



Dignity Health Glendale Memorial Hospital and Health Center 2019 COMMUNITY HEALTH NEEDS ASSESSMENT

October 2019



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I. Acknowledgments and Authors

Acknowledgments

The 2019 Community Health Needs Assessment (CHNA) for Dignity Health Glendale Memorial Hospital and Health Center (GMHHC) was conducted in partnership with Adventist Health Glendale and in collaboration with the Glendale Healthier Community Coalition and the Center for Nonprofit Management.

Dignity Health Glendale Memorial Hospital and Health Center

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Consultants

Established in 1979 by the corporate and foundation community as a professional development and management resource for the burgeoning nonprofit sector, the Center for Nonprofit Management (CNM) is the premier Southern California source for management education, training, and consulting throughout the region. Our mission is to foster thriving communities by ensuring that nonprofit leaders and organizations have the knowledge, skills, and resources to fulfill their mission. Our training and consulting team offers decades of combined experience, providing support and expertise to a range of sizes and types of nonprofit organizations in developing stronger organizations, tracking and measuring outcomes, and telling their stories of success. CNM supports individuals and teams in being adaptable, effective leaders and assists organizations in building stronger structures, processes, and programs to support the achievement of mission and attain intended outcomes. All of our activities and services are informed by academic and business theories and principles and are grounded in available local data.

The CNM team has extensive CHNA experience in assisting hospitals, nonprofits, and community based organizations on a wide range of assessment and capacity building efforts from conducting needs assessments to developing and implementing strategic plans and evaluating programs and strategic initiatives. Team members have been involved in conducting more than 36 CHNAs for hospitals throughout Los Angeles County and San Diego County.

II. Executive Summary

Nonprofit hospitals conduct a community health needs assessment (CHNA) every three years in order to maintain tax-exempt status as required under California State Senate Bill 697 (SB 697) originally enacted in 1994. The requirement was expanded to the federal level thereafter and further solidified in 2010 under the Patient Protection and Affordable Care Act (ACA). In addition, the hospital's dedication to engagement with the community, assessing priority needs, and helping to address them with community health program activities is in keeping with our mission. Dignity Health is committed to furthering the healing ministry of Jesus. We dedicate our resources to:

Delivering compassionate, high-quality, affordable health services;

Serving and advocating for our sisters and brothers who are poor and disenfranchised; and

Partnering with others in the community to improve the quality of life.”

As in previous years, Glendale hospitals—Dignity Health Glendale Memorial Hospital and Health Center and Adventist Health Glendale—have partnered to conduct the 2019 CHNA in collaboration with the Center for Nonprofit Management. As part of the CHNA, these hospitals have jointly collected and analyzed primary data from individuals in the community through focus groups with public health experts, representatives of government and civic organizations, social service providers, community residents, leaders, and other relevant individuals or representatives of medically underserved, low-income and minority populations. In addition, Glendale Memorial hospital invited written comments on the most recent CHNA report and Implementation Strategy both in the documents and on the web site where they are widely available to the public. No written comments have been received to inform the 2019 CHNA.

Extensive secondary data were also collected and compared to relevant benchmarks including Healthy People 2020 goals, Los Angeles County average, or California average, when possible. The data were also collected by ZIP code, when available, to allow for more in-depth analysis and identification of health issues. In addition, previous CHNA reports were reviewed to identify trends and ensure that previously identified needs were not overlooked. Primary and secondary data were compiled into a scorecard presenting health needs with highlighted comparisons to the available data benchmarks. The scorecard allowed for comprehensive analysis across all data sources and was used during the second, prioritization phase of the CHNA process.

The 2019 CHNA process included a prioritization process involving a facilitated group session that engaged key community stakeholders in a discussion of secondary and primary data. At the session, participants were provided with a brief overview of the CHNA process and a list of community indicators in a scorecard format. In smaller groups, participants considered the data while discussing and identifying key issues or considerations that were then shared with the larger group. As a follow-up to this discussion, participants and other members of the hospitals' network—including the Glendale Healthier Community Coalition—completed a questionnaire (hard copy and online) about health needs and resources and ranked each health need according to several criteria, including severity, change over time, resources available to address the need, and community readiness to support action on behalf of any health need. The survey results were used to compare and prioritize the health needs identified at the session. Furthermore, the Senior Leadership Team at Dignity Health Glendale Memorial Hospital reviewed the significant health needs that were identified by the community. Based upon the team's identification of significant health needs from a hospital and community perspective, the team has further prioritized the following significant health needs. This list of prioritized significant health needs will inform the focus and strategies of the hospital's community benefit program for the period covering

2019 to 2021. The full Community Health Needs Assessment provides extensive data and supportive information regarding the assessment process as well as relevant data and analysis of the identified significant community health needs and health determinants.

2019 Prioritized Significant Health Needs:

Rank	Health Needs
1	Poverty / Homelessness
2	Mental Health / Substance Abuse
3	Access to Care
4	Cardiovascular Diseases
5	Geriatric Support

This CHNA report was adopted by the Glendale Memorial Hospital community board in October 2019. This report is widely available to the public on the hospital’s web site, and a paper copy is available for inspection upon request at Glendale Memorial Hospital’s Mission Integration office. Written comments on this report can be submitted to the Glendale Memorial Hospital’s Mission Integration office at 1420 S. Central Ave., Glendale, CA 91204, or by e-mail to the Director of Mission Integration at cassie.mccarty@dignityhealth.org

III. BACKGROUND & METHODOLOGY

Purpose and Key Partners

In 1994, the California Legislature enacted Senate Bill 697 (SB 697), which required nonprofit hospitals to complete Community Health Needs Assessments (CHNAs) every three years. As part of SB 697, hospitals are also required to submit an annual summary of their Community Benefit contributions, particularly those activities undertaken to address the community needs that were identified during the CHNA.

The Patient Protection and Affordable Care Act (ACA), enacted on March 23, 2010, included new stipulations for hospital organizations to maintain their 501(c)(3) status. With regard to the CHNA, the ACA specifically requires nonprofit hospitals to collect and consider input from public health experts as well as community leaders and representatives of high-need populations (including minority groups, low-income individuals, medically underserved populations, and persons with chronic conditions); identify and prioritize community health needs; document a separate CHNA for each individual hospital; and make the CHNA report widely available to the public. In addition, each nonprofit hospital must adopt an implementation strategy to address the identified community health needs and submit a copy of the implementation strategy along with the organization's annual Form 990.¹

Glendale Hospital Collaborative

Dignity Health Glendale Memorial Hospital and Health Center (GMHHC) works in close collaboration with other hospitals and organizations serving the Glendale community. For the conduct of the CHNA, GMHHC joined together with Adventist Health Glendale to conduct one data-gathering process and a unified stakeholder engagement effort in order to better utilize resources and reduce the burden of calling on community members for input.

Dignity Health Glendale Memorial Hospital and Health Center (GMHHC)

Founded in 1926 as Physicians and Surgeons Hospital by six Glendale community members with a vision to expand health care services to the residents of south Glendale, GMHHC has grown from the original 47 beds to a 334-bed acute care community hospital offering primary service lines such as heart care, critical care medicine, adult behavioral health, orthopedics, women's health, colorectal care, gastroenterology, stroke care, emergency, and wound care,

GMHHC is a part of Dignity Health, a system with 39 hospitals located in California, Nevada, and Arizona. The hospital employs over 1,050 people with a medical staff of 525 physicians, and 250 volunteers.² GMHHC is also a part of the newly

GMHHC Awards and Recognitions

- 2019 Health Grades 5-Star Awards for gallbladder surgery, total knee replacement, valve surgery
- 2019 Best Regional Hospital for high ratings in congestive heart failure, colon cancer surgery, chronic obstructive pulmonary disease.
- Marcia Ray Breast Center designated Breast Imaging Center of Excellence by American College of Radiology
- Chest Pain Center accredited by the Society of Chest Pain Centers
- American Heart Association / American Stroke Association Stroke Elite Honor Roll.

¹ For more information, please see <https://www.gpo.gov/fdsys/pkg/FR-2014-12-31/pdf/2014-30525.pdf>

² Community Benefit 2018 Report and 2019 Plan, Dignity Health Glendale Memorial Hospital

created CommonSpirit Health, an alignment of Dignity Health and Catholic Health Initiatives which celebrated its beginning on February 1, 2019.

Dignity Health Glendale Memorial Hospital's service area includes the communities of Glendale, Burbank, La Crescenta, Montrose, Atwater Village, Eagle Rock, Echo Park, Glassell Park, Highland Park, Hollywood, North Hollywood, Los Feliz, and Silver Lake.

Adventist Health Glendale (AHG)

The Glendale Sanitarium opened in 1905, a year before Glendale was founded as a city. By the 1920s, it had expanded its medical, surgical, and maternity services and offered the most advanced medical equipment of the day. Given its growth, a 30-acre hillside was selected for a new hospital location. Overlooking Wilson Avenue, the new and expanded facility opened in the mid-1920s. The current hospital remains on this location today.

In the 1970s, the hospital's name changed to Glendale Adventist Medical Center (GAMC) and in the early 2000s, AHG began a \$220-million renovation and building project, which included the West Tower, the Emergency Department, and the Lee Hughes Medical Building. In 2017, the hospital's name was changed to Adventist Health Glendale (AHG).

AHG employs 800 physicians, 2,600 associates, and 1,100 volunteers.³

AHG Awards and Recognitions

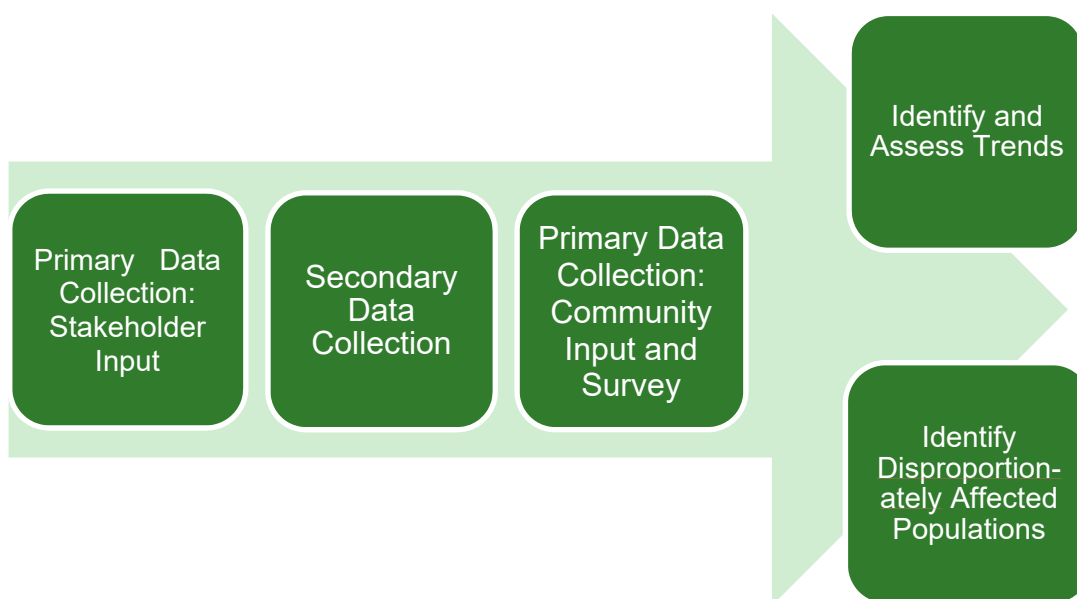
- High performing medical center by *U.S. News & World Report* in five types of care, including COPD, geriatrics, heart failure, neurology and orthopedics in 2017-18
- 'A' Rating from The Leapfrog Group for Fall 2017 for Hospital Safety
- "Top Docs" by Pasadena Magazine 2017
- Guidelines®-Gold Plus and the Target Stroke Honor Roll Elite award from the American Stroke Association
- First medical center in California to receive Comprehensive Stroke Center accreditation from DNV-GL Healthcare USA, Inc.
- Designated STEMI (ST-Elevation Myocardial Infarction) Receiving Center
- Designated Pink Ribbon Facility by Hologic & accredited by ACS Commission on Cancer as a Community Hospital Comprehensive Cancer Program

³ <https://www.adventisthealth.org/glendale/a-legacy-of-healing/>

Needs Assessment Methodology and Process

The CHNA process is designed (1) to develop a deeper understanding of community health care needs, (2) to inform each hospital's community benefit plan for outreach and services that complement and extend clinical services, and (3) to improve disease prevention and overall health status.

The CHNA process unfolds in a three-step process outlined below. This CHNA report is the culmination of the two Glendale hospitals efforts to complete Phase 1 and will inform Phase 2 and 3 for each hospital. As part of Phase 1, both primary data via community input and secondary data were collected to inform community health priorities and needs, as well as assets and gaps in resources. The chart below highlights the process:



STEP 1: Primary Data Collection and Analysis (Part 1): Community Stakeholder Input

The goal of this component of the CHNA was to identify broad health outcomes and drivers (which, combined are health needs), as well as assets and gaps in resources, through the perceptions and knowledge of varied and multiple stakeholders.

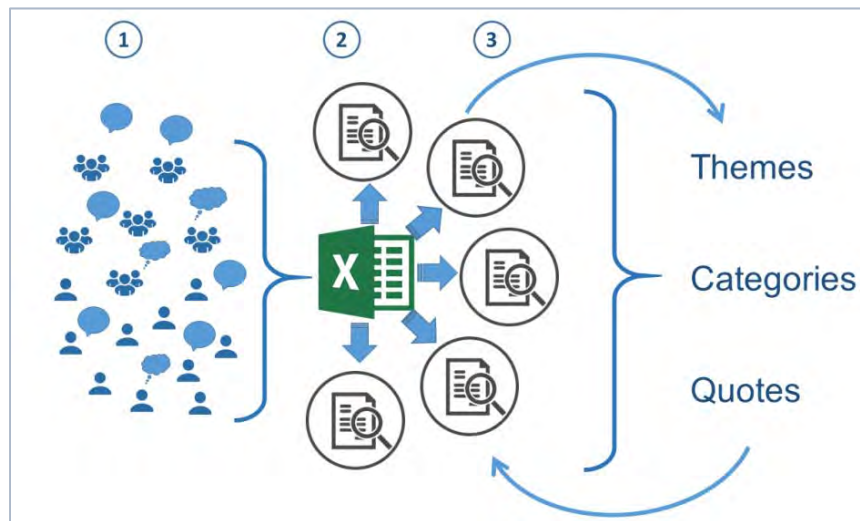
Leveraging its extensive network of community partners, the hospitals, in collaboration with the Glendale Healthier Community Coalition, held a community summit on October 25, 2018 with 95 stakeholders. In compliance with the ACA, participants represented a broad range of geographic, public health, and population interests, including members or representatives of medically underserved, low-income and minority populations such as health care professionals, social service providers, city and public health officials, members from the local police department, and other community leaders (Appendix C—Stakeholders). For more information on the focus group process, see Appendix B—Primary Data Gathering Tools.

To begin to gain a sense for the perceived severity of each health need in the community, each participant was given a total of 10 sticker dots and asked to vote for the most severe health needs on a

grid created during the focus group. For the purpose of the voting activity, severity was defined as the level to which a health need or health driver affected the health and lives of those in the community.

The CNM consultant team used a modified content analysis to identify the main themes that emerged from community input through the facilitated groups. CNM used a three-step process for analyzing and interpreting primary data (community input): (1) all information gathered during focus groups were entered into Microsoft Excel, (2) spreadsheet data were reviewed multiple times using content analysis to begin sorting and coding the data, and (3) themes, categories, and quotes were identified through the coding process.

Analysis to Identify Main Themes Emerged Via Community Input



In the coding process, two requirements needed to be met: (1) a health need had to be mentioned in the primary data collection more than once and (2) a secondary data indicator associated with the need had to perform poorly against a designated benchmark (county averages, state averages, or Healthy People 2020 goals). Once a theme met both requirements, it was designated as an identified health need/indicator. The graphic below outlines the identified health indicators, in *alphabetical order*.



STEP 2: Secondary Data Collection

The CHNA included the collection of over 300 data indicators that helped to illustrate the health states of the community. Secondary data were collected from a wide range of local, county, state, and national sources to present demographics, mortality, morbidity, health behaviors, clinical care, social and economic factors, and physical environment.



Wherever available, data at the ZIP code level were compiled for the hospital’s service area. When not available by ZIP code, then the data for the appropriate representative portion of the Service Planning Area (SPA) was utilized.

A comprehensive data matrix, known as the “Scorecard,” was created, listing all identified secondary indicators. The Scorecard included three benchmark data points: (1) State of California, (2) Los Angeles County, and (3) nationally recognized Healthy People 2020 (HP2020) goals. Please see Appendix A — Scorecard.

STEP 3: Primary Data Collection and Analysis (Part 2): Community Input and Survey

In October 2018, a daylong Health Summit was held that included discussions facilitated with the 91 community participants regarding the health of the Glendale community. In addition, a total of 66 community stakeholders (see Appendix C—Stakeholders) was convened April 4, 2019 for a Prioritization Forum with the goal of ranking the identified health needs. Many of the forum participants had also attended the first focus group. Participants received the Scorecard and hospital data and were allowed time to review and discuss the, in small groups. CNM consultants were available to answer data questions. After a large group discussion, participants were given the opportunity to provide input via voting and a survey. For details, please see Appendix B—Primary-Data Gathering Tools.

All participants received 10 sticker dots and the list of identified health needs and were asked to cast their sticker votes for the most severe health needs in the community, which were then tabulated.

Post-voting, they were asked to complete a written survey that presented all of the identified health needs and to score each health need based on the following criteria:

- Severity of the health need in the community
- Change over time (improved or gotten worse)
- Availability of community resources
- Community readiness to address the health need.

Participants were given a companion document that further explained the four criteria and the scoring system. Participants not able to attend the Prioritization Forum could complete the survey online. A total of 37 participants completed the survey. The survey and the companion document can be found in Appendix B—Primary Data-Gathering Tools.

Data Limitations and Gaps

The secondary data allow for an examination of the broad health needs within a community. However, these data have limitations, as is true with any secondary data:

- Data were not always available at the ZIP code level, so Los Angeles County–level data as well as SPA–level data were utilized.
- Disaggregated data for age, ethnicity, race, and gender were not available for all data indicators, which limited the examination of disparities of health issues within the community.
- At times, a stakeholder-identified health issue was not reflected in the secondary data indicators.
- Data were not always collected on an annual basis, meaning that some data are several years old.

Prioritization Process and Prioritized Health Needs

On September 11, 2019, the Senior Leadership Team of Dignity Health Glendale Memorial Hospital met to discuss and prioritize the significant health needs that were identified by the community. The Director of Mission Integration provided a background and overview of the Community Health Needs Assessment. This included a primer on why our hospital conducts a triennial CHNA and the following aspects of the CHNA process: Define the community; Identify internal and external partners; Collect secondary data; Develop and conduct primary data collection; Analyze primary and secondary data; Identify and prioritize community health issues; Develop and widely disseminate the CHNA report; and Develop and implement a strategy to address the priority health issues. Following this background and overview, the Senior Leadership Team reviewed and discussed the needs identified by the community. Based upon the team’s identification of significant health needs from a hospital and community perspective, the team has prioritized the following health needs:

Rank	Prioritized Significant Health Needs
1	Poverty / Homelessness
2	Mental Health / Substance Abuse
3	Access to Care
4	Cardiovascular Diseases
5	Geriatric support

Senior Leadership Team:

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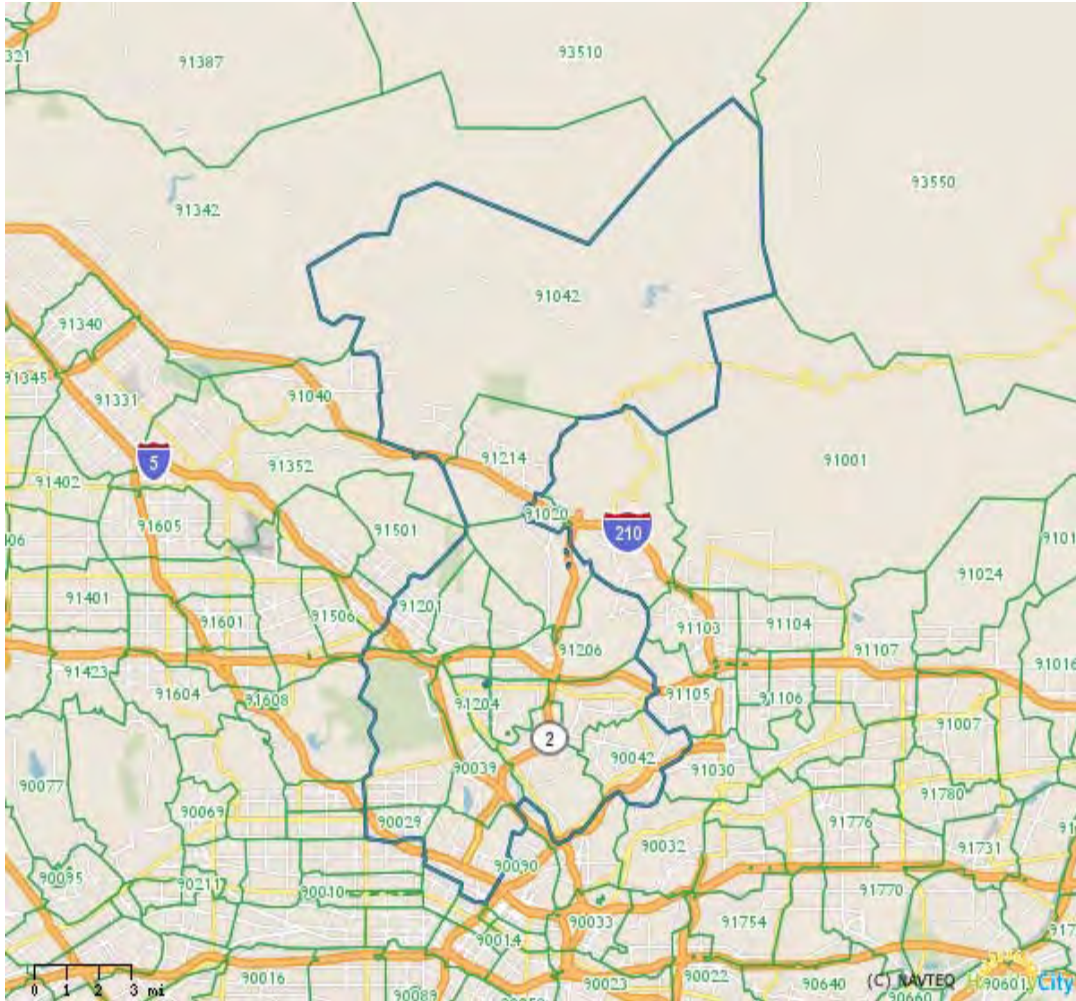
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Cassie McCarty, Director Mission Integration



IV. COMMUNITY PROFILE

Service Area Definition

The Dignity Health Glendale Memorial Hospital and Health Center (GMHHC) Service Area includes 17 ZIP codes, nine cities or communities, and two Service Planning Areas (SPAs) within Los Angeles County. The ZIP codes in SPA 4–Metro are shaded in white; the ZIP codes in SPA 2–San Fernando Valley are shaded in gray.

GMHHC Service Area

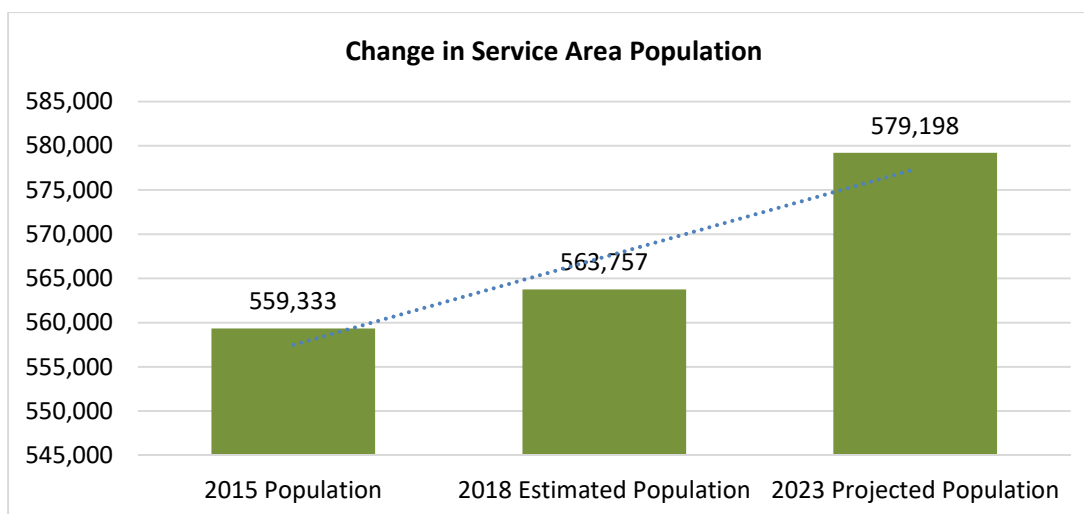
City/Community	ZIP Code	Service Planning Area
Echo Park, Silver Lake	90026	4
East Hollywood	90029	4
Los Feliz	90027	4
Atwater Village, Elysian Valley	90039	4
Eagle Rock	90041	4
Highland Park	90042	4
Glassell Park	90065	4
Tujunga	91042	2
Glendale	91201	2
Glendale	91202	2
Glendale	91203	2
Glendale	91204	2
Glendale	91205	2
Glendale	91206	2
Glendale	91207	2
Glendale	91208	2
La Crescenta	91214	2

Demographic Characteristics

Population

The population in Los Angeles County has grown to 10,231,037, an increase of 4.2% in 8 years, which is lower than the overall proportional growth in California, which is 5.6%. With a state population of 39.5 million people, one in four Californians lives in Los Angeles County.⁴ In 2015, the GMHHC service area population was estimated at 559,333 residents. In particular, ZIP codes 91207—Glendale (5.1%) and 91204—Glendale (4.3%), as well as 90042—Highland Park (4.5%) have experienced the highest percentage of growth.

By 2023, the population in the GMHHC service area is projected to grow by approximately 2.7%. The largest population increases are expected to continue in ZIP codes 91203—Glendale (6.0%), 91204—Glendale (4.2%), 91207—Glendale (4.1%), and 90042—Highland Park (3.5%)—a larger increase than in Los Angeles County (3.1%), continuing the growth trends observed over the past few years.



Estimated Current-Year Population

City	ZIP Code	2010 Population	2015 Estimated Population	2018 Estimated Population	2023 Projected Population	Percent Increase 2010-15	Percent Increase 2015–2018	Percent Increase 2018–2023
Echo Park, Silver Lake	90026	67,106	69,143	69,683	71,712	2.95%	0.77%	2.91%
East Hollywood	90029	38,548	38,927	8,703	39,352	0.97%	-0.58%	1.58%
Los Feliz	90027	45,671	46,132	46,399	47,131	1.00%	0.58%	1.68%
Atwater Village, Elysian Valley	90039	28,498	29,093	28,961	29,770	2.09%	-0.46%	2.79%

⁴ US Bureau of Census, 2017 American Community Survey

City	ZIP Code	2010 Population	2015 Estimated Population	2018 Estimated Population	2023 Projected Population	Percent Increase 2010-15	Percent Increase 2015–2018	Percent Increase 2018–2023
Eagle Rock	90041	27,554	28,266	28,302	29,020	2.52%	0.13%	2.54%
Highland Park	90042	61,895	64,679	64,850	67,136	4.30%	0.26%	3.52%
Glassell Park	90065	45,874	46,935	47,925	49,266	2.26%	2.07%	2.80%
Tujunga	91042	27,606	28,519	28,937	29,964	3.20%	1.47%	3.55%
Glendale	91201	22,982	23,273	23,177	23,537	1.25%	-0.41%	1.55%
Glendale	91202	23,034	23,695	23,969	24,716	2.79%	1.14%	3.12%
Glendale	91203	13,657	13,926	15,181	16,097	1.93%	8.27%	6.03%
Glendale	91204	15,935	16,626	16,975	17,711	4.16%	2.06%	4.34%
Glendale	91205	38,172	38,549	38,917	39,712	0.98%	0.95%	2.04%
Glendale	91206	32,841	33,422	33,338	33,996	1.74%	-1.14%	1.97%
Glendale	91207	10,001	10,510	10,621	11,059	4.84%	1.05%	4.12%
Glendale	91208	16,205	16,673	16,793	17,267	2.80%	0.71%	2.82%
La Crescenta	91214	30,281	30,965	31,026	31,752	2.21%	0.20%	2.34%
GMHHC Service Area		545,860	559,333	563,757	579,198	2.41%	0.78%	2.67%
Los Angeles County		9,818,605	10,136,509	10,231,037	10,554,830	3.14%	0.92%	3.07%

Data Source: Nielsen Claritas, 2018, ZIP Code

Gender

Just under half (48.8%) of the population in the GMHHC service area is male, while 51.2% of the population is female. In Los Angeles County, there is a slightly higher percentage of males (49.3%) and a slightly lower percentage of females (50.7%). The chart below illustrates the gender breakdown by the service planning areas of GMHHC, each showing a greater male than female population. These two (out of eight) SPAs represent close to a third of the population of Los Angeles County.

Population by Gender

Gender	SPA 2	SPA 4	LAC
Male	54.1%	51.4%	49.3%
Female	45.9%	48.6%	50.7%
Total Pop.	2,181,000	1,147,000	10,088,000 ⁵

Data Source: California Health Interview Survey, 2017, SPA.

Atwater Village and Elysian Valley, Echo Park and Silver Lake, East Hollywood, and Glassell Park have male populations only slightly greater than 50.0% of the total, and two Glendale ZIP codes (91206 and

⁵ The 2017 population estimate from California Health Interview Survey differs slightly from Nielsen Claritas estimate of 10,231,037 in 2018. Source: [2018 Population Estimates](#)

91207) have male populations notably below 50.0% of the total and notably below the service area average (47.1% and 46.8%, respectively).

Age

The population within the broader Service Planning Areas of GMHHC is composed primarily of adults (63.2% and 62.1%, respectively). In comparison to Los Angeles County, the youth age distribution skews slightly lower, and the more densely populated SPA 4 has the most seniors in the entire Los Angeles County.



Population by Age in Los Angeles County

Population by Age Group	LAC	SPA 2	SPA 4	Range
Child (0-11)	15.1%	16.7%	15.5%	11.4%*-17.6%
Adolescent (12-17)	7.7%	6.8%*	7.0%*	3.2%*-11.9%
Adult (18-64)	63.7%	63.2%	62.1%	62.1%-71.0%
Senior (65+)	13.5%	13.3%	15.4%	9.2%-15.4%*

Data Source: California Health Interview Survey, 2017. SPA *= statistically unstable

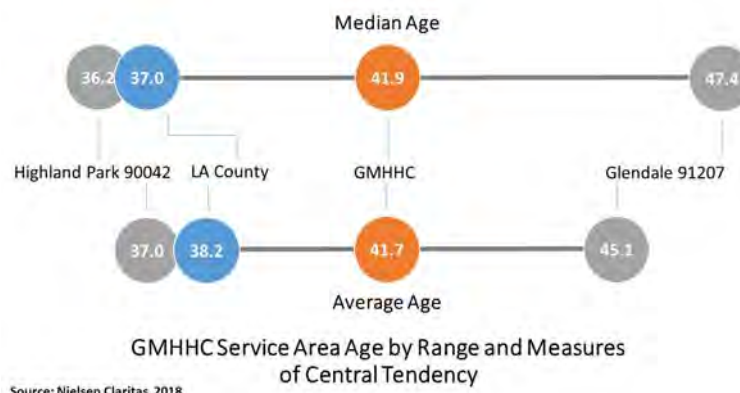
This same pattern holds true within the specific communities that GMHHC serves. Most of the population ranges between the ages of 25 and 64 (58.5%), with the Echo Park and Silver Lake community (90026) topping the service area range. In contrast to Los Angeles County, the GMHHC service area skews toward an older population, with seniors proportionately higher (15.6%) and youth significantly lower (18.2%), even though Highland Park has a younger population (23.3% below the age of 18, respectively) than Los Angeles County (22.2%).

Age Distribution

	0-17	18-24	25-44	45-64	65+
Mean Percent	18.2%	7.7%	30.9%	27.5%	15.6%
Largest ZIP Code Concentrations	90042 (23.3%)	90041 (11.1%)	90027 (38.4%)	91214 (33.0%)	91207 (23.2%)
	90065 (22.6%)	91214 (10.5%)	90026 (36.9%)	91208 (30.7%)	91208 (20.9%)
	90029 (19.2%)	90042 (9.2%)	90029 (34.3%)	91042 (30.2%)	91206 (20.3%)
Los Angeles County	22.2%	9.5%	29.4%	25.5%	13.4%

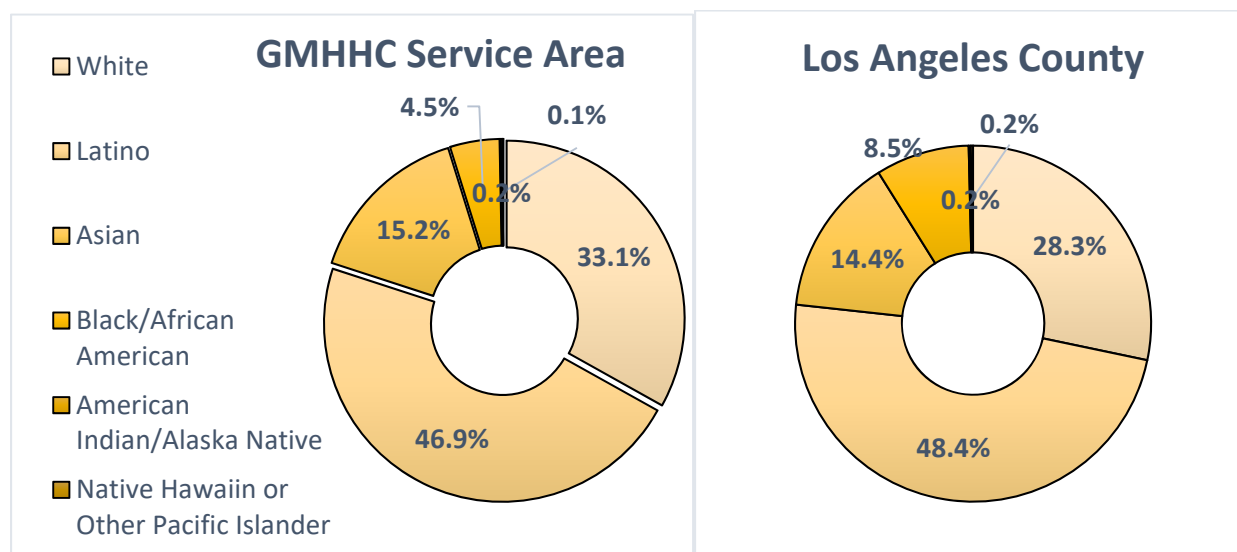
Data Source: Nielsen Claritas, 2018, ZIP Code

In 2018, residents in the GMHHC service area were, on average, slightly older (41.7 years old) than the whole of Los Angeles County (38.2 years old). Overall, in the GMHHC service area, a higher percentage of residents were represented in older age groups than in the rest of Los Angeles County.



Race and Ethnicity

In 2017, a majority of the population living in the GMHHC service area was ethnically either white (33.1%) or Hispanic/Latino (46.9%). Los Angeles County has a higher percentage of Hispanic/Latino residents (48.4%) and a lower percentage of white residents (28.3%) than in the GMHHC service area. The black/African American population in the GMHHC service area (4.5%) is approximately half that of Los Angeles County (8.5%). The Asian population in the service area (15.2%) is slightly higher than in Los Angeles County (14.4%).



The GMHHC service area consists of geographically concentrated ethnic communities that contribute to the area’s vibrancy and community-based assets. For example, among the approximately 200,000 residents in the City of Glendale, 72,000 are Armenians. In particular, the foreign-born population skews heavily toward people of Armenian (82.9%) or Persian (7.5%) ancestry.⁶ There is, however, a large Latino

⁶ U.S. Census. American Community Survey. 2015, 2017

population (18.2%) primarily of Mexican heritage.⁷ The dominant language of English learners in the city’s school district is Armenian (59.24%) and Spanish (19.76%).⁸

Dating back to at least the 2000 Census, the GMHHC service area also includes communities with large Latino populations, like Highland Park (90042)—over two-thirds of residents are Latino, of which 72.9% have Mexican ancestry. Of the foreign-born population (45.1% of all residents in Highland Park), Mexico (55.3%) and El Salvador (12.0%) are the most common foreign places of birth.⁹

Toward the northern portion the GMHHC service area, a large Asian community, particularly around La Crescenta (91214), makes up 22.0% of the population, with Korean as the most common ancestry. Similarly, Eagle Rock (90041) has a large Asian population (28.6%), of whom Filipino is the most common ancestry.¹⁰

Language

In comparison with California’s population at large, Los Angeles has a significantly greater proportion of monolingual Spanish-speaking households. Language barriers can lead to other barriers in accessing services, including health care.

	Los Angeles County	California
English at Home	42.8%	+12.5%
Spanish at Home	39.7%	-10.5%



In 2018, the percent of residents in the GMHHC service area who spoke only English (34.8%) was lower than in Los Angeles County (42.8%). Similarly, the percent of residents in the GMHHC service area who spoke only Spanish at home (25.9%) was lower than in Los Angeles County (39.7%).

Language Spoken at Home

City	ZIP Code	English Only	Asian/Pacific Islander	Indo-European	Spanish	Other
Echo Park, Silver Lake	90026	33.0%	15.5%	2.2%	48.8%	0.6%
East Hollywood	90029	21.6%	13.9%	9.5%	54.5%	0.5%
Los Feliz	90027	49.6%	8.7%	20.5%	20.1%	1.1%
Atwater Village, Elysian Valley	90039	46.9%	13.7%	4.7%	33.8%	1.0%
Eagle Rock	90041	47.5%	20.5%	3.7%	28.0%	0.3%
Highland Park	90042	31.6%	9.6%	1.7%	56.7%	0.3%
Glassell Park	90065	29.2%	13.3%	2.2%	55.2%	0.2%

⁷ Southern California Association of Governments (SCAG) Regional Council. Profile of the City of Glendale. 2019

⁸ California Department of Education. English Learner Students by Language by Grade. 2018–2019

⁹ US Census. American Community Survey. 2013-2017 Five Year Estimates

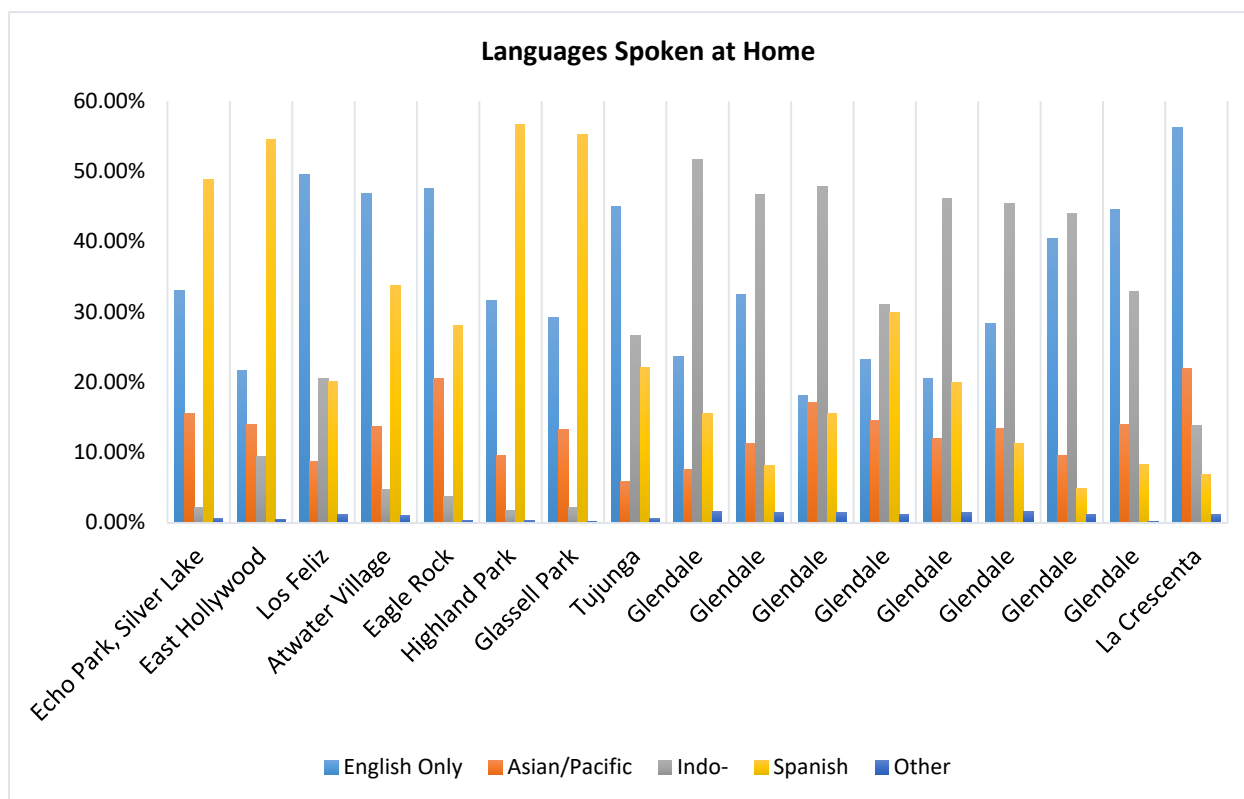
¹⁰ Nielson Claritas, 2018, ZIP Code

City	ZIP Code	English Only	Asian/Pacific Islander	Indo-European	Spanish	Other
Tujunga	91042	45.0%	5.8%	26.7%	22.1%	0.6%
Glendale	91201	23.6%	7.6%	51.7%	15.5%	1.61%
Glendale	91202	32.5%	11.3%	46.7%	8.1%	1.4%
Glendale	91203	18.1%	17.1%	47.9%	15.5%	1.4%
Glendale	91204	23.3%	14.6%	31.0%	29.9%	1.2%
Glendale	91205	20.5%	12.0%	46.1%	19.9%	1.4%
Glendale	91206	28.3%	13.4%	45.4%	11.3%	1.6%
Glendale	91207	40.5%	9.6%	44.0%	4.8%	1.2%
Glendale	91208	44.6%	14.0%	32.9%	8.3%	0.2%
La Crescenta	91214	56.3%	21.9%	13.8%	6.9%	1.1%
GMHHC Service Area		34.8%	13.1%	25.3%	25.9%	0.9%
Los Angeles County		42.8%	11.0%	5.4%	39.7%	1.1%

Data Source: Nielsen Claritas, 2018, ZIP Code

Various neighborhoods in the GMHHC service area disproportionately favor one language. In Los Feliz, Atwater Village, Eagle Rock, and La Crescenta, English prevails as the dominant language spoken at home. However, in Glendale ZIP codes 91201 (51.7%), 91203 (47.9%), 91202 (46.7%), and 91205 (46.1%) the percentage of Indo-European speakers was nearly 10 times the percentage in the rest of Los Angeles County. The percentage of residents in the GMHHC service area who only speak a language native to Asia or the Pacific Islands at home (13.1%) is, for the most part, similar to the Los Angeles County average (11.0%), although certain pockets, like La Crescenta and Eagle Rock, have much higher percentages of households speaking an Asian or Pacific Islander language.

As shown in the chart below, communities in the GMHHC service area with disproportionately high percentages of monolingual Spanish speakers include Echo Park and Silver Lake (90026), East Hollywood



(90029), Highland Park (90042) and Glassell Park (90065; 48.8%, 54.5%, 56.7%, and 55.2%, respectively). As a whole, Spanish-speaking households in these communities are significantly more common than elsewhere in the GMHHC service area (25.9%) and Los Angeles County (39.7%)

Education

Education is often cited as a key indicator for economic prosperity and good health. Los Angeles County outperforms the State of California with regard to high school or higher education degrees held by adults 25 years or older, although Los Angeles County has recently seen a higher percentage increase in the completion of education degrees than the state.

High School Completion or Better¹¹

	2014	2017
Los Angeles County	76.8%	79.6%
California	81.5%	83.3%

Closing the education gap is amplified in the GMHHC service area where, in proportion to its population, more individuals with a college education (associate degree or higher; 45.9%) can be found than in Los Angeles County (37.5%). Differences in education level among communities served by GMHHC communities include ZIP codes 90029, 90042, and 90065, where residents are more likely not to have a high school diploma (32.1%, 28.3%, and 28.0%, respectively), compared with the average of 17.0% for the service area. These areas are also home to disproportionately high rates of monolingual Spanish households.

Meanwhile, six neighborhoods (with ZIP codes 90027, 90039, 91206, 91207, 91208, and 91214) have disproportionately high rates of residents with higher education degrees, with Glendale ZIP codes 91207 and 91208 being home to residents with a master's degree at nearly twice the Los Angeles County average.

Educational Attainment

City	ZIP Code	Less than Ninth Grade	Some High School, No Diploma	High School Graduate or GED	Some College, No Degree	Bachelor's Degree	Master's Degree or Higher
Echo Park, Silver Lake	90026	15.3%	9.2%	16.7%	16.6%	25.7%	10.2%
East Hollywood	90029	20.1%	12.0%	19.6%	15.6%	21.6%	5.4%
Los Feliz	90027	6.4%	4.1%	15.7%	17.3%	32.7%	17.7%
Atwater Village, Elysian Valley	90039	8.2%	6.4%	14.1%	18.4%	30.9%	14.7%
Eagle Rock	90041	6.9%	5.7%	15.8%	22.2%	28.9%	13.8%
Highland Park	90042	15.8%	12.5%	20.5%	17.0%	18.8%	8.9%

¹¹ US Census, American Community Survey, 2010-2014 and 2013-2017

Glassell Park	90065	16.7%	11.3%	19.5%	16.0%	20.1%	9.8%
Tujunga	91042	7.9%	6.0%	25.7%	24.4%	16.2%	8.6%
Glendale	91201	14.2%	8.2%	18.9%	19.2%	21.2%	10.5%
Glendale	91202	8.6%	4.0%	20.1%	16.0%	27.4%	15.6%
Glendale	91203	9.4%	6.1%	24.5%	18.1%	22.1%	8.9%
Glendale	91204	14.1%	8.4%	20.8%	20.7%	19.6%	7.7%
Glendale	91205	15.7%	6.3%	21.9%	20.1%	20.9%	8.3%
Glendale	91206	9.3%	3.7%	17.6%	17.7%	29.1%	15.4%
Glendale	91207	4.3%	1.7%	16.2%	18.8%	30.6%	22.3%
Glendale	91208	2.2%	2.8%	14.4%	17.8%	31.7%	22.5%
La Crescenta	91214	3.3%	2.5%	15.6%	19.4%	32.0%	18.1%
GMHHC Service Area		10.5%	6.5%	18.7%	18.6%	25.3%	12.9%
Los Angeles County		13.1%	9.1%	21.0%	19.3%	20.1%	10.6%

Data Source: Nielsen Claritas, 2018, ZIP Code

Marital Status

The GMHHC service area is home to a higher concentration of married residents, particularly with the spouse present (41.1%), when compared with Los Angeles County, where more residents have never married (41.9%). Differences in the population who are married with an absent spouse, widowed, or divorced between the GMHHC service area and Los Angeles County are marginal (less than 1%).

Marital Status

City	ZIP Code	Never Married	Married, Spouse Present	Married, Spouse Absent	Widowed	Divorced
Echo Park, Silver Lake	90026	53.6%	28.1%	7.2%	4.0%	7.0%
East Hollywood	90029	51.3%	27.8%	8.5%	4.9%	7.5%
Los Feliz	90027	49.1%	28.7%	7.6%	5.6%	9.0%
Atwater Village, Elysian Valley	90039	44.6%	36.6%	5.8%	5.0%	8.0%
Eagle Rock	90041	42.1%	37.7%	5.1%	7.0%	8.2%
Highland Park	90042	46.1%	34.1%	7.2%	4.3%	8.3%
Glassell Park	90065	43.4%	36.7%	8.0%	4.4%	7.5%
Tujunga	91042	32.8%	45.2%	6.9%	5.2%	10.0%
Glendale	91201	34.3%	47.6%	5.3%	6.3%	6.6%
Glendale	91202	33.3%	48.9%	4.8%	6.4%	6.6%
Glendale	91203	34.2%	42.6%	6.8%	7.3%	9.1%
Glendale	91204	38.7%	38.4%	8.6%	6.4%	7.9%
Glendale	91205	37.6%	40.1%	6.0%	7.7%	8.6%
Glendale	91206	33.0%	47.0%	4.5%	7.3%	8.1%
Glendale	91207	26.3%	52.6%	4.5%	7.3%	9.4%
Glendale	91208	26.5%	54.6%	5.1%	6.4%	7.5%
La Crescenta	91214	30.7%	52.4%	4.3%	4.9%	7.7%
GMHHC Service Area		38.7%	41.1%	6.3%	5.9%	8.1%
Los Angeles County		41.9%	38.2%	6.6%	5.0%	8.3%

Data Source: Nielsen Claritas, 2018, ZIP Code

Nativity

Births

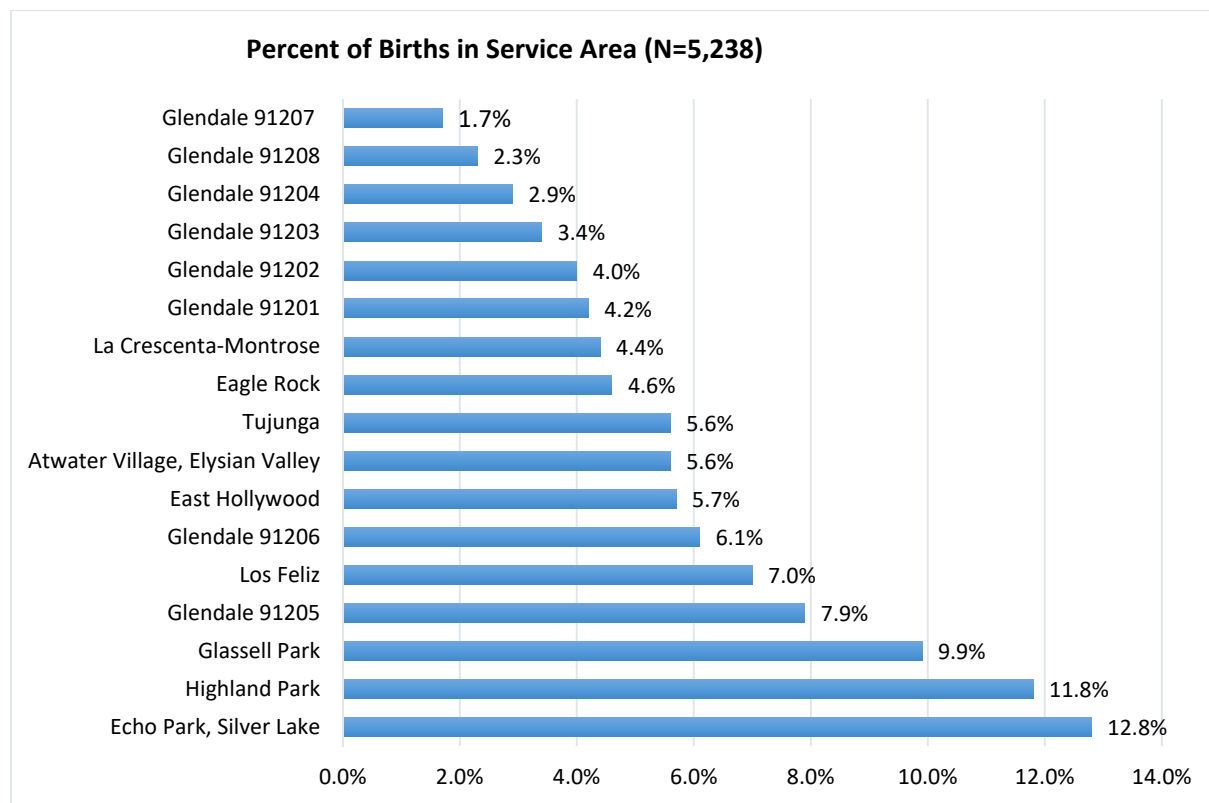
Over the past few years, the percentage of live births has been declining; the decline has been steeper in Los Angeles County (over 10%) than in the rest of California (over 6.1%). Live births in Los Angeles County also have these traits:

- The percentage of live births with a mother who received prenatal care late (in third trimester) or no prenatal care was 3.4%.
- Almost 1 in 6 live births (17%) was attributed to a teenage mother.¹²

	Birth Trend	
	2014	2017
Los Angeles County	130,289	-10.2%
California	502,579	-6.1%

Data Source: California Center for Disease Control and Prevention, CDCWONDER 2014–2017

Within the GMHHCC service area in 2017, approximately 5,238 births took place. The highest percentage of births took place in 90026—Echo Park, Silver Lake (12.9%); 90042—Highland Park (11.8%); and 90065—Glassell Park (9.9%), which are experiencing a booming real estate market in recent years. Collectively, the Glendale neighborhoods, represent 26.4% of all live births in the service area, although the largest concentration occurs in ZIP code 91205.



Data Source: California Department of Public Health, 2017, ZIP Code

¹² California Department of Public Health, Center for Health Statistics and Informatics, 2018 Los Angeles County Health Status Profiles, 2018, Los Angeles County

Birth Weight

Babies born with low birth weight face many health risks, including disease, disability, and even death. Both the State of California and Los Angeles County have met the Healthy People 2020 Objective of keeping low-weight births below 7.8% of total live births, although Los Angeles County is behind the rest of the state, at 7.2% and 7.1%, respectively.

Low Birth Weight

Geographic Area	Low Weight Births	Percent of Live Births
Los Angeles County (2015–2017)	8,797.0	7.2%
Los Angeles County (2014–2016)	8,965.3	7.1%
California (2015–2017)	33,283.3	6.9%
Healthy People 2020 objective	—	7.8%

Data Source: California Department of Public Health, Center for Health Statistics and Informatics, 2019 Los Angeles County, Health Status Profiles, 2019, Los Angeles County

Breastfeeding

Recommended by the California Department of Public Health for the first six months of life, breastfeeding is an important element in the mental and physical development of newborns. The proportion of mothers who breastfed at any frequency in Los Angeles County is very similar to the state rates, as illustrated below.

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
Los Angeles County	97,439	93.90%	65,821	63.50%
California	390,082	94.00%	289,803	69.80%

Data Source: California Department of Public Health, California In-Hospital Breastfeeding as Indicated on the Newborn Screening Test Form, Statewide and Maternal County of Residence by Race/Ethnicity, 2017

SPA 2 and SPA 4, which include GMHHC’s service areas, perform in line or higher than Los Angeles County in the percentage of children who were breastfed for at least six months, although SPA 5 outperforms all other areas in Los Angeles County.

	Los Angeles County	SPA 2	SPA 4	Highest SPA
Percent of children 0–5 years who were breast fed at least 6 months	49.7%	49.3%	55.9%	SPA 5 WEST—66.6%

Data Source: California Department of Public Health, California In-Hospital Breastfeeding as Indicated on the Newborn Screening Test Form, Statewide and Maternal County of Residence by Race/Ethnicity, 2017

Disability

An umbrella term for impairments, activity limitations, and participation restrictions, disability is defined by the World Health Organization as “the interaction between individuals with a health condition (for example, cerebral palsy, down syndrome, depression) and personal and environmental factors (for

example, inaccessible transportation and public buildings, limited social supports).”¹³ Examples of disabilities include hearing, vision, movement, thinking, remembering, learning, communication, and/or mental health and developmental disorder.

According to the 2017 Census, in California alone, over 4 million people, or 10.6% of the population, have a disability. The proportion of the population with disabilities increases with age and is affected by race, for example, with differing rates among African American (15.0%), white (11.6%), and American Indian/Alaskan native (16.4%) populations. These trends hold within Los Angeles County, which is home to a disabled population of 9.9%, or nearly 1 in 10 residents. People with disabilities are also more likely than others to be poorly educated, unemployed, and living below the poverty level.¹⁴

Prevalence

In 2016, the population with a disability status due to physical, mental, or emotional conditions was greater in GMHHC’s Service Planning Areas (31.8% and 34.0%) than in Los Angeles County (30.7%). Similarly, the proportion of adults unable to work due to a physical or mental impairment in these areas was higher than in the whole Los Angeles County.

Report Area	Disability Status due to Physical, Mental, or Emotional Condition, Adults	Inability to Work due to a Physical/Mental Impairment, Adults
	Percentage	Percentage
SPA 2–San Fernando Valley	31.8%	7.8%
SPA 4–Metro	34.0%	7.3%
Los Angeles County	30.7%	6.9%

Data Source: California Health Interview Survey, 2016, SPA

Special Health Care Needs in Children

Children with special health care needs (CSHCN) are identified via a screening tool from the Foundation for Accountability. The CSHCN screener has three "definitional domains." These are (1) dependency on prescription medications; (2) service use above that considered usual or routine; and (3) functional limitations.¹⁵

In 2015, a 13.9% of children between 0 and 17 years of age met the criteria for special health care needs in the GMHHC service area, which was similar to the share in Los Angeles County (14.5%).

¹³ World Health Organization. Disability and Health Fact Sheet. Geneva, Switzerland. Available at <http://www.who.int/mediacentre/factsheets/fs352/en/index.html>. Accessed [May19, 2019]

¹⁴ California Department of Public Health’s Living Healthy with a Disability Program and Living Healthy Advisory Committee. Planning for Today, Thinking of Tomorrow—California’s 2011–2016 Strategic Directions for Promoting the Health of People with Disabilities Sacramento, CA. Available at http://www.cdph.ca.gov/HealthInfo/injviosa/ Documents/Planning_for_Today.pdf. Accessed [August 2, 2016]

¹⁵ Los Angeles County Department of Public Health—2015 Los Angeles County Health Survey—Topics & Data. “Percent of Children (0–17 years old) who Meet Criteria for Having Special Health Care Needs (SHCNs)”: <http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm> [accessed September 1, 2016]

Children 0–17 Years Old with Special Health Care Needs

Report Area	Percentage
SPA 2–San Fernando Valley	16.0%
SPA 4–Metro	12.3%
GMHHC Service Area	13.9%
Los Angeles County	14.5%

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

Almost one in six children between 12 and 17 years old met the criteria for a special health care need in Los Angeles County in 2015.

Children 0 to 17 Years Old with Special Health Care Needs by Age

Age Group	Percentage
0–5 years old	9.8%
6–11 years old	16.6%
12–17 years old	17.1%

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

By ethnicity, nearly a third (32.4%) of African American children met the criteria for special health care need. This is almost twice the next highest percentage, found in white children (17.5%).

Children 0 to 17 Years Old with Special Health Care Needs by Ethnicity, 2015

Age Group	Percentage
Latino	12.0%
White	17.5%
African American	32.4%
Asian/Pacific Islander	10.5%
American Indian/Alaskan Native	8.7%

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

Mortality

Deaths

In 2016, there were 3,625 deaths in the GMHHC service area. Most deaths in the service area occurred in 90026, the most populous ZIP code in the service area.

Total Deaths

City	ZIP Code	Total	Percentage
Echo Park, Silver Lake	90026	332	9.2%
East Hollywood	90029	299	8.2%
Los Feliz	90027	274	7.6%
Atwater Village, Elysian Valley	90039	195	5.4%
Eagle Rock	90041	198	5.5%
Highland Park	90042	293	8.1%
Glassell Park	90065	264	7.3%
Tujunga	91042	178	4.9%
Glendale	91201	171	4.7%
Glendale	91202	205	5.7%
Glendale	91203	102	2.8%
Glendale	91204	138	3.8%
Glendale	91205	300	8.3%
Glendale	91206	283	7.8%
Glendale	91207	95	2.6%
Glendale	91208	100	2.8%
La Crescenta	91214	198	5.5%
GMHHC Service Area		3,625	

Data Source: California Department of Public Health (CDPH), 2016, ZIP Code

Cause of Death

Over the course of the past seven years, the leading causes of death in the GMHHC service area have remained the same, although Alzheimer's has overtaken stroke as the third leading cause, with the number of cases increasing significantly from 164 in 2010 to 259 in 2016. Heart disease and cancer have decreased proportionately by 1.5% to 2%, although the number of cases has remained relatively stable.

Leading Causes of Death

	#1	#2	#3	#4
2010	Heart Disease	Cancer	Stroke	Alzheimer's
	27.4% (932)	25.3% (859)	6.5% (222)	4.8% (164)
2016	Heart Disease	Cancer	Alzheimer's	Stroke
	25.9% (938)	23.3% (861)	7.1% (259)	6.5% (234)

Data Source: California Department of Public Health, 2010, 2016, County

VI. KEY FINDINGS: HEALTH NEEDS

SIGNIFICANT HEALTH NEED 1: POVERTY & HOMELESSNESS

Poverty

Poverty creates barriers to everyday necessities, including healthy and affordable foods, health care, housing, and other basic needs. Collectively, these barriers influence overall health and well-being.

Poverty Thresholds

The federal government measures the number of people in poverty with thresholds (the Federal Poverty Level or FPL) established and updated annually by the U.S. Census. In 2017, the Federal Poverty Level stood at annual income of \$12,060 for an individual and \$24,600 for a family of four. In California, where the cost of living is high, research indicates that families can earn two or more times the Federal Poverty Level and still struggle to meet their basic needs.¹⁶ A comprehensive 2018 state-by-state report by the National Low Income Housing Coalition (NLIHC) demonstrated that renting a two-bedroom apartment in Los Angeles required a household income of \$66,520.¹⁷

The GMHHC service area falls within larger geographic Service Planning Areas that differ in their overall poverty profile. Although the county’s highest rates of poverty are in SPA 6 and SPA 1, as described in the chart below, the densely populated SPA 4 has a larger percentage of the population living below the FPL than both neighboring SPA 2 and the entire county: one in four households in SPA 4 were estimated to be living below 100% of the FPL. Youth in the county are similarly affected, with 27.4% living below 100% of the FPL compared with the state’s rate of 21.0%. In 2017, according to the U.S. Census, 40.6% of Los Angeles County families with children under 18 with a female head of household were living below 100% FPL. This rate is line with the state’s rate of 39.5%.

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

Data Source: California Health Interview Survey, 2017, SPA

¹⁶ Making Ends Meet: How Much Does It Cost to Support a Family in California? (December, 2017). California Budget and Policy Center. Available at <https://calbudgetcenter.org/wp-content/uploads/Making-Ends-Meet-12072017.pdf>. Accessed [June 13, 2019]

¹⁷ Out of Reach 2018: https://nlihc.org/sites/default/files/oor/OOR_2018.pdf

The U.S. Census Bureau issues poverty thresholds¹⁸ with the purpose of calculating the number of people living in poverty.¹⁹ In 2018, a lower percentage of families in the GMHHC service area lived below the poverty line (10.0%) than families in Los Angeles County (13.5%). Similarly, the percentage of families living in poverty with children (6.1%) was significantly lower in than Los Angeles County (10.2%). Several areas with a higher concentration of families living in poverty include 90029—East Hollywood (21.8%); 90026—Echo Park/Silver Lake (19.3%); parts of Glendale: ZIP codes 91204 (14.2%) and 91205 (16.4%); as well as 90065—Glassell Park (16.3%).

Poverty

City	ZIP Code	Families at or above Poverty	Families at or above Poverty with Children	Families below Poverty	Families below Poverty with Children
Echo Park, Silver Lake	90026	80.9%	31.5%	19.3%	14.1%
East Hollywood	90029	78.2%	34.6%	21.8%	17.2%
Los Feliz	90027	85.4%	28.7%	14.6%	8.1%
Atwater Village, Elysian Valley	90039	91.5%	36.7%	8.5%	4.1%
Eagle Rock	90041	92.6%	39.9%	7.4%	5.0%
Highland Park	90042	84.3%	39.7%	15.7%	12.0%
Glassell Park	90065	83.7%	37.3%	16.3%	12.5%
Tujunga	91042	91.8%	35.7%	8.2%	5.8%
Glendale	91201	90.1%	28.4%	9.9%	6.4%
Glendale	91202	91.3%	29.3%	8.7%	5.0%
Glendale	91203	90.0%	34.1%	10.0%	6.7%
Glendale	91204	85.8%	33.0%	14.2%	8.9%
Glendale	91205	83.6%	31.1%	16.4%	9.9%
Glendale	91206	90.5%	33.7%	9.5%	5.8%
Glendale	91207	95.5%	33.3%	4.5%	2.5%
Glendale	91208	92.9%	41.3%	7.1%	3.6%
La Crescenta	91214	95.1%	43.4%	4.9%	3.4%
GMHHC Service Area		90.0%	33.0%	10.0%	6.1%
Los Angeles County		86.6%	40.9%	13.5%	10.2%

Data Source: Nielsen Claritas, 2018, ZIP Code

¹⁸ A detailed (48-cell) matrix of thresholds varies by family size, number of children, and, for one- and two-person units, whether or not elderly. Weighted average thresholds vary by family size and, for one- and two-person units, whether or not elderly. There is no geographic variation; the same figures are used for all 50 states and the District of Columbia

¹⁹ U.S. Department of Health and Human Services. Frequently Asked Questions Related to the Poverty Guidelines and Poverty. <https://aspe.hhs.gov/frequently-asked-questions-related-poverty-guidelines-and-poverty#differences>. Accessed [September 8, 2013]

Participation in Public Programs

A large segment of the population is 200% below the Federal Poverty Level; over 40% in both California and Los Angeles County in 2016. This income level indicates high risk for food insecurity and qualifies a person for public assistance programs. Yet, it appears that the proportion of eligible residents accessing these resources is much lower. Reasons cited for low access rates include complex application processes, inaccessible case managers, inaccurate records, and bureaucratic bottlenecks, such as declined eligibility due to change of address. The percentage of Los Angeles County residents who used food stamps was 21.7% and Temporary Assistance for Needy Families (TANF)/CalWorks was 9.9%. A little over half (52.7%) of qualifying children had access to Women Infants and Children (WIC). These trends hold in GMHHC's SPA 2 and 4, although they were not the highest rates in the range.

	Not Able to Afford Food (<200% FPL) (1)	Food Stamp Recipients	TANF/CalWorks Recipients	WIC Usage among Qualified Children (Ages 6 and Under)
SPA 2	42.5%	17.5%*	4.1%*	26.8%*
SPA 4	31.9%	27.3%	14.5%*	56.8%*
Highest SPA	SPA 1: 53.6%	SPA 6: 31.4%	SPA 6: 17.7%*	SPA 8: 82.7%*
LAC	40.2%	21.7%	9.9%	52.7%
CA	40.8%	23.1%	10.2%	44.7%

Data Source: California Health Interview Survey, 2017 and (1) 2016, SPA * statistically unstable

Student eligibility for Free or Reduced Price School Meal (FRPM) serves as a proxy measure of low income, as the federal poverty threshold tends to underestimate the extent of poverty, particularly in high-cost areas.

A larger portion of students in Los Angeles County are eligible for this program compared to students in the state as a whole. In 2017, the percentage of children eligible for the FRPM program in LA County was 69.3% compared with the California rate of 60.1%. The county rate has been increasing, growing from 61.8% in 2011 to 66.6% in 2015.²⁰

**+7.5%
Increase in
Trend for
Student FRPM
Eligibility**

Household Income

LA County is home to approximately 3.4 million households of varying income levels. The GMHHC service area represents 5.5% of all households in the county. The geographic areas follow a similar bimodal distribution in income levels—1 in 10 households subsists on less than \$15,000 per year, while more than 3 in 10 earn incomes greater than \$100,000 and the majority of households earn between \$35,000 and \$75,000. The GMHHC area, however, has a greater proportion of households in the

²⁰ Source: California Department of Education, 2011, 2015, 2017

\$15,000–\$24,000, by a margin of 1.4%. Also, Los Angeles County has a slightly higher income distribution among households with earnings above \$100,000 by 1.2% margin, suggesting perhaps that GMHHC-area households are moderately less wealthy than Los Angeles County households as a whole.

Income Level	GMHHC Service Area		Los Angeles County	
	Number	Percentage	Number	Percentage
Below \$15,000	19,089	10.2%	350,981	10.4%
\$15,000–\$24,999	20,178	10.7%	313,021	9.3%
\$25,000–\$34,999	16,599	8.8%	290,148	8.6%
\$35,000–\$49,999	23,848	12.7%	414,717	12.3%
\$50,000–\$74,999	28,901	15.4%	530,614	15.7%
\$75,000–\$99,999	20,915	11.1%	394,734	11.7%
\$100,000–\$124,999	16,195	8.6%	301,967	8.9%
\$125,000–\$149,999	11,612	6.2%	215,808	6.4%
\$150,000–\$199,999	12,496	6.7%	234,537	6.9%
\$200,000–\$249,999	6,981	3.7%	122,716	3.6%
\$250,000–\$499,999	7,492	4.0%	136,691	4.0%
Above \$500,000	3,469	1.8%	75,448	2.2%
Total	187,775	100.0%	3,381,382	100.0%

Data source: Nielsen Claritas, 2018, Service Area

As shown in the table that follows, the average household income of residents in the GMHHC service area (\$99,577) is higher than that of Los Angeles County (\$96,019) by 3.7%. In particular, the average household income is significantly higher in the Glendale ZIP codes 91208 (\$149,601); 91207 (\$141,277); 91202 (\$106,537); and 91206 (\$100,649) as well as in La Crescenta (\$132,730); Atwater Village/Elysian Valley (\$115,311); and Eagle Rock (\$109,483).

Household sizes in the GMHHC service area range from 2.0 to 3.1. The GMHHC service area has a slightly smaller average household size (2.6) than the average for Los Angeles County (3.0). The Los Feliz neighborhood has the smallest average household size, while Highland Park and Glassell Park have the largest.

Household Descriptions

City	ZIP Code	Est. Average Household Income	Est. Average Household Size
Echo Park, Silver Lake	90026	\$84,752	2.7
East Hollywood	90029	\$55,134	2.7
Los Feliz	90027	\$91,297	2.0
Atwater Village, Elysian Valley	90039	\$115,311	2.4
Eagle Rock	90041	\$109,483	2.7
Highland Park	90042	\$81,881	3.1
Glassell Park	90065	\$93,323	3.1
Tujunga	91042	\$91,970	2.8
Glendale	91201	\$89,375	2.8
Glendale	91202	\$106,537	2.6
Glendale	91203	\$74,363	2.5
Glendale	91204	\$73,128	2.7
Glendale	91205	\$61,682	2.6
Glendale	91206	\$100,649	2.5
Glendale	91207	\$141,277	2.6
Glendale	91208	\$149,601	2.6
La Crescenta	91214	\$132,730	2.9
GMHHC Service Area		\$99,577	2.6
Los Angeles County		\$96,019	3.0

Data source: Nielsen Claritas, 2018, ZIP Code

The GMHHC service area population varies in its income power. The median household income in the service area ranges between \$114,010 in Glendale 91208 and East Hollywood 90029 (\$38,755). The following chart illustrates the four ZIP codes with the lowest average household incomes in the service area: East Hollywood 90029, and Glendale ZIP codes 91203, 91204, and 91205. The income power in these areas has fallen dramatically in the past three years, with Glendale 91203 experiencing more than a 20% decrease in the median household income. These communities point to a high degree of income disparity.

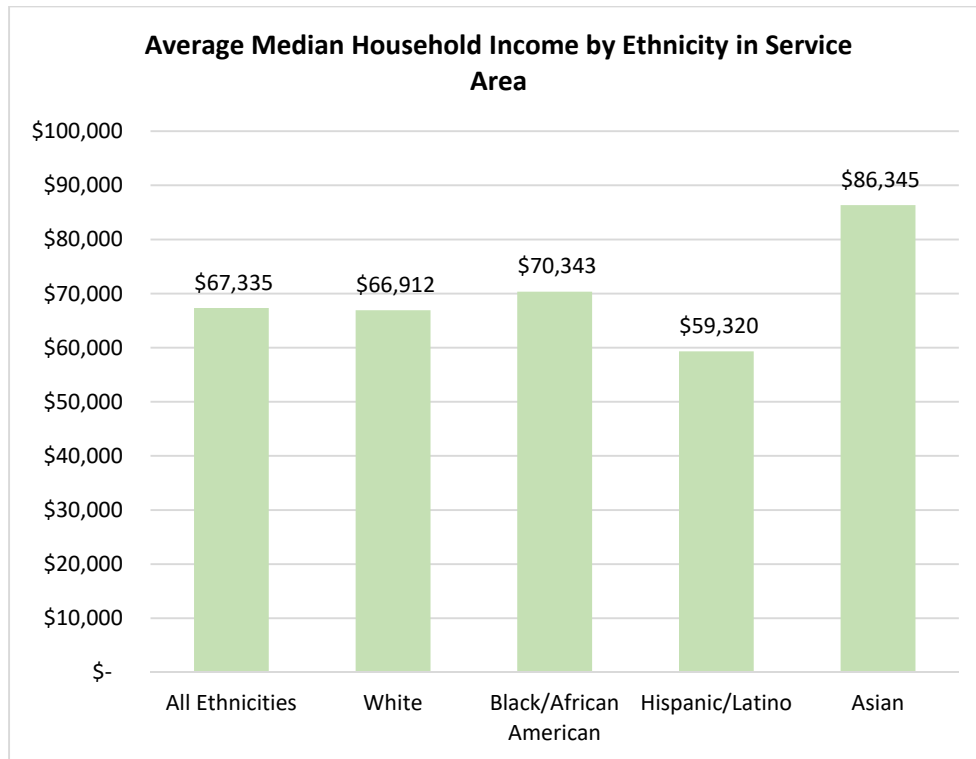
Lowest Median Household Incomes in Service Area

Featured ZIP Codes:	Income 2018	Differential from 2015
East Hollywood—90029	\$38,755	-16.0%
Glendale—91203	\$48,868	-20.7%
Glendale—91204	\$48,906	-9.2%
Glendale—91205	\$42,108	-17.1%

Data Source: Clarita Nielsen, 2018, 2015, ZIP Code

In the absence of income data for every individual household to calculate the median for the whole service area, the average median household income was used. Despite its limitations, this metric reveals

an income disparity by ethnicity, with Hispanic/Latino populations having the weakest earning power and Asian populations having the highest earning power.



Data Source: Claritas Nielsen, 2018, Service Area

Employment Status

A majority of the GMHHC service area population is employed (60.3%), a slightly higher rate than in Los Angeles County (58.92%). At least a third of the population in both Los Angeles County (35.9%) and in the GMHHC service area (34.6%) are not in the labor force. This percentage includes students, retirees, seasonal workers, and individuals taking care of their homes and families (homemakers). The disparity within the GMHHC service area of this group is wide, ranging from 28.46% in Los Feliz to 42.03% in Glendale 91205, a gap of nearly 14%. Population breakdown by age may help to explain some of these disparities among areas. The unemployment rate within the GMHHC area stands at just above 5%, comparable to the county rate.

Employment Status

Report Area	ZIP Code	In Armed Forces	Employed	Unemployed	Not in Labor Force
Echo Park, Silver Lake	90026	0.01%	62.74%	6.51%	30.74%
East Hollywood	90029	0.00%	61.81%	6.32%	31.87%
Los Feliz	90027	0.01%	66.12%	5.41%	28.46%
Atwater Village, Elysian Valley	90039	0.00%	64.50%	4.48%	31.02%
Eagle Rock	90041	0.03%	59.23%	4.38%	36.35%
Highland Park	90042	0.03%	61.84%	5.67%	32.46%
Glassell Park	90065	0.17%	60.56%	4.75%	34.52%
Tujunga	91042	0.00%	61.19%	4.79%	34.02%
Glendale	91201	0.00%	56.89%	5.87%	37.24%
Glendale	91202	0.05%	57.17%	4.18%	38.60%
Glendale	91203	0.00%	57.13%	6.16%	36.71%
Glendale	91204	0.00%	59.11%	5.14%	35.75%
Glendale	91205	0.06%	52.26%	5.65%	42.03%
Glendale	91206	0.00%	56.00%	5.01%	38.95%
Glendale	91207	0.00%	55.22%	2.94%	41.84%
Glendale	91208	0.00%	59.65%	2.69%	37.66%
La Crescenta	91214	0.09%	60.65%	2.55%	36.71%
GMHHC Service Area		0.03%	60.29%	5.13%	34.55%
Los Angeles County		0.04%	58.92%	5.06%	35.98%

Data Source: Nielsen Claritas, 2018, ZIP Code

Homelessness and Housing

A homeless individual is defined by the Department of Public Social Services (DPSS) as “If they lack fixed and regular nighttime residences. If they share a residence with family or friends on a temporary basis; if they have a primary nighttime residence that is a supervised publicly or privately operated shelter designed to provide temporary living accommodations; if they reside in a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings; if they have a need for housing in a commercial establishment (e.g. hotel/motel), shelter, publicly funded transitional housing or from a person in the business of renting properties, or received an eviction notice or notice to pay rent or quit. If they are escaping domestic violence and do not have a second residence or support network.”²¹

More than 20 percent of the nation’s homeless population is now living in California. Based on U.S. Department of Housing and Urban Development (HUD) estimates, as of January 2018, an estimated 129,972 people in California experience homelessness on any given day. Among them, 6.18% or 6,702 are family households, 8.3% or 10,836 are veterans, 9.5% or 12,396 are unaccompanied young adults (ages 18–24), and 26.4% or 34,332 are individuals experiencing chronic homelessness. Furthermore, “Public school data reported to the U.S. Department of Education during the 2016-2017 school year shows that an estimated 246,296 public school students experienced homelessness. Of that total, 7,533 students were unsheltered, 17,061 were in shelters, 10,095 were in hotels/motels, and 211,607 were doubled up.”²²

The homelessness issue is a statewide crisis that is now grabbing recent headlines:

Homelessness is a crisis in California. Why are 2020 candidates mostly ignoring it?
—*Los Angeles Times*²³

California can’t solve its homelessness crisis without protecting renters
—*Los Angeles Times*²⁴

How California’s Homeless Crisis Grew Obscenely Out of Control
—*Observer*²⁵

Within California, more than 58,936 of those experiencing homelessness live in Los Angeles County—a 12% increase despite housing placements increasing 23% from the previous year and more than doubling since 2014.²⁶ Ongoing, dedicated revenue and aggressive state action are critical to addressing this crisis effectively. Some steps have already been taken in Los Angeles, such as the county’s Measure

²¹ Los Angeles County <http://homeless.lacounty.gov/wp-content/uploads/2017/12/25-Glossary-of-Terms-and-Acronyms.pdf>

²² California Homelessness Statistics, United States Interagency Council on Homelessness. Available at <https://www.usich.gov/homelessness-statistics/ca/http://priorities.lacounty.gov/homeless/> Accessed [June 4, 2019]

²³ <https://www.latimes.com/politics/la-na-pol-2020-homelessness-presidential-campaign-20190610-story.html> Appeared June 10, 2019. Accessed [June 11, 2019]

²⁴ <https://www.latimes.com/opinion/editorials/la-ed-tenant-protections-bills-homeless-crisis-20190529-story.html> Appeared May 29, 2019 Accessed [June 11, 2019]

²⁵ <https://observer.com/2019/05/california-homeless-crisis-san-francisco/> Appeared May 30, 2019. Accessed [June 11, 2019]

²⁶ County of Los Angeles. Office of Countywide Communications. Los Angeles, CA. Available at <https://www.lahsa.org/documents?id=3437-2019-greater-los-angeles-homeless-count-presentation.pdf>. Accessed [June 11, 2019]

H sales tax, which will add about \$460 million this year to the budget.²⁷ Investments have been made for additional housing, with approximately 1,400 units to open this year, and over 10,000 housing units planned to be built.²⁸ Nevertheless, over 500,000 affordable housing units are needed in Los Angeles alone to meet the demand for low-income renters.²⁹ A minimum wage earner, at \$13.25, needs to work at least 79 hours per week to afford a one-bedroom apartment in Los Angeles.³⁰

These statistics speak directly to an individual’s monthly budget and the availability of additional resources to handle his or her current and future medical needs. Hospitals and medical organizations cannot ignore the state of the housing and poverty crisis when planning to meet the health needs of their respective service areas. This crisis adversely affects the affordability of care.

Prevalence

According to the Los Angeles Homeless Services Authority, “homeless individuals” (as opposed to “homeless families”) include single adults, adult couples with no children, and groups of adults over the age of 18. Most of the homeless individuals in the GMHHC service area are living within SPA 4–Metro (27.7%). Of the identified homeless families, most are within SPA 4–Metro (22.7%). Of the 125 homeless minors under the age of 18 in all SPAs, most reside within SPA 4–Metro (31.2%).

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

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

SPA 4–Metro has the county’s highest percentage of homeless who are mentally ill (29.3%), have substance abuse issues (28.0%), are HIV-positive (45.2%), or are physically disabled (28.0%). These percentages are slightly higher than in Los Angeles County.

²⁷ Los Angeles County Homeless Initiative. <http://homeless.lacounty.gov/news/l-a-county-makes-460-million-investment-in-fight-against-homelessness-year-3-measure-h-spending-plan-funds-expansion-of-housing-and-prevention/>. Accessed [June 11, 2019]

²⁸ Greater Los Angeles Homeless County, 2019 Results. Los Angeles Homeless Services Authority. Available at <https://www.lahsa.org/documents?id=3437-2019-greater-los-angeles-homeless-count-presentation.pdf>. Accessed [June 11, 2019]

²⁹ California Housing Partnership Corporation. (May 2019) Los Angeles County Annual Affordable Housing Outcomes Report.

³⁰ The Federal Home Loan Mortgage Corporation, “Rental Burden by Metro” 2019

Homeless by Special Population

	Chronically Homeless	Substance Abuse	People with HIV/AIDS	Serious Mental Illness	Survivors of Domestic Violence	Veterans
SPA 2	24.6%	15.0%	1.1%	24.4%	26.0%	5.0%
SPA 4	31.7%	17.8%	3.2%	29.4%	31.4%	7.6%
Highest SPA	SPA 3 33.8%	SPA 3 21.7%	SPA 4	SPA 1 34.6%	SPA 3 37.8%	SPA 5 11.0%
LAC	26.6%	13.5%	1.4%	24.2%	5.8%	7.4%

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

Associated Drivers

Housing instability among poor families is the result of multiple overlapping factors ranging from number of income-earning adults in the home, education level of income-earning adults in the home, health of family members, domestic violence exposure, substance use patterns, and access to social support and health care.³¹ Although Los Angeles is home to the largest health and social services system available to homeless people, given the size of the very poor and homeless population, it faces significant challenges to provide cost-effective integrated care for individuals and families facing housing instability.³²

Housing

In 2018, the average household income of residents in the GMHHC service area (\$99,577) was slightly higher than Los Angeles County (\$96,019). Families and individuals are much more likely to become unstably housed or homeless if they are shouldering a high housing cost burden, typically defined as housing costs that exceed 30% of monthly income. Within the GMHHC service area, more than half of residents spend more than 30% of their monthly income on housing. The ZIP codes most affected by high housing costs as a proportion of income include Glendale 91203 and 91205, where 66.9% and 65.3% of residents, respectively, spend more than 30% of their incomes on housing each month.

Individuals are also more likely to experience housing instability if they are living in substandard housing situations, defined as the following: a lack of complete plumbing facilities; a lack of complete kitchen facilities; 1.01 or more occupants per room; or gross rent as a percentage of household income greater than 30%.

Close to half of residents in the GMHHC service area spend more than 30% of their income on housing. Communities most severely affected by housing costs include Glendale—91205 (59.5%); Glendale—91204 (56.8%); and East Hollywood—90029. These same areas have the highest percentage of occupied housing units lacking complete plumbing facilities. Overall, the GMHHC service area has more than double the rate of Los Angeles County of occupied housing units lacking complete plumbing facilities.

³¹ A secondary analysis by ICPH utilizing data from the Fragile Families and Child Well-being Study. Institute for Children, Poverty & Homelessness. <http://www.icphusa.org/index.asp?page=16&report=112&pg=110>. Accessed [September 2, 2016]

³² Guerrero, E., Henwood, B. and Wenzel, S. (2014). Service Integration to Reduce Homelessness in Los Angeles County: Multiple Stakeholder Perspectives. *Human Service Organizations* 38(1):44–54

Housing Conditions

Report Area	ZIP Code	Percentage of occupied housing units lacking complete plumbing facilities	Percentage of residents whose monthly housing cost exceeds 30% of income
Echo Park, Silver Lake	90026	1.5%	47.9%
East Hollywood	90029	2.8%	47.9%
Los Feliz	90027	1.4%	57.2%
Atwater Village, Elysian Valley	90039	0.5%	41.0%
Eagle Rock	90041	1.4%	39.5%
Highland Park	90042	1.6%	47.2%
Glassell Park	90065	1%	45.5%
Tujunga	91042	1.4%	53.7%
Glendale	91201	1.5%	53.5%
Glendale	91202	1.2%	52.7%
Glendale	91203	2.6%	53.4%
Glendale	91204	3.2%	56.8%
Glendale	91205	3.3%	59.5%
Glendale	91206	2.1%	50.6%
Glendale	91207	1.5%	43.1%
Glendale	91208	1.1%	37.3%
GMHHC Service Area		1.76%	49.2%
Los Angeles County		0.8%	47%

Data source: U.S. Census Bureau, American Community Survey, 2010–14, ZIP Code

Community Input

The community expressed and discussed concerns regarding the far-reaching consequences of poverty and homelessness, citing “Poverty/economics is a pervasive issue that has multiple impacts across health outcomes.” Lack of employment opportunities with decent wages in combination with lack of affordable housing present a difficult situation for individuals and families. Exacerbating the challenges are the difficulties encountered in finding child care, which presents an obstacle for obtaining and maintaining employment.

They noted having observed that the only consistent source of care for the homeless population is emergency (911) services, which puts a burden on emergency services and creates barriers to access for the larger population. Because the homeless population lives disproportionately with mental health concerns, the reliance on emergency services fails to meet this long-term health care need. The high cost of living puts an undue burden on low-income families that spend a large proportion of their income on rent (vs. greater investment in healthy food or recreation). Poverty is expensive, both as a

societal cost (\$672 billion per year nationwide) and as a risk factor for stress, hunger, homelessness, and economic catastrophes both large and small for vulnerable families.³³

Stakeholders have also noted an increase in the homeless population and a lack of shelters. Homeless families face unique challenges in accessing education and health care, and the number of social service providers is insufficient to connect these families with homeless services. In focus groups, stakeholders noted as well that veterans comprise an ever-increasing proportion of the homeless population. An overall theme that emerged was the need to understand how to address poverty from a health care perspective.

³³ Shriver Center on Poverty Law: <https://theshriverbrief.org/the-high-cost-of-poverty-for-the-poor-and-for-us-all-4b0afde5a88f>

SIGNIFICANT HEALTH NEED 2: MENTAL HEALTH & SUBSTANCE ABUSE

Mental Health


Mental illness is a common cause of disability. If left untreated, individuals risk substance abuse, self-destructive behavior, and suicide. Additionally, mental health disorders may seriously affect physical health and are associated with the prevalence, progression, and outcome of chronic diseases³⁴ as well as a family history of mental illness, age, substance abuse, and life-event stresses.³⁵

Mental health is associated with many other health factors, including poverty, heavy alcohol consumption, and unemployment, and poor mental health increases the morbidity of these conditions. Chronic diseases such as cardiovascular disease, diabetes, and obesity are also associated with mental health disorders and outcomes such as depression and suicide.³⁶

GMHHC stakeholders identified poor mental health as one of the top health concerns in their service area, adding that it affects everyone, regardless of age. There is a feedback loop between integrating mental health resources with primary care for a more cohesive service delivery model and improved patient outcomes. Stakeholders emphasized a need to prevent mental health episodes, which can be as destructive as (and can cause) economic catastrophe.

Prevalence of Mental Health Conditions

Mental health disorders have become a ubiquitous health crisis in the United States, as demonstrated with these following facts.³⁷



1 in 5 Adults
suffers Mental
Illness in 1 year

10 Million
Adults in
America Suffer
Serious Mental
Illness

1 in 5 Youth
Lives with a
Serious Mental
Health
Condition

³⁴ U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at <http://healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=28>. Accessed [May 21, 2019]

³⁵ Public Health Agency of Canada. *Mental Illness*. Available at <http://www.phac-aspc.gc.ca/cd-mc/mi-mm/index-eng.php>. Accessed [May 22, 2019]

³⁶ Centers for Disease Control and Prevention. *Mental Illness Surveillance Among Adults. 2011*. Available at <https://www.cdc.gov/mmwr/preview/mmwrhtml/su6003a1.htm>. Accessed [May 29, 2019]

³⁷ National Alliance on Mental Illness. Available at <https://www.nami.org/Learn-More/Mental-Health-By-the-Numbers>. Accessed [May 22, 2019]

The mental health crisis is not new to Californians. Voters passed Proposition 63, known as the Mental Health Services Act, where high-income residents were taxed to help counties to fund the treatment of the mentally ill, although critics increasingly now argue that funds are being mismanaged with resources inadequately reaching those in need.³⁸ In Los Angeles County, psychological distress and depression are prevalent within 8.6% to 9.7% of the population. Two-thirds of the population reported receiving adequate social and emotional support (64.0%), leaving the remaining third of the population vulnerable to the risks associated with untreated mental health. This crisis in care affects the teenage population mostly profoundly, where 1 in 4 needs urgent care for emotional and mental health crises at least once in the course of a year.³⁹

Adults experience an average of 2.6 unhealthy days resulting from poor mental health—much like reports within the county (2.3 days). Over 8% report feeling depressed.

Mental Health Indicators

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

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

In addition, adults reported whether their mental health state has impaired their work, family life, and/or social life within the past year. Despite these impairments being reported by a greater proportion of adults in SPA 4 than in SPA 2, more adults in SPA 2 manage their emotional and/or mental health issue with prescription medication.

³⁸ Los Angeles Times. <https://www.latimes.com/local/california/la-me-mhsa-unspent-balance-20180819-story.html>. Accessed [May 23, 2019]

³⁹ California Health Interview Survey, 2017

Adult Mental Health Impairment in the Past 12 Months

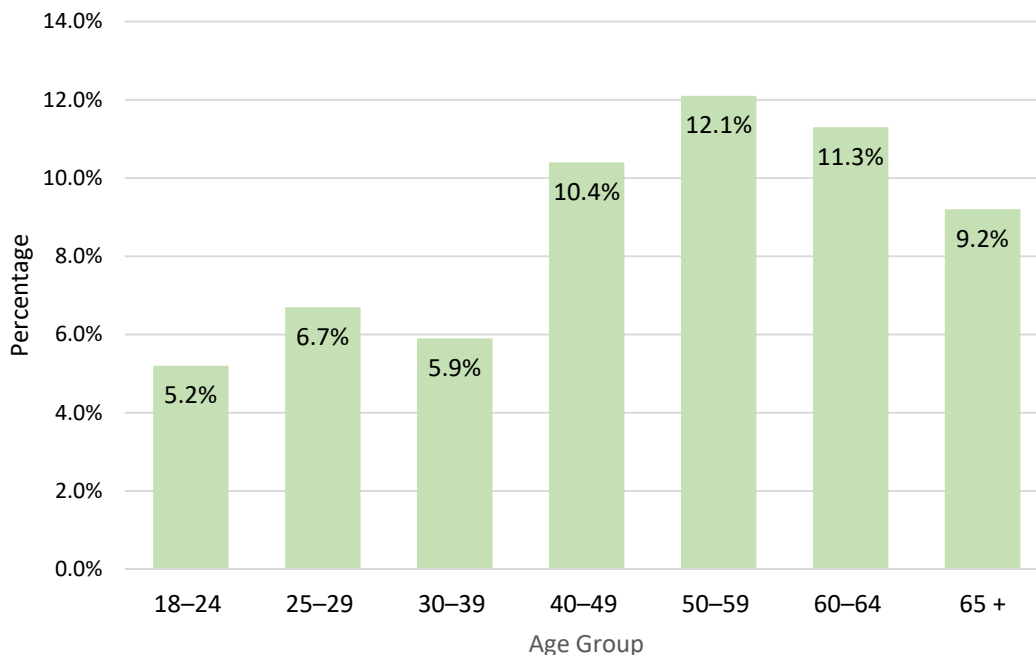
Report Area	Impaired Work	Impaired Family Life	Impaired Social Life	Has Taken Prescription Medicine for Emotional/Mental Health Issue in Past Year
SPA 2 – San Fernando Valley	13.3%*	13.0%*	14.5%*	11.0%
SPA 4 – Metro	18.9%	17.9%	19.1%	8.7%
Los Angeles County	14.6%	15.3%	16.0%	8.8%
California	14.4%	15.7%	16.5%	10.4%

Data Source: California Health Interview Survey, 2017, County, SPA * statistically unstable

Depression

Mental health, particularly depression, affects everyone. In Los Angeles County, however, those most affected are between the ages of 50 and 64. Around 12.1% of those ages 50 to 59 have been diagnosed with depression, as have 11.3% of those ages 60 to 64. Another 10.4% of those ages 40 to 49 and smaller percentages of those age 65 and older (9.2%), 25 to 29 (6.7%), 30 to 39 (5.9%), and 18 to 24 (5.2%) have been diagnosed with depression.

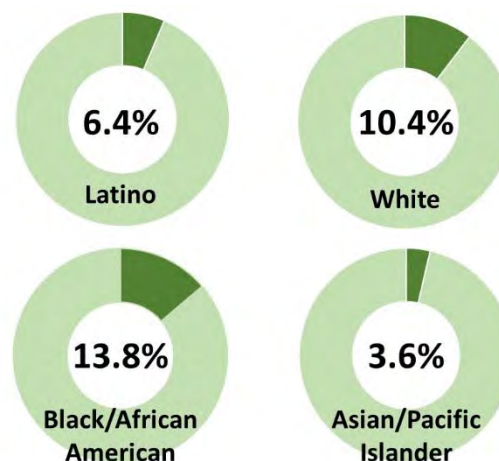
Depression Prevalence by Age



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

Depression Prevalence by Ethnicity⁴⁰

The populations most commonly diagnosed with depression in Los Angeles County were ethnically white (10.4%) and African American (13.8%); of the populations less commonly diagnosed with depression are ethnically American Indian/Alaskan Natives (6.8%), Latinos (6.4%), and Asian/Pacific Islanders (3.6%). African American adults (15.2%) also show the greatest risk of major depression compared with the county rate of 11.8%. Females (10.1%) are more likely than males (7.1%) to be diagnosed with depression, to be treated for it, or to have symptoms of depression.



Suicide

Suicide is considered a major preventable public health problem. Suicide remains the tenth leading cause of death among Americans of all ages and is a greater problem among males than females by 3.54 times. Whites and American Indians and Alaska Natives are more likely to commit suicide than other ethnic groups, at 15.85% and 13.42%, respectively.⁴¹ Suicide is the eleventh leading cause of death in California and is somewhat lower than the national average. Worth noting is that suicide is the second leading cause of death among individuals ages 15–34 in the state.

Considering Suicide

	CA	LAC	SPA 2	SPA 4
Adults who seriously thought about committing suicide	11.6%	9.6%	7.9%	8.7%*

Data Source: California Health Interview Survey, 2017, SPA

The rate of adults who report considering committing suicide is lower in the Service Planning Area that includes GMHHC's service areas than the rates of both Los Angeles County (9.6%) and the State of California (11.6%).

The suicide rate per 100,000 persons in the GMHHC service area (8.0) is slightly higher when compared to Los Angeles County (7.5) and below the Healthy People 2020 goal (≤ 10.2).

Suicide Rate per 100,000 Persons

Report Area	Rate
SPA 2—San Fernando Valley	8.3
SPA 4—Metro	7.8
GMHHC service area	8.0
Los Angeles County	7.5

Data Source: California Department of Public Health (CDPH), 2013, SPA

⁴⁰ Source: Los Angeles County Health Survey, 2015

⁴¹ American Foundation for Suicide Prevention. <https://afsp.org/about-suicide/suicide-statistics/>. Accessed [May 29, 2019]

Substance Abuse

Substance use disorder is measured on a continuum from mild to severe. Each specific substance (for example, alcohol, tobacco, drugs) is addressed as a separate use disorder (for example, alcohol use disorder, stimulant use disorder), though diagnosed based on the same overarching criteria.⁴² These disorders can affect physical health, mental health, quality of life, family and social life, and public health and safety. Key determinants—or drivers—of alcohol and substance abuse and tobacco use include biological, social, economic, and environmental factors. Substance use disorder is also strongly influenced by interpersonal, household, and community dynamics, including access to alcohol and drugs. Among adolescents, family, social networks, and peer pressure are key influencers of substance use.⁴³

Additional downstream health risks of disordered substance use include teenage pregnancy, HIV/AIDS, sexually transmitted diseases (STDs), domestic violence, child abuse, motor vehicle accidents (unintentional injuries), physical fights, crime, homicide, and suicide.⁴⁴ In two-thirds of cases, substance use disorder can be linked to adverse childhood experiences.⁴⁵

Alcohol Use

Heavy alcohol consumption is an important determinant of future health needs, including cirrhosis, cancers, and untreated mental and behavioral health needs. Within the GMHHC service area, half (55.0%) of adults (18+ years old) reported drinking alcohol at least once in the past month, while 16.2% of adults reported engaging in binge drinking in the past month.⁴⁶ These rates are in line with county rates.

Adult Alcohol Use in the Past Month

Report Area	Drank Alcohol at Least Once	Engaged in Binge Drinking
SPA 2—San Fernando Valley	55.0%	14.3%
SPA 4—Metro	47.2%	17.6%
GMHHC Service Area	50.5%	16.2%
Los Angeles County	51.9%	15.8%

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

⁴² Substance-Related and Addictive Disorders—American Psychiatric Institute; DSM5 Collection 2013: https://www.psychiatry.org/.../DSM/APA_DSM-5-Substance-Use-Disorder.pdf

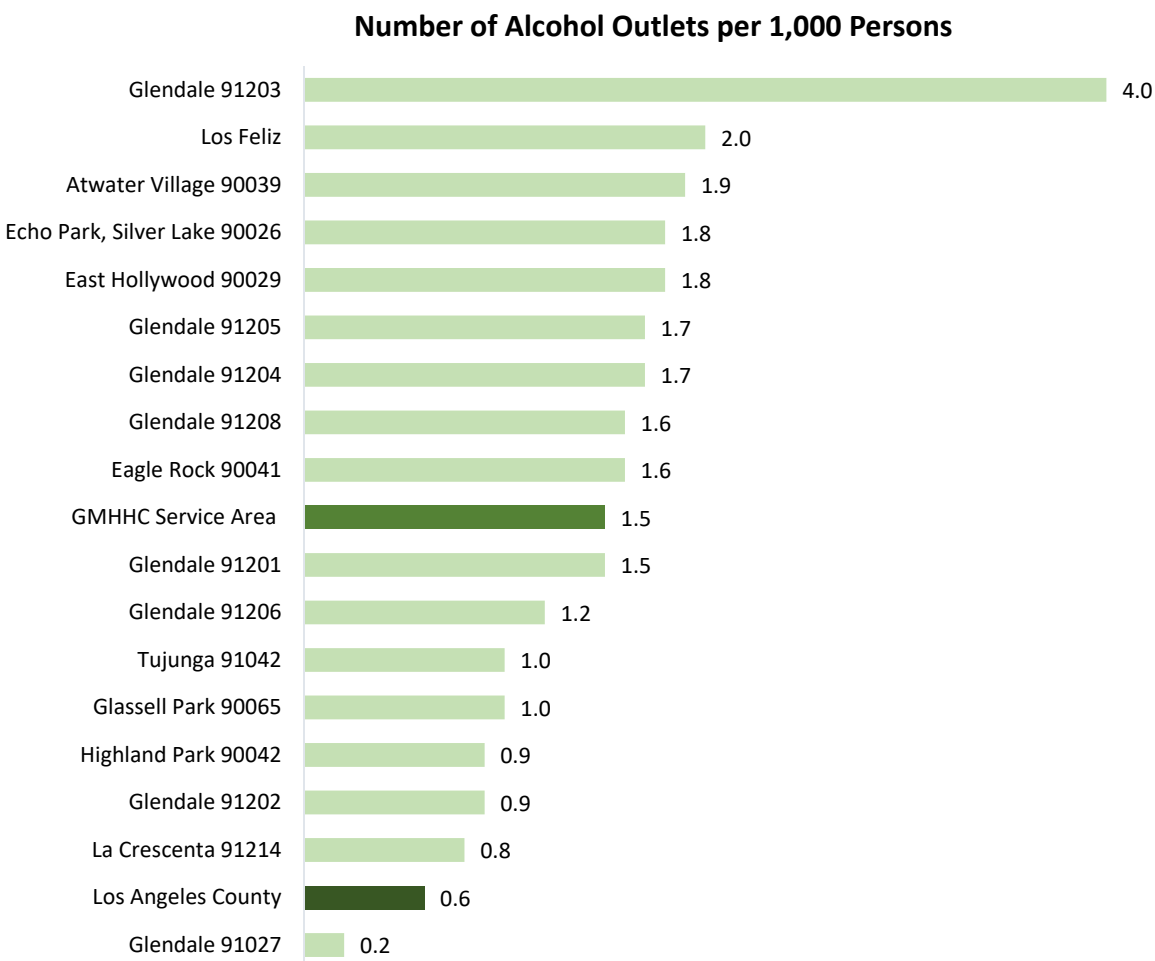
⁴³ U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at <http://www.healthypeople.gov/2020/lhi/substanceabuse.aspx?tab=determinants>. Accessed [May 23, 2019]

⁴⁴ U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at <https://www.healthypeople.gov/2020/topics-objectives/topic/substance-abuse>. Accessed [June 4, 2019]

⁴⁵ NCMJ, May 1, 2018: <http://www.ncmedicaljournal.com/content/79/3/166.full>

⁴⁶ Binge drinking is defined as consuming on one occasion four or more drinks for females and five or more drinks for males

The density of alcohol outlets is associated with heavy drinking, drinking and driving, higher rates of motor vehicle-related pedestrian injuries, child abuse and neglect, and other violence.⁴⁷ In 2016, the average number of alcohol outlets per 1,000 persons in the GMHHC service area was 1.5. The rate was almost three times higher for 91203—Glendale (4.0), relative to the service area, and for the service area relative to Los Angeles County (0.6).



Data Source: California Department of Alcoholic Beverage Control (ABC), 2016

Prescription and Illicit Substance Use

Overall, more adults and teens reported prescription and illicit substance abuse in SPA 4—Metro relative to SPA 2 and the county. The percentage of adults who reported misusing prescription drugs in the GMHHC service area (5.7%) is slightly higher than in Los Angeles County (5.5%), as is the percentage of adults who reported using marijuana in the past year (13.4%). In addition, the county reported higher teen use of marijuana or hashish than the state.

⁴⁷ Stewart, K. (n.d.). How Alcohol Outlets Affect Neighborhood Violence. Calverton, MD. Available at <http://urbanaininois.us/sites/default/files/attachments/how-alcohol-outlets-affect-nbhd-violence.pdf>. Accessed [August 1, 2016]

Prescription and Illicit Substance Abuse

Report Area	Adults Who Reported Misusing Any Form of Prescription Drugs in the Past Year ¹	Adults Who Reported Using Any Form of Marijuana in the Past Year ¹	Teens Who Have Ever Tried Marijuana, or Hashish ²
SPA 2—San Fernando Valley	3.9%	11.1%	—
SPA 4—Metro	7.0%	15.1%	—
GMHHC Service Area	5.7%	13.4%	—
Los Angeles County	5.5%	11.6%	14.7%
California	NA	NA	12.4%

Data Source: ¹ Los Angeles County Health Survey, 2015 and ² California Health Interview Survey, 2017, SPA

Treatment and/or Hospitalizations

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

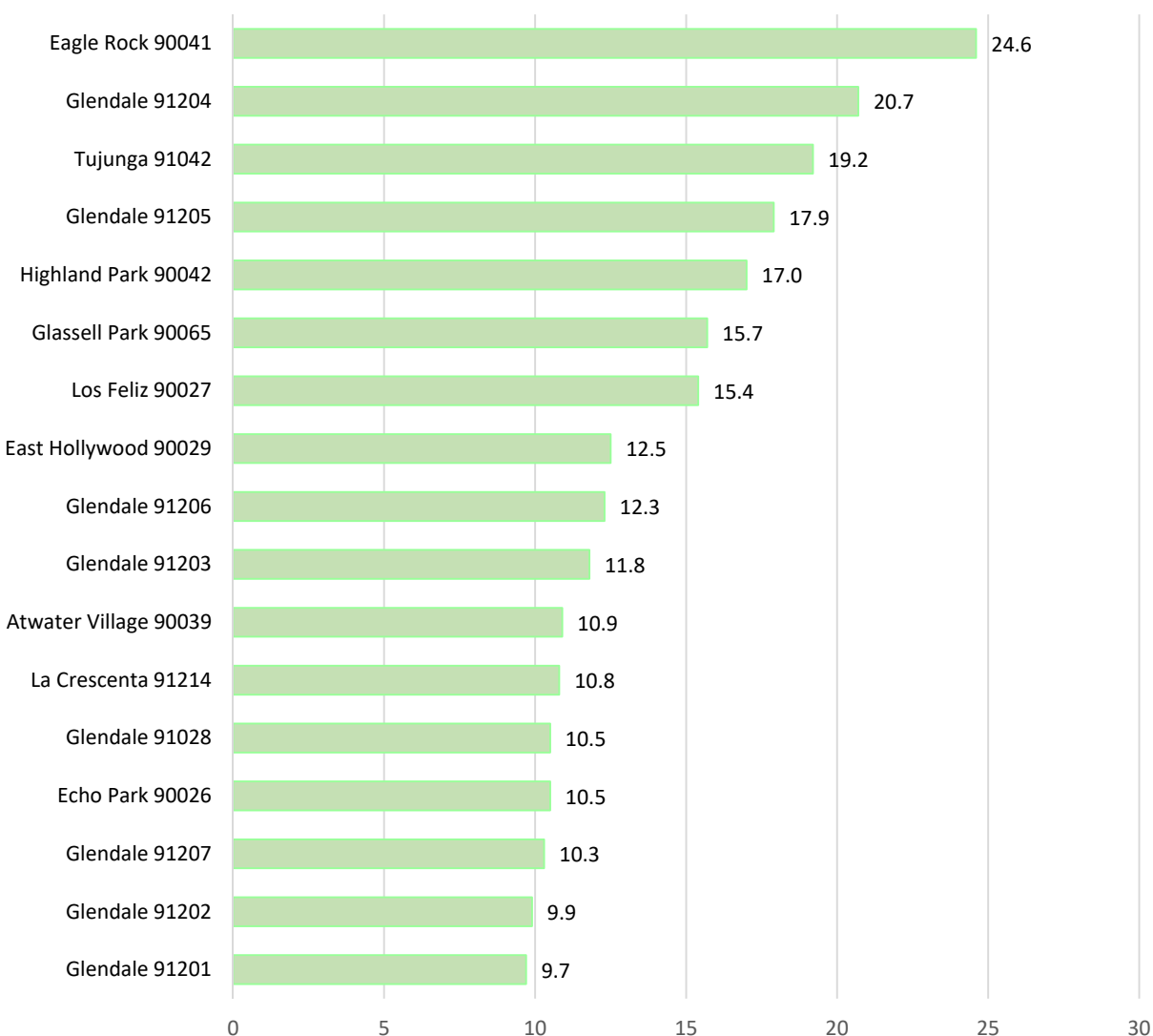
Needed Help for Mental, Emotional, or Alcohol/Drug Issues

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

Data Source: California Health Interview Survey, 2017, SPA

Heavy drinking can increase the risk of harmful health conditions and hospitalization in the worst cases. The hospitalization rate due to acute or chronic alcohol abuse disorder per 10,000 adults varies significantly within GMHHC’s service area, ranging from 9.7 in Glendale—91201 to 24.6 in Eagle Rock—90041. The mean rates in Eagle Rock (24.6), Glendale—91204 (20.7), and Tujunga—91042 (19.2) are the highest in the range.

Age-Adjusted Hospitalization Rate due to Acute or Chronic Alcohol Abuse per 10,000 Adults⁴⁸



Data Source: California Office of Statewide Health Planning and Development, 2013–2015

Tobacco Use

Tobacco use is known to cause cancer, heart disease, lung disease (such as emphysema, bronchitis, and chronic airway obstruction), premature birth, low birth weight, stillbirth, and infant death.⁴⁹

Additionally, secondhand smoke is a known cause of heart disease and lung cancer in adults and severe asthma attacks, respiratory infections, ear infections, and sudden infant death syndrome (SIDS) in

⁴⁸ Average annual age-adjusted hospitalization rate due to acute or chronic alcohol abuse per 10,000 population ages 18 years and older. "Alcohol abuse" includes alcohol dependence syndrome, nondependent alcohol abuse, alcoholic psychoses, toxic effects of alcohol, and excessive blood level of alcohol. Diseases of the nervous system, digestive system, and circulatory system caused by alcohol are also included. Measurement period 2013–2015 (confidence interval)

⁴⁹ U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=41>. Accessed [June 4, 2019]

infants and children.⁵⁰ Smokeless tobacco use such as chewing tobacco can also cause a variety of oral health problems, like cancer of the mouth and gums, tooth loss, and periodontitis. In addition, cigar smoking may cause cancer of the larynx, mouth, esophagus, and lung.⁵¹

Tobacco use is the most preventable cause of death and disease in the United States. Each year, approximately 443,000 Americans die from tobacco-related illnesses. For every person who dies from tobacco use, 20 more suffer with at least one serious tobacco-related illness. In addition, tobacco use costs the United States \$193 billion annually in direct medical expenses and lost productivity.⁵² The percent of self-reported smoking varies between SPA 2 (7.6%) and SPA 4 (11.5%), with Los Angeles County reporting 9% of the adult population as current smokers. Among current smokers, nearly a third have smoked at least 100 cigarettes in their lifetime. More than one in six adults has tried e-cigarettes. Within the county, for every five smokers, two were advised by a health professional to quit.

Smoking Prevalence

Report Area	Smoking Status: Smoker	Smoked 100+ cigarettes in Lifetime	Tried E-cigarette	Got Advice from Health Professional to Quit Smoking
SPA 2–San Fernando Valley	7.6%*	31.6%	18.4%	45.4%*
SPA 4–Metro	11.5%	36.9%	18.3%	29.0%*
GMHHC Service Area	9.9%	34.7%	18.3%	35.9%
Los Angeles County	9.0%	31.7%	17.1%	39.9%

Data Source: California Health Interview Survey, 2017, SPA

In 2017, as shown in the table that follows, over one in six adults in Los Angeles County under 25 years of age were smokers, calling into question the efficacy of widespread public health warnings about disease risks associated with tobacco use. Also, close to 9% of adults 50 and over still smoke in Los Angeles County.

Tobacco Use by Age

Age Group	Percentage
18–24 years old	5.2%
25–34 years old	12.4%*
35–44 years old	8.0%*
45–54 years old	9.4%*
50 and over	8.8%

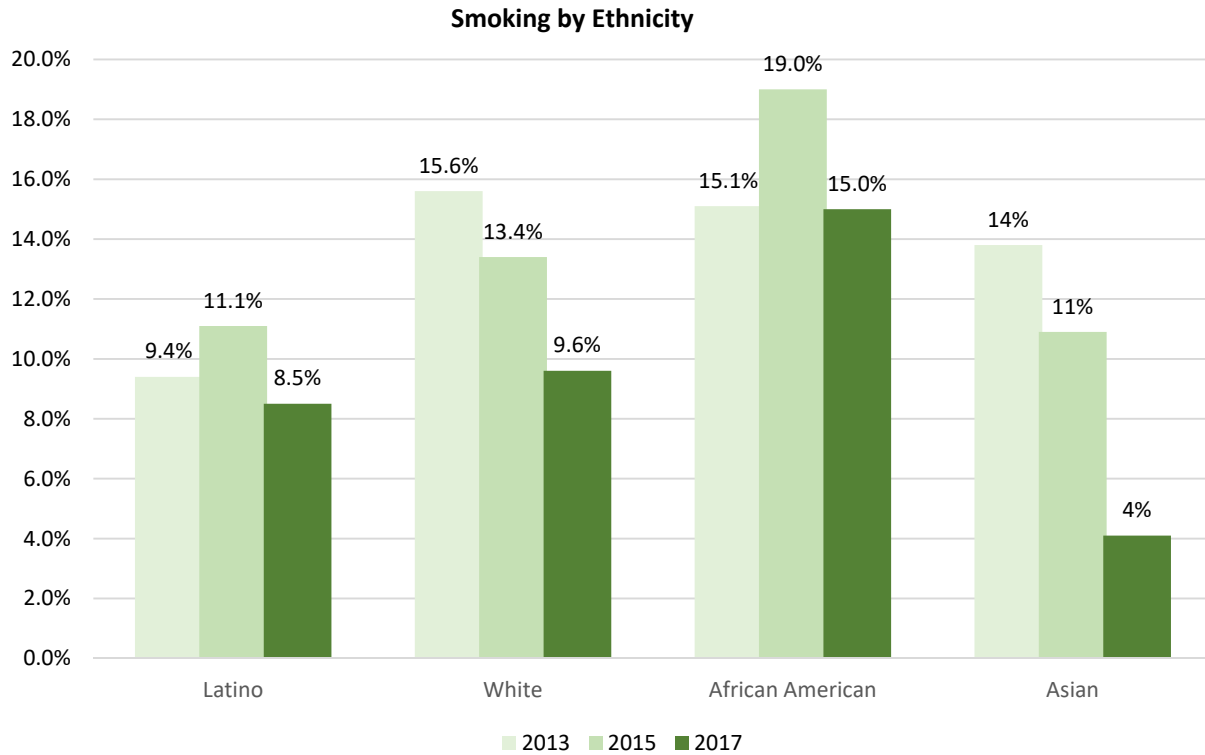
*Data Source: California Health Interview Survey, 2017, County * statistically unstable*

⁵⁰ U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=41>. Accessed [June 4, 2019]

⁵¹ U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=41>. Accessed [June 4, 2019]

⁵² U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=41>. Accessed [June 4, 2019]

In addition, within Los Angeles County more ethnically African American populations used tobacco relative to other ethnicities year after year. Among whites and Asian populations, the prevalence of smoking is declining steadily. In the Latino population, smoking has declined from 11.1% in 2015 to 8.5% in 2017.



Community Input:

Mental health issues were also rated as a top, if not the top, issue affecting all populations. High levels of stress across the board, as well as stress related to economic burdens, rising housing costs, and health issues were cited. Stigmatization around mental health issues was frequently mentioned as a barrier to obtaining care and was often attributed to societal and cultural stigmas. Lack of mental health resources was also mentioned as a challenge. In addition, the need to infuse mental health resources with a trauma-informed approach was raised. Links to poverty were articulated in terms of individuals not being able to afford needed prescriptions. Furthermore, the toll that economic stress experienced by those who are unemployed, under-employed, or living in unstable or unsafe housing affects mental health and well-being. Substance abuse in the form of drugs and alcohol were noted as interlinked with mental health disorders. Concern was expressed regarding the increase usage of tobacco, particularly in the form of vaping.

SIGNIFICANT HEALTH NEED 3: ACCESS TO MEDICAL CARE

Access to Medical Care

Access to health care services is important for everyone’s quality of life, which requires the ability to navigate the health care system, to access a health care location where needed services are provided, and to have a health care provider the patient can communicate with and trust.⁵³ Access to health care affects overall physical, social, and mental health status, the prevention of disease and disability, the detection and treatment of health conditions, quality of life, preventable death, and life expectancy for individuals.⁵⁴ In California, Los Angeles County is ranked 45 among 57 counties in the most recent statewide county rankings for health access.⁵⁵



Health Insurance Coverage

The GMHHC service area falls within SPA 2 and SPA 4, where the population of insured is slightly below the county and state rates. Regardless of the geographic region, health coverage among adults is significantly lower than coverage among children under age 18. In Los Angeles County, however, the coverage gap between the two populations is consistently at least 10%, while in California at large, the gap is smaller, at 8%.

Geographic Area	Total Population	Adults Ages 18–64	Children 17 and under*
SPA 2—San Fernando Valley	91.6%	87.7%	97.1%
SPA 4—Metro	90.8%*	85.2%*	100%
Los Angeles County	92.2%	88.5%	98.1%*
California	92.7%	89.1%	97.8%

*Data Source: California Health Interview Survey, 2017, SPA *statistically unstable*

Among those with insurance coverage, the type of insurance varies. The two most popular forms of insurance in both the state and the county are employer-based insurance and Medi-Cal.⁵⁶ A larger

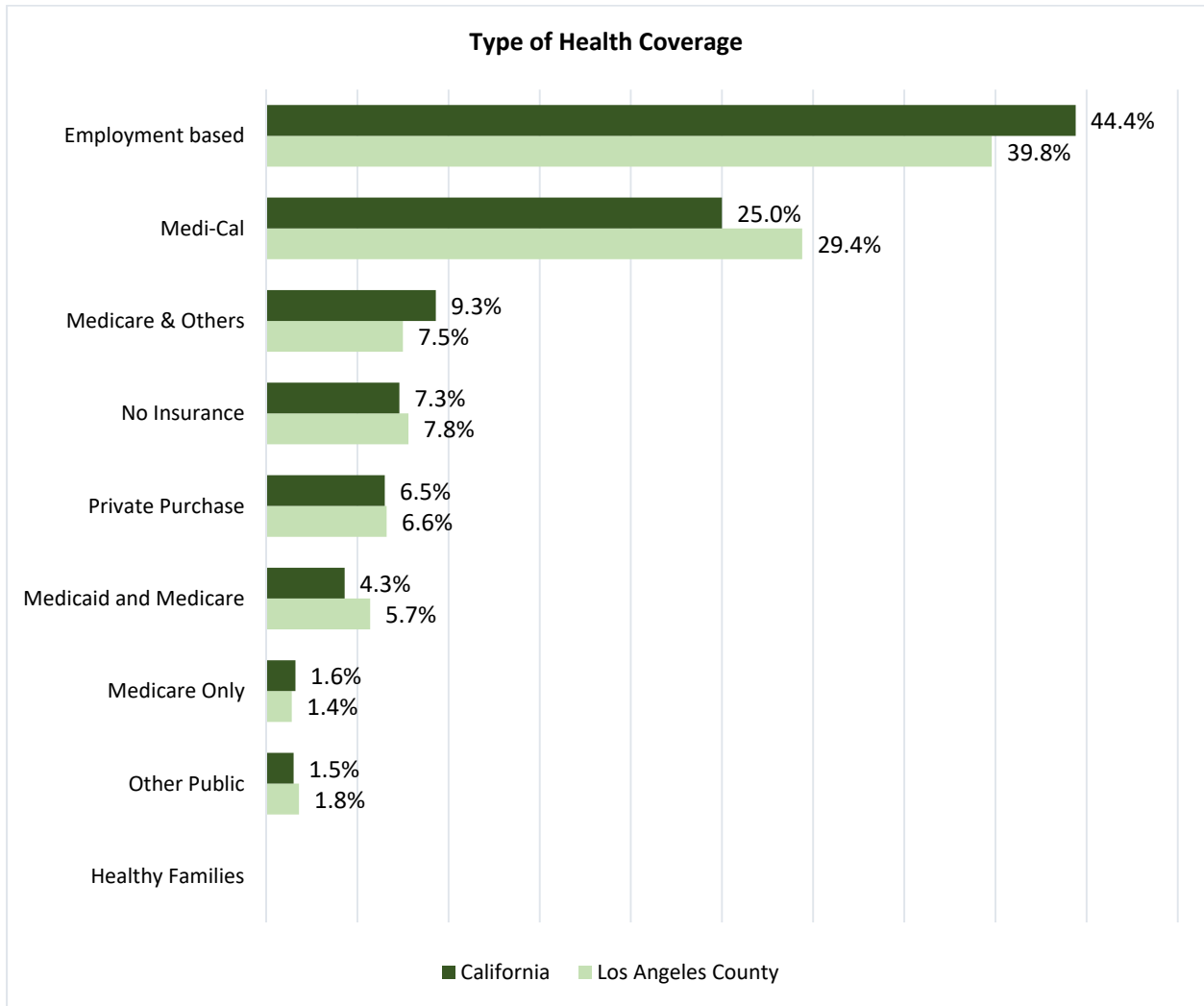
⁵³ U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=1>. Accessed [May 25, 2019]

⁵⁴ U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=1>. Accessed [May 25, 2019]

⁵⁵ County Health Rankings, 2018. Note: Alpine County is not included in the rankings

⁵⁶ Medi-Cal is California’s Medicaid program, a public health insurance program that provides health care services at no or low cost to low-income individuals. The federal government dictates a mandatory set of basic services, which include but are not limited to physician, family nurse practitioner, nursing facility, hospital inpatient and outpatient, laboratory and radiology, family planning, and early and periodic screening, diagnosis, and treatment for children. In addition to these mandatory services, California provides optional benefits such as outpatient drugs, home- and community-based waiver services, and medical equipment. Please see State of California Department of Health Care Services (2012). Medi-Cal’s Coordinated Care

portion of residents in California as whole (44.4%), however, carry employer-based insurance than residents in Los Angeles County (39.8%), where Medi-Cal is more prevalent among the insured (29.4%) than in California as a whole (25%). Further analysis is required to determine whether the prevalence of Medi-Cal enrollments in Los Angeles County is a result of better access to the program or greater need within the geographic area.



Data Source: California Health Interview Survey, 2017, County

Different forms of Medicare programs also provide health coverage for many residents.⁵⁷ Medicaid and

Initiative Population Combined Medicare & Medi-Cal Cost, Utilization, and Disease Burden, Sacramento, CA. Available at <http://www.dhcs.ca.gov/dataandstats/statistics/Documents/Dual%20Data%20Sets%20Medicare.pdf>. Accessed [May 25, 2019]

⁵⁷ Medicare, a federal program administered by the Centers for Medicare & Medicaid Services (CMS), provides health insurance for people age 65 or older, those under age 65 with certain disabilities or ALS (amyotrophic lateral sclerosis, or Lou Gehrig’s disease), and people of any age with End-Stage Renal Disease (kidney failure requiring dialysis or a kidney transplant). Medicare provides insurance through various parts, including insurance for inpatient hospital, skilled nursing facility, and home health services; coverage for physician services, outpatient hospital services, durable medical equipment, and certain home health services; health plan options are provided by Medicare-approved private insurance companies (for example, HMOs, PPOs); and insurance coverage for prescription drugs. Please see State of California Department of Health Care Services (2012). Medi-Cal’s Coordinated Care Initiative Population Combined Medicare & Medi-Cal Cost, Utilization, and Disease Burden, Sacramento, CA

Medicare represent a larger share of the coverage in Los Angeles County (5.7%) than the State of California (4.3%), while Medicare in combination with other programs is used proportionately more by California residents in general than by Los Angeles County residents. The Healthy Families program has been phasing out since January 1, 2013, with no new enrollments accepted and existing enrollees being transferred into the Medi-Cal program.⁵⁸

Finally, some residents struggle with insurance altogether. More than 7% of the population in both the state and Los Angeles County do not have insurance. **More specifically, over 10% of adults in SPA 2 and SPA 4 (which includes GMHHC’s service area) carry no insurance.**

Age Group	Los Angeles County	California
Under 19	9.8%	11.3%
19–64	88.5%	87.0%
65 and above	1.7%	1.6%

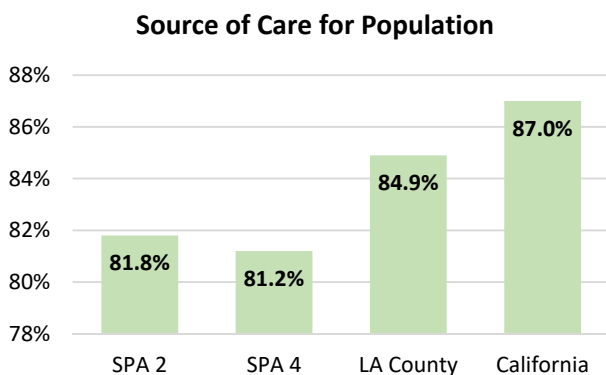
Data source: American Community Survey, 2013-2017, County

Among all uninsured individuals in Los Angeles County, 9.8% are under the age of 19, 88.5% of the uninsured population are between the ages of 18 and 64, and 1.7% are age 65 or older. In Los Angeles County, more children are covered than adults, as shown in the

previous tables, but the rate of insurance lags the state by 1.5%. Among all uninsured in Los Angeles County, 13.1% are white, 5.9% are African American, 10.9% are Asian, and a radically disproportionate 68.6% are Latino.

Source of Care

Most people rely on a visit to a doctor’s office for their specific medical care needs. Based on data from the California Health Interview Survey (2017), over half (59.2%) of California residents use a doctor’s office/HMO or Kaiser Permanente as their source of medical care; the rate among Los Angeles residents is 5% lower. More so than California residents (25.7%), approximately 28% of Los Angeles County



Data Source: California Health Interview Survey, 2017, SPA

residents visit a community clinic, government clinic, or community hospital. Another 2.4% rely on

Available at <http://www.dhcs.ca.gov/dataandstats/statistics/Documents/Dual%20Data%20Sets%20Medicare.pdf>. Accessed [May 25, 2019]

⁵⁸ The Healthy Families Program offers low-cost insurance that provides health, dental, and vision coverage to children who do not have insurance or who do not qualify for no-cost Medi-Cal. Please see California Department of Health Care Services (2014). The Healthy Families Program Transition to Medi-Cal Final Comprehensive Report. Sacramento, CA. Available at <http://www.dhcs.ca.gov/provgovpart/Documents/Waiver%20Renewal/AppendixCHFP.PDF>. Accessed [May 25, 2019]

emergency room or urgent care. Still, a significant proportion of Los Angeles County residents have no source of care at all (15.1%).

Los Angeles County trails the rest of California in residents who have a regular source of care. In service planning areas of Los Angeles County that include GMHHC’s service area, the rate of residents with a regular source of primary care is lower than in both Los Angeles County (84.9%) and the state (87%).⁵⁹ The GMHHC service area rate (78.9%) trended even lower in 2015.

Larger differences emerge within the population itself as well. Los Angeles County residents appear to lag their counterparts in California in source of care. Regardless of age group, the percentage of residents who have a consistent source of care is higher in California than in all of Los Angeles County. For residents below 65 years of age, SPA 2 and SPA 4, which also serve GMHHC’s target populations, are on the lower end of the range among all SPAs within the county. For residents age 65 and over, SPA 2 and SPA 4 are split between the low and high ends of the range, at 84.8% and 96.4%, respectively.

Consistent Source of Care by Age

Report Area	Ages 0–17*	Ages 18–64	Ages 65+*
SPA 2—San Fernando Valley	81.5%	78.9%	96.4%
SPA 4—Metro	89.1%	77.4%	84.8%
SPA Range	SPA 7: 78.5% SPA 6: 97.1%	SPA 7: 76.6% SPA 1: 87.5%	SPA 4: 84.8% SPA 5: 96.8%
Los Angeles County	88.9%	81.6%	93.9%
California	90.5%	83.7%	95.5%

*Data Source: California Health Interview Survey, 2017, SPA * statistically unstable*

These trends are not dissimilar to the findings in the Los Angeles County Health survey from 2015. As shown in the chart, the percentage of adults who lack a consistent source of primary care is lower in Los Angeles County (19.7%) than in the GMHHC service area (21.1%).

Lack of a Consistent Source of Primary Care among Adult Population

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

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

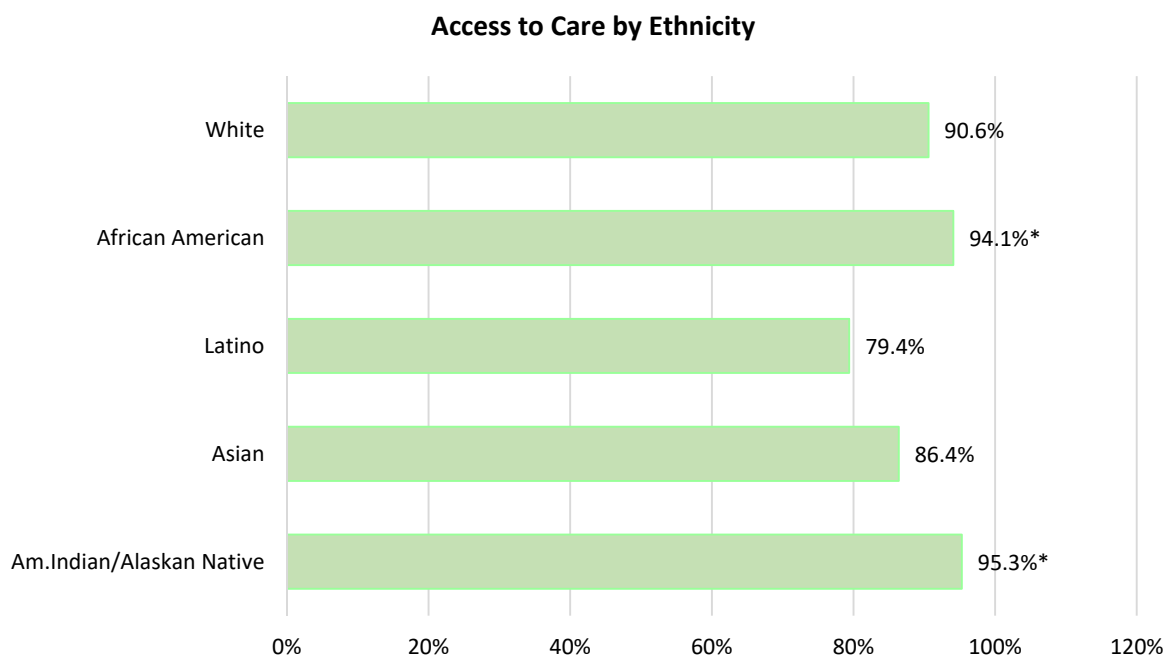
Subpopulation Disparities in Access

Without access to primary care providers and other preventive care services, individuals and families rely more heavily on hospitalizations and emergency care, both of which are more costly. By looking at not only the rates of access to regular sources of care but also the disparities in these rates, hospitals

⁵⁹ Source: California Health Interview Survey, 2017

and health care organizations may identify subpopulations in greater need and develop culturally sensitive strategies in their outreach programs.

Populations that are ethnically American Indian/Alaskan Native, African American, and white appeared to have the highest rates of access to usual care, at 95.3%, 94.1%, and 90.6%, respectively. These county residents have a usual place to go when sick or in need of health advice, including a doctor’s office, community clinic, an emergency room/urgent care, or some other place. Latinos (79.4%) and Asians (86.4%) have significantly less access to care.



Data Source: California Health Interview Survey, 2017, County * statistically unstable

In terms of age distribution, individuals between the ages of 25 and 29 reflect the smallest proportion of the population with a regular source of care (74.8%). Residents of Los Angeles County between the ages of 18 and 24 (78.8%) and the ages of 30 and 39 (76.9%) exhibit low rates of a regular source than older age groups.

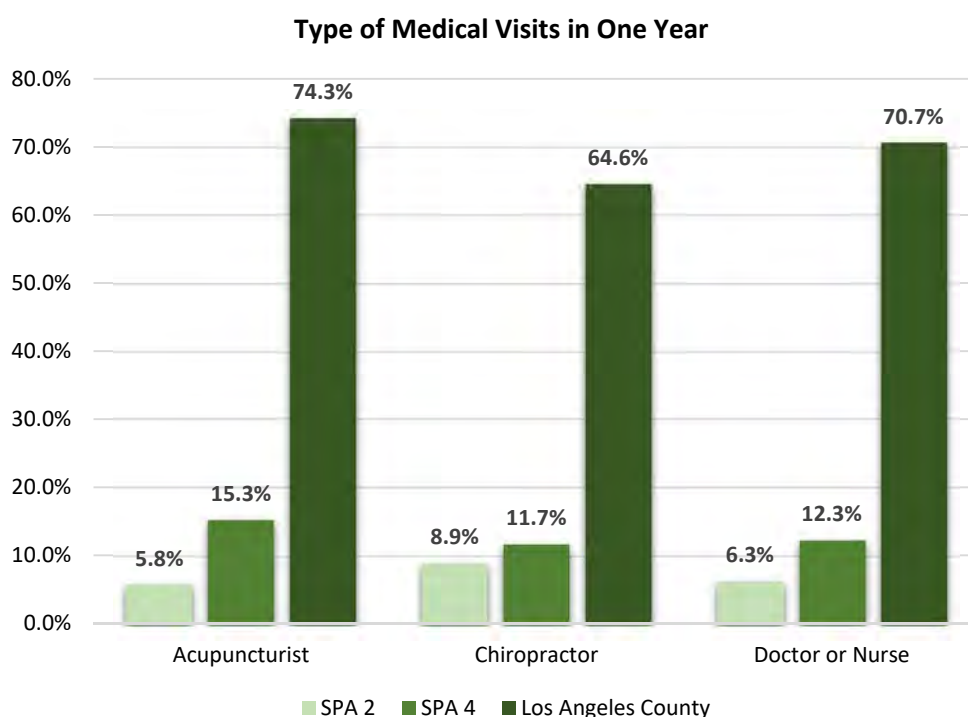
Have a Regular Source of Care

Age Group	Percent
18–24 years old	78.8%
25–29 years old	74.8%
30–39 years old	76.9%
40–49 years old	81.4%
50–59 years old	87.5%
60–64 years old	93.3%
65+ years old	93.9%

Data Source: California Health Interview Survey, 2017, County

Type of Care

Residents in Los Angeles County are open to different forms of care, from a visit to a doctor, nurse, or other primary care professional to an acupuncturist and a chiropractor. Over 70% of residents, and above that average in SPA 2 (74.3%), visited a doctor, nurse, or primary care professional for any reason in the past one year. Approximately 12.3% and 6.3% of residents visited a chiropractor or an acupuncturist, respectively. While greater proportion of residents in SPA 4 visited an acupuncturist (8.9%) than Los Angeles County residents (12.3%), a larger proportion of residents in SPA 2 visited a chiropractor (15.3%) than county residents (12.3%). SPA 5 has had the highest rate among all SPAs in all three categories: acupuncturist (10.3%), chiropractor (17.6%), and doctor or nurse (81.6%). Among the GMHHC's service areas, Glendale has some of the highest rates in the county for medical visits across all categories: 10.3% for an acupuncturist, 14.8% for a chiropractor, and 82.7% for a doctor or nurse.



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

Barriers to Care

Many factors can impede residents from accessing medical care, from supply of medical care professionals to cost of care, language barriers, and even transportation.

First, having enough medical professionals to serve the population is critical, particularly in vulnerable communities or for certain medical care specialties where the supply may be limited. In Los Angeles County, the ratio of a primary care physician to residents served is 1 to 1,390. California as whole offers more access to primary care doctors, with a ratio of 1 to 1,280.

The county has slightly more access to mental health professionals and slightly less access to dentists than statewide, as shown in the table below.

Supply of Health Professionals

Report Area	<u>Primary Care:</u>	<u>Dentist:</u>	<u>Mental Health:</u>
	Population to primary care physician ratio	Population to dental provider ratio	Population to mental health provider ratio
Los Angeles County	1,380:1	1,180:1	320:1
California	1,270:1	1,200:1	310:1

Data Source: County Health Rankings, 2019, County

Within SPA 2 and SPA 4, access to primary care and specialty care has more barriers than in Los Angeles County as a whole, as shown in the table below. More than a quarter of adults (25.6%) in the GMHHC service area have difficulty accessing medical care, which is slightly higher than Los Angeles County (23.6%). Specifically, a larger percentage of adults in SPA 4—Metro (28.6%) have difficulty accessing medical care overall. Furthermore, at least 1 in 10 children between the ages of 0 and 17 in the GMHHC service area (12.3%) have difficulty accessing medical care when compared to Los Angeles County (11.0%). Children in SPA 2 have a significantly greater challenge in access than their counterparts in neighboring SPA 4.

Challenges to Accessing Medical Care

Report Area	<u>Difficulty Finding Primary Care, Adults (1)</u>	<u>Difficulty Finding Specialty Care, Adults (1)</u>	<u>Adults (Age 18+)</u>	<u>Children (Age 0–17)</u>
	SPA 2—San Fernando Valley	6.7%	14.2%	21.6%
SPA 4—Metro	5.4%	13.3%	28.6%	14.5%
GMHHC Service Area	NA	NA	25.6%	12.3%
Los Angeles County	5.0%	11.5%	N/A	N/A

Data Source: California Health Interview Survey (2017) and Los Angeles County Health Survey (2015), SPA

Delays in care may occur because of a lack of insurance or affordability of care, because the hours of available services are not convenient, or for other reasons. Residents in SPA 2 and SPA 4 said they have received delayed care or have not received care at higher rates than the residents in Los Angeles County (9.5%). Their rate of delay due to a lack of insurance (47.1% and 55.3%, respectively) is also higher than the rate of all residents in Los Angeles County (46%). Rates in delaying or not getting prescription medications are split in the represented Service Planning Area, with SPA 2 residents reporting 7.4%, SPA 4 residents reporting 9.0%, and Los Angeles County residents reporting 8.2%.

Report Area	<u>Delayed care due to cost or lack of insurance</u>	<u>Delayed or Didn't Get Medical Care in the Past 12 Months</u>	<u>Delayed or Didn't Get Prescription Meds in the Past 12 Months</u>
SPA 2—San Fernando Valley	47.1%	10.2%	7.4%
SPA 4—Metro	55.3%	10.5%	9.0%
Los Angeles County	46.0%	9.5%	8.2%
California	45.6%	10.3%	8.5%

Data Source: California Health Interview Survey, 2017, SPA

Other factors such as language isolation or lack of transportation may also affect residents' ability to access care. In comparison to Los Angeles County, residents of SPA 4 have a greater difficulty understanding their doctor (3.8%) and having transportation to access care (9.7%). By contrast, SPA 2 (where language barriers are lower) have moderately fewer challenges in understanding their doctor (3.6%) and obtaining transportation to access care (7.4%).⁶⁰

Emergency Department Access

Over one in five residents in Los Angeles County visited the emergency department within the past one year. The rate of emergency room access is higher for residents in SPA 2 than in SPA 4. Across all geographic regions, residents 65 and older frequent the emergency room in greater numbers than their younger counterparts. A quarter of Los Angeles County residents with income 100% below the Federal Poverty Level also have frequented the emergency room, although the rate of visits by residents in SPA 2 is significantly elevated (44.8%).

Emergency Department Usage					
	Visited Emergency Department in last 12 months	0-17 years old	18-64 years old	65 and older	<100% FPL
SPA 2—San Fernando	25.8%	26.3%	25.2%	27.7%*	44.8%
SPA 4—Metro	16.3%	15.6%*	15.4%	21.2%*	9.4%*
Los Angeles County	21.7%	18.9%	22.1%	25.0%	25.1%
California	20.6%	18.0%	21.0%	23.6%	26.0%

Data Source: California Health Interview Survey, 2017, SPA

⁶⁰ Source: California Health Interview Survey, 2014 and 2017

SIGNIFICANT HEALTH NEED 4: CARDIOVASCULAR DISEASES

Cardiovascular Diseases

Cardiovascular disease—also called heart disease and coronary heart disease—includes several health conditions related to plaque buildup in the walls of the arteries, or atherosclerosis. As plaque builds up, the arteries narrow, restricting blood flow and creating the risk of heart attack. According to the American College of Cardiology, “Coronary events, in the United States in 2019, are expected to occur in about 1,055,000 individuals, including 720,000 new and 335,000 recurrent coronary events.”⁶¹ In addition to being one of the leading causes of death in the United States, heart disease results in serious illness and disability, decreased quality of life, and hundreds of billions of dollars in economic loss every year.⁶²

Cardiovascular disease encompasses and/or is closely linked to a number of health conditions that include arrhythmia, atrial fibrillation, cardiac arrest, cardiac rehab, cardiomyopathy, cardiovascular conditions in childhood, high cholesterol, congenital heart defects, diabetes, heart attack, heart failure, high blood pressure, HIV, heavy alcohol consumption, metabolic syndrome, obesity, pericarditis, peripheral artery disease (PAD), and stroke.⁶³

The leading risk factors for heart disease are high blood pressure, high cholesterol, smoking, diabetes, poor diet, physical inactivity, and overweight and obesity. The toxic stress of adverse childhood experiences (ACEs) is linked to cardiovascular disease and related risk behaviors.⁶⁴ Cardiovascular disease is closely linked with and can often lead to stroke.

Prevalence and Management

In Los Angeles County, the rate of adults diagnosed with heart disease has increased moderately each year, from 5.4% in 2015 to 5.6% in 2016 and 6.6% in 2017. This trend is more pronounced in SPA 4—Metro, where the diagnosis rate in 2015 was 2.6%, and the change in rate was +3.8% in 2016 and an additional +0.5% in 2017. Within the county, almost 1 in 10 white adults (9.5%) has heart disease compared to 5.6% of Latinos, 8.2% of African Americans, and 2.8% of Asians.

A large percentage of the population in SPA 2—San Fernando (94.7%) has received assistance from a care provider to manage their disease. The rate is higher than that of Los Angeles County by an 18% margin. Among diagnosed adults managing their condition, more than half in the county (53.5%) said they are confident that they can control their condition. Approximately 94.5% of the population in SPA 4—Metro are either confident or somewhat confident of their ability to manage their condition, whereas in SPA 2—San Fernando, this rate is lower (91.9%) and skewed more heavily toward those exhibiting greater confidence (67.9%). Approximately 9% in Los Angeles County said that they are not confident of their

⁶¹ Heart Disease and Stroke Statistics—2019 Update: A Report from the American Heart Association. *Circulation* 2019; Jan. 31. Benjamin EJ, Muntner P, Alonso A, et al. Available at <https://www.acc.org/latest-in-cardiology/ten-points-to-remember/2019/02/15/14/39/aha-2019-heart-disease-and-stroke-statistics>. Accessed [May 26, 2019]

⁶² Ibid

⁶³ U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=21>. Accessed [May 26, 2019]

⁶⁴ American Heart Association, Dec. 18, 2017: https://professional.heart.org/professional/ScienceNews/UCM_498092_Adverse-Childhood-Experiences-Addressing-Health-Disparities-through-Prevention.jsp

ability to manage their heart disease diagnosis. This rate is significant given that there are approximately 512,000 adults in the county with heart disease.

Heart Disease Indicators

Report Area	Heart Disease Prevalence Percentage	Heart Disease Management Plan Percentage	Confidence Level to Control Condition (1) *		
			Very Confident	Somewhat Confident	Not Confident
SPA 2—San Fernando Valley	6.2%	94.7%*	67.9%	24.0%	8.1%
SPA 4—Metro	7.8%*	63.1%	45.1%	49.4%	5.5%
Los Angeles County	6.6%	76.3%	53.5%	37.5%	9.0%

Data source: California Health Interview Survey (CHIS), 2017 and (1) 2016, SPA * statistically unstable

Hospitalizations

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

Emergency Room Visits per 10,000 Persons

City	ZIP Code	Average Annual Age-Adjusted Rate		
		COPD	Heart Failure	Hypertension
Echo Park, Silver Lake	90026	8.2	4.6	25.9
East Hollywood	90029	9.3	5.2	33.8
Los Feliz	90027	13.2	7.8	36.5
Atwater Village, Elysian Valley	90039	6.5	5.5	24.7
Eagle Rock	90041	10.1	5.4	32.3
Highland Park	90042	9.7	5.6	24.6
Glassell Park	90065	5.9	5.5	28.8
Tujunga	91042	8.2	6.9	31.2
Glendale	91201	6.3	7.2	31.3
Glendale	91202	5.3	5.6	48.2
Glendale	91203	7.6	11.2	50.7
Glendale	91204	19.8	6.3	52
Glendale	91205	14.1	5.1	36
Glendale	91206	4.5	4.6	23.8
Glendale	91207	6.9	3.0	19.5
Glendale	91208	7.3	3.5	15.2
La Crescenta	91214	4.8	4.8	30.5
GMHHC Service Area		8.9	5.8	32.9

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

Mortality

A higher heart disease mortality rate per 100,000 persons was reported in SPA 2 (574.4) than in SPA 4 (552.3). Neither Service Planning Area that serves the GMHHC community falls on the high or low end of the range.

Age-Adjusted Heart Disease Mortality Rate per 100,000 Persons

Report Area	Rate
SPA 2—San Fernando Valley	574.4
SPA 4—Metro	552.3
Lowest Rated SPA—SPA 5	483.3
Highest Rated SPA —SPA 6	726.6

Data Source: California Department of Public Health (CDPH), 2016, SPA

Cholesterol Prevalence and Management

Some health conditions, as well as lifestyle and genetic factors, can put people at a higher risk for developing high cholesterol. Age is a contributing factor; as people get older, cholesterol levels tend to rise. Diabetes can also lead to the development of high cholesterol. Some behaviors can also lead to high cholesterol, including a diet high in saturated fats, trans-fatty acids (trans fats), dietary cholesterol, or triglycerides. Being overweight and physically inactive can also contribute to high cholesterol.

A quarter (25.4%) of the population in the GMHHC service area have been diagnosed with high cholesterol. Among individuals with high cholesterol, two-thirds (66.3%) in the GMHHC service area have received disease management services for their condition. The population in the GMHHC service area has similar rates in cholesterol prevalence and management as the population in Los Angeles County.

Cholesterol Indicators

Report Area	Cholesterol Prevalence	Cholesterol Management
	Percentage	Percentage (1)
SPA 2—San Fernando Valley	24.9%	68.0%
SPA 4—Metro	25.7%	65.1%
GMHHC Service Area	25.4%	66.3%
Los Angeles County	25.2%	68.7%

Data Source: Los Angeles County Health Survey, 2015 and (1) California Health Interview Survey, 2014, SPA

Hypertension Prevalence and Management

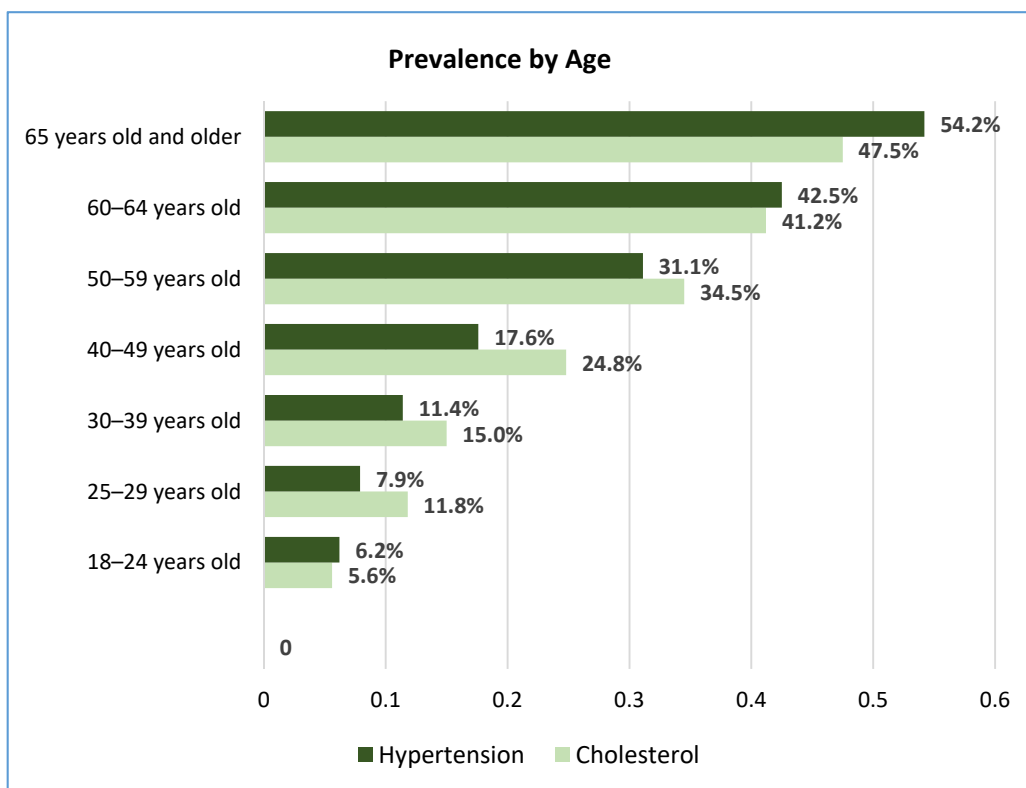
One of the leading risk factors for cardiovascular disease is high blood pressure. Smoking, obesity, the regular consumption of salt and fat, excessive drinking, and physical inactivity are risk factors for hypertension. People who have previously had a stroke, have high cholesterol, or have heart or kidney disease are also at higher risk of developing hypertension.

The populations in SPA 2 and SPA 4 are slightly less prone to hypertension (29.9% and 24.4%) than populations in Los Angeles County (30.0%). In these Service Planning Areas, more than 7 out of 10 persons with high blood pressure take medication to control their high blood pressure, (65.4%), while in the county a larger proportion of the population manage the condition (72.6%).

Indicators of High Blood Pressure

Report Area	Prevalence	Management
SPA 2–San Fernando Valley	29.0%	71.6%%
SPA 4–Metro	24.4%*	71.3%*
SPA Range	SPA 5: 22.5% SPA 7: 34.4%	SPA 5: 63.9%* SPA 6: 78.2%*
Los Angeles County	30.0%	72.6%

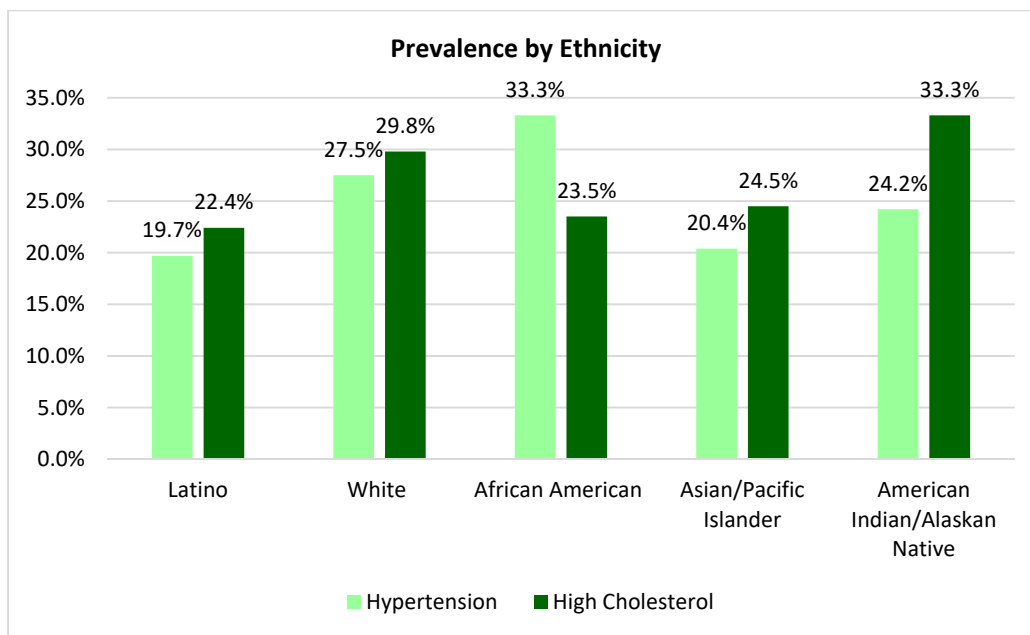
Data Source: California Health Interview Survey, 2017, Los Angeles County Health Survey (1) 2015 (2) 2014, SPA



Elevated risks of cardiovascular disease are associated with prevalence of high cholesterol and hypertension.⁶⁵ In general, younger populations are afflicted more by cholesterol than hypertension, while the older population group (65 and older) has proportionately more hypertension (54.2%) than cholesterol (47.5%) cases. As early as age 25, at least 11.8% of people have high cholesterol. That rate and their risk for cardiovascular disease more than double by the time they reach 40–49 and triple at

⁶⁵ Centers for Disease Control and Prevention. High Blood Pressure and Cholesterol <http://www.cdc.gov/vitalsigns/cardiovascular-disease/>. Accessed [May 26, 2019]

50–59 years of age. As expected, however, the two oldest population groups have the highest rates in both health categories, demonstrating an increasing rate with age.



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

Regardless of ethnic background, at least one in four persons in Los Angeles County have hypertension and more have high cholesterol (at least 22.5%). Among the various ethnic groups, the Latino population appears to exhibit the least risk of both hypertension (19.7%) and high cholesterol (22.4%). African American populations have the highest prevalence of hypertension (33.3%), while American Indian/Alaskan Native populations have the highest proclivity for high cholesterol among all ethnic groups. The white population is equally highly affected by both risk factors, with 27.5% having hypertension and 29.8% having high cholesterol.

Mortality from Heart Disease

Based on complications of heart disease, the age-adjusted death rate from coronary heart disease ranges between 87.7 and 148.4 per 100,000 persons in the Service Planning Areas of Los Angeles County. The age-adjusted death rate from stroke ranges between 27.6 and 40.4 per 100,000 persons. SPA 2 is at the lower end of the range.

Age-Adjusted Death Rate by 100,000 persons in Heart Disease

Report Area	Coronary Heart Disease	Stroke
SPA 2—San Fernando Valley	118.5	28.5
SPA 4—Metro	116.5	31.5
SPA Range	SPA 1: 148.4 SPA 5: 87.7	SPA 6: 40.4 SPA 5: 27.6

Data Source: California Department of Public Health, 2016, SPA

SIGNIFICANT HEALTH NEED 5: PREVENTIVE WELLNESS

Preventive Wellness

Preventive Wellness involves keeping healthy and preventing health problems from getting worse. Good health practices include having a regular source of medical care and timely physical and medical tests. Adequate, regular primary care can prevent the development of health problems and maintain positive health conditions. Preventive Wellness also includes a healthy diet, activity level, sleep, and stress management, all of which have profound effects on a person’s physical health. Health care providers can make a significant contribution to preventive wellness through trauma informed care.⁶⁶

Medical Prevention: Health Check-Ups

As examined in greater detail in Module 5 of this report, medical access and continuity of care help to treat a medical condition before complications and medical costs multiply. An annual check-up is the first step toward proactively preventing and managing health conditions. As shown in the chart below, the rate at which Los Angeles County residents visited a doctor, nurse, or other health care professional within the past year is 70.7%, which suggests that 29.3%, or nearly a third of the population, did not receive such care. In SPA 2—San Fernando Valley, 74.3% of the population visited a doctor, nurse, or other health professional; this rate is slightly better than the county rate.

The percentage of residents in the GMHHC service area who visited a doctor, nurse, or other health care professional is slightly lower (68.7%). Conversely, a higher percentage of individuals residing in the GMHHC service area visited a dentist or a dental clinic (62.8%) than in Los Angeles County (59.3%). The gap in care between medical and dental care is quite dramatic, with fewer residents in LA County accessing dental care.

Visited Health Care Professional in Past Year

Report Area	Saw Doctor, Nurse, or Other Health Care Professional in the Past Year	Saw Dentist or Visited Dental Clinic in the Past Year
SPA 2—San Fernando Valley	74.3%	65.1%
SPA 4—Metro	64.6%	59.7%
GMHHC Service Area	68.7%	62.0%
Los Angeles County	70.7%	59.3%

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

Medical Prevention: Immunizations and Vaccines

Over the past decade, an anti-vaccination movement based on bogus facts and science eroded public confidence in childhood immunizations. When Disneyland faced a measles outbreak in 2014, the California legislature took action and eliminated exemptions based on religious or personal beliefs that allowed children to skip their immunizations to attend public school. Since that time, immunizations for

⁶⁶ SAMHSA 2016: Key Ingredients for Successful Trauma-Informed Care Implementation: https://www.samhsa.gov/sites/default/files/programs_campaigns/childrens_mental_health/atc-whitepaper-040616.pdf

children have trended higher such that 95% of children in Los Angeles County met all required immunizations for the 2017–2018 school year.⁶⁷

Influenza and pneumonia are a top 10 leading cause of death in Los Angeles County, with an age-adjusted death rate of 22.3 per 100,000 persons compared to the California rate of 16.3 per 100,000 persons.⁶⁸ Even though over 2,125 people died from influenza and pneumonia, a benchmark for this cause of death was not identified in the Healthy People 2020 objective. Within the county population, seniors and youth under 18 receive the highest rates of vaccination—the flu vaccination rate for seniors moderately trails the rate for the state (69.3%), and the flu vaccination rate for children is significantly higher than the rate for the state by +4.8%. In addition, fewer pneumonia vaccinations (62.0%) are administered among seniors than flu vaccinations, although higher vaccination rates in SPA 2 and SPA 4 means that two-thirds of the senior population are vaccinated.

Report Area	Vaccination by Age			
	Flu Vaccination			Pneumonia Vaccination (1)
	0–17	18–64	65+	65+
	Years Old	Years Old	Years Old	Years Old
SPA 2–San Fernando Valley	48.4%	35.5%	74.0%	65.0%
SPA 4–Metro	69.1%*	35.4%	63.2%*	65.8%
Los Angeles County	54.4%	34.3%	67.4%	62.0%
California	49.6%	37.7%	69.3%	NA

Data Source: California Health Interview Survey, 2017 and (1) Los Angeles County Health Survey, 2016, SPA

Preventable Hospitalizations

With immunizations and vaccinations, the need for hospitalization for influenza and pneumonia may be mitigated or altogether prevented. Although not all such hospitalizations can be avoided, admission rates in populations and communities can vary depending on access to primary care, care-seeking behaviors, and the quality of care available. Because hospitalization tends to be costlier than outpatient or primary care, potentially preventable hospitalizations often are tracked as markers of health system efficiency. The number and cost of potentially preventable hospitalizations also can be calculated to identify potential cost savings associated with reducing these hospitalizations overall and for specific populations.⁶⁹

The age-adjusted hospitalization rate due to immunization—preventable pneumonia or influenza for adults per 10,000 for individuals over the age 65 ranges between 1.6 and 3.1 for the reported GMHHC service areas. In particular, Glendale—91205 (3.2) has the highest rate of the GMHHC service areas.

⁶⁷ California Department of Public Health

<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/2017-2018KindergartenSummaryReport.pdf>. Accessed [May 26, 2019]

⁶⁸ Source: California Department of Public Health, Center for Health Statistics and Informatics, 2015 County Health Status Profiles, 2015, County. Please note that data are three-year average for 2011–2013

⁶⁹ <https://www.cdc.gov/mmwr/preview/mmwrhtml/su6203a23.htm>

**Hospitalization Rate due to Immunization-
Preventable Pneumonia and Influenza Age 18+**

City	ZIP Code	Rate
Echo Park, Silver Lake	90026	—
East Hollywood	90029	—
Los Feliz	90027	—
Atwater Village, Elysian	90039	—
Eagle Rock	90041	2.5
Highland Park	90042	1.3
Glassell Park	90065	1.8
Tujunga	91042	1.6
Glendale	91201	2.6
Glendale	91202	1.9
Glendale	91203	—
Glendale	91204	—
Glendale	91205	3.1
Glendale	91206	2.2
Glendale	91207	—
Glendale	91208	—
La Crescenta	91214	—

Data Source: California Office of Statewide Health Planning and Development
OSHPD Patient Discharge Data, 2013-2015, ZIP Code ⁷⁰

Medical Prevention: Cancer Screenings

With new technological developments, different forms of cancer screenings have been gaining traction. The colorectal cancer screening was benchmarked at 70.5% in the Healthy 2020 objective, and more benchmarks will likely emerge as new screening tests become standard practice. However, statistical measurements in this area do not appear to be publicly available, with only a 2008–2010 model estimate available for Los Angeles County that measured the rate at which patients of any ethnicity over 50 years of age had a colorectal endoscopy or took a home-based fecal occult blood test over a two year period. This screening rate was 55.1% for the county, while a more recent figure for the State of California was 75.9%.⁷¹

In women’s health, gendered cancer screenings have become standard practice. Mammogram screenings among women 30 years and older over a two-year period are moderately higher in Los Angeles County (78.2%) than in the state (76.1%). The county rate had improved by a 17% margin from five years earlier, but failed to meet the 81.1% benchmark set in the Healthy People 2020 objective. A

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<https://www.thinkhealthla.org/index.php?module=indicators&controller=index&action=view&indicatorId=148&localeId=6278>. Accessed [May 27, 2019]

⁷¹ Source: For California, 2016 BRFSS Survey Data collected by the Behavioral Risk Factor Surveillance System (BRFSS) sponsored by the Centers for Disease Control and Prevention. For Los Angeles County, 2008–2010 County Level Modeled Estimate Combining BRFSS and NHIS

breakdown by Service Planning Area offers a mixed picture, with SSPA 2 having a rate (85.6%) close to the highest-rated Service Planning Area and SPA 4 having the lowest rate in the county. Pap smear screening rates fare better, with 84.4% of women in Los Angeles County being screened, although, similar to the mammogram rate, the picture varies by Service Planning Area.

Women’s Health Screenings

Report Area	Mammogram Rate	Pap Smears Rate (1)
SPA 2–San Fernando Valley	85.6%*	88.2%
SPA 4–Metro	71.5%*	78.4%
Highest Rated SPA	SPA 6: 86.6%	SPA 1: 89.3%
Los Angeles County	78.20%	84.4%
California	76.10%	NA

Data Source: California Health Interview Survey, 2016, and (1) Los Angeles County Health Survey, Los Angeles County Department of Public Health 2015, SPA

Nutrition and Healthy Activities

With respect to healthy nutrition, 69.6% of children and teens eat five or more servings of fruits and vegetables within a day in Los Angeles County.

Nutrition

Report Area	Fruit Consumption: 2 or More Servings per Day	Fruit or Vegetable Consumption: Five or More Servings in Past Day		Fast Food Consumption 3 or More Times per Week (1)	
	17 and Under	Children	Teen	Total Population	17 and Under
SPA 2–San Fernando Valley	69.7%	32.0%	25.2%*	28.1%*	22.5%
SPA 4–Metro	66.6%	26.6%*	—	22.9%	21.2%*
Los Angeles County	69.6%	24.6%	32.4%	28.0%	22.4%
California	66.9%	26.7%	25.6%	25.0%	23.4%

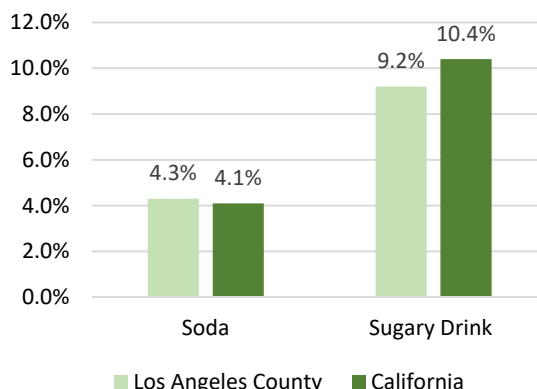
Data Source: California Health Interview Survey, 2017 and (1) 2016, SPA

The reverse of this trend appears in SPA 2. More than two-thirds of youth consume at least two fruits per day: Los Angeles County (69.6%) compared with the State of California (66.9%). With respect to the consumption of unhealthy food, almost one in five youth (ages 0–17) consume fast food at least three times per week in Los Angeles County (22.4%) and in California (23.4%).

With regard to soda consumption, over a quarter of adults in Los Angeles County (25.1%) consume at least two or more sodas per week, a rate not too dissimilar to the state rate of 24.1%.⁷²

Among youth under 18 in California, at least 1 in 10 consume 2 or more sugary drinks per day, or the equivalent of at least 14 drinks per week. The rate is slightly lower among Los Angeles County youth. Soda drinks are less favored by this population, with only 4.1% in California and 4.3% in Los Angeles County consuming soft drinks regularly at least twice per day.

Consumption (2 or More per Day) by Youth under 18



With respect to physical activity, more than three-quarters of children in Los Angeles County engage in vigorous physical activity at least three times per week. The rate is higher in SPA 2 (80%) and SPA 4 (88.3%). Similarly, more than 8 in 10 children have visited a park, playground, or open space in all reported geographic areas. The proportional differences among these areas are nominal.

Rates of no physical activity per week among children and teens are significantly higher at the state level (8.3% of children and 9.2% of teens) than at the county level. At 4.3%, the county has nearly half the rate of child inactivity as the state.

Physical Activity

Report Area	Vigorous Physical Activity at Least 3 Days per Week	No Physical Activity per Week	No Physical Activity/Week (1) *	Youth Visited Park/Playground/Open Space*
	Child	Child	Teen	17 and Under
SPA 2–San Fernando Valley	80.0%	—	—	88.0%
SPA 4–Metro	88.3%	—	33.7%	86.5%
Los Angeles County	77.2%	4.3%	6.1%	83.3%
California	78.3%	8.3%	9.2%	83.9%

Data Source: California Health Interview Survey, 2017 and (1) 2016, SPA * statistically unstable

⁷² California Health Interview Survey, 2017

SIGNIFICANT HEALTH NEED 6: DENTAL CARE

Dental Care

Dental care is essential to overall health and decreases the likelihood of developing further poor oral health and related health problems.

Poor oral health can be prevented by decreasing sugar intake and increasing healthy eating habits to prevent tooth decay and premature tooth loss; consuming more fruits and vegetables to protect against oral cancer; not smoking; decreasing alcohol consumption to reduce the risk of oral cancers, periodontal disease, and tooth loss; using protective gear when playing sports; and living in a safe physical environment.⁷³ In addition, oral health conditions such as periodontal (gum) disease have been linked to diabetes, heart disease, stroke, and premature, low-weight births.⁷⁴

Access to Oral Care

Despite the importance of dental care, in California, the majority of people do not have dental insurance coverage—nearly two-thirds of adults and almost 1 in 10 children under 18! These trends hold true in Los Angeles County as well, although dental insurance among Angeleno adults is better than the state rate by +4% margin. The trends have improved within the narrow geographic boundaries of SPA 2 and SPA 4, with 60.8% and 56.1% among adults not covered.

Absence of Dental Insurance Coverage

Report Area	Adult	Youth 17 and under
SPA 2—San Fernando Valley	60.8%	87.7%
SPA 4—Metro	56.1%	76.3%
Los Angeles County	61.1%	86.1%
California	65.1%	87.6%

Data Source: California Health Interview Survey, 2017, SPA

In addition, the supply of dentists in Los Angeles may be limited. For an area to be determined a Dental Health Professional Shortage Area, it must have a population-to-dentist ratio of at least 5,000:1.⁷⁵ Los Angeles County does not meet this criterion, as its ratio is 1,200:1, similar to the state rate of 1,210:1.⁷⁶ However, a 2014 report looked at trends in the supply of dentists in California. Results showed that, in Los Angeles County, approximately 8,500 dentists had a license of which 93% had an active practice. The ratio of active dentists per 5,000 in population was 4.0 compared to the state ratio of 3.9. Nearly a third (32%) of dentists were female. More important, while 13% of all dentists in the County were newly

⁷³ World Health Organization, Oral health Fact Sheet. Geneva, Switzerland. Available at <https://www.who.int/news-room/fact-sheets/detail/oral-health>. Accessed [May 27, 2019]

⁷⁴ Centers for Disease Control and Prevention. Available at <https://www.cdc.gov/diabetes/ndep/pdfs/ppod-guide-dental-professionals.pdf>. Accessed [May 27, 2019]

⁷⁵ United States Department of Health and Human Services (n.d.). Dental HPSA Designation Overview. Rockville, MD. Available at <http://bhpr.hrsa.gov/shortage/hpsas/designationcriteria/dentalhpsaoverview.html>. Accessed [May 28, 2019]

⁷⁶ Data source: County Health Rankings, 2018

licensed, a larger portion (22%) were nearing retirement, indicating a potential shortage of oral care providers.⁷⁷ Further investigation on current supply is needed for more conclusive trends to be determined.

The population-to-dentist ratio appears is critically low in Los Angeles County, and issues with access persist. In Los Angeles County, more than 1 in 10 children has never been to a dentist, with certain Service Protection Areas posting even greater challenges to access. In SPA 2, for instance, one in five children has no access. Only 85.7% of Los Angeles County children have visited a dentist in a given year. The rate of adults visiting a dentist in a year is 62.0% in SPA 4, which is the lowest rate in the range, while the rate in the county is 70%. These rates suggest that a significant number of adults do not receive routine oral care.

Report Area	Never Been to Dentist		Visited Dentist in Past Year	
	Adult	Child	Adult	Child
SPA 2–San Fernando Valley	2.5%	21.0%*	73.2%	75.9%
SPA 4–Metro	4.5%	10.0%*	62.0%	90.0%
Highest Rated SPA	SPA 6: 6.9%	SPA 6: 24.7%*	SPA 5: 78.2%	SPA 8: 96.4%
Los Angeles County	3.3%	12.4%	70.2%	85.7%

Data Source: California Healthy Kids Survey, 2017, SPA

Perhaps, as a result of this low access to oral care, it is no surprise that the percentage of adults reported to have poor dental health or no natural teeth is 9.5% in Los Angeles County, or nearly 1 in 10 adults. These rates are slightly more elevated in SPA 2 (10.4%) and SPA 4 (10.0%).

Gaps in Affordability

Often, dental insurance is limited and coverage is minimal, so people have to pay high out-of-pocket costs for dental services, which, for the average person, is not feasible. In Los Angeles County, a number of free or low-cost dental services are available for children through community clinics and state and county programs. But it is not clear what proportion of the population has access to dental care.

Among youth, the unaffordability of care for some is clearly apparent. The percentage of children in Los Angeles County who are unable to afford dental care (11.5%) is considerable. SPA 4–Metro’s percentage (15.5%) is significantly higher than that of Los Angeles County. The effects are more pronounced among older youth, among whom, 39% cannot afford care.

⁷⁷ Trends in the Supply of Dentists in California. Pourat, Nadereh and Choi, Moonkyung K. UCLA Center for Health Policy Research (2014). Available at <http://healthpolicy.ucla.edu/publications/Documents/PDF/2014/dentistspb-mar2014.pdf>. Accessed [May 28, 2019]

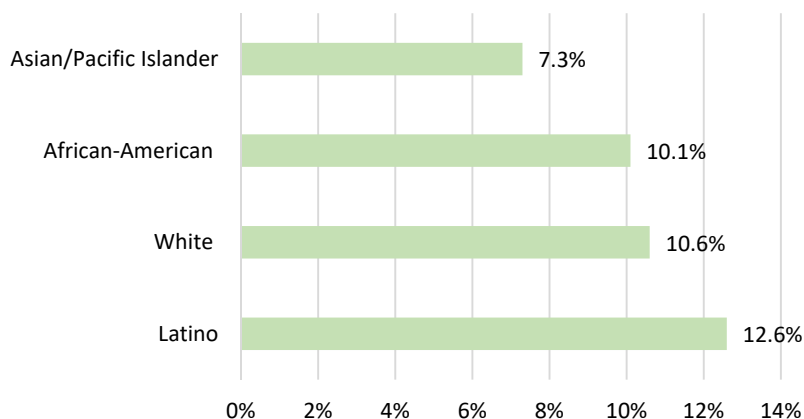
Unable to Afford Dental Care

	Teen (1)	Child (2) 3-17 years old
Report Area	Percentage	Percentage
SPA 2–San Fernando Valley	17.1%	10.3%
SPA 4–Metro	54.2%	15.5%
Los Angeles County	39.0%	11.5%

Data Source: (1) California Health Interview Survey, 2014 and (2) Los Angeles County Health Survey, 2015, SPA

Ethnic disparities emerge among adults in Los Angeles County who can afford dental care, regardless of age: 73.5% of whites, 54.5% of African Americans, 50.1% of Latinos, and 59.5% of Asians can afford oral care.

Unaffordability of Dental Care by Youth Ethnicity



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

Among the youth, larger percentages of Latino (12.6%), white (10.6%), and African American (10.1%) children have a difficult time obtaining dental care because they cannot afford it, along with smaller percentages of Asian/Pacific Islander (7.3%) children. Furthermore, data for American Indian/Alaskan Native children are either unavailable or reflect numbers that are too small to report.

Hospitalizations

The age-adjusted emergency room visit rates of adults in the GMHHC service areas for dental problems range between 8.1 and 27.9 per 10,000. Cases included a primary diagnosis of teeth or jaw disorders, jaw pain, diseases of oral soft tissues (excluding gum and tongue lesions), fitting and adjustment of dental prosthetic or orthodontic devices, orthodontics aftercare, and dental examination. Among reporting ZIP codes, the highest rates are in Glendale—91204 (27.9 per 10,000), as well as Glendale—

91205 (19.9), and Tujunga—91042 (19.8). Other neighboring Glendale ZIP codes (91207, at 8.1; 91208, at 10.1) have significantly lower emergency room visit rates.

**Average Annual Age-Adjusted Rate due to Dental Problems
per 10,000 Population (18 and Over)⁷⁸**

City	ZIP Code	Emergency Room Visit
Echo Park, Silver Lake	90026	—
East Hollywood	90029	—
Los Feliz	90027	—
Atwater Village, Elysian Valley	90039	—
Eagle Rock	90041	—
Highland Park	90042	—
Glassell Park	90065	—
Tujunga	91042	19.8
Glendale	91201	18.4
Glendale	91202	15.0
Glendale	91203	16.6
Glendale	91204	27.9
Glendale	91205	19.9
Glendale	91206	15.5
Glendale	91207	8.1
Glendale	91208	10.1
La Crescenta	91214	9.4

Data Source: Office of Statewide Health Planning and Development, 2013–2015, ZIP Code

⁷⁸ Average annual age-adjusted emergency room visit rate due to dental problems per 10,000 population. Measurement period 2013–2015 (confidence interval)

SIGNIFICANT HEALTH NEED 7: OBESITY/OVERWEIGHT

Obesity/Overweight

Obesity, a condition closely linked with diabetes, in which a person has an abnormally high and unhealthy proportion of body fat (BMI over 30), has risen to epidemic levels in the United States. Nearly 70% of adults age 20 years and older are overweight or obese.⁷⁹ Excess weight is linked to impaired health outcomes as well as risk behaviors that affect health in other ways. In the United States, 33.9% of adults are obese; the Healthy People 2020 goal brings obesity rates below or equal to 30.5%.



Overweight adults decreased in LA County by 4.6% in 3 Years

Obesity reduces life expectancy and causes devastating and costly health problems, increasing the risk of coronary heart disease, stroke, high blood pressure, diabetes, and other chronic diseases. Findings suggest that obesity also increases the risks for cancers of the esophagus, breast (postmenopausal), endometrium, colon and rectum, kidney, pancreas, thyroid, gallbladder, and more.⁸⁰ Obesity prevention is associated with access to healthier foods, health care, and grocery stores, parks, and open spaces. Obesity is exacerbated by food insecurity and nutritional deficits, in particular, iron deficiency.

Prevalence

Data trends for the adult population reveal a decrease in the rate of overweight people between 2015 and 2017 in Los Angeles County by 4.6% and the State of California by 2.3%. The rate remained unchanged for obese adults in Los Angeles County, while the California rate also decreased by 5.7%. Within Service Planning Areas of interest to the GMHHC, the drop in the adult overweight rate was even higher: -5.8% change in SPA 2 to 32.6% and -10.3% in SPA 4 to 31.2%. This trend did not carry over into the obese population. Within Service Planning Areas of interest to the GMHHC, the drop in the adult overweight rate was higher: -5.8% change in SPA 2 to 32.6% and -10.3% in SPA 4 to 31.2%. By contrast, obesity increased in SPA 2 by 2.5% to 27.5% in 2017, and in SPA 4 by 6.3% to 28.7%. This may suggest that those who are obese face barriers to losing weight.

Overweight and Obese Populations

Report Area	Overweight Adults	Obese Adults	Overweight Children	Overweight Teens (Age 12 to 17)
SPA 2—San Fernando Valley	32.6%	27.5%	14.2%*	----
SPA 4—Metro	31.2%	28.7%	17.8%*	----
Los Angeles County	32.9%	28.2%	11.4%	12.5%
California	33.9%	26.4%	14.5%	15.1%

*Data Source: California Health Interview Survey, 2017, SPA *statistically unstable*

Trends for the youth population reveal a mixed picture. In California, the rate for overweight children (14.5%) has seen a moderate reduction of 3.3% over three years. However, in Los Angeles County, the

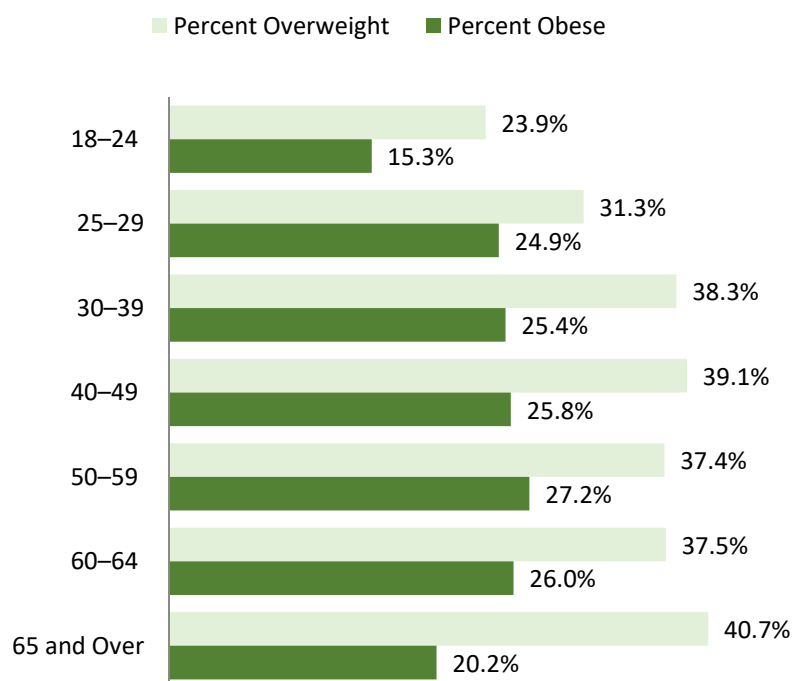
⁷⁹ National Cancer Institute. *Obesity and Cancer Risk*. Available at <http://www.cancer.gov/cancertopics/factsheet/Risk/obesity>. Accessed [August 2, 2016]

⁸⁰ National Cancer Institute. *Obesity and Cancer Risk*. Available at <http://www.cancer.gov/cancertopics/factsheet/Risk/obesity>. Accessed [August 2, 2016]

rate was 11.4% in 2017, which is an increase of 12.5% over the same longitudinal period. SPA 2 and SPA 4 are home to a larger proportion of overweight children than both Los Angeles County (11.4%) and the State of California (14.5%), with SPA 2 and SPA 4 having rates of 14.2% and 17.8%, respectively.

Over a third of the adult population over 25 in Los Angeles County is overweight or obese. Rates by age are as follows: for 65 years old and older, 40.7%; for ages 40 to 49, 39.1%; for ages 30 to 39, 38.3%; for ages 60 to 64, 37.5%; for ages 50 and 59, 37.4%; and for ages 25 to 29, 31.3%. Less than a third of persons between the ages of 18 and 24 are considered overweight (23.9%).

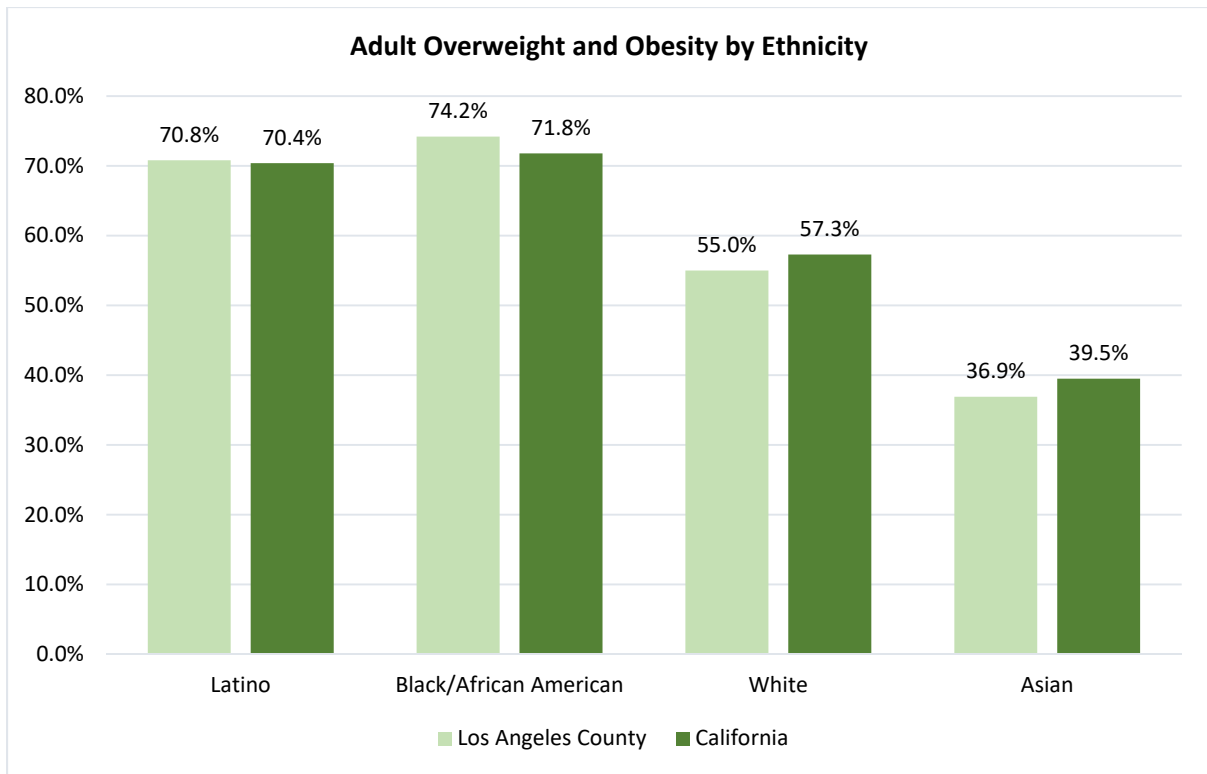
Adult Overweight and Obesity Prevalence by Age



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

Prevalence by age group indicates that adults 65 and over have the highest rate of overweight (40.7%), while adults between 50 and 59 years of age have the highest rate of obesity (27.7%). While adults 18 to 24 have the lowest rates, close to one in four are overweight and over one in six are obese. In general, for adults ages 25 and over, the overweight population ranges between 20.2% and 27.2%.

Prevalence by ethnicity reveals that the African American populations have the highest combined rate for both overweight and obese (74.4%) adults, while the Asian population has the lowest rate: 36.9%. The Latino population has a slightly lower rate than the African American population, as shown in the chart below. More than half of the white population is overweight or obese (55.0%). Latino and African American populations in Los Angeles County are slightly above the California rate for overweight or obesity, while the white and Asian populations in the county have a moderately lower rate than the state.




Data Source: California Health Interview Survey, 2017, County

SIGNIFICANT HEALTH NEED 8: GERIATRIC SUPPORT

Geriatric Support

Hospitals are shouldering the complex care needs of a growing number of geriatric patients. Older adults are one of the fastest-growing cohorts of the nation's population. By 2030, over 20% of the U.S. population will be composed of people 65 and over.⁸¹ The fastest-growing segment of the population, by age, consists of adults over 85.⁸²



2 out of 5
seniors
(65+) have
a disability

Older adults have special health care needs that can make their medical care more complicated. More than half of adults age 65 and older have three or more medical problems, such as heart disease, diabetes, arthritis, Alzheimer's disease, or high blood pressure.⁸³ Geriatric support requires a team approach to address the medical, social, emotional, and other needs of the patient, with the close involvement of family members and other caregivers. Some of the health concerns common in older people include incontinence, falls, vision and hearing loss, memory loss, bone density loss, and the management of multiple chronic conditions and medications.

To maintain good health and reduce the risk of disease and disability, seniors 65 and over are advised to engage in exercise, maintain good nutrition, receive regular health screenings, vaccinate, get enough sleep, and participate in activities of interest.

Aging Indicators

As a percentage of the total population, the GMHHC service area has a larger population of adults over 65 (16.3%) compared to the Los Angeles County average (13.5%). In these areas, including Glendale—91206 (19.2%), Glendale—91207 (21.9%), and Glendale—91208 (19.2%), nearly one in five residents is 65+ years old.



31% of
seniors (65+)
reported fair
to poor
health status

Within Los Angeles County, the population 65 years of age or older is distinct from the entire resident population in a few notable ways. The 65+ population reported very reduced rates of binge drinking (4.2% vs. 15.9%). The 65+ population reported an easier time obtaining medical care when needed (only 9.3% reported this as being somewhat or very difficult, compared with 23.6% of the entire population). Additionally, 66.6% of the 65+ population reported seeing a dentist or visiting a dental clinic in the past year, compared with 59.3% of the Los Angeles County resident population.

However, when compared with the Los Angeles County resident population, specific needs among the 65+ population emerge. For example, a larger percentage of the 65+ population have been diagnosed with diabetes (21.2%), hypertension (54.2%) or high cholesterol (47.5%) than the Los Angeles County population in general (9.8%, 23.5%, and 25.2%, respectively). Additionally, 47.7% of the 65+ population reported low or no physical activity, compared with 34.8% of the general population.

⁸¹ United States Census: An Aging Population: <https://www.census.gov/prod/2014pubs/p25-1140.pdf>

⁸² United States Census: 2010 Census: https://www.census.gov/newsroom/releases/archives/2010_census/cb11-cn192.html

⁸³ <http://www.healthinaging.org/aging-and-health-a-to-z/topic:geriatrics/>. Accessed [May 29, 2019]

Mortality due to Alzheimer’s disease remained an area of high concern for California. While Santa Clara appeared to improve with respect to its death rate from Alzheimer’s disease, this improvement is actually due to reporting inconsistencies by this county. Even after accounting for this large artificial decrease, California still demonstrated a 16.3 percent increase in the rate of Alzheimer’s deaths compared to the prior 2012–2014 three-year rate, which results in a current mortality rate of 35.7 per 100,000. With the exception of Santa Clara County, 7 out of California’s 10 most populous counties have an increase in the Alzheimer’s death rate of over 20 percent from the prior period. See technical notes and Table 8 for more information regarding Alzheimer’s disease.⁸⁴

The chart on the next page is a compilation of these and other data values available for the 65 and over subpopulation. Many of these indicators have already been covered in other modules of this report. But, given that the American population is aging as the Baby Boomer generation reaches retirement age, it is important to consider how these indicators will change over time in the next several years. These values present a benchmark from which further trends may be analyzed.

A Closer Look at Falls

The rate of elderly hospitalizations due to falls is roughly 28% in both Los Angeles County and California. Comparatively, seniors in SPA 2 and SPA 4 have significantly fewer falls. The GMHHC service area has a lower percentage of elderly hospitalized from falls (16.5%) than both Los Angeles County (28.0%) and California (28.5%). Among fall victims within a given year, close to one in three changed their daily routine after falling. The Service Planning Areas of interest to GMHHC have proportionately fewer seniors changing their routine. Differences among SPAs are marginal (less than 3%).

Typically, 8 in 10 physicians in California recommend physical therapy or activity after a fall. In the GMHHC service area, fewer physicians/professionals recommend physical therapy or exercise due to falls (76.9%) in comparison to Los Angeles County (83.9%) and California (80.4%). SPA 4—Metro has the lowest percentage (69.8%) of physicians recommending physical therapy out of all reported areas in the chart below.

After a fall, a third of physicians in California review seniors’ medications, a rate that is significantly lower than in Los Angeles County and SPA 4. Furthermore, the rate of referral in the GMHHC service area (34.3%) is significantly lower than the rate in Los Angeles County (40.2%), but moderately higher than the rate in California (33.7%).

Elderly (65+) Falls in Past Year

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

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

⁸⁴ California Department of Public Health, County Health Profiles 2019

Benchmark Health Indicators for Adults over the Age of 65

Health Indicator	Percent Adults (65+ years old)	Percent of Los Angeles County Residents
Ever Diagnosed with Depression AND Either Currently Being Treated for Depression or Currently Having Symptoms of Depression	9.2%	8.6%
Ever Diagnosed with Diabetes	21.2%	9.8%
Ever Diagnosed with Hypertension	54.2%	23.5%
Ever Diagnosed with High Cholesterol	47.5%	25.2%
Obese	20.2%	23.5%
Overweight	40.7%	35.9%
Binge Drinking*	4.2%	15.9%
Physical Aerobic Activity: Activity Does not Meet Guidelines or Engage in No Activity**	47.7%	34.8%
Reported Misusing Any Form of Prescription Drugs in the Past Year	3.6%	5.5%
Reported Receiving the Social and Emotional Support They Need (that is, Always or Usually	70.2%	64%
Reported Seeing a Dentist or Visited a Dental Clinic for Any Reason in Past Year	66.6%	59.3%
Reported Accessing Mental Health	5.6%	8.5%
Reported Having a Disability	41.9%	22.6%
Reported that Obtaining Medical Care When Needed Is Somewhat or Very Difficult	9.3%	23.6%
Reported Fair/Poor Health Status	30.8%	21.5%
Have a Regular Source of Care	94.2%	80.3%
Vaccinated for Pneumonia	65.5%	62.0%
Vaccinated for Influenza	66.8%	69.0%
Current Smokers within Age Group	7.4%	13.3%
Reported having a Mammogram in Last 2 Years	82.6%	77.3%
Reported Number of Days in a Month Limited Activity due to Poor Health and/or Mental Health	3.1	2.3
Reported Perception of Neighborhood Safety from Crime	89.3%	84.0%
Reported Consumption of Fruits/Vegetables in a Day—5 or More Servings	14.9%	14.7%
Reported Consumption of One Soda or Sugary Drink per Day	15.3%	31.4%

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

* Binge drinking is drinking four or more drinks for females and drinking five or more drinks for males on one occasion at least one time in the past month. Heavy drinking is consuming more than 60 drinks for males and more than 30 drinks for females in the previous month.

** To meet Physical Activity Guidelines for aerobic activity at least one of the following criteria must be fulfilled: (1) vigorous activity for at least 75 minutes a week, (2) moderate activity for at least 150 minutes a week, or (3) a combination of vigorous and moderate activity for at least 150 minutes a week

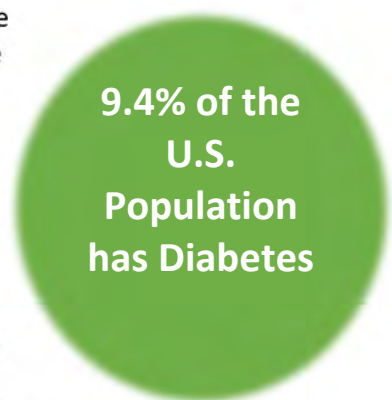
*** Disability is defined as a positive response to any one of the following: (1) limited activity because of physical, mental, or emotional problem(s), (2) health problem requiring use of special equipment, (3) self-perception of being disabled

SIGNIFICANT HEALTH NEED 9: DIABETES

Diabetes

In the previous GMHHC Community Health Assessment Report (2016), stakeholders identified diabetes as one of the top three most important health problems in the Glendale community. They also added that outreach regarding available community resources and family-based intervention is important, especially among African American and Latino/Hispanic subpopulations. Care providers expressed that prevention and maintenance education, as well as expanded access to preventive and maintenance care, would support the communities most affected by diabetes.

This appears to have changed. For 2019, local stakeholders did not rate diabetes as one of the more salient issues affecting the GMHHC service area. While diabetes affects an estimated 30.3 million people in the United States, it appears to be much more prevalent east of the Mississippi, as indicated in a Centers for Disease Control (CDC) report.⁸⁵ As the seventh leading cause of death in California, death from diabetes is only a fraction of the leading cause of death in the state—coronary heart disease was 5.5 times deadlier. Diabetes lowers life expectancy by up to 15 years, increases the risk of heart disease by two to four times, and is the leading cause of kidney failure, lower-limb amputations, and adult-onset blindness.⁸⁶ In Los Angeles County, the age-adjusted death rate per 100,000 persons is 2,190.3 for diabetes, 11,824.7 for coronary heart disease, and 3,310 for stroke.⁸⁷ Diabetes diagnosis can also indicate an unhealthy lifestyle—a risk factor for further health issues—and is also linked to obesity.



Factors associated with diabetes include being overweight; having high blood pressure, high cholesterol, high blood sugar (or glucose); physical inactivity; smoking; and unhealthy eating. Other factors include age, race, gender, and having a family history of diabetes.⁸⁸ Research suggests that diabetes is associated with other co-morbidities, including cognitive impairment, incontinence, fracture risk, and cancer risk and prognosis.⁸⁹

The steady rise in the number of people with diabetes, and the earlier onset of Type 2 diabetes raises concerns about growing diabetes-related complications, as well as the risk of further overwhelming the health care system. Recent discoveries about the individual and societal benefits of improved diabetes management and prevention may help to curb some of these reverberating effects and bring life-saving

⁸⁵ National Diabetes Statistics Report, 2017, Estimates of Diabetes and its Burden on the United States. Available at <https://www.cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf>. Accessed [May 28, 2019]

⁸⁶ U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at <https://www.healthypeople.gov/2020/topics-objectives/topic/diabetes>. Accessed [May 28, 2019]

⁸⁷ Based on 2011–2013 three-year average. Source: California Department of Public Health, Center for Health Statistics and Informatics, 2015 County Health Status Profiles, 2015

⁸⁹U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at <https://www.healthypeople.gov/2020/topics-objectives/topic/diabetes>. Accessed [May 28, 2019]

care into wider practice. In addition, prevention at the primary level among those at risk for developing diabetes would complement these efforts.⁹⁰

Prevalence and Management

The statistics offered in 2017 seem counterintuitive to the level of priority given to diabetes by GMHHC stakeholders. Approximately 12% of adults in Los Angeles County are diagnosed with diabetes, a rate that has increased by 12% since 2015. The rate of adults diagnosed as pre-diabetic or borderline diabetic is even higher, at 17.4%. This rate has increased by 24.3% since 2015, which seems to suggest that more people are at risk of being fully diabetic. The condition also appears to be more prevalent in the county than in California or the Service Planning Areas of interest to GMHHC. In SPA 2, for instance, 9.6% are diabetic and 16.7% are pre- to borderline diabetic.

	Diagnosed with Diabetes	Rate of Change 2015–2017	Diagnosed Pre-/Borderline Diabetic	Rate of Change 2015–2017
SPA 2—San Fernando Valley	9.6%	-9.4%	16.7%	-7.2%
SPA 4—Metro	11.6%*	16.0%	14.0%*	-10.3%
Los Angeles County	12.1%	12.0%	17.4%	24.3%
California	10.7%	9.2%	15.6%	15.6%

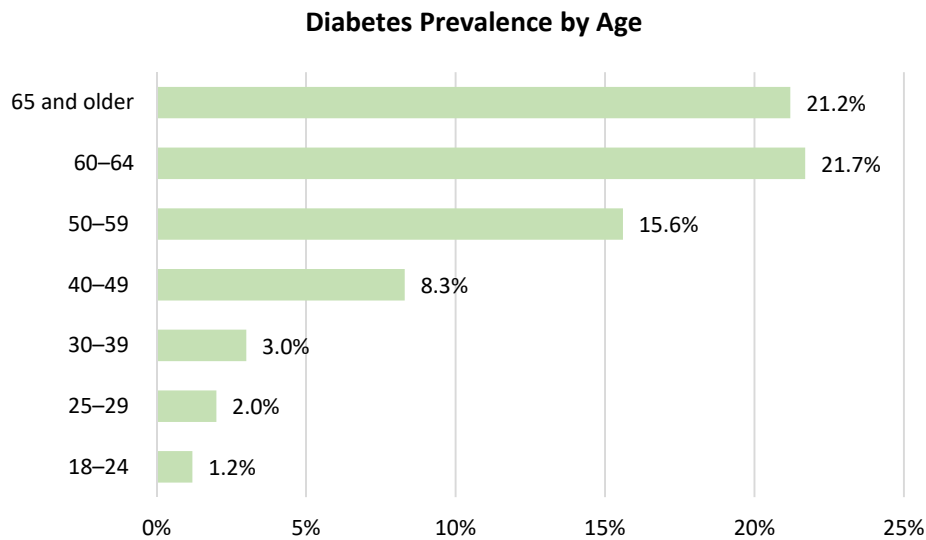
Data Source: California Health Interview Survey, 2017, SPA

Among diabetic adults in Los Angeles County, approximately 56.7% said that they feel very confident about their ability to control their condition and 33.5% said that they feel somewhat confident. Almost 1 in 10 said they have no confidence in their ability to control the condition. Views of adults in SPA 2 and SPA 4 appear to be split, with San Fernando residents exhibiting more confidence than their Metro peers in their ability to control the condition. In the Metro area, the rate of diabetic adults with no confidence that they can control their condition (13.7%) is higher than the rates in both the county (9.9%) and the state (7.2%)

Report Area	Very Confident to Control Condition	Somewhat Confident to Control Condition	Not Confident to Control Condition
SPA 2—San Fernando Valley	58.1%*	35.0%*	6.9%*
SPA 4—Metro	54.4%	31.9%*	13.7%*
Los Angeles County	56.7%	33.5%	9.9%*
California	60.1%	32.7%	7.2%*

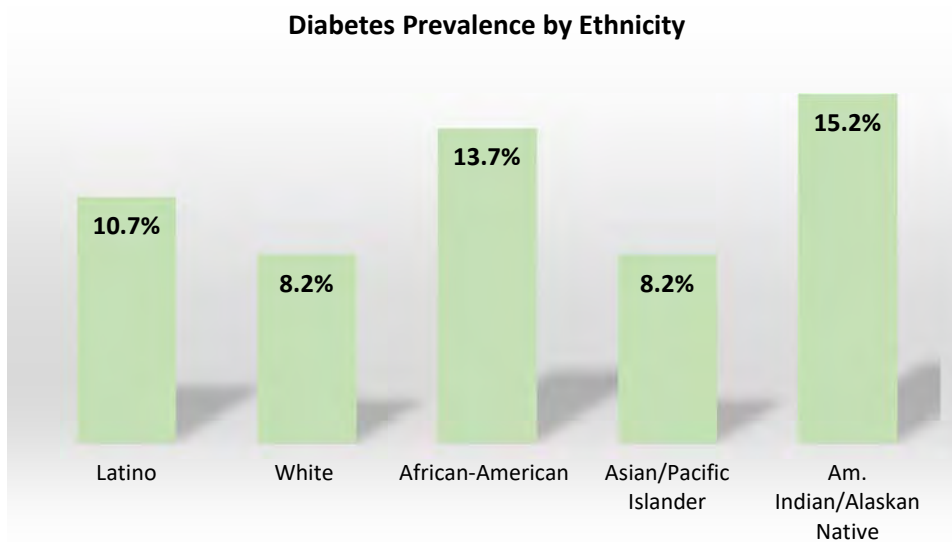
⁹⁰U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at <https://www.healthypeople.gov/2020/topics-objectives/topic/diabetes>. Accessed [May 28, 2019]

Older adults have a higher prevalence of diabetes. In Los Angeles County, 42.9% or more than two out of five adults ages 60 and over have been identified or diagnosed as diabetic. The prevalence of diabetes drops significantly with each younger age group.



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

The ethnic groups most affected by diabetes were American Indian/Alaskan Native (15.2%) and African American (13.7%). The least affected ethnic groups are the white and Asian/Pacific Islander populations, with approximately 8.2% of their population affected by the condition.



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

Hospitalizations

The hospitalization rate of adults over 18 years of age in the GMHHC service areas for diabetes ranges between 4.9 and 25.9 per 10,000. The highest rates were reported in Glendale—91204 (25.9 per 10,000), Highland Park—90042 (21.0 per 10,000), as well as 90065—Glassell Park (20.8).

Average Annual Age-Adjusted Rate due to Diabetes per 10,000 Population (18 and Over)

City	ZIP Code	Diabetes Hospitalizations ⁹¹ (1)	Diabetes Emergency Room ⁹² (2)	Hospitalizations Resulting from Uncontrolled Diabetes
Echo Park, Silver Lake	90026	17.4	21.8	1.7
East Hollywood	90029	16.7	28.6	1.8
Los Feliz	90027	11.6	20.1	0.9
Atwater Village, Elysian Valley	90039	11.6	20.4	—
Eagle Rock	90041	13.0	15.8	—
Highland Park	90042	21.0	24.1	1.6
Glassell Park	90065	20.8	29.2	2.0
Tujunga	91042	15.6	15.8	1.8
Glendale	91201	11.3	10.9	—
Glendale	91202	9.9	9.3	—
Glendale	91203	12.6	8.1	—
Glendale	91204	25.9	28.0	2.4
Glendale	91205	14.2	17.1	1.7
Glendale	91206	11.3	13.0	—
Glendale	91207	6.6	7.3	—
Glendale	91208	4.9	7.1	—
La Crescenta	91214	5.0	6.6	—
GMHHC Service Area		13.5	16.7	1.7

Data Source: (1) Office of Statewide Health Planning and Development (OSHPD) and (2) California Department of Public Health, ZIP Code

The diabetes emergency room hospitalization rate of adults in the service area is slightly higher, ranging between 6.6 and 29.2 per 10,000. The highest rates are for Glassell Park—90065 (29.2 per 10,000), East Hollywood—90029 (28.6 per 10,000), and Glendale—91204 (28.0 per 10,000).

⁹¹ Average annual age-adjusted hospitalization rate due to diabetes per 10,000 population ages 18 years and older. Both Type 1 and Type 2 are included. Cases of gestational diabetes are excluded. Measurement period 2013–2015 (confidence interval)

⁹² Average annual age-adjusted emergency room visit rate due to diabetes per 10,000 population ages 18 years and older. Both Type 1 and Type 2 are included. Cases of gestational diabetes are excluded. Rates were calculated using population figures from the 2010 U.S. Census. Rates based on fewer than 10 emergency room visits or a population of less than 300 are unstable and are not reported. In October 2015, health care facilities began using International Statistical Classification of Diseases and Related Health Problems, 10th Revision (ICD-10) for diagnosis and procedure coding of admissions and visits. Due to the increased specificity for diagnosis and procedure codes with ICD-10, please use caution when comparing prior time periods. Measurement period 2013–2015 (confidence interval)

Furthermore, a frequency distribution reveals that rates of emergency use are higher than rates of hospitalization, suggesting that perhaps better diabetes management and education among adults may help to reduce the need for costlier acute services.

Appendix A

Scorecard

Identification of Health Needs and Health Drivers

In partnership with the Center for Nonprofit Management (CNM), Dignity Health Glendale Memorial Hospital and Adventist Health Glendale conducted Phase I of the 2019 Community Health Needs Assessment (CHNA) earlier this year. This included review of data from various public and private secondary data sources. Additional information was gathered through a community focus group representing providers and stakeholders from across the Glendale hospitals service area including public health experts, community leaders, and public agency officials.

This process highlighted numerous health needs and health drivers in the Glendale hospital service area. The document that follows represents a subset of those needs based on set criteria, which included poor performance against California or Los Angeles County benchmarks or the Healthy People 2020 (HP2020) Target. The identified health needs and drivers are summarized in the attached Health Needs and Drivers Summary Scorecard.

Reading the Health Needs & Drivers Data Summary Scorecard

The following notes and legend will help you to understand the data presented in the Summary Scorecard.

DATA INDICATOR	
Year of Data	
	Healthy People 2020 Target
	California
	Los Angeles County
	SPA 2 - San Fernando
	SPA 4 - Metro

Legend

An *italicized indicator* denotes qualitative data collected in a focus group or interview
Two dashes [--] = no data available
SPA = Service Planning Area
Black boxes indicate that the area performed worse than the benchmark
Red boxes indicate the variable was identified as a health driver in 2016 scorecard
(*) = Restricted data

DATA INDICATORS

- Indicators, or standard measures of health, are highlighted in the first column
- Qualitative data collected in the community focus group is indicated by an *italicized indicator*
 - Count reflects the number of times a participant voted for the health need during the focus group
- Indicators which did not meet a benchmark, including HP2020 Targets, are highlighted by a **black box**
- When health indicator definitions are consistent across comparison levels, and the HP2020 Target is not met, the HP2020 Target is noted
- The Health Needs and Drivers are listed in alphabetical order, NOT by order of importance

DATA INDICATORS LEGEND

†Data from secondary sources aggregated using ZIP codes in the hospital service area

^Data from secondary sources reflecting the entire Service Planning Area (SPA)

COMPARISON LEVEL

- The hospital service area is compared against benchmarks at the state or county-level depending on data available
 - CA: State of California
 - LAC: Los Angeles County
- SPA 2 – San Fernando
- SPA 3 – Metro

2019 Glendale CHNA - Health Needs and Drivers Summary Scorecard

DATA INDICATOR

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Year of Data	Healthy People 2020 Target	California	Los Angeles County	SPA 2 - San Fernando	SPA 4 - Metro
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HEALTH CHARACTERISTICS, NEEDS AND DRIVERS/PREDICTORS

Demographics

Population Characteristics

Percent of population that are Children (Age 0-11)	2017	--	15.1%	16.70%	15.50%
Percent of population that are Adolescents (Age 12-17)	2017	--	7.7%	6.8%*	7.0%*
Percent of population that are Adults (Age 18-64)	2017	--	69.7%	63.20%	62.10%
Percent of population that are Seniors (Age 65+)	2017	--	13.6%	13.30%	15.40%
Percent of population: Male	2017	--	49.3%	54.10%	51.40%
Percent of population: Female	2017	--	50.7%	45.90%	48.60%
Language spoken at home: English	2017	55.6%	49.1%		
Language spoken at home: Spanish	2017	28.8%	39.4%		
Citizenship: Not a US Citizen	2017	13.4%	16.9%		
Average family size	2017	3.54	3.69		
Social and Economic Factors Ranking LA county vs. 58 CA counties	2018		23		

Educational attainment

Highest Educational Attainment: Grades 1-8	2017	--	10.8%	11.6%*	16.6%*
Highest Educational Attainment: Grades 9-11	2017	--	7.9%	7.5%*	5.2%*
Highest Educational Attainment: High School	2017	--	21.5%	20.0%	15.9%
Highest Educational Attainment: Some college (AA/AS degree)	2017	--	6.5%	4.4%*	6.5%*
Highest Educational Attainment: Bachelor's degree	2017	--	23.1%	24.3%	24.8%
Highest Educational Attainment: No formal education	2017	--	1.9%	0.3%*	--
High School Graduation Rate	2017	83.3%	79.6%		
Percent 25 years and older who have high school diploma or higher education	2017	89.2%	79.6%	--	--
Current Employment Status: FTE	2017		53.2%	57.8%	51.2%
Current Employment Status: PTE	2017		10.7%	10.4%*	11.0%
Current Employment Status: Unemployed and looking for work	2017		4.4%	5.3%*	4.8%*
Current Employment Status: Unemployed and NOT looking for work	2017		30.8%	26.2%	32.6%

Access to Health Care: Health insurance coverage, Type of Coverage

Percent of adults without health insurance	2017	9.0%	9.6%	10.2%	11.9%
Percent of youth (age 0-17) without health insurance	2017	2.2%	1.9%	--	--
Health Insurance Coverage, Percent Total Population who are currently insured	2017	92.7%	92.2%	91.6%	90.8%
Health Insurance Coverage, Percent of Adults Ages (18-64) who are currently insured	2017	89.1%	88.5%	87.7%	85.2%
Health Insurance Coverage, Percent of youth (17 and under) who are currently insured	2017	97.8%	98.1%	97.1%	100.0%

Type of Insurance Coverage

Medi-Cal	2017	25.0%	29.4%		
Healthy Families	2017	--	--		
Medicare Only	2017	1.6%	1.4%*		
Medicaid and Medicare	2017	4.3%	5.7%		
Medicare & Others	2017	9.3%	7.5%		
Other Public	2017	1.5%	1.8%		
Employment based	2017	44.4%	39.8%		
Private Purchase	2017	6.5%	6.6%		
No Insurance	2017	7.3%	7.8%		

Insurance Coverage: Age 0-17

Medi-Cal	2017	44.1%	45.5%		
Healthy Families	2017	--	--		
Medicare Only	2017	--	--		
Medicaid and Medicare	2017	--	--		
Medicare & Others	2017	--	--		
Other Public	2017	1.1%	0.8%*		
Employment based	2017	45.5%	44.4%		

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(*) = Restricted data					
Private Purchase	2017	5.1%	4.9%		
No Insurance	2017	2.2%	1.9%*		
Insurance Coverage: Age 18-64					
Medi-Cal	2017	18.7%	21.0%		
Healthy Families	2017	--	--		
Medicare Only	2017	0.8%	0.7%*		
Medicaid and Medicare	2017	1.9%*	2.1%*		
Medicare & Others	2017	0.2%*	0.2%*		
Other Public	2017	1.8%	1.9%		
Employment based	2017	51.5%	45.8%		
Private Purchase	2017	8.9%	8.9%		
No Insurance	2017	10.9%	11.5%		
Insurance Coverage: Age 65+					
Medi-Cal	2017	0.7%*	1.6%*		
Healthy Families	2017	--	--		
Medicare Only	2017	7.7%	6.9%*		
Medicaid and Medicare	2017	22.0%	32.2%		
Medicare & Others	2017	64.4%	55.2%		
Other Public	2017	0.3%*	0.2%*		
Employment based	2017	3.9%	2.9%*		
Private Purchase	2017	0.3%*	0.4%*		
No Insurance	2017	0.7%*	0.5%*		
Access to Health Care: Health insurance, source of care, delay of care					
Source of Care					
Source of Care: Dr. Office/HMO/Kaiser Permanente	2017	59.2%	64.2%		
Source of Care: Community Clinic/Govt. Clinic/Community Hospital	2017	25.7%	29.0%		
Source of Care: Emergency Room/Urgen Care	2017	1.6%	2.4%		
Source of Care: Other	2017	0.5%	0.4%*		
Source of Care: None	2017	13.0%	15.1%		
Percent who have a usual source of care	2017	87.0%	84.9%	81.8%	81.2%
Percent of youth (age 0-17) who have a usual source of care	2017	90.5%	88.9%	81.5%	89.1%
Percent of adults (age 18-64) who have usual source of care	2017	83.7%	81.6%	78.9%	77.4%
Percent of seniors (65 and over) who have a usual source of care	2017	95.5%	93.9%	95.4%	84.8%
Delay of Care					
Percent of adults who delayed or didn't get medical care	2017	12.4%	11.4%	12.4%	13.3%
Percent of youth (age 0-17) delayed or didn't get medical care	2017	3.7%	3.2%	--	--
Percent of total population who had to forgo needed medical care	2017	62.1%	63.7%	65.1%	64.6%
Percent of adults who had to forgo needed medical care	2017	64.6%	65.6%	70.1%	68.1%
Percent who have used an emergency room in the past 12 months	2017	20.6%	21.7%	25.8%	16.3%
Percent of youth (Age 0-17) who have used an emergency room in the past 12 months	2017	19.0%	19.9%	26.3%	15.6%
Percent of adults (18-64) who have used an emergency room in the past 12 months	2017	21.0%	22.1%	25.2%	15.4%
Percent of seniors who have used an emergency room in the past 12 months	2017	23.6%	25.0%	27.7%	21.2%
Percent living under 100% Federal Poverty Level who have used an emergency room in the past 12 months	2017	26.0%	25.1%	44.8%	9.4%
Percent living between 100-199% Federal Poverty Level who have used an emergency room in the past 12 months	2017	24.2%	23.6%	31.4%	12.3%
Percent of adults who could not afford their medication	2011	--	15.4%	15.8%	16.3%
Percent of adults who delayed or didn't get prescription medicine	2017	10.1%	9.6%	8.7%	11.6%
Percent of youth (age 0-17) who delayed or didn't get prescription medicine	2017	3%	3.3%	--	--
Percent who delayed care due to cost or lack of insurance	2017	45.8%	46.0%	47.1%	55.3%
Percent of youth (Age 0-17) who delayed care due to cost or lack of insurance	2017	31.4%	30.9%	--	--
Percent of adults who had difficult time accessing primary care	2017	5.7%	5.0%	6.7%	5.4%

2019 Glendale CHNA - Health Needs and Drivers Summary Scorecard

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Percent who had a difficult time accessing services for their child	2011		12.3%	9.6%	12.1%
Percent living in a Health Professional Shortage Area	2015	25.2%	31.4%	--	--
Percent of adults who needed to see a medical specialist in the past year	2017	38.8%	37.4%	38.1%	32.8%
Percent who had a difficult time finding specialty care	2017	11.5%	11.5%	14.2%	13.3%
Ratio of population to primary care providers	2018	1,280:1	1,390:1	--	--
Transportation					
Percent unable to obtain medical care due to a lack of transportation	2014	--	7.4%	6.1%	9.7%
Chronic Diseases					
Health Status					
Percent who have a fair or poor health status	2017	16.6%	19.3%	16.3%	26.6%
Percent of youth who have a fair or poor health status	2017	4.6%	3.6%	--	--
Percent of seniors who have a fair or poor health status	2017	24.1%	29.4%	27.5%	37.4%
Asthma					
Percent of total population diagnosed with asthma	2017	15.4%	15.1%	17.2%	12.6%
Percent of youth (Age 0-17) diagnosed with asthma	2017	13.8%	16.1%	17.6%	--
Male Youth Age 0-17 diagnosed with asthma	2017	13.3%	15.7%	--	--
Female Youth Age 0-17 diagnosed with asthma	2017	14.4%	14.5%	--	--
Ethnicity: Latino youth (Age 0-17) diagnosed with asthma	2017	14.3%	15.3%	--	--
Ethnicity: White youth (Age 0-17) diagnosed with asthma	2017	11.4%	7.9%	--	--
Ethnicity: African American youth (Age 0-17) diagnosed with asthma	2017	27.6%	29.0%	--	--
Ethnicity: Asian youth (Age 0-17) diagnosed with asthma	2017	10.4%	--	--	--
Percent of population who take medication to control their asthma	2017	43.5%	43.5%	49.8%	46.2%
Percent of youth (Age 0-17) who take medication to control their asthma	2017	39.2%	36.5%	--	--
Percent who went to the emergency room/urgent care for asthma in the last 12 months	2016	12.7%	13.1%	11.4%	26.0%
Percent of youth who went to the emergency room/urgent care for asthma in the last 12 months	2016	10.5%	2.3%	--	--
Cancer, in General					
Rate of cancer incidence per 100,000 pop.	2015	404.0	(C)	--	--
Rate of breast cancer incidence per 100,000 pop.	2015	121.5	(C)	--	--
Rate of cervical cancer per 100,000 pop.	2015	7.2	(C)	--	--
Rate of colorectal cancer incidence per 100,000 pop.	2015	36.2	(C)	--	--
Rate of prostate cancer incidence per 100,000 pop.	2015	101.2	(C)	--	--
Rate of lung cancer incidence per 100,000 pop.	2015	43.3	(C)	--	--
Cardiovascular Disease/Heart Disease					
Percent of adults diagnosed with heart disease	2017	6.6%	6.6%	6.2%	7.8%
Percent of adults who feel very confident in their ability to manage their heart disease	2014	53.6%	53.5%	56.2%	29.4%
Percent of adults who feel somewhat confident in their ability to manage their heart disease	2014	34.9%	36.0%	42.0%	53.2%
Percent of adults who do not feel confident in their ability to manage their heart disease	2014	11.5%	10.4%	1.8%	17.4%
Percent who have a heart disease management plan	2017	76.3%	76.8%	94.7%	63.1%
Diabetes					
Adult Diabetes: percent Diagnosed with diabetes	2017	10.7%	12.1%	9.6%	11.6%
Adult Diabetes: Percent diagnosed pre/borderline diabetic	2017	15.6%	17.4%	16.7%	14.0%
Adult Diabetes: Percent very confident to control condition	2017	60.1%	56.7%	58.1%	54.4%
Adult Diabetes: Percent confident to control condition	2017	32.7%	33.5%	35.0%*	31.9%*
Adult Diabetes: Percent not confident to control condition	2017	7.2%*	9.9%*	6.6%*	13.7%*
Disability					
Percent of adults diagnosed with a disability	2016	29.7%	30.7%	31.8%	34.0%
Percent who could not work due to a physical/mental impairment	2016	7.0%	6.9%	7.8%	7.3%
HIV/AIDS					
Percent of adults who have ever been tested for HIV	2017	49.8%	52.5%	49.1%	66.0%
Rate of HIV diagnosis per 100,000 pop.	2016	<=13.0	19.0	13.0	48.0

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Rate of AIDS diagnosis per 100,000 pop.	2016	-	7	4	15	
Rate of those living with HIV per 100,000 pop.	2017	-	501.0	380.0	1,547.0	
Rate of deaths from HIV per 100,000 pop.	2016	-	8	3	13	
Hypertension						
Percent diagnosed with high blood pressure	2017	<=20.9	29.0%	30.0%	29.0%	24.4%
Percent who take medication for high blood pressure	2017		70.7%	72.6%	71.6%	71.3%*
Early Childhood Development and Health						
Maternal and Infant Health						
Percent of infants with low birth weight (under 2500 grams)	2017	7.80%	6.8%	7.1%		
Percent of live births with mothers who entered prenatal care late	2017		3.7%	3.4%		
Percent of children (Age 3 and under) who were breastfed or fed breast milk	2017		92.3%	96.3%	100.0%	100.0%
Percent of children 0-5 years who were breast fed at least 6 months	2017		--	49.7%	49.3%	55.9%
Percent of Children (age 1 - 5 years) who were Breast fed by their Biological Mothers at least 12 Months.	2015		--	27.6%	37.9%	24.7%
Infant mortality per 1,000 live births	2017	6	4.6%	4.4%		
Early Childhood Development and Parenting						
Percent of children attending preschool, nursery school or head start	2017			17.0%	13.2%	10.8%
Percent of youth at-risk for a Developmental Delay (PEDS)	2014		58.6%	60.3%	58.2%	69.8%
Percent of Children (0-5 years old) Whose Parent/Guardian/Decision Maker Reported That it Is Easy (Very or Somewhat) to Find Someone To Talk To When They Need Advice on How To Raise Their Child.	2015			86.6%	86.5%	86.1%
Mental Health						
Average Number of Activity Limitation Days in the Past Month for Adults (18+ years) Due to Poor Physical and/or Mental Health.	2015			2.3	2.5	2.7
Percent who ever seriously thought about committing suicide	2017		11.6%	8.6%	7.9%	8.7%
Percent of Adults who had serious psychological distress in past year	2017		10.0%	9.7%	7.6%	10.9%
Percent of teens and adults who likely has had serious psychological distress during past month	2017		4.4%	4.4%	3.2%	5.1%
Percent of adults who needed help with an emotional/mental health problem from use of alcohol or drugs	2017		18.5%	17.1%	17.6%	15.5%
Percent of teens who needed help with an emotional/mental health problem from use of alcohol or drugs	2017		19.8%	24.3%	--	--
Percent of adults who took prescription medication for an emotional/mental health issue in the past year	2017		10.4%	8.8%	11.0%	8.7%
Percent of adults who saw a healthcare provider for an emotional/mental and/or alcohol or drug issue in the past year	2017		15.2%	15.1%	13.7%	17.8%
Percent of teens who received psychological and emotional counseling in the past 12 months	2017		14.8%	16.8%	11.2%	--
Percent who sought help for self-reported mental/emotional and/or alcohol-drug issue(s)	2017		39.7%	39.9%	49.3%	27.7%
Percent of adults whose emotions impaired their work in the past 12 months	2017		14.4%	14.6%	13.3%	18.9%
Percent of adults whose emotions impaired their family life in the past 12 months	2017		15.7%	15.3%	13.0%	17.9%
Percent of adults whose emotions impaired their social life in the past 12 months	2017		16.0%	16.6%	14.5%	13.1%
Preventative Health Behaviors						
Preventative Health Care						
Percent of Adults (age 65+ years) Who Ever had a Pneumonia Shot.	2015	93	--	62.0%	66.0%	65.8%
Percent of Seniors (65 and over) who received an influenza vaccination in the past year	2016		69.3%	67.4%	74.0%	63.2%*
Percent of Adults (Age: 18-64) who received an influenza vaccination in the past year	2016		37.7%	34.3%	35.5%	35.4%
Percent of youth (Age 0-17) who received an influenza vaccination in the past year	2016		49.6%	64.4%	48.4%	69.1%*
Percent who visited a doctor in the last year	2014		80.9%	80.6%	80.2%	72.9%
Percent of youth who visited a doctor in the last year	2014		87.8%	91.9%	92.2%	92.8%
Physical activity						

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Physical Activity					
Percent of adults physically active at least 20 minutes a day in a week	2017	19.2%	19.9%	19.1%	19.3%
Percent who walked to work (Age 16 and over)	2017	2.7%	2.7%		
Percent of children or teens who visited a park or other open space in the last month	2017	83.9%	83.3%	88.0%	86.5%
Percent of children who did not engage in physical activity in a given week	2017	8.3%	4.3%		
Percent of teens who did not engage in physical activity in a given week	2016	9.2%	6.1%		33.7%
Percent of children who engaged in physical activity 3 or more days a week	2017	78.3%	77.2%	80.0%	88.3%
5th graders: Fitnessgram test- Percent in Healthy Fitness Zone in Aerobic Capacity	2018	61.9%	59.9%		
7th graders: Fitnessgram test- Percent in Healthy Fitness Zone in Aerobic Capacity	2018	63.6%	60.1%		
9th graders: Fitnessgram test- Percent in Healthy Fitness Zone in Aerobic Capacity	2018	61.7%	56.2%		
Nutrition					
Percent of adults who consumed at least two or more sodas per week	2017	24.1%	25.3%	24.7%	26.9%
Percent of children who ate 5 or more fresh fruits and vegetables per day	2017	26.7%	24.6%	32.0%	26.6%
Percent of teen who ate 5 or more fresh fruits and vegetables per day	2017	25.6%	32.4%	25.2%	
Percent of children and teens who consumed two or more fruit servings the day before	2017	66.9%	69.6%	69.7%	66.6%
Percent of children and teens who consumed two or more glasses of soda the day before	2017	4.1%	4.3%		
Percent of children and teens who consumed two or more glasses of sugary drinks (other than soda) the day before	2017	10.4%	9.2%		
Percent of population who ate fast food 3 or more times in the past week	2016	26.0%	28.0%	28.1%	22.9%
Percent of youth (Age 0-17) who ate fast food 3 or more times in the past week	2016	23.4%	22.4%	22.5%	21.2%
Percent of adults (18-64) who ate fast food 3 or more times in the past week	2016	32.3%	26.4%		
Percent of seniors (65 and over) who ate fast food 3 or more times in the past week	2016	28.2%	32.5%		
Ratio of mental health care providers to population	2016	360:1	370:1		
County Health Behavior Ranking (out of 58)	2018		11		
Women's Health					
Women 30+ Years, Had a Mammogram in Past Two Years	2016	76.1%	78.2%	95.6%*	71.5%*
Percent of Women (ages 21-65 years) Who Reported Having a Pap Smear within the Past 3 Years	2015		84.4%	88.2%	78.4%
Oral Health Behaviors					
Oral Health Care					
Dentist ratio to population	2018	1,210:1	1,200:1		
Condition of Teeth: Percent of adults with poor dental health or no natural teeth	2017	9.5%	9.5%	10.4%	10.0%
Percent of adults who have never been to a dentist	2017	2.5%	3.3%	2.5%	4.5%
Percent of teens who have never been to a dentist	2017	1.2%			
Percent of children who have never been to a dentist	2017	14.0%	12.4%	21.0%	10.0%
Percent of adults who visited a dentist in the last year	2017	72.8%	70.2%	73.2%	62.0%
Percent of children who visited a dentist in the last year	2017	84.4%	85.7%	75.9%	80.0%
Percent of Children (age 3-17 years) Who Were Unable to Afford Dental Care and Check-Ups in the Past Year	2015		11.5%	10.3%	15.5%
Dental Care Access					
Percent living in a dental provider Health Professional Shortage Area	2015	4.9%	2.0%		
Percent of adults with dental insurance	2017	65.1%	61.1%	60.8%	56.1%
Percent of teens who have never been to a dentist due to cost or lack of insurance	2014	30.6%	39.0%	17.1%	54.2%
Percent of children who have never been to a dentist due to cost or lack of insurance	2014	10.4%	10.0%	11.4%	9.2%
Percent of youth with dental insurance	2017	87.6%	86.1%	87.7%	76.3%
Ratio of dentists to population	2016	1,260:1	1,260:1		
Obesity/Overweight					
Percent of adults who are overweight...	2017	33.9%	32.9%	32.6%	31.2%
Percent of adults who are obese	2017	%	26.4%	26.2%	27.5%
Percent of teens who are overweight	2017	15.1%	12.5%		
Percent of teens who are obese	2017	14.6%	14.0%		

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Percent of children who are overweight	2017	14.5%	11.4%	14.2%	17.8%
Ethnicity: Percent of Adult African Americans with Body Mass Index considered overweight or obese	2017	71.8%	74.4%		
Ethnicity: Percent of Adult Asians with Body Mass Index considered overweight or obese	2017	39.5%	36.9%		
Ethnicity: Percent of Adult Latinos with Body Mass Index considered overweight or obese	2017	70.4%	70.8%		
Ethnicity: Percent of Adult Whites with Body Mass Index considered overweight or obese	2017	57.3%	55.0%		
5th graders: Fitnessgram test- body composition area needs in provement/health risk	2018	21.3%	24.9%		
7th graders: Fitnessgram test- body composition area needs in provement/health risk	2018	19.8%	22.7%		
9th graders: Fitnessgram test- body composition area needs in provement/health risk	2018	18.4%	20.7%		
At Risk Behaviors					
Sexual Behavior and Health					
Percent of teens who are not sexually active	2017	86.4%	86.5%	76.7%	100.0%
Rate of chlamydia incidence per 100,000 pop.	2015	459.9	541.4		
Rate of gonorrhea incidence rate per 100,000 pop. ^	2015	118.5	151.3		
Rate of primary and secondary syphilis incidence per 100,000 pop. ^	2015	10.0	11.9		
Rate of early latent syphilis per 100,000 pop.	2015	8.9	14.8		
Percent of live births to teen mothers (15-19 years old)	2018	21.0%	20.8%		
Alcohol and Substance Abuse					
Percent of adults who binge drank (5 or more) in the past year	2015	34.7%	33.8%	35.6%	45.1%
Percent of teens who binge drank (5 or more) in the past year	2017	5.8%	7.3%	--	--
Percent of teens who ever had an alcoholic drink	2017	22.6%	21.2%	41.3%	--
Percent of population who are smokers	2018	11.0%	11.0%		
Percent of adults who currently smoke	2017	10.2%	9.0%	7.6%	11.5%
Percent of young adults 18-24 years old who smoke	2017	7.4%	6.2%	4.1%	--
Percent of adults who have ever smoked e-cigarette's	2017	17.9%	17.1%	18.4%	18.3%
Percent who ever tried marijuana or Hashish (Age 17 and under)	2017	12.4%	14.7%	--	--
Air Quality					
Number of days where Ozone levels were above the standard	2016	22	60	--	--
Annual average particulate matter concentration (micrograms per cubic meter)	2016	9	12	--	--
Other Family and Community Socio-Economics					
Cultural and Linguistic Barriers					
Percent who had a difficult time understanding their doctor	2017	3.1%	3.6%	3.4%	3.8%
Percent who live in homes in which English is not spoken (linguistically isolated)	2014	9.5%	12.7%	--	--
Percent who speak a language other than English	2014	19.1%	25.8%	--	--
Economic Security					
Percent of population living with income below 100% Federal Poverty Level	2017	16.8%	20.6%	14.2%	25.9%
Percent of population living with income below 100-199% Federal Poverty Level	2017	18.1%	19.2%	16.8%	22.7%
Percent of Population living 200-299 below the Federal Poverty Level	2017	12.9%	13.6%	15.8%	9.5%
Percent of Population living more than 300% below the Federal Poverty level	2017	52.3%	47.5%	53.2%	42.0%
Percent of Youth (0-17) living 100% below the Federal Poverty Level	2017	21.0%	27.4%	14.8%	37.2%
Percent of Youth (0-17) living 100-199% below the Federal Poverty Level	2017	19.5%	15.2%	16.6%	21.6%
Percent of Youth (0-17) living 200-299 below the Federal Poverty level	2017	13.4%	15.8%	17.3%	--
Percent of Youth (0-17) living more than 300% below the Federal Poverty level	2017	46.0%	41.5%	51.4%	35.8%
Youth (under 18) in poverty	2017	20.7%	24.0%		
Female head of household with youth (under 18) in poverty	2017				
Percent of households where housing costs exceed 30% of total household income	2014	45.0%	49.9%	--	--
Elderly single/couple income below county cost of living thresholds	2017	23.0%	23.0%	20.6%	47.9%
Percent of students eligible for free/reduced price meals	2017	50.1%	53.3%	--	--
WIC usage among qualified adults	2014	53.5%	59.7%	54.1%	87.1%

2019 Glendale CHNA - Health Needs and Drivers Summary Scorecard

DATA INDICATOR	Year of Data	Healthy People 2020 Target			
		California	Los Angeles County	SPA 2 - San Fernando	SPA 4 - Metro
Legend					
An italicized indicator denotes qualitative data collected in a focus group or interview					
Two dashes (--) = no data available					
SPA = Service Planning Area					
Black boxes indicate that the area performed worse than the benchmark					
Red boxes indicate the variable was identified as a health driver in 2018 scorecard					
(*) = Restricted data					
Percent on WIC--children 6 years and younger	2016	44.7%	52.7%	26.8%	56.8%
Percent receiving food stamps	2016	23.1%	21.7%	17.5%	27.3%
Percent receiving TANF or CalWORKS	2016	10.2%	9.9%	4.1%	14.5%
Rate of unemployment	2017	7.7	7.8	--	--
Access to Food					
Percent who are unable to afford enough food (food insecurity)	2017	40.8%	40.2%	42.5%	31.9%
Percent of Children (0-17 years old) Whose Parent/Guardian/Decision Maker Reported Rating Community's Access to Fresh Fruits/Vegetables as Excellent or Good.	2015	--	75.0%	81.4%	69.6%
Percent who reported the availability of affordable fresh fruits and vegetables in their neighborhood	2014	98.9%	98.8%	99.6%	99.9%
Community Safety and Violence Among Youth					
Percent of teens who feared being attacked at school in the past year	2017	9.2%	--	--	--
Percent of teens who perceive their neighborhood park or playground as safe	2017	94.9%	93.2%	100.0%	68.3%
Percent of youth(1-17 years old) Reported Easy Access to a Park, Playground or Other Safe Place to Play	2015	--	86.8%	86.3%	81.9%
Percent of Children (0-17 years old) Whose Parent/Guardian/Decision Maker Reported Rating Community's Public Safety as Excellent or Good.	2015	--	63.6%	71.0%	55.5%
Percent of teens who received threats of violence or physical harm by peers in the past year	2017	9.1%	2.9%	--	--
Rate of juvenile felony arrest per 1,000 youth	2015	5.8	5.1	--	--
Arrest Rate of persons under age 18 (per 100,000 aged 10-17) for Robbery	2014	65.0	77.0	--	--
Arrest Rate of persons under age 18 (per 100,000 aged 10-17) for Loitering/Curtew	2014	76.0	119.0	--	--
Percent of public school staff reporting High School Student bullying/harassment is a problem at school	2015	34.1	31.9	--	--
Rate of homicide per 100,000 pop.	2017	<=5.5	4.6	5.6	--
Rate of non-fatal assaults per 100,000 pop.	2017	266.1	330.5	--	--
Rate of violent crimes per 100,000 pop.	2017	450.7	583.4	--	--
Rate of robberies per 100,000 pop.	2017	142.9	205.8	--	--
CAOTS Ranking: Total Fatal and Injury by County (out of 58)	2016		2		
CAOTS Ranking: Pedestrian collision by County (out of 58)	2016		8		
CAOTS Ranking: Drinking Driver under 21 by County (out of 58)	2016		18		
CAOTS Ranking: Nighttime (9:00pm - 2:59am) by County (out of 58)	2016		1		
Access to Shelter					
Homelessness					
Total number of homeless individuals	2018	--	49,955	7,478	14,218
Total number of homeless youth	2015	--	280	40	73
Total number of homeless that are mentally ill	2015	--	12,253	2,096	3,408
Total number of homeless with a physical disability	2015	--	8,148	1,097	2,036
Total number of homeless with a substance abuse problem	2015	--	10,388	1,403	2,843
Total number of veterans who are homeless	2015	--	4,016	587	1,237
Homelessness: Percent of homeless who are single adults	2018		84.1%	77.2%	89.7%
Homelessness: Percent of homeless who are families	2018		15.8%	22.8%	9.9%
Homelessness: Percent of homeless who are unaccompanied minors	2018		0.1%	0.0%	0.3%
Homelessness: Percent chronically homeless	2018		26.6%	24.6%	31.7%
Homelessness: Percent with substance abuse	2018		14.8%	17.2%	19.0%
Homelessness: Percent who have HIV/AIDS	2018		1.5%	1.3%	3.4%
Homelessness: Percent who have serious Mental Illness	2018		26.8%	27.9%	31.4%
Homelessness: Percent who are survivors of domestic violence	2018		29.6%	29.7%	33.5%
Homelessness: Percent who are veterans	2018		7.1%	5.0%	7.6%
Homelessness: Percent who are under 18	2018		9.5%	12.7%	6.2%
Housing					
Percent of occupied housing with one or more substandard conditions	2014	47.5%	54.0%	--	--

2019 Glendale CHNA - Health Needs and Drivers Summary Scorecard

DATA INDICATOR

Legend
 An italicized indicator denotes qualitative data collected in a focus group or interview
 Two dashes (--) = no data available
 SPA = Service Planning Area
 Black boxes indicate that the area performed worse than the benchmark
 Red boxes indicate the variable was identified as a health driver in 2016 scorecard
 (*) = Restricted data

	Year of Data	Healthy People 2020 Target	California	Los Angeles County	SPA 2 - San Fernando	SPA 4 - Metro
Percent of housing units that are vacant	2014	8.5%	6.4%	--	--	--
Rate of HUD-assisted units per 10,000 housing units	2013	368.3	439.3	--	--	--
Housing units: owner occupied	2017	54.9%	46.9%	--	--	--
Housing units: renter occupied	2017	45.5%	54.1%	--	--	--

Appendix B

Primary Data-Gathering Tools

Glendale 2019 Community Health Needs Assessment

The Center for Nonprofit Management (CNM) is working with the City of Glendale's Healthier Community Coalition to conduct the 2019 Community Health Needs Assessment.

We are reaching out to health experts, providers, and other key stakeholders to obtain their perspective on the most important health issues facing the local community. Please take a few minutes to complete this survey. Thank you in advance for your time, we appreciate your input into this important process! All responses will be kept confidential.

1. What data do you use to monitor community health trends and conduct planning?

2. What specific sources do you consult? (e.g., reports, websites...)

3. What trends have you noticed in the past three years related to the health of the Glendale community?

4. What are the three top health needs for the Glendale community?

1.

2.

3.

5. Who or what groups in the community are most affected by these issues?

6. Of the health issues listed below, what are the top five for the Glendale community? (please select only 5)

- | | | |
|--|---|---|
| <input type="checkbox"/> Obesity | <input type="checkbox"/> Access to primary care | <input type="checkbox"/> Substance use disorder |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Teen births | <input type="checkbox"/> Heart disease |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Cancer | <input type="checkbox"/> Chronic pain |
| <input type="checkbox"/> Mental health | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Dental health | <input type="checkbox"/> Chlamydia | |

Other (please specify)

7. What are the biggest challenges to achieving health and well-being from an individual and community perspective?

8. Specifically, what challenges does your organization face in serving your target populations and in addressing these issues?

9. What do you think are effective strategies for addressing these issues?

10. What resources exist in the community to help address these health issues? (e.g., people, organizations or agencies, programs, or other community resources) *

11. What else is important for us to know about significant health needs in the community?

12. Have you used the 2016 Glendale Community Health Needs Assessment Report?

Yes

No

13. If the answer to the previous question was "yes," can you describe: what was most helpful? What would make the report more helpful?

14. Check here if you would be interested in participation in upcoming Community Health Needs Assessment activities.

Yes, I would be interested.

15. Participant Information (to be used exclusively for reporting purposes):

Name: (Optional)

Organization:

Organization ZIP code:

Title:

Primary area of expertise:

Primary service population:

Primary geographic service areas:

Email (we will not publish, share, or sell your email address in any way):

16. What (statistical) data do you collect that you might be able to share?

17. What other data or information/perspective do you collect that you might be able to share?

2019 Glendale CHNA Prioritization

The Center for Nonprofit Management (CNM) is conducting the 2019 Community Health Needs Assessment (CHNA) for Glendale Adventist Medical Center, Dignity Health Glendale Memorial Hospital and we need your assistance.

We have gathered data from local and regional sources and valuable insights from service providers and community members about the communities served by the hospitals. After reviewing this input, in conjunction with a range of health indicators from public and private data sources, the CNM CHNA team developed the following list of prominent health needs and drivers/predictors. Please note that the health needs are listed in alphabetical order, and NOT by order of importance.

We need your input to help prioritize these health needs and drivers and determine which represent the areas of greatest need. The following confidential survey should take about 10 minutes to complete. When considering your responses, please keep your specific service area and community in mind. If you believe some pertinent issues in your community are not included in the survey, please let us know about these in the final section of the survey.

Please refer to the Community Health Needs Assessment Prioritization Criteria Scale when completing this survey. (Provided as an attachment.)

The results from this survey will inform Glendale Adventist Medical Center, Dignity Health and Glendale Memorial Hospital in developing strategies for their Community Benefits Plans.

Please complete this survey by 5 pm, Wednesday, May 3, 2019. Thank you very much for your time and assistance!

Please contact Maura Harrington at mharrington@cnmsocal.org or Gigi Nang at gnang@cnmsocal.org with any questions about this survey.

2019 Glendale CHNA Prioritization

1. Please tell us about yourself (for analysis purposes).

Name

Organization

Email

2. Please define your service area by selecting from the list of hospital service areas and cities/communities below. (Select all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Glendale Adventist Medical Center | <input type="checkbox"/> La Canada/Flintridge |
| <input type="checkbox"/> Dignity Health Glendale Memorial Hospital | <input type="checkbox"/> La Crescenta |
| <input type="checkbox"/> USC Verdugo Hills Hospital | <input type="checkbox"/> Los Feliz |
| <input type="checkbox"/> Altadena | <input type="checkbox"/> Montrose |
| <input type="checkbox"/> Eagle Rock | <input type="checkbox"/> Pasadena |
| <input type="checkbox"/> Glassell Park | <input type="checkbox"/> Sunland |
| <input type="checkbox"/> Glendale | <input type="checkbox"/> Sylmar |
| <input type="checkbox"/> Griffith Park | <input type="checkbox"/> Tujunga |
| <input type="checkbox"/> Highland Park | <input type="checkbox"/> Verdugo City |
| <input type="checkbox"/> Hollywood | |

2019 Glendale CHNA Prioritization					
Identified Health Needs					
Please refer to the Prioritization Criteria Scale when selecting your responses.					
3. Cancer					
	1	2	3	4	Don't know
SEVERITY- How severely does this health need impact the community?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHANGE OVER TIME - Has the health need improved or is it getting worse over time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
RESOURCES - The availability of community resources and assets to address this health need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
COMMUNITY READINESS- Community readiness to effectively implement and support programs to address this health need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Cardiovascular Disease					
	1	2	3	4	Don't know
SEVERITY- How severely does this health need impact the community?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHANGE OVER TIME - Has the health need improved or is it getting worse over time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
RESOURCES - The availability of community resources and assets to address this health need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
COMMUNITY READINESS- Community readiness to effectively implement and support programs to address this health need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Communicable/Infectious Diseases					
	1	2	3	4	Don't know
SEVERITY- How severely does this health need impact the community?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHANGE OVER TIME - Has the health need improved or is it getting worse over time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
RESOURCES - The availability of community resources and assets to address this health need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
COMMUNITY READINESS- Community readiness to effectively implement and support programs to address this health need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Diabetes					
	1	2	3	4	Don't know
SEVERITY- How severely does this health need impact the community?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHANGE OVER TIME - Has the health need improved or is it getting worse over time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
RESOURCES - The availability of community resources and assets to address this health need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
COMMUNITY READINESS- Community readiness to effectively implement and support programs to address this health need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Mental Health					
	1	2	3	4	Don't know
SEVERITY- How severely does this health need impact the community?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHANGE OVER TIME - Has the health need improved or is it getting worse over time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
RESOURCES - The availability of community resources and assets to address this health need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
COMMUNITY READINESS- Community readiness to effectively implement and support programs to address this health need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Obesity					
	1	2	3	4	Don't know
SEVERITY- How severely does this health need impact the community?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHANGE OVER TIME - Has the health need improved or is it getting worse over time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
RESOURCES - The availability of community resources and assets to address this health need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
COMMUNITY READINESS- Community readiness to effectively implement and support programs to address this health need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. Sexual Health/STDs					
	1	2	3	4	Don't know
SEVERITY- How severely does this health need impact the community?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHANGE OVER TIME - Has the health need improved or is it getting worse over time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
RESOURCES - The availability of community resources and assets to address this health need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
COMMUNITY READINESS- Community readiness to effectively implement and support programs to address this health need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Stroke					
	1	2	3	4	Don't know
SEVERITY- How severely does this health need impact the community?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHANGE OVER TIME - Has the health need improved or is it getting worse over time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
RESOURCES - The availability of community resources and assets to address this health need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
COMMUNITY READINESS- Community readiness to effectively implement and support programs to address this health need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2019 Glendale CHNA Prioritization					
Drivers of Health					
Please refer to the Prioritization Criteria Scale when selecting your responses.					
11. Access to Health Care					
	1	2	3	4	Don't know
SEVERITY- How severely does this health need impact the community?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHANGE OVER TIME - Has the health need improved or is it getting worse over time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
RESOURCES - The availability of community resources and assets to address this health need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
COMMUNITY READINESS- Community readiness to effectively implement and support programs to address this health need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Dental Care					
	1	2	3	4	Don't know
SEVERITY- How severely does this health need impact the community?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHANGE OVER TIME - Has the health need improved or is it getting worse over time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
RESOURCES - The availability of community resources and assets to address this health need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
COMMUNITY READINESS- Community readiness to effectively implement and support programs to address this health need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Geriatric Support					
	1	2	3	4	Don't know
SEVERITY- How severely does this health need impact the community?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHANGE OVER TIME - Has the health need improved or is it getting worse over time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
RESOURCES - The availability of community resources and assets to address this health need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
COMMUNITY READINESS- Community readiness to effectively implement and support programs to address this health need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. Homelessness and Housing					
	1	2	3	4	Don't know
SEVERITY- How severely does this health need impact the community?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHANGE OVER TIME - Has the health need improved or is it getting worse over time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
RESOURCES - The availability of community resources and assets to address this health need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
COMMUNITY READINESS- Community readiness to effectively implement and support programs to address this health need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Poverty					
	1	2	3	4	Don't know
SEVERITY- How severely does this health need impact the community?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHANGE OVER TIME - Has the health need improved or is it getting worse over time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
RESOURCES - The availability of community resources and assets to address this health need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
COMMUNITY READINESS- Community readiness to effectively implement and support programs to address this health need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Preventative Wellness					
	1	2	3	4	Don't know
SEVERITY- How severely does this health need impact the community?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHANGE OVER TIME - Has the health need improved or is it getting worse over time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
RESOURCES - The availability of community resources and assets to address this health need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
COMMUNITY READINESS- Community readiness to effectively implement and support programs to address this health need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. Substance Abuse

	1	2	3	4	Don't know
SEVERITY- How severely does this health need impact the community?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHANGE OVER TIME - Has the health need improved or is it getting worse over time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
RESOURCES - The availability of community resources and assets to address this health need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
COMMUNITY READINESS- Community readiness to effectively implement and support programs to address this health need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. Transportation

	1	2	3	4	Don't know
SEVERITY- How severely does this health need impact the community?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHANGE OVER TIME - Has the health need improved or is it getting worse over time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
RESOURCES - The availability of community resources and assets to address this health need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
COMMUNITY READINESS- Community readiness to effectively implement and support programs to address this health need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. Violence/Injury/Safety

	1	2	3	4	Don't know
SEVERITY- How severely does this health need impact the community?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHANGE OVER TIME - Has the health need improved or is it getting worse over time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
RESOURCES - The availability of community resources and assets to address this health need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
COMMUNITY READINESS- Community readiness to effectively implement and support programs to address this health need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. Are there any health needs or drivers you feel have been overlooked that need to be represented? (Please remark on the severity, change over time, resources, and community readiness to support as it relates to this need or driver.)

Health Need or Driver:

Health Need or Driver:

Appendix C

Stakeholders

Dignity Health Glendale Memorial Hospital and Health Center
2019 Community Health Needs Assessment

Last Name	First Name	Organization	Professional Title	Focus Group Health Summit October 2018	Prioritization Forum Participation
Artyunyan	Mary	Leisure Glen Post Acute Care Center	Administrator	X	
Avanesyan	Meline	Leisure Glen Post Acute Care Center	Marketer	X	
Azza	Ban			X	
Beers	Yasmin	City of Glendale	City Manager	X	
Bergh, DDS	Brian	Bergh Orthodontics		X	
Bickle	Scott	Glendale Police Department	Captain		X
Bourdon	Irene	Healthcare Foundation at Adventist Health Glendale	President	X	
Carrillo	Erik	Adventist Health Glendale - Champions for Change	Program Coordinator	X	
Carver	Danny	Glendale Police Department	Lieutenant	X	
Cooney	Betty	Southern California Conference of SDA	Health Response Steering Committee - Chair	X	
Crawford	Beth	YMCA of Glendale	COO	X	
Cuestas Galdamez	Mario Ernesto	Anthem		X	
Davis-Moore	Sheryl	Glendale Police Department	Commander		X
Dickson	Jill	Adventist Health Glendale	Director, Cancer Services	X	
Dudley	Catherine	Glendale Community College		X	
Duncan, Ph.D.	Laura	Ascencia	Acting Executive Director	X	
Farag	Mina	Anthem		X	
Filipian	Marie	Dignity Health Glendale Mem Hospital & Health Ctr	Community Health Manager	X	

Dignity Health Glendale Memorial Hospital and Health Center
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Last Name	First Name	Organization	Professional Title	Focus Group Health Summit October 2018	Prioritization Forum Participation
Fortuno	Marissa	American Heart Association	Strategic Initiatives & Planning	X	
Gamble, FACHE	Mark	Hospital Association of Southern California	Senior Vice President & COO	X	
Gano	Andrew	Glendale Fire Department	Captain	X	
Garcilazo	Al	Adventist Health Glendale	Senior Chaplain	X	
Ghaleehyan	Kristine			X	
Gorman	Dale	Kids' Community Dental Clinic	Executive Director	X	
Gukasyan, EdM	Stella	Elevation Health Partners	Quality Improvement Champion	X	
Hamidi	Sayed	Catholic Charities		X	
Hill, Ed.D	Robert	Glendale Community College	Dean of Student Services.	X	
Hinckley	Bruce	Glendale Police Foundation, Verdugo Hills BSA, Glendale Free Clinic			X
Hobbs	Keith	USC Verdugo Hills Hospital	President & CEO	X	
Holland	Lindsay	Health Services Advisory Group			X
Issai	Alice	Adventist Health Glendale	President	X	
Joseph	Ashley			X	
Karinski	Edna	Community Foundation of the Verdugos	CEO & GHCC Chair	X	X
Kaufman	Margaret			X	
Kavarian	Maggie	City of Glendale	Sr. Community Services Supervisor	X	
Kelly, Psy.D	Patrick	Didi Hirsch Mental Health Services	Assistant Program Director	X	

Dignity Health Glendale Memorial Hospital and Health Center
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Last Name	First Name	Organization	Professional Title	Focus Group Health Summit October 2018	Prioritization Forum Participation
Kesheshian	Mher	All For Health, Health For All, Inc.	QI Director	X	
Khanoyan	Sivard	AHGL Family Medicine Residency Program	PHYSICIAN	X	
Klaric	Joan	Adventist Health Glendale	Office Coordinator	X	
Kuo, MD	Tony	LA County Department of Public Health		X	
Leach	Travis	Glendale Community College		X	
Lehman	Nathan	LA County Department of Public Health		X	
Leonard	Todd	Glendale City SDA Church	Senior Pastor	X	
Lopez	Oscar	Health Services Advisory Group		X	
Lopez	Irma			X	
Lymbertos	Andrea	Pacific Clinics Headstart	Health and Nutrition Coordinator	X	
Maghaguian	John	City of Glendale	Community Services Supervisor	X	
Magran, Ed.D	Ilin	Glendale Unified School District	Assistant Director, Student Support Services	X	
Malick	Devon	Glendale YMCA		X	
Markarian	Evelina	Pacific Clinics		X	
Markarian	Alvart	LA County Department of Public Health		X	
Maxey	Simone	Health Service Advisory Group			X
McCarty	Rev. Cassie	Dignity Health Glendale Mem Hospital & Health Ctr	Dir, Mission Integration & Spiritual Care Services	X	

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Last Name	First Name	Organization	Professional Title	Focus Group Health Summit October 2018	Prioritization Forum Participation
McDowell	Michael	The Soldiers Project	Executive Director	X	
Mettler	Markus	Healthcare Management Services LLC	President & COO	X	
Mozian	Rita	LA County Department of Public Health	Health Educator	X	
Murphy	Theresa	USC Verdugo Hills Hospital	CNO	X	
Najarian	Ara	City of Glendale	City Council Member	X	
Nang	Gigi	Center for Non-Profit Management	Senior Project Manager	X	
Nelson	Bruce	Adventist Health Glendale	Administrative Director, Community Research	X	
Nelson	Kerry	Adventist Health Glendale	We Own the Health of Our Community & TCPI	X	
Newkirk	Christine	Center for Non-Profit Management	Senior Project Manager	X	
Ochoa	Karen	Health Services Advisory Group		X	
Olivares	Joe	City of Glendale - Library, Arts & Culture		X	
Ortiz-Luis	Anthony	Valley Care Community Consortium	Director	X	
Parker	Tanya	Planned Parenthood of Pasadena and San Gabriel Valley		X	
Pecache	Margita	Adventist Health Glendale		X	
Pezeshkian	Gayaneh	Harmony Health MD	Community Liaison	X	
Port	Christian	Planned Parenthood of Pasadena and San Gabriel Valley		X	

Dignity Health Glendale Memorial Hospital and Health Center
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Last Name	First Name	Organization	Professional Title	Focus Group Health Summit October 2018	Prioritization Forum Participation
Portantino	Senator Anthony	California State Senate—25th District	Senator	X	
Powers	Christine	City of Glendale	Program Supervisor	X	
Povilaitis	Carl	Glendale Police Department	Chief		X
Ramirez	Elaine			X	
Resterdian	Merl	AFH, HFA	QI/AM Members	X	
Reyes	Toni	Glendale Community College	Program Manager II	X	
Rivera	Martha	Adventist Health Glendale - Champions for Change	Project Director	X	
Roberson Jr. Ed.D	Winfred	Glendale Unified School District	Superintendent	X	
Robin	Leslie	Center for Non-Profit Management	Senior Strategist	X	
Romanowski	Lynn			X	
Saikali	George	YMCA of Glendale	CEO	X	
Schlatter	Jason	Glendale Communitas Initiative	Executive Director	X	
Seidman	Lila	Glendale News-Press		X	
Tamayac	Alicia	Adventist Health Glendale - Champions for Change	Health Educator	X	
Tchakian	Arda	Senator Portantino's Office - 25th District	District Representative	X	
Tolentino, RN	Angelo	Glendale Community College	Health Sciences Division, Nursing	X	
Townsend	Sharon	Children's Burn Foundation	Executive Director	X	
Trumbo	Shelly	Adventist Health	Community Health Executive	X	
Wang, MD, DrPH, CPE	William	Dignity Health Glendale Mem Hospital & Health Ctr	CMO	X	

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 2019 Community Health Needs Assessment

Last Name	First Name	Organization	Professional Title	Focus Group Health Summit October 2018	Prioritization Forum Participation
Weirick	Deborah	USC Verdugo Hills Hospital	Special Projects Manager	X	
Welton	Jill	Dignity Health Glendale Mem Hospital & Health Ctr	President & CEO	X	
Yarian	Lusine	Glendale Police Department	Office Services Supervisor		X
Zulli	Alice	Adventist Health Glendale	Chaplain	X	

Appendix D

Data Sources

Data Sources/Bibliography

In Order of Appearance in the Report.

1. Dignity Health Memorial Hospital (2018). Community Benefit 2018 Report. Retrieved from <https://www.dignityhealth.org/about-us/community-health/community-health-programs-and-reports/community-health-needs-assessments>
2. Dignity Health Memorial Hospital (2019). Community Benefit 2019 Plan. Retrieved from <https://www.dignityhealth.org/about-us/community-health/community-health-programs-and-reports/community-health-needs-assessments>
3. Adventist Health Glendale. A Legacy of Healing. Retrieved from <https://www.adventisthealth.org/glendale/a-legacy-of-healing/>
4. US Bureau of Census, 2010-2017. American Community Survey, American Fact Finder. Retrieved from <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>
5. Demographic Snapshot. (2018) Nielsen Claritas.
6. University of California, Los Angeles (2019). California Health Interview Survey, 2015-2017, Retrieved from <http://ask.chis.ucla.edu/ask/SitePages/AskChisLogin.aspx?ReturnUrl=%2fAskCHIS%2fTools%2fLayouts%2fAuthenticate.aspx%3fSource%3d%252FAskCHIS%252FTools%252F%252FLayouts%252FAskChisTool%252FHome%252Easpx&Source=%2FAskCHIS%2FTools%2F%252FLayouts%2FAskChisTool%2FHome%2Easpx>
7. Southern California Association of Governments (SCAG) Regional Council. Profile of the City of Glendale. 2019
8. California Department of Education. English Learner Students by Language by Grade. 2018-2019
9. *California Center for Disease Control and Prevention, CDCWONDER 2014-2017*
10. California Department of Public Health, Center for Health Statistics and Informatics, 2018 Los Angeles County Health Status Profiles, 2018, Los Angeles County
11. *California Department of Public Health, 2017*
12. *California Department of Public Health, Center for Health Statistics and Informatics, 2019 Los Angeles County, Health Status Profiles, 2019, Los Angeles County*
13. *California Department of Public Health, California In-Hospital Breastfeeding as Indicated on the Newborn Screening Test Form, Statewide and Maternal County of Residence by Race/Ethnicity, 2017*
14. World Health Organization. Disability and Health Fact Sheet. Geneva, Switzerland. Retrieved from <http://www.who.int/mediacentre/factsheets/fs352/en/index.html>.
15. California Department of Public Health's Living Healthy with a Disability Program and Living Healthy Advisory Committee. Planning for Today, Thinking of Tomorrow—California's 2011-2016 Strategic Directions for Promoting the Health of People with Disabilities Sacramento, CA. Retrieved from http://www.cdph.ca.gov/HealthInfo/injviosaf/Documents/Planning_for_Today.pdf
16. *Los Angeles County Health Survey, 2015*
17. Los Angeles County Department of Public Health - 2015 Los Angeles County Health Survey - Topics & Data. "Percent of Children (0-17 years old) who Meet Criteria for Having Special Health Care Needs (SHCNs)" Retrieved from <http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm>
18. Making Ends Meet: How Much Does It Cost to Support a Family in California? (December, 2017). California Budget and Policy Center. Retrieved from <https://calbudgetcenter.org/wp-content/uploads/Making-Ends-Meet-12072017.pdf>

19. United States Department of Health and Human Services. Frequently Asked Questions Related To The Poverty Guidelines And Poverty. Retrieved from <https://aspe.hhs.gov/frequently-asked-questions-related-poverty-guidelines-and-poverty#differences>
20. California Department of Education, 2011, 2015, 2017
21. National Health Care for the Homeless Council. Nashville, TN. Retrieved from <https://www.nhchc.org/faq/official-definition-homelessness/>.
22. California Homelessness Statistics, United States Interagency Council on Homelessness. Retrieved from <https://www.usich.gov/homelessness-statistics/ca/http://priorities.lacounty.gov/homeless/>.
23. Los Angeles Times. Retrieved from <https://www.latimes.com/politics/la-na-pol-2020-homelessness-presidential-campaign-20190610-story.html>.
24. Retrieved from <https://www.latimes.com/opinion/editorials/la-ed-tenant-protections-bills-homeless-crisis-20190529-story.html> Appeared May 29, 2019.
25. Retrieved from <https://observer.com/2019/05/california-homeless-crisis-san-francisco/>
26. County of Los Angeles. Office of Countywide Communications. Los Angeles, CA. Retrieved from <https://www.lahsa.org/documents?id=3437-2019-greater-los-angeles-homeless-count-presentation.pdf>
27. Los Angeles County Homeless Initiative. Retrieved from <http://homeless.lacounty.gov/news/l-a-county-makes-460-million-investment-in-fight-against-homelessness-year-3-measure-h-spending-plan-funds-expansion-of-housing-and-prevention/>
28. Greater Los Angeles Homeless County, 2019 Results. Los Angeles Homeless Services Authority. Retrieved from <https://www.lahsa.org/documents?id=3437-2019-greater-los-angeles-homeless-count-presentation.pdf>
29. California Housing Partnership Corporation. (May 2019) Los Angeles County Annual Affordable Housing Outcomes Report.
30. The Federal Home Loan Mortgage Corporation, "Rental Burden by Metro" 2019
31. Los Angeles Homeless Service Authority, 2018 Greater Los Angeles Homeless Count Reports,
32. A Secondary Analysis by ICPH utilizing data from the Fragile Families and Child Well-being Study. Institute for Children, Poverty & Homelessness. Retrieved from <http://www.icphusa.org/index.asp?page=16&report=112&pg=110>.
33. Guerrero, E., Henwood, B. and Wenzel, S. (2014). Service Integration to Reduce Homelessness in Los Angeles County: Multiple Stakeholder Perspectives. *Human Service Organizations* 38(1):44-54
34. U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Retrieved from <http://healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=28>.
35. Public Health Agency of Canada. *Mental Illness*. Retrieved from <http://www.phac-aspc.gc.ca/cd-mc/mi-mm/index-eng.php>.
36. Centers for Disease Control and Prevention. *Mental Illness Surveillance Among Adults*. 2011. Retrieved from <https://www.cdc.gov/mmwr/preview/mmwrhtml/su6003a1.htm>.
37. National Alliance on Mental Illness. Retrieved from <https://www.nami.org/Learn-More/Mental-Health-By-the-Numbers>.
38. Los Angeles Times. Retrieved from <https://www.latimes.com/local/california/la-me-mhsa-unspent-balance-20180819-story.html>
39. American Foundation for Suicide Prevention. Retrieved from <https://afsp.org/about-suicide/suicide-statistics/>

40. U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Retrieved from <http://www.healthypeople.gov/2020/lhi/substanceabuse.aspx?tab=determinants>.
41. U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Retrieved from <https://www.healthypeople.gov/2020/topics-objectives/topic/substance-abuse>.
42. Stewart, K. (n.d.). How Alcohol Outlets Affect Neighborhood Violence. Calverton, MD. Retrieved from <http://urbanaininois.us/sites/default/files/attachments/how-alcohol-outlets-affect-nbhd-violence.pdf>.
43. *California Department of Alcoholic Beverage Control (ABC), 2016*
44. *California Office of Statewide Health Planning and Development, 2013-2015*
45. U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Retrieved from <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=41>.
46. County Health Rankings, 2018
47. State of California Department of Health Care Services (2012). Medi-Cal's Coordinated Care Initiative Population Combined Medicare & Medi-Cal Cost, Utilization, and Disease Burden, Sacramento, CA. Retrieved from <http://www.dhcs.ca.gov/dataandstats/statistics/Documents/Dual%20Data%20Sets%20Medicare.pdf>.
48. California Department of Health Care Services (2014). The Healthy Families Program Transition to Medi-Cal Final Comprehensive Report. Sacramento, CA. Retrieved from <http://www.dhcs.ca.gov/provgovpart/Documents/Waiver%20Renewal/AppendixCHFP.PDF>.
49. Heart Disease and Stroke Statistics-2019 Update: A Report From the American Heart Association. *Circulation* 2019;Jan 31. Benjamin EJ, Muntner P, Alonso A, et al. Retrieved from <https://www.acc.org/latest-in-cardiology/ten-points-to-remember/2019/02/15/14/39/aha-2019-heart-disease-and-stroke-statistics>.
50. Centers for Disease Control and Prevention. High Blood Pressure and Cholesterol. Retrieved from <http://www.cdc.gov/vitalsigns/cardiovascular-disease/>
51. California Department of Public Health. Retrieved from <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/2017-2018KindergartenSummaryReport.pdf>
52. California Department of Public Health, Center for Health Statistics and Informatics, 2015 County Health Status Profiles, 2015, County.
53. *California Office of Statewide Health Planning and Development OSHPD Patient Discharge Data, 2013-2015,*
54. Retrieved from <https://www.thinkhealthla.org/index.php?module=indicators&controller=index&action=view&indicatorId=148&localeId=6278>
55. World Health Organization, Oral health Fact Sheet. Geneva, Switzerland. Retrieved from <https://www.who.int/news-room/fact-sheets/detail/oral-health>.
56. Centers for Disease Control and Prevention. Available at <https://www.cdc.gov/diabetes/ndep/pdfs/ppod-guide-dental-professionals.pdf>.

57. United States Department of Health and Human Services (n.d.). Dental HPSA Designation Overview. Rockville, MD. Retrieved from <http://bhpr.hrsa.gov/shortage/hpsas/designationcriteria/dentalhpsaoverview.html>.
58. Trends in the Supply of Dentists in California. Pourat, Nadereh and Choi, Moonkyung K. UCLA Center for Health Policy Research (2014). Retrieved from <http://healthpolicy.ucla.edu/publications/Documents/PDF/2014/dentistspb-mar2014.pdf>
59. National Cancer Institute. *Obesity and Cancer Risk*. Retrieved from <http://www.cancer.gov/cancertopics/factsheet/Risk/obesity>.
60. <http://www.healthinaging.org/aging-and-health-a-to-z/topic:geriatrics/>
61. National Diabetes Statistics Report, 2017, Estimates of Diabetes and its Burden on the United States. Retrieved from <https://www.cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf>
62. U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Retrieved from <https://www.healthypeople.gov/2020/topics-objectives/topic/diabetes>.

Appendix E

Impact of Actions Taken Since Previous CHNA

Impact Evaluation

Dignity Health Glendale Memorial Hospital conducts a Community Health Needs Assessment every three years as part of our ongoing efforts to address our communities' most significant health needs. Based on 2016 assessment findings, we prioritized our efforts and investment around:

1. Mental health
2. Obesity/overweight
3. Substance abuse
4. Diabetes
5. Cardiovascular disease
6. Cancer
7. Stroke
8. Communicable/infectious diseases
9. Sexual health/STDs

2017 - 2019 Community Benefit Plan Principles

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

- **Focus on Disproportionate Unmet Health-Related Needs:** Seek to address the needs of communities with disproportionate unmet health-related needs.
- **Emphasize Prevention:** Address the underlying causes of persistent health problems through health promotion, disease prevention, and health protection.
- **Contribute to a Seamless Continuum of Care:** Emphasize evidence-based approaches by establishing operational linkages between clinical services and community health improvement activities.
- **Build Community Capacity:** Target charitable resources to mobilize and build the capacity of existing community assets.
- **Demonstrate Collaboration:** Work together with community stakeholders on community health needs assessments, health improvement program planning and delivery to address significant health needs.

The 2016 - 2019 Community Benefit Plan details a commitment of the hospital to deliver, fund or collaborate in community benefit activities and resources to address significant community health needs. The following pages summarize activities carried out in fiscal years 2017 and 2018.

Progress Summary

Health Need: Mental Health

Strategy or Activity	Summary Description	Active FY17	Active FY18
Behavioral Health Unit	GMMHC continues to strengthen and develop our in-patient mental health services.	☒	
Support for seniors	GMMHC provided a senior lecture on learning about the signs and symptoms of dementia, dementia categories and treatment modalities.		☒
Support for veterans and their families	Community grant to Wellness Works. This project provides mental health care to veterans with PTSD, TBI (Traumatic Brain Injury), and/or MST (Military Sexual Trauma), and provides Community Resilience Model (CRM) Training, which enhances a peer-support, self-care model as well as training community members to help provide resiliency techniques to the larger community.	☒	☒
Support for chronically homeless individuals	Community grant to Ascencia. This project provides permanent supportive housing for homeless individuals, which includes providing support for their physical and mental health.	☒	☒
Support for youth	Community grant to Glendale Parks and Open Space Foundation. This project provides physical and mental well-being activities for elementary school children in an underserved population of Glendale.	☒	☒
Support for situationally homeless families	Community grant to Family Promise of the Verdugos. This project will provide support for parents and children as they obtain housing, jobs, and maintain schooling. This will include support for the families for overall mental well-being.	☒	☒
Breastfeeding Resource Center	Our hospital's Breastfeeding Resource Center provides free support to new moms and their infants in the community through group and 1:1 support in English and Spanish. Breastfeeding is linked to a lower risk of post-partum depression.	☒	☒

Health Need: Obesity/Overweight

Strategy or Activity	Summary Description	Active FY17	Active FY18
Support for seniors	We offer our members a walking program called Walk-A-Dile to promote exercise and healthy lifestyles three times	☒	

	a week. We also provided an educational lecture on obesity.		
	Our hospital hosts weekly Strength Training and Shao Chi/Yoga Classes to promote exercise and healthy lifestyles.		☒
Education and screenings for the community	GMHHC participates in community and business sponsored health fairs in the greater Glendale area. We provide information, education and screenings at these events, including BMI screenings.	☒	☒
Support for youth	Community grant to Glendale Parks and Open Space Foundation. This project provides physical and mental well-being activities for elementary school children in an underserved population of Glendale. This includes BMI screenings before and after to measure progress of weight loss.	☒	☒

Health Need: Substance abuse

Strategy or Activity	Summary Description	Active FY17	Active FY18
Support for chronically homeless	Community grant to Ascencia. This project provides permanent supportive housing for homeless individuals, which includes providing support and education for clients with diabetes.	☒	☒

Health Need: Diabetes

Strategy or Activity	Summary Description	Active FY17	Active FY18
Disease management education for patients	Our hospital offers an outpatient Diabetes and Nutrition Program (diabetes self-management course) that entails 4 sessions of 2 hour classes over 4 weeks. We offer this course in English and Spanish.	☒	☒
Education for the community	GMHHC participates in community and business sponsored health fairs in the greater Glendale area. We provide information and education regarding diabetes at these events.	☒	☒
Breastfeeding Resource Center	Our hospital's Breastfeeding Resource Center provides free group and 1:1 support to new moms and their infants in the community in English and Spanish. The short-term and long-term benefits of breastfeeding for mother and child are well documented (e.g., for mother—breastfeeding linked to a lower risk of these types of health problems: Type 2 diabetes, breast cancer, cervical cancer, and post-	☒	☒

	partum depression; for baby—breastfeeding linked to lower risk of Type 1 & 2 Diabetes, childhood leukemia, lower respiratory infections, asthma, and obesity).		
Support for chronically homeless	Community grant to Ascencia. This project provides permanent supportive housing for homeless individuals, which includes providing support and education for clients with diabetes.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Health Need: Cardiovascular disease

Strategy or Activity	Summary Description	Active FY17	Active FY18
Support for seniors	Our hospital offered seniors in our community a walking program called Walk-A-Dile to promote exercise and healthy lifestyles three times a week.	<input checked="" type="checkbox"/>	
Support for seniors	Our hospital will host weekly Strength Training and Shao Chi/Yoga Classes to promote exercise and healthy lifestyles.		<input checked="" type="checkbox"/>
Education for the community	GMHHC participates in community and business sponsored health fairs in the greater Glendale area. We provide information, education, and screenings at these events, in particular carotid screenings.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Support for chronically homeless	Community grant to Ascencia. This project provides permanent supportive housing for homeless individuals, which includes providing support and education for clients with cardiovascular disease.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Health Need: Cancer

Strategy or Activity	Summary Description	Active FY17	Active FY18
Support for seniors	Our hospital provided a lecture regarding colorectal cancer and how to steps to avoid this type of cancer through diet.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Support for seniors	Our hospital provided a lecture regarding screenings, diagnosis, and treatment options for breast cancer.		<input checked="" type="checkbox"/>

Health Need: Stroke

Strategy or Activity	Summary Description	Active FY17	Active FY18
Disease management education for patients	Our hospital offers a program to provide assistance in disease management for our patients through continued education and a Stroke Support Group.	<input checked="" type="checkbox"/>	

Health Need: Communicable/infectious disease

Strategy or Activity	Summary Description	Active FY17	Active FY18
Support for seniors	Our hospital provided a lecture to seniors regarding possible sources of infection in healthcare and ways to prevent them.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Appendix F

Community Assets

Emergency Food, Food Rescue Programs

1) TUJUNGA UNITED METHODIST CHURCH

9901 Tujunga Canyon Blvd.
Tujunga, CA 91042
Phone: 818-473-4185

HOMELESS SUPPORT SERVICES: *The program provides emergency food for people in La Crescenta, Lake View Terrace, Montrose, Sunland and Tujunga, including people who are undocumented, who are homeless or who receive government assistance.*

2) SUNLAND-TUJUNGA TEMPORARY AID CENTER

7747 Foothill Blvd.
Tujunga, CA 91042
Phone: 818-352-2421

EMERGENCY FOOD: *The program provides emergency food for people in Lakeview Terrace, Shadow Hills and Sunland-Tujunga, including people who are homeless or undocumented.*

3) FIRST LUTHERAN CHURCH GLENDALE

1300 E. Colorado St.
Glendale, CA 91205
Phone: 818-240-9000
<http://www.first-lutheran-church.com/>

EMERGENCY FOOD: *The agency provides emergency food for people who live in Glendale and the Los Angeles ZIP Codes 90041, 90042 and 90065, including people who are undocumented and people who are homeless.*

4) CITY OF PASADENA PUBLIC HEALTH DEPARTMENT

1845 N. Fair Oaks Ave.
Pasadena, CA 91103
Phone: 626-744-6005
<http://www.cityofpasadena.net/PublicHealth/>

WIC: *The program provides WIC services for eligible pregnant women, new and/or breastfeeding mothers, infants and children younger than age five who live in the Pasadena area. Services include breast pumps, breastfeeding support programs, food vouchers, nutrition education, and WIC. Eligible applicants meet federal low-income guidelines and have been determined to be at nutritional risk by a health professional; they may include undocumented women. Services are restricted to residents of Altadena, Pasadena, Sierra Madre, and South Pasadena.*

5) CITY OF PASADENA - BLACK INFANT HEALTH PROGRAM

1845 N. Fair Oaks Ave., 2nd Fl.
Pasadena, CA 91103
Phone: 626-744-6092

WIC: *The program provides WIC services for eligible pregnant women, new and/or breastfeeding mothers, infants and children younger than age five who live in the Pasadena area. Services include breast pumps, breastfeeding support programs, food vouchers, nutrition education, and WIC. Eligible applicants meet federal low-income guidelines and have been determined to be at nutritional risk by a health professional; they may include undocumented women. Services are restricted to residents of Altadena, Pasadena, Sierra Madre, and South Pasadena.*

6) SALVATION ARMY CORPS COMMUNITY CENTER—GLENDALE

801 S. Central
Glendale, CA 91204
Phone: 818-246-5586
<http://www.glendalecorps.org/>

EMERGENCY FOOD: *The program provides emergency food programs for families, couples and individuals who live primarily in Glendale. Food services include groceries. Services are restricted to Glendale, La Canada, La Crescenta, and Montrose residents.*

7) SUNLAND SENIOR CENTER

8640 Fenwick St.
Sunland, CA 91040
Phone: 818-353-1413

SERVICES FOR OLDER ADULTS: *The program provides emergency food for low-income seniors age 60 and older who live in Arleta, Lake View Terrace, Mission Hills, Pacoima, Sunland, Sylmar, Tujunga and parts of Sun Valley. Services include occasional emergency food assistance. The program is unable to accommodate people who are homeless. Eligible seniors may receive the food once a month.*

8) LOAVES AND FISHES—GLENDALE

4322 San Fernando Rd.
Glendale, CA 91204
Phone: 818-409-3080

EMERGENCY FOOD: *The program provides emergency food for individuals and families who are low-income and/or homeless and who live in Glendale; La Canada; La Crescenta; Los Angeles ZIP Codes 90027, 90039, 90041, 90042 and 90065; Montrose and Tujunga. There are no restrictions for services based upon religion, ethnicity, or immigration status.*

9) ST. VINCENT DE PAUL/ST. ANDREW'S CATHOLIC CHURCH

140 Chestnut St.
Pasadena, CA 91103
Phone: 626-792-4183

EMERGENCY FOOD: *The program provides emergency food for low-income families and individuals who live in Altadena and Pasadena. The program is targeted to families with children, but will serve single individuals. People can receive assistance as often as needed. People outside the service area may be served once, if referred by an agency. Services are restricted to Altadena and Pasadena residents.*

10) VILLA - PARKE COMMUNITY CENTER

363 E. Villa St.

Pasadena, CA 91101
Service/Intake: 626-744-6520
<http://www.cityofpasadena.net/PublicHealth/WIC/>

WIC: *The program provides WIC services for eligible pregnant women, new and/or breastfeeding mothers, infants and children younger than age five who live in the Pasadena area. Services include breast pumps, breastfeeding support programs, food vouchers, nutrition education, and WIC. Services are restricted to residents of Altadena, Pasadena, Sierra Madre, and South Pasadena.*

11) VILLA 500 COMMUNITY OUTREACH

500 E. Villa St.
Pasadena, CA 91101
Phone: 626-817-459

EMERGENCY FOOD: *The program provides emergency food for people in Pasadena, including people who are homeless or undocumented. Services include ongoing emergency food assistance, and soup kitchens. Ongoing emergency food assistance is currently on hold. Soup kitchen services (hot meals) are available one time per week; bible study is offered immediately after the meal. Services are restricted to Pasadena residents.*

12) PASADENA COVENANT CHURCH / MADISON HEALTHY START FAMILY CENTER

750 N. Los Robles Ave.
Pasadena, CA 91104
Phone: (626) 396-5782

EMERGENCY FOOD: *Pasadena Covenant Church has formed a partnership with the Healthy Start Family Center at Madison Avenue Elementary School in Pasadena. The Family Center provides food weekly to families in the neighborhood who live far below the poverty line and are in need.*

13) HOPE-NET/MT. HOLLYWOOD CONGREGATIONAL CHURCH

4607 Prospect Ave.
Los Angeles, CA 90027
Phone: 323-663-6577

EMERGENCY FOOD: *This program provides emergency food which includes groceries and sack lunches, at eight sites in the Mid-Wilshire area of Los Angeles,*

including ZIP Codes 90004, 90005, 90006, 90010, 90020, and 90057. The program can assist people who are undocumented or who are homeless. There are no geographic restrictions.

14) BETHANY EMERGENCY CENTER

4975 Sunset Blvd.
Hollywood, CA 90027
Phone: 213-304-2503

EMERGENCY FOOD: The program provides emergency food for low-income people in the Hollywood and Los Angeles areas, including people who are homeless and persons who are undocumented. The program provides groceries consisting of USDA surplus food products such as canned and packaged dried goods; staples such as flour, rice and beans; and occasionally, baby food and formula. People may be served once a month; homeless people may be served every two weeks. There are no geographic restrictions.

15) ST. MARY'S CENTER

4665 Willow Brook Ave.
Los Angeles, CA 90029
Phone: 323-662-4391

EMERGENCY FOOD: The program provides emergency food assistance and USDA food products for families with children living in the Hollywood/Downtown and surrounding areas of Los Angeles. Services include occasional emergency food assistance and the agency serves a hot lunch as well. Single adults may be served if no other resources are available. The occasional emergency food assistance program provides a bag of groceries that contain canned foods and USDA food. The amount varies with family size.

16) HOPE-NET/IMMACULATE HEART OF MARY CHURCH

4954 Santa Monica Blvd.
Los Angeles, CA 90029
Phone: 323-660-0034

EMERGENCY FOOD: This program provides emergency food which includes groceries and sack lunches, at eight sites in the Mid-Wilshire area of Los Angeles,

including ZIP Codes 90004, 90005, 90006, 90010, 90020, and 90057. The program can assist people who are undocumented or who are homeless. There are no geographic restrictions.

17) ST. ANTHANASIVS AND ST. PAUL

840 Echo Park Ave.
Los Angeles, CA 90029
Phone: 213-482-2040, ext. 205

EMERGENCY FOOD: The program provides emergency food for people who live in ZIP Codes 90012, 90026, 90027, 90029, 90031, 90039 and 90057, including people who are homeless or undocumented. Services include ongoing emergency food assistance for low-income people and seniors in Los Angeles County. The church provides a bag or box of groceries which contains enough canned and frozen foods, dried goods and USDA food product to last 2 weeks. The program also provides a food program for seniors 60 years and older once per month. A bag of groceries containing juice, cereal, canned milk, bread and other items is provided.

18) DREAM CENTER

2301 Bellevue Ave
Los Angeles, CA 90026
Phone: 213-273-7021

EMERGENCY FOOD: The center sponsors emergency food programs for low-income individuals and families in Los Angeles. The services include a food line and ongoing emergency food assistance. The Wednesday food giveaway program is for anyone in the community. The program distributes groceries and fresh fruit, depending on donations. People are asked to line up early (around 10:00am) as it is heavily attended. Recipients get 7 to 8 bags of food, and are encouraged to bring a cart or shopping basket to hold the bags. The Food Truck is an emergency food program which specifically targets low-income individuals and families. The mobile food program visits 29 locations, five days per week. The sites are not advertised to prevent misuse of the program. Food items are USDA government surplus food with additional items such as produce and other fresh foods, as donations permit.

Housing and Shelter Programs

1) DAVID GOGIAN HOUSE

1239 Alma St.
Glendale, CA 91202
Phone: 818-242-2434

SERVICES FOR PEOPLE WITH DISABILITIES: *The agency provides housing services for adults age 18 to 60 who have mild to moderate intellectual disabilities. Services include group residences for adults with disabilities, and adult out of home respite care. To be eligible, individuals must be ambulatory, and able to feed and clean themselves, to use the toilet without any assistance and must be able to leave the home without assistance in an emergency. Services are provided for individuals who live in the Frank D. Lanterman Regional Center's catchment area which includes the Central Los Angeles, Hollywood/Wilshire, Glendale and Pasadena health districts and the communities of La Crescenta, La Canada/Flintridge, Eagle Rock and Burbank. Geographic restrictions apply.*

2) ALMA HOUSE

1123 Alma St.
Glendale, CA 91202
Phone: 818-242-2434

SERVICES FOR PEOPLE WITH DISABILITIES: *The agency provides housing services for adults age 18 to 60 who have mild to moderate intellectual disabilities. Services include group residences for adults with disabilities, and adult out of home respite care. To be eligible, individuals must be ambulatory, and able to feed and clean themselves, to use the toilet without any assistance and must be able to leave the home without assistance in an emergency. Services are provided for individuals who live in the Frank D. Lanterman Regional Center's catchment area which includes the Central Los Angeles, Hollywood/Wilshire, Glendale and Pasadena health districts and the communities of La Crescenta, La Canada/Flintridge, Eagle Rock and Burbank. Geographic restrictions apply.*

3) HAMILTON HOUSE

739 W. Glenoaks Blvd
Glendale, CA 91202
Phone: 818-242-2434

SERVICES FOR PEOPLE WITH DISABILITIES: *The agency provides housing services for adults age 18 to 60 who have mild to moderate intellectual disabilities. Services include group residences for adults with disabilities, and adult out of home respite care. To be eligible, individuals must be ambulatory, and able to feed and clean themselves, to use the toilet without any assistance and must be able to leave the home without assistance in an emergency. Services are provided for individuals who live in the Frank D. Lanterman Regional Center's catchment area which includes the Central Los Angeles, Hollywood/Wilshire, Glendale and Pasadena health districts and the communities of La Crescenta, La Canada/Flintridge, Eagle Rock and Burbank. Geographic restrictions apply.*

4) YWCA BATTERED WOMEN'S SHELTER - SUNRISE VILLAGE

735 E. Lexington Dr.
Glendale, CA 91206
Phone: 818-242-1106

SHELTER: *The agency provides shelter services for battered women and their children. Services include domestic violence shelters, and emergency shelters for single parent families headed by women. The shelter can accommodate female and male children up to 18 years old with their mothers. There are no geographic restrictions.*

5) GLENDALE CITY HOUSING ASSISTANCE OFFICE

141 N. Glendale Ave. Rm. 202
Glendale, CA 91206
Phone: 818-548-3936

The program is a local public housing authority that provides rental subsidies in the form of Section 8 vouchers for low-income adults 62 years and older; families; and people who have disabilities. Clients pay approximately 30% of their

adjusted monthly income toward their rent, and the program pays the remaining balance directly to the landlord. There are income and geographic restrictions.

6) ABILITY FIRST HOUSING - IVY GLEN APARTMENTS

113 N. Cedar St.
Glendale, CA 91206
Phone: 818-241-3888
<http://www.abilityfirst.org>

SERVICES FOR PEOPLE WITH DISABILITIES: The agency operates independent living apartment complexes and semi-independent group homes in Los Angeles County for low-income adults, 18 years and older, who have physical or developmental disabilities. Services include independent living skills instruction and semi-independent living residences for adults with disabilities. There are also apartment complexes in Hemet, Irvine and Moreno Valley. There are no geographic restrictions.

7) ABILITY FIRST HOUSING - MAPLE PARK APARTMENTS

711 East Maple St.
Glendale, CA 91205
Phone: 818-507-1969
<http://www.abilityfirst.org>

SERVICES FOR PEOPLE WITH DISABILITIES: The Ability First accessible housing program includes apartment complexes, a "family-style" adult residential facility, and a residential home for seniors, at various sites around Los Angeles County. Services are targeted to low-income adults who have physical or developmental disabilities. There are no geographic restrictions.

8) SALVATION ARMY CORPS COMMUNITY CENTER - GLENDALE

801 S. Central
Glendale, CA 91204
Phone: 818-246-5586
<http://www.glendalecorps.org/>

TRANSITIONAL HOUSING/SHELTER: The agency provides shelter services for homeless single women with children and homeless families where one parent is disabled due to an addiction who live in Los Angeles County. There are no geographic restrictions.

9) ASCENCIA (FORMERLY PATH ACHIEVE GLENDALE)

437 Fernando Ct.
Glendale, CA 91204
Service/Intake: 818-246-7900
<http://www.achieveglendale.org>

SHELTER: The agency provides shelter services for homeless individuals and families with children, including men with children, and pregnant women with children. Services include community shelters. Priority is given to people from the Arroyo-Verdugo area (Burbank, Eagle Rock, Glendale, La Canada-Flintridge, Pasadena and South Pasadena), however if there are vacancies, people from outside the target area who meet the other entrance criteria may be admitted into the program. There are no geographic restrictions.

10) GREATER LOS ANGELES AGENCY ON DEAFNESS, INC

2222 Laverna Ave.
Los Angeles, CA 90041
Phone: 323-478-8000
<http://www.gladinc.org>

INFORMATION AND REFERRAL: The agency provides information and referral to people who are deaf or hard of hearing. Specialized information and referral is provided via TDD and other means to providers who serve the deaf and hard of hearing. Referrals may be made to social services and to senior housing. There are no geographic restrictions.

11) HAVEN HOUSE - BATTERED WOMEN AND CHILDREN'S SHELTER

P.O. Box 50007
Pasadena, CA 91115
Phone: 626-564-8880
<http://www.jfsla.org/>

SHELTER: The agency provides a battered women's shelter that primarily serves women age 18 and older who have been battered, and their children, including women from other states who are fleeing a batterer. The shelter also accommodates women with disabilities, including hearing impairments. Women younger than 18 who are legally emancipated and women who have not yet been physically battered, but who are at high risk, are considered for assistance. To be eligible for shelter, women must be currently sober or drug-free and, preferably, involved in a recovery program if they have a history of substance abuse. Women and their children are eligible to stay 45 days. The location of the agency is confidential. There are no geographic restrictions.

12) CITY OF PASADENA HOUSING DEPARTMENT

649 N. Fair Oaks Ave., Ste. 202
Pasadena, CA 91103
Phone: 626-744-8300
<http://www.ci.pasadena.ca.us/housing/>

HOUSING SERVICES: The department provides housing services for low-income Pasadena residents, including people who have abandoned vehicle reporting/removal, deadbolt/security locks, disabilities and older adults. Services include home rehabilitation grants, home rehabilitation loans, home rehabilitation services, housing authorities, low income/subsidized rental housing, and Section 8 housing choice vouchers. Services are restricted to residents of Pasadena.

13) DOOR OF HOPE

669 N. Los Robles Avenue,
Pasadena, CA 91101
Phone: 626-304-9130
<http://www.doorofhope.us>

SHELTER: The program provides a Christian-oriented shelter services for two-parent families with children and single men and women with children. This program does not provide emergency housing. Services include domestic violence shelters and transitional housing/shelter. Children of all ages are accepted; pregnant women cannot be accepted. Adults must be legally married and highly-motivated to improve their situation to become self-sufficient

through finding a job one to two months of entering the program. The maximum length of stay is one year. There are no geographic restrictions.

14) CONNECTIONS REFERRAL SERVICE

2658 Griffith Park Blvd., Ste. 224
Los Angeles, CA 90039
Phone: 800-330-5993
<http://www.carehomefinders.com>

INFORMATION AND REFERRAL: The agency provides specialized information and referral for older adults in Los Angeles, Orange, Riverside, San Bernardino, Santa Barbara and Ventura counties. The agency can provide information on supportive housing options such as skilled nursing facilities, and community board and care homes. Services also include information about facilities that accept people who have Alzheimer's disease. The agency does not provide listings for HUD or Section 8 apartments. There are no geographic restrictions.

15) PASADENA WINTER SHELTER PROGRAM - PASADENA COVENANT CHURCH

539 N. Lake Ave.
Pasadena, CA 91101
Phone: 888-915-8111
<http://pasadenacovenant.org/ministries/local-outreach/>

WINTER SHELTER: The Winter Shelter Program provides shelter to homeless people in Los Angeles County. The program provides separate shelter facilities for single adults age 18 and older and for families with children. Additional services provided at the shelter include hot meals; hygiene kits; shower facilities; first aid; health screening and referrals to county medical facilities; mental health screening and referrals when appropriate. People may enter and leave the shelter at specific times only. There are no geographic restrictions.

16) HOPE AGAIN

5121 W. Sunset Blvd.
Los Angeles, CA 90027
Phone: 323-661-4004
<http://www.hopeagain.org>

SHELTER: *The program provides shelter for single men and women and women and children who are in Los Angeles County. Services include three transitional shelters at confidential sites. Boys 10 years and younger and girls of all ages are accepted. The program can accommodate people who are undocumented, pregnant women up to their ninth month and people with disabilities on a case-by-case basis. The length of stay is usually one year or less. There are no geographic restrictions.*

17) COVENANT HOUSE CALIFORNIA

1325 N. Western Ave.
Hollywood, CA 90027
Phone: 866-268-3683
<http://www.covenanthouseca.org>

SHELTER: *The program provides shelter for runaway youth age 18 through 21 years in Los Angeles County, as well as youth 18 to 24 years of age who are HIV positive. The agency cannot serve pregnant youth. The average length of stay is determined on a case-by-case basis. There are no geographic restrictions.*

18) HOUSE OF MERCY

812 N. Alvarado St.
Los Angeles, CA 90026
Phone: 213-483-6952

HOUSING SERVICES: *The agency provides housing services for low-income people who live in the 90026 ZIP Code of Los Angeles. Services include housing search assistance. Referrals for transitional living are also available for males 18 to 25 years old. Transitional living is provided through relationships developed with several local landlords. Services are restricted ZIP Code 90026 residents.*

19) FILIPINO AMERICAN SERVICE GROUP, INC.

135 N. Park View St.
Los Angeles, CA 90026
Phone: 213-487-9804

SHELTER: *The agency provides shelter for homeless adults with health or mental health issues who live in the Los Angeles County area. Services are targeted but*

not restricted to the Filipino community. Services include transitional shelter. There are no geographic restrictions.

20) GOOD SHEPHERD CENTER FOR HOMELESS WOMEN - LANGUILLE RESIDENCE

267 N. Belmont Ave.
Los Angeles, CA 90026
Phone: 213-250-5241
<http://www.gschohomeless.org>

EMERGENCY SHELTER: *The program provides shelter for homeless women, primarily in the Echo Park and MacArthur Park/Wilshire district of Los Angeles; however, women from other areas may also be assisted. The targeted service area for short-term emergency shelter is the Echo Park and MacArthur Park/Wilshire district, but the shelter does accept women from other areas of the county. The goal of the emergency shelter program is to provide basic assistance for transient women 18 years and older. Pregnant women may be accepted into the shelter for a limited time until alternative housing can be arranged. The shelter can also assist undocumented women. The shelter is unable to assist women with children or women who have alcohol, drug, or chronic mental or emotional problems who are not receiving medical treatment and/or counseling.*

21) GOOD SHEPHERD CENTER FOR HOMELESS WOMEN - HAWKES TRANSITIONAL RESIDENCE

1640 Rockwood St.
Los Angeles, CA 90026
Phone: 213-482-0281
<http://www.gschohomeless.org>

SHELTER: *Residents of Hawkes are ordinarily referred through the Languille emergency shelter, however, agencies may directly refer to this program. The Hawkes residence houses 30 single women, who may stay 3 to 12 months. Women who receive GR are also eligible for the program. Support services such as counseling, advocacy, and money management are available to residents. All residents supply their own food, with supplemental food supplied by Hawkes. There are no geographic restrictions.*

Education—Alternative Education and Public Schools

- | | |
|---|--|
| 1) ABRAHAM LINCOLN ELEMENTARY | 34) MT. GLEASON MIDDLE |
| 2) CRESCENTA VALLEY HIGH | 35) LA CANADA HIGH |
| 3) LA CRESCENTA ELEMENTARY | 36) DAILY (ALLAN F.) HIGH (CONTINUATION) |
| 4) ROSEMONT MIDDLE | 37) SUNLAND ELEMENTARY |
| 5) MONTE VISTA ELEMENTARY | 38) GLENOAKS ELEMENTARY |
| 6) ANDERSON W. CLARK MAGNET HIGH | 39) JOHN MARSHALL ELEMENTARY |
| 7) VALLEY VIEW ELEMENTARY | 40) GLENDALE HIGH |
| 8) VERDUGO ACADEMY | 41) THOMAS EDISON ELEMENTARY |
| 9) MOUNTAIN AVENUE ELEMENTARY | 42) JEWEL CITY COMMUNITY DAY |
| 10) DUNSMORE ELEMENTARY | 43) JOHN MUIR ELEMENTARY |
| 11) JOHN C. FREMONT ELEMENTARY | 44) HORACE MANN ELEMENTARY |
| 12) PALM CREST ELEMENTARY | 45) THEODORE ROOSEVELT MIDDLE |
| 13) MOUNTAIN VIEW ELEMENTARY | 46) OUTWARD BOUND ADVENTURES (ALTERNATIVE EDUCATION) |
| 14) LA CANADA ELEMENTARY | 47) JOHN MUIR HIGH |
| 15) OPPORTUNITIES FOR LEARNING-HERMOSA BEACH | 48) RENAISSANCE ARTS ACADEMY |
| 16) OPPORTUNITIES FOR LEARNING - BALDWIN PARK | 49) EAGLE ROCK ELEMENTARY |
| 17) PINWOOD AVENUE ELEMENTARY | 50) CLEVELAND ELEMENTARY |
| 18) BALBOA ELEMENTARY | 51) CELERITY TROIKA CHARTER |
| 19) VERDUGO WOODLANDS ELEMENTARY | 52) DAHLIA HEIGHTS ELEMENTARY |
| 20) HERBERT HOOVER HIGH | 53) CERRITOS ELEMENTARY |
| 21) ELEANOR J. TOLL MIDDLE | 54) DELEVAN DRIVE ELEMENTARY |
| 22) MARK KEPPEL ELEMENTARY | 55) EAGLE ROCK HIGH |
| 23) THOMAS JEFFERSON ELEMENTARY | 56) AVESON GLOBAL LEADERSHIP ACADEMY |
| 24) PARADISE CANYON ELEMENTARY | 57) GLENFELIZ BOULEVARD ELEMENTARY |
| 25) COLLEGE VIEW | 58) CALIFORNIA ACADEMY FOR LIBERAL STUDIES |
| 26) MT. LUKENS CONTINUATION | 59) ROCKDALE ELEMENTARY |
| 27) VERDUGO HILLS SENIOR HIGH | 60) WASHINGTON ACCELERATED ELEMENTARY |
| 28) APPERSON STREET ELEMENTARY | 61) FLETCHER DRIVE ELEMENTARY |
| 29) PLAINVIEW AVENUE ELEMENTARY | 62) SANTA ROSA CHARTER ACADEMY |
| 30) R. D. WHITE ELEMENTARY | 63) WASHINGTON MIDDLE |
| 31) WOODROW WILSON MIDDLE | 64) WASHINGTON IRVING MIDDLE |
| 32) COLUMBUS ELEMENTARY | 65) TOLAND WAY ELEMENTARY |
| 33) BENJAMIN FRANKLIN ELEMENTARY | 66) ATWATER AVENUE ELEMENTARY |

67) ENVIRONMENTAL SCIENCE AND TECHNOLOGY HIGH	102) BUSHNELL WAY ELEMENTARY
68) ROOSEVELT ELEMENTARY	103) LEXINGTON AVENUE PRIMARY CENTER
69) ANNANDALE ELEMENTARY	104) CLIFFORD STREET ELEMENTARY
76) BUCHANAN STREET ELEMENTARY	105) ELYSIAN HEIGHTS ELEMENTARY
77) YORKDALE ELEMENTARY	106) LOS ANGELES INTERNATIONAL
78) LOS FELIZ CHARTER SCHOOL FOR THE ARTS	107) MICHELTORENA STREET ELEMENTARY
79) IVANHOE ELEMENTARY	108) RAMONA ELEMENTARY
80) HIGHLAND PARK CONTINUATION	109) LOCKWOOD AVENUE ELEMENTARY
81) JOHN MARSHALL SENIOR HIGH	110) KINGSLEY ELEMENTARY
82) BENJAMIN FRANKLIN SENIOR HIGH	111) MAYBERRY STREET ELEMENTARY
83) BENJAMIN FRANKLIN COMMUNITY	112) FLORENCE NIGHTINGALE MIDDLE
84) GLASSELL PARK ELEMENTARY	113) LORETO STREET ELEMENTARY
85) LUTHER BURBANK MIDDLE	114) BLIND CHILDREN'S CENTER, INC
86) ALDAMA ELEMENTARY	115) GABRIELLA CHARTER
87) FRANKLIN AVENUE ELEMENTARY	116) LOGAN STREET ELEMENTARY
88) ALLESANDRO ELEMENTARY	117) MONSEÑOR OSCAR ROMERO CHARTER MIDDLE
89) GARVANZA ELEMENTARY	118) ROSEMONT AVENUE ELEMENTARY
90) RICHARD RIORDAN PRIMARY CENTER	119) NEW VILLAGE CHARTER HIGH
91) MONTE VISTA STREET ELEMENTARY	120) LAKE STREET PRIMARY
92) MT. WASHINGTON ELEMENTARY	121) BETTY PLASENCIA ELEMENTARY
93) LOS FELIZ ELEMENTARY	122) UNION AVENUE ELEMENTARY
94) SAN PASCUAL AVENUE ELEMENTARY	123) CIVITAS SCHOOL OF LEADERSHIP
95) OPTIONS FOR YOUTH-HERMOSA BEACH, INC.	126) EDWARD R. ROYBAL LEARNING CENTER
96) OPTIONS FOR YOUTH - UPLAND	127) HARRIS NEWMARK CONTINUATION
97) ARROYO SECO MUSEUM SCIENCE	128) BELMONT SENIOR HIGH
98) THOMAS STARR KING MIDDLE	129) SALVADOR B. CASTRO MIDDLE
99) ARAGON AVENUE ELEMENTARY	130) BELMONT COMMUNITY ADULT
100) MCKINLEY	131) LOS ANGELES TEACHERS PREPARATORY ACADEMY
101) ROSE CITY HIGH (CONTINUATION)	

Education—Early Childhood Education

- 1) LINDA VISTA CHILDREN'S CENTER
- 2) CCAFS* - SCOTT CENTER
- 3) CCAFS* - DELIVERANCE
- 4) CCAFS* - GLENDALE AVE. SITE
- 5) CCAFS* - ORANGE GROVE SITE
- 6) CCAFS* - HODGES CHILDREN'S CENTER
- 7) CCAFS* - LEXINGTON SITE
- 8) CCAFS* - VILLA PARKE SITE
- 9) EAGLE ROCK OPTIONS - HEAD START
- 10) CCAFS* - PASADENA COVENANT CHURCH
- 11) GLENDALE BRIGHT START PRESCHOOL
- 12) PLAINVIEW ACADEMIC CHARTER
- 13) CENTER FOR COMMUNITY AND FAMILY SERVICES - RIVERDALE SITE

- 14) ALDAMA HEAD START
- 15) HATHAWAY-SYCAMORES - FAMILY RESOURCE CENTER LOS ANGELES
- 16) POOL BUILDING OPTIONS - HEAD START
- 17) HIGHLAND PARK HEAD START
- 18) ECHO PARK SILVERLAKE PEOPLES' CHILD CARE CENTER
- 19) BLIND CHILDREN'S CENTER, INC.
- 20) BLIND CHILDREN'S CENTER, INC
- 21) ECHO PARK RECREATION CENTER
- 22) BURLINGTON DAY CARE INC.
- 23) ANGELINA HEAD START PRESCHOOL
- 24) ST. ANNE'S RESIDENTIAL FACILITY
- 25) CENTER FOR COMMUNITY AND FAMILY SERVICES

Education—Post-Secondary Institutions

- 1) GLENDALE COMMUNITY COLLEGE DISTRICT
- 2) FRANKLIN COMMUNITY ADULT SCHOOL
- 3) HERITAGE CLINIC AND THE COMMUNITY ASSISTANCE PROGRAM FOR SENIORS
- 4) LOS ANGELES CITY COLLEGE
- 5) BELMONT COMMUNITY ADULT SCHOOL

Health and Safety—Public Health and Safety

1) L A COUNTY DEPARTMENT OF PUBLIC HEALTH - GLENDALE HEALTH CENTER

501 N. Glendale Ave.
Glendale, CA 91206
Phone: 818-500-5762
<http://www.publichealth.lacounty.gov>

HEALTH SERVICES: *The center provides health services for people of all ages in the Glendale-Burbank, North Hollywood, Sunland and Tujunga area. Services include public health services, including immunizations for children*

and adults, treatment and control of the communicable disease tuberculosis. There are no geographic restrictions.

2) FIRE STATION 38

1150 Linda Vista Ave.
Pasadena, CA 91103
Phone: 626-793-1449

RESCUE SERVICES: *The department provides fire and rescue services for the City of Pasadena. Services include fire prevention information, fire services, and Safe Havens for Abandoned Newborns. Services are provided from*

eight locations; see site list for details. Some services are restricted to the City of Pasadena.

3) CITY OF GLENDALE NEIGHBORHOOD SERVICES

141 N. Glendale Ave. Rm. 114
Glendale, CA 91206
Phone: 818-548-3700
http://www.ci.glendale.ca.us/cdh/quality_neighborhoods.asp

GOVERNMENT SERVICES: *This is the government office for the city of Glendale. Services include city information lines, business licensing, building and occupancy inspections, permits, city maintenance and planning and zoning, election information and environmental hazards reporting. Geographic restrictions apply for some services; business-related services are provided only for businesses located in Glendale.*

4) Adventist Health Glendale OCCUPATIONAL MEDICINE CENTER

600 S. Glendale Ave.
Glendale, CA 91205
Phone: 818-502-2050

HEALTH SERVICES: *The hospital provides community health services in the Glendale area. Services include bereavement support groups, community clinic, exercise classes/groups, general health education programs, occupational health and safety, outreach programs to community and ethnic groups, smoking cessation programs, and weight loss assistance. There are no geographic restrictions.*

5) CITY OF PASADENA PUBLIC HEALTH DEPARTMENT

1845 N. Fair Oaks Ave.
Pasadena, CA 91103
Phone: 626-744-6005
<http://www.cityofpasadena.net/PublicHealth/>

HEALTH SERVICES: *The agency provides health services for people of all ages who live in the Pasadena area. Services include adult immunizations,*

childbirth education, childhood immunizations, communicable disease control, expectant/new parent assistance, flu vaccines, health education, hepatitis screening, lead poisoning screening, medical information lines, prenatal care, public awareness/education, public clinics, public health information/inspection/remediation, smoking cessation, travel immunizations, and tuberculosis screening. Services are targeted, but not restricted, to low-income individuals. Age restrictions apply for some services. Public health inspection and remediation is restricted to the city of Pasadena; there are no geographic restrictions for other services. The agency investigates and arranges remediation of health and safety hazards in the community and provides public awareness.

6) FIRE STATION 36

1140 N. Fair Oaks Ave.
Pasadena, CA 91103
Phone: 626-797-5092

RESCUE SERVICES: *The department provides fire and rescue services for the City of Pasadena. Services include fire prevention information, fire services, and Safe Havens for Abandoned Newborns. Services are provided from eight locations; see site list for details. Some services are restricted to the City of Pasadena.*

7) FIRE STATION 33

515 N. Lake Ave.
Pasadena, CA 91101

RESCUE SERVICES: *The department provides fire and rescue services for the City of Pasadena. Services include fire prevention information, fire services, and Safe Havens for Abandoned Newborns. Services are provided from eight locations; see site list for details. Some services are restricted to the City of Pasadena.*

8) L A CITY FIRE DEPARTMENT - STATION NO. 12 - N. FIGUEROA ST.

5921 N. Figueroa St.
Los Angeles, CA 90042
Phone: 213-485-6212

RESCUE SERVICES: *The department provides fire and rescue services for the city of Los Angeles. Services include disaster services, fire services, and Safe Havens for Abandoned Newborns. Services are provided from 112 fire stations; see the site list for details. Geographic restrictions apply for some services. The department provides disaster services to help homeowners prepare against brush fires and floods.*

9) CYPRESS PARK FAMILYSOURCE CENTER

929 Cypress Ave.
Los Angeles, CA 90065
Phone: 323-226-1682

SERVICES: *Each center houses representatives of various community-based organizations that provide a range of services, including advocacy, health, and disaster services. The centers also provide neighborhood forums and organizing assistance through the city Department of Neighborhood Empowerment.*

10) L A CITY FIRE DEPARTMENT - STATION NO. 24 - WENTWORTH ST.

9411 Wentworth St.
Sunland, CA 91040
Phone: 818-756-8624

RESCUE SERVICES: *The department provides fire and rescue services for the city of Los Angeles. Services include disaster services, fire services, and Safe Havens for Abandoned Newborns. Services are provided from 112 fire stations; see the site list for details. Geographic restrictions apply for some services. The department provides disaster services to help homeowners prepare against brush fires and floods.*

11) CHILDREN'S HOSPITAL LOS ANGELES

4650 Sunset Blvd., Mail Stop #59
Public Relations Department
Los Angeles, CA 90027
Phone: 323-660-2450 - Main Hospital

HOSPITAL SERVICES: *The general health education program for parents is called Parent University. It educates parents about their child's health with topics such as common childhood illnesses, nutrition, over-the-counter medications and child safety. It is taught by health professionals. The classes are provided once a month with two sessions an English session and a Spanish interpretation session.*

12) L A CITY FIRE DEPARTMENT - STATION NO. 20 - SUNSET BLVD.

2144 Sunset Blvd.
Los Angeles, CA 90026
Phone: 213-485-6220

RESCUE SERVICES: *The department provides fire and rescue services for the city of Los Angeles. Services include disaster services, fire services, and Safe Havens for Abandoned Newborns. Services are provided from 112 fire stations; see the site list for details. Geographic restrictions apply for some services. The department provides disaster services to help homeowners prepare against brush*

Health and Safety—Fire

- 1) STATION NO. 29 - HONOLULU AVE.
- 2) FIRE STATION 19 - LA CANADA FLINTRIDGE
- 3) STATION NO. 24 - CANADA BLVD.
- 4) FIRE STATION 63 - LA CRESCENTA
- 5) STATION NO. 23 - E. CHEVY CHASE DR.
- 6) L A COUNTY FIRE DEPARTMENT - BATTALION 4 HQ
- 7) FIRE STATION 82 - LA CANADA FLINTRIDGE [BN 4 HQ]
- 8) STATION NO. 28 - NEW YORK AVE.
- 9) STATION NO. 26 - N. BRAND BLVD.
- 10) STATION NO. 25 - N. CHEVY CHASE DR.
- 11) FIRE STATION 38
- 12) STATION NO. 27 - WESTERN AVE.
- 13) ENVIRONMENTAL MANAGEMENT CENTER
- 14) FIRE PREVENTION BUREAU
- 15) L A CITY FIRE DEPARTMENT - STATION NO. 42 - COLORADO BLVD.
- 16) STATION NO. 21 - OAK ST.
- 17) GLENDALE FIRE DEPARTMENT
- 18) STATION NO. 22 - S. GLENDALE AVE.
- 19) FIRE STATION 36
- 20) L A CITY FIRE DEPARTMENT - STATION NO. 55 - E. YORK BLVD.
- 21) L A CITY FIRE DEPARTMENT - STATION NO. 50 - FLETCHER DR.
- 22) L A CITY FIRE DEPARTMENT - STATION NO. 74 - FOOTHILL BLVD.
- 23) FIRE STATION 33
- 24) L A CITY FIRE DEPARTMENT - STATION NO. 12 - N. FIGUEROA ST.
- 25) L A CITY FIRE DEPARTMENT - STATION NO. 56 - ROWENA AVE.
- 26) L A CITY FIRE DEPARTMENT - STATION NO. 44 - CYPRESS AVE.
- 27) L A CITY FIRE DEPARTMENT - STATION NO. 35 - N. HILLHURST AVE.
- 28) L A CITY FIRE DEPARTMENT - STATION NO. 24 - WENTWORTH ST.
- 29) L A CITY FIRE DEPARTMENT - STATION NO. 20 - SUNSET BLVD.
- 30) L A CITY FIRE DEPARTMENT - STATION NO. 52 - MELROSE AVE.

Health and Safety—Safety Education Programs

- 1) STATION NO. 29 - HONOLULU AVE.
- 2) VERDUGO HILLS HOSPITAL
- 3) YMCA CRESCENTA - CANADA FAMILY
- 4) STATION NO. 24 - CANADA BLVD.
- 5) STATION NO. 23 - E. CHEVY CHASE DR.
- 6) STATION NO. 28 - NEW YORK AVE.
- 7) STATION NO. 26 - N. BRAND BLVD.
- 8) STATION NO. 25 - N. CHEVY CHASE DR.
- 9) ARMENIAN RELIEF SOCIETY OF WESTERN USA, INC.
- 10) FIRE STATION 38
- 11) CA STATE HIGHWAY PATROL - LOS ANGELES COMMUNICATIONS CENTER
- 12) YMCA OF GLENDALE
- 13) STATION NO. 27 - WESTERN AVE.
- 14) FIRE PREVENTION BUREAU
- 15) L A CITY FIRE DEPARTMENT - STATION NO. 42 - COLORADO BLVD.
- 16) GLENDALE FIRE DEPARTMENT
- 17) STATION NO. 21 - OAK ST.

- 18) STATION NO. 22 - S. GLENDALE AVE.
- 19) FIRE STATION 36
- 20) AMERICAN RED CROSS - GLENDALE-CRESCENTA VALLEY
- 21) L A CITY FIRE DEPARTMENT - STATION NO. 55 - E. YORK BLVD.
- 22) L A CITY FIRE DEPARTMENT - STATION NO. 50 - FLETCHER DR.
- 23) PASADENA POLICE DEPARTMENT
- 24) L A CITY FIRE DEPARTMENT - STATION NO. 74 - FOOTHILL BLVD.
- 25) FIRE STATION 33
- 26) PASADENA FIRE DEPARTMENT
- 27) L A CITY FIRE DEPARTMENT - STATION NO. 12 - N. FIGUEROA ST.
- 28) L A CITY FIRE DEPARTMENT - STATION NO. 56 - ROWENA AVE.
- 29) L A CITY FIRE DEPARTMENT - STATION NO. 44 - CYPRESS AVE.
- 30) L A CITY FIRE DEPARTMENT - STATION NO. 35 - N. HILLHURST AVE.
- 31) L A CITY FIRE DEPARTMENT - STATION NO. 24 - WENTWORTH ST.
- 32) ARMENIAN RELIEF SOCIETY - HOLLYWOOD OFFICE
- 33) L A CITY FIRE DEPARTMENT - STATION NO. 20 - SUNSET BLVD.
- 34) L A CITY FIRE DEPARTMENT - STATION NO. 52 - MELROSE

Health Care

1) USC KECK VERDUGO HILLS HOSPITAL

1812 Verdugo Blvd.
Glendale, CA 91208
Phone: 818-952-2210
<http://www.verdugohillshospital.org>

HOSPITAL SERVICES: The facility provides hospital services for people of all ages in Los Angeles County. Services include emergency room services, general medical care, geriatric medicine, prenatal care, surgical care, and Safe Havens for Abandoned Newborns. There are no geographic restrictions.

2) L A COUNTY DEPARTMENT OF PUBLIC HEALTH GLENDALE HEALTH CENTER

501 N. Glendale Ave.
Glendale, CA 91206
Phone: 818-500-5762
<http://www.publichealth.lacounty.gov>

HEALTH SERVICES: The center provides health services for people of all ages in the Glendale-Burbank, North Hollywood, Sunland and Tujunga area. Services include public health services, including immunizations for children and adults, treatment and control of the communicable disease tuberculosis. There are no geographic restrictions.

3) ADVENTIST HEALTH GLENDALE

1509 Wilson Terrace
Glendale, CA 91206
Phone: 818-409-8000
<http://www.glendaleadventist.com>

HOSPITAL SERVICES: The medical center provides hospital services for people of all ages in Los Angeles. Services include emergency room care, education, a hyperbaric chamber, outpatient services, rehabilitation, sick child care and Safe Havens for Abandoned Newborns. There are no geographic restrictions.

4) GLENDALE COMMUNITY FREE HEALTH CLINIC

134 N. Kenwood St., 3rd Fl., Rm. 330
Glendale, CA 91206
Phone: 818-846-0272

HEALTH SERVICES: The hospital provides community health services in the Glendale area. Services include bereavement support groups, community clinic, exercise classes/groups, general health education programs, occupational health and safety, outreach programs to community and ethnic groups, smoking cessation programs, and weight loss assistance. There are no geographic restrictions.

5) ALL FOR HEALTH, HEALTH FOR ALL

519 E. Broadway Blvd.
Glendale, CA 91206
Phone: 818-409-3022
<http://www.all4health.org>

HEALTH SERVICES: This community clinic provides health services for all ages. Services include child health and disability prevention exams, community clinics, contract clinics, general medical care and pediatrics. The clinic also provides Child Health and Disability Prevention (CHDP) exams. The clinic serves families living, primarily, in the Glendale, Burbank, La Canada, North Hollywood, Pasadena, areas; however, there are no geographic restrictions.

6) Dignity Health GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER

1420 S. Central Ave.
Glendale, CA 91204
Phone: 818-502-1900
<http://www.glendalememorial.com/>

HOSPITAL SERVICES: The health center provides hospital services for people of all ages in Los Angeles County. Services include emergency room care, general medical care, physician referrals, Safe Havens for Abandoned Newborns. Age restrictions apply for some services.

7) QUEENSCARE FAMILY CLINICS - EAGLE ROCK

4448 York Blvd.
Los Angeles, CA 90041
Phone: 323-344-5233
<http://www.queenscarefamilyclinics.org/>

HEALTH SERVICES: The clinics provide health services for low-income people who live in Los Angeles. Services include low-cost outpatient medical care, dental care, and optometry services provided from six sites. The clinics participate in the LA County contract clinics program. There are no geographic restrictions.

8) COMMUNITY HEALTH ALLIANCE OF PASADENA

1855 N. Fair Oaks Ave.
Pasadena, CA 91103
Phone: 626-398-6300
<http://www.chapcare.org>

HEALTH SERVICES: The clinic provides health services for people of all ages. Services are targeted, but not restricted, to residents of Altadena, Pasadena and Sierra Madre. Services are provided at three clinic locations in Pasadena. There are no geographic restrictions.

9) CITY OF PASADENA PUBLIC HEALTH DEPARTMENT

1845 N. Fair Oaks Ave.
Pasadena, CA 91103
Phone: 626-744-600
<http://www.cityofpasadena.net/PublicHealth/>

HEALTH SERVICES: The agency provides health services for people of all ages who live in the Pasadena area. Services include adult immunizations, childbirth education, childhood immunizations, communicable disease control, expectant/new parent assistance, flu vaccines, health education, hepatitis screening, lead poisoning screening, medical information lines, prenatal care, public awareness/education, public clinics, public health information/inspection/remediation, smoking cessation, travel immunizations, and

tuberculosis screening. Services are targeted, but not restricted, to low-income individuals. Age restrictions apply for some services.

10) ARROYO VISTA FAMILY HEALTH CENTER

6000 N. Figueroa St.
Los Angeles, CA 90042
Phone: 323-254-5291
<http://www.arroyovista.org/Home.htm>

HEALTH SERVICES: The program provides health services for people of all ages in Los Angeles. Services include breast examinations, child health and disability prevention exams, childhood immunizations, community clinics, contraception, contract clinics, dental care, health education, mobile health care, obstetrics/gynecology, optometry, pap tests, premarital blood tests, prenatal care, radiology, sexually transmitted disease screening, and tuberculosis screening. The health center primarily serves people who live in Glassell Park, Highland Park, El Sereno, Lincoln Heights, Montecito Heights and the Mt. Washington areas, and serves people from other areas of Los Angeles and Pasadena, however, there are no geographic restrictions.

11) NORTHEAST COMMUNITY CLINIC WOMEN'S HEALTH CENTER

5820 N. Figueroa St.
Los Angeles, CA 90042
Phone: 323-255-6000
<http://www.northeastcommunityclinics.com>

HEALTH SERVICES: The clinic provides health services for people of all ages. Services are targeted, but not restricted, to Spanish,-speaking residents of the Northeast Health District. The clinics are not equipped to provide emergency care for acute, life-threatening conditions. There are no geographic restrictions.

12) NORTHEAST COMMUNITY CLINIC

5428 N. Figueroa St.
Los Angeles, CA 90042
Phone: 626-457-6900
<http://www.northeastcommunityclinics.com>

HEALTH SERVICES: *The clinic provides health services for people of all ages. Services are targeted, but not restricted, to Spanish,-speaking residents of the Northeast Health District. The clinics are not equipped to provide emergency care for acute, life-threatening conditions. There are no geographic restrictions.*

13) MISSION CITY COMMUNITY NETWORK - HOLLYWOOD

4842 Hollywood Blvd.
Hollywood, CA 90027
Phone: 323-644-1110
<http://www.mccn.org>

HEALTH SERVICES: *The agency provides health services for people of all ages in the Northeast San Fernando Valley area. Services include community clinics; family practice medicine; internal medicine, CHDP exams, breast cancer screening; cervical cancer screening; childbirth education; colposcopy services; contraception; gynecology/obstetrics; health education; childhood immunizations, and pediatrics. There are no geographic restrictions.*

14) ASIAN PACIFIC HEALTH CARE VENTURE, INC.

1530 Hillhurst Ave.
Los Angeles, CA 90027
Phone: 323-644-3880
<http://www.aphcv.org>

HEALTH SERVICES: *The agency provides comprehensive health services targeted, but not restricted to the Asian/Pacific Islander community in Los Angeles County. Services include child health and disability prevention exams, childhood immunizations, community clinics, contract clinics, general medical care, geriatric medicine, pap tests, pediatrics, prenatal care, Tuberculosis screening and women's health center. There are no geographic restrictions.*

15) CHILDREN'S HOSPITAL LOS ANGELES

4650 Sunset Blvd., Mail Stop #59
Public Relations Department
Los Angeles, CA 90027
Phone: 323-660-2450

<http://www.chla.org/>

HOSPITAL SERVICES: *This facility provides hospital services for youth who are generally age 18 and younger (and to age 21 in the Teenage Health Center). Children who have communicable diseases may be admitted; the hospital cannot accommodate custodial cases and children who have psychiatric problems. Services include clinical trials, emergency room care, Safe Havens for Abandoned Newborns, the Teenage Health Center, the Risk Reduction Program and specialized outpatient services including a child car seat program, dental care, rehabilitation and a general health education program for parents. The hospital also conducts a Comprehensive Childhood Diabetes management program.*

16) KAISER PERMANENTE - LOS ANGELES MEDICAL CENTER

4867 Sunset Blvd.
Los Angeles, CA 90027
Phone: 800-954-8000

HOSPITAL SERVICES: *The medical centers provide hospital services for people of all ages in Los Angeles County. Services include administrative entities for health issues; breastfeeding support programs; clinical trials; emergency room care; pregnancy/childbirth support groups; prescription drugs for specific health conditions for AIDS/HIV; and Safe Havens for Abandoned Newborns for people of all ages. General medical care is restricted to people who are Kaiser Permanente Health Plan members through their employer or through an individual insurance plan. There are no geographic restrictions*

17) QUEENSCARE FAMILY CLINICS - HOLLYWOOD

4618 Fountain Ave.
Los Angeles, CA 90029
Phone: 800-454-1800
<http://www.queenscarefamilyclinics.org/>

HEALTH SERVICES: *The clinics provide health services for low-income people who live in Los Angeles. Services include low-cost outpatient medical care, dental care, and optometry services provided from six sites. The clinics participate in the L.A. County contract clinics program. There are no geographic restrictions.*

18) HOLLYWOOD PRESBYTERIAN MEDICAL CENTER

1300 N. Vermont Ave.
Los Angeles, CA 90027
Phone: 323-913-4812

HOSPITAL SERVICES: The medical center provides hospital services for people of all ages in Los Angeles County. Services include emergency room services, pre-natal care and obstetrics, general medical services, optometric services, and Safe Havens for Abandoned Newborns. Specialized services include neonatal intensive care and the perinatal center. The hospital also serves as a site of the Prenatal and Obstetrical Access Project which provides outreach to low-income pregnant women. There are no geographic restrictions.

19) HOLLYWOOD SUNSET FREE CLINIC

3324 W. Sunset Blvd.
Los Angeles, CA 90026
Phone: 323-660-2400
<http://www.hsfreeclinic.org>

HEALTH SERVICES: The clinic provides health services for people of all ages in Los Angeles County, including those who are homeless. Some services are targeted, but not restricted, to the Spanish-speaking community. There are no geographic restrictions.

20) DREAM CENTER

2301 Bellevue Ave
Los Angeles, CA 90026
Phone: 213-273-7000
<http://www.dreamcenter.org>

HEALTH SERVICES: The agency provides health services through a community clinic and a mobile health care van that travels to designated stops at community centers, shelters, and other community based organizations in medically underserved areas of Los Angeles, Bell and Huntington Park. The program targets homeless, and low-income individuals and families and people without health insurance. The mobile health care van provides general medical care, health screenings, prescriptions and referrals.

21) QUEENSCARE FAMILY CLINICS - ECHO PARK

150 N. Reno St.
Los Angeles, CA 90026
Phone: 213-380-7298
<http://www.queenscarefamilyclinics.org/>

HEALTH SERVICES: The clinics provide health services for low-income people who live in Los Angeles. Services include low-cost outpatient medical care, dental care, and optometry services provided from six sites. The clinics participate in the LA County contract clinics program. There are no geographic restrictions

Health Education

- 1) SPARR HEIGHTS COMMUNITY CENTER
- 2) VERDUGO HILLS HOSPITAL
- 3) DOWN SYNDROME ASSOCIATION
- 4) FOOTHILL AUTISM ALLIANCE
- 5) CA STATE DEVELOPMENTAL DISABILITIES AREA BOARD 10
- 6) YWCA GLENDALE
- 7) ADVENTIST HEALTH GLENDALE
- 8) CITY OF GLENDALE ADULT RECREATION CENTER
- 9) ADVENTIST HEALTH GLENDALE FAMILY MEDICINE CENTER
- 10) NEIGHBORHOOD LEGAL SERVICES OF LOS ANGELES COUNTY
- 11) CITY OF PASADENA - BLACK INFANT HEALTH PROGRAM
- 12) CITY OF PASADENA PUBLIC HEALTH DEPARTMENT
- 13) GREATER LOS ANGELES AGENCY ON DEAFNESS, INC
- 14) DIGNITY HEALTH GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER
- 15) AMERICAN RED CROSS - GLENDALE-CRESCENTA VALLEY
- 16) JACKIE ROBINSON COMMUNITY CENTER
- 17) ATWATER VILLAGE FARMERS' MARKET
- 18) VILLA - PARKE COMMUNITY CENTER
- 19) PASADENA SENIOR CENTER
- 20) HERITAGE CLINIC AND THE COMMUNITY ASSISTANCE PROGRAM FOR SENIORS
- 21) LAKE AVENUE COMMUNITY FOUNDATION
- 22) CANCER CONTROL SOCIETY
- 23) CALIFORNIA DRUG COUNSELING
- 24) WELLNESS COMMUNITY - FOOTHILLS, THE
- 25) ARROYO VISTA FAMILY HEALTH CENTER
- 26) ASIAN PACIFIC HEALTH CARE VENTURE, INC.
- 27) LOS ANGELES MEDICAL CENTER FARMERS' MARKET
- 28) MISSION CITY COMMUNITY NETWORK - HOLLYWOOD
- 29) PADRES CONTRA EL CANCER - PROGRAM OFFICE
- 30) CHILDREN'S HOSPITAL LOS ANGELES
- 31) BIENESTAR HUMAN SERVICES
- 32) THAI HEALTH AND INFORMATION SERVICES, INC.
- 33) BRAILLE INSTITUTE

Income—Public Assistance Programs

1) HPRP - GLENDALE

141 N. Glendale Ave.
Glendale, CA 91206
Administration: 818-551-4683

Services: The Homeless Prevention Rapid re-housing Program provides services to homeless individuals and persons who are at risk of homelessness. 211 L A County does not provide eligibility criteria for individual entitlement cities. Inquirers must call in order to be screened and to apply for homeless prevention services. Services are restricted to residents living within the specified city.

2) NEVHC - GLENDALE WIC SITE

801 S. Chevy Chase Dr., Ste 40
Glendale, CA 91205
Service/Intake: 818-898-1388
<http://www.nevhc.org>

WIC: This is a supplemental food program that provides food vouchers and nutrition education for pregnant women, new and/or breastfeeding mothers, infants, and children younger than age five who live in the San Fernando and Santa Clarita Valleys, and in the Foothill communities west of Pasadena. Eligible applicants meet federal low-income guidelines, and have been determined to be at nutritional risk by a health professional; they may include undocumented women. When funding is cut, services may only be provided to pregnant women and children younger than age one.

3) GLENDALE OFFICE - SOCIAL SECURITY ADMINISTRATION

710 S. Central Ave., Ste. 320
Glendale, CA 91204
Service/Intake: 818-549-0403

SSI: This program provides monthly income benefits to low-income people who are age 65 or older and for people of any age who are blind or disabled. Children may be eligible for SSI if they meet both the income and disability requirements.

4) BWS DISTRICT #2 - GLENDALE

4680 San Fernando Rd.
Glendale, CA 91204
Administration: 818-546-6460

The agency administers federal, state, and county income security and social insurance programs for eligible individuals and families in Los Angeles County. In addition to its administrative functions, the agency provides ethnic advocacy, public awareness/education, and volunteer opportunities. This program provides medical benefits coverage for qualified California residents.

5) CALWORKS PROGRAM DIVISION - GLENDALE DISTRICT OFFICE

4680 San Fernando Rd.
Glendale, CA 91204
Administration: 818-546-6100

Services: The agency provides CalWORKs/TANF (Temporary Assistance for Needy Families) services to parents who have minor children (or who are pregnant), and who have income and property below State maximum limits for their family size. Services include TANF applications, and TANF appeals/complaints. There are no geographic restrictions.

6) HPRP - PASADENA

649 N. Fair Oaks Ave.
Pasadena, CA 91103
Administration: 626-797-2402

Services: The Homeless Prevention Rapid re-housing Program provides services to homeless individuals and persons who are at risk of homelessness. 211 L A County does not provide eligibility criteria for individual entitlement cities. Inquirers must call in order to be screened and to apply for homeless prevention services. Services are restricted to residents living within the specified city.

7) VILLA - PARKE COMMUNITY CENTER

363 E. Villa St.
Pasadena, CA 91101
Service/Intake: 626-744-6520
<http://www.cityofpasadena.net/PublicHealth/WIC/>

WIC: The program provides WIC services for eligible women in the Pasadena area. WIC is a supplemental food program that provides food vouchers and nutrition education for pregnant women, new and/or breastfeeding mothers, infants and children younger than age five who live in the Pasadena area. Eligible applicants meet federal low-income guidelines and have been determined to be at nutritional risk by a health professional; they may include undocumented women. Services are restricted to residents of Altadena, Pasadena, Sierra Madre, and South Pasadena.

8) PHFE - HIGHLAND PARK WIC CENTER #55

6512 N. Figueroa, Ste. 4
Los Angeles, CA 90042
Administration: 888-942-2229

WIC: This is a supplemental nutrition program that provides food vouchers and nutrition education for pregnant women, new and/or breastfeeding mothers, infants, and children younger than age five.

9) PHFE - AVENUE 43 WIC CENTER #214

4303 N. Figueroa St.
Los Angeles, CA 90065
Administration: 888-942-2229

WIC: This is a supplemental nutrition program that provides food vouchers and nutrition education for pregnant women, new and/or breastfeeding mothers, infants, and children younger than age five.

10) ASIAN PACIFIC HEALTH CARE VENTURE, INC.

1530 Hillhurst Avenue
Los Angeles, CA 90027
Administration: 323-644-3880
<http://www.aphcv.org>

HEALTH INSURANCE: The agency is authorized to conduct enrollment in the Healthy Kids insurance program for families who have children, age 0 to 5, who are without health insurance, and are not covered by any other social or private insurance programs. Services include health insurance/dental coverage, Medicaid application, Medicare information/counseling and WIC application/certification. There are geographic restrictions for some services.

Employment Services

- 1) L A COUNTY SHERIFF - CRESCENTA VALLEY STATION
- 2) CALWORKS OFFICE
- 3) GLENDALE COMMUNITY COLLEGE DISTRICT
- 4) ARMENIAN RELIEF SOCIETY OF WESTERN USA, INC.
- 5) GLENDALE ASSOCIATION FOR THE RETARDED
- 6) GLENDALE CAREER COLLEGE
- 7) CA STATE DEPARTMENT OF REHABILITATION - GLENDALE/BURBANK BRANCH
- 8) ARMENIAN EVANGELICAL SOCIAL SERVICE CENTER
- 9) LOS ANGELES ZOO AND BOTANICAL GARDENS
- 10) GAIN PROGRAM DIVISION - GAIN REGION VII - GLENDALE SUB-OFFICE
- 11) IMMIGRATION AND REFUGEE DEPARTMENT - GLENDALE
- 12) VERDUGO WORKFORCE INVESTMENT BOARD
- 13) YOUTH EMPLOYMENT OPPORTUNITY PROGRAM - GLENDALE JOB SERVICE
- 14) VERDUGO JOBS CENTER
- 15) VERDUGO JOBS CENTER
- 16) VERDUGO EMPLOYMENT PROGRAM - GLENDALE YOUTH ALLIANCE
- 17) FOOTHILL VOCATIONAL OPPORTUNITIES, INC.
- 18) NAACP PASADENA
- 19) CITY OF PASADENA PLANNING DEPARTMENT
- 20) STATE PAROLE - PASADENA 1, 2, 3
- 21) ASOCIACION NACIONAL PRO PERSONAS MAYORES
- 22) FRIENDS OUTSIDE IN LOS ANGELES COUNTY, INC.
- 23) TIERRA DEL SOL FOUNDATION
- 24) CA STATE DEPARTMENT OF REHABILITATION - PASADENA BRANCH
- 25) PASADENA UNIFIED SCHOOL DISTRICT
- 26) L A COUNTY DMH NORTHEAST LOS ANGELES
- 27) CYPRESS PARK COMMUNITY CENTER
- 28) ARMENIAN RELIEF SOCIETY - HOLLYWOOD OFFICE
- 29) CYPRESS PARK DAY LABOR SITE
- 30) LACC CALWORKS OFFICE
- 31) LOS ANGELES CITY COLLEGE
- 32) LOS ANGELES CITY COLLEGE - STUDENT ASSISTANCE CENTER
- 33) HOLLYWOOD WORKSOURCE CENTER
- 34) BRAILLE INSTITUTE
- 35) HOLLYWOOD WORKSOURCE CENTER

Mental Health Facilities and Services

1) MOVE A CHILD HIGHER

1430 Topeka St.
Pasadena, CA 91104
Service/Intake: 626-798-1222
<http://www.moveachildhigher.org>

SERVICES FOR PEOPLE WITH DISABILITIES: *The organization provides services for people of all ages who have disabilities, including physical, emotional and learning disabilities. Services include equestrian therapy, equestrian therapy volunteer opportunities and licensing/certification/accreditation. There are no geographic restrictions.*

2) YWCA GLENDALE

735 E. Lexington Dr.
Glendale, CA 91206
Administration: 818-242-4155
<http://www.glendaleywca.org>

HEALTH SERVICES: *Support services for women diagnosed with breast or cervical cancer include counseling, therapeutic exercise and support groups for women who have had breast cancer or cervical cancer surgery. The program provides health services, primarily for low-income women who live in the Glendale area. Age and income restrictions apply for some services; there are no geographic restrictions.*

3) YWCA BATTERED WOMEN'S SHELTER - SUNRISE VILLAGE

735 E. Lexington Dr.
Glendale, CA 91206
Service/Intake/Hotline: 818-242-1106

SHELTER -- DOMESTIC VIOLENCE SERVICES: *The program provides a battered women's shelter and a transitional shelter for women and their children. Female and male children up to 14 years old may enter the shelter with their mothers. The maximum length of stay is 45 days. The shelter can accommodate women who use wheelchairs; cannot accommodate women who abuse alcohol*

or drugs or who have a severe mental or emotional disturbance. There are no geographic restrictions.

4) ADVENTIST HEALTH GLENDALE

1509 Wilson Terrace
Glendale, CA 91206
Service/Intake: 818-409-8000
<http://www.glendaleadventist.com>

INPATIENT MENTAL HEALTH SERVICES: *The medical center provides inpatient mental health services for adults age 18 and older in Los Angeles. Age restrictions apply; there are no geographic limits.*

5) ARMENIAN RELIEF SOCIETY OF WESTERN USA, INC.

517 W. Glenoaks Ave.
Glendale, CA 91202
Service/Intake: 818-241-7533

MENTAL HEALTH SERVICES: *The agency provides mental health services for Armenians and newly immigrated refugees in Los Angeles County. Services include general counseling for individuals, families and groups. There are no geographic restrictions.*

6) DYNAMIC FAMILY CARE (FORMERLY KNOWN AS HOLISTIC REINTEGRATION CENTER)

121 W. Lexington Dr., Ste. L 200B
Glendale, CA 91203
Administration: 818-334-9260

COURT ORDERED CLASSES: *The agency provides family life education for adolescents and adults who live in the Los Angeles County area. Services include anger management and court-ordered parenting skills classes. There are no geographic restrictions.*

**7) GLENDALE MULTICULTURAL CENTER 4 SELF ESTEEM FAMILY
RECONSTRUCTION AND PSYCHODRAMA**

336 N. Central Ave., Ste. 8
Glendale, CA 91203
Administration: 818-242-6424

DOMESTIC VIOLENCE SERVICES, VICTIMS OF CRIME SUPPORT, CHILD ABUSE SERVICES: The agency provides child abuse services, domestic violence services and victims of crime support for people of all ages. There are no geographic restrictions.

8) PACIFIC CLINICS - HYE-WRAP PROGRAM

237 N. Central Ave., Ste. C
Glendale, CA 91203
Administration: 818-547-9544

MENTAL HEALTH SERVICES: *This is the administrative site of a comprehensive mental health agency that serves people of all ages and ethnic groups in the San Gabriel Valley. There are no direct services provided at the administrative location. Age restrictions apply; there are no geographic restrictions.*

9) VERDUGO MENTAL HEALTH - ADULT SERVICES

1540 E. Colorado St.
Glendale, CA 91205
Administration: 818-244-7257

MENTAL HEALTH SERVICES: *The agency provides mental health services for people of all ages in the Burbank-Glendale area. Services are provided from three locations (see site list for details) and include independent living skills instruction; mental health evaluations; medication supervision; psychiatric counseling, day treatment and resocialization. There are restrictions related to medical necessity criteria. There are no geographic restrictions.*

10) POSITIVE DIRECTIONS COMMUNITY COUNSELING CENTER

1540 E. Colorado St.
Glendale, CA 91205
Service/Intake: 818-244-7257

COUNSELING SERVICES: *The program provides counseling for people of all ages in the Burbank-Glendale area. Services include general counseling, support groups and workshops. There are no geographic restrictions.*

11) GLEN ROBERTS CHILD STUDY CENTER

1530 E. Colorado St.
Glendale, CA 91205
Phone: 818-244-0222
<http://vmhc.org/receiving-services/glen-roberts.htm>

MENTAL HEALTH SERVICES: *The program serves children with a range of issues including but not limited to: serious mental illness, abuse/neglect, domestic violence, depression and school-related issues. Services include individual, family, and group therapy, play therapy, psychological assessment and testing, medication support, and parent education. The client population at the center is primarily low-income and of various ethnicities which reflect the diversity of the surrounding community.*

12) ARK FAMILY CENTER, INC.

135 S. Jackson St. Suite 102
Glendale, CA 91205
Administration: 818-662-7045

COUNSELING SERVICES: *The agency provides counseling services for people of all ages. Services are provided for people who live, primarily, in the communities of Atwater, Burbank, Eagle Rock, Glendale, Hollywood, La Crescenta, Montrose, Pasadena, Sunland and Tujunga; however, there are no geographic restrictions*

13) GLENDALE COUNSELING CENTER

1521 W. Glenoaks Blvd., Ste. 2B
Glendale, CA 91201

Administration: 818-547-2865

DOMESTIC VIOLENCE SERVICES, CHILD ABUSE SERVICES *The agency provides domestic violence services for adults age 18 and older in Los Angeles County. Services include adult diversion for men and women, anger management and counseling for battered women. There are no geographic restrictions.*

14) FIVE ACRES - COMMUNITY BASED SERVICES

2055 Lincoln Ave.
Pasadena, CA 91103
Administrative: 626-798-6793

CHILD ABUSE SERVICES: *The agency provides child abuse services for at-risk youth and their families. Services include residential treatment for emotionally disturbed children age 6 to 14; an on-grounds special education school; home-based family support services and specialized counseling services for families which include members who are deaf; foster care; group homes for adolescent boys; and school-based counseling. Services are provided at two locations; see site list for details. Age restrictions apply; there are no geographic restrictions.*

15) HAVEN HOUSE - BATTERED WOMEN AND CHILDREN'S SHELTER

P.O. Box 50007
Pasadena, CA 91115
Phone: 626-564-8880
<http://www.jfsla.org/>

MENTAL HEALTH SERVICES: *The children's program provides children of all ages a safe, nurturing atmosphere where they are offered individual counseling to raise self-esteem and educational group services that focus on prevention and intervention of family violence. Additionally, mothers receive family counseling promoting positive and effective parenting skills. Children may attend local public schools while in residence.*

16) GRACE CENTER

P.O. Box 40250
Pasadena, CA 91114
Administration: 626-355-4545

<http://www.grace-center.org>

DOMESTIC VIOLENCE SERVICES, CHILD PROTECTIVE SERVICES: *The agency provides domestic violence services for people in Los Angeles County. Services include crisis intervention, domestic violence support groups, individual advocacy for battered women, specialized information and referral for battered women, and spousal abuse counseling for battered women. There are no geographic restrictions.*

17) LASCANO PROFESSIONAL SERVICES

4368 Eagle Rock Blvd
Los Angeles, CA 90041
Administration: 323-256-9906

VICTIMS OF CRIME SUPPORT: *The program provides counseling services for people of all ages in Los Angeles County. Services include crime victim/witness counseling for self and court-referred individuals and their families. Counseling can be for individuals or families and is catered to each individual. The program can provide documentation for the courts, if necessary. Occasionally, groups for victims of crime may be available, depending on necessity and number of participants. The program may also assist victims of crime with necessary paperwork or help individuals prepare for court, especially adolescents. There are no geographic restrictions*

18) WEST SAN GABRIEL VALLEY CENTER

892 N. Fair Oaks Ave., Ste. D
Pasadena, CA 91103
Service/Intake: 626-584-6191

SEXUAL ASSAULT SERVICES *The organization provides sexual assault services for people in Los Angeles County. There are no geographic restrictions. Services include accompaniment, peer counseling, speakers and printed materials, self-defense courses for women and girls, ongoing professional training for caregivers; and training programs for self-defense instructors.*

19) OPTIMIST YOUTH HOMES AND FAMILY SERVICES

6957 N. Figueroa St.
Los Angeles, CA 90042
Administration: 323-443-3175
<http://www.oyhfs.org>

OUT-OF-HOME CARE: The agency provides out-of-home-care for youth age birth to 17 who have emotional and/or behavioral problems. Services include children's residential treatment facilities, psychiatric day treatment, outpatient individual counseling, outpatient family counseling, outpatient group counseling, parenting skills education, and a non-public special school. Most young people are referred by the Los Angeles County Probation Department or Los Angeles County Department of Children and Family Services; however, referrals from agencies in other counties and private inquiries are considered. Services are provided at three locations; see site list for details. Age restrictions apply; there are no geographic restrictions.

20) L A CITY ATTORNEY VICTIM/WITNESS ASSISTANCE PROGRAM - NORTHEAST LAPD STN

3353 San Fernando Rd.
Los Angeles, CA 90065
Service/Intake: 213-485-3240

VICTIMS OF CRIME SUPPORT: The program provides victims of crime support services to individuals who live in Los Angeles County. Services include general crime victim assistance, certificates/forms assistance, crime victim accompaniment services, crime victim support, crime victim/witness counseling, and crime witness support services. There are no geographic restrictions.

21) INTERFAITH REFUGEE AND IMMIGRATION SERVICE

3621 Brunswick Ave.
Los Angeles, CA 90039
Administration: 323-667-0489
<http://www.iris-la.org>

IMMIGRATION SERVICES: The agency provides services for people who have recently arrived in this country as refugees or immigrants. The agency provides a variety of resettlement and immigration-related services including information and referral to social service providers, case management and social adjustment counseling, advocacy, interpretation and translation assistance. There are no geographic restrictions.

22) PASADENA SENIOR CENTER

85 E. Holly St.
Pasadena, CA 91103
Service/Intake: 626-795-4331
<http://www.pasadenaseniorcenter.org>

SERVICES FOR OLDER ADULTS: This is a senior center for adults age 50 and older that provides educational, health, recreational activities, social services, specialized information and referral, and volunteer opportunities. Age restrictions apply, but vary according to service. Geographic restrictions apply for some services.

23) PASADENA POLICE DEPARTMENT

207 N. Garfield Ave.
Pasadena, CA 91101
Service/Intake: 626-744-4501
<http://www.ci.pasadena.ca.us/Police/>

Services: The agency provides mental health services for individuals who live in Los Angeles County. Services include psychiatric mobile response teams. Services are restricted to residents of Pasadena. Psychiatric mobile response team services provide on-site professional assessment and assistance to people and their families experiencing a mental health crisis. Services are restricted to residents of Pasadena.

24) PASADENA - L A COUNTY DISTRICT ATTORNEY VICTIM-WITNESS ASSISTANCE PROGRAM

300 E. Walnut St., Rm. 107
Pasadena, CA 91101

Service/Intake: 626-356-5715

VICTIMS OF CRIME SUPPORT: The program provides victim of crime support for people of all ages in Los Angeles County who have been victimized by crime and for people who have witnessed crimes. Services include crime prevention, crime victim support, certificates/forms assistance, crime victim counseling, public awareness and education, and volunteer opportunities. Services are provided at 27 locations; see site list for details. There are no geographic restrictions.

25) STATE PAROLE & COMMUNITY SERVICES DIVISION - PASADENA 1, 2, 3

333 E. Walnut St.
Pasadena, CA 91101
Service/Intake: 626-450-6250

EX-OFFENDER SERVICES: The agency provides ex-offender services through its Police and Corrections Team (PACT) program such as field supervision and supportive services for adults who have been placed on parole by the State Department of Corrections. Ex-Offender services include adult parole, computer classes, drug/alcohol testing, ex-offender counseling, job search/placement, remedial education, specialized information and referral for ex-offenders and their families, and substance abuse education/prevention.

26) I AM FOUNDATION, INC.

464 E. Walnut Ave., Ste. 327
Pasadena, CA 91101
Administration: 626-799-0999

COUNSELING SERVICES: The agency provides counseling services for individuals ages 14 and older who live in Los Angeles County. Services include anger management, a drug diversion program, and spousal/partner abuse counseling for batterers. Services are targeted but not restricted to residents of the city of Pasadena. There are no geographic restrictions.

27) FULLER PSYCHOLOGICAL AND FAMILY SERVICES

180 N. Oakland Ave.
Pasadena, CA 91101
Service/Intake: 626-584-5555

<http://www.fuller.edu/fpfs/>

COUNSELING SERVICES: The clinic provides Christian-oriented counseling services for people of all ages. It serves children and youth age 4 to 18 who have mild to severe behavioral, learning or emotional problems and their families; and adults age 18 and older who for a wide range of life problems. Services include abuse counseling, adolescent/youth counseling, alcoholism counseling, child guidance, divorce counseling, eating disorders treatment, family counseling, general counseling services, group counseling, individual counseling, marriage counseling, mental health evaluation, parent counseling, pastoral counseling, perinatal/postpartum depression counseling, personal enrichment, premarital counseling, psychiatric disorder counseling, and stress management. There are no geographic restrictions.

28) WELLNESS COMMUNITY - FOOTHILLS, THE

200 E. Del Mar, Ste. 118
Pasadena, CA 91105
Service/Intake: 626-796-1083
<http://www.cscpasadena.org/>

SELF-HELP GROUPS: The agency provides supportive services for adults 21 years and older, who have cancer and their families, friends and significant others. Services are provided from four locations in the greater Los Angeles area. Services include bereavement support groups, health related support groups and wellness-related activities. There are no geographic restrictions.

29) CA STATE DEPARTMENT OF REHABILITATION - PASADENA BRANCH

150 S. Los Robles Ave., #300
Pasadena, CA 91101
Service/Intake: 626-304-8300

SERVICES FOR PEOPLE WITH DISABILITIES: The department provides vocational rehabilitation services for people who have disabilities. Service is provided at seven locations in the Van Nuys/Foothill District. The service area includes the cities of Burbank, Canoga Park, Glendale, Granada Hills, Pasadena, Santa Clarita and Van Nuys.

30) ROSE CITY CENTER

595 E. Colorado Blvd., Ste. 303
Pasadena, CA 91101
Administration: 626-793-8609

COUNSELING SERVICES: The program provides counseling for individuals who live in the San Gabriel Valley. Counseling services include general, individual, conjoint, family and group counseling about a variety of problems which may include marital difficulties, adjustments of adolescence, generalized anxiety, trauma, post-traumatic stress disorder, and depression, including postpartum depression. The agency specializes in longer term, in-depth psychoanalytic psychotherapy. There is no restriction on length of stay or number of sessions per week. Geographic restrictions apply.

31) AARP - L A COUNTY OFFICE

200 S. Los Robles Ave., Ste. 400
Pasadena, CA 91101
Administration: 866-448-3615

SERVICES FOR OLDER ADULTS: The association provides services for people, age 50 or older, who are retired or still employed who live in Los Angeles County. Membership in the AARP is required to receive most services. Services include driving programs, pharmacy services, tax assistance, and a Grief and Loss program. Services are provided from three locations.

32) STAR VIEW COMMUNITY SERVICES - HIGHLAND PARK OFFICE

5420 N. Figueroa St.
Highland Park, CA 90042
Service/Intake: 323-999-2404
<http://www.starsinc.com/viewcom.php>

MENTAL HEALTH SERVICES: The agency provides community-based mental health services for children and youth age birth through 21 who have serious behavioral problems at home and/or school, and their families in Los Angeles County. Services include developmental screening, individual and family counseling including dual diagnosis, infant and early childhood mental health, crisis

intervention, family preservation, psychiatric evaluations, medication monitoring, independent living skills instruction, therapeutic behavioral learning, and psychiatric case management. Age restrictions apply for some services; there are no geographic restrictions.

33) FOOTHILL FAMILY SERVICE - PASADENA OAK KNOLL OFFICE

118 S. Oak Knoll Ave.
Pasadena, CA 91101
Service/Intake: 626-795-6907

CHILD ABUSE SERVICES: The program provides child abuse services for people who live in the San Gabriel Valley and surrounding areas. Services include child abuse prevention, child abuse counseling and child sexual assault counseling.

34) FOOTHILL FAMILY SERVICE - PASADENA HUDSON OFFICE

111 S. Hudson Ave.
Pasadena, CA 91101
Service/Intake: 626-795-6907

COUNSELING SERVICES: The program provides counseling services for people of all ages in Los Angeles County. Services include adolescent/youth counseling, behavior modification, bereavement counseling, employee assistance programs, developmental assessment, family counseling, general counseling services, marriage counseling, perinatal/postpartum depression counseling, pre-marital counseling, and wrap around facilitation/community support. There are no geographic restrictions.

35) L A COUNTY DMH NORTHEAST LOS ANGELES

5321 Via Marisol
Los Angeles, CA 90042
Service/Intake: 323-478-8200
Hotline: 800-854-7771

MENTAL HEALTH SERVICES: The agency provides outpatient mental health evaluation, diagnosis, treatment, and crisis intervention services for adults age 18 and older who are chronically mentally ill and/or experiencing an acute psychiatric crisis who live in the Northeast Health District which includes Lincoln

Heights, Highland Park, El Sereno, and parts of Glassell Park. Staff can evaluate clients for treatment, medication, or for voluntary or involuntary hospitalization; intervene if a person is in crisis; and supervise medication. The agency's target population is adults who are acutely and/or seriously mentally ill; other people who apply are referred to other resources if appropriate.

36) L A COUNTY DMH NORTHEAST LOS ANGELES - ACCESS LINE

5321 Via Marisol
Los Angeles, CA 90042
Hotline: 800-854-7771

MENTAL HEALTH SERVICES: The agency provides outpatient mental health evaluation, diagnosis, treatment, and crisis intervention services for adults age 18 and older who are chronically mentally ill and/or experiencing an acute psychiatric crisis who live in the Northeast Health District which includes Lincoln Heights, Highland Park, El Sereno, and parts of Glassell Park. Staff can evaluate clients for treatment, medication, or for voluntary or involuntary hospitalization; intervene if a person is in crisis; and supervise medication. The agency's target population is adults who are acutely and/or seriously mentally ill; other people who apply are referred to other resources if appropriate.

37) ASIAN PACIFIC HEALTH CARE VENTURE, INC.

1530 Hillhurst Avenue
Los Angeles, CA 90027
Administration: 323-644-3880, ext. 254
<http://www.aphcv.org>

FAMILY LIFE EDUCATION: The program provides family life education for Asian/Pacific Islander families in Los Angeles. Parenting skills development classes, and child development classes are conducted in Cambodian (Khmer), Japanese, Thai and Tagalog. The program targets new parents and caretakers of children 0 to 5 years.

38) CHILDREN'S HOSPITAL LOS ANGELES

4650 Sunset Blvd., Mail Stop #59
Public Relations Department
Los Angeles, CA 90027

Service/Intake: 323-660-2450
<http://www.chla.org>

MENTAL HEALTH SERVICES: The hospital's division of psychiatry provides mental health services for children and youth to age 18. Services include clinical psychiatric evaluation for hospitalized children with a variety of mental, emotional and psychosomatic or physical brain disorders.

39) PADRES CONTRA EL CANCER - PROGRAM OFFICE

4650 Sunset Blvd., Mailstop #99
Children's Hospital of Los Angeles
Los Angeles, CA 90027
Service/Intake: 800-828-3168

HEALTH SERVICES: The organization provides a variety of services for Latino families throughout the greater Los Angeles area who have children younger than age 21 who are being treated for cancer or who have completed treatment. This is a support program which recognizes that many Latino families feel alienation, loneliness, depression, and self-blame because of discrimination, geographical separation from family, language barriers, and acculturation stress, and that these variables affect their ability to understand the illness and to cope with treatment and its side effects. There are no geographic restrictions.

40) BIENESTAR HUMAN SERVICES—HOLLYWOOD CENTER

4955 Sunset Blvd.
Los Angeles, CA 90027
Administration: 323-660-9680
<http://www.bienestar.org>

HIV/AIDS SERVICES: Mental health services include professional counseling and peer support. The program offers short term, individual and group counseling. It also offers rap groups for gay and lesbian youth ages 15 to 23 and support groups for family members and loved ones of people who are HIV or who have AIDS. In addition, the program provides pre- and post-HIV test counseling.

41) ARMENIAN RELIEF SOCIETY - HOLLYWOOD OFFICE

1203 N. Vermont
Hollywood, CA 90029
Service/Intake: 323-669-0471

MENTAL HEALTH SERVICES: The agency provides mental health services for Armenians and newly immigrated refugees in Los Angeles County. Services include general counseling for individuals, families and groups. There are no geographic restrictions.

42) COVENANT HOUSE CALIFORNIA

1325 N. Western Ave.
Hollywood, CA 90027
Administrative: 323-461-3131
<http://www.covenanthouseca.org>

SHELTER: The program provides shelter for runaway youth age 18 through 21 years in Los Angeles County, as well as youth 18 to 24 years of age who are HIV positive. Services include a youth hotline, case management, contract clinic services, crisis intervention counseling, employment skills program, intake for shelter, specialized information and referral, services for the deaf and hard of hearing and some substance abuse counseling. People who are pregnant, younger than 18 or older than 21 years will be referred to other organizations for assistance. There are no geographic restrictions.

43) LOS ANGELES COUNSELING CENTER

4855 Santa Monica Blvd., #108
Los Angeles, CA 90029
Administration: 323-913-3371

DOMESTIC VIOLENCE SERVICES: The agency provides domestic violence services for adults age 18 and older who live in Los Angeles County. Services include 26-week, 32-week, and 52-week court-approved adult diversion classes for male and female batterers. Progress reports can be provided to the courts. There are no geographic restrictions.

44) BLIND CHILDREN'S CENTER

4120 Marathon Street
Los Angeles, CA 90029
<http://www.blindchildrenscenter.org>

Services: Provides support and resources for visually handicapped children and their families, parent counseling, reverse mainstreaming and publications for parents, teachers and others in regard to visual impairment.

Substance Abuse Services

1) L A COUNTY SHERIFF - CRESCENTA VALLEY STATION

4554 N. Briggs
La Crescenta, CA 91214
Service/Intake: 818-248-3464

MEDICATION DISPOSAL SERVICES: *The Los Angeles County Sheriff's Department, in conjunction with the Los Angeles County Department of Public Health and Public Works provides this service so residents can safely and anonymously surrender any unused or expired prescriptions, over the counter medications, used needles or "sharps" or any other controlled substance. More information proper medication disposal is available at the program website at www.nodrugsdownthedrain.org.*

2) ADVENTIST HEALTH GLENDALE

1509 Wilson Terrace
Glendale, CA 91206
Service/Intake: 818-409-8000
<http://www.glendaleadventist.com>

SUBSTANCE ABUSE SERVICES: *The center provides substance abuse services for adults age 18 and older. There are no geographic restrictions. Services include alcohol education, drug education, specialized information and referral, for families of substance abusers, and twelve-step groups.*

Information and referral is available to families of substance abusers who are not appropriate for the residential program. Staff meet with the family for an assessment and then make referrals.

Alcohol and drug education includes lectures, seminars and speaking engagements for schools and community organizations; training for professional interns and volunteers; and consultation with people in business and industry. Twelve-step groups, including AA, NA, CA and Alanon, are available to the public.

3) NARCONON SOUTHERN CALIFORNIA, INC.

225 W. Broadway, Ste. 400
Glendale, CA 91204
Service/Intake: 800-876-6378
<http://www.usnodrugs.com>

RESIDENTIAL TREATMENT FOR SUBSTANCE ABUSE: *The program provides residential treatment for substance abuse for adults throughout Southern California. Services include residential substance abuse treatment and telephone crisis intervention. There are no geographic restrictions. Treatment is provided for adults age 18 to 64. There are 32 beds.*

4) VERDUGO MENTAL HEALTH - ADULT SERVICES

1540 E. Colorado St.
Glendale, CA 91205
Administration: 818-244-7257
<http://vmhc.org/>

SUBSTANCE ABUSE SERVICES: *The agency provides substance abuse services for adults in Los Angeles County. Services include alcohol abuse counseling, drop-in services, drug abuse counseling, a drug diversion program, Telephone twelve-step, and other support groups. There are no geographic restrictions.*

5) POSITIVE DIRECTIONS COMMUNITY COUNSELING CENTER

1540 E. Colorado St.
Glendale, CA 91205
Administration: 818-244-7257

SUBSTANCE ABUSE SERVICES: *The agency provides substance abuse services for adults in Los Angeles County. Services include alcohol abuse counseling, drop-in services, drug abuse counseling, a drug diversion program, Telephone twelve-step, and other support groups. There are no geographic restrictions.*

6) WINDSOR CLUB

123 W. Windsor Rd.
Glendale, CA 91204
Administration: 818-242-1350
<http://www.glendalewindsorclub.org>

SUBSTANCE ABUSE SERVICES: The club provides alcohol abuse services for people of all ages. Services include an alcohol drop-in center and twelve-step meetings such as AA, Alanon and Alateen. Drop-in services include family and recreational activities. There are no geographic restrictions.

7) PACIFIC CLINICS - CHAP

1855 N. Fair Oaks Ave., Ste. 110 & 130
Pasadena, CA 91103
Administration: 626-296-7710

MENTAL HEALTH SERVICES: This is the administrative site of a comprehensive mental health agency that serves people of all ages and ethnic groups in the San Gabriel Valley. Services are provided from several locations; see the site list. There are no direct services provided at the administrative location. The agency's programs include adult outpatient services which provide psychiatric day treatment for people age 18 or older who have a chronic mental illness which seriously interferes with daily functioning. These services are provided at the agency's El Camino Mental Health Center, Santa Fe Springs.

8) CITY OF PASADENA PUBLIC HEALTH DEPARTMENT

1845 N. Fair Oaks Ave.
Pasadena, CA 91103
Service/Intake: 626-744-6001
<http://www.cityofpasadena.net/PublicHealth/>

SUBSTANCE ABUSE SERVICES: The program provides substance abuse services for people of all ages who live in Pasadena. Services include alcohol and drug counseling, including programs for adolescents and women; alcohol and drug education and prevention; central intake/assessment for alcohol and drug abuse for adolescents; first offender drinking driver programs; and specialized information and referral for substance abuse issues. The center is unable to

serve people who are under the influence at the time of service, or who have severe medical or emotional problems which would pose barriers to treatment. There are no geographic restrictions.

9) IMPACT DRUG AND ALCOHOL TREATMENT CENTER

1680 N. Fair Oaks Ave.
Pasadena, CA 91103
Service/Intake: 626-798-0884
<http://www.impacthouse.com>

RESIDENTIAL TREATMENT FOR SUBSTANCE ABUSE: The center provides residential treatment for substance abuse for adults 18 and older, including people who have physical disabilities. There are no geographic restrictions.

10) HAVEN HOUSE, INC

P.O. Box 50007
Pasadena, CA 91115
Administrative: 626-564-8880

DOMESTIC VIOLENCE SERVICES: The agency provides domestic violence services for people in Los Angeles County. Its programs are oriented around the connection between domestic violence and alcohol abuse. Services include counseling, a domestic violence hotline, prevention and education programs, and technical assistance for other organizations. Services are provided at two locations; see site list for details. There are no geographic restrictions.

11) DIGNITY HEALTH GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER

1420 S. Central Ave.
Glendale, CA 91204
Service/Intake: 818-502-1900
<http://www.glendalememorial.com>

Services: The hospital provides self-help groups that support community members who have health-related concerns and issues. There are support groups for breast cancer patients and for prostate cancer patients. Services also include a breast cancer support group for women from the Armenian community, and a

special Armenian bone marrow registry to meet the needs of the Armenian community who are afflicted with leukemia or other blood diseases.

12) ADVENTIST HEALTH GLENDALE ALCOHOL AND DRUG SERVICES

335 Mission Rd.
Glendale, CA 91205
Service/Intake and Hotline: 818-242-3116

SUBSTANCE ABUSE SERVICES: The center provides residential treatment for substance abuse for adults age 18 to 64. Services include inpatient medical alcohol detoxification and inpatient drug detoxification. There are no geographic restrictions.

The 21-day residential treatment program provides individual, group and family counseling; lectures and films; recreational therapy and exercise; twelve-step mutual support groups; and spiritual guidance. A one-year aftercare program is provided which includes relapse groups, couples groups and continuing care groups.

13) GRANDVIEW FOUNDATION, INC.

225 Grandview St.
Pasadena, CA 91104
Service/Intake: 626-797-1124
<http://www.grandviewfoundation.com>

RESIDENTIAL TREATMENT FOR SUBSTANCE ABUSE: The agency provides residential treatment for substance abuse for men. Services include alcoholism counseling, drug testing, residential treatment homes and sober living homes. Applicants must have at least 24 hours of sobriety, and be fully ambulatory. Services are primarily for residents of the San Gabriel Valley; however there are no geographic restrictions.

Residential treatment programs range from 30 days to nine months in length. Services include individual and group counseling, alcohol and drug education, art and relaxation therapy, physical conditioning and twelve-step groups.

14) MARENGO HOUSE

1230 N. Marengo St.
Pasadena, CA 91103
Service/Intake: 626-797-1124

SUBSTANCE ABUSE SERVICES: The agency provides substance abuse services for people in Los Angeles. Services include alcoholism counseling, comprehensive outpatient treatment for alcohol and drug abuse; drug/alcohol testing; and drug abuse counseling. There are no geographic restrictions.

15) PASADENA POLICE DEPARTMENT

207 N. Garfield Ave.
Pasadena, CA 91101
Service/Intake: 626-744-6501
<http://www.ci.pasadena.ca.us/Police/>

LAW ENFORCEMENT: The agency provides law enforcement services for individuals in Los Angeles County. Services include abandoned vehicle reporting, citizen police academies, conflict resolution training, crime prevention, drug abuse prevention/education, emergency protective orders, identity theft prevention, law enforcement complaints, municipal police, neighborhood watch programs, officer bill programs, personal safety education, sexual assault prevention, temporary restraining orders, and truancy counseling. Services are restricted to Pasadena.

16) ESTHER HOUSE

6052 Fayette St.
Highland Park, CA 90042
Service/Intake: 714-231-0070

SOBER LIVING: The center provides sober living for recovering alcoholics and drug abusers, age 25 and older. Services include a sober living home for men, including those with dual diagnosis of treatable mental illness and substance abuse. The facility, located in Highland Park, can accommodate up to 12 men. Individuals may stay as long as necessary. The service area is the greater Los Angeles area, however, there are no geographic restrictions.

17) STATE PAROLE - PASADENA 1, 2, 3

333 E. Walnut St.
Pasadena, CA 91101
Service/Intake: 626-450-6250

EX-OFFENDER SERVICES: *The Substance Abuse Treatment and Recovery program provides substance abuse education and prevention services to ex-offenders. The program uses an educational and interactive process method to provide parolees the motivation to change values and behaviors. The program is provided at the agency's work furlough sites in Hollywood and Van Nuys.*

18) FRIENDS OUTSIDE IN LOS ANGELES COUNTY, INC.

464 E. Walnut St.
Pasadena, CA 91101
Service/Intake: 626-795-7607, ext. 103
<http://friendsoutsidela.org>

SERVICES: *The program assist ex-offenders with release planning assistance as well as post-release crisis intervention and referral; follow-up services, including case management and employment services. The staff assists inmates get into drug and alcohol treatment programs as needed. There are no geographic restrictions.*

19) CHCADA - MUJERES RECOVERY HOME

530 N. Avenue 54
Los Angeles, CA 90042
Service/Intake: 323-254-2423

RESIDENTIAL TREATMENT FOR SUBSTANCE ABUSE: *The agency provides residential treatment programs for substance abuse for women age 18 to 62; for pregnant and parenting women; for men, age 18 to 62; for adolescent females, age 12 to 17; and for adolescent males, age 12 to 17. It also provides a sober living home for pregnant and parenting women. Services are targeted, but not restricted, to Hispanics/Latinos. Applicants must have at least 24 hours of sobriety prior to admittance. There are no geographic restrictions.*

20) FULLER PSYCHOLOGICAL AND FAMILY SERVICES

180 N. Oakland Ave.
Pasadena, CA 91101
Service/Intake: 626-584-5555
<http://www.fuller.edu/fpfs/>

SERVICES: *The clinic provides Christian-oriented counseling services for people of all ages. It serves children and youth ages 4 to 18 who have mild to severe behavioral, learning or emotional problems and their families; and adults age 18 and older who have a wide range of life problems. Services include abuse counseling, adolescent/youth counseling, alcoholism counseling, child guidance, divorce counseling, eating disorders treatment, family counseling, general counseling services, group counseling, individual counseling, marriage counseling, mental health evaluation, parent counseling, pastoral counseling, perinatal/postpartum depression counseling, personal enrichment, premarital counseling, psychiatric disorder counseling, and stress management. There are no geographic restrictions.*

21) CHCADA - PALOMA YOUNG WOMEN'S ALCOHOL RECOVERY HOME

328 N. Avenue 59
Los Angeles, CA 90042
Service/Intake: 323-257-9227

RESIDENTIAL TREATMENT FOR SUBSTANCE ABUSE: *The agency provides residential treatment programs for substance abuse for women age 18 to 62; for pregnant and parenting women; for men, age 18 to 62; for adolescent females, age 12 to 17; and for adolescent males, age 12 to 17. It also provides a sober living home for pregnant and parenting women. Services are targeted, but not restricted, to Hispanics/Latinos. Applicants must have at least 24 hours of sobriety prior to admittance. There are no geographic restrictions.*

22) CHCADA - AGUILA YOUNG MEN'S RECOVERY HOME

524 N. Avenue 54
Los Angeles, CA 90042
Service/Intake: 323-258-2921

RESIDENTIAL TREATMENT FOR SUBSTANCE ABUSE: *The agency provides residential treatment programs for substance abuse for women age 18 to 62; for pregnant and parenting women; for men, age 18 to 62; for adolescent females, age 12 to 17; and for adolescent males, age 12 to 17. It also provides a sober living home for pregnant and parenting women. Services are targeted, but not restricted, to Hispanics/Latinos. Applicants must have at least 24 hours of sobriety prior to admittance. There are no geographic restrictions.*

23) CALIFORNIA DRUG COUNSELING

659 E. Walnut Street
Pasadena, CA 91101
Administration: 626-844-0410
<http://www.caldrug.org>

SUBSTANCE ABUSE SERVICES: *The program provides substance abuse services for individuals 18 and older, who live in Los Angeles County. Services include comprehensive outpatient alcoholism and drug abuse treatment for adolescents and court-referred adults, perinatal substance abuse treatment and relapse prevention programs for youth, addictions/dependencies support groups, drug testing, HIV/AIDS prevention counseling, and a drug diversion program. There are no geographic restrictions.*

24) BISHOP GOODEN HOME, INC.

191 N. El Molino Ave.
Pasadena, CA 91101
Administration: 800-931-9884
<http://www.goodencenter.org>

RESIDENTIAL TREATMENT FOR SUBSTANCE ABUSE: *The agency provides residential treatment for substance abuse for adult men in Los Angeles County. Services include residential alcoholism treatment facilities and residential drug abuse treatment facilities. Applicants must be sober and drug-free prior to admittance into the program. The program can accommodate up to 47 men. Services include individual and group counseling; family support; and AA, CA, and NA meetings. There are no geographic restrictions.*

25) CASA DE LAS AMIGAS

160 N. El Molino Ave.
Pasadena, CA 91101
Service/Intake: 626-792-2770

SUBSTANCE ABUSE SERVICES: *The agency provides substance abuse services for women age 18 and older who live in Los Angeles County. Services include alcohol and drug abuse education and prevention, and comprehensive outpatient alcoholism treatment. There are no geographic restrictions.*

26) WALTER HOVING HOME, INC.

127 S. El Molino Ave.
Pasadena, CA 91101
Service/Intake: 626-405-0950
<http://www.walterhovinghome.com>

RESIDENTIAL TREATMENT FOR SUBSTANCE ABUSE: *The program provides Christian-oriented residential rehabilitation center for women 18 years of age and older who have been involved with alcohol or drug abuse. There is no requirement that a woman be sober or drug free at the time of application to the program, though women who need medical detoxification services must seek this help before entering the program. The program is not able to accommodate pregnant women, women who have physical disabilities or who are severely emotionally or mentally disturbed. There are no geographic restrictions.*

27) 12 STEP SOBER LIVING

8742 Mulberry Dr.
Sunland, CA 91040
Administration: 818-293-2222

SOBER LIVING: *The agency provides sober living services for recovering alcoholics and drug abusers, age 18 and older. Services include a sober living center for men. The facility can accommodate up to 12 men. Individuals may stay as long as necessary. There are no geographic restrictions.*

28) MISSION CITY COMMUNITY NETWORK - HOLLYWOOD

4842 Hollywood Blvd.
Hollywood, CA 90027

Service/Intake: 323-644-1110
<http://www.mccn.org>

HEALTH SERVICES: The agency provides health services for people of all ages in the Northeast San Fernando Valley area. Services include community clinics; family practice medicine; internal medicine, CHDP exams, breast cancer screening; cervical cancer screening; childbirth education; colposcopy services; contraception; gynecology/obstetrics; health education; childhood immunizations, and pediatrics. There are no geographic restrictions.

29) CHILDREN'S HOSPITAL LOS ANGELES

4650 Sunset Blvd., Mail Stop #59
Public Relations Department
Los Angeles, CA 90027
Service/Intake: 323-660-2450
<http://www.chla.org/>

SUBSTANCE ABUSE SERVICES: The hospital provides substance abuse services for youth and young adults ages 12 through 21. Services include drug and alcohol abuse counseling for individuals and family members. Counseling services include self-management and relapse prevention skills training, and self-help and social support groups. There are no geographic restrictions.

30) JAN CLAYTON CENTER

4969 Sunset Blvd.
Los Angeles, CA 90027
Service/Intake: 323-660-8042

SUBSTANCE ABUSE SERVICES: The program provides substance abuse services for low-income adults age 18 and older in Los Angeles. Services include 12-step

meetings, crisis intervention, alcohol and drug detoxification, a drop-in center, and specialized information and referral. Applicants must have a primary problem of alcoholism or drug abuse. The program cannot assist people who need extensive medical attention or nursing care, who are combative or unwilling to follow program rules, or people who are severely mentally ill. There are no geographic restrictions.

31) THAI HEALTH AND INFORMATION SERVICES, INC.

1654 N. Harvard Blvd.
Los Angeles, CA 90027
Administration: 323-661-2008
<http://www.thaihealth.org>

SERVICES: The agency provides health services to individuals who live in Los Angeles County. Services include mammograms, smoking cessation, and nutrition education. There are no geographic restrictions.

32) RENA B. RECOVERY CENTER

4445 Burns Ave.
Los Angeles, CA 90029
Service/Intake: 323-664-8940

RESIDENTIAL TREATMENT FOR SUBSTANCE ABUSE: The agency provides residential substance abuse treatment programs for males and females, age 18 and older. Applicants must have 72 hours of sobriety to qualify. The programs cannot accommodate people who have mental or physical disabilities that interfere with their participation in the program. There are no geographic restrictions.

Disaster Services

- 1) STATION NO. 29 - HONOLULU AVE.
- 2) L A COUNTY SHERIFF - CRESCENTA VALLEY STATION
- 3) STATION NO. 24 - CANADA BLVD.
- 4) STATION NO. 28 - NEW YORK AVE.
- 5) STATION NO. 23 - E. CHEVY CHASE DR.
- 6) STATION NO. 26 - N. BRAND BLVD.
- 7) SOUTHERN CALIFORNIA CONFERENCE - 7TH DAY ADVENTIST
- 8) STATION NO. 25 - N. CHEVY CHASE DR.
- 9) ADVENTIST HEALTH GLENDALE
- 10) STATION NO. 27 - WESTERN AVE.
- 11) CA STATE WATER RESOURCES DEPARTMENT - SOUTHERN DISTRICT
- 12) CA STATE HIGHWAY PATROL - LOS ANGELES COMMUNICATIONS CENTER
- 13) FIRE STATION 38
- 14) CITY OF GLENDALE ADULT RECREATION CENTER
- 15) GLENDALE FIRE DEPARTMENT
- 16) STATION NO. 21 - OAK ST.
- 17) L A CITY FIRE DEPARTMENT - STATION NO. 42 - COLORADO BLVD.
- 18) GREATER LOS ANGELES AGENCY ON DEAFNESS, INC
- 19) STATION NO. 22 - S. GLENDALE AVE.
- 20) AMERICAN RED CROSS - GLENDALE-CRESCENTA VALLEY
- 21) FIRE STATION 36
- 22) L A CITY FIRE DEPARTMENT - STATION NO. 55 - E. YORK BLVD.
- 23) L A CITY FIRE DEPARTMENT - STATION NO. 74 - FOOTHILL BLVD.
- 24) L A CITY FIRE DEPARTMENT - STATION NO. 50 - FLETCHER DR.
- 25) PASADENA SENIOR CENTER
- 26) FIRE STATION 33
- 27) L A CITY FIRE DEPARTMENT - STATION NO. 56 - ROWENA AVE.
- 28) L A CITY FIRE DEPARTMENT - STATION NO. 12 - N. FIGUEROA ST.
- 29) L A CITY FIRE DEPARTMENT - STATION NO. 44 - CYPRESS AVE.
- 30) L A CITY FIRE DEPARTMENT - STATION NO. 24 - WENTWORTH ST.
- 31) CYPRESS PARK FAMILYSOURCE CENTER
- 32) L A CITY FIRE DEPARTMENT - STATION NO. 35 - N. HILLHURST AVE.
- 33) L A CITY FIRE DEPARTMENT - STATION NO. 52 - MELROSE AVE.

Nonprofit Headquarters—Mental Health, Crisis Intervention

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| 1) THE CENTER FOR GRIEF AND LOSS FOR CHILDREN | 8) DAY ONE |
| 2) VERDUGO MENTAL HEALTH CENTER | 9) NARCONON INTERNATIONAL |
| 3) NEW HORIZONS FAMILY CENTER | 10) PASADENA 202 CLUB INC |
| 4) ALANON OF GLENDALE INC | 11) CASA DE LAS AMIGAS |
| 5) NARCONON INTERNATIONAL | 12) BISHOP GOODEN HOME |
| 6) PRINCIPLES INC | 13) ROSE CITY COUNSELING CENTER |
| 7) OPTIMIST BOYS HOME & RANCH | 14) ALCOHOLICS TOGETHER INC |

Nonprofit Headquarters—Agriculture, Food, Nutrition

- 1) WESTERN ASSOCIATION OF FOOD CHAINS INC
- 2) MEALS ON WHEELS

Nonprofit Headquarters—Housing, Shelter

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| 1) LC HOTCHKISS TERRACE | 15) PARK PASEO |
| 2) VENICE SENIOR HOUSING CORPORATION | 16) WESTMINSTER COURT |
| 3) SENIOR AFFORDABLE HOUSING CORP NO 3 | 17) SENIOR AFFORDABLE HOUSING CORP NO 4 |
| 4) BANDERA SENIOR HOUSING CORP | 18) HAMPTON SUPPORTIVE HOUSING INC |
| 5) MOUNTAIN PARK TERRACE INC | 19) CALIFORNIA COMMUNITY REINVESTMENT CORPORATION |
| 6) SYCAMORE TERRACE | 20) AFFORDABLE HOUSING SERVICES |
| 7) SENIOR AFFORDABLE HOUSING CORP NO 1 | 21) BEACON SENIOR HOUSING CORP |
| 8) REDWOOD SENIOR HOMES AND SERVICES | 22) BEACON HOUSING INC |
| 9) CANTERBURY VILLAGE RETIREMENT CORPORATION | 23) HABITAT FOR HUMANITY INTERNATIONAL INC |
| 10) SENIOR AFFORDABLE HOUSING CORP NO 2 | 24) NORTHWEST PASADENA DEVELOPMENT CORPORATION |
| 11) SOUTHERN CALIFORNIA PRESBYTERIAN HOMES FOUNDATION | 25) HOPE PLACE HOUSING CORPORATION |
| 12) SENIOR AFFORDABLE HOUSING CORP NO 6 | 26) COPTIC SOCIAL CORPORATION |
| 13) CASA DE LA PALOMA | 27) HERITAGE CLINIC AND THE COMMUNITY ASSISTANCE PROGRAM FOR SENIORS |
| 14) GUADALUPE MANOR | 28) ASIAN PACIFIC HEALTH CARE VENTURE INC |

Nonprofit Headquarters—Recreation, Sports, Leisure, Athletics

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| 1) ARMENIAN AMERICAN MIDDLE EAST CLUB | 14) OLIMPIAKAN RESERVNER |
| 2) FOOTHILL HOOPS | 15) AAF ROSE BOWL AQUATICS CENTER |
| 3) LA CANADA SPORTS ASSOCIATION | 16) ROSE BOWL AQUATICS BOOSTER CLUB |
| 4) THE CRESCENTA VALLEY COMMUNITY COMMITTED TO ATHLETIC NEEDS | 17) WILL ROGERS POLO CLUB INC |
| 5) CRESCENTA VALLEY SOCCER CLUB | 18) SAN GABRIEL VOLLEYBALL CLUB |
| 6) SWIM PASADENA BOOSTER CLUB | 19) VERNON LEE AMATEUR GYMNASTICS ACADEMY |
| 7) CRESCENTA VALLEY LITTLE LEAGUE | 20) ATWATER PARK CENTER |
| 8) ARMENIAN FAIRYTALES INC | 21) SOUTHERN CALIFORNIA RUGBY FOOTBALL |
| 9) LIFE SKILLS FORE PASADENA YOUTH INC | 22) DEVIL PUPS INC |
| 10) ARMENIAN YOUTH FEDERATION CAMP OF CALIFORNIA | 23) LITTLE LEAGUE BASEBALL INC |
| 11) HOMENETMEN | 24) ANAHUAK YOUTH SOCCER ASSOCIATION |
| 12) CRESCENTA VALLEY GYMNASTICS CLUB | 25) LOS ANGELES PRESS CLUB |
| 13) YOUTH OPPORTUNITIES | 26) AAA CHESS CLUB |

Nonprofit Headquarters—Youth Development

- 1) CRESCENTA SPORTS ASSOCIATION
- 2) LA CANADA YOUTH COUNCIL
- 3) GLENDALE YOUTH ALLIANCE INC
- 4) BOY SCOUTS OF AMERICA
- 5) ROSE BOWL FOUNDATION
- 6) HARAMBEE CHRISTIAN FAMILY CENTER
- 7) CLUB JAM
- 8) DIOSE INC
- 9) PASADENA YOUTH CHRISTIAN CENTER
- 10) REACH OUR COMMUNITY KIDS
- 11) LIVING WATERS CHARISMATIC OUTREACH INC
- 12) PASADENA POLICE ACTIVITIES LEAGUE
- 13) FRIENDS OF FRANKLIN AVENUE SCHOOL INC

Nonprofit Headquarters—Human Services

- 1) MOUNTAIN AVENUE COMMITTED TO KIDS
- 2) YOUNG MENS CHRISTIAN ASSOCIATION OF CRESCENTA-CANADA
- 3) APUME INC
- 4) MOUSA LER ASSOCIATION OF CALIFORNIA
- 5) COMMITTEE FOR ARMENIAN STUDENTS IN PUBLIC SCHOOLS
- 6) ASSISTANCE LEAGUE OF FLINTRIDGE
- 7) ARMENIAN ACADEMY OF LOS ANGELES
- 8) WOODLANDERS ARE VOLUNTEERS FOR EDUCATION
- 9) CHILD EDUCATIONAL CENTER CALTECH JPL COMMUNITY
- 10) SWISS RELIEF SOCIETY OF LOS ANGELES
- 11) ORGANIZATION FOR STRATEGIC STUDIES
- 12) FAMILY BUILDING MINISTRY
- 13) LIFE SERVICES INCORPORATED
- 14) AMERICAN - ARMENIAN CONGREGATION CENTER
- 15) NESTLE ADOPT-A-SCHOOL FOUNDATION
- 16) CHILD S H A R E PROGRAM INC
- 17) PRESBYTERIAN HOMES AND SERVICES OF THE WEST
- 18) REDDING ASSISTED LIVING CORP
- 19) SOUTHERN CALIFORNIA PRESBYTERIAN HOMES
- 20) NOR SEROUNT CULTURAL ASSOC INC
- 21) AVENUES PREGNANCY CLINIC
- 22) YOUNG WOMENS CHRISTIAN ASSN OF GLENDALE
- 23) GLENDALE FOUNDATION FOR THE RETARDED
- 24) GLENDALE HEALTHY KIDS
- 25) YOUNG MENS CHRISTIAN ASSOCIATION OF GLENDALE
- 26) LITTLE LAMBS CHRISTIAN CHILD CARE CENTER
- 27) ARMENIAN EVANGELICAL SOCIAL SERVICE CENTER
- 28) ARMENIAN-AMERICAN COUNCIL ON AGING INC
- 29) GLENDALE GRACE CHILD CARE CENTER
- 30) TRI-COUNTY GLAD
- 31) CENTER ON DEAFNESS-INLAND EMPIRE INC
- 32) LIFESIGNS NOW
- 33) ORANGE COUNTY DEAF EQUAL ACCESS FOUNDATION INC
- 34) PASADENA-FOOTHILL VALLEY YWCA
- 35) MEDITATION CENTER FOR ZEN COMMUNITY
- 36) LIVING WAY
- 37) INTERNATIONAL FAMILIES ASSOCIATION
- 38) PASADENA SENIOR CENTER
- 39) CHAUTEAUX DEVELOPMENTS INC
- 40) HOUSE OF REST OF THE PRESBYTERIAN CHURCH
- 41) ASOCIACION NACIONALES PRO PERSONAS MAYORES
- 42) ALL SAINTS DAY CARE CENTER
- 43) INSTITUTE FOR ASIAN MISSION
- 44) EAST WEST BANCORP FOUNDATION
- 45) FLORES CENTER FOR FAMILY COUNSELING INC
- 46) SHERMAN GROUP HOME INC
- 47) TEN THOUSAND VILLAGES OF PASADENA INCORPORATED
- 48) RAINBOW BRIDGE COMMUNITY SERVICES INC
- 49) MOUNT WASHINGTON PRESCHOOL AND CHILD CARE CENTER
- 50) ECHO PARK SILVERLAKE PEOPLES CHILD CARE CENTER
- 51) HOPE AGAIN
- 52) COVENANT HOUSE CALIFORNIA
- 53) BLIND CHILDREN'S CENTER INC
- 54) CALIFORNIA TRANSCRIBERS & EDUCATORS OF THE VISUALLY HANDICAPPED
- 55) BRAILLE INSTITUTE OF AMERICA INC
- 56) BRAILLE INSTITUTE AUXILIARY INC
- 57) SISTERS OF BETHA