ✓ Geriatric Support

Program Description

The objective of Dignity Health Community Grants Program is to award grants to nonprofit 501c (3) organizations (excluding hospitals) whose Accountable Care Community 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.	
Community Benefit Category	E2—Grants	
	FY 2021 Report	
Program Goal / Anticipated Impact	Increase education, disease management, access to care, prevention, and well-being of community members.	
Measurable Objective(s) with Indicator(s)	 85% or more situationally homeless families move back into sustainable housing. 100% senior residents served indicate increased access to basic needs (transportation, utility assistance, exercise, etc.); 100% senior residents served indicate increased knowledge about healthy behavior; 75% senior residents served indicate increased access to physical activity 	
Intervention Actions for Achieving Goal	 Provide case management for chronically homeless individuals and families. Provide case management to situationally homeless individuals and families. Provide health education workshops and exercise classes for seniors Increased awareness regarding suicide prevention and mental health needs of adults and youth 	
Collaboration	GMHHC provided grant funding to six lead applicants and their Accountable Care Communities (Ascencia, Family Promise of the Verdugos, Hope Through Housing Foundation, Kids' Community Dent Clinic, GYA/GUSD, NAMI Glendale)	
Performance / Impact	Family Promise and Ascencia met their goals. Hope Through Housing, had to adjust their goals and actions due to COVID-19. Kids Communi Dental Clinic received a COVID-19 relief grant to support operations. GYA/GUSD had to adjust their goals and actions due to COVID-19. NAMI Glendale met their goals.	
Hospital's Contribution / Program Expense	\$114,410 Grant awards	
	FY 2022 Plan	
Program Goal / Anticipated Impact	Increase education, disease management, access, prevention, and well-being of community members.	
Measurable Objective(s) with Indicator(s)	 10 of 20 enrolled homeless clients to be placed into permanent housing. 150 seniors will receive case management and food support. Support 150 homeless households to transition into permanent housing. 	

	 2,083 children will receive dental services at their school. 				
Intervention Actions for Achieving Goal	 Provide case management for chronically homeless individua and families. 				
	 Provide case management to situationally homeless individuals and families. 				
	 Provide education and oral health services to children. 				
	 Provide case management and food support to seniors. 				
Planned Collaboration	Glendale Memorial will provide grant funding and collaborate with the following lead applicants: Ascencia, Family Promise of the Verdugos, Catholic Charities of Los Angeles, and Kids' Community Dental Clinic				

Other Programs and Non-Quantifiable Benefits

The hospital delivers community programs, services and non-quantifiable benefits in addition to those described elsewhere in this report. Like those programs and initiatives, the ones below are a reflection of the hospital's mission and its commitment to improving community health and well-being.

GMHHC is proud to support Health Professions Education through our clinical rotations for ultrasound, X-ray, phlebotomy, lab, pharmacy, surgical technician, and dietician students which provided training for over 400 students in our community in FY21. We will monitor the COVID-19 impact on these programs and strive to continue to provide these clinical rotations in our on-going efforts to build community capacity as much as possible/feasible.

GMHHC also provides leadership for a key organization supporting a healthier Glendale community. The Glendale Healthier Community Coalition (GHCC), comprised of key community leaders representing local community agencies and Glendale's hospitals, was created by Glendale's three hospitals and has successfully worked on many community-wide projects for 27 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 on the triennial Community Health Needs Assessment. Unfortunately, due to COVID-19, GHCC could not host its annual Glendale Health Summit, which brings together city leaders, business leaders, elected officials, not-for-profit leaders, and healthcare leaders to discuss current health needs and strategies for the community. The Director of Mission Integration serves on the Executive Board of the GHCC.

GMHHC will continue to partner with the GHCC, as well as the lead organizations that have been awarded community grants and their partnering organizations. Most of the organizations participating in our community grant program are also members of the Glendale Healthier Community Coalition. In addition, we will continue to dialogue and develop our relationships with local city leaders and elected officials. Our collaboration includes GMHHC leaders serving on various community boards and community councils to contribute to community building and relationship building. For FY22, we plan on once again collaborating with GHCC for our 2022 CHNA.

Additionally, the following projects are Community Investment Programs in our hospital's service area:

Abode Communities (Abode)
 In 2019 Dignity Health approved a 3-year \$2,000,000 line of credit to fund acquisition and predevelopment costs related to new development projects. A partner of Dignity Health since 2010,

Abode is considered a thought leader in the affordable housing industry and since 2012, has placed in service 500 affordable housing units within the County of Los Angeles, with another 900 affordable units currently under construction and expected to be placed in service over the next several years. With Dignity Health's support, Abode has built affordable housing in Long Beach, Hollywood, South and Central Los Angeles.

- Genesis LA Economic Growth Corporation Founded in 1998, Genesis LA Economic Growth Corporation (Genesis) is a Community Development Financial Institution (CDFI) with over \$42 million in total assets, making it the fourth largest CDFI headquartered in Los Angeles (LA) County. In September, 2018, Dignity Health approved a 7-year \$1,000,000 loan to Genesis for lending capital in Genesis' GCIF that focuses on investments in community development projects, affordable housing, and microloans to residents living in the underserved, economically distressed communities of LA County.
- Corporation for Supportive Housing (CSH)
 In June 2016 Dignity Health approved a 7-year \$3,000,000 loan to CSH to further this CDFI's work in creating supportive housing geared toward preventing and ending homelessness. CSH has been a close partner with Dignity Health hospitals particularly in Santa Cruz, Los Angeles and Las Vegas, working to reduce length of stays by frequent users (mostly homeless) of the hospitals' ER.

Economic Value of Community Benefit

310 Glendale Memorial Hospital and Health Center				1	
Complete Summary - Classified Including Non Community Benefit (Medicare)					i
For period from 7/1/2020 through 6/30/2021					
	Persons	Expense	Revenue	Net Benefit	% of Expense
Benefits for Poor					
Financial Assistance	4,313	3,709,134	0	3,709,134	1.4%
Medicaid	25,218	106,495,878	85,551,933	20,943,945	7.9%
Community Services	*				
A - Community Health Improvement Services	1,334	116,451	0	116,451	0.0%
E - Cash and In-Kind Contributions**	455	289,015	541,117	0	0.0%
Totals for Community Services	1,789	405,466	541,117	(135,651)	-0.1%
Totals for Poor	31,320	110,610,478	86,093,050	24,517,428	9.3%
Benefits for Broader Community					
Community Services					
A - Community Health Improvement Services	139	1,697,838	0	1,697,838	0.6%
B - Health Professions Education	962	920,559	0	920,559	0.3%
C - Subsidized Health Services	0	1,705,105	1,505,675	199,430	0.1%
E - Cash and In-Kind Contributions	0	16,750	. 0	16,750	0.0%
G - Community Benefit Operations	0	309,928	0	309,928	0.1%
Totals for Community Services	1,101	4,650,180	1,505,675	3,144,505	1.2%
Totals for Broader Community	1,101	4,650,180	1,505,675	3,144,505	1.2%
Totals - Community Benefit	32,421	115,260,658	87,598,725	27,661,933	10.5%
Medicare	13,751	98,518,234	81,917,376	16,600,858	6.3%
Totals with Medicare	46,172	213,778,892	169,516,101	44,262,791	16.8%

^{**}Consistent with IRS instructions and CHA guidance, Cash and In-kind Contributions is reported at \$0 net benefit because offsetting revenue was greater than expense in FY21. This was due to the return of a large donation in the fiscal year. Net gain for cash and in-kind contributions is still included in all "Totals" calculations, however.

The economic value of all community benefit is reported at cost. Patient financial assistance (charity care) reported here is as reported to the Office of Statewide Health Planning and Development in Hospital Annual Financial Disclosure Reports, as required by Assembly Bill 204. The community benefit of Medicaid and other means-tested programs is calculated using a cost-to-charge ratio to determine costs, minus revenue received for providing that care. Other net community benefit expenses are calculated using a cost accounting methodology. Restricted offsetting revenue for a given activity, where applicable, is subtracted from total expenses to determine net benefit in dollars.

Hospital Board and Committee Rosters

Yasmin Beers Former City Manager, City of Glendale

Robert Gall, MD Hospital Physician

Silva A. Gasparian, PharmD Community Pharmacist

Silvio Lanzas Chief, Glendale Fire Department

Patrick Liddell, Esq Attorney, Melby & Anderson

Carl Povilaitis Chief, Glendale Police Department

Teresa Swida, DO Hospital Physician

Kalust Ucar, MD Hospital Physician

Petar Vukasin, MD (Chair) Hospital Physician

Douglas Webber, MD Hospital Physician

Jill Welton Hospital CEO/President

David Rogers, MD Hospital Chief of Staff