

2025 Community Health Needs Assessment

Glendale Memorial Hospital and Health Center

Adopted June 2025



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Anthony Portantino	Jen Santos
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Carrie Prado	Leticia Castaneda
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Executive Summary

The purpose of this community health needs assessment (CHNA) is to identify and prioritize significant health needs in the community served by Glendale Memorial Hospital and Health Center (GMHHC or “the Hospital”). Glendale Memorial Hospital and Health Center is a member of Dignity Health, which is part of CommonSpirit Health. The priorities identified in this report help to guide the Hospital’s community health improvement programs and community benefit activities, as well as its collaborative efforts with other organizations that share a mission to improve health. This CHNA report meets the requirements of the Patient Protection and Affordable Care Act, which mandates that not-for-profit hospitals conduct a CHNA at least once every three years.

Glendale Memorial Hospital and Health Center is located 1420 S. Central Avenue in Glendale, Los Angeles County, California. The Hospital serves community members who reside in the urban population centers of the City of Glendale (91201 – 91208), the City of Los Angeles communities of Echo Park/Silverlake (90026), Los Feliz (90027), East Hollywood (90029), Atwater & Griffith (90039), Eagle Rock (90041), Highland Park (90042), and Glassell Park (90065), and the unincorporated area of La Crescenta (91214), all within Los Angeles County.

The Hospital community is home to approximately 507,000 residents, with about 45% of the community considering themselves White alone, not Hispanic or Latinx which includes Armenian community members. One in three residents (33.2%) identify as Hispanic or Latinx, with concentrations approaching or exceeding 50% in Echo Park/Silverlake (90026), East Hollywood (90029), Highland Park (90042), and Glassell Park (90065). Approximately 15% of the community identifies as Asian, and around 2% identify as Black or African American. Over 4% of residents identify as belonging to two or more races, contributing to the area’s rich cultural and ethnic diversity.

The hospital community, especially the City of Glendale, has a significant population of foreign-born individuals. Approximately half of the City of Glendale (51.4%) and East Hollywood (90029 – 49.2%) residents are foreign born, with the remainder of the communities having approximately one-third foreign-born residents. According to the U.S. Census (2014-2018), the predominant countries of birth among foreign-born community members include Korea, Iran, Armenia, the Philippines, Mexico, and El Salvador. Overall, more than half of community members (57.1%) speak a language other than English at home with one-quarter speaking English less than “very well”.

Approximately 13.4% of individuals and 9.5% of families in the community live below the federal poverty level. Overall, 86.4% of the community (age 25+) reported completing high school, near the state rate of 84.8% and exceeding the Los Angeles County rate of 80.7%. A reported 7.4% of

community members do not have health insurance coverage, and 38.3% have public health insurance.

The Hospital's commitment to engaging with the community, assessing priority needs, and helping to address them with community partners, is in keeping with its 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.

The 2025 CHNA data collection process included a compilation of primary and secondary data sources, comprising community organization focus groups, key informant interviews, public health statistics, and U.S. Census data. Primary qualitative data was obtained through the facilitation of focus groups and key informant interviews with community stakeholders. Focus groups were held during the fall of 2024 into the spring 2025, and included targeted members of vulnerable populations, including LGBTQ+, those with limited English proficiency, unhoused, disabled, youth, and seniors. This mixed-methods approach validates data by cross-verifying from multiple sources, providing a broader perspective of the community and population health needs. This information was corroborated with secondary quantitative data obtained from datasets maintained by governmental and nongovernmental organizations at the local, state, and national levels.

The Glendale Memorial Hospital and Health Center CHNA preparation team thoughtfully determined the significant community health needs during collaborative discussions and presentations with senior leadership. Qualitative data and anecdotal stories all pointed to the identified community health needs. The same concerns and needs consistently emerged and were reiterated throughout many focus group meetings and key informant interviews. The following criteria were also utilized to evaluate the prioritization of community needs, including:

- Size or scale of the problem (how many impacted);
- Severity of the problem;
- Disparity and equity;
- Known effective interventions;
- Resource feasibility and sustainability; and,
- Community support.

The following significant community health needs were determined for this 2025 CHNA report:

Priority 1: Housing for low-income and unhoused

Access to housing is a challenge across California and has been referred to as a housing crisis. Housing was consistently identified as a need facing the community during focus groups and key

informant interviews prior to January 2025, and now the need has been magnified following the Eaton Fire. There's a need for affordable housing for youths, families, and seniors. There is also a need for supportive services to keep seniors and the chronically unhoused in their housing. Following Maslow's hierarchy of needs, an individual will first focus on their air, water, food, shelter, sleep, and clothing before they address any health or employment needs.¹

Priority 2: Access to behavioral health care

Behavioral health, including substance use disorder treatment and mental health, was consistently identified as need facing the community during the focus groups and key informant interviews. The need for behavioral health, and the impact society or day-to-day life has on each individual was mentioned during focus groups. The federal Health Resources and Services Administration (HRSA) has also identified the low income population residing in Glendale Southeast and Echo Park/Hollywood North Central, as mental health professional shortage areas.

Priority 3: Access to healthcare

Key informant interviews and focus group responses identified access to healthcare (including navigation and health literacy) as an overarching community health challenge. Community members with limited English proficiency are more likely to have difficulty navigating the community and accessing healthcare. Multiple areas within the community have been designated as medically underserved area for primary health by HRSA primarily south and west of the Hospital.

Priority 4: Community belonging

In order to have a community with a strong society, all community members need to have a sense of belonging. All residents should be able to live their day-to-day lives in a welcoming, violence-free community.

While potential resources are available to address the identified needs of the community, these needs are too significant for any single organization. Making a substantial and upstream impact will require the collaborative efforts of community organizations, local government, local business leaders, and other institutions.

The 2025 GMHHC CHNA report was completed as a collaborative effort among Rev. Cassie McCarty, MDiv, BCC, Director of Mission Integration, Pamela Flores, Program Coordinator, Community Health Education, and Amanda Gettig, MPH, Ganey Science, San Francisco, CA.

¹ Wichita State University. (2025). *Hierarchy of Needs, Maslow's Hierarchy of Needs*. Retrieved from <https://www.wichita.edu/services/mrc/OIR/Pedagogy/Theories/maslow.php>. Accessed on May 28, 2025.

This CHNA report was adopted by the Glendale Memorial Hospital and Health Center Community Board on June 18, 2025. The report is widely available to the public on the hospital's website, and a paper copy is available for inspection upon request at the Hospital's Community Education Office. Written comments on this report can be submitted to the Director of Mission Integration at 1420 S. Central Avenue in Glendale, Los Angeles County, California 91204 or you may email cassie.mccarty@commonspirit.org.

I. Community Definition

Established in 1926 as Physicians and Surgeons Hospital, Dignity Health Glendale Memorial Hospital and Health Center (GMHHC or “the Hospital”), a 334-bed, nonprofit acute care facility, is located at 1420 S. Central Avenue in Glendale, California. The Hospital is a member of Dignity Health, which is part of CommonSpirit Health. The Hospital serves approximately 507,000 residents who reside in the urban population centers of the City of Glendale, the City of Los Angeles communities of Hollywood, Los Feliz, Griffith Park, Eagle Rock, Highland Park, and Glassell Park, and the unincorporated area of La Crescenta, all within Los Angeles County.

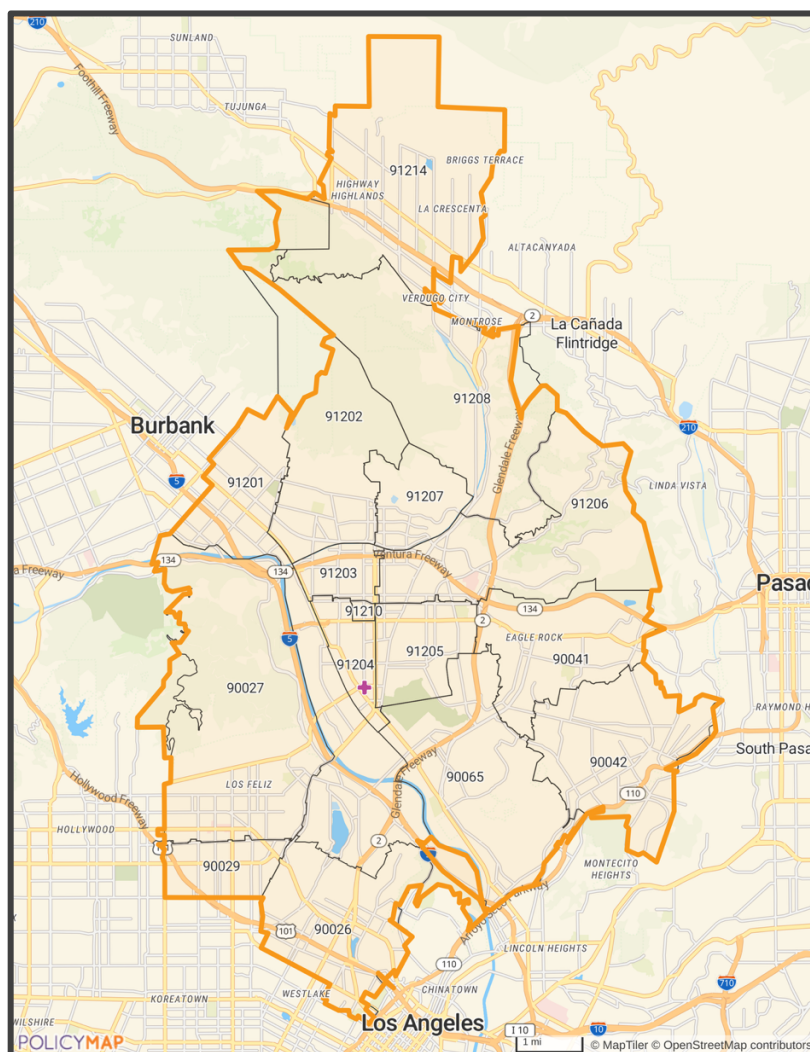
The community is characterized by a culturally diverse population, including Hispanic, Armenian, and many other immigrant communities. The City of Glendale, California, has historically served as a host community for immigrant and refugee populations. Stemming from migration patterns during the late 20th century, Glendale is home to one of the largest Armenian communities outside of Armenia, with deep roots established throughout Glendale. Armenian families fleeing genocidal conflict have built a cultural center in Glendale where Armenian churches, schools, businesses, and civic organizations have thrived for decades.

Between 2022 and 2024, Glendale has seen an increase in Ukrainian refugees. The integration of displaced refugees has been facilitated by cultural and religious ties with the existing Eastern European and Armenian communities, enabling shared histories and culturally sensitive support. Glendale’s prior experience integrating displaced populations has also helped establish a humanitarian infrastructure that integrates mutual aid, local leadership, and cultural competency.

The community served by the Hospital includes the following 16 zip codes, as geographically depicted on Figure 1:

- City of Glendale – 91201, 91202, 91203, 91204, 91205, 91206, 91207, 91208;
- La Crescenta – 91214;
- City of Los Angeles
 - 90026 (Echo Park & Silverlake);
 - 90027 (Los Feliz);
 - 90029 (East Hollywood);
 - 90039 (Atwater & Griffith);
 - 90041 (Eagle Rock);
 - 90042 (Highland Park); and,
 - 90065 (Glassell Park).

Figure 1. Hospital Communities Served



Furthermore, the County of Los Angeles Department of Public Health is divided into Service Planning Areas (SPAs) to provide more relevant and targeted public health and clinical services.² The community falls within two different SPAs: SPA 2 (San Fernando Valley) and SPA 4 (Metro Los Angeles). Glendale and La Crescenta fall within SPA 2, while the adjacent communities of Hollywood, Los Feliz, Griffith Park, Eagle Rock, Highland Park, and Glassell Park, all located within the City of Los Angeles, are part of SPA 4.

The Hospital serves all members of the community, including medically underserved, low-income, and minority populations. The communities served by the Hospital align with the residence location (contiguous zip codes) for the majority of all inpatient discharges. The community served

² County of LA Department of Public Health. (2025). *Service Planning Areas*. <http://publichealth.lacounty.gov/chs/SPAMain/ServicePlanningAreas.htm>

by the Hospital is supported by the County of Los Angeles Department of Public Health, Adventist Health Glendale, and USC Verdugo Hills Hospital.

According to the 2019-2023 American Community Survey (5-Year Estimate), the GMHHC community includes approximately 506,991 residents, of whom 192,270 reside within the City of Glendale. The largest racial or ethnic group within the community is White alone, not Hispanic or Latinx, making up about 45% of the population. The White alone, not Hispanic or Latinx includes the Armenian community members. One in three residents (33.2%) identify as Hispanic or Latinx, with concentrations approaching or exceeding 50% in Echo Park/Silverlake (90026), East Hollywood (90029), Highland Park (90042), and Glassell Park (90065). Approximately 15% of the community identifies as Asian, and around 2% identify as Black or African American. Over 4% of residents identify as belonging to two or more races, contributing to the area's rich cultural and ethnic diversity.³

The hospital community, especially the City of Glendale, has a significant population of foreign-born individuals. Approximately half of the City of Glendale (51.4%) and East Hollywood (90029 – 49.2%) residents are foreign-born, with the remainder of the communities having approximately one-third foreign-born residents. According to the U.S. Census (2014-2018), the predominant countries of birth among foreign-born community members include Korea, Iran, Armenia, the Philippines, Mexico, and El Salvador.⁴

The median age of the hospital community is 39.8. The areas with a median age of 40 and under can be found in the City of Los Angeles communities and Glendale zip codes 91204 and 91203. The area with the highest median age (48 years) is Glendale zip code 91208.

Approximately, 13.4% of individuals and 9.5% of families in the community live below the federal poverty level. Overall, 86.4% of the community (age 25+) reported completing high school, near the state rate of 84.8% and exceeding the Los Angeles County rate of 80.7%. A reported 7.4% of community members do not have health insurance coverage and 38.3% have public health insurance.

In addition to economic and insurance-related disparities, language barriers also shape access to care across the hospital service area. Overall, more than half of community members (57.1%)

³ U.S. Census Bureau, U.S. Department of Commerce. "ACS Demographic and Housing Estimates." American Community Survey, ACS 5-Year Estimates Data Profiles, Table DP05, 2023, <https://data.census.gov/table/ACSDP5Y2023.DP05?q=DP05&g=860XX00US90026,90027,90029,90039,90041,90042,90065,91201,91202,91203,91204,91205,91206,91207,91208,91214&moe=false>. Accessed on June 3, 2025.

⁴ U.S. Census Bureau, U.S. Department of Commerce. "Selected Characteristics of the Total and Native Populations in the United States." American Community Survey, ACS 5-Year Estimates Subject Tables, Table S0601, 2023, <https://data.census.gov/table/ACSST5Y2023.S0601?q=S0601: Selected Characteristics of the Total and Native Populations in the United States&g=860XX00US90026,90027,90029,90039,90041,90042,90065,91201,91202,91203,91204,91205,91206,91207,91208,91214>. Accessed on January 14, 2025.

speak a language other than English at home, with one-quarter speaking English less than “very well.” In Glendale – 91204 and 91205, which already experience high reliance on public insurance, approximately 74% of residents reported speaking a language other than English at home. These rates exceed county and state averages, reflecting high levels of linguistic isolation that may hinder the ability to navigate health systems and effectively utilize available resources.⁵

Unhoused Population

The 2025 Point-in-Time (PIT) Count conducted by the Glendale Continuum of Care (CoC) results have not been published at the time the CHNA was prepared. However, the PIT Count includes only those found outside or in shelters on one night in January, so it is often an undercount of the population with insecure housing. According to the California Homelessness Data Integration System, Glendale CoC reported 768 homeless individuals in 2024. This number included 149 individuals under the age of 18, and 89 people age 65+.⁶ However, the 2024 Glendale PIT Count identified only 179 individuals experiencing homelessness on one night in January.⁷ According to the 2024 Glendale PIT Count Report, 16% of the individuals experiencing homelessness identified as Black and 38% identified as Hispanic/Latinx or White/Hispanic/Latinx. The Glendale PIT Count also reported that 27% of the individuals counted (50 individuals) were under the age 18.

The community outside the City of Glendale homeless population is served by the Greater Los Angeles Homeless Count. According to their 2024 PIT Count report, there were 6,997 unsheltered individuals within SPA 2 (excluding Glendale CoC information) and 12,185 unsheltered individuals within SPA 4. However, the unsheltered counts from SPA 2 and 4 are not an accurate reflection of the unhoused population served by the Hospital, since the geographic limits of SPA 2 and 4 extend beyond those of the community served by the Hospital.⁸

The following Section III. Assessment Data and Findings on page 16, provides further evaluation regarding demographic indicators, including economics and education. Table 1 below presents U.S. Census population characteristics for the GMHHC community. Additional community population details can be found in Appendix A.

⁵ U.S. Census Bureau, U.S. Department of Commerce. "Language Spoken at Home." American Community Survey, ACS 5-Year Estimates Subject Tables, Table S1601, 2023, [https://data.census.gov/table/ACSST5Y2023.S1601?q=S1601:Language Spoken at Home&g=860XX00US90026,90027,90029,90039,90041,90042,90065,91201,91202,91203,91204,91205,91206,91207,91208,91214](https://data.census.gov/table/ACSST5Y2023.S1601?q=S1601:Language%20Spoken%20at%20Home&g=860XX00US90026,90027,90029,90039,90041,90042,90065,91201,91202,91203,91204,91205,91206,91207,91208,91214). Accessed on January 14, 2025.

⁶ California Open Data Portal. (2025). *Homelessness Count by Age – CA-612*. <https://data.ca.gov/dataset/homelessness-demographics/resource/b1a5ae24-5842-425c-b56c-aa90f8f1c767>. Accessed on May 27, 2025.

⁷ City of Glendale, California. *Report to the Joint Meeting: Glendale City Council and Glendale Housing Authority*.

⁸ Los Angeles Homeless Services Authority. (2024). *2024 Greater Los Angeles Homeless Count*. <https://www.lahsa.org/documents?id=8164-2024-greater-los-angeles-homeless-count-results-long-version-.pdf>. Accessed May 15, 2025.

Table 1. Glendale Memorial Hospital and Health Center Community Served⁹

U.S. Census Data	Community Served	Los Angeles County	CA
Total population	506,991	9,848,406	39,242,785
Median age (years)	39.8	38.2	37.6
Percent Hispanic or Latinx	33.2%	48.3%	39.8%
Percent, Not Hispanic or Latinx	66.8%	51.7%	60.2%
White alone	44.9%	25.1%	34.6%
Black or African American alone	2.2%	7.5%	5.3%
American Indian and/or Alaska Native alone	0.1%	0.2%	0.3%
Asian alone	14.8%	14.8%	15.1%
Native Hawaiian/Other Pacific Islander alone	0.1%	0.2%	0.3%
Some Other Race alone	0.5%	0.6%	0.5%
Two or more races	4.2%	3.3%	4.1%
Median household income	\$90,355	\$87,760	\$96,334
Percent of families living in poverty (below 100% federal poverty level)	9.5%	9.9%	8.4%
Unemployment rate ¹⁰	---	5.1%	5.3%
Percent with less than a high school diploma, 25 years and over	13.6%	19.3%	15.4%
Percent, age 5 and older who speak English less than "very well"	25.3%	23.2%	17.3%
Percent without health insurance	7.4%	8.7%	6.9%
No. of Medi-Cal Members Residents ¹¹	---	4.11 million	14.7 million

⁹ U.S. Census Bureau, U.S. Department of Commerce. "ACS Demographic and Housing Estimates." *American Community Survey, ACS 5-Year Estimates Data Profiles*, 2023.

¹⁰ Federal Reserve Bank of St. Louis. *Unemployment Rate in Los Angeles County, CA*. <https://fred.stlouisfed.org/series/CALOSA7URN>. Accessed May 30, 2025.

¹¹ California Department of Healthcare Services. (2025). *Medi-Cal Enrollment and Renewals Dashboard, March 2025*. <https://www.dhcs.ca.gov/dataandstats/dashboards/Pages/Medi-Cal-Enrollment-and-Renewals-Dashboard-March2025.aspx>. Accessed May 30, 2025.

Medically Underserved Areas/Populations and Health Professional Shortage Areas

The U.S. Health Resources and Services Administration (HRSA) has designated several areas within the hospital's service region as Medically Underserved Areas/Populations (MUA/Ps) and Health Professional Shortage Areas (HPSAs).¹² These designations point to persistent barriers to accessing primary care among local residents.

Within the community, several neighborhoods—including Glassell Park, El Sereno, Highland Park, Lincoln Heights, and southeast Glendale—carry long-standing MUA/P designations for primary care. Some of these, such as the El Sereno/Highland Park/Lincoln Heights area (MSSA 78.2i), date back to 1994, reflecting decades of unmet health care needs. The Glassell Park/Glendale Southeast region (MSSA 78.2ff) received its designation in 2003 and continues to face primary care access challenges tied to provider shortages, economic disadvantage, and linguistic isolation.

These designations underscore the structural challenges in ensuring timely and equitable access to healthcare, particularly for residents living in historically underserved neighborhoods within and adjacent to Glendale. Table 2 outlines the relevant MUA/P and HPSA designations identified by HRSA.

Table 2. MUA/P and HPSA as Identified by HRSA in the Community¹³

Discipline	ID Number	HPSA or Service Area Name	Designation Type	Update Date
Primary Care	04011	Chinatown/ Downtown/Echo Park South Service Area	Medically Underserved Area	08/26/1994
Primary Care	07390	Glassell P/ Glendale S E (MSSA 78.2ff)	Medically Underserved Area	11/05/2003
Primary Care	00363	MSSA 78.2i/ El Sereno/ Highland Park/ Lincoln Heights	Medically Underserved Area	8/19/2009
Mental Health	7065984890	LI – MSSA 78.2a/Echo Park/ Hollywood North Central	Low Income Population HPSA	03/15/2022
Mental Health	7063429582	LI – MSSA 78.2ff/ Glendale Southeast	Low Income Population HPSA	03/08/2022

¹² Health Resources and Services Administration. (2025). *Find Shortage Areas*. <https://data.hrsa.gov/tools/shortage-area>. Accessed May 15, 2025.

¹³ U.S. Department of Health and Human Services, Health Resources and Services Administration. (2025). *HRSA Data Warehouse, Find Shortage Areas*. <https://data.hrsa.gov/tools/shortage-area>. Accessed March 9, 2025.

II. Assessment Process and Methods

The 2025 Community Health Needs Assessment (CHNA) was completed through a compilation of primary qualitative and secondary quantitative data sources. Broad interests of the community were solicited and taken into account through primary data sources, including focus groups, key informant interviews, and input from the County of Los Angeles Department of Public Health. This information was corroborated with secondary quantitative data obtained from datasets maintained by governmental and nongovernmental organizations at the local, state, and national levels. This mixed-methods approach enabled the cross-referencing of data to validate information and provide a broader perspective of community health needs. Each data source and the process utilized for collection and assessment are described in the following subsections.

Community Input, Vulnerable Populations

A focus group and key informant interview program was developed and completed between September 2024 and April 2025. The goal was to take into account members of the medically underserved, low-income, and minority populations in the community, including vulnerable populations. To maintain consistency with the State of California Community Benefit Reporting Requirements, the definition of vulnerable populations from Assembly Bill (AB) 1204 was utilized. Focus groups targeted members of vulnerable populations, including individuals with limited English proficiency, Hispanic/Latinx origin, LGBTQ+, unhoused, people with disabilities, and socially disadvantaged communities (including youth and seniors).¹⁴

Overall, nine different focus groups and five key informant interviews were facilitated by the Dignity Health Glendale Memorial Hospital and Ganey Science teams, either virtually or in-person to 69 participants, as shown on Table 3

Table 3. GMHHC Focus Groups and Key Informants

Key Informant Interviews	
1.	Glendale Community College Leadership
2.	Local Law Enforcement
3.	Glendale Unified School District
4.	Journey Out
5.	Local Elected Official
Focus Groups	
1.	The Campbell Center
2.	Glendale Library
3.	Glendale Police and Fire Departments
4.	GlendaleOUT
5.	GMHHC Hospital Team
6.	Highland Park Senior Center
7.	Hope Through Housing
8.	Housing Service Providers
9.	Youth and Family Service Providers

¹⁴ State of California, Legislative Counsel Bureau. “Assembly Bill No. 1204 , Chapter 751,” 2021, https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB1204. Accessed March 1, 2025.

above. Focus groups were conducted in English, Spanish and Armenian, to participants from young adults through seniors. The focus group participants were organized based upon demographics and whether they were individuals or community-based organizations.

Key informant interviews were conducted with individuals who serve the community, including the medically underserved, low-income, and minority populations. These key informant interviews were also facilitated by the CHNA preparation team, which asked a similar set of questions to those posed in the community focus groups.

The focus group script and analysis are provided in Appendix B, and summaries of each focus group and key informant interview are provided in Appendix C. Focus group results are provided in Section III. Assessment Data and Findings and Appendix B.

County of Los Angeles Department of Public Health

An initial meeting was held between the Hospital and the County of Los Angeles Department of Public Health regarding the CHNA process Dignity Health was initiating for its 2025 CHNA Report on December 10, 2024. Discussions of future collaboration and alignment were held, and the Department of Public Health expressed their willingness to support Dignity Health through this process and excitement for the focus group results.

Written Comments from Previous CHNA

The Hospital invited written comments on the most recent CHNA Report and Implementation Strategy, both in the documents and on the Hospital website, where they are widely available to the public. No written comments were received at the time of this CHNA report's development.

Secondary Data Sources

The CHNA encompasses a multitude of secondary data indicators that help illustrate the community's health. Secondary data from local, county, state, and national sources were reviewed and include data points about demographics, mortality, morbidity, social determinants of health, health behaviors, clinical care, health outcomes, and physical environment. Secondary county, state, or national level data sources provide a comparison to community-level qualitative data. This CHNA report utilized the following secondary data sources, among others:

Centers for Disease Control and Prevention (CDC), Social Vulnerability Index	California Energy Commission
CDC Behavioral Risk Factor Surveillance System	U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion
U.S. Census	Los Angeles County
State of California	Education Data Partnership
California Department of Education	California Department of Justice
California Department of Public Health	California Health Kids Survey
Federal Reserve Bank of St. Louis	The Rippel Foundation
California Department of Housing and Community Development	PolicyMap
	City of Glendale

All secondary data sources were thoroughly evaluated, and every effort was made to use the best available data at the time of report publication. While there are always data limitations, the assembled data, information, and completed analyses provide a comprehensive identification and description of significant community health needs.

CHNA Report Preparers

This CHNA report and the preceding data collection process were completed as a collaborative effort between the Dignity Health GMHHC team including Rev. Cassie McCarty, MDiv, BCC, Director of Mission Integration and Pamela Flores, Program Coordinator, Community Health Education; and Ganey Science, San Francisco, CA. The Ganey Science Team was led by Amanda Gettig, MPH, and supported by Georges Merceron, MPH, and Julia Turnak. Amanda has been preparing CHNA reports for Dignity Health since 2016. Amanda has been published at the Annual Meeting of the American Public Health Association and at the National Conference for the Association of Community Health Improvement

III. Assessment Data and Findings

The data assessment for this CHNA Report consists of a systematic review of primary and secondary data sources. The results of the focus groups are summarized below and will be presented and included within each subsection, as appropriate. The data assessment compares the community against state and national levels, as well as the U.S. Department of Health and Human Services' Healthy People 2030 (HP 2030) benchmarks, when available. Data were analyzed for health and social inequities, health indicators, health behaviors, and health conditions. The analysis specifically notes population segments that are particularly vulnerable or experiencing disproportionate unmet health needs or poor outcomes.

Focus Group and Key Informant Interview Results

Between September 2024 and April 2025, nine focus groups were conducted with Hospital community members who had limited English proficiency, were an ethnic or racial minority, veterans, unhoused, disabled, seniors, youth, or identified as LGBTQ+, or served individuals from these populations. These individuals were provided a safe space to share their lived experiences with the facilitators, allowing for an in-depth understanding of their community's needs. Table 4 below provides the top themes identified during the focus groups by vulnerable population.

Table 4. GMHHC Focus Groups – Top Themes by Vulnerable Population

Limited English Proficiency & Seniors	People with Disabilities	Unhoused
Access to care barriers: <ul style="list-style-type: none">- Language- Geographical Access to basic needs, finances, transportationBehavioral health	Access to care barriers: <ul style="list-style-type: none">- Long wait times- Limited hours Health literacyHousingTransportation	Access to care barriersAccess to Basic NeedsBehavioral healthSubstance Use DisorderHousing
LGBTQ+	Hispanic/Latinx & Seniors	Youth
Community Belonging/ Fear of ViolenceCultural competenceStigma	Access to care barriers: <ul style="list-style-type: none">- Insurance- Long wait time- Communication issues HousingAccess to basic needsBehavioral health	Behavioral healthSubstance UseCommunity connectionAccess to basic needsFood InsecurityDental CareHousing

The focus group and key informant data collection process was significantly affected, as were the community health needs, following January 7, 2025, when the Eaton Fire began. The Eaton Fire caused multiple key informant sessions to either be postponed or rescheduled. If the sessions were

rescheduled the impacts of the Eaton Fire acted as a confounder on community members and the perceived community health needs.

The magnitude of the Eaton Fire impacted the community and directly impacted the neighboring communities of Altadena and Pasadena where an estimated 6,000 homes were burned. The impact of the Eaton Fire and the recovery from the extended disruption to daily life and well-being is ongoing.

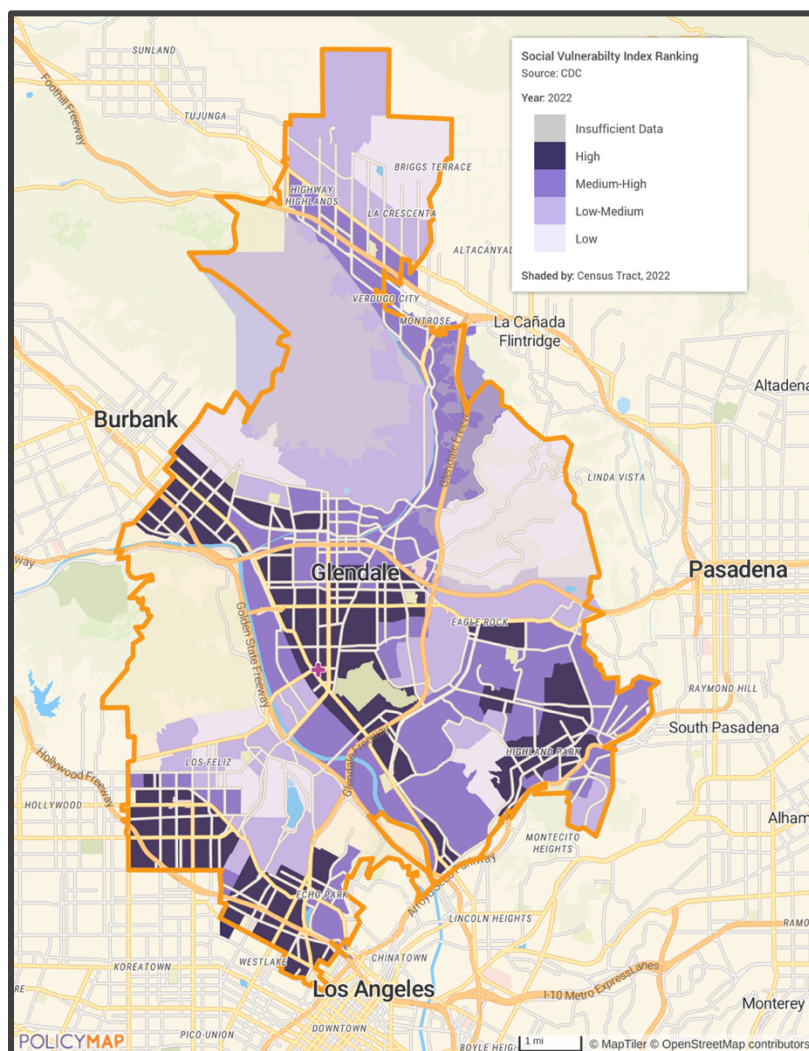
Social Vulnerability Index (SVI)

The Social Vulnerability Index (SVI) is a tool, developed by the CDC, that evaluates a community's capacity to prepare for, respond to, and recover from incidents that can cause human suffering and financial loss. The SVI examines indicators related to socioeconomic status, household composition and disability, minority status and language, and housing type and transportation. Scores are structured so that lower values represent lower vulnerability, while higher values denote greater vulnerability. Overall, the SVI ranking ranges from low to high across the community with the majority of the “high” SVI census tracts located south of the State Route 134 (“the 134”) as depicted on Figure 2.¹⁵ Within Glendale, the Hospital and its surrounding area are considered high SVI. It should also be noted that the high SVI areas within the City of Los Angeles, including Echo Park – 90026, and East Hollywood – 90029, and Highland Park – 90042 represent the northern limit of a much larger high SVI area within the City of Los Angeles.

Varying levels of vulnerability between communities underscore the importance of employing a tailored approach to understanding the unique needs of the community. An analysis of the CDC’s SVI across census tracts in and around Glendale revealed significant contrasts. While vulnerability was found throughout multiple neighborhoods, certain census tracts consistently rank highest in overall vulnerability or in one or more of the four SVI themes, which include socioeconomic status, household composition and disability, minority status and language, and housing and transportation. The variation between communities and census tracts emphasizes the need for place-based strategies that reflect local conditions rather than relying on generalized interventions.

¹⁵ PolicyMap. (n.d.). Social vulnerability index (SVI) quartile ranking as of 2022 [Map based on data from CDC: Data downloaded from <https://svi.cdc.gov/data-and-tools-download.html>, June 2022]. Retrieved June 10, 2025, from <http://www.policymap.com>

Figure 2. GMHHC Social Vulnerability Index¹¹



Together, these findings illustrate that while some communities face widespread challenges, high vulnerability often clusters at the tract level. Recognizing these patterns is critical for aligning services and resources with the areas of greatest need, ensuring interventions are both equitable and effective.

Vital Conditions Framework

One of the National Health Initiatives developed by the U.S. Office of Disease Prevention and Health Promotion is the Federal Plan for Equitable Long-Term Recovery and Resilience for Social, Behavioral, and Community Health Plan. The Plan is organized around the Vital Conditions for Health and Well-Being structure. The overarching goal of the Plan states:

“All people and places THRIVING – no exceptions.”

The strengths-based Vital Conditions for Health and Well-Being Framework provides an actionable, asset-based approach that is key to improving social determinants of health and addressing inequities. The Vital Conditions framework has roots in the community and is centered on the elements of “belonging and civic muscle.” Civic engagement capacity and local, self-driven solutions are critical to addressing local needs.¹⁶

Through the six urgent services developed alongside the vital conditions, communities can organize action to promote health equity and respond to crises that threaten health and well-being. The six urgent services are: acute care for illness or injury, addiction treatment, crime response, environmental cleanup, unemployment and food assistance, and homeless services. Urgent services are necessary and lifesaving, but they alone cannot produce human flourishing. Figure 3 further illustrates the relationship between vital conditions and urgent services.

Figure 3. Vital Conditions and Urgent Services¹⁷



¹⁶ Office of Disease Prevention and Health Promotion. (January 20, 2022). *Federal Plan for Equitable Long-Term Recovery and Resilience for Social, Behavioral, and Community Health*. https://origin.health.gov/sites/default/files/2022-04/ELTRR-Report_220127a_ColorCorrected_2.pdf. Accessed March 15, 2025.

¹⁷ The Rippel Foundation. (2025). *What is a Well-Being Portfolio?* <https://rippel.org/vital-conditions/>. Accessed March 9, 2025.

Currently, the Vital Conditions and Urgent Services model has not been developed to include measurable goals similar to those in the Social Determinants of Health and HP 2030. To holistically analyze the community, the following subsections examine the community through the lens of Vital Conditions and Urgent Services, combined with the Social Determinants of Health.

Social Determinants of Health

According to the U.S. Centers for Disease Control and Prevention, the Social Determinants of Health (SDOH) are the nonmedical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live and age, and the forces and systems impacting daily life.¹⁸ The five key SDOH factors include:

- Economic stability,
- Education access and quality,
- Healthcare access and quality,
- Neighborhood and built environment, and
- Social and community context.

Figure 4. Social Determinants of Health



Social Determinants of Health
Copyright-free

Healthy People 2030

The SDOH are one of three priority areas for HP 2030, along with health equity and health literacy. A graphic depicting the SDOH is provided in the adjacent Figure 4.¹⁹

Economic Stability | Meaningful Work and Wealth

Income influences all aspects of an individual's life, and often provides access to resources that promote good health, such as good schools, healthcare, healthy food, and safe neighborhoods. Accumulating adequate wealth shapes the living standards not only for individual families and communities, but for generations to come. Income also impacts an individual's ability to maintain good physical and mental health. As shared by one key informant,

¹⁸ U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. *Healthy People 2030*. <https://odphp.health.gov/healthypeople/objectives-and-data/social-determinants-health>. Accessed on March 17, 2025.

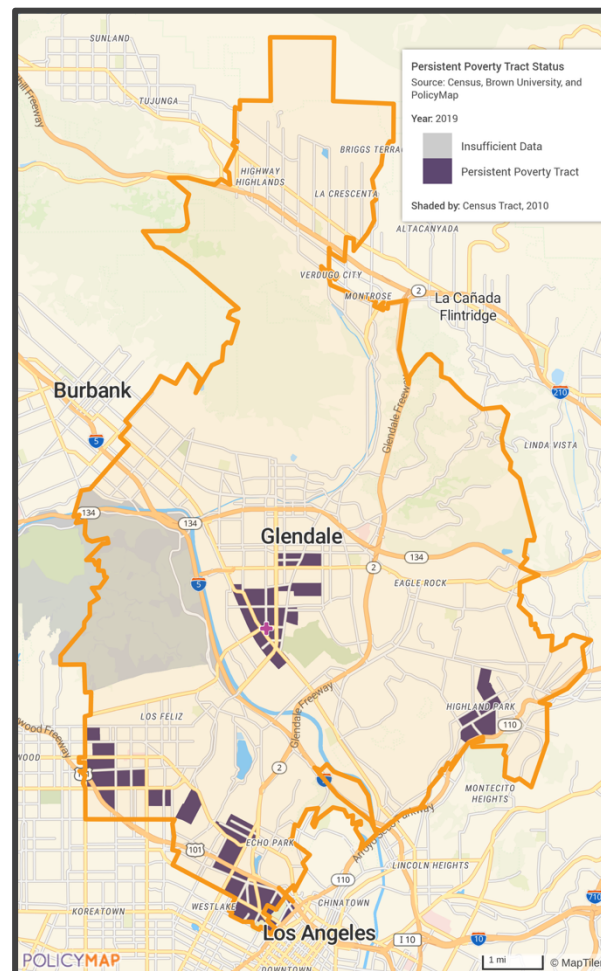
¹⁹ U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. *Healthy People 2030*.

“They don’t have healthcare. They don’t have dental care. None of that. They live four families, three upstairs and one in the living room, to make it. So when you’re thinking economics for those who don’t have access, economics is a big thing.” – Focus group/key informant

In 2025, the unemployment rate for Los Angeles-Long Beach-Glendale metropolitan area was 5.1% in April 2025, a change of 0.1% from the previous year.²⁰ The average median household income in the community is \$90,354, and ranges from a low of \$59,005 in Glendale – 91205 to a high of \$131,716 in La Crescenta – 91214. According to the 2025 Poverty Guidelines, as published by the U.S. Department of Health and Human Services, one-person households with income below \$15,650 and four-person households below \$32,150 are considered in poverty.²¹

According to the U.S. Census, American Community Survey (2019-2023, 5-Year Estimates), 1 in 8 people or 12.0% of California residents live in poverty.²² In the community, 13.5% of all residents live below the poverty level or 67,188 individuals. Within the community, nine of the 16 zip codes have poverty rates that exceed the state rate of 12.0%. Poverty rates in Echo Park and Silverlake – 90026, Los Feliz – 90027, East Hollywood – 90029, Glassell Park – 90065, and portions of

Figure 5. Concentrated Persistent Poverty



²⁰ State of California, Employment Development Department. (2025). *California Labor Force and Unemployment Rates for Metropolitan Areas*. <https://labormarketinfo.edd.ca.gov/data/interactive-labor-market-data-tools.html>. Accessed on June 10, 2025.

²¹ U.S. Department of Health and Human Services. "Poverty Guidelines." *Office of the Assistant Secretary for Planning and Evaluation*, 2025, <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>. Accessed March 18, 2025.

²² U.S. Census Bureau, U.S. Department of Commerce. "Selected Economic Characteristics." American Community Survey, ACS 5-Year Estimates Data Profiles, Table DP03, 2023, https://data.census.gov/table/ACSDP5Y2023.DP03?q=DP03:+Selected+Economic+Characteristics&g=040XX00US06_050XX00US06037_160XX00US0630000_860XX00US90026,90027,90029,90039,90041,90042,90065,91201,91202,91203,91204,91205,91206,91207,91208,91214&moe=false. Accessed on April 14, 2025.

Glendale – 91201, 91203, 91204, 91205, and 91206 all exceed the state poverty rate of 12%. An examination of poverty rates based on census tracts identified additional areas where the community is plagued by poverty and persistent poverty. Persistent poverty census tracts are found within the City of Glendale, including the area surrounding GMHHC and some City of Los Angeles communities all south of the 134 Freeway, as depicted by dark purple the above on Figure 5²³. The following Table 5 depicts disparities in poverty rates for communities (shown in bold and italics) that exceed Los Angeles County rates.

Table 5. Community Poverty Disparities (2019-2023)

Location	Families in Poverty	Families in Deep Poverty ²⁴	Under 18 in poverty ²⁵	Age 65+ in Poverty ²⁶	Persistent Poverty Census Tract
LA County	9.9%	4.1%	17.7%	14.2%	---
Glendale 91203	17.9%	6.4%	29.7%	26.3%	No
Glendale 91204	12.0%	6.9%	14.4%	20.3%	YES
Glendale 91205	13.4%	6.7%	23.0%	24.0%	YES
Echo Park & Silverlake 90026	13.1%	5.3%	29.3%	14.6%	YES
Los Feliz 90027	8.5%	4.1%	14.8%	24.5%	YES
East Hollywood 90029	15.5%	7.8%	35.3%	35.5%	YES
Highland Park 90042	7.6%	3.4%	16.9%	9.9%	YES
Glassell Park 90065	10.2%	3.2%	18.5%	13.8%	No

Approximately, one in ten families in the community live below the poverty level. This aligns the City of Glendale and Los Angeles County rates, but exceeds the state rate of 8.4%. The community also has many seniors (age 65+) living in poverty. Approximately one-third of the aging population (65+) in East Hollywood – 90029 and one-quarter of seniors in Los Feliz – 90027 and

²³ PolicyMap. (n.d.). Concentrated persistent poverty, as of 2019 [Map based on data from Census, Brown University, and PolicyMap]. Retrieved June 1, 2025, from <http://www.policymap.com>.

²⁴ PolicyMap. (n.d.). Estimated percent of families that live in deep poverty (at less than 50% of the poverty level), between 2019-2023 [Map based on data from Census: US Bureau of the Census]. Retrieved April 28, 2025, from <http://www.policymap.com>.

²⁵ U.S. Census Bureau, U.S. Department of Commerce. "ACS Demographic and Housing Estimates." *American Community Survey, ACS 5-Year Estimates Data Profiles*, 2023.

²⁶ PolicyMap. (n.d.). Estimated percent of families that live in deep poverty (at less than 50% of the poverty level), between 2019-2023 [Map based on data from Census: US Bureau of the Census]. Retrieved April 28, 2025, from <http://www.policymap.com>.

Glendale – 91203 and 91205 reside in poverty.²⁷ According to the California Department of Education, nearly half of all students enrolled in Glendale Unified schools were eligible for free/reduced-price meals during the 2023-24 school year.²⁸

Humane Housing

Humane Housing is a vital condition because access to stable, safe places to live is required for people to thrive. Housing stability, quality, safety, and affordability all affect health outcomes, as do the physical and social characteristics of neighborhoods.

HP 2030 Goal: Reduce the proportion of families that spend more than 30% of income on housing.

Access to housing is a challenge across California and has been referred to as a housing crisis.²⁹ The state and the Hospital community face a shortage of housing, increasing costs, and high rates of homelessness. The lack of housing in the community was identified as a primary health need in nine different primary data interviews. Youth, young adults, and seniors all struggle to find affordable housing. Housing service providers also identified the need for supportive services to keep seniors and the chronically unhoused in their housing. More details are available in Appendix C.

Housing Shortage

There is a shortage of housing. Fewer homes are built than the projected need each year. During the last ten years, housing production in California averaged fewer than 80,000 new homes each year, and ongoing production continues to fall below the projected need of 180,000 additional homes annually.³⁰

The recent Palisades and Eaton fires have contributed to the housing shortage by destroying thousands of homes in the greater Los Angeles area. The Eaton fire destroyed over 6,000 homes and 100 multi-family homes near the Hospital community and the Palisades fire destroyed over 5,000 homes and 130 multi-family homes.³¹ As shared by one focus group/key informant,

²⁷ PolicyMap. (n.d.). Estimated percent of all people 65 or older who live in poverty as of 2019-2023 [Map based on data from Census: US Bureau of the Census]. Retrieved June 1, 2025, from <http://www.policymap.com>

²⁸ Ed Data Education Data Partnership, Fiscal, Demographic, and Performance Data on California's K-12 Schools. *Glendale Unified*. <https://www.ed-data.org/district/Los-Angeles/Glendale-Unified> Accessed on May 1, 2025.

²⁹ Walters, D. CalMatters. *California's housing crisis has gotten worse, not better, over the last 30 years*. Dec. 6, 2024. <https://calmatters.org/commentary/2024/12/california-housing-crisis-worse/>

³⁰ California Department of Housing and Community Development (HCD). *Addressing a Variety of Housing Challenges*. <https://www.hcd.ca.gov/policy-and-research/addressing-variety-housing-challenges> Accessed May 1 2025.

³¹ Papp, B. NBC Los Angeles. *Maps: See updated damage assessments for Eaton and Palisades fires*. Jan. 31, 2025.

“There’s a lot of resources for those who are low income, but housing is the toughest need.”— Focus group/key informant

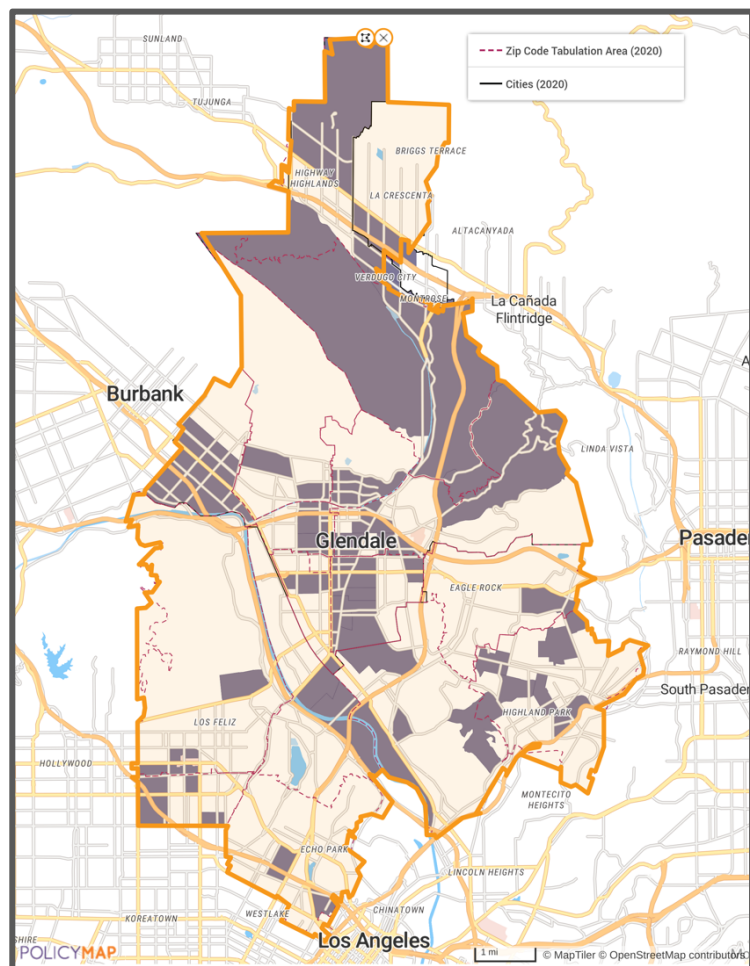
A key informant shared that there is limited space for new housing development in the community, but when new units are built, they are luxury units not low-income housing.

Cost Burden

The existing housing in California and the Greater Los Angeles area is becoming more expensive. Housing values in California are more than twice the national average and rents are about 50% higher.³² The current median listing price of a home in Los Angeles County in April 2025 was \$1.09 million, up from \$960,000 in April 2021.³³ A key informant shared that the purchase price of housing in the Hospital community is well over a million dollars, which is out of reach of most 20 and 30-year-olds unless the homes are passed down from generation to generation. California has the second-lowest rate of home ownership, behind New York.³⁴

Incomes are not increasing at the same rate as costs, so households are spending more of their income on housing. According to the U.S. Department of Housing and Urban Development, a household is considered cost-burdened when it spends more than 30% of its income on rent and utilities. Severe

Figure 6. Locations Where the Percent of Renters that are Cost Burdened Exceeds the State Rate



³² Walters, D. CalMatters. *California’s housing crisis has gotten worse, not better, over the last 30 years.*

³³ Federal Reserve Bank of St. Louis. *Market Hotness: Median Listing Price in Los Angeles County, CA.* <https://fred.stlouisfed.org/series/MELIPRCOUNTY6037> Accessed May 10, 2025.

³⁴ Walters, D. CalMatters. *California’s housing crisis has gotten worse, not better, over the last 30 years.*

overpaying occurs when households pay 50% or more of their gross income for housing.³⁵ The majority of Californian renters spend more than 30% of their income towards rent, and nearly one third pay more than 50% of their income towards rent.³⁶ Over a third of households in the hospital community were burdened by housing costs between 2019-2023, but some neighborhoods have even higher rates of cost burden.³⁷ Figure 6 depicts census tracts where the rate of renters that are cost burdened exceeds the state rate of 51%.

A household being cost burdened has negative impacts on their health and wellbeing.³⁸ Severely cost-burdened low-income families spend 52% less on food, healthcare, and transportation than their low-income counterparts who live in housing affordable to them. Among low-income

A household being cost burdened has negative impacts on their health and wellbeing.³⁹ Severely cost-burdened low-income families spend 52% less on food, healthcare, and transportation than their low-income counterparts who live in housing affordable to them. Among low-income households with children under the age 18, those with severe cost-burden spend 93% less on healthcare and 37% less on food than their counterparts who live in affordable homes. *“For California’s vulnerable populations, discrimination and inadequate accommodations for people with disabilities are worsening housing cost and affordability challenges.”*⁴⁰

“There’s been some families that have been on it [affordable housing waitlist] for 5+ years.” – Focus group/key informant

Overcrowding

Overcrowding is defined in terms of the ratio of occupants in a home to the number of rooms.⁴¹ A room is defined as a bedroom or common living space, but excludes bathrooms, kitchens, or unfinished areas of the home. Households that have more than one person per room are considered

³⁵ United States Census Bureau. *Nearly Half of Renter Households are Cost-Burdened, Proportions Differ by Race*. September 12, 2024, <https://www.census.gov/newsroom/press-releases/2024/renter-households-cost-burdened-race.html#:~:text=Households%20are%20considered%20cost%2Dburdened,are%20considered%20severely%20cost%2Dburdened>. Accessed January 15, 2025.

³⁶ CA HCD. *Addressing a Variety of Housing Challenges*. <https://www.hcd.ca.gov/policy-and-research/addressing-variety-housing-challenges>

³⁷ Policy Map. Accessed May 1, 2023.

³⁸ California Housing Partnership. *2024 Los Angeles County: Annual Affordable Housing Outcomes Report*. Jun. 28, 2024. <https://chpc.net/wp-content/uploads/2024/12/Los-Angeles-County-Affordable-Housing-Outcomes-Report-2024.pdf>

³⁹ California Housing Partnership. *2024 Los Angeles County: Annual Affordable Housing Outcomes Report*. Jun. 28, 2024. <https://chpc.net/wp-content/uploads/2024/12/Los-Angeles-County-Affordable-Housing-Outcomes-Report-2024.pdf>

⁴⁰ CA HCD. *Addressing a Variety of Housing Challenges*.

⁴¹ City of Glendale. *2021-2029 Housing Element*. <https://www.hcd.ca.gov/housing-elements/docs/glendale-6th-adopted022222.pdf>

overcrowded, and households with more than 1.5 persons per room are considered severely overcrowded.

Overcrowded households are usually a reflection of the lack of affordable housing available.⁴² Households that cannot afford housing units suitably sized for their families are often forced to live in housing that is too small for their needs. California’s renter overcrowding rate is approximately double the national rate, largely due to the state’s high housing costs and slow housing development, low pay, and the propensity of households of Hispanic/Latinx or Asian origin to live in multigenerational housing, all of which increase the likelihood of household overcrowding.⁴³

A key informant from the Glendale Unified School District shared that there are many PLAPs, “People Living with Another Party,” and families living with other families in the school district. When asked about how common overcrowding is, they replied that they think it is less than a third of families, but that some families keep it a secret.

Multiple focus group participants shared stories of overcrowding in Glendale and the Hospital community. One participant shared,

“Sometimes it’s multiple families in one apartment, especially with how expensive things are and with the influx of immigrants coming in from Syria, Armenia, etc.”— Focus group/key informant

Unhoused

There are a disproportionate number of Californians experiencing homelessness. California is home to 12% of the United States’ population but is home to 22% of the nation’s homeless population.⁴⁴

The 2024 Greater Los Angeles Homeless Count identified 10,701 individuals experiencing homelessness in SPA 2 (San Fernando Valley) and 18,389 individuals in SPA 4 (Metro), which excludes data from the Glendale Continuum of Care (CoC) Count.⁴⁵

The 2024 Greater Los Angeles Homeless Count reports that the data continues to show that historic exclusionary racist policies still result in a disproportionate amount of Black people experiencing homelessness and the Latinx community remains the largest ethnic group experiencing homelessness. According to the 2024 Glendale PIT Count Report, 16% of the individuals

⁴² City of Glendale. *2021-2029 Housing Element*.

⁴³ California Housing Partnership. *2024 Los Angeles County: Annual Affordable Housing Outcomes Report*. Jun. 28, 2024. <https://chpc.net/wp-content/uploads/2024/12/Los-Angeles-County-Affordable-Housing-Outcomes-Report-2024.pdf>

⁴⁴ California Department of HCD. *Addressing a Variety of Housing Challenges*.

⁴⁵ Los Angeles Homeless Services Authority. *2024 Greater Los Angeles Homeless Count Results*. June 28, 2024.

experiencing homelessness identified as Black and 38% identified as Hispanic/Latinx or White/Hispanic/Latinx. The Glendale PIT Count also reported that 27% of the individuals counted (50 individuals) were under the age 18.

Housing service providers shared in a key informant interview that they are seeing an increase in homelessness in seniors that cannot afford the rising costs of rent on their fixed incomes. They have also observed an increase in unhoused families and youth.

“We are seeing this gradual increase in seniors, 65 and older especially. So they’re falling into homelessness at a much faster rate than those who are a little bit younger. They’re on a fixed income and costs have gotten too great.”— *Focus group/key informant*

Reliable Transportation

Reliable, safe, and accessible transportation is one of the seven vital conditions because access to transportation is a major driver of health and well-being. Individuals living in poverty, with functional limitations, and those who are under- or uninsured have a higher healthcare-related transportation burden.⁴⁶

Access to transportation was identified as a health need in half of the focus groups representing medically vulnerable populations and is a barrier to care for populations that are senior, disabled, or unhoused.

“We have a couple of neighbors, and they have to wait for hours to get a bus. They can’t walk. They wait a long time to access a ride.” – *Focus group/key informant*

Education Access and Quality | Lifelong Learning

According to the U.S. Census, approximately 86% of the hospital community (age 25 and over) are high school graduates, of which 46.6% have attained at least a bachelor’s degree. However, the educational disparity increases when each zip code is compared to the ethnicity of a community member. White alone, not Hispanic or Latinx have between 16%--36% higher

HP 2030 Goal: Increase educational opportunities and help children and adolescents do well in school.

⁴⁶ Ufere, Nneka N, Lago-Hernandez, Carlos, et al. January 2024. *Health care-related transportation insecurity is associated with adverse health outcomes among adults with chronic liver disease*. Hepatology Communications. https://journals.lww.com/hepcomm/fulltext/2024/01010/health_care_related_transportation_insecurity_is.20.aspx. Accessed on March 21, 2025.

graduation rates than their Hispanic or Latinx neighbors. The disparity increases when evaluating bachelor's degree attainment. Excluding Glendale (91204), the difference in bachelor's degree attainment between White alone, not Hispanic or Latinx, and Hispanic/Latinx ranges between one-third to approximately 50% lower. Educational attainment details for zip codes with more than 33% of community members identifying as Hispanic/Latinx are provided in Table 6.

Table 6. Adult Educational Attainment by Zip Code and Ethnicity⁴⁷

U.S. Census Data	White alone, not Hispanic or Latinx, 25 years and over		Hispanic or Latinx origin, 25 years and over		Difference Between White alone and Hispanic/Latinx	
	High school graduate or higher	Bachelor's degree or higher	High school graduate or higher	Bachelor's degree or higher	High school graduate or higher	Bachelor's degree or higher
LA County	95.4%	54.3%	64.8%	15.6%	30.60%	38.70%
Echo Park & Silverlake 90026	98.5%	72.7%	62.2%	22.8%	36.30%	49.90%
East Hollywood 90029	93.7%	53.6%	57.0%	18.1%	36.70%	35.50%
Eagle Rock 90041	97.9%	61.9%	81.9%	29.0%	16.00%	32.90%
Highland Park 90042	97.4%	69.3%	68.8%	21.6%	28.60%	47.70%
Glassell Park 90065	98.1%	68.0%	66.4%	18.1%	31.70%	49.90%
Glendale 91204	88.1%	32.1%	63.9%	18.2%	24.20%	13.90%

According to the State of California's Department of Education, the Four-Year Adjusted Cohort Graduation Rate for Glendale Unified School District⁴⁸ for 2023-24 was 94.2%, with 59.4% of the graduates meeting the University of California/California State University (UC/CSU) Admission Requirements. This rate is higher than 51.9% of California high school graduates in 2024 met the UC/CSU requirements. However, of the 329 English learners in the Glendale cohort, only 21.1% met the UC/CSU requirements, and of the 134 homeless youth only 31.9% met the requirements.

“A lot of kids are first gen [college applicants] and they ask... ‘Hey, can you help my kid with the FAFSA? You already did it, can you help us figure it out?’” – Focus group/key informant

⁴⁷ U.S. Census Bureau, U.S. Department of Commerce. (2023). *American Community Survey, ACS 5-Year Estimates Subject Tables, Table S1501, Educational Attainment*.

<https://data.census.gov/table/ACSST5Y2023.S1501?q=S1501:+Educational+Attainment&g=860XX00US93401.93402.93405.93407.93409.93410.93422.93424.93428.93442.93446.93465&moe=false>. Accessed on March 17, 2025.

⁴⁸ Ed Data Education Data Partnership, Fiscal, Demographic, and Performance Data on California's K-12 Schools. *Glendale Unified*. <https://www.ed-data.org/district/Los-Angeles/Glendale-Unified> Accessed on May 1, 2025.

Climate and Health | Thriving Natural World

A thriving natural world is a community that has sustainable natural resources and freedom from climate impacts including extreme heat, flooding, wind, radiation, earthquakes, and pathogens. In alignment with Dignity Health's commitment to environmental stewardship and its Climate Action Plan, this needs assessment incorporates climate and health indicators. The physical environment in which an individual lives, learns, works, and plays is vital to their health. This section summarizes the local climate, the potential impacts of climate change on the environment and public health in the service area, and discusses potential ways to manage the effects of climate impacts on health

Local Climate

The community is located in central Los Angeles County which is in the South Coast Region. The community is described by the Los Angeles Region Report⁴⁹ as having a Mediterranean climate with hot, dry summers and cool, wet winters. According to The City of Glendale Climate Change Vulnerability Assessment⁵⁰, the average daily high temperature for Glendale is 74.9° Fahrenheit (F). The average daily low temperature is 51.2°F.

The community is prone to periods of extremely dry conditions. The South Coast region experiences the Santa Ana winds, a unique climatic feature typically between October – April. These winds are strong, dry northeasterly winds that originate around the Great Basin. As the winds move from the inland areas across the Sierra Nevada Mountains, they further dry and accelerate in speed. The very dry air associated with these winds further dry vegetation and cause favorable conditions for wildfire outbreaks. The Santa Ana winds were the catalyst for the devastating LA wildfires that occurred in January 2025 to devastating effect.

Climate Change in Los Angeles County

California's Fourth Climate Change Assessment provides data showing a warming trend. California's annual temperature increases over most of the state since 1986 have exceeded 1°F, with some areas exceeding 2°F.⁵¹ The Climate Change and Health Profile Report projected

⁴⁹ California's Fourth Climate Change Assessment Los Angeles Region Report, California Energy Commission. 2018. (https://www.energy.ca.gov/sites/default/files/2019-11/Reg%20Report-%20SUM-CCCA4-2018-007%20LosAngeles_ADA.pdf)

⁵⁰ City of Glendale Climate Change Vulnerability Assessment. 2023. (<https://glendalecaap.rinconconsultants.com/wp-content/uploads/2023/11/Climate-Change-Vulnerability-Assessment.pdf>)

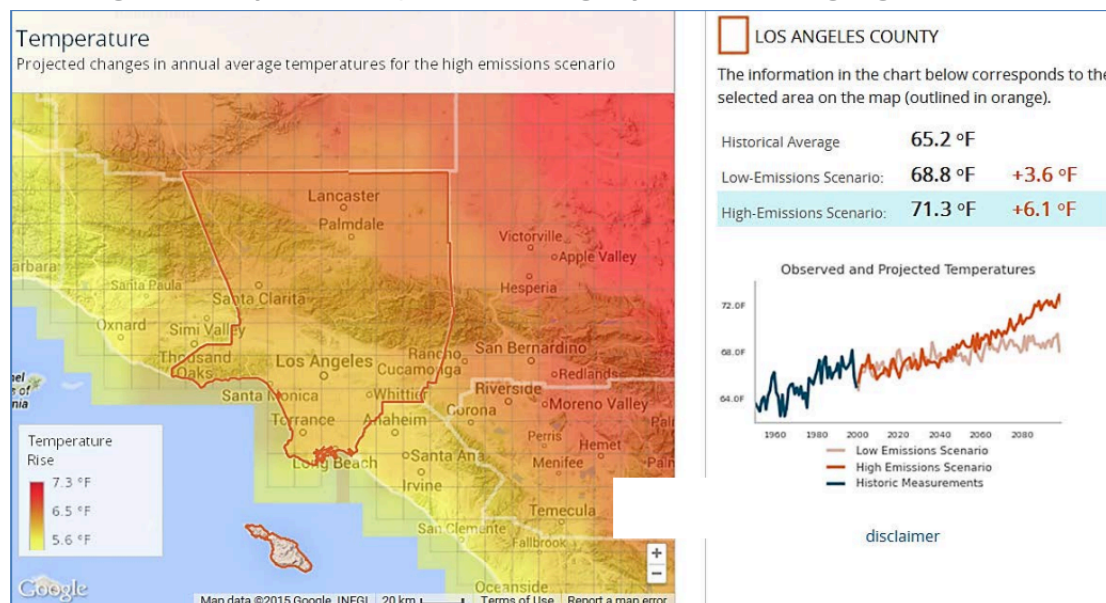
⁵¹ California Energy Commission. (2018) *California's Fourth Climate Change Assessment Statewide Summary Report*. https://www.energy.ca.gov/sites/default/files/2019-11/Statewide_Reports-SUM-CCCA4-2018-013_Statewide_Summary_Report_ADA.pdf. Accessed on October 23, 2024.

changes in annual average temperature in a high-carbon emissions scenario for Los Angeles County in the year 2099 are shown in Figure 7.⁵²

According to the Los Angeles Region Report, the overall burned area is projected to increase over 60% for Santa Ana-based fires. It is reported that a quarter of annual wildfires occur during Santa Ana events.

Most recently, the service area has been affected by the Palisades Fire and Eaton Fire that started in January 2025 and burned over 35,000 acres. While the cause of these wildfires is still under investigation, the changing climate has led to severe drought conditions and strong Santa Ana winds in the area. These conditions contributed to the spread of the wildfires. While Southern California regularly experiences wildfires, the timing of these fires in what is normally the region's rainy season is highly unusual.⁵³ Climate change is expected to make sudden, devastating disasters like this more likely to occur in the future.

Figure 7. Projected Temperature Change by 2099 in During High Emissions



⁵² California Department of Public Health; U.C. Davis. (February 2017). *Climate Change and Health Profile Report, Los Angeles County*.

https://www.cdph.ca.gov/Programs/OHE/CDPH%20Document%20Library/CHPRs/CHPR037LosAngeles_County2-23-17.pdf. Accessed October 23, 2024.

⁵³ National Geographic “Climate change made the L.A. wildfires 35 percent more likely” M. Davids Landau. (<https://www.nationalgeographic.com/science/article/climate-change-los-angeles-fire-wildfire>). January 28, 2025.

Climate Change and Human Health

The impacts of climate change on human health are described by the National Institute of Environmental Health Sciences, which references global health organizations stating that the effects of climate change worsen many existing illnesses and diseases by increasing exposure to increased temperatures, introducing new pests and pathogens to an area, and affecting air and water quality.⁵⁴ The Fifth National Climate Assessment prepared by the U.S. Global Change Research Program states, “*It is an established fact that climate change is harming physical, mental, spiritual, and community health and well-being through the increasing frequency and intensity of extreme events, increasing cases of infectious and vector-borne diseases, and declines in food and water quality and security.*”⁵⁵ Certain populations are at higher risk for climate change health impacts, including children, the elderly, low-income populations, and persons with underlying health conditions.

According to data mapping by The New York Times, the highest climate risk in Los Angeles County is associated with water stress. The same data map lists wildfires as medium and extreme rainfall and heat stress as low risks. High risk of water stress presents a clear risk to human health from drinking water shortages and reduced irrigation water for food supply.⁵⁶

Managing Climate Impacts on Health

There are steps that can be taken to help manage and mitigate the negative impacts of climate on health in the service area. The Climate Change and Health Profile Report for Los Angeles County has listed several public health strategies and action steps for adapting to climate change.⁵⁷ The action steps include both those for the near-term and long-term. The goal of these strategies is to minimize the negative health impacts of climate change.

Wildfire and drought mitigation measures will help manage the predicted climate risk and water stress in the service area. Wildfire mitigation measures can consist of projects at the homeowner and community level and can consist of fuel management by reducing flammable vegetation,

⁵⁴ National Institute of Environmental Health Sciences. (n.d). *Climate Change and Human Health*. <https://www.niehs.nih.gov/research/programs/climatechange>. Accessed October 23, 2024.

⁵⁵ Hayden, M.H., P.J. Schramm, C.B. Beard, J.E. Bell, A.S. Bernstein, A. Bieniek-Tobasco, N. Cooley, M. Diuk-Wasser, Michael K. Dorsey, K.L. Ebi, K.C. Ernst, M.E. Gorris, P.D. Howe, A.S. Khan, C. Lefthand-Begay, J. Maldonado, S. Saha, F. Shafiei, A. Vaidyanathan, and O.V. Wilhelmi, 2023: Ch. 15. Human health. In: *Fifth National Climate Assessment*. Crimmins, A.R., C.W. Avery, D.R. Easterling, K.E. Kunkel, B.C. Stewart, and T.K. Maycock, Eds. U.S. Global Change Research Program, Washington, DC, USA. <https://doi.org/10.7930/NCA5.2023.CH15>

⁵⁶ S. Thompson and Y. Serkez. (September 18, 2020). *Every Place Has Its Own Climate Risk. What Is It Where You Live?* New York Times.

⁵⁷ California Department of Public Health; U.C. Davis. (February 2017). *Climate Change and Health Profile Report, Los Angeles County*.

thinning tree canopies, and removing dead wood and debris. Land-use planning, development of regulations, building codes, and homeowner education are also important components of wildfire mitigation.

Drought mitigation measures can consist of planning, water conservation measures, improved water storage, water recycling, and xeriscaping (drought landscaping). Funding may be available for natural hazard mitigation projects through the Federal Emergency Management Agency and other sources. Mitigation of extreme heat can be performed through strategic planning, including the establishment of extreme heat warning systems and the maintenance of cooling centers throughout the community.

Social and Community Context | Belonging & Civic Muscle

People need fulfilling relationships and social supports to thrive. They need to feel part of a community, contributing to its vibrancy, and developing the power to co-create a common world. Social support from friends, family, and other networks helps community members navigate challenges and reinforces healthy behaviors. People who feel connected tend to live healthier, happier lives. Belonging and civic muscle has many essential components, including:

- Civic agency;
- Freedom from stigma, discrimination, and oppression;
- Many opportunities for civic engagement (voting, volunteering, public work);
- Social support; and,
- Vibrant arts, culture, and spiritual life.

The Hospital community is home to a number of churches, schools, gyms, parks, senior centers, and farmers' markets that can be used by the community and that foster community engagement. An example of the multitude of community organizations supporting the Hospital community is provided in Section V. Resources Potentially Available to Address Needs of this CHNA. As shared during one senior focus group,

“We feel happy here because we have a community here.”– Focus group/key informant

According to the voting records for Los Angeles County, 66.0% of registered voters cast ballots in the November 2024 general election.⁵⁸ Glendale Community College has an ongoing (2024-2026) Civic and Voter Empowerment Action Plan that aims to improve voter registration and turnout among their students, faculty, and staff.⁵⁹

Discrimination is the unjust or prejudicial treatment of categories of people based on race, age, sex, sexual orientation, gender identity, disability status, mental health status, cultural identity, and other factors. Discrimination affects the everyday lives of community members across the region through large and small actions taken by individuals and institutions. Spanish-speaking and LGBTQ+ focus group participants shared that they had felt unwelcome, fearful, or unsafe in the community. As shared during the Highland Park Senior Center focus group,

“The American dream is no longer a dream. It’s turned into a nightmare. We don’t feel safe or calm anymore.” – Focus group/key informant

Research indicates that LGBTQ+ individuals face health disparities linked to societal stigma, discrimination, and denial of their civil and human rights. Discrimination against LGBTQ+ persons has been associated with high rates of psychiatric disorders, substance use disorders, and suicide.

The social and community context in which people live and work includes the relationships between neighbors and their social and civic connections. Social and community context can be evaluated through the following indicators:

- Discrimination;
- Incarceration and crime;
- Social cohesion and social connectedness; and,
- Community capacity.

The violent crime rate is the measurement of homicide, forcible rape, robbery and aggravated assault that occur in a community compared to the total population. As shared by one focus group participant,

“I even saw people get shot as a kid.” – Focus group/key informant

⁵⁸November 5, 2024, General Election Voter Participation Statistics by County.

<https://admin.cdn.sos.ca.gov/elections/sov/2024-general/sov/03-voter-participation-stats-by-county.pdf>. Accessed on April 27, 2025.

⁵⁹ Civic and Voter Engagement Action Plan. <https://allinchallenge.org/wp-content/uploads/Glendale-Community-College-2024-Action-Plan.pdf>

According to the California Office of the Attorney General Open Justice data portal, in City Glendale the total number of violent crimes reported in 2023 was 422, which includes two homicides, 28 rapes, 224 aggravated assaults, and 168 robberies. Additionally, in 2023, law enforcement agencies in Glendale reported 4,152 property crimes, of which 1,015 were shoplifting.⁶⁰ Focus group participants shared that there are youth in the community involved in gangs.

Basic Needs for Health & Safety

Food Insecurity

Food insecurity is defined by the CDC as a household-level economic and social condition of limited or uncertain access to adequate food. Food insecurity may be influenced by a number of factors, including income, employment, race/ethnicity, and disability.⁶¹ In 2022, Feeding America estimated the food insecurity rate in the hospital community to range from 15.1 to 18.5%.⁶²

Food insecurity was identified as a community health need in multiple focus groups. During the 2024-25 school year, nearly half (49%) of students in the Glendale Unified School District were eligible for free and reduced-price meals. The rate of students who qualify for free and reduced-price meals increases to 63.3% at Cerritos Elementary and to over 75% at Horace Mann Elementary.⁶³

Neighborhood and Built Environment

Neighborhood and built environment refers to the physical spaces where people live, work, and engage in daily activities. Access to the outdoors, clean water, healthy soils for agriculture, clean air, and park and recreation facilities all impact an individual's wellness.

HP 2030 Goal: Reduce the amount of toxic pollutants released into the environment.

There are four Superfund sites in the San Fernando Valley, two of which are near the hospital service area. The San Fernando Valley (Area 2) and

⁶⁰ California Department of Justice, Office of the Attorney General. (2025). *OpenJustice, Crimes & Clearances*. <https://openjustice.doj.ca.gov/exploration/crime-statistics/crimes-clearances>. Accessed on May 1, 2025.

⁶¹ U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. *Healthy People 2030*. <https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/food-insecurity>. Accessed March 21, 2025.

⁶² PolicyMap. (n.d.). *Estimated food insecurity rate in 2022 [Map based on data from Feeding America]*. Retrieved May 1, 2025, from <http://www.policymap.com>

⁶³ California Department of Education. (2025). *Data Reporting Office, Selected School Level Data*. <https://dq.cde.ca.gov/dataquest/Cbeds4.asp?FreeLunch=on&cSelect=Cerritos%5EElementary--Glendale%5EUnifie--1964568-6013627&cChoice=SchProf2&cYear=2024-25&cLevel=School&cTopic=FRPM&myTimeFrame=S&submit1=Submit>. Accessed June 1, 2025.

(Area 3) sites are a 6,680-acre and 4,400-acre areas of contaminated groundwater in Glendale, California. In 1980, the groundwater was discovered to be contaminated with volatile organic compounds (VOCs), including trichloroethylene (TCE) and perchloroethylene (PCE). In 2000, a treatment plant began operating and provides drinking water to the City of Glendale.

Los Angeles County is one of the most air-polluted regions in the United States. The Hospital community is located in the South Coast Air Basin, which is classified as an “extreme” nonattainment area for the 2015 Ozone National Ambient Air Quality Standards (NAAQS). This means that the air quality in Los Angeles County exceeds state and federal standards for ozone.

Ozone forms in the atmosphere due to vehicle emissions, industrial plants, and other sources, including wildfire smoke. The South Coast Air Basin experiences high levels of ozone due to the large amount of air emissions combined with ideal weather and topography for ozone formation.⁶⁴ The region also experienced unusually high levels of ozone in 2020 due to record-breaking heatwaves and wildfires. Depending on the level of exposure, ozone can cause coughing and sore or scratchy throat, make it difficult to breathe deeply, inflame and damage the airways, and aggravate lung diseases such as asthma, emphysema, and chronic bronchitis.⁶⁵

Domestic Violence and Human Trafficking

Human trafficking is a form of modern-day slavery where people profit from the control and exploitation of others.⁶⁶ In 2012, Los Angeles County was identified as a major hub for the commercial sexual exploitation of children and youth. Commercial Sexual Exploitation of Children refers to a range of crimes and activities involving the sexual abuse or exploitation of a child for the financial benefit of any person or in exchange for anything of value (including monetary and non-monetary benefits) given or received by any person. Child and youth who experience childhood physical and sexual abuse, emotional neglect, foster care and/or juvenile justice involvement, and/or homelessness are especially vulnerable to exploitation.⁶⁷

Freedom from trauma, violence, addiction and crime is considered a Basic Need for Health and Safety. In SPA 4 (Metro) 25% and in SPA 2 (San Fernando) 18.4% of women reported ever

⁶⁴ South Coast Air Quality Management District. *2022 Air Quality Management Plan*. https://www.aqmd.gov/docs/default-source/clean-air-plans/air-quality-management-plans/2022-air-quality-management-plan/final-2022-aqmp/05-ch2.pdf?sfvrsn=99c5bd61_12

⁶⁵ California Air Resources Board. (February 2023). *Staff Report, CARB Review of the Ozone Attainment Plan for Western Nevada County for the 70 ppb 8-Hour Ozone Standard*. https://ww2.arb.ca.gov/sites/default/files/2023-02/WNevada_70ppb_ozone_plan_CARB_Staff%20Report_February2023.pdf. Accessed April 15, 2025.

⁶⁶ California Department of Justice. (2025). *What is Human Trafficking*. <https://oag.ca.gov/human-trafficking/what-is>. Accessed on March 23, 2025.

⁶⁷ Newcombe, A., French, E., Walker Brown, K., and Guymon, M. (2020). *Building Bridges, How Los Angeles County Came Together to Support Children and Youth Impacted by Commercial Sexual Exploitation*. Los Angeles County; National Center for Youth Law. https://file.lacounty.gov/SDSInter/lac/1125796_LACountyBuildingBridgesReport.pdf

experiencing physical or sexual violence by an intimate partner.⁶⁸ According to the California Office of the Attorney General’s Open Justice data portal, there were 472 domestic violence-related calls for assistance in Glendale in 2023, an increase from 309 in 2022. Over 80% of the domestic violence calls in 2023 involved a weapon (which includes hands or feet), and 52 cases involved strangulation.⁶⁹

Health Care Access and Quality |

The Vital Conditions framework considers healthcare a basic need. Access to comprehensive, quality healthcare services is critical for achieving health equity and for increasing the quality of a healthy life for everyone. Inadequate health insurance coverage is one of the most significant barriers to healthcare access, and the unequal distribution of coverage contributes to health disparities.

HP 2030 Goal: Increase access to comprehensive, high-quality health care services.

For many community members, the opportunity to access healthcare, education, and employment requires relying on institutions that historically have not been a safe space for minority communities, immigrants, the LGBTQ+ community, women, and survivors of abuse. As shared by one focus group participant,

“There’s a fear and avoidance of going to these places... Especially if you’ve had a bad experience, that’s going to weigh on you.” – Focus group/key informant

Limited English proficiency creates additional hurdles to accessing healthcare services and understanding health information. Participants cited language barriers and a lack of translators as significant obstacles to accessing health services. In some neighborhoods in the hospital community, more than half of community members are foreign born. There are high rates of limited English proficiency in the same neighborhoods. As shared by one focus group participant,

“These [pill] bottles that give instructions, they don’t often come in Spanish or Armenian right? That can be hard... Understanding what the bottle says can be challenging.” – Focus group/key informant

Overall, 56.4% of adults in SPA 2 and SPA 4 reported they consider their health status as very good or excellent and 70.1% reported receiving a routine check-up in the past year for SPA 2 and SPA 4 (2022-2023). Individuals’ type of usual source of care selection is affected based upon

⁶⁸ UCLA Center for Health Policy Research. AskCHIS Dashboard. (2021, 2022 data)

⁶⁹ California Department of Justice, Office of the Attorney General. (2025). *OpenJustice, Crimes & Clearances*. <https://openjustice.doj.ca.gov/exploration/crime-statistics/crimes-clearances>. Accessed on May 4, 2025.

poverty level. Community members living at <150% federal poverty level are twice as likely to rely on the emergency room/urgent care and they are more likely to have no usual source of care as depicted in the following Table 7.⁷⁰

Table 7. Usual Place of Care Compared to 150% Poverty Level

Type of usual source of care	<150% FPL			All		
	SPA 2	SPA 4	All	SPA 2	SPA 4	All
Doctor's office/HMO/Kaiser	36.3%	38.2%	37.3%	59.0%	48.8%	55.5%
Community clinic/government clinic/community hospital	31.6%	26.2%	29.4%	18.2%	21.3%	19.3%
Emergency room/Urgent care	4.0%	2.2%	3.3%	2.1%	0.8%	1.7%
Some other place/No one place	1.5%	1.6%	1.5%	1.7%	1.9%	1.7%
No usual source of care	26.6%	31.8%	28.5%	19.0%	27.2%	21.8%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Chronic Conditions

Chronic diseases, including heart disease and cancer, are the leading cause of death in the United States, in California, and in Los Angeles County. According to the CDC, chronic diseases are defined as heart disease, stroke, cancer, diabetes, obesity, arthritis, Alzheimer's disease, epilepsy, and tooth decay. Chronic conditions also encompass mental health conditions, including depression and anxiety. Disparities emerge from policies and structural racism that separate the allocation of resources and opportunities.

Heart Disease and Stroke

Heart disease is the leading cause of death in the United States⁷¹ and can refer to many different conditions, including coronary artery disease, heart attack, or stroke. Heart disease risk factors include high blood pressure, high cholesterol, diabetes, obesity, an individual's lifestyle, age, and family history.

Overall, 23.8% of Hispanic/Latinx adults that reside in SPAs 2 and 4 and live 150% below the FPL have diabetes, which is more than double the state rate of 11.2%. One-third of Hispanic/Latinx community members over the age of 50, that live below 200% of the FPL have

⁷⁰ UCLA Center for Health Policy Research. AskCHIS Dashboard. <https://healthpolicy.ucla.edu/our-work/askchis/askchis-dashboard>. Accessed May 24, 2025. (2021, 2022, 2023)

⁷¹ National Center for Health Statistics, CDC. Leading Causes of Death. <https://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm>. Accessed March 21, 2025.

been diagnosed with diabetes. Table 8 provides a comparison between health indicators and demographics for SPA 2 and 4 from CHIS years 2022-2023⁷².

Table 8. Prevalence of Heart Disease and Stroke Indicators (2022-2023)

CHIS Question	SPA 2 and 4				California
	Latinx	White, non-Latinx	Below 150% FPL	Latinx and below 150%	All
Had a routine checkup in the past 12 months	68.3%	69.0%	75.0%	72.6%	68.3%
Delayed or didn't get medical care	15.0%	21.9%	15.7%	15.5%	15.4%
Ever diagnosed with diabetes, adults	16.6%	6.1%	20.7%	23.8%	11.2%
Ever diagnosed with heart disease, adults	4.1%	9.9%	7.5%	5.1%	6.9%
Ever diagnosed with asthma	12.1%	14.0%	12.0%	11.7%	15.7%
Has/had high blood pressure, adults	27.6%	21.2%	30.8%	33.4%	27.2%

In both Service Planning Areas (SPAs), 33.5% of adults are overweight which is similar to the state rate of 32.6% and 25.0% of adults are obese which is lower than the state rate of 29.2%. But separating the two areas shows the differences in health. In the San Fernando SPA, only 23.5% of adults are obese, whereas 27.9% of adults in the LA Metro SPA are obese.

When only including adults that are under 150% of the federal poverty line (FPL), 31.2% are overweight and 29.8% are obese. Over a third (35.2%) of the adults living in the LA Metro SPA who are under 150% of the FPL are obese.

Approximately 11.4% of children are overweight for their age in SPAs 2 and 4 compared to 14.4% of children in the state. Approximately 21.8% of teens in both SPAs are overweight which is higher than the state rate of 18.8%, but only 13.8% are obese which is lower than the state rate of 17.8%.

Cancer

Cancer is a genetic disease caused by changes to genes that control the way cells function, particularly in their growth and replication. While some of the factors are inherited at birth, others are influenced by lifestyle and environmental factors. Cancer disparities are thought to reflect the relationship of socioeconomic factors, culture, diet,

HP 2030 Goal: Reduce new cases of cancer and cancer-related illness, disability, and death.

⁷² UCLA Center for Health Policy Research. AskCHIS Dashboard. <https://healthpolicy.ucla.edu/our-work/askchis/askchis-dashboard>. Accessed May 24, 2025. (2022 and 2023).

stress, the environment, and genetics. The poor and medically underserved are less likely to have recommended cancer screening tests than those who are medically well served. They are also more likely to be diagnosed with late-stage cancer that may have been treated more effectively if diagnosed earlier.

Cancer is the second leading cause of death in Los Angeles County and it's the leading cause of premature death or death occurring before the age of 75.

According to the California Cancer Registry, there were 204,506 cases of cancer in Los Angeles County from 2017 to 2021. The California Cancer Registry determined the crude rate of cancer for each county and then adjusted it for age, allowing for an “apples to apples” comparison between the 58 counties in California. These rates were ranked from lowest to highest, with Los Angeles County having the fourteenth-lowest rate of cancer. The most common cancer sites with age-adjusted rates for the county and state are provided in Table 9.

Table 9. Age-Adjusted Cancer Incidence Rates (2017-2021)⁷³

Site	Los Angeles County		California
	Total Cases	Age Adjusted Rate*	Age Adjusted Rate*
All Sites	204,506	369.8	398.3
Breast, Females	34,690	119.9	124.1
Prostate, Males	24,516	92.1	99.0
Colorectal	18,836	34.0	33.5
Lung	17,850	32.6	36.8
Uterine, Female	8,088	27.1	26.5
Melanoma of the Skin	6,998	12.8	22.8
* All rates are per 100,000. Rates are age adjusted to the 2000 US Standard Population.			

The rates of cancer prevention screenings for the approximately 10 million residents of Los Angeles County are similar to the state rates, however examining smaller subsets of the county reveals areas where the rates differ. One way to divide the county are Medical Service Study Areas (MSSA) and there are five MSSAs in the community as depicted by numbers on the following Figure 8:

1. Burbank South/Eagle Rock/Glendale Northwest;
2. Atwater Village/Glendale Central/Glendale Southwest/ Griffith Park;

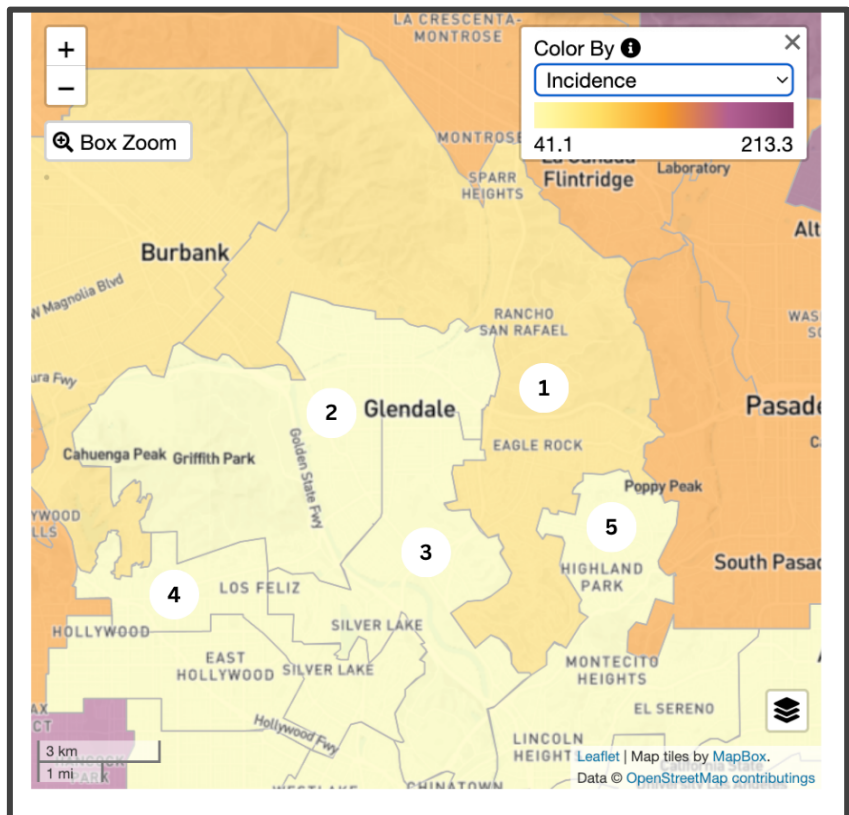
⁷³ University of California, San Francisco. California Health Maps website. <https://www.californiahealthmaps.org/?areatype=ctazone&address=&sex=Both&site=AllSite&race=&year=05yr&overlays=labels&choropleth=AAIR> . Accessed March 24, 2025.

3. Glassell Park/Glendale Southeast/Silverlake North;
4. Echo Park/Hollywood North Central/Silverlake South; and
5. El Sereno North/Highland Park/Montecito Heights/Monterey Hills.

Figure 8. Incidence of Cancer by Medical Service Areas⁷⁴

In the Burbank South, Eagle Rock, Glendale Northwest MSSA there were higher rates of cancer prevention than across the state. There were also higher rates of cancer prevention in the Atwater Village, Glendale Central and Southwest, and Griffith Park MSSA.

There were lower rates of insurance coverage and cancer preventive screenings in the other MSSAs. In the MSSA of El Sereno North, Highland Park, Montecito Heights, and Monterey Hills, there are higher rates of individuals without insurance than the state average and lower rates of preventive care. In this same MSSA only 52.6% of adults between the ages of 50 to 75 received colorectal cancer screenings, compared to the state rate of 58.7% and 78.0% of women ages 21 to 65 years old received cervical cancer screenings near the state rate of 80.8%.



Social and Emotional Wellness

Social and emotional wellness includes our emotional, psychological, and social well-being. Social and emotional wellness is essential to a person's overall well-being. Chronic health conditions and traumatic experiences can also be tied to historical trauma. Individuals from

⁷⁴ University of California, San Francisco. California Health Maps <https://www.californiahealthmaps.org/?areatype=mssa&address=34.18553%2C-118.23638&sex=Male&site=Prostate&race=&year=05yr&overlays=labels&choropleth=AAIR>. Accessed March 24, 2025.

marginalized communities who have been subjected to long-term mistreatment and abuse often have a higher disease burden and more significant health disparities.

Community members and medical providers expressed during focus groups the desire and need for more efforts to competently address underlying trauma, life experiences, and stressors that influence health and well-being. Approximately 41.4% of teens reported they delayed or did not get needed mental health care in the past 12 months.⁷⁵

According to the 2023-2024 California Healthy Kids Survey, 31% of Los Angeles Unified 11th grade students and 28% of Glendale Unified 11th grade students had chronic sad or hopeless feelings in the past 12 months. Additionally, 9% of Los Angeles Unified 11th grade students and 10% of Glendale Unified 11th grade students reported considering suicide.

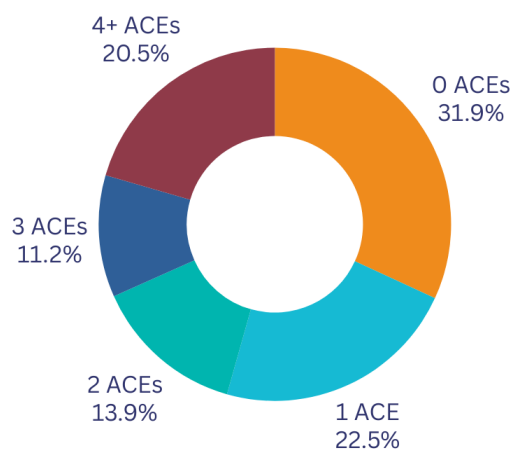
Approximately 16.8% of adults in SPA 2 San Fernando and SPA 4 Metro reported they likely had serious psychological distress during the past year. Of those adults with moderate/severe psychological distress, 48.5% reported moderate work impairment and 42.9% reported severe work impairment.

“Kids nowadays they don’t look you in the eye. They never socialize. The way I look at it, we have social needs. We have a longing to belong. If we just go through a machine, we create an unbalanced status within us. It’s a triangle: mind, body, and spirit. And we are at a deficit when it comes to the whole equation, in my opinion. — Focus group/key informant

Adverse Childhood Experiences

Trauma and toxic stress experienced in childhood have long-lasting effects into adulthood. Adverse Childhood Experiences (ACEs) are all types of abuse, neglect, and other experiences in children’s lives that may have the potential to cause traumatic stress or negatively affect children’s feelings of safety and stability. Children whose

Figure 9.
ACE Scores of Adults in SPAs 2 and 4



⁷⁵ AskCHIS Dashboard.

Approximately 20.2% of surveyed adults in SPA 2 San Fernando and 20.6% of surveyed adults in SPA 4 Metro have an ACE Score of 4 or more.⁷⁷ Individuals with an ACE Score of 4 or more are 12 times more likely to have attempted suicide, 7 times more likely to be an alcoholic, and 10 times more likely to have injected street drugs. Addiction and suicide are the two health issues that most highly correlate with high ACE scores.⁷⁸

These experiences can increase the risks of injury, sexually transmitted infections, teen pregnancy, and involvement in sex trafficking. Foster youth often have high rates of ACEs and lack a steady support system, which makes them vulnerable to substance use and behavioral health disorders, sex trafficking, and housing instability.

Substance use is a high-risk behavior that can lead to immediate or long-term health problems, and ultimately impacts individuals, families, and communities. According to the California Department of Public Health, Los Angeles County experienced 1,603 opioid-related overdose deaths in 2023, which equates to an age-adjusted rate of 17.1 per 100,000 residents. There were also 3,406 visits to the emergency department related to any opioid overdose and 10,663 visits attributed to all drugs.

⁷⁶ Centers for Disease Control and Prevention. About Adverse Childhood Experiences. <https://www.cdc.gov/aces/about/index.html>

⁷⁷ AskCHIS Dashboard. https://healthpolicy.ucla.edu/our-work/askchis/askchis-dashboard?check_logged_in=1#!/results

⁷⁸ Pinetree Institute Learning Center. *The ACE Study*.
<https://pinetreeinstitute.org/aces/#:~:text=The%20%E2%80%9CACE%20Score%E2%80%9D&text=Individuals%20with%20ACE%20scores%20of.20%E2%80%90year%20shortening%20of%20lifespan>. Accessed March 23, 2025.

(2021-2023), 11th grade respondents from Glendale Unified School District⁷⁹ and the Los Angeles Unified School District⁸⁰ reported using the following substances as shown on Table 10.

Table 10. California Healthy Kids Survey Responses on Substance Use

Survey Question	School District	
	LA	Glendale
Current alcohol or drug use	7%	11%
Current marijuana use	3%	7%
Current binge drinking	3%	2%
Currently vape	3%	5%
Smoke cigarettes	1%	1%

Mortality

In California, the leading causes of death are heart disease, cancer, and accidents, but in Los Angeles County, the third leading cause of death from 2018 to 2023 was COVID-19. Table 11 provides the leading causes of death and the respective crude rate for LA County and California.

Table 11. Top 5 Underlying Causes of Death 2018-2023⁸¹

Cause of Death (2018-2023)	Crude Rate Per 100,000	
	LA County	California
Heart Disease	173.6	164.4
Cancer	146.7	152.6
COVID-19	52.5	41.7
Alzheimer disease	46.3	43.5
Strokes	39.5	45.0
Unintentional Injuries	38.2	47.1

⁷⁹ Glendale Unified. (2024). *California Healthy Kids Survey, 2021-2023: Main Report*. San Francisco: West Ed for the California Department of Education. https://data.calschls.org/resources/Glendale_Unified_2223_Sec_CHKS.pdf Accessed March 21, 2025.

⁸⁰ Glendale Unified. (2024). *California Healthy Kids Survey, 2021-2023: Main Report*. San Francisco: West Ed for the California Department of Education. https://data.calschls.org/resources/Glendale_Unified_2223_Sec_CHKS.pdf Accessed March 21, 2025.

⁸¹ Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 2018-2023 on CDC WONDER Online Database, released in 2024. Data are from the Multiple Cause of Death Files, 2018-2023, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. <http://wonder.cdc.gov/ucd-icd10-expanded.html>. Accessed on March 24, 2025.

IV. Description of Prioritized Significant Community Health Needs

As identified in the previous sections, significant community health needs were clearly identified. The same concerns and needs consistently emerged and were reiterated through many focus group meetings and key informant interviews. Community health needs were prioritized based upon duplications of identified needs in primary data and substantiated by secondary data. In addition, the community health survey results were compared (when available) to state and national rates, as well as HP 2030 benchmarks.

The following criteria were also utilized to evaluate the prioritization of community needs, including:

- Size or scale of the problem (how many impacted);
 - Cause harm or impact others
 - Root cause of other problems
- Community's capacity and willingness to act on an issue or barrier;
- Availability of hospital and community resources;
- Known effective interventions and ability to intervene upstream;
- Resource feasibility and sustainability; and
- Measurable impact.

The significant community health needs identified for the local community served by Glendale Memorial Hospital and Health Center extend far beyond health and healthcare. Social factors, including education, employment status, income level, gender, and ethnicity, all contribute to health inequities.

Health inequities are systematic differences in the health status of different population groups. These inequities have significant social and economic costs both to individuals and societies. They can be best addressed by setting a goal to attain health equity in the community. Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health.

Attaining health equity in the hospital community will require addressing the most significant disparities and helping the pockets of the community that are facing a constant struggle with everyday life. The following paragraphs present a prioritized list of the significant health needs identified through the CHNA primary and secondary data.

Priority 1: Housing for low-income and unhoused

Access to housing is a challenge across California and has been referred to as a housing crisis. Housing was consistently identified as a need facing the community during focus groups and key informant interviews prior to January 2025, and now the need has been magnified following the Eaton Fire. There's a need for affordable housing for youths, families, and seniors. There is also a need for supportive services to keep seniors and the chronically unhoused in their housing.

“Our teams are exhausted from the number of people that we’re seeing on our streets, at bus stops.” – Focus group/key informant

There are many PLAPs, “People Living with Another Party,” and families living with other families within Glendale Unified School District. When asked about how common overcrowding was, they replied that they think it is less than a third of families, but that some families keep it a secret. Multiple focus group participants shared stories of overcrowding in Glendale and the Hospital community.

Priority 2: Access to behavioral health care

Behavioral health, including substance use disorder treatment and mental health, was consistently identified as need facing the community during the focus groups and key informant interviews. Community members and medical providers expressed during focus groups the desire and need for more efforts to competently address underlying trauma, life experiences, and stressors that influence health and well-being.

Key informant interview and focus group responses identified behavioral health as an identified health need in the limited English proficiency, seniors, unhoused, youth, and Hispanic/Latinx vulnerable populations. HRSA has also identified the low income population residing in Glendale Southeast and Echo Park/Hollywood North Central, as mental health professional shortage areas.

Priority 3: Access to healthcare

For many community members, the opportunity to access healthcare requires relying on institutions that historically may not have been welcome to the most vulnerable community members. The community's ability to access healthcare was assessed through focus group discussions and key informant interviews supplemented with secondary data sources to validate information contributed to this report.

Key informant interviews and focus group responses identified access to healthcare (including navigation and health literacy) as an overarching community health challenge especially those with limited English proficiency. Community members with limited English proficiency are more likely to have difficulty navigating the community and accessing healthcare. One HP2030

developmental goal is to increase the proportion of adults with limited English proficiency who say their providers explain things clearly.

Multiple areas within the community have been designated as medically underserved area for primary health by HRSA primarily south and west of the Hospital. As shared during one key informant,

“They had a kids’ community dental clinic at Cerritos Elementary. Among the students whose parents authorized the screening, 65% had cavities. They’re not going [to the dentist]. The parents can’t afford it or the parents don’t have time to. Or they think it’s baby teeth and it’s going to fall out. They don’t know the new ones will be rotten as well.”
— *Focus group/key informant*

Priority 4: Community belonging

The Vital Conditions framework is rooted in community and is centered on the elements of “belonging and civic muscle.” Community belonging refers to a community where an individual feels valued. Civic muscle is the power to work across differences for a thriving future. Civic engagement capacity and local, self-driven solutions are critical to addressing local needs.

Discrimination and bullying/teasing can have detrimental effects on an individual. For example, one goal of HP2030 is to improve the health, safety, and well-being of lesbian, gay, bisexual, and transgender people. Feeling unsafe or like they don’t belong was discussed in two focus groups with community members and the impact of violence on youth was mentioned by multiple community service providers. Violence, including gang violence and bullying, was identified as one of the primary health needs facing the youth in the Hospital community in both a focus group with first responders and a key informant interview with a local law enforcement officer.

“[About youth mental health and suicide from a needs assessment] The two major themes and they were asking for is just connection with adults, connection with mentors, connection with each other.”— *Focus group/key informant*

V. Resources Potentially Available to Address Needs

While potential resources are available to address the Hospital community's needs, these needs are too significant for any single organization. Making a substantial and upstream impact will require the collaborative efforts of community organizations, local government, local business leaders, and institutions. Los Angeles County is home to a wealth of organizations, businesses, and non-profits that could contribute to this effort.

The resources potentially available to address the identified significant health needs include the following organizations, facilities, and programs:

Armenian Relief Society	Glendale and Pasadena YWCA
Ascencia	Highland Park Senior Center
The Campbell Center	Home Again LA
Catholic Charities	Hope Through Housing
City of Glendale Community Services & Parks Department	Journey Out
Coalition to Abolish Slavery and Trafficking	Kids' Community Dental Clinic
Door of Hope	Los Angeles Suicide Prevention Network
Didi Hirsch Mental Health Services	NAMI Glendale
Glendale Community Free Health Clinic	Neighborhood Housing Services of Los Angeles County
Glendale Youth Alliance	United Way of Greater Los Angeles
Glendale YMCA	

VI. Impact of Actions Taken Since the Preceding CHNA

The 2022 CHNA Report identified the following health needs:

1. Mental health;
2. Access to healthcare;
3. Chronic disease; and,
4. Covid-19.

The GMHHC Implementation Strategy associated with the 2022 CHNA reported that the Hospital intended to address all four prioritized health needs. The following activities were undertaken to address these selected significant health needs since the completion of the 2022 CHNA.

Mental Health

- The Breastfeeding Resource Center provided free support to new moms and their infants through a warm telephone line in English and Spanish.
- Awarded community grant to Home Again Los Angeles to support their mission of providing support for parents and children as they obtain housing, jobs, and maintain schooling.
- Awarded community grant to Door of Hope to provide mental health services for survivors of domestic violence and their families.

Access to Healthcare

- Awarded community grant to Kids' Community Dental Clinic to provide education and access to dental care for low-income and homeless children.
- Awarded community grant to Ascencia to support access to medical care/medical home and permanent supportive housing and case management.
- Awarded community grant to Neighborhood Housing Services of Los Angeles County to provide a number of services for seniors, including occupational therapy.

Chronic Disease

- Hosted monthly health education lectures for seniors regarding screenings, diagnosis, treatment options and diet on various health topics.

- Offered an outpatient Diabetes and Nutrition Program (diabetes self-management course) that entails 6 sessions and over 6 weeks.

Covid-19

- Awarded community grant to Catholic Charities of Los Angeles – Glendale Senior center to provide healthy meals and food options for seniors who continue to be impacted by the COVID-19 pandemic.
- Hosted monthly health education lectures for seniors regarding screenings, diagnosis, treatment options and diet on various health topics. Included education regarding vaccines.

Community Health Improvement Grants

One crucial 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 related to CHNA priorities. Table 9 depicts the various organizations GMHHC has supported to help address community health needs over the past several years.

Table 12. GMHHC Community Grant Recipients 2023 – 2025

Lead Grant Recipient	Project Name	2023	2024	2025
Ascencia	Integrated Health Homes and Housing Retention	\$20,000		\$27,000
Catholic Charities of Los Angeles	Glendale Community Center's Living Well Program	\$20,000		
Home Again LA	Shelter & Supportive Services for Homeless Families	\$20,000		\$20,000
Coalition to Abolish Slavery and Trafficking	Housing Assistance for Survivors of Human Trafficking	\$20,000		
Kids' Community Dental Clinic	Dental Treatments and Education for Low Income Children	\$23,500	\$25,000	
Door of Hope	Mental Health Program for Survivors of Domestic Violence	\$23,500	\$24,368	\$25,000
Glendale Youth Alliance	Homeless Diversion Program		\$32,000	\$30,000
Hope Through Housing	Connections to Care		\$20,000	
Neighborhood Housing Services of Los Angeles County	Supporting Low-Income Older Adults of Color in Aging in Place		\$30,000	
Journey Out	Survivor Advocate Program			\$30,000
Mental Health Advocacy Services, Inc.	Medical-Legal Partnership for Transition Aged Youth with Mental Health Disabilities			\$25,000
Total:		\$127,000	\$131,368	\$157,000

Appendix A

U.S. Census Demographic Data

	Glendale								La Crescenta
U.S. Census Data	91201	91202	91203	91204	91205	91206	91207	91208	91214
Total Population (2019-2023)	22,261	22,258	16,482	18,847	34,890	32,330	10,626	15,467	31,707
Under 18 years	18.8%	16.7%	16.7%	16.6%	16.6%	17.5%	18.1%	19.7%	25.5%
65 years and over	17.9%	22.8%	15.4%	14.8%	19.8%	20.5%	21.4%	20.1%	16.6%
Median age (years)	40.8	44.2	37.2	37.9	40.6	43.4	44.7	47.5	40.9
HISPANIC OR LATINO AND RACE									
Hispanic or Latino (of any race)	18.8%	11.6%	18.1%	37.2%	25.2%	14.7%	7.2%	12.9%	13.9%
Not Hispanic or Latino	81.2%	88.4%	81.9%	62.8%	74.8%	85.3%	92.8%	87.1%	86.1%
White alone	69.8%	71.7%	56.5%	44.4%	57.8%	67.9%	77.9%	62.6%	51.2%
Black or African American alone	0.8%	2.2%	2.4%	2.5%	1.8%	1.5%	0.4%	0.4%	0.8%
American Indian or and Alaska Native alone	0.1%	0.0%	0.0%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%
Asian alone	5.7%	11.8%	18.5%	14.6%	12.2%	12.2%	8.7%	13.1%	27.0%
Native Hawaiian and Other Pacific Islander alone	0.2%	0.0%	0.6%	0.1%	0.1%	0.2%	0.0%	0.2%	0.0%
Some Other Race alone	0.2%	0.2%	1.7%	0.5%	0.7%	0.6%	0.0%	0.1%	0.3%
Two or more races	4.4%	2.6%	2.2%	0.6%	2.1%	3.0%	5.8%	10.6%	6.8%
LANGUAGE SPOKEN AT HOME AND ABILITY TO SPEAK ENGLISH									
Population 5 years and over	21,290	21,274	15,802	17,954	33,268	30,400	10,096	14,760	29,704
Speak Language other than English	73.9%	65.4%	70.0%	74.1%	75.8%	65.2%	55.6%	46.8%	45.4%
Speak English "very well"	63.4%	70.1%	63.2%	60.6%	60.8%	71.4%	79.0%	86.2%	83.4%
Speak English less than "very well"	36.6%	29.9%	36.8%	39.4%	39.2%	28.6%	21.0%	13.8%	16.6%
EDUCATIONAL ATTAINMENT									
Population 25 years and over	15,846	17,132	12,709	14,167	26,242	24,835	7,927	11,249	21,513
Less than high school graduate	14.2%	8.6%	10.3%	17.9%	16.0%	9.8%	5.2%	4.9%	3.3%
High school graduate	25.2%	18.9%	20.7%	26.4%	22.4%	20.4%	24.6%	10.9%	14.5%
Some college, associate's degree	26.2%	23.9%	23.2%	19.8%	22.4%	23.3%	19.1%	22.2%	23.1%
Bachelor's degree	21.3%	30.8%	29.6%	26.7%	26.3%	31.1%	27.7%	35.9%	33.0%
Graduate or professional degree	13.2%	17.8%	16.1%	9.2%	12.8%	15.5%	23.4%	26.1%	26.1%
PERCENTAGE OF FAMILIES AND PEOPLE WHOSE INCOME IN THE PAST 12 MONTHS IS BELOW THE POVERTY LEVEL									
All families	9.6%	8.7%	17.9%	12.0%	13.4%	10.8%	0.5%	4.5%	3.5%
All people	15.2%	10.8%	20.5%	13.2%	19.4%	13.8%	4.7%	6.8%	4.6%
Median household income (dollars)	74,980	92,343	77,925	72,906	59,005	86,684	108,196	131,229	131,716

	Echo Park	Los Feliz	East Hollywood	Atwater Village	Eagle Rock	Highland Park	Glassell Park	Hospital Community
U.S. Census Data	90026	90027	90029	90039	90041	90042	90065	
Total Population (2019-2023)	62,902	46,049	33,830	28,572	27,351	58,344	45,075	506,991
Under 18 years	14.9%	11.8%	13.8%	12.7%	18.5%	16.6%	18.0%	16.6%
65 years and over	12.0%	16.0%	16.1%	15.7%	17.7%	14.8%	14.3%	16.4%
Median age (years)	37.1	38.2	37.4	40.6	40.3	38.4	39.2	39.8
HISPANIC OR LATINO AND RACE								
Hispanic or Latino (of any race)	46.2%	22.6%	48.9%	31.4%	33.5%	56.5%	52.5%	33.2%
Not Hispanic or Latino	53.8%	77.4%	51.1%	68.6%	66.5%	43.5%	47.5%	66.8%
White alone	31.2%	56.7%	26.9%	41.8%	32.7%	24.0%	27.3%	44.9%
Black or African American alone	3.6%	4.1%	4.2%	1.8%	1.5%	1.7%	1.5%	2.2%
American Indian or and Alaska Native alone	0.2%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%
Asian alone	13.3%	11.9%	17.1%	19.0%	25.2%	13.4%	13.5%	14.8%
Native Hawaiian and Other Pacific Islander alone	0.6%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%
Some Other Race alone	0.4%	0.9%	0.5%	0.3%	0.7%	0.4%	0.5%	0.5%
Two or more races	4.4%	3.7%	2.2%	5.6%	6.3%	4.0%	4.8%	4.2%
LANGUAGE SPOKEN AT HOME AND ABILITY TO SPEAK ENGLISH								
Population 5 years and over	59,837	43,902	32,717	27,596	25,599	55,841	42,530	482,570
Speak Language other than English	52.6%	40.5%	67.4%	41.5%	43.1%	59.7%	55.2%	57.1%
Speak English "very well"	77.7%	82.7%	60.5%	84.2%	85.6%	77.6%	77.0%	74.7%
Speak English less than "very well"	22.3%	17.3%	39.5%	15.8%	14.4%	22.4%	23.0%	25.3%
EDUCATIONAL ATTAINMENT								
Population 25 years and over	49,253	38,357	26,578	23,013	19,723	44,639	33,960	387,143
Less than high school graduate	18.2%	7.7%	23.7%	10.0%	8.0%	19.0%	18.5%	13.6%
High school graduate	14.3%	14.6%	16.6%	11.8%	15.3%	18.6%	19.0%	17.7%
Some college, associate's degree	20.1%	19.5%	23.4%	21.6%	25.1%	22.0%	22.1%	22.1%
Bachelor's degree	31.8%	38.3%	27.4%	38.9%	32.7%	26.4%	25.8%	30.4%
Graduate or professional degree	15.7%	19.9%	9.0%	17.7%	19.0%	13.9%	14.5%	16.2%
PERCENTAGE OF FAMILIES AND PEOPLE WHOSE INCOME IN THE PAST 12 MONTHS IS BELOW THE POVERTY LEVEL								
All families	13.1%	8.4%	15.5%	5.5%	6.3%	7.6%	10.2%	9.80%
All people	16.6%	14.2%	23.1%	8.7%	9.7%	10.6%	13.8%	13.50%
Median household income (dollars)	85,835	90,532	60,793	105,578	111,834	94,401	92,903	90,354

Appendix B

Focus Group Script and Analysis

Focus Group Facilitation

Thank you for coming – I am very excited that you are willing to help us with our Community Health Needs Assessment and we appreciate your time. My name is Amanda Gettig with Ganey Science and I am a consultant that is working with Dignity Health Glendale Memorial Hospital and Health Center to prepare their 2025 Community Health Needs Assessment.

Purpose: The hospital prepares a Community Health Needs Assessment every three years. You have been asked to come here today to share your thoughts about you and the community where you live. Our hope is the information that we talk about today will shed light on the health needs for the community. The information talked about can be something you have seen or experienced and will be used for our Community Health Needs Assessment.

What is a focus group? Different people coming together to discuss and share your opinions and experiences on a specific subject. There are no right or wrong answers.

As you entered the room you were asked to sign-in. If you would like us to acknowledge you at the beginning of the CHNA please be sure you checked the box next to your name.

This focus group will be recorded so that we can listen to you and focus on our discussion and summarize the discussion later. Although the discussion will be taped, your input will remain confidential. Once the audio is summarized, there will not be any information to link individuals back to statements made during the session and the recording will be deleted. Our conversation today will be summarized and you will be referred to as a participant, never your name. If you would like your participation in our CHNA process to be confidential and anonymous please be sure you did not check the box next to your name on the sign-in sheet.

I am encouraging you to be as involved as possible. It is up to you to add as much or as little information you feel comfortable sharing. I will not call on you.

Your presence is your consent to participate in our focus group. If at any time you no longer wish to participate you are free to leave.

Before we begin I would like to go over a few basic ground rules for our discussion:

- Participation in this discussion is voluntary.
- There are no right or wrong answers.
- Please respect the opinions and experiences of others even if you disagree.
- If you feel uneasy about a topic you do not have to respond.

- Speak as openly as you feel comfortable.
- Help protect others' privacy by not discussing details outside the group.

Focus Group Questions

1. When you think about living in Glendale, what do you find as the greatest challenge or health need? This could include topics such as health, quality of life, social or environmental needs.
 - a. Basic needs, health and safety?
 - b. Humane housing?
 - c. Financial stability?
 - d. Reliable safe and accessible transportation?
2. Do you access healthcare on a regular basis?
 - a. How do you do it? Do you go to the clinic, urgent care, natural healer, ER, family member?
 - b. Why not?
3. Some community members struggle to access the urgent healthcare services available. What are the barriers that prevent people from going to the hospital?
4. If you are given instructions by a healthcare provider, are you able to understand them and follow the plan of care? Please explain.
5. How do you prefer to receive health-related information? For instance, do you prefer brochures, posters, internet, email, 1:1 instruction, or by telephone?
6. What do you view as the greatest challenge facing youth in our community?
7. What would you say is the most important thing that could be done by the community to improve youth health?
8. As a hospital in the community what can we do to better serve you?

Conclusion

Thank you very much for participating. Once again, your input will be used to prepare our Community Health Needs Assessment. This report will be available in June of 2025.

Focus Group Facilitation and Qualitative Data Analysis

Overall, 9 different focus groups were facilitated with 69 participants from the community by the CHNA team between September 2024 to April 2025, either virtually or in-person. Dignity Health conducted the outreach to community partners and staff to identify potential focus group participants. Focus groups were conducted in English, Spanish, or Armenian, and focus group participants ranged in age from young adult to seniors. Focus groups were held with vulnerable community members and individuals affiliated with a service provider or community-based organization that serves vulnerable populations. Focus groups participants represented the following vulnerable community members: individuals with limited English proficiency, Hispanic/Latinx origin, identify as LGBTQ+, unhoused, people with disabilities, and socially disadvantaged communities (including youth and seniors).

Each focus group and key informant summary was analyzed using ATLAS.ti qualitative analysis software. Using ATLAS.ti, phrases from the summaries were coded and analyzed thematically. The frequency with which a topic was discussed across the focus groups was used to determine key themes and conclusions.

The following table provides summary of responses for the greatest needs by demographic. Summaries of each focus group are provided in Appendix C.

“What do you think is impacting the health of your community the most?” Responses by Demographic

Socially Disadvantaged				Youth	LGBTQ+
Hispanic/Latinx & Seniors	Limited English Proficiency & Seniors	Unhoused	People with Disabilities		
Access to care barriers, language barrier	Access to care barriers, geographical barriers	Access to care barriers, geographical barriers	Access to care	Basic needs, finances	Community belonging
Behavioral health	Basic needs, finances, transportation	Basic needs, finances	Health literacy	Behavioral health & technology use impact	Cultural competency
Current political state	Behavioral health	Behavioral health	Housing	Community connection	Fear of leaving their home
Environmental Pollution		Housing	Transportation	Substance use disorder	Stigma
Fear of leaving their home		Substance use disorder		Housing	
Housing and affordable housing				Dental care	

Appendix C

Focus Group and Key Informant Summaries

Youth and Family Service Providers Focus Group

September 30, 2024

This focus group was facilitated by Amanda Gettig and Cassie McCarty with participants from organizations that serve youths and their families.

1. When you think about the community that you serve and the community that you live in, what do you feel is the greatest challenge or health need? What burdens them the most?

One organization works with youth ages 14 to 24 who are primarily from disadvantaged backgrounds, unhoused, or refugees and asylees. The refugees they serve are from Ukraine, Armenia, Russia, Syria, Iraq, and South America. For the youth they serve, the greatest needs are mental healthcare, access to information and resources on basic needs such as food, medical care, and housing.

A health need expressed by the youths' families and seniors is the inaccessibility of primary care providers because the wait time to be seen is too long. The quality of care is good, but it is difficult to receive care.

Another barrier to care is the rising out-of-pocket costs from insurance companies covering fewer services. It is also difficult to get insurance to pay for services or to sign up for insurance. Healthcare providers do not want to take public insurance because of the low reimbursement rates, so it is hard for some patients to find providers who take their insurance.

2. How does the population you serve access care when it's needed?

There are several free clinics around the city, but they have variable hours. Most community members will go to the Emergency Department when they need care.

They do not receive dental care, except for when there is a free clinic. They did a screening at an elementary school, and of the children that received screenings 65% had cavities. Most families do not have dental insurance because it is too expensive.

3. What are the barriers to accessing care in your community?

One provider shared that if there is a medical emergency or they need urgent care that community members will go to the Emergency Department. There also are comprehensive community clinics that provide free and low cost care to the community.

Another provider shared that some community members have cultural beliefs around avoiding receiving medical care and that they try to live with their injuries or pain. He said that there is fear and avoidance of the healthcare system in the community. Some community members may pursue homeopathic treatment options instead or some may fly to Asia to receive eastern medicine

treatments. There is a wide spectrum of beliefs and practices in the community because there are also community members that access healthcare services regularly for seasonal colds/coughs.

Another provider shared that there are populations in the community that do not have health insurance or dental care. Three to four different families will live together in the same house in order to afford the rent. These families do not speak English and likely have very little knowledge of the resources available to them.

4. What do you view is the greatest challenge facing the youth in the community?

The participants shared that they see mental health and substance use as the greatest challenges. The youth are using marijuana, designer drugs, and vapes.

One participant shared that they tried to get rid of unhealthy and sugary foods in the vending machines, but then the youth would go to gas stations and convenience stores instead to buy the same foods. Another participant shared that although there are nutritional and obesity challenges, they are worsened or potentially caused by mental health and socioemotional health issues.

5. What could the hospital do to improve the health of the community?

One participant shared that there is a need for an unplugged environment where teens can interact and build social skills in person.

Another participant shared that the social and emotional needs are going unsupported much earlier than in teens because many children are being raised by daycares and school systems. They shared that “the family and community that used to raise kids and give them their confidence and build their self-esteem is gone.”

6. At what age do youths begin to struggle with mental health?

The participants shared that it begins in teenage years or younger around eleven or twelve years old. The participants shared anecdotes of teens from different families struggling with self-harm and suicidal ideation. They said they believe the teens lack a sense of belonging or connection with others. They shared that many teens do not feel loved or accepted by their families or their community.

One of the participants shared that there is an erosion of third places, spaces that are not home or work, for young people to spend time together.

7. What can the hospital do to better serve the community?

The participants shared that the community needs more engagement programs to build community and a sense of belonging. They expressed a need for programs like yoga in the park or healthy living workshops.

One participant described hearing about a hospital that had a YMCA built into it and expressed a desire to see more community members coming into the hospital to use YMCA resources—like the gym—as a way to foster community and improve access to the hospital.

They also said the hospital could support other community programs such as the senior meal program.

Housing Service Providers Focus Group October 1, 2024

This focus group was facilitated by Amanda Gettig and Cassie McCarty with participants from housing service providers.

1. What do you think is the greatest challenge or health need facing the community?

The greatest health needs facing the community are affordable housing and supportive services such as behavioral and mental health, disability services, and wrap-around care to support individuals' independence and health.

After the protections put in place during the Covid-19 pandemic were removed, many landlords raised rents and evicted their tenants. With everyone moving and needing housing at the same time, it is difficult for the service providers to find housing for their clients. There are many unhoused families and the Point-In-Time (PIT) count found that 50% of unhoused individuals are under the age of 18. Rent has become so expensive that many families cannot afford it if they are working a minimum wage job. There are also barriers to finding new housing because landlords often want multiple months of rent up front or a minimum credit score. There has also been an increase in older adults becoming unhoused because they cannot afford their rent.

The aging population that the housing service providers serve also need supportive care to remain in their housing as they age. Some of their clients have been recommended by their doctors to move to assisted living facilities, but they don't want to leave the housing they have. There are people who would rather die in their home than leave for supportive housing. The housing service providers are trying to find more supportive services to help people stay in their homes and stay healthy. It is also difficult to help seniors stay in their housing because the typical avenues of connecting individuals to employment to increase their income are not feasible. They are hesitant to move seniors to cheaper housing because then they have to find new healthcare providers and support networks.

There are community members that cannot afford their behavioral health medications and will try to use illicit drugs to self-medicate. This can result in housing instability.

There are over 1,500 beds in the community in detox centers and cooperative care centers that are offline due to funding or staffing shortages. There are unhoused individuals that can't be discharged from the hospital because they have nowhere to go because the recuperative care beds they need aren't available. These beds are critical for the chronically unhoused that have multiple vulnerabilities and need more support than a typical shelter bed can offer, such as substance use treatment, mental health support, or medical care.

One participant shared that sometimes when someone who has lived on the streets for a long time gets into housing, their apartment just looks like an encampment inside. They still keep all of the same things because that is how they are used to living.

2. How does the population you serve access healthcare when it's needed? Where do they go for care?

The housing services providers shared that it depends on the education and knowledge of the individual. Many unhoused persons will go to the Emergency Department if they aren't feeling well but they might not know that there are other options. They have a mobile clinic that comes to the office once a month and they will try to ask certain people who have something that's not urgent, like a cold, to wait for the clinic instead of going to the Emergency Department.

The difficulty of the mobile clinic is that they have a hard time following up with patients because it is transient. There isn't a lot of case management.

There is a need for "street medicine," or medical outreach to those experiencing unsheltered homelessness, that does wound care and injections, care that is more intensive. They are trying to expand into something like that because there are programs in other counties/towns but they don't have any street medicine programs in Glendale yet.

3. What do you view as the greatest health challenge facing the youth in Glendale?

They reported that there is a high prevalence of drug use in the youth population. There is a combination of alcohol and drugs including vaping and fentanyl.

There is also a population of youth that need extra support as they age out of the foster care system. There is a voucher system that helps individuals with housing for seven years. It is difficult for transitional age youth to find employment that pays well enough for them to afford their rent.

The service providers shared that there is a need for life skills training and basic education to improve the independence of youth.

4. What could the hospital do differently to better help the population you serve increase their access to healthcare?

To improve the health of their unhoused clients the hospital could do more street medicine outreach and create a coordinated system of continuous care. There are many unhoused patients that cannot

be discharged because there are no available beds for them. The system could also improve access to care by creating a team of preventive services that would connect individuals to resources before they end up on the street. Community members don't know what resources are available to them, so there is a need for more outreach.

Glendale Library Focus Group October 1, 2024

A focus group was conducted at the Glendale Library with adult community residents.

1. When you think about living in Glendale, what do you find as the greatest challenge or health need?

Housing, affordable housing especially for seniors who have a limited income, many seniors are unhoused and there is a large unhoused population, the city's affordable housing has waitlists and lotteries and people will be trying to get affordable housing for years.

There are also many immigrant families living together in the same apartment or house because housing is so expensive.

Another health need is mental health because many of the immigrants have trauma from fighting or living in areas in conflict.

The participants also shared that language barriers can create challenges for accessing care and navigating the healthcare system.

2. How does the population you serve access care when they need it? Where do they go?

One participant shared how her neighbors will go to the Emergency Department by ambulance. They also shared how their family goes to a natural healer because her father is from El Salvador and believes in natural healers. They would travel to Bakersfield which is two hours north, but now the participant has found one she sees in the Glendale area. She also shared how the community has a culture of holistic medicine. For example, she said when she had a stomach ache a neighbor offered her tea from a healer in Mexico. They also did a culinary medicine workshop at the library and there was a large interest in the community for learning about how different herbs and spices affect your health.

3. What are the barriers that prevent people from going to the hospital?

The participants shared that in their work at the library they hadn't heard about this from their community members.

4. What do you view is the greatest challenge that the youth struggle with in the community?

One of the participants shared how the library does regular mental health workshops for teens because there is an ongoing need for it. They also said that Didi Hirsch opened a mental health services area called the Third Space for young adults that provides some unhoused services.

They also shared how there are gangs in some of the neighborhoods surrounding LAUSD and Highland Park.

Educational attainment was another concern the participants shared because most of the people they went to high school with did not graduate from college. They also shared how most of the students are first generation so they are trying to apply for college on their own and figure out the FAFSA. There's a need for mentorship and guidance through the college application process. The participants suggested that the hospital could have students shadow doctors at a free clinic and then the students help their community by volunteering and the doctors help the students with their applications.

5. If you or your family are given instructions by a healthcare provider, are you able to understand them? Do you follow the plan of care?

One participant shared that as the oldest daughter of immigrant parents she was accompanying her parents and her neighbors to their appointments and serving as a translator. She also shared how when her neighbor had breast cancer, the doctor prescribed a medication that was not covered by their health insurance and was too expensive. Because the neighbor did not speak English, she was reliant on her children and the participant to help her communicate with the doctor and ask for a generic brand medication that was affordable. The participant also shared that the primary care providers can often speak Spanish, but that the specialists do not and will give the paperwork in only English.

6. How do you prefer to receive health-related information?

One participant shared that she prefers brochures and online resources where it is all in front of her and easily accessible. The other participant agreed that she prefers her health information to be online. She loves being able to access the online patient portal to make her appointments or find information. However, she said that her parents prefer to get their information over the phone and that they will wait for a translator even if it takes 30 minutes. Her parents also prefer in person visits over telehealth.

The participants also shared how despite the availability of cell service, internet access is still a large need in their community. The library has around 30 hotspot devices that are always checked out and have a waiting list.

7. What can the hospital do to better serve the community?

The participant shared that the hospital should have better educational programs to help more people access health information and know what services are available for them. They also said that the programs should be in multiple languages.

The Campbell Center Focus Group

October 2, 2024

A focus group was conducted at the Campbell Center with twelve participants, adults with intellectual disabilities.

1. When you think about living in Glendale, what do you think is the greatest challenge or health need?

Transportation was the greatest challenge for the focus group participants. Many of them are reliant on their parents for transportation to healthcare appointments, work, or the center. One participant shared that he was no longer able to work because his parents could no longer drive him.

Scheduling their appointments can be challenging because there are long wait times and they are restricted to appointment times that they can get a ride to, either during the hours of the Campbell Center or when their parents are able to drive them.

Health literacy is another challenge that the participants and their families face. Some of the participant's parents and family members choose not to receive care because they believe receiving a diagnosis of a preexisting condition will negatively impact their health insurance coverage because they are used to the policies before the Affordable Care Act. One of the Campbell Center employees shared how a challenge that many of the participants face is knowing how to access the resources available to them. They have service coordinators that can help them get referrals for specialists and they can allocate special funding for them.

2. Who takes you to the doctor? When and how do they help you?

Most participants shared that their parents take them to the doctor's office. The Campbell Center employee shared that some parents are conservators and some are not which can influence whether they are responsible for their treatment plans.

3. If you are given instructions by the doctor, are you able to understand them and follow them?

Some of the participants shared that they are able to understand and take their medicines on their own. Sometimes the participants receive medication information in English when it is not their first language and the medication instructions are not available in Spanish, Armenian, or Persian.

4. How many of you go to the Emergency Department for care? Have you ever gone to the Emergency Department?

Twelve participants agreed that they had gone to the Emergency Department.

5. How do you prefer to receive health-related information? Do you want it as a flyer, on the computer or email, or someone telling you over the phone?

The preferences of the participants differed. Some preferred to receive information via phone (text), phone call, or websites. The employee shared how helpful getting lab results electronically and telehealth appointments had been for her family because her father was able to access care without any of his children missing work to drive him.

6. What can the hospital do better to serve you better? What can we do to help you?

Because transportation is one of the greatest challenges they face, it would improve their access to care if the clinic had a car that could transport them to their appointments.

They also described how there is a lack of support when patients are discharged from the hospital. The Campbell Center employee shared “ it is almost easier to get somebody to the hospital sometimes than to get them away from the hospital safely” especially for seniors.

They also suggested that a clinic come to the Campbell Center to provide flu shots or primary/preventive care since it is so difficult for many of them to get to their appointments.

7. How do you get to the Campbell Center?

Some participants are able to walk. Others use Dial-A-Ride but it is not accessible because they have to call 15 days in advance of every ride and there are 45 minute windows in which it will arrive. There is a program called Access that improves access to transportation but because it requires a medical assessment of disability the process can take about a year to complete and if a client has three no-shows they lose their Access privileges.

Glendale Memorial Hospital Team Focus Group

October 2, 2024

A focus group was conducted with members of the hospital team from the Emergency Department, Maternal and Child Health Department, Behavioral Health Unit, Cardiology Department, Care Coordination, and Outpatient Clinics.

1. What do you view are the greatest challenges to health?

One of the participants shared they believe the two greatest challenges to health are meeting basic needs and health literacy. Another participant answered that they think the hospital staff need better cultural competency to understand the situations of their patients. Another participant shared that many of their patients lack adequate transportation to get to their appointments.

Multiple participants shared that the greatest challenge for their department is the lack of community resources for discharging unhoused patients such as shelters, places to shower and get food, and mental health support. Another challenge is patients' lack of health literacy and misinformed expectations. These miscommunications are exacerbated by language barriers. They also shared how they will treat unhoused patients for their acute health conditions, but then the rehab facilities will not admit patients that have nowhere to go afterwards so the unhoused patients do not receive the required follow-up care. Many different providers shared the need for resources, such as clothing, meals, and housing placements for unhoused clients. The ED staff also explained that the California law banning encampments has resulted in an influx of unhoused clients coming to the ED.

One participant shared that the greatest need in their department is childcare for the patients. Their patients do not have a place to have their small children cared for while they are in the hospital. This is the case for other patients as well, they need childcare while they attend their appointments or while admitted to the hospital.

Many of the participants shared how there is a lack of mental health facilities and how there is a specific need for medical psychiatric facilities and pediatric psychiatric facilities. The participants shared how there are patients that need behavioral health care in the hospital because the current psych facility is not capable of taking patients with wounds or that need medical care. Similarly, the lack of pediatric behavioral health resources results in pediatric patients staying in the hospital Emergency Department instead of receiving care in a dedicated behavioral health facility.

Another health challenge is the lack of primary care providers and the lack of providers that take Medi-Cal. They described how if a patient needs to see a specialist they first have to see a primary care provider to get a referral and it can be difficult to find PCPs that take Medi-Cal. The hospital staff try to get appointments at federally qualified clinics for their patients but then the

appointments are so far out that the patient doesn't attend the appointment and ultimately doesn't receive the specialized care they need.

2. What can we do as a hospital to try to fix these problems? What should we be doing in the community?

They suggested improving the continuum of care and strengthening partnerships with community organizations. The need for an outpatient medication assisted treatment program was discussed. The only outpatient medication assisted treatment facilities are outside of Glendale and it is difficult for patients to be admitted because of insurance and finding transportation.

3. What are the health needs of youth in the community?

The hospital team reported an increase in drug use, behavioral health issues, unstable living environments at home, and domestic violence. The behavioral health and mental health needs are presenting at younger ages than were seen in the past.

4. What can you tell me about maternal health in the community?

They shared that language barriers and cultural differences pose a challenge to their healthcare delivery. For example, they try to promote breastfeeding, but there are patient populations where it is not their cultural norm and they are not comfortable with it. The patients also have expectations that are informed by what they have seen online on social media. There is a need for education on maternal health before the patients are admitted for delivery.

The other need identified by the hospital team that would improve the community's access to healthcare is a health system navigator that would help patients book appointments and navigate insurance. The hospital team members described how many patients are told at the hospital that they need specialist care after they are discharged, but the specialists will not take on the patient without authorization from their health insurance and by the time they receive the authorization the appointments are booked out so far that the patient does not receive the treatment or care on the original timeline recommended by the hospital. So patients with limited health literacy are not able to access specialized care or receive poorer quality post-acute care.

5. What can we do to better the community as a hospital?

At times it is difficult to navigate what insurance is contracted to which providers. Patients and often change their insurance carrier and providers change their insurance affiliations, creating difficulty maintaining the continuum of care. At times physicians reassign or refer patients to other physicians that do not take their insurance. To prevent this confusion and patients receiving uncovered care at a high cost, the hospital needs an insurance navigator to help patients get connected with providers that are in their insurance network.

Hope Through Housing Focus Group

October 3, 2024

This was a bilingual focus group conducted in Armenian and English by Amanda Gettig and Pamela Flores.

1. When you think about living in Glendale, what do you find as the greatest challenge or health need? This could include topics such as health, quality of life, social or environmental needs.

One of the challenges the participants said they face is access to transportation. It can be difficult for them to get to and from their doctor appointments because they do not have cars so they have to take the bus or find people to drive them. They also shared how their neighbors who cannot walk will wait for hours for their rides from the Axis transportation system.

Financial stability was a challenge that two of the participants voiced.

All of the participants are on Medicare and Medi-Cal. When asked if they have trouble getting referrals, they replied that having Medicare helps because they are able to see whoever. One participant shared that they had been assigned to specialists that were far away and difficult to get transportation to, however the other participants shared that most doctors will send them to specialists that are nearby, such as GMH, and that they've had positive experiences (quality services and short waiting periods).

One of the participants shared that they “don’t have any challenges.”

2. Do you access healthcare on a regular basis?

All of the participants said yes. When asked where they access care, they said they try their primary care provider first and if they're not available they will go to the ED.

3. If you are given instructions by a healthcare provider are you able to understand them and follow the plan of care?

All of the participants said yes. The participants shared how the Armenian and Persian communities are well known by the healthcare providers and there are even Armenian providers or staff. They also shared some of the resources and accommodations that make it easier to access care. One participant shared that they had a translator when they went to the cardiologist and others said that they received Medi-Cal paperwork in Armenian. There is also a phone number that they can call with questions in Armenian and they do not spend a long time waiting to speak to a translator.

4. How do you prefer to receive health-related information? For instance, do you prefer brochures, posters, internet, email, 1:1 instruction, or by telephone?

The participants said they prefer to talk over the phone or to have a follow up appointment in person. They do not like telemedicine and shared that “computers are hard for us.”

They also shared that the pharmacy has options to have their medications delivered. They said that managing their medications can be difficult if they have to take them at different times during the day or take many different medications at the same time. Medi-Cal and Medicaid cover most of the cost, so there are very few out-of-pocket costs for medications. For example, they shared they spent about \$150 a year on their medications.

5. What do you view as the greatest challenge facing youth in our community?

The main concerns the participants had that they believed the youth were facing were financial. They shared that the high costs of rent, insurance, car payments and housing were challenges.

They also said that there is a cultural divide between youths and older generations in the understanding of gender. They shared that when the schools want to take the students somewhere they require a parent’s signature, but there is no parental approval for exposure to topics of sex education or gender expression. The participants said that the schools are teaching topics that they do not agree with or want taught.

6. As a hospital in the community, what can we do to better serve you?

In general, the participants are happy with the care they receive. They get their results quickly and they have translators. They also said that more mental health services would be good for the community, especially for young people. They said that people tend to get angry easily and that there should be someone to teach them how to manage their stress and emotions so they don’t have emotional outbursts.

They also expressed concern for the generational gap between parents and children because they do not understand each other. There is a lot of pressure, especially financial, that worsens their relationships.

When asked about vaccines, the participants shared that they will get their vaccines at a pharmacy or their PCP, but that they believe the vaccines do not prevent them from getting the virus or getting sick.

When asked about their mental health, the participants shared that they feel happy in their housing complex because they are able to interact with each other and have a community. They shared concerns about their hands shaking sometimes or forgetting things, but qualified those concerns by saying that “but young people even forget.”

Glendale Police and Fire Departments Focus Group

October 3, 2024

1. As community members serving the community, what do you view as the greatest challenge or health need facing the community? This could include social or economic factors.

Access to housing and mental health resources are the greatest health needs in the community. The documentation (birth certificate, photo ID, or social security card) required for services such as a housing voucher are burdensome and a barrier. Access to a cell phone is also needed to receive services and it is difficult for many people to keep it on and charged in order to be contacted.

They also shared that there has been an increase in substance-use. The opiate use rates are extremely high, but after substance use was decriminalized the reporting of use decreased. The rate of overdoses increased and that is documented, but the substance use has also increased even if the reporting doesn't indicate it. About once a day they receive a call to an overdose and some aren't reported.

2. Are there unrealistic expectations or misconceptions about the role of the police and fire departments?

The first responders said that the community has a narrow sense of what the fire department can do. They will also get calls for students who make concerning statements about suicidal ideation or depression, but there is not much the departments can do. Although there is a social worker assigned to the police department that can write holds for people who meet certain criteria.

3. What is the greatest challenge facing the youth in the community? How can we help a younger population live a healthier life?

The first responders see more kids struggling with their mental health during the school year, but this may be because they are more likely to be reported by other students or their friends than their parents. The parents in the community often are not able to identify mental health concerns and they see kids who say they are suicidal as being dramatic or retaliating against their parents for taking their phone away. There are familial issues happening because parents are not setting proper boundaries with their children. There are also children who want mental health support because they know that they are depressed or anxious, but their parents do not believe in mental health support or treatment.

It was also shared that cell phones exacerbate harmful content to the youth of the community. They expose them to inappropriate conversations online, bullying, and constant comparison via social media.

There is gang activity within the hospital's service area.

4. What could the hospital do to better serve the community? What is the hospital's blind spot?

The first responders are impressed by the hospital's ability to serve the growing population. The hospital is a catchall for many different problems and the first responders are often the transportation for many different people to get to the hospital. They will pick up unhoused people who are cold and hungry and want to go to the hospital. They also will transport people to the hospital who have an appointment, but no transportation. The fire department will transport patients from nursing homes to the hospital.

Another first responder shared that perhaps community members access the ED when instead it may be more appropriate for them to seek care at an urgent care or their primary care doctor.

5. Are you seeing a large immigrant population?

There is an influx in Ukrainian and Russian-speaking immigrants.

GlendaleOUT Focus Group

January 20, 2025

A virtual focus group was held by Pamela Flores and Amanda Gettig with members of GlendaleOUT.

1. What is the greatest health need facing the community?

Overall the greatest health need is feeling safe within the community. For example, one participant shared that she does not feel like she can express herself without feeling threatened because of her LGBTQ+ identity. Some expressed even feeling targeted for being LGBTQ+. Participants expressed the need and hope for more support and acceptance from the community.

2. Do you access healthcare when you need it? How do you?

Participants shared that they do access care on a regular basis and when they need it. Some participants felt comfortable accessing care in Glendale, while others travel elsewhere. One participant shared that they access care in Glendale and that their care provider seems LGBTQ+ friendly because the forms ask about gender identity and sexuality. Another participant shared that they do not feel comfortable accessing care in Glendale and that they travel to Los Angeles for care.

3. What do you view as the greatest challenge facing the youth in the community?

One participant shared that she believes misinformation and access to technology to be the greatest challenge. Also, it was shared that youth that identify as LGBTQ+ are facing similar difficulties of not feeling safe in the community and experiencing bullying at school.

4. What can the hospital do to support the LGBTQ+ community?

The participants asked that the hospital advocate on their behalf for their health and wellbeing. The participants asked the hospital to provide education and signage about the hospital being a safe space for queer people. They also suggested that the hospital make a statement about providing inclusive care. The participants also invited the hospital to participate in Pride events to show that inclusivity and support is important for the health of the community.

Highland Park Senior Center Focus Group

March 28, 2025

This was a bilingual focus group conducted in Spanish and English by Pamela Flores to Highland Park Senior Center clients.

1. When you think about living in Glendale, what do you find as the greatest challenge or health need? This could include topics such as health, quality of life, social or environmental needs.

- Sound pollution
- Traffic
- Speed of modern American daily life is very stress inducing
- Mental health challenges (Anxiety, depression) - remnants of COVID-19 pandemic
- COVID-19 caused job instability (participant expressed being let go)
- Environmental cleanliness / pollution (caused allergies and asthma attacks)
- The current political climate is causing fear to go to the market or their job, even though they are documented legal immigrants.
- Currently people have a sense of desperation, anxiety and fear.
- Unhoused population, mental health, and substance use.

2. Do you access healthcare on a regular basis? How do you do it? Do you go to the clinic, urgent care, natural healer, ER, family member? Why not?

- Several participants expressed that they access healthcare on a regular basis by all the means listed (i.e. clinics, urgent / emergency care, natural healers, etc.)
 - “If they say it’s good for me, I’ll do it.”
 - “We have our primary care doctors.”
- One participant expressed that she struggles to get help with her mental health and that it’s never talked about when she accesses her healthcare.
 - Two other participants responded to this comment saying that when they go to their primary care appointments they are given a screening form for their mental health so it does get somewhat addressed.
- Another participant expressed that she does not access healthcare regularly.
- One participant expressed that she goes regularly (always will call her doctor) and insurance coverage helps her regularly access healthcare.
- Online healthcare delivery is challenging for the group because of technology barriers and their kids or grandchildren try to help them when they can.
- The group expressed that some people they know don’t like going to the doctor’s out of fear. They say that every time they go to the doctor they are told of a new

health diagnosis/illness/challenge so by avoiding going to the doctor they are “healthy.”

- Another challenge of accessing healthcare is transportation
- Another challenge of accessing healthcare regularly is education / knowledge
 - Participant expressed that “We don’t know what to do, where to go, what to ask, what department to go to,” etc.
 - This lack of knowledge makes her hesitant to go to the doctor
- Another participant said she sometimes hesitates going to the doctor’s because every time she goes she gets prescribed another pill and she feels like she’s taking the “whole pharmacy.”

3. If you are given instructions by a healthcare provider are you able to understand them and follow the plan of care? Please explain.

- Some participants said they are able to receive their care plan in Spanish which helps them follow it accordingly.
- Also the nature of the follow-up is sometimes hard to manage - sometimes it requires you to make multiple follow up appointments (it would be easier for them to help facilitate that).
- Doctors are also not interested in patient care anymore and they feel like a number rather than a patient.
- Doctors are on their computers the whole time (talking to the computer and charting rather than looking at the patient).
- Sometimes they feel intimidated by the doctor
 - Sometimes doctors don’t even conduct a physical examination and one participant said she has to express “aren’t you going to check me today?”
 - One participant said that since the pandemic, if they have COVID-19 symptoms (e.g., cough, fever, etc.) she will try to call and make an appointment and they turn her away so she can’t get the care she needed
- Kaiser insurance - a few focus group participants have Kaiser insurance and they expressed that some of the challenges is the location since there isn’t one super close to Highland Park. In addition, sometimes the hours are limited, especially on the weekends. They also find it challenging because they can’t go out of the insurance network because they will get billed a high cost.

4. How do you prefer to receive health-related information? For instance, do you prefer brochures, posters, internet, email, 1:1 instruction, or by telephone?

- In-person
 - One participant expressed that she brings a notebook with her to her appointment of all her questions that she wants to ask her provider

- One participant said she gets her information via email but she does not like it and prefers in person if possible (or even by telephone so she actually talk to someone 1:1).
 - With a paper she said she gets lazy reading the long instructions and just ends up throwing it away.

5. What do you view as the greatest challenge facing youth in our community?

- Drugs
- Gangs
- Gun-violence (Weapons)
- Family unit is not the same - it's broken in today's society because parents have to work and aren't able to care for their children or dedicate as much time (like they used to in their original countries before coming to America)
 - Children don't have the same relationship with their parents (nuclear family isn't the same anymore)
- Technology
 - Technology allows them to isolate themselves and not build social connections or relationships with other people (They don't know how to approach other people - including in a romantic relationship)
 - "We used to fight in person, now they fight on their phone."
 - Since their grandchildren are advanced with technology meanwhile they find technology challenging, it strains their relationship because their children/ grandchildren aren't patient with them anymore. This causes challenges within their family unit, especially across the generations.

6. As a hospital in the community what can we do to better serve you?

- Meals on Wheels program
- Education for the community - with a focus of wanting to truly help the community especially those that are vulnerable
- Education to help inform the community of the services the hospital provides (this would help with accessibility to healthcare services)
- A few participants shared they've been here before and they have had positive experiences

Key Informant Interview with Local Law Enforcement

November 19, 2024

According to this individual, approximately 75% of calls have behavioral health concerns involved in them. Both youth and adults are struggling with mental and behavioral health.

The youth in Glendale are struggling with behavioral and mental health which is exacerbated by social media and substance use. They described the youth as addicted to their phones and social media because it is their world and makes them susceptible to cyber-bullying, low self-esteem, sexting, and an unhealthy lack of privacy. Social media especially impacts their mental health. Social media allows youth to compare to everyone, exposing them to bullying. Social media is a world of constant self-paparazzi. They also reported that gangs are not a significant problem with the youth of Glendale, but that there are gangs in neighboring areas that will visit.

The unhoused population in Glendale is changing in recent years with an influx of unhoused individuals from outside of the City. In the past, the police department knew all of the unhoused population by name and the individuals were familiar with Glendale's laws, but now there are individuals that take the bus line from downtown Los Angeles to Glendale to access their services or because they feel safer there. There are also people in Glendale that can no longer afford the price of rent in Glendale, but they would rather stay until they are evicted and become unhoused than move somewhere else. However, they shared that substance use is the common factor for most people who end up on the streets.

Key Informant Interview with Local Elected Official

December 4, 2024

A key informant interview was held with a local elected official working at the state level. In their opinion, the greatest health needs affecting the community are lack of access to care, especially with the immigrant populations, and behavioral health. There has been a rise of behavioral health issues such as depression, teenage suicide and depression, and there is also a lack of access to behavioral health care.

Glendale spends a lot of effort on the safety net for people who are unhoused or unsheltered, but there is not sufficient prevention. Short-term rental assistance is the most cost effective method to prevent homelessness. Some of the local churches have created a rent assistance program but there needs to be a way to identify people before they are homeless and give them more support. The more upstream we go the better off everyone is.

Another way to address health needs upstream is by improving the health of the youth. They shared that there is a need for new job and certificate programs for youth to get basic healthcare jobs and suggested that they could partner with the community college to address the shortage of behavioral health clinicians.

In the past few years, political tensions in Glendale have sparked national attention. The City of Glendale has also been trying to implement a bicycle transportation plan to help reduce pedestrian and bicycle accidents in the City. However, this plan is stalled because the some members of the community are opposed to bike-lane infrastructure.

Key Informant Interview

Glendale Community College Leadership

January 16, 2025

A key informant interview was held with leadership of Glendale Community College (GCC). Last year GCC enrolled approximately 24,000 students in both credit and non-credit programs, of which 16,300 were credit and 7,700 were non-credit.

At the time of this interview the Eaton Fire was ongoing.

GCC feels very lucky Glendale is well represented by hospitals, but feels it will transition into a much greater need for elder care. They base this information on the fact that the purchase price of housing in the community is well over one million dollars which is out of reach of most 20 and 30 year olds unless the homes are passed down from generation to generation, which is what you have in Altadena. They project an aging population and therefore GCC is looking to develop a healthcare-related workforce for the aging population.

GCC has a sophisticated program for unhoused students and provides housing assistance, a food pantry, and other basic needs. In the past they have partnered with the Los Angeles County for Fresh Success, and enrolled over 500 students a year. Each student had at least 5 case management contacts per semester which resulted in a 95% class success rate. The GCC food pantry supports approximately $\frac{1}{3}$ of the student population, with an average of 1,900 appointments per month and 23,000 visits annually. The unduplicated number of students served in 2023 was 4,400 individuals. In 2023 there were 73 students completely rehoused and \$610,000 were spent housing those individuals. GCC also has a program that supports students with free transportation and 2,650 students use the pass per semester. Currently GCC is providing housing support services to 13 employees and 20 students who have lost their homes due to the fire.

Mental health from the student and community side is a major concern and has significantly increased. The levels of anxiety and depression in the youth are very high. Years ago if your parents were late picking you up from an activity you had nothing to do than be alone with your thoughts. Now, 14 year olds are talking about mindfulness, but they have to because they never have downtime unless they schedule it. The current competitive nature technology fosters among the youth is not discussed. Youth today have an extreme level of pressure and competitiveness that did not exist before. High achieving students have over perfect GPAs yet are not accepted into universities. The message we are sending students is you are better than perfect but you are still not good enough. Students lack connections; while they are connected virtually, they don't have meaningful connections. They also think we don't talk enough about mental health. How do we reengage a community that supports one another?

Key Informant Interview with Journey Out

February 4, 2025

A key informant interview was conducted with Journey Out.

Journey Out serves nearly 300 individuals annually who are primarily victims of sex trafficking, but they also serve victims of labor trafficking. Nearly all of their clients are U.S. born females of which 40% are Black/African American, 27% are White, and 17% are Latino/Hispanic. Their clients are over the age of 18 and between 24 to 30 years of age. Also, 40% have been trafficked by their family members unlike the typical archetype of a stranger kidnapping and trafficking their victim portrayed in the media. Only 1% of trafficking cases are the result of a kidnapping. Journey Out encourages medical providers, law enforcement, and the general public to realize that traffickers and their victims are often hidden in plain sight.

If they are able to encounter the potentially trafficked individual, for example at the hospital, most victims do not initially identify as being trafficked. Most victims do not want to say that they are being trafficked or that they are a victim. If they do show up in a hospital it's even more important to talk to them to lay the foundation so that they know there is help out there. Most people are in complex psychological situations, and may not be able to ask for help yet. It may take four times before someone accepts help.

Individuals become vulnerable to human trafficking when they are unhoused, live in poverty, or are in the foster care system, all of which typically coincide with mental health and substance use disorders. Many of their clients have been locally trafficked. In Glendale, trafficking victims can be found in brothels, hotels, or massage parlors.

The biggest point of learning for everyone is to see the diversity of survivors and traffickers. We still miss people because we are looking for a specific stereotype. Domestic violence was like that in the past; people hidden in plain sight. Victims of trafficking can be male, transgender, middle class, or in massage parlors. We have to be able to look past someone's charm to see that they might be a trafficker.