Glendale Memorial Hospital and Health Center

Community Benefit 2015 Report and 2016 Plan
A message from Jack Ivie, President and CEO of Glendale Memorial Hospital and Health Center, and Dr. Robert Gall, Chair of Glendale Memorial Hospital and Health Center Community Board

The Hello humankindness campaign launched by Dignity Health is a movement ignited by and based on the proven idea that human connection, be it physical, verbal, or otherwise, leads to better health. Dignity Health’s comprehensive approach to community health improvement includes multi-pronged initiatives directed at significant health needs, partnering with others in the community working to improve health, and investing in efforts that address social determinants of health.

Glendale Memorial Hospital and Health Center shares a commitment to improve the health of our community, and delivers programs and services to achieve that goal. The Community Benefit 2015 Report and 2016 Plan describes much of this work. This report meets requirements of not-for-profit hospitals in the Patient Protection and Affordable Care Act to adopt a community health Implementation Strategy at least every three years, and in California state law (Senate Bill 697) to produce an annual community benefit report and plan. Dignity Health complies with both mandates in all of its hospitals, including those in Arizona and Nevada. 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 2015 (FY15), Glendale Memorial Hospital and Health Center provided $32,369,239 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services, and other community benefits. Including the unreimbursed costs of caring for patients covered by Medicare, the hospital’s total community benefit expense was $50,166,003.

Dignity Health’s Glendale Memorial Hospital and Health Center Board of Directors reviewed, approved and adopted the Community Benefit 2015 Report and 2016 Plan at its November 10, 2015 meeting.

Thank you for taking the time to review our report and plan. If you have any questions, please contact us at 818.802.4578.

Jack Ivie  
President/CEO

Robert Gall, MD  
Chairperson, Board of Directors

Glendale Memorial Hospital and Health Center  
Community Benefit FY 2015 Report and FY 2016 Plan
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Glendale Memorial Hospital and Health Center  
Community Benefit FY 2015 Report and FY 2016 Plan  

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EXECUTIVE SUMMARY

Glendale Memorial Hospital and Health Center (GMHHC) is located in Glendale, California within the county of Los Angeles and serves the greater Glendale community. GMHHC is a 334-bed acute care community hospital offering primary service lines in heart, cancer, orthopedics, women's health, colorectal disease, emergency medicine, and diagnostic imaging services. GMHHC was founded in 1926 as Physicians and Surgeons Hospital by six Glendale community members who had a vision to expand health care services to the residents of south Glendale. The hospital started with 47 beds.

The significant community health needs that form the basis of this report and plan were identified in the hospital’s most recent Community Health Needs Assessment (CHNA), which is publicly available at the GMHHC website: “Who We Are—Serving the Community” section of http://www.dignityhealth.org/glendalememorial. Additional detail about identified needs, data collected, community input obtained, and prioritization methods used can be found in the CHNA report.

The significant community health needs identified are:
1. Obesity/Overweight
2. Mental Health
3. Diabetes
4. Alcohol and Substance Abuse
5. Cardiovascular Disease
6. Hypertension
7. Cholesterol
8. Disability
9. Oral Health

In FY15, Glendale Memorial Hospital and Health Center took numerous actions to help address identified needs. Below are some of our community benefit activities:

- 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 CHNA. We provided a total of $110,000 to four lead organizations in FY15.
- 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 and provides education and screenings at local Health Fairs to ensure community members have access to basic screenings and education regarding their health.
• To address two chronic care needs of the community and to promote chronic disease self-management, GMHHC offers a **Congestive Heart Failure Management Program**. 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 15 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.

• 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 engaged in community building through our 20-year partnership with the Glendale Healthier Community Coalition and through various sponsorships.

The economic value of community benefit provided by GMHHC in FY15 was $32,369,239 excluding unpaid costs of Medicare in the amount of $17,796,764. GMHHC maintains its strong, mission-based commitment to caring for Medi-Cal enrollees and all members of the community. The hospital served 30,657 Medi-Cal patients in FY15, compared to 25,314 in FY14, a 21 percent increase.

This report and plan is publicly available at GMHHC’s website: “Who We Are—Serving the Community” section of [http://www.dignityhealth.org/glendalememorial](http://www.dignityhealth.org/glendalememorial) and is available upon request. The report and plan is presented to the Hospital Community Board, as well as to senior leaders and management staff.
MISSION, VISION AND VALUES

Our 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 health care 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 healthcare 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.

**Stewardship** - Cultivating the resources entrusted to us to promote healing and wholeness.

**Excellentse** - Exceeding expectations through teamwork and innovation.

Hello humankindness

After more than a century of experience, we’ve learned that modern medicine is more effective when it’s delivered with compassion. Stress levels go down. People heal faster. They have more confidence in their health care professionals. We are successful because we know that the word “care” is what makes health care work. At Dignity Health, we unleash the healing power of humanity through the work we do every day, in the hospital and in the community.

*Hello humankindness* tells people what we stand for: health care with humanity at its core. Through our common humanity as a healing tool, we can make a true difference, one person at a time.
OUR HOSPITAL AND OUR COMMITMENT

Founded in 1926, Glendale Memorial Hospital and Health Center is located at 1420 S. Central Ave., Glendale, CA, 91204. It became a member of Dignity Health in 1998. The facility is an acute care hospital with 334 licensed beds. The hospital resides within the county of Los Angeles and 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. During FY15, GMHHC celebrated its eighty-ninth year of providing quality healthcare. During FY15, patient admissions totaled 10,192 (of that number 1,855 were nursery admissions). GMHHC has a staff of 1,200 employees and we have more than 545 physicians on our Medical Staff. In addition, we have a large team of active volunteers. On any given month, 140 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 (Level 3)
- Outpatient Perinatal Services
- Breastfeeding Resource Center
- State-approved Prenatal Diagnostic Center

Minimally Invasive Surgical Services

Emergency Services
Joint Commission Certified Primary 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 in 2014 & 2015
- 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

Rooted in Dignity Health’s mission, vision and values, GMHHC is dedicated to delivering community benefit with the engagement of its management team, Community Board, and Mission Council. The board and council are composed of community members who provide stewardship and direction for the hospital as a community resource.

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 have oversight responsibilities for 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 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.

The Director of Mission integration is the key staff member dedicated to planning and carrying out the community benefit program and tracking. The Director serves on the Executive Board of the Glendale Healthier Community Coalition and engages local not-for-profits through the coalition projects, Community Grants program, and other key projects and events.

GMHHC’s community benefit program includes financial assistance provided to those who are unable to pay the cost of their care, unreimbursed costs of Medicaid, subsidized health services that meet a community need, community health improvement services, health professions education. Our community benefit also includes monetary grants we provide to not-for-profit organizations that are working together to improve health on significant needs identified in our Community Health Needs Assessment. Many of these programs and initiatives are described in this report.

In addition, we are investing in community capacity to improve health – including by addressing the social determinants of health – through Dignity Health’s Community Investment Program. Corporation for Supportive Housing - $2,000,000 borrowed for housing development loans CSH is using Dignity Health’s loan to support lending in the City of Los Angeles aimed exclusively at fostering and creating permanent affordable housing tied to supportive services for homeless and at-risk individuals and families, with emphasis on frequent users of emergency rooms, shelters, and jails, and other highly-vulnerable populations.
DESCRIPTION OF THE COMMUNITY SERVED

Dignity Health hospitals define the community they serve as the geographic area served by the hospital. GMHHC has a primary and secondary 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. Our primary service area is the basis for our Community Health Needs Assessment. GMHHC’s primary service is the following 17 ZIP Codes:

- 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

GMHHC’s secondary service area is 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)

Demographics of the primary service area community include:

- Population for primary service area: 559,333
- Hispanic or Latino Ethnicity (any race): 36.7%
- Race (non-Hispanic)
  - White: 42.7%
  - Black/African American: 1.9%
  - American Indian and Alaskan Native: 0.2%
  - Asian/Pacific Islander: 15.9%
  - 2+ Races: 2.4%
  - Other: 0.2%
- Total Hispanic and Race: 100%
- Median Income: $51,337
- Uninsured: 10.9%
- Medicaid Patients:* 56.5%
Unemployment: 8.1%
No High School Diploma: 20.6%
CNI Score: 4.2
Other hospitals serving the area: Glendale Adventist Medical Center and USC-Keck Verdugo Hills Hospital
Medically Underserved Area: Yes

* Does not include individuals dually-eligible for Medicaid and Medicare.

Our current Community Need Index map (CNI 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 4.2.
COMMUNITY BENEFIT PLANNING PROCESS

The hospital engages in multiple activities to conduct its community benefit and 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; using five core principles to guide planning and program decisions; measuring and tracking program indicators; and engaging the Mission Council and other stakeholders in the development and annual updating of the community benefit plan.

Community Health Needs Assessment Process

Our Community Health Needs Assessment is conducted triennially. The most recent CHNA was adopted in November 2013.

For our CHNA, the three Glendale hospitals—Glendale Memorial Hospital and Health Center, Glendale Adventist Medical Center, and USC-Keck 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 28 key stakeholders, including health care professionals, government officials, social service providers, community residents, leaders, and other relevant individuals. 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 in which 28 key stakeholders were also involved. Details on community input and participants can be found in the CHNA report online.

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: “Who We Are—Serving the Community” section, http://www.dignityhealth.org/glendalememorial and on the Dignity Health website at www.DignityHealth.org.

CHNA Significant Health Needs

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 C.

The following list of nine prioritized health needs and nine drivers of health resulted from the above-described process:

1. **Obesity/Overweight**
   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**
   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.

3. **Diabetes**
   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.

4. **Alcohol and Substance Abuse**
   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**
   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
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
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
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
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.

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

Community Benefit Plan Development Process

As a matter of Dignity Health policy, the hospital’s community benefit programs are guided by five core principles. All of our initiatives relate to one or more of these principles:

- Disproportionate Unmet Health-Related Needs: Seek to address the needs of communities with disproportionate unmet health-related needs.
- **Primary Prevention**: Address the underlying causes of persistent health problems through health promotion, disease prevention, and health protection.
- **Seamless Continuum of Care**: Emphasize evidence-based approaches by establishing operational linkages between clinical services and community health improvement activities.
- **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.

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.

To promote effective, sustainable community benefit programming in support of Dignity Health’s mission, the Director of Mission, along with members of the Senior Leadership Team and Mission Council (community members are represented in this council), reviewed existing community benefit programs to ensure alignment with information identified in the CHNA.

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.

**Planning for the Uninsured/Underinsured Patient Population**

In keeping with its mission, the hospital offers patient financial assistance (also called charity care) to those who have health care needs and are uninsured, underinsured, ineligible for a government program or otherwise unable to pay. The hospital strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. The amount of financial assistance provided in FY15 is listed in the Economic Value of Community Benefit section of this report.

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, [http://www.dignityhealth.org/glendalememorial](http://www.dignityhealth.org/glendalememorial).
2015 REPORT AND 2016 PLAN

This section presents programs and initiatives the hospital is delivering, funding or on which it is collaborating with others to address significant community health needs. It includes both a report on activities for FY15 and planned programs with measurable objectives for FY16.

Summary

Below are community benefit and community health programs and initiatives operated or substantially supported by the hospital FY15 (denoted by *), and those planned to be delivered in FY16 (denoted by ^).

Significant Health Need #1: Obesity/Overweight

1. **50+ Senior Services:** We offer our members a walking program called Walk-A-Diles to promote exercise and healthy lifestyles three times a week. We also provided an educational lecture on obesity.

2. **Health Fairs:** GMHHC participates in community and business sponsored health fairs in the greater Glendale area. We provide information, education and screenings at these events, in particular BMI screenings.

3. **Community Grants:** Our hospital provided grant money to the following Accountable Care Communities that addressed obesity in their programs/activities.
   a. **Glendale Healthy Kids/Glendale Community Free Health Clinic/Walk Bike Glendale:** Diabesity/Obesity: The Continuum of Care.*  This project encourages family lifestyle changes through screening, health education/training, behavior intervention, treatment and exercise consisting of 3 components: 1) outreach, 2) education, 3) family diabesity intervention. GHK’s target population is all 8th grade students, GCFHC’s is adults with type I or II diabetes and WBG’s is those needing the physical activity to reduce weight and diabesity tendencies (the entire family).
   b. **Glendale Parks & Open Spaces Foundation/Glendale Community Services & Parks Department/Glendale Unified School District:** Afterschool Youth Sports Program (AYSP).* AYSP provides 4 eight-week fitness and nutrition programs to 4th and 5th grade students for 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.
   c. **Glendale Community Free Health Clinic/Family Promise of the Verdugos/Sunday Lunch Program:** Glendale Coalition for the Underserved:^ The Glendale Coalition for the Underserved will screen and provide services to a sector of our community’s underserved population, such as homeless individuals and families who suffer disproportionately from chronic diseases but whose health-related needs are unmet. These include: 1) Obesity/Overweight, 2) Mental health, 3) Diabetes, 4) Cardiovascular Disease, 5) Hypertension, 6) Cholesterol, and 7) Oral health. The collaborating organizations will also provide healthier meals and nutrition counseling which will further enhance the health of this high-risk population.
Significant Health Need #2: Mental Health

1. Behavioral Health Unit:*^ In response to mental health being identified as the second health priority in our CHNA, GMHHC opened a Behavioral Health Unit in the fall of 2013. During FY15 we continued to strengthen operations and worked on access through educating the community regarding its availability and services.

2. 50+ Senior Services:* Provided educational lectures on mental health.

3. Glendale Mental Health Coalition:*^ Director of Mission Integration and Spiritual Care Services served on a newly formed Glendale Mental Health Coalition (September 2014) to address mental health issues in various populations in our community.

4. Community Grants: Our hospital provided grant money to the following Accountable Care Communities that addressed mental health in their programs/activities.
   a. Ascencia/Corporation for Supportive Housing/Northeast Valley Health Corporation: 10th Decile Project.*^ The project identifies ten chronically homeless individuals who have multiple health problems and are high utilizers of emergency and medical services, moves them into permanent housing with intensive supportive services, and documents the reduction in costs realized due to this intervention. As well documented, many homeless individuals suffer from mental illness and disabilities.
   b. Wellness Works/YWCA Glendale/Trauma Resource Institute: Mission Wellness.*^ This project provides high-quality mental health care to veterans with PTSD, TBI (Traumatic Brain Injury), and/or MST (Military Sexual Trauma), with a particular outreach towards female veterans, and provides Community Resilience Model (CRM) Training, which enhances our peer-support, self-care model and make veterans’ individualized, self-care plans more effective.
   c. Glendale Parks & Open Spaces Foundation/Glendale Community Services & Parks Department/Glendale Unified School District: Afterschool Youth Sports Program (AYSP).* 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.
   d. Glendale Community Free Health Clinic/Family Promise of the Verdugos/Sunday Lunch Program: Glendale Coalition for the Underserved:^ The Glendale Coalition for the Underserved will screen and provide services to a sector of our community’s underserved population, such as homeless individuals and families who suffer disproportionately from chronic diseases but whose health-related needs are unmet. The collaborating organizations will also provide healthier meals and nutrition counseling which will further enhance the health of this high-risk population.

5. Breastfeeding Resource Center:*^ Our hospital’s Breastfeeding Resource Center provides free support to new moms and their infants. Breastfeeding is linked to a lower risk of post-partum depression.


Significant Health Need #3: Diabetes

1. Diabetes and Nutrition Program:*^ 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.

2. Health Fairs:*^ GMHHC participates in community and business sponsored health fairs in the greater Glendale area. We provide information and education regarding diabetes at these events.
3. **Community Grants:** Our hospital provided grant money to the following Accountable Care Communities that addressed diabetes in their programs/activities.
   b. *Ascencia/Corporation for Supportive Housing/Northeast Valley Health Corporation: 10th Decile Project.*
   c. *Glendale Parks & Open Spaces Foundation/Glendale Community Services & Parks Department/Glendale Unified School District: Afterschool Youth Sports Program (AYSP).*
   d. *Glendale Community Free Health Clinic/Family Promise of the Verdugos/Sunday Lunch Program: Glendale Coalition for the Underserved: The Glendale Coalition for the Underserved will screen and provide services to a sector of our community’s underserved population, such as homeless individuals and families who suffer disproportionately from chronic diseases but whose health-related needs are unmet. The collaborating organizations will also provide healthier meals and nutrition counseling which will further enhance the health of this high-risk population.

4. **Breastfeeding Resource Center:** 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).

**Significant Health Need #4: Alcohol and Substance Abuse**

1. **Community Grants:** Our hospital provided grant money to the following Accountable Care Communities that addressed alcohol and substance abuse in their programs/activities.
   e. *Ascencia/Corporation for Supportive Housing/Northeast Valley Health Corporation: 10th Decile Project.*
   f. *Glendale Parks & Open Spaces Foundation/Glendale Community Services & Parks Department/Glendale Unified School District: Afterschool Youth Sports Program (AYSP).*

**Significant Health Need #5: Cardiovascular Disease**

1. **50+ Senior Services:** Provided educational lectures on cardiovascular disease. In addition, we offer our members a walking program called Walk-A-Diles to promote exercise and healthy lifestyles three times a week.

2. **Congestive Heart Failure (CHF) Program:** 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.

3. **Health Fairs:** GMHHHC participates in community and business sponsored health fairs in the greater Glendale area. We provide information, education, and screenings at these events, in particular carotid screenings.

4. **Community Grants:** Our hospital provided grant money to the following Accountable Care Communities that addressed cardiovascular disease in their programs/activities.
   a. *Ascencia/Corporation for Supportive Housing/Northeast Valley Health Corporation: 10th Decile Project.*
   b. *Glendale Parks & Open Spaces Foundation/Glendale Community Services & Parks Department/Glendale Unified School District: Afterschool Youth Sports Program (AYSP).*
   c. *Glendale Community Free Health Clinic/Family Promise of the Verdugos/Sunday Lunch Program: Glendale Coalition for the Underserved: The Glendale Coalition for the Underserved will screen and provide services to a sector of our community’s underserved...*
population, such as homeless individuals and families who suffer disproportionately from chronic diseases but whose health-related needs are unmet. The collaborating organizations will also provide healthier meals and nutrition counseling which will further enhance the health of this high-risk population.

**Significant Need #6: Hypertension**
1. **50+ Senior Services:** Provided educational lectures on hypertension. In addition, we offer our members a walking program called Walk-A-Diles to promote exercise and healthy lifestyles three times a week; blood pressure screenings are also offered monthly.
2. **Health Fairs:** GMHHC participates in community and business sponsored health fairs in the greater Glendale area. We provide information, education, and screenings at these events, in particular blood pressure screenings.
3. **Community Grants:** Our hospital provided grant money to the following Accountable Care Communities that addressed hypertension in their programs/activities.
   a. *Ascencia/Corporation for Supportive Housing/Northeast Valley Health Corporation:* 10th Decile Project.
   b. *Glendale Parks & Open Spaces Foundation/ Glendale Community Services & Parks Department/ Glendale Unified School District:* Afterschool Youth Sports Program (AYSP).
   h. *Glendale Community Free Health Clinic/Family Promise of the Verdugos/Sunday Lunch Program:* Glendale Coalition for the Underserved The Glendale Coalition for the Underserved will screen and provide services to a sector of our community’s underserved population, such as homeless individuals and families who suffer disproportionately from chronic diseases but whose health-related needs are unmet. The collaborating organizations will also provide healthier meals and nutrition counseling which will further enhance the health of this high-risk population.

**Significant Health Need #7: Cholesterol**
1. **50+ Senior Services:** Provided educational lecture on cholesterol.
2. **Community Grants:** Our hospital provided grant money to the following Accountable Care Community that addressed cholesterol in their programs/activities.
   a. *Glendale Parks & Open Spaces Foundation/ Glendale Community Services & Parks Department/ Glendale Unified School District:* Afterschool Youth Sports Program (AYSP).
   b. *Glendale Community Free Health Clinic/Family Promise of the Verdugos/Sunday Lunch Program:* Glendale Coalition for the Underserved

**Significant Health Need #9: Oral Health**
1. **Community Grants:** Our hospital provided grant money to the following Accountable Care Communities that addressed oral health in their programs/activities.
At this time, our hospital will not be addressing the Disability significant health need due to limited resources.

**Anticipated Impact**

The anticipated impacts of specific program initiatives, including goals and objectives, are stated in the Program Digests on the following pages. Overall, the hospital anticipates that actions taken to address significant health needs will: improve health knowledge, behaviors, and status; increase access to care; and help create conditions that support good health. The hospital is committed to monitoring key initiatives to assess and improve impact. The hospital executive leadership, Community Board, Mission Council, and Dignity Health receive and review program updates. In addition, the hospital evaluates impact and sets priorities for its community benefit program by conducting Community Health Needs Assessments every three years.

**Planned Collaboration**

GMHHC will partner with the Glendale Healthier Community Coalition, as well as the organizations that are listed in the Accountable Care Communities above. Most of the organizations in the Accountable Care Communities are also members of the Glendale Healthier Community Coalition. In addition, we will continue to partner with local city leaders through our work with the GHCC.

This community benefit plan specifies significant community health needs that the hospital plans to address in whole or in part, in ways consistent with its mission and capabilities. The hospital may amend the plan as circumstances warrant. For instance, changes in significant community health needs or in other community assets and resources directed to those needs may merit refocusing the hospital’s limited resources to best serve the community.

The following pages include Program Digests describing key programs and initiatives that address one or more significant health needs in the most recent CHNA report.
# PROGRAM DIGESTS

## 50+ Senior Services

<table>
<thead>
<tr>
<th>Significant Health Needs Addressed</th>
<th>✓</th>
<th>Obesity/Overweight</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>✓</td>
<td>Mental Health</td>
</tr>
<tr>
<td></td>
<td>❑</td>
<td>Diabetes</td>
</tr>
<tr>
<td></td>
<td>❑</td>
<td>Alcohol and Substance Abuse</td>
</tr>
<tr>
<td></td>
<td>✓</td>
<td>Cardiovascular Disease</td>
</tr>
<tr>
<td></td>
<td>✓</td>
<td>Hypertension</td>
</tr>
<tr>
<td></td>
<td>✓</td>
<td>Cholesterol</td>
</tr>
<tr>
<td></td>
<td>❑</td>
<td>Disability</td>
</tr>
<tr>
<td></td>
<td>❑</td>
<td>Oral Health</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Emphasis</th>
<th>❑</th>
<th>Disproportionate Unmet Health-Related Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>✓</td>
<td>Primary Prevention</td>
</tr>
<tr>
<td></td>
<td>❑</td>
<td>Seamless Continuum of Care</td>
</tr>
<tr>
<td></td>
<td>✓</td>
<td>Build Community Capacity</td>
</tr>
<tr>
<td></td>
<td>❑</td>
<td>Collaborative Governance</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Description</th>
<th>The major components of our hospital’s senior services are comprised of the 50+ membership program which offers:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Education</td>
</tr>
<tr>
<td></td>
<td>o Free monthly health related education lectures specifically targeted for seniors</td>
</tr>
<tr>
<td></td>
<td>o AARP Mature Driving Class</td>
</tr>
<tr>
<td></td>
<td>• Promotion of social well-being through:</td>
</tr>
<tr>
<td></td>
<td>o Weekly walkers program for seniors promoting healthy physical activity and social interactions</td>
</tr>
<tr>
<td></td>
<td>o Free monthly blood pressure screening at Walk-A-Diles</td>
</tr>
<tr>
<td></td>
<td>o Holiday Luncheon</td>
</tr>
</tbody>
</table>

| Planned Collaboration             | Our Community Relations Manager, who oversees our senior services program, collaborates with physicians and local senior centers. |

| Community Benefit Category        | A1—Community Health Education                     |

### FY 2015 Report

<table>
<thead>
<tr>
<th>Program Goal / Anticipated Impact</th>
<th>Increase the community awareness and partner with community resources to provide other services.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measurable Objective(s) with Indicator(s)</td>
<td>To increase our membership to our 50+ program.</td>
</tr>
</tbody>
</table>

| Baseline / Needs Summary | 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. |

| Intervention Actions for Achieving Goal | Develop an outreach initiative to work more closely with the service area city programs and senior clubs to raise awareness. |

| Program Performance / Outcome | We have increased the membership of our senior program, resulting in more overall health education and prevention to the seniors in our community. 1,387 seniors were served by this program. We have also increased collaboration with senior centers surrounding the Glendale area. |

| Hospital’s Contribution / Program Expense | Financial contribution to programs ($23,367). |

### FY 2016 Plan

<table>
<thead>
<tr>
<th>Program Goal / Anticipated Impact</th>
<th>Increase health awareness and screenings for seniors in our community.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measurable Objective(s) with Indicator(s)</td>
<td>Increase membership by 30 new members.</td>
</tr>
</tbody>
</table>

| Baseline / Needs Summary | Our hospital has a significant volume of Medicare patients, indicating a large senior population and need for education and screenings. |

<table>
<thead>
<tr>
<th>Intervention Actions for Achieving Goal</th>
<th>• Increase marketing our program by attending events to monthly calendar listings in local newspapers.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Attend 6 local health fairs</td>
</tr>
</tbody>
</table>
Health Fairs

| Significant Health Needs Addressed | ✔ Obesity/Overweight  
| | ✔ Mental Health  
| | ✔ Diabetes  
| | ✔ Alcohol and Substance Abuse  
| | ✔ Cardiovascular Disease  
| | ✔ Hypertension  
| | ✔ Cholesterol  
| | ✔ Disability  
| | ✔ Oral Health  
| Program Emphasis | ☐ Disproportionate Unmet Health-Related Needs  
| | ✔ Primary Prevention  
| | ☑ Seamless Continuum of Care  
| | ✔ Build Community Capacity  
| | ☑ Collaborative Governance  

Program Description
GMHHHC participates in community and business sponsored health fairs in the greater Glendale area. We provide information, education and screenings at these events.

Planned Collaboration
Our Community Relations Manager collaborates with community organizations and businesses.

Community Benefit Category
A1—Community Health Education

FY 2015 Report

| Program Goal / Anticipated Impact | Increase access to screenings and health-related education for community members in the greater Glendale area.  
| Measurable Objective(s) with Indicator(s) | Attend 10 health fairs in greater Glendale area.  
| Baseline / Needs Summary | Community organizations and businesses recognize that oftentimes their constituents will not go to their physician for education and screenings, but they will attend a free health fair.  
| Intervention Actions for Achieving Goal | Provide information, education and screenings.  
| Program Performance / Outcome | Attended 11 health fairs in the greater Glendale area resulting in 4,155 community members receiving education and/or screenings (blood pressure, BMI, carotid, and grip-strength).  
| Hospital’s Contribution / Program Expense | Financial contribution to health fairs ($29,056).  

FY 2016 Plan

| Program Goal / Anticipated Impact | Continue providing access to screenings and health-related education for community members in the greater Glendale area.  
| Measurable Objective(s) with Indicator(s) | Attend 6 health fairs in FY16.  
| Baseline / Needs Summary | Community organizations and businesses recognize that oftentimes their constituents will not go to their physician for education and screenings, but they will attend a free health fair.  
| Intervention Actions for Achieving Goal | Provide information, education, and screenings.  

Community Grants

| Significant Health Needs Addressed | ✔ Obesity/Overweight  
| | ✔ Mental Health  
| | ✔ Diabetes  
| | ✔ Alcohol and Substance Abuse  
| | ✔ Cardiovascular Disease  
| | ✔ Hypertension  
| | ✔ Cholesterol  
| | ☑ Disability  
| | ☑ Oral Health  

Glendale Memorial Hospital and Health Center
Community Benefit FY 2015 Report and FY 2016 Plan

22
Program Emphasis

- Disproportionate Unmet Health-Related Needs
- Primary Prevention
- Seamless Continuum of Care
- Build Community Capacity
- Collaborative Governance

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.

Planned Collaboration

GMHHC collaborates with the community by inviting local organizations to learn about our grant process and submit a Letter of Intent. Contact is maintained with the Accountable Care Communities throughout the grant process, including site visits.

Community Benefit Category

E2—Grants

FY 2015 Report

Program Goal / Anticipated Impact

- 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.

Measurable Objective(s) with Indicator(s)

- 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 / Needs Summary

- 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.

Intervention Actions for Achieving Goal

- 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.)

Program Performance / Outcome

- 1 member of the community was recruited for and served on the committee.
- 2 members of the Foundation Board were recruited for and served on the committee.
- 2 new GMHHC employees were recruited for and served on the committee.
- A new scoring sheet was created for committee members to utilize to help them objectively review and evaluate Letters of Intent and full grant proposals.

Hospital's Contribution / Program Expense

$110,000

FY 2016 Plan

Program Goal / Anticipated Impact

- Enhance education about Accountable Care Communities.
- Enhance education regarding outcomes of Accountable Care Communities.
- Ensure Accountable Care Communities fulfill their stated program goals.

Measurable Objective(s) with Indicator(s)

- Host one Community Grant learning session (breakfast or lunch) for local community organizations interested in applying for our community grants.
- Host one breakfast/lunch whereby the grant awardees can present the results of the program/project to other grant awardees, GMHHC senior leaders, Mission Council, city leaders, and local legislators.
- Obtain data from Accountable Care Communities during the grant cycle (mid-year) to review
Baseline / Needs Summary
As population and community health is continuing to grow and expand, it is important for our hospital to serve as leaders in this regard by providing appropriate education regarding the importance and significance of collaboration.

Intervention Actions for Achieving Goal
- Director of Mission will determine appropriate date/time for Community Grant learning session and expand current list of local community organizations to ensure a robust invite list.
- Director of Mission will determine appropriate date/time for grant awardees to present their program/project results and ensure appropriate invite list.
- Community Grants Committee will conduct at least one site visit during the grant cycle (mid-year).

Breastfeeding Resource Center

<table>
<thead>
<tr>
<th>Significant Health Needs Addressed</th>
<th>✓ Obesity/Overweight</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>✓ Mental Health</td>
</tr>
<tr>
<td></td>
<td>✓ Diabetes</td>
</tr>
<tr>
<td></td>
<td>□ Alcohol and Substance Abuse</td>
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<tr>
<td></td>
<td>□ Cardiovascular Disease</td>
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<tr>
<td></td>
<td>□ Hypertension</td>
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<td></td>
<td>□ Cholesterol</td>
</tr>
<tr>
<td></td>
<td>□ Disability</td>
</tr>
<tr>
<td></td>
<td>□ Oral Health</td>
</tr>
</tbody>
</table>

| Program Emphasis                  | □ Disproportionate Unmet Health-Related Needs |
|                                   | ✓ Primary Prevention |
|                                   | □ Seamless Continuum of Care |
|                                   | □ Build Community Capacity |
|                                   | □ Collaborative Governance |

| 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. 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). 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. |

| 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. |

| Community Benefit Category         | A1—Community Health Education |

**FY 2015 Report**

| Program Goal / Anticipated Impact | Continue to market our free Breastfeeding support group and classes. |
|                                  | Increase numbers of pregnant women attending the BF classes. |
|                                  | Start 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. |
| Measurable Objective(s) with Indicator(s) | • Track participants’ satisfaction with overall breastfeeding support and education.
• Track number of mothers attending the Breastfeeding Support Group. |
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline / Needs Summary</td>
</tr>
</tbody>
</table>
• 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. |
| Intervention Actions for Achieving Goal | • Free weekly support group.
• Free Breastfeeding Hot line.
• Free Breastfeeding Classes in English and Spanish.
• Free Lactation support in the hospital. |
| Program Performance / Outcome | • Support group continues to draw in mothers from Glendale and surrounding areas, has gone down due to time changes and has been in the lower numbers ever since.
• Receiving calls on our hot line for mothers seeking resources and more breastfeeding information. |
| Hospital's Contribution / Program Expense | Financial contribution to Breastfeeding Resource Center ($30,626). |
| FY 2016 Plan | |
| 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.
• 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. |
| 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. |
| Baseline / Needs Summary | 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. |
• 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. |
| Intervention Actions for Achieving Goal | Continuing
• Free weekly support group.
• Free Breastfeeding Hot line.
• Free Breastfeeding Classes in English and Spanish.
• Free Lactation Support in the hospital. |
### Economic Value of Community Benefit

The method for calculating costs is cost accounting methodology.

<table>
<thead>
<tr>
<th>Benefits for Living in Poverty</th>
<th>Persons</th>
<th>Total Expense</th>
<th>Offsetting Revenue</th>
<th>Net Benefit</th>
<th>% of Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial Assistance</td>
<td>69</td>
<td>3,499,586</td>
<td>0</td>
<td>3,499,586</td>
<td>1.3</td>
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<tr>
<td>Medicaid</td>
<td>30,857</td>
<td>110,503,247</td>
<td>84,607,559</td>
<td>25,895,688</td>
<td>9.0</td>
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<tr>
<td>Community Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>A - Community Health Improvement Services</td>
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<td>1,716</td>
<td>0</td>
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<tr>
<td>E - Financial and In-Kind Contributions</td>
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<td>922,595</td>
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<td>Totals for Community Services</td>
<td>456</td>
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<td>0</td>
<td>924,311</td>
<td>0.4</td>
</tr>
<tr>
<td>Totals for Living in Poverty</td>
<td>31,182</td>
<td>114,325,428</td>
<td>84,607,559</td>
<td>30,717,869</td>
<td>11.6</td>
</tr>
</tbody>
</table>

| Benefits for Broader Community                         |         |               |                    |             |                   |                   |
| Community Services                                     |         |               |                    |             |                   |                   |
| A - Community Health Improvement Services              | 7,414   | 939,770       | 0                  | 939,770     | 0.4               | 0.4               |
| B - Health Professions Education                       | 125     | 975,039       | 0                  | 975,039     | 0.4               | 0.4               |
| D - Research                                           | 0       | 2,951         | 0                  | 2,951       | 0.0               | 0.0               |
| E - Financial and In-Kind Contributions                | 0       | 7,110         | 0                  | 7,110       | 0.0               | 0.0               |
| F - Community Building Activities                      | 0       | 125,700       | 0                  | 125,700     | 0.0               | 0.1               |
| Totals for Community Services                          | 7,539   | 2,051,370     | 0                  | 2,051,370   | 0.8               | 0.9               |
| Totals for Broader Community                           | 7,539   | 2,051,370     | 0                  | 2,051,370   | 0.8               | 0.9               |

| Totals - Community Benefit                             | 38,721  | 116,976,790   | 84,607,559         | 32,369,239  | 12.4              | 13.6              |
| Medicare                                               | 21,138  | 81,290,162    | 63,493,398         | 17,796,764  | 6.8               | 7.5               |
| Totals with Medicare                                   | 59,859  | 198,266,960   | 148,100,957        | 50,166,003  | 19.2              | 21.1              |
APPENDIX A: COMMUNITY BOARD ROSTER

John Cabrera, MD
Robert Gall, MD  
*Board Chair*

Vince Hambright  
President/COO, Rockport Healthcare Services

Patrick Liddell, Esq  
Melby & Anderson LLP  
*Past Board Chair*

Jack Ivie*  
President, Glendale Memorial Hospital

Rob Mikitarian  
President, Burbank Home Health Care

Frank Quintero  
Former Mayor, City of Glendale

Teresa Swida, DO

Kalust Ucar, MD  
*Past Board Chair*

Petar Vukasin, MD  
*Physician Advisor- Guest*

Douglas Webber, MD  
Chief of Staff, Glendale Memorial Hospital

Roberto Zarate  
Owner, Tinto Restaurant

*ex officio*
APPENDIX B: OTHER PROGRAMS AND NON-QUANTIFIABLE BENEFITS

The hospital delivers a number of community programs 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 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 created by Glendale’s three hospitals and has now successfully worked on many high-profile community-wide projects for more than 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 the fall of 2015, GMHHC will continue to support the efforts of the coalition, in particular its collective impact initiative, “We Own the Health of Our Community.” This collective impact initiative will focus on our third greatest health need identified in our CHNA—diabetes—by bringing together the coalition members, as well as the Chamber of Commerce and city officials, and inviting 100 employers in Glendale to improve the health of those who live and work in Glendale. Working together on a collective impact initiative means we can accomplish goals that none of us can achieve alone.

The collective impact initiative includes the following goals:

- Add to/modify/affirm each organization’s Mission, Vision, Values statement so as to reflect our commitment to the health of our employees/membership/customers, and which reflects participating in the “We Own the Health of Our Community” initiative;
- Add to/modify/affirm organizational goals and objectives to reflect participating in the initiative;
- Add to/modify/affirm job description functions of key leaders/staff to support the initiative;
- Report/share information with our community about action plans that we develop to support the initiative;
- Nominate other organizations for participation in the initiative; and
- Participate, when requested, in responding to public relations communications and media inquiries in support of the “We Own the Health of Our Community” initiative.

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 continues to take the leadership role in 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 and continues to meet on a quarterly basis.

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, USC-Keck
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. CMS has renewed funding for another year, therefore GMHCC will continue to work with HSAG to find ways to educate our community as it relates to managing care in the out-patient setting. In addition, for FY16, the three hospitals will be hosting virtual CMEs to improve communication with healthcare providers (physicians) on best practice to avoid readmissions (hospitals will rotate who hosts the CME, and then it will be live-streamed to the other two hospitals). Finally, the re-admission team is planning to reach out to community services and also looking at root causes of readmission to help determine how to keep our patients well.

GMHHC also offers local students Health Professions Education opportunities for internships or clinical rotations in the areas of Ultrasound, Radiology, Pharmacy, and Respiratory Therapy. This is a robust program that draws many students to our hospital. In FY15, we offered internships to 125 students to support this much needed area of education to build community capacity.

Dignity Health has taken an active role in providing Covered California information to eligible families. This year, GMHHC took both a service wide approach and a local approach. As part of the service area – comprising six hospitals, we purchased radio ads on Spanish Language radio including KLOVE, KLAX and KXOL, Spanish language digital and print advertising. The hospital also purchased highly targeted search and display advertising reaching 8.5M eyes. Local efforts also included a direct mail campaign, campus outreach, and pamphlets explaining ACA options in English, Spanish and Armenian.

During FY15, 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 Armenian Bone Marrow Donor Registry, American Cancer Society, Glendale Parks & Open Spaces Foundation, Glendale Fire Department Foundation, Glendale Police Department Foundation, and The Campbell Center.

Finally, many of our employees 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 Foundation (board member); Hospital Association of Southern California (board)
- **Vice President, Philanthropy**: Glendale Kiwanis International (member); Glendale Chamber of Commerce (board)
- **Director, Mission Integration**: Glendale Healthier Community Coalition (board member); Glendale Religious Leaders Association (member)
- **Manager, Philanthropy**: Rotary Club of Glendale (member)
- **Senior Pharmacist**: Glendale Community Free Health Clinic (volunteer)
- **Philanthropy Associate**: Glendale Healthy Kids (board member)
- **Disaster Coordinator**: City of Glendale’s Emergency Operation Center (member); Glendale American Red Cross (board member); Veterans Coalition of the Verdugos (member); Board of Governors for Community Colleges