Glendale Adventist Medical Center
2016 COMMUNITY HEALTH NEEDS ASSESSMENT

Center for Nonprofit Management

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I. Authors and Acknowledgements

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Acknowledgements

The 2016 Glendale Hospitals Collaborative, comprised of Glendale Adventist Medical Center, Glendale Memorial Hospital and Health Center and USC Verdugo Hills Hospital worked in partnership to conduct this needs assessment.

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II. Executive Summary

Nonprofit hospitals have been required to conduct a community health needs assessment or CHNA every three years in order to maintain tax exempt status under California State Senate Bill 697 (SB 697) originally enacted in 1994.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). As part of the CHNA, each hospital is required to collect and conduct analysis of extensive data from secondary data sources as well as input (primary data) from individuals in the community: public health experts; representatives of government and civic organizations; members, representatives or leaders of low-income, minority, and medically underserved populations and populations with chronic conditions.

As in previous years, three Glendale hospitals - Glendale Adventist Medical Center, Glendale Memorial Hospital and Health Center and USC Verdugo Hills Hospital - partnered to conduct the 2016 CHNA in collaboration with the Center for Nonprofit Management consulting team. During the initial phase of the CHNA process, community input was collected through focus groups with key stakeholders including health care professionals, government officials, social service providers, community residents, leaders, and other relevant individuals. Appendix B presents the data collection tools, and Appendix C lists the stakeholders involved. Concurrently, secondary data were collected and compared to relevant benchmarks including Healthy People 2020, Los Angeles County or California when possible. The data were also collected by ZIP code, when possible, 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 (Appendix A) presenting health needs and health drivers with highlighted comparisons to the available data benchmarks. The scorecard was designed to allow for a comprehensive analysis across all data sources (Appendix D) and for use during the second, prioritization phase of the CHNA process.

Originally introduced in 2013, the 2016 CHNA process included a prioritization process involving a facilitated group session that engaged key community stakeholders in a discussion of secondary and primary data (compiled and presented in the scorecards and accompanying health need narratives). At the session, participants were provided with a brief overview of the CHNA process and a list of identified needs in the scorecard format. In smaller groups, participants considered the scorecards and health needs summaries in discussing the data and identifying key issues or considerations that were then shared with the larger group.

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

Through the extensive research process described above, eighteen priority health needs, including nine health outcomes and nine health drivers (social determinants of health) were identified (see Table 1 below). This list of health needs will inform the hospital's community benefit program focus and strategies for the period covering 2016 to 2019. The following 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 health needs and drivers.

Table 1. Prioritized Health Needs

Rank	Health Outcomes
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 / Sexually Transmitted Diseases

Rank	Health Drivers
1	Homelessness and Housing
2	Substance Abuse
3	Poverty
4	Access to Health Care
5	Dental Care
6	Violence/Injury/Safety
7	Preventive Wellness
8	Geriatric Support
9	Transportation

Making a Difference: Results from our 2013-2016 CHNA/CHP

Adventist Health wants to ensure that our efforts are making the necessary changes in the communities we serve. In 2013 we conducted a CHNA and the identified needs were:

Cardiovascular Health - Integrate Patient Education into Cardiovascular Services

Objectives:

1. Reduce heart disease by promoting improved health and healthy living through community education, specialty care, and prevention services

2. Integrate cardiac services more effectively into healthcare delivered at the GAMC Heart and Vascular Institute

3. Increase the proportion of adults who meet the recommended guidelines

Accomplishments: GAMC is home to one of the region's few stemi centers. Providing specialized services for specific heart attack types, the GAMC Stemi Center keeps dedicated physicians on call 24/7. In the case of uninsured patients and/or non-reimbursed care, GAMC contracts with the panel physicians and assures that even patients without insurance receive care. GAMC Stemi Center services are made possible through the integration of specialized technologies and health programs, and continue to be monitored for quality assurance.

In 2015, GAMC collaborated with the LA STEMI center to obtain two standing screens displaying the signs and symptoms of acute coronary syndrome and how this manifests differently for men and women, and also a message emphasizing the importance of calling 911 when someone shows these symptoms. These screens are displayed at events in the community and on our hospital grounds for visitors to see.

In 2015, GAMC initiated a monthly class wherein the chest pain coordinator and the cardiovascular clinician share tips with patients in cardiac rehab about how to reach a better quality of life. Classes educate patients about healthy living, healthy eating, medication management, warning signs for complications, family support, social support, risk of depression, and complications after surgery. Also, the classes create a place where patients can feel welcome to ask questions and network with people who have had a similar experience.

Improve Stroke Education and Support

Objective: Expand community-based stroke prevention and education activities through additional community access points and network formulation.

The GAMC Neuroscience Institute will offer stroke education and support to community members and stroke survivors.

In addition, a key mission of the GAMC Neuroscience Institute is to reach out and educate the community regarding the risk factors, signs, and symptoms of stroke, as well as the preventative

measures that can be taken in order to potentially reduce its occurrence. The community outreach initiatives completed thus far are detailed below. The goal of the Neuroscience Institute is to continue to expand these activities as additional community contacts and links are established.

Accomplishments: GAMC created a Community Mobility Program for people who have had a stroke and are experiencing neurological deficits that may impair driving ability. Because the loss of driving ability is one of the most difficult losses stroke patients face, GAMC offers this service in order to evaluate patients from a clinical and an on-the-road perspective to determine driving ability. Some are evaluated as being able to drive immediately; some as needing special training and others as having lost the dexterity to drive again. GAMC's Community Mobility Program is operated in partnership with the Department of Motor Vehicles.

A free monthly stroke support group meets with a volunteer licensed clinical social worker from GAMC Rehabilitation Services. GAMC welcomes stroke survivors from all local hospitals and created an outreach initiative encouraging stroke survivors to avail themselves of this resource. Approximately 15 to 20 stroke survivors attend this ongoing monthly meeting.

The GAMC Neuroscience Institute offers FREE Stroke Medication Management & Education Clinics – the first of its kind in the community. Stroke patients receive a consultation with a Glendale Adventist pharmacist including answers to their medication/prescription questions, discussing adjustments to medication dosage (if necessary) and receiving guidance regarding post-stroke rehabilitation. Armenian and Spanish-speaking pharmacists are also available for patients upon request. In addition to continued marketing initiatives through the GAMC website and Health Quarterly, pharmacy consults are built into our process to ensure patients receive a free consultation from the pharmacist prior to discharge.

Going forward, the GAMC Neuroscience Institute will continue to offer free ongoing stroke awareness community presentations. These community events are supported by GAMC website podcasts that address warning signs, methods of prevention, services offered, and treatment options for stroke.

Population Health for Chronic Disease

Objectives

1. Reduce diabetes risk in community members who live, work, and play in Glendale and its respective communities; including engaging parents and caregivers of children 0-5 to participate in a comprehensive early intervention initiative effort to manage population health

2. Implement a targeted diabesity risk reduction program, including programs specifically supporting children 0-5, including linking diagnosed patients to primary care services and diabetes self-management programming, in areas identified by GIS health risk mapping, and by educating and screening patients we reach through Occ Med's job-specific medical surveillance.

3. Develop & implement a diabetes management education and training program for mid-level clinicians at six FQHC Safety Net clinics and other primary care providers, and facilitate the development of employee wellness programs among businesses in the community.

4. Implement the project's community engagement strategy with four bilingual Promotoras conducting the diabetes self-management program in cooperation with community partners

5. Increase the knowledge of healthy eating and active living, as it relates to children 0-5 and their families, through community based participatory relationships that collaborate to improve the lives of young children.

Accomplishments:

- With the support of GAMC-CHLAKids, the Healthy Kids/Healthy Lives Parent Collaborative presented their PhotoVoice project at Glendale's Cesar Chavez event. They showcased photos they took of healthy and unhealthy items and venues they would like improved in their community. The event was attended by over 175 community members, City Council members, and other city officials. The attention and reception the presentation received encouraged the collaborative members to pursue a Healthy Vending Policy to enforce guidelines regarding vending machine options found in Glendale's parks and recreation facilities. In a few short months, 400 public opinion surveys were collected from the community. 94% of the residents surveyed would support and purchase healthier snack and beverage options in vending machines and over 83% would be in favor of removing the unhealthy snacks and beverages. As a result, the Healthy Kids/Healthy Lives Parent Collaborative proposed a draft of the Healthy Vending Policy to Glendale's City Manager, Scott Ochoa.

- In November 2015, members of the Healthy Kids, Healthy Lives Parent Collaborative attended the "We Own the Health of Our Community" Impact Initiative event, a coalition of local organizations, businesses, and community members taking ownership of the community's health. The collaborative was presented to the coalition as a community-based collaborative of local parents and caregivers who share the common purpose of creating a healthy environment for their families. The collaborative voiced their interest and intent on working with other members of the coalition to create a healthier Glendale.]

- In 2015, GAMC-CHLAKids completed 4 cycles of 6-session workshops with 87 participants. These workshops are meant to engage parents and caregivers of children under the age of five in a social learning environment to foster effective parenting skills and implement healthful parenting, sleep, nutrition, and physical activity routines. In workshop evaluations, participants praised the curriculum and requested a second workshop to continue their education. The popularity of the workshops has grown and participation continues to increase.

Wellness and Support for Patients Diagnosed with Cancer

Objective: By 2018, screen 80% of adults ages 50 and older for colorectal cancer by collaborating with the American Cancer Society and other area providers who have also committed to this objective.

Accomplishments:

1. On October 2016 a large screening event was held. Over 65 community members attended the prostate and colorectal screening event. Approximately 4% of colorectal screenings to-date indicated suspicious findings requiring further follow-up.
2. CME sessions held at GAMC on April 6 and 13, 206. Average physician attendance exceeded 50 for both sessions. Presenters included Drs. Bagdasarian (med onc), Carvahal (surg onc), and Kim (rad onc).
3. Develop smoothly functioning system of care to facilitate screening tests to include both patient and physician reminders around screening.
4. Ongoing quality monitoring of screening and reports out of the National Cancer Data Base.

III. Introduction and Background

Purpose of the Community Health Needs Assessment Report

In 1994, the California Legislature enacted Senate Bill 697 (SB 697) which required nonprofit hospitals to complete CHNAs every three years. As part of SB 697, hospitals are also required to annually submit a summary of their Community Benefit contributions, particularly those activities undertaken to address the community needs that arose 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 take into account 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 those 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

The Glendale Hospital Collaborative is comprised of three hospitals serving the Glendale community—Glendale Adventist Medical Center, Glendale Memorial Hospital and Health Center, and USC Verdugo Hills Hospital. These hospitals joined together to conduct one data gathering process and one stakeholder engagement effort in order to better utilize resources and reduce the burden of calling upon community members for input.

Glendale Adventist Medical Center (GAMC)

GAMC is one of Glendale's oldest businesses, founded by the Seventh-Day Adventist Church in 1905, one year before the city's incorporation. Founded as the Glendale Sanitarium, the hospital was located in the former 75-room Glendale Hotel, a Victorian structure. Medical services were primarily focused on treatment for obesity and lung ailments based on a common-sense wellness approach. The affiliation with the Seventh-day Adventist Church underscored a community service focus; its mission of teaching people how to stay healthy, not just treating the sick, formed its reputation as a "health resort" of choice. Throughout the 20th century, the hospital's growth mirrored that of the surrounding region, and the 555-bed full-service facility is now part of the Adventist Health system that includes 19 hospitals and other health care organizations in California, Oregon, Washington, and Hawaii.

GMAC's mission compels the hospital beyond the role of a typical community-based hospital, with a commitment to offering services that position GMAC as one of the leading medical institutions in Southern California.

GMAC offers:

- State-of-art diagnostic technologies, including advanced MRI and CT scanning

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

- Innovative techniques for cardiac surgery, neurosurgery, spine surgery, microsurgery, and other specialized surgical procedures
- Advancements and alternatives to traditional surgery, including endovascular surgery, minimally invasive surgery, brachytherapy for cardiac and cancer patients, and non-surgical treatment options
- Advanced capabilities that enhance services, including a perinatal high-risk pregnancy program, hyperbaric services for wound care, an aquatic therapy program for orthopedic and rehab patients, and many other service enhancements
- Outpatient services in all specialty areas
- Family practice residency program

Glendale Memorial Hospital and Health Center

In 1926, Glendale Memorial Hospital and Health Center opened as Physicians and Surgeons Hospital, thanks to six Glendale community members who had a vision to expand healthcare services to the residents of south Glendale. In the following decade, the hospital became incorporated as a non-profit institution and expanding services in 1942. During and after World War II, the hospital served a rapidly growing community, including Glendale, the Crescenta-Cañada Valley, Burbank, and the eastern end of the San Fernando Valley corridor.

In the 1950s, the Physicians and Surgeons Hospital changed its name to Memorial Hospital of Glendale, expanding in size and adding an intensive care unit. Today the hospital is an impressive 334-bed facility that employs over 1,300 individuals and a medical staff comprised of over 500 physicians. The hospital offers primary service lines in heart, spine and women's health.

Glendale Memorial Hospital and Health Center is now part of Dignity Health, a health system that spans communities in 21 states. Founded in 1986 and headquartered in San Francisco, Dignity Health is the fifth largest health system in the nation and the largest hospital provider in California.

USC Verdugo Hills Hospital

USC Verdugo Hills Hospital began as the Behrens Memorial Hospital, established in 1947. In 1972, the hospital was created as Verdugo Hills Hospital and was an independent, 158-bed acute care hospital serving patients in the cities of Glendale and La Cañada Flintridge, as well as the surrounding Foothill communities of Southern California for more than 40 years.

In 2013, Verdugo Hills Hospital partnered with the University of Southern California (USC), creating USC Verdugo Hills Hospital. USC Verdugo Hills became part of Keck Medicine of USC, which includes the Keck Medical Center of USC and Keck School of Medicine of USC. All are part of USC, one of the world's leading private research universities.

CHNA Consultants

The Center for Nonprofit Management (CNM) team has extensive experience through being involved in and conducting more than 30 Community Health Needs Assessments (CHNAs) for hospitals throughout Los Angeles County and San Diego County. In 2013, CNM conducted CHNAs for three Kaiser Foundation hospitals (Baldwin Park, Los Angeles and West Los Angeles), Citrus Valley Health Partners, the Glendale

Hospitals Collaborative (Glendale Adventist Medical Center, Glendale Memorial Hospital and Verdugo Hills Hospital) and the Metro Hospitals Collaborative (California Hospital Medical Center, Good Samaritan Hospital and St. Vincent Medical Center) and assisted an additional two Kaiser Foundation Hospitals (Panorama City and San Diego) in community benefit planning based on the needs assessments. In 2014, the CNM team conducted the CHNA for Casa Colina Hospital and Centers for Healthcare, and for Hope Street Family Center. The CNM team recently completed 2016 CHNAs for Children's Hospital Los Angeles, as well as two Kaiser Foundation Hospitals (West Los Angeles and Baldwin Park), and is currently in various stages of conducting 2016 CHNAs for Citrus Valley Health Partners and the Metro Hospitals Collaborative.

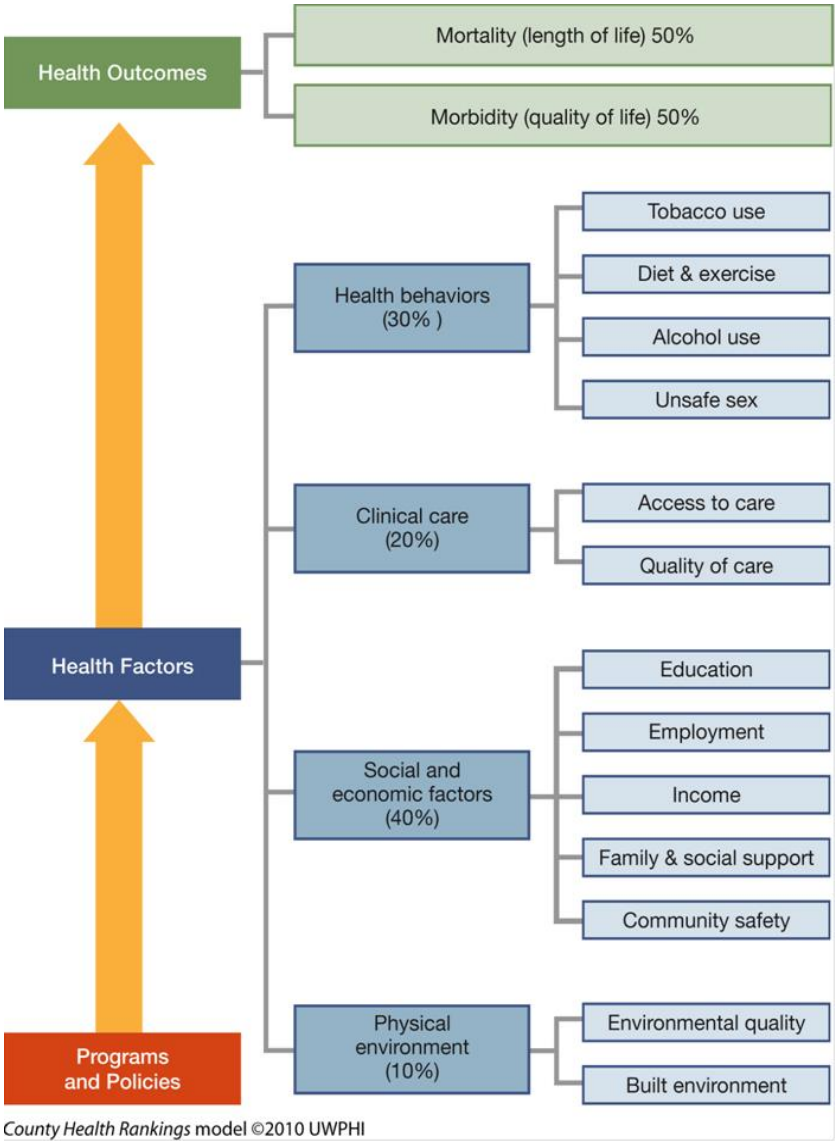
IV. Needs Assessment Methodology and Process

This section outlines the steps taken to identify the 2016 community health needs, via data indicators (secondary data), and community input (primary data).

Secondary Data

The CHNA included the collection of over 300 data indicators that helped 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. These categories are based on the Mobilizing Action Toward Community Health (MATCH) framework, which illustrates the interrelationships among the elements of health and their relationship to each other: social and economic factors, health behaviors, clinical care, physical environmental, and health outcomes.

Mobilizing Action Toward Community Health (MATCH)



Data available 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 SPA was utilized.

A comprehensive data matrix (see Appendix A—Scorecard) was created listing all identified secondary indicators and noting trends from the qualitative stakeholder data. The Scorecard included hospital-level secondary data (averaged across the service area for each hospital) and primary data mentions (count of mentions in focus groups as the issues emerged as priorities among community stakeholders). The Scorecard also included benchmark data in the form of the nationally recognized Healthy People 2020 (HP2020) goals, which are nationally recognized. Additionally, the most recent county or state-level statistic for each health outcome and driver was used as a comparison.

Primary Data—Stakeholder Feedback

Two community focus groups held on Tuesday April 5 and Thursday April 7, 2016 were attended by 48 people including health care professionals, social service providers, city and public health officials, members from the local police department and other community leaders. Participants were invited by the Glendale Hospital Collaborative, leveraging its extensive networks and relationships within the greater Glendale area and the Glendale Healthier Community Coalition.[2] These stakeholders represented a broad range of geographic, public health, and population interest in compliance with the ACA (Appendix C—Stakeholders). For more information on the focus group process, see Appendix B—Primary Data Gathering Tools.

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.

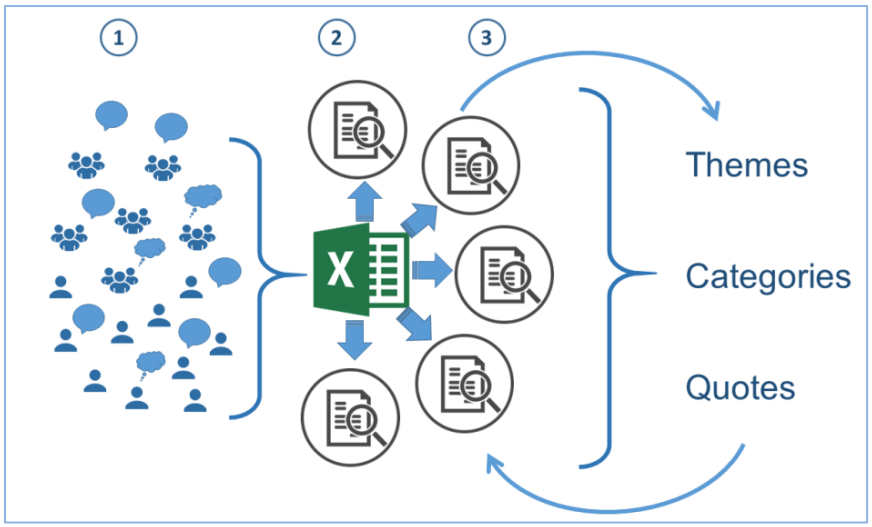
To begin to gain a sense for the perceived severity of each health need in the community, each participant was given a total of ten sticker dots and asked to vote for the five most severe health outcomes and the five most severe health drivers on a grid created during the focus group. For the purpose 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.

Analytical Methods Used To Identify Community Health Needs

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

[2] http://www.healthyglendale.org/

Analysis to Identify Main Themes Emerged Via Community Input



To help identify health needs, 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 health need met both requirements, it was designated as an identified health need.

List of identified health needs, in alphabetical order:

- Access to Health Care
- Cancer
- Cardiovascular
- Communicable/Infectious Disease
- Dental Care
- Diabetes
- Geriatric Support
- Homelessness/Housing
- Mental Health
- Obesity
- Poverty
- Preventative Wellness
- Sexual Health/STDs
- Stroke
- Substance Abuse
- Transportation
- Violence/Injury

Data Limitations and Gaps

The secondary data allows for an examination of the broad health needs within a community. However, there are some limitations with regard to this data, as is true with any secondary data. Data were not

always available at the ZIP code level, so county level data as well as SPA level data were also utilized. Moreover, disaggregated data for age, ethnicity, race, and gender are 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 may not have been reflected by the secondary data indicators. In addition, data are not always collected on an annual basis, meaning that some data are several years old.

V. Prioritization of Health Needs

Once a list of health needs was developed, a process was completed to prioritize the health needs. The steps to that process are outlined in the section that follows.

Community Ranking of Health Needs

A total of 34 community stakeholders convened May 24, 2016 for a Prioritization Forum with the goal of ranking the identified health needs. Many of the forum participants had also attended the focus groups. Participants were provided the data Scorecard (Appendix A) and allowed time to review the data and discuss in small groups. CNM consultants were available to answer data questions. To capture all groups' observations, each group was given worksheet to provide input on geographic areas impacted, specific populations, organizations and programs in the community and gaps in resources. 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 were given sticker dots (10 sticker dots each), presented with the list of identified health needs and asked to cast their sticker votes for the most severe health needs in the community.

Post-voting, they were asked to complete a written survey that presented all of the identified health needs, and asked them 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

Ranking: A Deeper Dive

During sticker-voting, participants were allowed to put as many or as few stickers on a health need. If they so chose, they could put all 10 dot-stickers on a single health need, or spread them out throughout.

For the survey, participants were asked to provide input for each health need in terms of: (a) the severity in the community, (b) change over time, (c) availability of resources, and (d) community readiness to address the health need. The possible scores ranged from 1 to 4. To illustrate, a high score meant the health need is very severe, getting worse, has a serious shortage of resources and the community has the capacity to address this need. Participants were allowed to mark "don't know" if they did not feel comfortable providing a score – and this response carried no scoring weight.

The outcomes from dot-voting and survey scoring were combined to develop prioritized health needs. The needs were first prioritized by rank in dot-voting, and second by survey scores. In the case where multiple health needs received the same score, ranking from the dot-voting was used to re-rank within the same score. For example, the following health needs all received a survey score of 2.9: Homelessness and Housing, Obesity, Substance Abuse, Poverty, and Diabetes. The scores tallied from dot-voting were then used to re-rank.

Participants were given a companion document that further explained the four criteria and the scoring system. Absent participants were allowed the opportunity to complete the survey online if they were not able to attend Prioritization Forum. A total of 33 participants completed the survey in person and 13 online, for a total of 46. The survey and the companion document can be found in the Appendix B—Primary Data Gathering Tools.

Analysis of Survey Scores

The results of the dot-voting process and scores from the surveys were combined to develop a Prioritized Health Needs list (see below). The needs were first ranked based on the outcome of the scoring in the survey (i.e., highest scores meant a higher ranking) and second, ranked by the outcome of the survey. Below is the list of prioritized health needs, categorized by health outcomes and health drivers

Prioritized Health Needs, Separated by Outcomes and Drivers

Rank	Health Outcomes
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 / Sexual Transmitted Diseases

Rank	Health Drivers
1	Homelessness and Housing
2	Substance Abuse
3	Poverty
4	Access to Health Care
5	Dental Care
6	Violence/Injury/Safety
7	Preventive Wellness
8	Geriatric Support
9	Transportation

VI. Community Health Profile

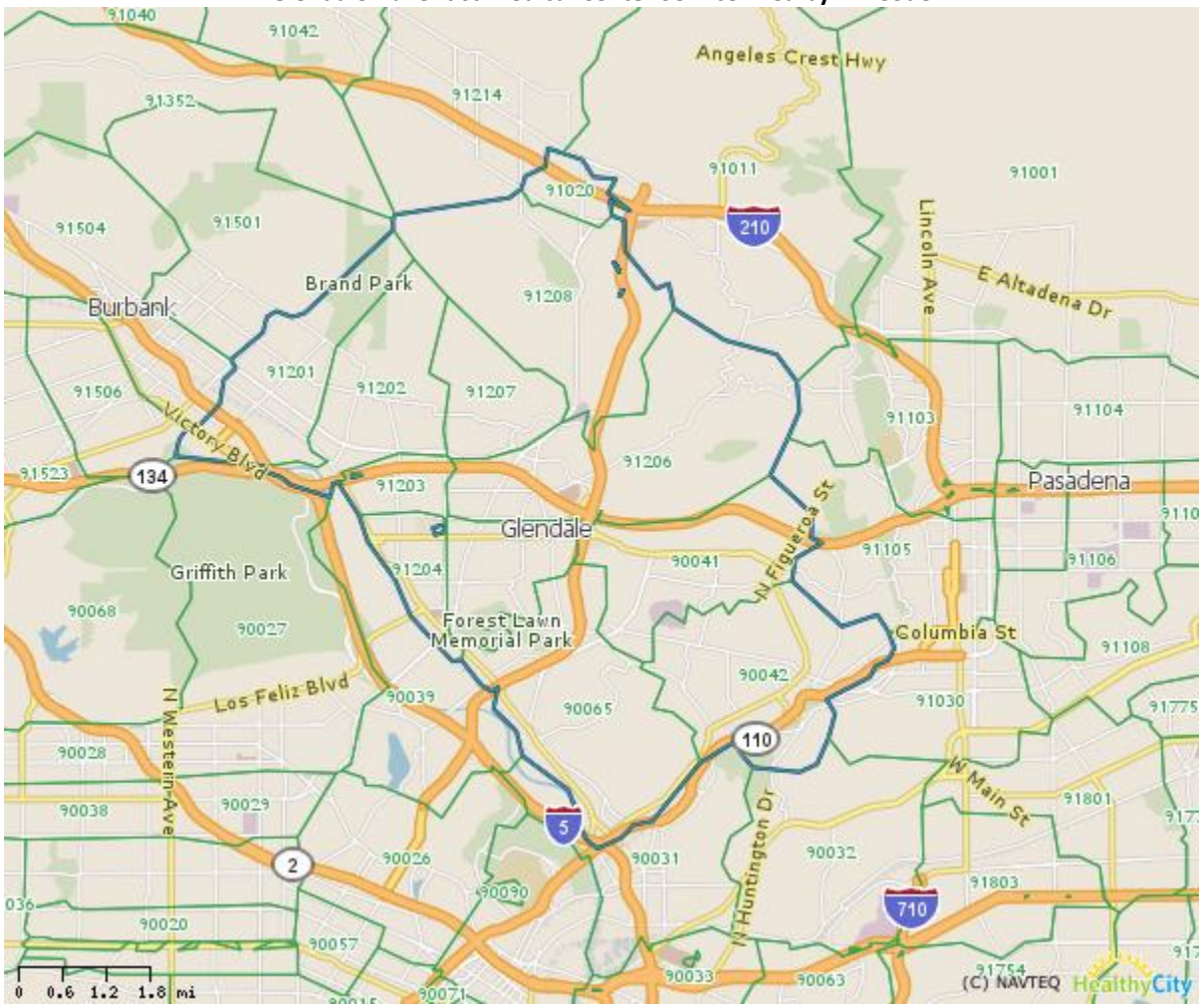
Service Area Definition

The Glendale Adventist Medical Center (GAMC) Service Area provides health services in 12 ZIP codes, six cities or communities, and two Service Planning Areas (SPAs) within Los Angeles County. Shaded in white are the ZIP codes in SPA 4–Metro and shaded in gray are ZIP codes in SPA 2–San Fernando Valley.

Glendale Adventist Medical Center Service Area

City/Community	ZIP Code	Service Planning Area
Eagle Rock	90041	4
Highland Park	90042	4
Glassell Park	90065	4
Montrose	91020	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

Glendale Adventist Medical Center Service Area by ZIP Code



Demographic Overview

A description of the community serviced by GAMC is provided in the following data tables and narrative. All data provided in the following tables are presented by ZIP code.

57% are between 25-64 years old*	**68%** of households speak another language aside from English at home	**35%** have up to a high school education (or GED completion)	**22%** of families earned below 100% FPL*	**27%** die from heart disease**
*Reflects largest age group of the service area population		*In 2014, the FPL for a household of one was $11,670 per year; and a family of four $23,850 per year **Primary cause of death in the service area		

The population of the GAMC service area currently stands at 325,441 and is expected to grow by 3.4% to 336,351 in 2020. The fastest growing ZIP codes are in Glendale (91207 and 91204) and Highland Park (90042), with percentages that exceed the expected growth for the area.

Overall, the GAMC service area population tends to be older relative to the total population of Los Angeles County. Adults over the age of 45 account for 45% of the population, while the same age group in the county accounts for 38% of the residents.

The racial/ethnic composition of the area is highly diverse and geographically concentrated. Over half of the population (54%) in the city of Glendale is foreign born, with large concentrations of Armenian and Mexican immigrants. Overall, 68% of households in the service area do not speak English at home: 44% of households in the Glendale ZIP codes reported speaking an Indo-European language at home, while 58% of households in Glassell Park and Highland Park reported speaking Spanish at home.

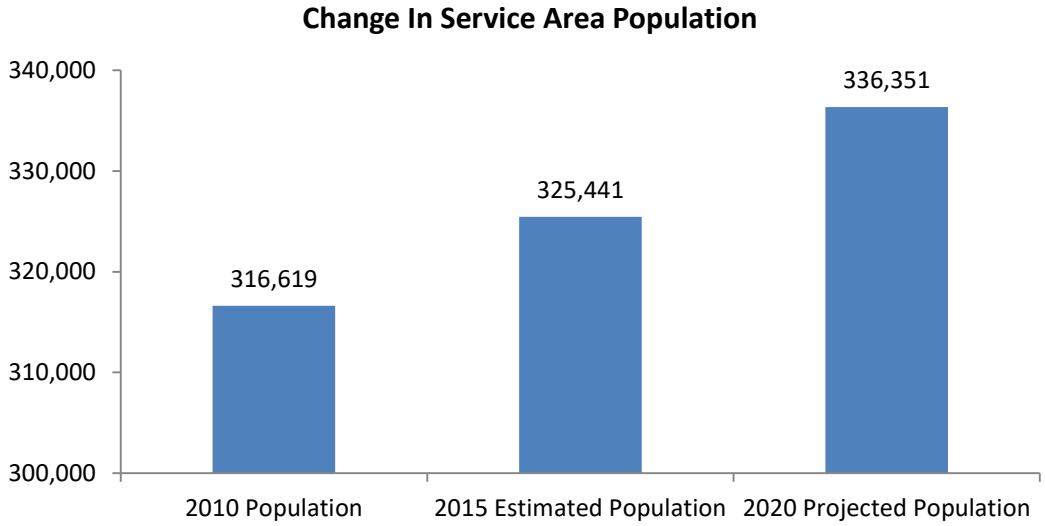
The unemployment rate in the service area was slightly lower (7.2%) than that reported for Los Angeles County (7.6%); however, in some locations—Highland Park and areas of Glendale (ZIP code 91204 and 91205)—the unemployment rates were up to 9.5%. Overall, a lower percentage of families in the service area than in the county live below poverty (12% vs. 15%), and 8% of families with children live below poverty in the service area.

In 2012, there were 3,565 births in the service area. Mothers were typically 20 to 29 years of age (37%), followed by 30 to 34 years of age (33%). The service area had a greater percentage of 30 to 34-year-old mothers relative to the county (27%). Of the babies born in the service area for 2012, 7% were categorized as having low to very low birth weights (less than 2,500g).

The leading cause of death in the service area is heart disease (27%) followed by cancer (26%) - these values are in accordance with Los Angeles County percentages (28% and 25% accordingly). A higher percentage of the residents die from Alzheimer's disease (5.6%) relative to the county (3.3%).

Population

In 2010, the population in the GAMC service area was 316,619 and in 2015 it was estimated to have grown to 325,441 – this represents a 2.8% increase. By 2020, the population is projected to increase by 3.4% to 336,351. The ZIP codes that have experienced the greatest increases in population are 91207 and 91204 (in Glendale) by 5.1% and 4.4%, respectively, as well as 90042 (Highland Park) by 4.5%. These same areas are projected to have the greatest increases in population by 2020.



Estimated Current-Year Population, 2015

City	ZIP Code	2010 Population	2015 Estimated Population	2020 Projected Population	Percent Increase 2010-15	Percent Increase 2015-20
Eagle Rock	90041	27,554	28,266	29,160	2.6%	3.2%
Highland Park	90042	61,895	64,679	67,706	4.5%	4.7%
Glassell Park	90065	45,874	46,935	48,330	2.3%	3.0%
Montrose	91020	8,469	8,887	9,350	4.9%	**5.2%**
Glendale	91201	22,982	23,273	23,767	1.3%	2.1%
Glendale	91202	23,034	23,695	24,516	2.9%	3.5%
Glendale	91203	13,657	13,926	14,308	2.0%	2.7%
Glendale	91204	15,935	16,626	17,360	4.3%	4.4%
Glendale	91205	38,172	38,549	39,282	1.0%	1.9%
Glendale	91206	32,841	33,422	34,283	1.8%	2.6%
Glendale	91207	10,001	10,510	11,042	5.1%	5.1%

City	ZIP Code	2010 Population	2015 Estimated Population	2020 Projected Population	Percent Increase 2010-15	Percent Increase 2015-20
Glendale	91208	16,205	16,673	17,247	2.9%	3.4%
GAMC Service Area		316,619	325,441	336,351	2.5%	3.1%
Los Angeles County		9,818,605	10,136,509	10,510,281	3.2%	3.7%

Data source: Nielsen Claritas
Data year: 2015
Source geography: ZIP Code

Gender

As in previous years, slightly more than half of the population (51.9%) in the GAMC service area in 2015 was female. This trend was also observed in the population of individual ZIP codes with the exception of 90065—Glassell Park, the only place in the service area where the male population approached 50.2%.

Gender, 2015

City	ZIP Code	Male		Female	
		Number	Percent	Number	Percent
Eagle Rock	90041	13,722	48.6%	14,544	51.5%
Highland Park	90042	31,987	49.5%	32,692	50.5%
Glassell Park	90065	23,569	**50.2%**	23,366	49.8%
Montrose	91020	4,187	47.1%	4,700	52.9%
Glendale	91201	11,350	48.8%	11,923	51.2%
Glendale	91202	11,237	47.4%	12,458	52.6%
Glendale	91203	6,599	47.4%	7,327	52.6%
Glendale	91204	8,028	48.3%	8,598	51.7%
Glendale	91205	18,458	47.9%	20,091	52.1%
Glendale	91206	15,748	47.1%	17,674	52.9%
Glendale	91207	4,922	46.8%	5,588	53.2%
Glendale	91208	7,959	47.7%	8,714	52.3%
GAMC Service Area		157,766	48.1%	167,675	51.9%
California		5,001,632	49.3%	5,134,877	50.7%

Source: Nielson Claritas
Data Year: 2015
Source Geography: ZIP

Age

A majority of the population in the GAMC service area ranged between the ages of 25 and 64 (56.6%). However, some geographic areas differ from this trend: minors (under age 18) account for approximately a quarter of the population in 90042—Highland Park (24.3%) and 90065—Glassell Park (23.6%). Conversely, approximately one in five residents is over the age of 65 in Glendale ZIP codes:

91207 (21.9%), 91208 (19.4%) and 91206 (19.2%). The GAMC service area has a higher percentage of 45 and above residents (44.5%) relative to Los Angeles County (37.5%).

Age Distribution, 2015

City	ZIP Code	0–4	5–9	10–17	18–24	25–44	45–64	65–84	85+
Eagle Rock	90041	4.8%	5.0%	8.1%	11.5%	27.1%	27.2%	13.8%	2.4%
Highland Park	90042	7.0%	6.9%	10.4%	9.9%	31.7%	23.5%	9.4%	1.2%
Glassell Park	90065	6.7%	6.7%	10.2%	9.0%	29.7%	25.3%	11.2%	1.4%
Montrose	91020	4.6%	4.7%	10.1%	9.8%	25.9%	31.3%	11.4%	2.1%
Glendale	91201	4.4%	4.6%	7.9%	8.1%	29.3%	29.2%	14.5%	2.0%
Glendale	91202	4.8%	5.1%	7.3%	7.3%	28.7%	28.8%	15.5%	2.6%
Glendale	91203	4.5%	4.7%	7.5%	7.4%	32.3%	27.6%	13.9%	2.2%
Glendale	91204	5.1%	5.2%	8.4%	8.1%	32.2%	26.6%	12.4%	2.0%
Glendale	91205	4.7%	4.8%	7.9%	8.7%	30.3%	27.4%	13.9%	2.3%
Glendale	91206	4.6%	4.8%	7.2%	7.0%	28.3%	29.0%	16.4%	2.8%
Glendale	91207	5.0%	5.4%	7.9%	5.9%	23.1%	30.8%	18.7%	3.2%
Glendale	91208	4.8%	5.0%	9.5%	8.0%	22.1%	31.4%	16.3%	3.1%
GAMC Service Area		5.1%	5.2%	8.5%	8.4%	28.4%	28.2%	14.0%	2.3%
Los Angeles County		6.4%	6.4%	10.5%	10.2%	29.1%	25.2%	10.6%	1.7%

Data source: Nielsen Claritas
Data year: 2015
Source geography: ZIP Code

In 2015, residents in the GAMC service area were slightly older (41.1 years old) than Los Angeles County (37.3 years old).

Median and Average Age (in years), 2015

City	ZIP Code	Median Age	Average Age
Eagle Rock	90041	40.4	40.8
Highland Park	90042	35.0	36.1
Glassell Park	90065	37.2	37.6
Montrose	91020	41.3	40.5
Glendale	91201	41.9	41.9
Glendale	91202	42.8	42.6
Glendale	91203	41.0	41.6
Glendale	91204	39.3	40.1
Glendale	91205	40.4	41.3
Glendale	91206	43.7	43.3
Glendale	91207	46.7	44.5
Glendale	91208	45.5	43.3

City	ZIP Code	Median Age	Average Age
GAMC Service Area		41.3	41.1
Los Angeles County		36.0	37.3

Data source: Nielsen Claritas
Data year: 2015
Source geography: ZIP Code

Race and Ethnicity

In 2015, a majority of the population living in the GAMC service area was either White (44.7%) or Hispanic/Latino (35.5%). In comparison, Los Angeles County had a higher percentage of Hispanic/Latino residents (48.8%) and a significantly lower percentage of White residents (26.4%) than the service area. The Black/African-American population in the GAMC service area (1.6%) was one fifth of Los Angeles County (8.0%). The Asian population in the service area (15.5%) was approximately that of Los Angeles County (14.0%).

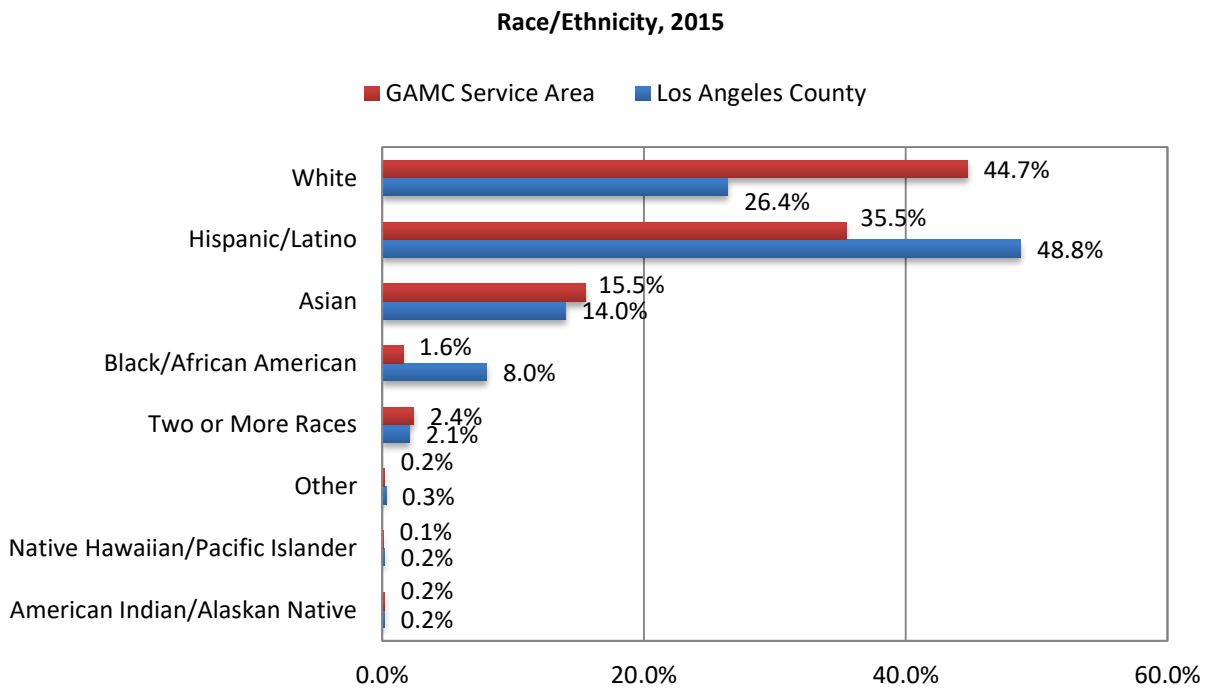
The GAMC service area consists of highly diverse, geographically concentrated ethnic communities that contribute to the area's vibrancy and community-based assets. For example, Glendale is home to 80,000 Armenians. According to the 2000 US Census, 54.4% of the population in Glendale (ZIP codes including 91201, 91202, 91203, 91204, 91205, 91206, 91207, 91208) was foreign born. Iran (22.7%) and Armenia (16.4%) were the most common foreign places of birth. Armenian (29.3%) and Mexican (10.5%) were the most common ancestries among both the US-born and foreign-born populations[3]. This profile makes Glendale unique to Los Angeles County.

The GAMC service area also includes communities with large Latino populations such as Highland Park where 51% of the residents are of Mexican ancestry, and of the foreign-born population (45.1% of all residents), Mexico (55.3%) and El Salvador (12.0%) are the most common foreign places of birth[4]. Similarly, 51.5% of Glassell Park residents are foreign born. Mexico (51.2%) and the Philippines (16.2%) are the most common foreign places of birth[5].

[3] Los Angeles Times. Mapping LA. Los Angeles, CA. Available at http://maps.latimes.com/neighborhoods/neighborhood/glendale/. Accessed [August 28, 2016]

[4] Los Angeles Times. Mapping LA. Los Angeles, CA. Available at http://maps.latimes.com/neighborhoods/neighborhood/highland-park/. Accessed [August 28, 2016]

[5] Los Angeles Times, Mapping LA. Los Angeles, CA. Available at http://maps.latimes.com/neighborhoods/neighborhood/glassell-park/. Accessed [August 28, 2016]



Language

In 2015, the percent of residents in the GAMC service area who exclusively spoke English at home (31.7%) was slightly lower than in Los Angeles County (42.9%). Conversely, the percentage of the GAMC service area population speaking only a language of Indo-European origin (31.7%) at home was almost six times that of Los Angeles County (5.6%). The category for Indo-European languages is broad and is defined as "including most languages of Europe and the Indic languages of India" and lists approximately 70 languages[6]. Given the ethnic/racial context of the GAMC community, it is most likely that the high percentage of Indo-European speakers reflects the size of the Armenian population. In particular, parts of Glendale: ZIP codes 91201 (54.3%), 91203 (49.8%), 91205 (48.4%), 91202 (46.7%), and 91206 (43.4%), the percent of Indo-European speakers was eight to ten times the observed county percentage.

While the percent of residents in the GAMC service area who spoke only Spanish at home (22.3%) was lower than in Los Angeles County (39.6%), there are specific geographic areas where the percent almost triples the service area average. ZIP codes 90065—Glassell Park (58.4%) and 90042–Highland Park (57.1%) have high concentrations of Spanish-speakers at home. There are also smaller groups of people who speak an Asian/Pacific Islander language at home – these are located in 91020—Montrose (23.1%), and two ZIP codes in Glendale: 91203 (15.6%) and 91204 (14.9%).

There are three ZIP codes in which at least four in 5 households spoke any other language at home than English were in Glendale: 91203 (83.0%) and 91204 and 91205 (both at 82.2%). It is important to mention that speaking a language aside from English at home is not an indicator for a population's ability to speak English.

[6]United States Census Bureau. American Community Survey Reports. Language Use in the United States. Available at https://www.census.gov/prod/2013pubs/acs-22.pdf. Accessed [August 31, 2016]

Language Spoken at Home, 2015

City	ZIP Code	English Only	Asian/Pacific Islander	Indo-European	Spanish	Other
Eagle Rock	90041	46.3%	17.2%	4.3%	31.9%	0.3%
Highland Park	90042	32.0%	9.5%	1.3%	57.1%	0.2%
Glassell Park	90065	27.3%	11.8%	2.4%	58.4%	0.3%
Montrose	91020	46.1%	23.1%	20.3%	9.5%	0.9%
Glendale	91201	24.2%	7.4%	54.3%	13.1%	0.9%
Glendale	91202	31.2%	13.4%	46.7%	8.0%	0.8%
Glendale	91203	16.9%	15.6%	49.8%	15.4%	2.2%
Glendale	91204	17.7%	14.9%	36.5%	29.8%	1.0%
Glendale	91205	17.9%	11.9%	48.4%	20.0%	1.9%
Glendale	91206	28.7%	13.8%	43.4%	11.8%	2.4%
Glendale	91207	43.1%	10.0%	42.0%	4.4%	0.6%
Glendale	91208	48.6%	11.6%	30.7%	8.7%	0.4%
GAMC Service Area		31.7%	13.4%	31.7%	22.3%	1.0%
Los Angeles County		42.9%	10.9%	5.6%	39.6%	1.1%

Data source: Nielsen Claritas
Data year: 2015
Source geography: ZIP Code

Education

The population in the GAMC service area represented a higher percentage of individuals that have completed a degree in higher education (AA, Bachelor's or Master's) (46.1%) than Los Angeles County (36.5%).

In two ZIP codes, almost a third of residents had low educational attainment, meaning that residents had less than a ninth-grade education and/or some high school education but no completion or GED. These are: 90042—Highland Park (30.5%) and 90065—Glassell Park (29.7%).

Educational Attainment, 2015

City	ZIP Code	Less than Ninth Grade	Some High School, No Diploma	High School Graduate or GED	Some College, No Degree	Associate Degree	Bachelor's Degree	Master's Degree or Higher
Eagle Rock	90041	8.4%	7.2%	16.8%	20.5%	7.8%	25.6%	13.8%
Highland Park	90042	17.3%	13.2%	18.2%	17.7%	6.8%	17.0%	9.8%
Glassell Park	90065	16.9%	12.8%	19.6%	15.9%	6.0%	19.4%	9.3%
Montrose	91020	4.2%	3.4%	13.7%	22.9%	7.9%	33.3%	14.5%
Glendale	91201	11.5%	8.2%	23.6%	19.7%	8.0%	21.9%	7.2%
Glendale	91202	7.7%	4.8%	19.1%	17.2%	8.5%	28.7%	14.0%
Glendale	91203	11.4%	7.1%	21.0%	17.8%	9.3%	25.5%	8.0%
Glendale	91204	15.4%	7.7%	19.4%	20.5%	8.1%	22.4%	6.5%
Glendale	91205	14.1%	7.2%	20.8%	17.9%	8.2%	23.1%	8.7%
Glendale	91206	9.5%	4.6%	17.9%	18.0%	7.6%	27.7%	14.7%
Glendale	91207	3.4%	3.5%	13.7%	19.2%	7.6%	33.0%	19.5%
Glendale	91208	1.9%	2.8%	14.5%	18.0%	11.1%	31.6%	20.2%

City	ZIP Code	Less than Ninth Grade	Some High School, No Diploma	High School Graduate or GED	Some College, No Degree	Associate Degree	Bachelor's Degree	Master's Degree or Higher
GAMC Service Area		10.1%	6.9%	18.2%	18.8%	8.1%	25.8%	12.2%
Los Angeles County		13.5%	9.7%	20.6%	19.7%	6.8%	19.5%	10.2%

Data source: Nielsen Claritas
Data year: 2015
Source geography: ZIP Code

Marital Status

In 2015, the percentage of the population that was married and had their spouse present was higher in the GAMC service area (44.0%) than in Los Angeles County (38.3%). The community with the highest percent of married, spouse absent persons was in Glendale (91204 – 8.6%) which had high percentage of non-English speaking households (82.2%). However communities with high Spanish speaking populations and low education levels have relatively high levels of married couples with spouse absent, which suggests newcomer/migrant population. These are 90065—Glassell Park (7.9%) and 90042—Highland Park (7.3%).

Marital Status, 2015

City	ZIP Code	Never Married	Married, Spouse Present	Married, Spouse Absent	Widowed	Divorced
Eagle Rock	90041	43.5%	35.7%	6.3%	5.4%	9.0%
Highland Park	90042	44.7%	35.7%	7.3%	4.3%	7.9%
Glassell Park	90065	42.9%	37.0%	7.9%	4.8%	7.5%
Montrose	91020	32.4%	47.0%	3.3%	7.7%	9.6%
Glendale	91201	34.2%	47.3%	6.3%	5.7%	6.6%
Glendale	91202	29.6%	50.7%	4.6%	7.1%	8.0%
Glendale	91203	34.6%	43.3%	5.5%	7.6%	9.1%
Glendale	91204	39.6%	37.6%	8.6%	6.0%	8.2%
Glendale	91205	36.0%	42.1%	6.8%	7.5%	7.6%
Glendale	91206	32.1%	46.9%	5.6%	7.0%	8.5%
Glendale	91207	27.7%	53.1%	3.2%	7.5%	8.6%
Glendale	91208	27.2%	51.5%	5.2%	7.1%	9.1%
GAMC Service Area		35.4%	44.0%	5.9%	6.5%	8.3%
Los Angeles County		41.5%	38.3%	6.7%	5.0%	8.6%

Data source: Nielsen Claritas
Data year: 2015
Source geography: ZIP Code

Household Income

Households in the GAMC service area earning an average income of less than $50,000 (47.7%) reflected a higher percentage than Los Angeles County (46.9%). The percentage of households earning greater than $150,000 in the GAMC service area (11.9%) was similar to Los Angeles County (11.6%).

Household Income, 2015

Income level	GAMC Service Area		Los Angeles County	
	Number	Percentage	Number	Percentage
Below $15,000	15,112	12.4%	440,017	13.1%
$15,000–$24,999	15,440	12.9%	368,258	11.0%

Income level	GAMC Service Area		Los Angeles County	
	Number	Percentage	Number	Percentage
$25,000–$34,999	11,736	9.7%	324,780	9.7%
$35,000–$49,999	15,317	12.7%	439,461	13.1%
$50,000–$74,999	19,038	16.2%	564,594	16.9%
$75,000–$99,999	12,842	11.1%	384,054	11.5%
$100,000–$124,999	8,995	8.0%	272,585	8.1%
$125,000–$149,999	5,554	5.0%	166,270	5.0%
$150,000–$199,999	5,936	5.4%	181,675	5.4%
$200,000–$249,999	2,109	2.0%	65,904	2.0%
$250,000–$499,999	3,219	3.3%	100,559	3.0%
Above $500,000	1,121	1.2%	40,774	1.2%
Total	116,419	100.0%	3,348,931	100.0%

Data source: Nielsen Claritas
Data year: 2015
Source geography: ZIP Code

Employment Status

In 2015, a majority of the GAMC service area population was employed (56.2%), which was similar to Los Angeles County (57.0%). Only 7.2% of the population in the GAMC service area was unemployed, slightly lower than Los Angeles County's 7.6% unemployment rate. In particular, 90042–Highland Park (9.5%), and communities in Glendale 91205 (9.5%), and 91204 (9.1%) reflected areas with the highest percentage of unemployed residents in the GAMC service area. The remaining 36.5% of the population in the GAMC service area were not classified as currently in the labor force because they were students, retired, seasonal workers, or taking care of their homes and families (homemakers).

Employment Status, 2015

City	ZIP Code	In Armed Forces	Employed	Unemployed	Not in Labor Force
Eagle Rock	90041	0.2%	55.7%	7.4%	36.8%
Highland Park	90042	0.0%	58.2%	9.5%	32.3%
Glassell Park	90065	0.1%	58.5%	6.5%	34.9%
Montrose	91020	0.0%	62.5%	5.9%	31.6%
Glendale	91201	0.0%	53.7%	7.4%	38.9%
Glendale	91202	0.0%	55.1%	6.7%	38.2%
Glendale	91203	0.0%	52.9%	8.6%	38.6%
Glendale	91204	0.0%	55.6%	9.1%	35.3%
Glendale	91205	0.0%	50.4%	9.5%	40.0%
Glendale	91206	0.0%	55.0%	7.0%	37.9%
Glendale	91207	0.0%	58.3%	4.0%	37.8%
Glendale	91208	0.0%	59.0%	5.1%	35.9%
GAMC Service Area		0.0%	56.2%	7.2%	36.5%
Los Angeles County		0.0%	57.0%	7.6%	35.3%

Data source: Nielsen Claritas
Data year: 2015
Source geography: ZIP Code

Income

The level of poverty in an area can have an impact on overall health and create barriers to everyday necessities, including healthy and affordable foods, health care, and other basic needs.

The Department of Health and Human Services issues Federal Poverty Guidelines (better known as Federal Poverty Level or simply FPL) that are used to determine financial eligibility for certain programs (e.g., Medicaid and the State Children's Health Insurance Program).[7] The guidelines vary by family size and are updated annually. For example, in 2014, a family (or household) of one earning an annual income of $11,670 and a family of four earning an annual income of $23,850, would both be considered earning at 100% the Federal Poverty Level. Research indicates that families in California can earn two or more times the Federal Poverty Level and still struggle to meet their basic needs.[8]

In the GAMC service area, almost one in five households (21.6%) were estimated to have earned below 100% FPL in 2014 – a figure similar to Los Angeles County (21.0%) – while almost half of the service area households (48.7%) lived below 200% FPL, a percent slightly higher relative to Los Angeles County.

Federal Poverty Level, 2014

Report Area	Percentage of Households Earned Below 100% FPL	Percentage of Households Earned Below 200% FPL
SPA 2–San Fernando Valley	17.5%	42.1%
SPA 4–Metro	27.1%	57.4%
GAMC Service Area	21.6%	48.7%
Los Angeles County	21.0%	45.1%

Data source: California Health Interview Survey
Data year: 2014
Source geography: SPA

For additional information about the income of residents in the service area by ZIP code, please refer to the "Poverty" section under HEALTH DRIVERS.

Natality

Births

In 2012, there were a total of 503,788 births in California, and 3,565 took place in the GAMC service area. A quarter of the births in the service area are from mothers who reside in 90042—Highland Park (24.0%).

Births, 2012

City	ZIP Code	Number	Percentage
Eagle Rock	90041	230	6.5%
Highland Park	90042	856	24.0%
Glassell Park	90065	582	16.3%
Montrose	91020	86	1.5%
Glendale	91201	233	6.5%

[7] United States 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]

[8] Lucile Packard Foundation for Children's Health. Self-Sufficiency Standard. Palo Alto, CA. Available at *Self-Sufficiency Standard*. Accessed [September 6, 2016].

City	ZIP Code	Number	Percentage
Glendale	91202	249	7.0%
Glendale	91203	151	4.2%
Glendale	91204	183	5.1%
Glendale	91205	421	11.8%
Glendale	91206	332	9.3%
Glendale	91207	94	2.6%
Glendale	91208	148	4.2%
GAMC Service Area		3,565	100.0%

Data source: California Department of Public Health
Data year: 2012
Source geography: ZIP Code

Births by Mother's Age

In 2012, most births in the GAMC service area were to women between the ages of 20 and 29 (37.3%), a trend also observed in Los Angeles County (44.5%); however, a greater percentage of women between 30 and 34 years of age are having babies in the service area (32.8%) relative to Los Angeles County (27.3%).

Births by Mother's Age, 2012

Age Group	GAMC Service Area		Los Angeles County	
	Number	Percentage	Number	Percentage
Under 20 years old	150	4.2%	9,296	7.0%
20–29 years old	1,330	37.3%	58,963	44.5%
30–34 years old	1,171	32.8%	36,186	27.3%
35 years old and older	914	25.6%	28,161	21.2%
Age Unknown	0	0.0%	2	0.0%
Total	3,565	2.8%	132,608	100.0%

Data source: California Department of Public Health
Data year: 2012
Source geography: ZIP Code

Births by Mother's Ethnicity

By ethnicity, nearly half (43.4%) of births in the GAMC service area in 2012 were to Hispanic mothers, while a third (35.9%) were to mothers who are White.

Births by Mother's Ethnicity, 2012

Ethnicity	GAMC Service Area		Los Angeles County	
	Number	Percentage	Number	Percentage
Native American or Alaskan Native	2	0.1%	116	0.1%
Asian/Pacific Islander	328	9.2%	19,579	14.8%
African-American	44	1.2%	9,446	7.1%
Hispanic/Latina	1,547	43.4%	76,320	57.6%
White	1,279	35.9%	23,012	17.4%
Two or More Races	46	1.3%	1,847	1.4%
Other Race	39	1.1%	2,288	1.7%
Total	3,565	2.8%	132,608	100.0%

Data source: California Department of Public Health
Data year: 2012
Source geography: ZIP Code

Birth Weight

In the GAMC service area in 2012, 203 babies were born with low birth weight (1,500 to 2,500g) and another 56 with very low birth weight (<1,500g). Most low and very low birth weights (under 2,500g) were to mothers from 90042—Highland Park (61 total), which accounted for a quarter (23.6%) of low and very low birth weights in the service area.

Birth Weight, 2012

City	ZIP Code	Low Birth Weight (1,500 to 2,500g)		Very Low Birth Weight (<1,500g)	
		Number	Percentage	Number	Percentage
Eagle Rock	90041	11	5.4%	5	8.9%
Highland Park	90042	51	25.1%	10	17.9%
Glassell Park	90065	33	16.3%	5	8.9%
Montrose	91020	4	2.0%	2	3.6%
Glendale	91201	18	8.9%	5	8.9%
Glendale	91202	13	6.4%	9	16.1%
Glendale	91203	5	2.5%	4	7.1%
Glendale	91204	9	4.4%	2	3.6%
Glendale	91205	25	12.3%	7	12.5%
Glendale	91206	14	6.9%	2	3.6%
Glendale	91207	4	2.0%	1	1.8%
Glendale	91208	16	7.9%	4	7.1%
GAMC Service Area		203		56	

Data source: California Department of Public Health
Data year: 2012
Source geography: ZIP Code

Breastfeeding

Breastfeeding is an important element in the development of newborns. In the GAMC service area, over half (52.1%) of mothers breastfed their babies for at least six months, which is more than in Los Angeles County (49.7%) but fewer than the Healthy People 2020 goal of >=60.6%.

Similarly, almost a third (32.2%) of mothers in the GAMC service area breastfed their babies for at least twelve months, a larger percentage than in Los Angeles County (27.6%) but still falling short of the Healthy People 2020 goal (>=34.1%).

Breastfeeding, 2015

Report Area	Breastfeeding at Least 6 Months	Breastfeeding at Least 12 Months
	Percentage	Percentage
SPA 2–San Fernando Valley	49.3%	37.9%
SPA 4–Metro	55.9%	24.7%
GAMC Service Area	52.1%	32.2%
Los Angeles County	49.7%	27.6%
Healthy People 2020	>=60.6%	>=34.1%

Data source: Los Angeles County Health Survey
Data year: 2015
Source geography: SPA

Disability

An umbrella term for impairments, activity limitations, and participation restrictions, disability is the interaction between individuals with a health condition (e.g., cerebral palsy, Down syndrome, depression) and personal and environmental factors (e.g., negative attitudes, inaccessible transportation and public buildings, and limited social supports).[9] Examples of disabilities include hearing, vision, movement, thinking, remembering, learning, communication, and/or mental health and social relationships. Disabilities can affect a person at any point in the life cycle.[10]

In California alone, 5.7 million adults, or 23% of the adult population, have a disability. The proportion of the population with disabilities increases with age and among females and African-American, White, or American Indian/Alaskan native populations. People with disabilities are also more likely than others to be poorly educated, unemployed, and living below the poverty level. [11]

Prevalence

In 2014, the population living in the GAMC service area with disability status due to physical, mental or emotional conditions (27.3%) was slightly lower than in Los Angeles County (28.6%).

In 2012, a smaller percentage of adults (14.8%) cared for or assisted other adults with a long-term illness or disability in the GAMC service area when compared to Los Angeles County (20.0%).

Disability Status and Care, 2012, 2014

Report Area	Disability Status Due To Physical, Mental or Emotional Condition, Adults[1]	Adults Who Have Provided Care or Assistance to Another Adult In The Past Month[2]
	Percentage	Percentage
SPA 2–San Fernando Valley	28.1%	17.4%
SPA 4–Metro	26.3%	11.3%
GAMC Service Area	27.3%	14.8%
Los Angeles County	28.6%	20.0%

Data source: California Health Interview Survey
[1]Data year: 2014
[2]Data year: 2012
Source geography: 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:

[9] World Health Organization. Disability and Health Fact Sheet. Geneva, Switzerland. Available at http://www.who.int/mediacentre/factsheets/fs352/en/index.html. Accessed [August 2, 2016].

[10] Center for Disease Control and Prevention. Disability Overview. Atlanta, GA. Available at http://www.cdc.gov/ncbddd/disabilityandhealth/types.html. Accessed [August 2, 2016].

[11] California Department of Public Health. 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/injviosaf/Documents/Planning_for_Today.pdf. Accessed [August 2, 2016].

(1)Dependency on prescription medications; (2) Service use above that considered usual or routine; and (3) Functional limitations.[12]

In 2015, a 14.4% of children between 0 and 17 years of age met the criteria for special health care needs in the GAMC service area, which is similar to that in Los Angeles County (14.5%).

Children 0–17 Years old with Special Health Care Needs, 2015

Report Area	Percentage
SPA 2–San Fernando Valley	16.0%
SPA 4–Metro	12.3%
GAMC Service Area	14.4%
Los Angeles County	14.5%

Data source: Los Angeles County Health Survey
Data year: 2015
Source geography: SPA

Disparities

Almost one in six children between 12 and 17 years old had a special health care need in Los Angeles County in 2015. Another 16.6% of children between 6 and 11 years old and 9.8% of children between 0 and 5 years old had a special health care need.

Children 0 to 17 Years old with Special Health Care Needs by Age, 2015

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
Data year: 2015
Source geography: County

By ethnicity, nearly a third (32.4%) of African-American children had a special health care need. In addition, 17.5% of White children and 12.0% of Latino children have a special health care need. Only 10.5% of Asian/Pacific Islander children and 8.7% of American Indian/Alaskan Native children have special health care needs.

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%

[12] Los Angeles County Department of Public Health. Los Angeles County Health Survey 2015. Topics & Data. "Percent of Children (0-17 years old) Who Meet Criteria for Having Special Health Care Needs (SHCNs)" Available at http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm. Accessed [September 1, 2016]

Age Group	Percentage
Asian/Pacific Islander	10.5%
American Indian/Alaskan Native	8.7%

Data source: Los Angeles County Health Survey
Data year: 2015
Source geography: County

Mortality

Deaths

In 2012, the 3,618 deaths in the GAMC service area comprised 6.3% of the total deaths in Los Angeles County. Most deaths in the service area occurred in 90042—Highland Park (14.1%) and 90065—Glassell Park (12.3%), as well as parts of Glendale: 91205 (13.4%) and 91206 (11.9%).

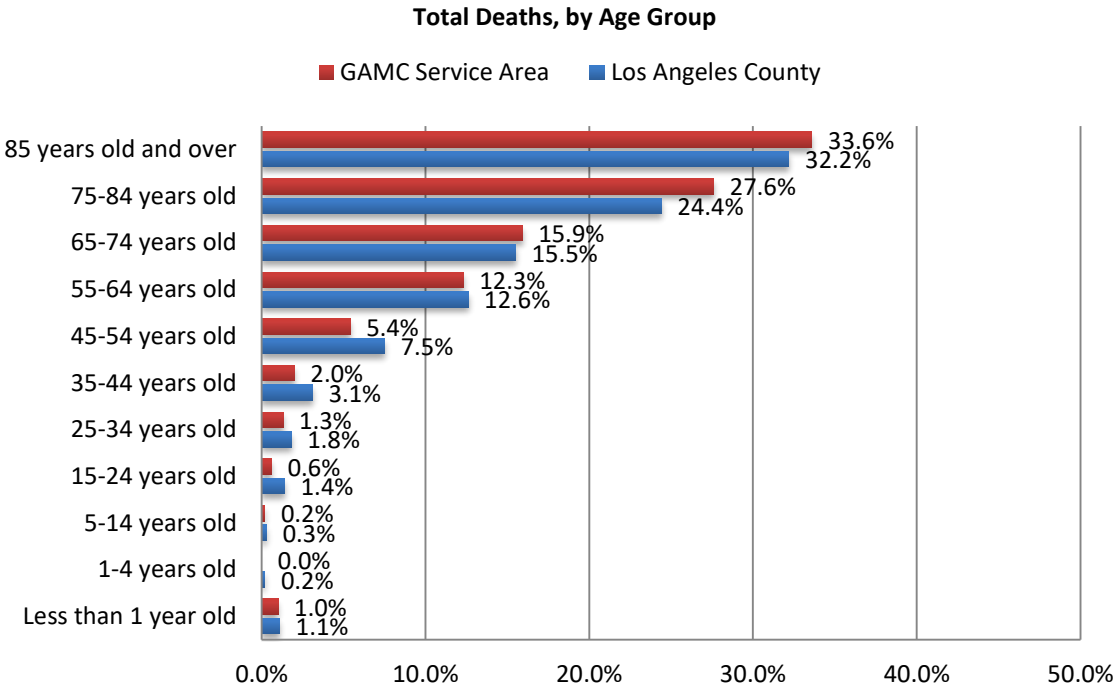
Total Deaths, 2012

City	ZIP Code	Total	Percentage
Eagle Rock	90041	171	8.5%
Highland Park	90042	284	14.1%
Glassell Park	90065	249	12.3%
Montrose	91020	73	3.6%
Glendale	91201	156	7.7%
Glendale	91202	171	8.5%
Glendale	91203	80	4.0%
Glendale	91204	114	5.6%
Glendale	91205	271	13.4%
Glendale	91206	241	11.9%
Glendale	91207	82	4.1%
Glendale	91208	128	6.3%
GAMC Service Area		2,020	3.7%
Los Angeles County		55,331	

Data source: California Department of Public Health (CDPH)
Data year: 2012
Source geography: ZIP Code

Deaths by Age Group

In 2012, more than half of all deaths were of those 75 years and older. Deaths were most common among those 85 years old and over in the GAMC service area (33.6%), similar to the rate in Los Angeles County (32.2%). In the service area, generally deaths decrease with decreasing age; however, a greater percentage of infants less than one year of age die (1.0%) than 1 to 24 year olds combined (0.8%).



Total Deaths, by Age Group, 2010, 2012

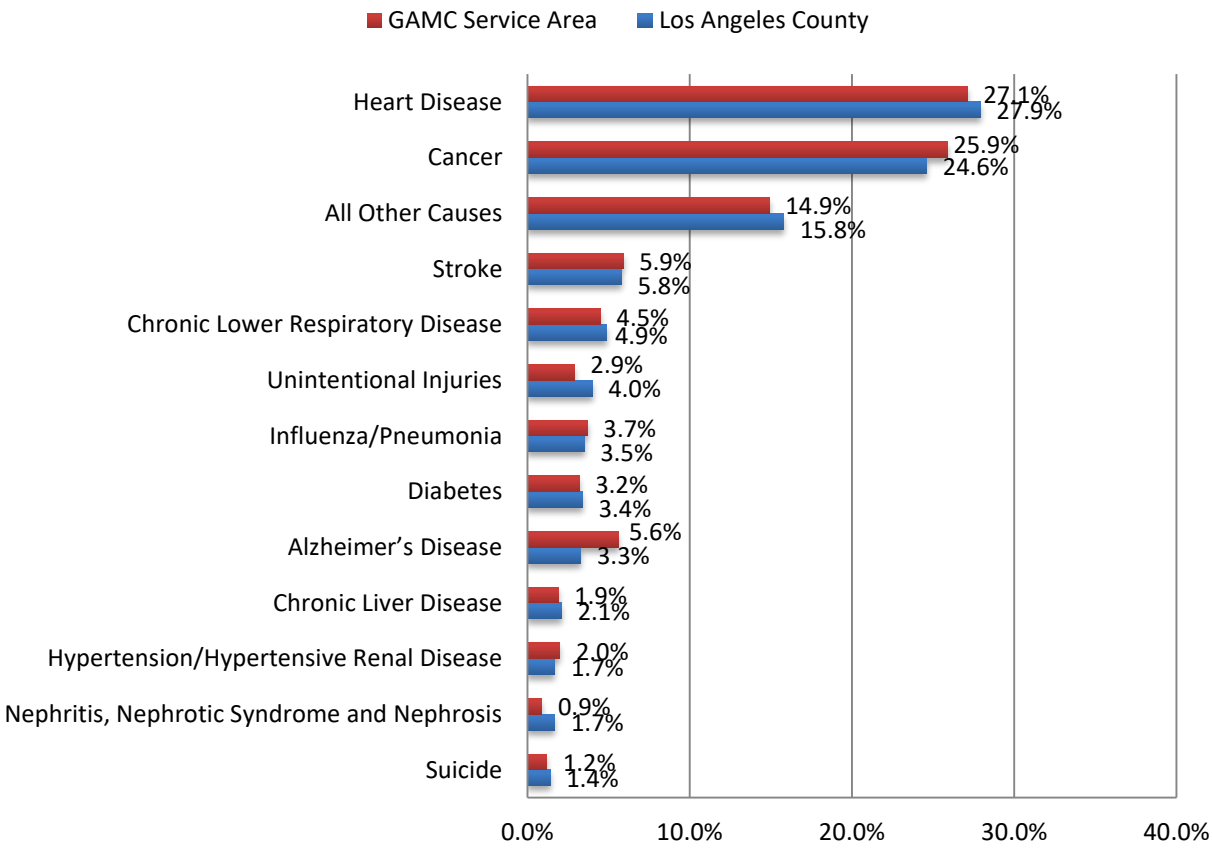
Age Group	GAMC Service Area		Los Angeles County	
	Number	Percentage	Number	Percentage
Less than 1 year old	21	1.0%	613	1.1%
1–4 years old	1	0.0%	105	0.2%
5–14 years old	5	0.2%	159	0.3%
15–24 years old	12	0.6%	771	1.4%
25–34 years old	26	1.3%	1,018	1.8%
35–44 years old	41	2.0%	1,716	3.1%
45–54 years old	108	5.4%	4,123	7.5%
55–64 years old	248	12.3%	6,955	12.6%
65–74 years old	321	15.9%	8,572	15.5%
75–84 years old	555	27.6%	13,481	24.4%
85 years old and over	676	33.6%	17,818	32.2%
Total	2014	3.6%	55,331	100.0%

Data source: California Department of Public Health (CDPH)
Data year: 2010/2012
Source geography: ZIP Code

Cause of Death

In 2010, the most common cause of death in the GAMC service area was heart disease (27.1%), slightly lower than in Los Angeles County (27.9%). The second leading cause of death was cancer (25.9%), slightly higher than in the county (24.6%). The percentages for other causes of death are comparable to those reported for the county, except for Alzheimer's disease where the rate for the GAMC service area (5.6%) is greater than that reported for the county (3.3%).

Total Deaths, by Cause



Total Deaths, by Cause, 2010, 2012

Cause	GAMC Service Area		Los Angeles County	
	Number	Percentage	Number	Percentage
Heart disease	544	27.1%	15,451	27.9%
Cancer	520	25.9%	13,624	24.6%
Stroke	119	5.9%	3,231	5.8%
Chronic lower respiratory disease	90	4.5%	2,710	4.9%
Unintentional injuries	58	2.9%	2,213	4.0%
Alzheimer's disease	113	5.6%	1,827	3.3%
Diabetes	64	3.2%	1,866	3.4%
Influenza/pneumonia	75	3.7%	1,922	3.5%
Chronic liver disease	39	1.9%	1,144	2.1%
Suicide	25	1.2%	760	1.4%
Hypertension/hypertensive renal disease	41	2.0%	919	1.7%
Nephritis, nephrotic syndrome, and nephrosis	19	0.9%	946	1.7%
All other causes	298	14.9%	8,718	15.8%
Total	2,005	3.6%	55,331	100.0%

Data source: California Department of Public Health (CDPH)
Data year: 2010/2012
Source geography: ZIP Code

VII. Key Findings—Health Needs

In total, 17 unique health needs were identified and ranked through the CHNA process. The health needs can be separated into outcomes and drivers. Since Alcohol and Substance Abuse is considered both an outcome and a driver, it appears on both lists.

Prioritized Health Needs

Rank	Health Outcomes
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 / Sexual Transmitted Diseases

Rank	Health Drivers
1	Homelessness and Housing
2	Substance Abuse
3	Poverty
4	Access to Health Care
5	Dental Care
6	Violence/Injury/Safety
7	Preventive Wellness
8	Geriatric Support
9	Transportation

This section presents key findings on the health needs categorized by health outcomes and health drivers, in alphabetical order.

HEALTH OUTCOMES

Alcohol and Substance Abuse and Tobacco Use

Substance abuse (defined as use of alcohol, tobacco, prescription or illicit substances) has a major impact on individuals, families and communities. Substance abuse is considered both a driver of poor health outcomes and an outcome in and of itself. Key determinants—or drivers—of alcohol and substance abuse and tobacco use outcomes include biological, social, economic and environmental factors. Drivers of individual and population substance use and abuse outcomes include gender, race and ethnicity, age, income level, educational attainment and sexual orientation. Substance abuse 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.[13] Understanding the relationship between key substance abuse drivers in the GAMC service area and substance use and abuse patterns is important in improving substance abuse outcomes indicators.

[13] 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 [August 1, 2016].

Alcohol Use

In 2015, half (51.7%) of adults (18+ years old) in the GAMC service area reported drinking alcohol at least once in the past month, while almost one in seven (15.1%) adults reported engaging in binge drinking in the past month. Binge drinking is defined for females as consumption of four or more drinks and for males, consumption of five or more drinks on one occasion.

Adult Alcohol Use in the Past Month, 2015

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%
GAMC Service Area	51.7%	15.7%
Los Angeles County	51.9%	15.8%

Data source: Los Angeles County Health Survey
Data year: 2015
Source geography: SPA

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.[14] In 2016, the average number of alcohol outlets per 1,000 persons in the GAMC service area was 1.4. The rate was three times higher than that reported in the service for 91203—Glendale (4.0). Other high rates were reported in Glendale in 91204 and 91205 (both at 1.7), 91208 (1.6) and 90041—Eagle Rock 1.6.

Number of Alcohol Outlets per 1,000 Persons, 2016

City	ZIP Code	Rate
Eagle Rock	90041	1.6
Highland Park	90042	0.9
Glassell Park	90065	1.0
Montrose	91020	0.8
Glendale	91201	1.5
Glendale	91202	0.9
Glendale	91203	4.0
Glendale	91204	1.7
Glendale	91205	1.7
Glendale	91206	1.2
Glendale	91207	0.2
Glendale	91208	1.6
GAMC Service Area		1.4
Los Angeles County		0.6

Data source: California Department of Alcoholic Beverage Control (ABC)
Data year: 2016
Source geography: ZIP Code

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

Prescription and Illicit Substance Use

In 2015, adults who reported misusing prescription drugs in the GAMC service area (5.2%) was slightly lower than Los Angeles County (5.5%); however, the percentage of adults who reported using marijuana in the past year in the service area (12.8%) was slightly higher than the average for the county (11.6%).

The percentage of teens who have ever tried drugs such as marijuana, cocaine, or glue (via sniffing) was also slightly lower in the GAMC service area (13.2%) when compared to the rest of the county (14.7%). In SPA 4, substance abuse is significantly higher than all other service areas for all three indicators described.

Prescription and Illicit Substance Abuse, 2014, 2015

Report Area	Adults Who Reported Misusing Any Form of Prescription Drugs in the Past Year	Adults Who Reported Using Any Form of Marijuana in the Past Year[1]	Teens Who Have Ever Tried Marijuana, Cocaine, Sniffing Glue, Other Drugs[2]
SPA 2–San Fernando Valley	3.9%	11.1%	9.4%
SPA 4–Metro	7.0%	15.1%	18.2%
GAMC Service Area	5.2%	12.8%	13.2%
Los Angeles County	5.5%	11.6%	14.7%

[1]Data source: Los Angeles County Health Survey
Data year: 2015
Source geography: SPA
[2]Data source: California Health Interview Survey
Data Year: 2012
Source geography: SPA

Alcohol and Drug Treatment

In 2011, a larger percentage (3.2%) of the population in the GAMC service area needed or sought out treatment for an alcohol or substance abuse problem in the past five years when compared to Los Angeles County (2.5%).

Also, a smaller percentage (17.5%) of the population in the GAMC service area had needed help for a mental, emotional, or alcohol and drug issue in the past year when compared to Los Angeles County (18.0%). The percentage was particularly high in SPA 4 (21.9%).

Needed Help or Treatment for Mental, Emotional, Alcohol or Drug Issues, 2011

Report Area	Needed or Wanted Treatment for Alcohol or Drug Issues in the Past Five Years	Needed Help for Mental, Emotional, or Alcohol/Drug Issues
	Percentage	Percentage
SPA 2–San Fernando Valley	3.1%	14.2%
SPA 4–Metro	3.3%	21.9%
GAMC Service Area	3.2%	17.5%
Los Angeles County	2.5%	18.0%

Data source: Los Angeles County Health Survey
Data year: 2011
Source geography: SPA

Tobacco Use

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 U.S. $193 billion annually in direct medical expenses and lost productivity.[15] The percent of self-reported smoking in the GAMC service area (13.4%) is equivalent to that in Los Angeles County (13.3%).

The percentage of smoking in the GAMC service area has decreased from 14.4% in 2011 to 13.3% in 2015.

Currently Smoking, 2015

Report Area	Percentage
SPA 2–San Fernando Valley	12.8%
SPA 4–Metro	14.1%
GAMC Service Area	13.4%
Los Angeles County	13.3%

Data source: Los Angeles County Health Survey
Data year: 2015
Source geography: SPA

Disparities

In 2015, most tobacco users in Los Angeles County were between the ages of 25 and 29 (18.9%). Another 14.9% were between the ages of 30 and 39 and another 13.8% were between the ages of 50 and 59. The lowest percentage of the population in Los Angeles County who regularly used tobacco was 65 years old or older (7.4%).

[15] 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 [August 1, 2016].

Tobacco Use by Age, 2015

Age Group	Percentage
18–24 years old	12.2%
25–29 years old	18.9%
30–39 years old	14.9%
40–49 years old	14.0%
50–59 years old	13.8%
60–64 years old	13.1%
65 years old and older	7.4%

Data source: Los Angeles County Health Survey
Data year: 2015
Source geography: County

In addition, larger percentages of the population in Los Angeles County who used tobacco were American Indian/Alaskan Native (19.7%) and African-American (17.4%). Smaller percentages of the population in Los Angeles County who used tobacco were Latino (12.3%) and Asian/Pacific Islanders (13.1%).

Tobacco Use by Ethnicity, 2015

Age Group	Percentage
Latino	12.3%
White	13.4%
African-American	17.4%
Asian/Pacific Islander	13.1%
American Indian/Alaskan Native	19.7%

Data source: Los Angeles County Health Survey
Data year: 2015
Source geography: County

Stakeholder Feedback

Stakeholders identified areas of heavy smoking throughout the central and southern parts of Glendale and among members of the Armenian population. Stakeholders observed that the teen population was drawn to both vaping and hookah smoking in addition to smoking cigarettes. Additionally, stakeholders discussed concerns about the abuse of over-the-counter drugs and prescription drugs, as well as alcoholism.

Cancer

Cancer is the second leading cause of death in the United States, claiming the lives of more than half a million Americans every year[16]. In 2009, cancer incidence rates per 100,000 persons indicate that the three most common cancers among men in the United States are prostate cancer (137.7), lung cancer (64.3), and colorectal cancer (42.5). Among women, the leading causes of cancer deaths are breast

[16] Centers for Disease Control and Prevention. Using Science to Prevent Cancer. Atlanta, GA. Available at http://www.cdc.gov/Features/CancerResearch/. Accessed [August 1, 2016].

cancer (123.1), lung cancer (54.1), and colorectal cancer (37.1).[17] Research has shown that early detection through regular cancer screenings can help reduce the number of new cancer cases and, ultimately, deaths.[18] Research has also shown that cancer is associated with certain diseases and behaviors including obesity, tobacco, alcohol, certain chemicals, some viruses and bacteria, a family history of cancer, poor diet, and lack of physical activity.[19]

Prevalence

In Los Angeles County, the top invasive cancer incidence rates per 100,000 persons were female breast cancer (113.8), prostate cancer (92.6) and lung cancer (35.9).

Top 10 Cancer Sites Rates per 100,000 pop., 2013

	Cancer Site	Rate
1	Female Breast	113.8
2	Prostate	92.6
3	Lung and Bronchus	35.9
4	Colon and Rectum	35.7
5	Corpus and Uterus, NOS*	25.6
6	Non-Hodgkin Lymphoma	18.4
7	Urinary Bladder	15.2
8	Thyroid	13.7
9	Melanomas of the Skin	13.1
10	Kidney and Renal Pelvis	12.7

Source: Centers for Disease Control, United States Cancer Statistics (USCS)
Data Year: 2013
Source Geography: County
*NOS: non-invasive

Clinical Interventions

Of all cancer-related surgeries performed, the top performed at GAMC are breast (45.7%), colon (22.8%) and prostate and brain (both at 6.8%). Breast cancer and colon cancer are also the top two surgeries performed in Los Angeles County and the state.

Volume of Cancer Surgeries Performed at GAMC, 2014

	Glendale Adventist Medical Center		Los Angeles County		California	
Type of Cancer	Number	Percent	Number	Percent	Number	Percent
Bladder	3	1.9%	362	2.5%	897	1.8%
Brain	11	6.8%	777	5.4%	2,858	5.6%

[17] Centers for Disease Control and Prevention. Invasive Cancer Incidence. Atlanta, GA. Available at http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6207a1.htm. Accessed [August 1, 2016].

[18] Centers for Disease Control and Prevention. Cancer Prevention. Atlanta, GA. Available at http://www.cdc.gov/cancer/dcpc/prevention/index.htm. Accessed [August 1, 2016].

[19] National Cancer Institute. Cancer Prevention Overview. Available at http://www.cancer.gov/cancertopics/pdq/prevention/overview/patient/page3. Bethesda, MD. Accessed [August 1, 2016].

Type of Cancer	Glendale Adventist Medical Center		Los Angeles County		California	
	Number	Percent	Number	Percent	Number	Percent
Breast	74	45.7%	6,176	43.2%	25,290	49.7%
Colon	37	22.8%	1,977	13.8%	7,335	14.4%
Esophagus	1	0.6%	118	0.8%	354	0.7%
Liver	1	0.6%	503	3.5%	1,298	2.6%
Lung	7	4.3%	913	6.4%	3,269	6.4%
Pancreas	4	2.5%	286	2.0%	877	1.7%
Prostate	11	6.8%	2,117	14.8%	5,434	10.7%
Rectum	8	4.9%	638	4.5%	2,239	4.4%
Stomach	5	3.1%	443	3.1%	1,030	2.0%
Total	162	100.0%	14,310	100.0%	50,881	100.0%

Data source: Office of Statewide Health Planning and Development (OSHPD)
Data year: 2014
Source geography: Hospital

Screenings

In 2015, residents of the GAMC reported receiving pap smears (84.4%) at a slightly higher rate than mammograms (78.2%). These percentages were similar to those reported in Los Angeles County. There is a ten percent difference, however, in the percent of pap smears reported from residents in SPA 4–Metro (78.4%), and SPA 2–San Fernando Valley (88.2%).

Cancer Screenings, 2015

Report Area	Cervical cancer screening (pap smear) in last 3 years	Breast cancer screening (mammogram) in the last 2 years
SPA 2–San Fernando Valley	88.2%	77.9%
SPA 4–Metro	78.4%	78.5%
GAMC Service Area	84.0%	78.2%
Los Angeles County	84.4%	77.3%
Healthy People 2020	>=93.0%	>=81.1%

Source: Los Angeles County Health Survey
Data Year: 2015
Source Geography: SPA

Mortality

In 2012, a total of 520 people died from cancer in the GAMC service area, which represented a quarter (25.9%) of all deaths. This percentage is slightly higher than that reported for and California (23.7%). The highest percentages of cancer-related deaths were reported in Glendale in ZIP codes: 91203 (30.2%), 91205 (28.4%) and 91206 (26.5%), as well as 90065—Glassell Park (27.6%) and 90042—Highland Park (27.2%).

Total Cancer-Related Deaths, 2012

City	ZIP Code	Number of Deaths Cancer-Related	Total Number of Deaths	Percent of Cancer-Related Deaths
Eagle Rock	90041	49	180	27.2%
Highland Park	90042	65	265	24.5%
Glassell Park	90065	66	239	27.6%
Montrose	91020	16	73	21.9%
Glendale	91201	45	176	25.6%
Glendale	91202	35	138	25.4%
Glendale	91203	26	86	30.2%
Glendale	91204	32	140	22.9%
Glendale	91205	77	271	28.4%
Glendale	91206	67	253	26.5%
Glendale	91207	18	75	24.0%
Glendale	91208	24	109	22.0%
GAMC Service Area		520	2005	25.9%
California		57,514	242,461	23.7%

Source: California Department of Public Health
Data Year: 2012
Source Geography: ZIP

Disparities

African American/Black persons in Los Angeles County demonstrated higher incidence rates of cancer relative to the County, and rates reported for other races. Relative to the female breast cancer rate reported for the county (113.8 per 100,000 population), Black and White women were disproportionally affected at 122.6 and 116.2 per 100,000 population, respectively.

Further, the prostate cancer incidence rate for African American/Black men was greater than 1.5 times (147.9) the rate reported for Los Angeles County men (92.6); while the rate of lung and bronchus cancer was also higher for African American/Black populations (51.3) relative to County residents (35.9).

Top 10 Cancer Sites Rates per 100,000 pop., by Race, 2013

	White	African American/Black	Asian/Pacific Islander	Hispanic
1	**Female Breast 116.2**	**Prostate 147.9**	Female Breast 98.8	Female Breast 84.6
2	Prostate 83.6	**Female Breast 122.6**	Prostate 41.8	Prostate 82.2
3	Lung and Bronchus 35.2	**Lung and Bronchus 51.3**	Colon and Rectum 33.6	Colon and Rectum 30.3
4	Colon and Rectum 34.6	**Colon and Rectum 44.1**	Lung and Bronchus 30.8	Corpus and Uterus, NOS 24.0
5	**Corpus and Uterus, NOS 26.7**	**Corpus and Uterus, NOS 26.0**	Corpus and Uterus, NOS 20.4	Lung and Bronchus 22.3
6	**Non-Hodgkin**	**Kidney and Renal Pelvis**	**Thyroid**	Non-Hodgkin

	White	African American/Black	Asian/Pacific Islander	Hispanic
	Lymphoma 19.6	**15.3**	**15.5**	Lymphoma 16.5
7	**Urinary Bladder 16.9**	Pancreas 14.0	Non-Hodgkin Lymphoma 13.8	**Kidney and Renal Pelvis 13.8**
8	**Melanomas of the Skin 16.4**	Non-Hodgkin Lymphoma 13.4	Stomach 12.9	Liver and Intrahepatic Bile Duct 12.5
9	**Thyroid 14.1**	Urinary Bladder 12.9	Ovary 11.3	Thyroid 11.8
10	**Kidney and Renal Pelvis 13.6**	Myeloma 11.6	Liver and Intrahepatic Bile Duct 11.0	Stomach 11.0

Associated Drivers of Cancer

A primary method of preventing cancer is screening for cervical, colorectal, and breast cancers[20]. The most common risk factors for cancer include growing older, obesity, tobacco, alcohol, sunlight exposure, certain chemicals, some viruses and bacteria, family history of cancer, poor diet, and lack of physical activity[21].

Stakeholder Feedback

Stakeholders recognize a disconnect between preventive cancer services and the communities served. Specifically, stakeholders observed that the Armenian community, African American communities and Hispanic/Latino communities do not actively participate in preventive cancer care, signaling a need for additional engagement in and outreach to these communities.

Cardiovascular Disease

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. Currently, more than one in three adults (81.1 million) in the United States lives with one or more types of cardiovascular disease. In addition to being one of the leading causes of death in the United States, heart disease results in serious illness and disability, decreased quality of life, and hundreds of billions of dollars in economic loss every year.[22]

[20] Centers for Disease Control and Prevention. Cancer Prevention. Atlanta, GA. Available at http://www.cdc.gov/cancer/dcpc/prevention/index.htm. Accessed [August 7, 2016].

[21] National Cancer Institute. Risk Factors for Cancer. Bethesda, MD. Available at http://www.cancer.gov/about-cancer/causes-prevention/risk. Accessed [August 7, 2016].

[22] 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 [August 1, 2016].

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.[23]

Prevalence and Management

In 2014, the percentage of the population in the GAMC service area diagnosed with heart disease (3.6%) was smaller than in Los Angeles County (5.7%).

Of those in the GAMC service area with heart disease, more than half (57.7%) received assistance from a care provider in managing their disease, while an even larger percentage of the population in SPA 4–Metro (61.5%) received assistance from a care provider. Heart Disease Prevalence in the GAMC service area has decreased from 5.7% in 2009 to 3.6% in 2014.

Heart Disease Indicators, 2014

Report Area	Heart Disease Prevalence Percentage	Heart Disease Management Percentage
SPA 2–San Fernando Valley	4.5%	54.8%
SPA 4–Metro	2.4%	61.5%
GAMC Service Area	3.6%	57.7%
Los Angeles County	5.7%	55.5%

Data source: California Health Interview Survey (CHIS)
Data year: 2014
Source geography: SPA

Hospitalizations

In 2012, the hospitalization rate resulting from heart failure was much higher (447.9) per 100,000 persons in the GAMC service area when compared to California (366.6). The highest heart failure hospitalization rates were reported in Glendale, ZIP codes 91205 (678.1), and 91204 (634.0).

Hospitalizations Resulting from Heart Failure per 100,000 Persons, 2012

City	ZIP Code	Rate
Eagle Rock	90041	381.1
Highland Park	90042	248.1
Glassell Park	90065	269.2
Montrose	91020	455.8
Glendale	91201	510.3
Glendale	91202	451.9
Glendale	91203	326.5
Glendale	91204	634.0
Glendale	91205	678.1
Glendale	91206	535.4
Glendale	91207	567.8

[23] 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 [August 1, 2016].

City	ZIP Code	Rate
Glendale	91208	316.3
GAMC Service Area		447.9
Los Angeles County		366.6
California		339.0

Data source: Office of Statewide Health Planning and Development (OSHPD)
Data year: 2012
Source geography: ZIP Code

Mortality

In 2012, a higher heart disease mortality rate per 10,000 persons was reported in the GAMC service area (19.1) when compared to California (15.5), particularly in Glendale: ZIP Codes 91207 (31.6), and 91204 (24.6).

Heart Disease Mortality Rate per 10,000 Persons, 2012

City	ZIP Code	Rate
Eagle Rock	90041	16.4
Highland Park	90042	11.3
Glassell Park	90065	13.8
Montrose	91020	19.9
Glendale	91201	21.7
Glendale	91202	15.2
Glendale	91203	14.2
Glendale	91204	24.6
Glendale	91205	17.6
Glendale	91206	22.1
Glendale	91207	31.6
Glendale	91208	20.5
GAMC Service Area		19.1
California		15.5

Data source: California Department of Public Health (CDPH)
Data year: 2012
Source geography: ZIP Code

Cholesterol Prevalence and Management

In 2015, a quarter (25.2%) of the population in the GAMC service area and Los Angeles County had been diagnosed with high cholesterol. Of those in the GAMC service area diagnosed with high cholesterol, 66.8% received disease management services for that condition, similar to residents of the County (68.7%).

Cholesterol Indicators, 2014, 2015

Report Area	Cholesterol Prevalence[1]	Cholesterol Management[2]
	Percentage	Percentage
SPA 2–San Fernando Valley	24.9%	68.0%
SPA 4–Metro	25.7%	65.1%
GAMC Service Area	25.2%	66.8%
Los Angeles County	25.2%	68.7%

[1]Data source: Los Angeles County Health Survey
Data year: 2015
Source geography: SPA
[2]Data source: California Health Interview Survey
Data year: 2014
Source geography: SPA

Hypertension Prevalence and Management

In 2015, close to a quarter (23.1%) of the population in the GAMC service area was diagnosed with hypertension (or high blood pressure), comparable to the percent in Los Angeles County (23.5%). In 2014, more than half (65.5%) of the population with high blood pressure in the GAMC service area took medication to control their high blood pressure—slightly lower than Los Angeles County (67.2%).

Indicators of Hypertension, 2014, 2015

Report Area	Hypertension Prevalence[1]	High Blood Pressure Management[2]
	Percentage	Percentage
SPA 2–San Fernando Valley	23.7%	64.2%
SPA 4–Metro	22.4%	66.2%
GAMC Service Area	23.1%	65.1%
Los Angeles County	23.5%	67.2%

[1]Data source: Los Angeles County Health Survey
Data year: 2015
Source geography: SPA
[2]Data source: California Health Interview Survey
Data year: 2014
Source geography: SPA

Hypertension Mortality

In 2012, 541 persons in the GAMC service area died as a result of having hypertension or some other heart-related disease that resulted in death, making up 3.4% of such deaths in Los Angeles County (n=15,916). In Glendale, ZIP code 91207 had the highest percentage (13.9%) of hypertension-related deaths.

Hypertension Mortality, 2012

City	ZIP Code	Number	Percentage
Eagle Rock	90041	47	8.7%
Highland Park	90042	70	12.9%
Glassell Park	90065	63	11.6%

City	ZIP Code	Number	Percentage
Montrose	91020	17	3.1%
Glendale	91201	48	8.9%
Glendale	91202	36	6.7%
Glendale	91203	20	3.7%
Glendale	91204	38	7.0%
Glendale	91205	64	11.8%
Glendale	91206	75	13.9%
Glendale	91207	30	5.5%
Glendale	91208	33	6.1%
GAMC Service Area		541	3.4%
Los Angeles County		15,916	

Data source: California Department of Public Health (CDPH)
Data year: 2012
Source geography: ZIP Code

Disparities

The burden of cardiovascular disease is disproportionately distributed across the population. Significant disparities are evident based on gender, age, race/ethnicity, geographic area, and socioeconomic status with regard to prevalence of risk factors, access to treatment, appropriate and timely treatment, treatment outcomes, and mortality.[24]

Heart disease prevalence rates by race for the SPAs in the service area were statistically unreliable and thus not reliable data.

High cholesterol prevalence and hypertension, two conditions associated with an elevated risk of cardiovascular disease[25], are most common in older populations. In 2015, nearly half (47.5%) of the population in Los Angeles County who were 65 or older had high cholesterol, followed by those between the ages of 60 and 64 (41.2%). Similarly, more than half (54.2%) of the population age 65 and older in Los Angeles County were diagnosed with hypertension, followed by 42.5% of the population between the age of 60 and 64.

While the prevalence rates of hypertension are lower among younger populations, 6.2% of those between age 18 and 24 were diagnosed with the disease.

[24] 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 [August 1, 2016].

[25] Centers for Disease Control and Prevention. High Blood Pressure and Cholesterol Available at http://www.cdc.gov/vitalsigns/cardiovasculardisease/. Accessed [August 7, 2016].

Prevalence by Age, 2015

Age Group	Cholesterol Percentage	Hypertension Percentage
18–24 years old	5.6%	6.2%
25–29 years old	11.8%	7.9%
30–39 years old	15.0%	11.4%
40–49 years old	24.8%	17.6%
50–59 years old	34.5%	31.1%
60–64 years old	41.2%	42.5%
65 years old and older	47.5%	54.2%

Data source: Los Angeles County Health Survey
Data year: 2015
Source geography: County

One in three African-Americans (33.3%) and over a quarter of the White population (27.5%) in Los Angeles County had hypertension, along with almost a quarter (24.2%) of the American Indian/Alaskan Native population, and slightly over one-fifth (20.4%) of the Asian/Pacific Islander population. The Latino population had the lowest percentage (19.7%) of hypertension prevalence in Los Angeles County.

Hypertension Prevalence by Ethnicity, 2015

Age Group	Percentage
Latino	19.7%
White	27.5%
African American	33.3%
Asian/Pacific Islander	20.4%
American Indian/Alaskan Native	24.2%

Data source: Los Angeles County Health Survey
Data year: 2015
Source geography: County

Associated Drivers of Health

The leading risk factors for cardiovascular disease are high blood pressure, high cholesterol, smoking, diabetes, poor diet, physical inactivity, and overweight and obesity. Cardiovascular disease is closely linked with and can often lead to stroke.[26]

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 level tends 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 physical inactivity can also contribute to high cholesterol.

[26] 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 [August 1, 2016].

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.

Stakeholder Feedback

Stakeholders observed that overall, the service area population would benefit from additional outreach and education around the symptoms and underlying causes of cardiovascular disease. In clinical settings, providers observe that cardiovascular disease is linked to falls and shortness of breath, stroke and heart failure among the aging population in the service area.

Communicable and Infectious Diseases

Communicable diseases include hepatitis B, tuberculosis, malaria, and HIV/AIDS, among others. Transmission is from person to person and even from animal to person, and spread is airborne or through contact with bodily fluids[27].

Hepatitis B

Hepatitis B is caused by a virus that attacks the liver and can cause a lifelong infection, cirrhosis of the liver, liver cancer, liver failure, and eventually death[28]. Hepatitis B is contagious and may be contracted through blood or other body fluid exchanges through the skin, eyes or mouth. It can also be transmitted from mother to child at birth[29]. Symptoms of Hepatitis B are similar to the flu and may include jaundice although some individuals do not experience any symptoms at all[30]. In the United States, it is estimated that 800,000 to 1.4 million individuals have Hepatitis B[31]. Individuals most at risk include those who have sex with an infected person, multiple sex partners, a sexually transmitted disease, live with someone who is infected, are exposed to blood at work, hemodialysis patients, or travelers to countries with high rates of Hepatitis B[32].

Prevalence

In 2013, the prevalence of Hepatitis B per 100,000 adults in the GAMC service area (0.3) was slightly lower than that of Los Angeles County (0.6). In total, 16.4% of Hepatitis B cases in Los Angeles County were estimated to be within the GAMC service area.

[27] California Department of Public Health. Department of Communicable Disease Control. Research Highlights. Available at http://www.cdph.ca.gov/programs/dcdc/Pages/DCDCResearchHighlights.aspx. Accessed [September 1, 2016].

[28] Center for Disease Control and Prevention. Hepatitis B Vaccinations. Atlanta, GA. Available at http://www.cdc.gov/vaccines/vpd-vac/hepb/. Accessed [August 1, 2016].

[29] Center for Disease Control and Prevention. Hepatitis B FAQ for the Health Professionals. Atlanta, GA. Available at http://www.cdc.gov/hepatitis/hbv/hbvfaq.htm#overview. Accessed [August 2, 2016].

[30] National Institutes of Health. MedlinePlus. Hepatitis B. Atlanta, GA. Available at http://www.nlm.nih.gov/medlineplus/hepatitisb.html. Accessed [August 1, 2016].

[31] Center for Disease Control and Prevention. Hepatitis B FAQ for the Health Professionals. Atlanta, GA. Available at http://www.cdc.gov/hepatitis/hbv/hbvfaq.htm#overview. Accessed [August 2, 2016].

[32] Center for Disease Control and Prevention. Hepatitis B FAQ for the Health Professionals. Atlanta, GA. Available at http://www.cdc.gov/hepatitis/hbv/hbvfaq.htm#overview. Accessed [August 2, 2016].

Hepatitis B Prevalence Rate per 100,000 Adults, 2013

Report Area	Number	Percent	Rate
SPA 2–San Fernando Valley	9	16.4%	0.4
SPA 4–Metro	9	16.4%	0.8
Unknown	2	3.6%	-
GAMC Service Area		16.4%	0.3
Los Angeles County	55		0.6

Data source: Los Angeles County Department of Public Health, Acute Communicable Disease Control Program, Annual Morbidity Report and Special Studies Report
Data year: 2013
Source geography: SPA

Tuberculosis

Tuberculosis is caused by bacteria (i.e. mycobacterium tuberculosis) that usually attacks the lungs but can also attack the kidneys, spine, and brain[33]. It is spread through the air when an infected person coughs, sneezes, speaks, or sings[34]. There are two types of tuberculosis infections: (1) a latent infection which is active and therefore not contagious but may become active; and (2) the case in which the bacteria is active and able to spread[35]. Individuals who are susceptible to a tuberculosis infection include people who are HIV positive, have become recently infected with the tuberculosis bacteria, have other health conditions that make it difficult for the body to fight off bacteria, abuse alcohol or use illegal drugs, or were exposed to the bacteria but were not treated in the past [36]. Overall, tuberculosis is on the decline in California, however, in 2013 there was a 6% increase in Los Angeles County over 2012[37].

Prevalence

Of the tuberculosis cases registered in Los Angeles County, it is estimated that 18% of new cases in 2013 took place within the service area.

[33] Center for Disease Control and Prevention. Tuberculosis (TB). Atlanta, GA. Available at http://www.cdc.gov/tb/topic/basics/default.htm. Accessed [August 1, 2016].

[34] Center for Disease Control and Prevention. Tuberculosis (TB). Atlanta, GA. Available at http://www.cdc.gov/tb/topic/basics/default.htm. Accessed [August 1, 2016].

[35] Center for Disease Control and Prevention. Tuberculosis (TB). Atlanta, GA. Available at http://www.cdc.gov/tb/topic/basics/default.htm. Accessed [August 1, 2016].

[36] Center for Disease Control and Prevention. Tuberculosis (TB). Atlanta, GA. Available at http://www.cdc.gov/tb/topic/basics/default.htm. Accessed [August 1, 2016].

[37] Los Angeles County Department of Public Health Tuberculosis Control Program. Tuberculosis in Los Angeles County: A Snapshot. Los Angeles, CA. Available at http://publichealth.lacounty.gov/tb/docs/LAC_TBFactSheet_Final%20122014.pdf. Accessed [August 1, 2016].

Tuberculosis in Adults, 2013

Report Area	Number	Percent
SPA 2–San Fernando Valley	118	17.8%
SPA 4–Metro	119	18.0%
Unknown	4	0.6%
GAMC Service Area*		18%
Los Angeles County	662	100%

Data source: Los Angeles County Department of Public Health, Acute Communicable Disease Control Program, Annual Morbidity Report and Special Studies Report
Data year: 2013
Source geography: SPA
*Denotes Estimated Population Total for Service Area

Disparities

The prevalence of Tuberculosis is significantly higher in Hispanic and Asian populations, accounting for 85% of the total number of tuberculosis cases in Los Angeles County in 2013.

Stakeholder Feedback

Stakeholders stated that there are a growing number of community members with tuberculosis. They also shared that many who have tuberculosis do not seek treatment early on, in turn, causes the transmission of the disease to others.

Diabetes

Diabetes affects an estimated 23.6 million people and is the seventh leading cause of death in the United States. Diabetes lowers life expectancy by up to 15 years, increases the risk of heart disease by two to four times, and is the leading cause of kidney failure, lower-limb amputations, and adult-onset blindness.[38] A diabetes diagnosis can also indicate an unhealthy lifestyle—a risk factor for further health issues—and is also linked to obesity.

Given the steady rise in the number of people with diabetes, and the earlier onset of Type 2 diabetes, there is growing concern about substantial increases in diabetes-related complications and the potential to impact and overwhelm the health care system. There is a clear need to take advantage of recent discoveries about the individual and societal benefits of improved diabetes management and prevention by bringing life-saving findings into wider practice, and complementing those strategies with efforts in primary prevention among those at risk for developing diabetes.[39]

[38] 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 [August 2, 2016].

[39] 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 [August 1, 2016].

In addition, evidence is emerging that diabetes is associated with other co-morbidities, including cognitive impairment, incontinence, fracture risk, and cancer risk and prognosis.[40]

Prevalence and Management

In 2015, 9.7% of the population age 18 and older in the GAMC service area had been diagnosed with diabetes, a slightly smaller percentage than in Los Angeles County (9.8%). In SPA 4 however, a larger percentage was diagnosed with diabetes (11.6%).

In regard to the diabetic population, only 65.2% of them had met with their medical provider to develop a diabetes care plan, a much lower percentage (77.8%) than the rest of the diabetic population in Los Angeles County. Furthermore, the prevalence of diabetes in the GAMC service area has increased from 8.3% in 2011 to 9.7% in 2015.

The percentage of diabetes in the GAMC service area has increased from 8.3% in 2011 to 9.7% in 2015.

Diabetes Indicators, 2014, 2015

Report Area	Diabetes Prevalence[1]	Diabetes Management[2]
	Percentage	Percentage
SPA 2–San Fernando Valley	8.2%	66.7%
SPA 4–Metro	11.6%	63.3%
GAMC Service Area	9.7%	65.2%
Los Angeles County	9.8%	77.8%

[1]Data source: Los Angeles County Health Survey
Data year: 2015
Source geography: SPA
[2]Data source: California Health Interview Survey
Data year: 2014
Source geography: SPA

Hospitalizations

In 2012, the diabetes hospitalization rate per 100,000 persons under 18 years of age in the GAMC service area (22.0) was significantly less than that of California (31.2). ZIP code 91203, however, reported a significantly higher rate (52.6) than both the GAMC Service Area and the state of California.

The diabetes hospitalization rate per 100,000 adults in the GAMC service area (137.6) was slightly lower in comparison to California (142.6), but rates among adults were much higher in ZIP Codes 91020 (210.4), 90065 (192.6), and 91204 (181.1).

In regard to the hospitalization rate per 100,000 persons resulting from uncontrolled diabetes, the rate for GAMC's service area (18.7) was over twice as high as the rest of California (8.6). In particular, ZIP Code 91020 (70.1) was remarkably high in comparison to both the GAMC service area and California.

[40]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 [August 1, 2016].

Diabetes Hospitalizations per 100,000 Persons, 2012

City	ZIP Code	Diabetes Hospitalizations (Youth)	Diabetes Hospitalizations (Adults)	Hospitalizations Resulting from Uncontrolled Diabetes
Eagle Rock	90041	12.0	104.9	7.0
Highland Park	90042	14.1	153.0	8.1
Glassell Park	90065	28.9	192.6	15.3
Montrose	91020	-	210.4	70.1
Glendale	91201	7.5	140.0	22.6
Glendale	91202	16.8	101.4	8.4
Glendale	91203	52.6	85.2	14.2
Glendale	91204	19.5	181.1	19.4
Glendale	91205	30.3	160.3	13.1
Glendale	91206	17.9	108.8	14.7
Glendale	91207	-	157.7	-
Glendale	91208	20.6	55.8	12.4
GAMC Service Area		22.0	137.6	18.7
California		31.2	142.6	8.6

Data source: Office of Statewide Health Planning and Development (OSHPD)
Data year: 2012
Source geography: ZIP Code

Mortality

In 2012, 64 diabetes-related deaths occurred in the GAMC service area, comprising 3.2% of diabetes-related deaths in Los Angeles County. Although ZIP code 91020 had the highest rate (5.8), most deaths caused by diabetes occurred in ZIP Codes 90042 (11) and 91205 (11). Overall, the diabetes mortality rate per 10,000 persons in the GAMC service area was identical (2.1) to the rate for California (2.1). In particular, ZIP codes 91020 (5.8) and 91201 (3.6) had higher rates of mortality caused by diabetes.

Diabetes Mortality Per 10,000 Persons, 2012

City	ZIP Code	Rate
Eagle Rock	90041	2.8
Highland Park	90042	1.8
Glassell Park	90065	1.8
Montrose	91020	5.8
Glendale	91201	3.6
Glendale	91202	1.3
Glendale	91203	0.7
Glendale	91204	1.3
Glendale	91205	2.9
Glendale	91206	1.2
Glendale	91207	1.1
Glendale	91208	1.2
GAMC Service Area		2.1
California		2.1

Data source: California Department of Public Health (CDPH)
Data year: 2012
Source geography: ZIP Code

Disparities

In 2015, one in five (21.2%) residents over the age 65 older in Los Angeles County was identified as diabetic. Another 21.7% of the population between the ages of 60 and 64 were diabetic, as was another 15.6% of the population age 50 to 59. The percentage of diabetes prevalence drops with age group.

Diabetes Prevalence by Age, 2015

Age Group	Percentage
18–24 years old	1.2%
25–29 years old	2.0%
30–39 years old	3.0%
40–49 years old	8.3%
50–59 years old	15.6%
60–64 years old	21.7%
65 years old and older	21.2%

Data source: Los Angeles County Health Survey
Data year: 2015
Source geography: County

In addition, larger percentages of the population in Los Angeles County who were diabetic are American Indian/Alaskan Natives (15.2%) or African-American (13.7%).

Diabetes Prevalence by Ethnicity, 2015

Age Group	Percentage
Latino	10.7%
White	8.2%
African-American	13.7%
Asian/Pacific Islander	8.2%
American Indian/Alaskan Native	15.2%

Data source: Los Angeles County Health Survey
Data year: 2015
Source geography: County

Associated Drivers of Diabetes

Factors associated with diabetes include being overweight; having high blood pressure, high cholesterol, high blood sugar (or glucose); physical inactivity, smoking, unhealthy eating, age, race, gender, and having a family history of diabetes.[41]

Stakeholder Feedback

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 impacted by diabetes.

Mental Health

Mental illness is a common cause of disability. Untreated disorders may leave individuals at risk for substance abuse, self-destructive behavior, and suicide. Additionally, mental health disorders can have a serious impact on physical health and are associated with the prevalence, progression, and outcome of chronic diseases.[42] Suicide is considered a major preventable public health problem. In 2010, suicide was the tenth leading cause of death among Americans of all ages, and the second leading cause of death among people between the ages of 25 and 34.[43] An estimated 11 attempted suicides occur per every suicide death.

Research shows that more than 90% of those who die by suicide suffer from depression or other mental disorders, or a substance-abuse disorder (often in combination with other mental disorders).[44] Among adults, mental disorders are common, with approximately one-quarter of adults being diagnosable for one or more disorders.[45] Mental disorders are not only associated with suicide, but also with chronic diseases, a family history of mental illness, age, substance abuse, and life-event stresses.[46]

Interventions to prevent suicide include therapy, medication, and programs that focus on both suicide risk and mental or substance-abuse disorders. Another intervention is improving primary care providers' ability to recognize and treat suicide risk factors, given the research indicating that older adults and women who die by suicide are likely to have seen a primary care provider within the year before their death.[47]

Prevalence

In 2015, adults experienced an average of 2.6 days of poor mental health–related unhealthy days in the GAMC service area, a slightly higher rate when compared to Los Angeles County (2.3).

In 2014, a slightly larger percentage (10.1%) of adults in the GAMC service area reported having serious psychological distress when compared to Los Angeles County (9.6%), with an even larger percentage (10.7%) reported in SPA 2. Additionally, the percentage of adults in the GAMC service area that reported having psychological distress was higher than the reported rate in 2009.

In 2015, on a positive side, a larger percentage (65.3%) of the population in the GAMC service area reported having the necessary social and emotional support when compared to Los Angeles County

[42] 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 [August 2, 2016].

[43] Centers for Disease Control and Prevention. 10 Leading Causes of Death by Age Group, United States. Available at http://www.cdc.gov/injury/wisqars/pdf/10LCID_All_Deaths_By_Age_Group_2010-a.pdf. Accessed [August 2, 2016].

[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/mental-health-and-mental-disorders. Accessed [August 1, 2016].

[45] National Institute of Mental Health. Any Disorder Among Adults. Available at http://www.nimh.nih.gov/statistics/1ANYDIS_ADULT.shtml. Accessed [August 2, 2016].

[46] Public Health Agency of Canada. Mental Illness. Available at http://www.phac-aspc.gc.ca/cd-mc/mi-mm/index-eng.php. Accessed [August 2, 2016].

[47] 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/mental-health-and-mental-disorders. Accessed [August 1, 2016].

(64.0%). Additionally, SPA 2 (69.1%) had a higher percentage than either the GAMC service area or Los Angeles County.

In addition, the percentage of the population in the GAMC service area diagnosed with anxiety was higher (6.9%) when compared to Los Angeles County (6.4%); the percentage was also higher in SPA 4 (7.4%) and SPA 2 (7.2%).

The percentage of the population in the GAMC service area diagnosed with depression was slightly higher (9.2%) when compared to Los Angeles County (8.6%). The percentage was higher in SPA 4 (10.8%). From 2009 to 2014, there was an increase in the percentage more adults with serious psychological distress in the GAMC service area. In 2009 it was 8.0% but increased to 10.1% in 2014.

From 2009 to 2014, there were more adults with serious psychological distress in the GAMC service area. In 2009 it was 8.0% but it increased to 10.1% in 2014.

Mental Health Indicators, 2011, 2014, 2015

Report Area	Unhealthy Days Resulting from Poor Mental Health Reported by Adults[1]	Adults with Serious Psychological Distress in the Last Year[3]	Adequate Social and Emotional Support[1]	Anxiety Prevalence[2]	Depression Prevalence[1]
	Days	Percentage	Percentage	Percentage	Percentage
SPA 2–San Fernando Valley	2.5	10.7%	**69.1%**	7.2%	8.0%
SPA 4–Metro	2.7	9.4%	60.2%	7.4%	10.8%
GAMC Service Area	2.6	10.1%	65.3%	7.3%	9.2%
Los Angeles County	2.3	9.6%	64.0%	6.4%	8.6%

[1,2]Data source: Los Angeles County Health Survey
[1]Data year: 2015
[2]Data Source: 2011
Source geography: SPA
[3]Data source: California Health Interview Survey (CHIS)
Data year: 2014
Source geography: SPA

Alcohol- and Drug-Related Mental Illness

Alcohol and drug use is often associated with and linked to mental illness. In 2012, the rate per 100,000 adults of alcohol- and drug-induced mental illness in the GAMC service area was significantly higher (145.2) in comparison to California (102.5), especially in ZIP Codes 91204 (181.1), 91206 (179.4), 91020 (175.3), and 90065 (172.9).

Alcohol- and Drug-Induced Mental Illness Rate per 100,000 Adults, 2012

City	ZIP Code	Rate
Eagle Rock	90041	129.4
Highland Park	90042	107.9
Glassell Park	90065	172.9
Montrose	91020	175.3
Glendale	91201	149.0

City	ZIP Code	Rate
Glendale	91202	147.8
Glendale	91203	141.9
Glendale	91204	181.1
Glendale	91205	144.6
Glendale	91206	179.4
Glendale	91207	126.2
Glendale	91208	86.8
GAMC Service Area		145.2
California		102.5

Data source: Office of Statewide Health Planning and Development (OSHPD)
Data year: 2012
Source geography: ZIP Code

In the GAMC service area, those who needed help for mental, emotional, or alcohol/drug issues in the service area (17.5%) represented a similar percentage to those in the County (18.0%).

Needed Help for Mental, Emotional, or Alcohol/Drug Issues, 2011

Report Area	Percentage
SPA 2–San Fernando Valley	14.2%
SPA 4–Metro	21.9%
GAMC Service Area	17.5%
Los Angeles County	18.0%

Data source: Los Angeles County Health Survey
Data year: 2011
Source geography: SPA

Hospitalizations

In 2012, the mental health hospitalization rate per 100,000 adults in the GAMC service area was significantly higher (774.5) than in California (540.9), and over three times higher in ZIP Code 91020 (2,209.0).

In contrast, the mental health hospitalization rate per 100,000 youth under 18 years old in the GAMC service area was lower (267.9) than the rest of California (294.8). However, in ZIP codes 91020 (463.5), 90041 (421.3) and 90042 (372.3) the rates were much higher.

Mental Health Hospitalization Rate per 100,000 persons, 2012

City	ZIP Code	Adult Rate	Youth Rate
Eagle Rock	90041	912.6	421.3
Highland Park	90042	617.0	372.3
Glassell Park	90065	512.1	305.9
Montrose	91020	2,209.0	463.5
Glendale	91201	704.5	164.4
Glendale	91202	435.0	227.2
Glendale	91203	454.2	170.9
Glendale	91204	640.4	204.8
Glendale	91205	1,138.1	251.1
Glendale	91206	688.4	244.8
Glendale	91207	504.7	213.8
Glendale	91208	477.6	174.7

City	ZIP Code	Adult Rate	Youth Rate
GAMC Service Area		774.5	267.9
California		540.9	294.8

Data source: Office of Statewide Health Planning and Development (OSHPD)
Data year: 2012
Source geography: ZIP Code

Suicide

In 2012, the suicide rate per 10,000 persons in the GAMC service area was identical (1.0) to California (1.0). However, high rates were reported in ZIP Codes 91207 (2.1), 91202 (2.1), and 91204 (1.9).

Suicide Rate per 10,000 Persons, 2012

City	ZIP Code	Rate
Eagle Rock	90041	0.4
Highland Park	90042	0.3
Glassell Park	90065	0.7
Montrose	91020	1.2
Glendale	91201	0.0
Glendale	91202	2.1
Glendale	91203	0.7
Glendale	91204	1.9
Glendale	91205	0.5
Glendale	91206	1.2
Glendale	91207	2.1
Glendale	91208	0.6
GAMC Service Area		1.0
California		1.0
Healthy People 2020		<=1.0

Data source: California Department of Public Health (CDPH)
Data year: 2012
Source geography: ZIP Code

Disparities

Mental health, particularly depression, affects people across various age groups. However, in Los Angeles County, those most affected are between the ages of 50 and 64. Around 12.1% of those from age 50 to 59 have been diagnosed with depression, as have 11.3% of those between the ages of 60 and 64. Another 10.4% of those between ages of 40 and 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, 2015

Age Group	Percentage
18–24 years old	5.2%
25–29 years old	6.7%
30–39 years old	5.9%
40–49 years old	10.4%
50–59 years old	12.1%
60–64 years old	11.3%
65 years old and older	9.2%

Data source: Los Angeles County Health Survey
Data year: 2015
Source geography: County

By ethnicity, larger percentages of Whites (13.8%), and African-Americans (13.8%) in Los Angeles County were diagnosed with depression, as were smaller percentages of American Indian/Alaskan Natives (6.8%), Latinos (6.4%) and Asian/Pacific Islanders (3.6%).

Depression Prevalence by Ethnicity, 2015

Age Group	Percentage
Latino	6.4%
White	13.8%
African-American	10.4%
Asian/Pacific Islander	3.6%
American Indian/Alaskan Native	6.8%

Data source: Los Angeles County Health Survey
Data year: 2015
Source geography: County

Associated Drivers of Mental Health

Mental health is associated with many other health factors, including poverty, heavy alcohol consumption, and unemployment. Chronic diseases such as cardiovascular disease, diabetes, and obesity are also associated with mental health disorders such as depression and suicide.[48]

Stakeholder Feedback

Stakeholders identified poor mental health as one of the top health concerns in the Glendale community, adding that it affects everyone, regardless of age. There is a serious need for mental health to be integrated into primary care for a more cohesive service delivery model. Stakeholders emphasized a need for the prevention of mental health episodes like stress, PTSD, and other issues "to avoid tragedies." More specifically, stress is on the rise in the Glendale community because of job-related demands and neighborhood safety. Also, people often avoid seeking treatment because of the stigma attached to mental health, therefore providers need to find a way to share information in a way that mitigates the stigma and is culturally sensitive.

Obesity/Overweight

Obesity, a condition in which a person has an abnormally high and unhealthy proportion of body fat, has risen to epidemic levels in the United States; 68 percent of adults age 20 years and older are overweight or obese.[49] Excess weight indicates an unhealthy lifestyle that influences further health issues.

Obesity reduces life expectancy and causes devastating and costly health problems, increasing the risk of coronary heart disease, stroke, high blood pressure, diabetes, and a number of other chronic diseases. Findings suggest that obesity also increases the risks for cancers of the esophagus, breast (postmenopausal), endometrium, colon and rectum, kidney, pancreas, thyroid, gallbladder, and possibly

[48] Centers for Disease Control and Prevention. CDC Mental Illness Surveillance. Available at http://www.cdc.gov/mentalhealthsurveillance/. Accessed [August 2, 2016].

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

other cancer types.[50] Obesity is associated with factors including poverty, inadequate fruit/vegetable consumption, breastfeeding, and lack of access to grocery stores, parks, and open space.

Prevalence

In 2015, slightly over a third (35.9%) of the adult population in the GAMC service area was overweight, the same percentage as in Los Angeles County (35.9%). A smaller percentage of adults (20.8%) were obese in the GAMC service area when compared to Los Angeles County (23.5%). Since 2011, the percentage of obese adults in the GAMC service area increased slightly from 20.6% to 20.8%. Similarly, the percentage of overweight adults increased from 34.8% to 35.9%.

In the GAMC service area, the percentage of children overweight for their age (11.5%) was lower than the rest of Los Angeles County (13.3%). Of the two service planning areas represented in the GAMC service area, SPA 4 had the higher percentage of children overweight for their age (15.0%).

In regards to teenagers who were classified as either overweight or obese, the percentage of those teenagers in the GAMC service area (51.8%) was slightly lower than in Los Angeles County (54.8%).

Overweight and Obese Populations, 2012, 2015

Report Area	Overweight Adults (Age 18+)[1]	Obese Adults (Age 18+)[1]	Children Overweight for Age (Age 0-11)[2]	Overweight and Obese Teens (Age 12+)[2]
SPA 2–San Fernando Valley	37.0%	19.8%	9.6%	51.2%
SPA 4–Metro	34.4%	22.1%	15.0%	52.6%
GAMC Service Area	35.9%	20.8%	11.5%	51.8%
Los Angeles County	35.9%	23.5%	13.3%	54.8%

[1]Data source: Los Angeles County Health Survey
Data year: 2015
Source geography: SPA
[2]Data source: California Health Interview Survey (Accessed at www.healthycity.org)
Data year: 2012
Source geography: SPA

In 2009, the GAMC service area had a slightly higher percentage of those who were overweight (31.2%) when compared to Los Angeles County (29.7%). In particular, ZIP Codes 91020 (33.5%) and 91208 (34.1%) had a higher percentage of their population considered overweight when compared to the GAMC service area and Los Angeles County. Although some of the population in the service area was obese (16.9%), it was not as prevalent an issue when compared to Los Angeles County (21.2%), and met the Healthy People 2020 goal of being below or equal to 30.5%.

Overweight and Obese Populations, 2009

City	ZIP Code	Percent Overweight	Percent Obese
Eagle Rock	90041	26.8%	18.4%
Highland Park	90042	28.9%	22.3%
Glassell Park	90065	28.6%	22.3%
Montrose	91020	33.5%	13.3%

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

City	ZIP Code	Percent Overweight	Percent Obese
Glendale	91201	31.7%	19.2%
Glendale	91202	31.4%	14.9%
Glendale	91203	31.6%	15.8%
Glendale	91204	31.7%	15.8%
Glendale	91205	31.9%	16.6%
Glendale	91206	31.7%	15.4%
Glendale	91207	32.2%	15.9%
Glendale	91208	34.1%	12.7%
GAMC Service Area		31.2%	16.9%
Los Angeles County		29.7%	21.2%
Healthy People 2020			<=30.5%

Data source: Healthy Cities
Data year: 2009
Source geography: ZIP Code

Disparities

In 2015, over a third of the population in Los Angeles County was overweight for those age 65 years old and older (40.7%), age 40 to 49 (39.1%), age 30 to 39 (38.3%), age 60 to 64 (37.5%), and those between 50 and 59 years old (37.4%). Less than a third of those between the ages of 18 and 24 (23.9%) and age 25 to 29 (31.3%) were considered overweight.

In terms of obese populations, for all age groups, the percentage of obese individuals was less than a third of the population, with those between the ages of 18 and 24 having the lowest percentage of obese (15.3%), followed by individuals age 65 years and older (20.2%).

Overweight/Obesity Prevalence by Age, 2015

Age Group	Percent Overweight	Percent Obese
18–24 years old	23.9%	15.3%
25–29 years old	31.3%	24.9%
30–39 years old	38.3%	25.4%
40–49 years old	39.1%	25.8%
50–59 years old	37.4%	27.2%
60–64 years old	37.5%	26.0%
65 years old and older	40.7%	20.2%

Data source: Los Angeles County Health Survey
Data year: 2015
Source geography: County

A larger percentages of American Indians/Alaskan Natives (54.2%) and Latinos (39.3%) in Los Angeles County were considered overweight, along with over a third of Whites (34.0%). Nearly a third of African-Americans (32.9%) and Latinos (30.9%) in Los Angeles County were classified as obese.

Overweight/Obesity Prevalence by Ethnicity, 2015

Age Group	Percent Overweight	Percent Obese
Latino	39.3%	30.9%
White	35.0%	18.0%
African-American	32.0%	32.9%
Asian/Pacific Islander	30.3%	9.3%
American Indian/Alaskan Native	54.2%	19.1%

Data source: Los Angeles County Health Survey
Data year: 2015
Source geography: County

Associated Drivers of Health

Obesity is associated with factors such as poverty, inadequate consumption of fruits and vegetables, physical inactivity, and lack of access to grocery stores, parks, and open space. Obesity increases the risk of coronary heart disease, stroke, high blood pressure, diabetes, and a number of other chronic diseases. The condition also increases the risks of cancers of the esophagus, breast (postmenopausal), endometrium, colon and rectum, kidney, pancreas, thyroid, gallbladder, and possibly other cancer types.[51]

Stakeholder Feedback

Stakeholders highlighted the economic challenges associated with accessing healthy food. A focus group participant explained, “The rent is extremely high and there is not a lot of affordable housing, so you have a lot of families that spend more money on trying to pay rent and are not able to pay for food.” In the focus groups, stakeholders focused on the impact of obesity on youth in the community, pointing out that healthier food options should be served in schools.

Sexual Health / Sexually Transmitted Diseases

Sexually transmitted diseases (STDs) refer to more than 25 infectious organisms transmitted primarily through sexual activity. STD prevention is an essential primary care strategy for improving reproductive health. Despite the burdens, costs, and complications—and being preventable to a certain extent—STDs remain a significant public health problem in the United States, greatly under-recognized by the public, policymakers, and health care professionals. STDs have the potential to cause many harmful, often irreversible clinical complications, including having an impact on reproductive health, fetal and perinatal health problems and cancer, and the transmission of HIV. The spread of STDs is directly affected by social, economic, and behavioral factors. Obstacles to STD prevention include access to and provision of care, willingness to seek care, and social norms regarding sex and sexuality. Among certain vulnerable populations, a historical experience with segregation and discrimination exacerbates the influence of these factors. Many studies document the association of substance abuse with STDs. The introduction of illicit substances into communities often can alter sexual behavior drastically in high-risk sexual networks, leading to the spread of STDs.[52]

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

[52] Centers for Disease Control and Prevention. (2015). *Sexually Transmitted Diseases*. Washington, DC. Available at http://www.healthypeople.gov/2020/topics-objectives/topic/sexually-transmitted-diseases. Accessed [August 2, 2016].

Adolescents ages 15 to 24 account for nearly half of the 20 million new cases of STDs each year in the United States. Today, four in 10 sexually active teen girls in the United States have had an STD with the potential to cause infertility and even death. Regular screenings are critical, as STDs often have no obvious signs or physical symptoms. Also, certain racial and ethnic groups (mainly African-American, Hispanic/Latino, and American Indian/Alaska Native populations) have high rates of STDs compared with Whites. Race and ethnicity in the United States are correlated with other determinants of health status such as poverty, limited access to health care, fewer attempts to get medical treatment, and living in communities with high rates of STDs.[53]

Prevalence

In 2012, the percentage of the population who had more than one sexual partner in the past 12 months was slightly lower in the GMAC service area (13.0%) than in Los Angeles County (13.2%), but higher than the rest of California (11.3%).

A significantly lower percentage of the GMAC service area population (66.5%) has ever been tested for HIV relative to Los Angeles County (72.9%) and California (70.6%).

The rate of chlamydia incidence in the GMAC service area (435.4) was significantly lower than Los Angeles County (512.9), with SPA 4 (587.7) having rates higher than that of the county.

The prevalence of gonorrhea per 100,000 in the GMAC service area (121.0) was higher than in Los Angeles County (103.4). Substantial disparities exist across SPAs, with SPA 2 (57.9) and SPA 4 nearly four times that rate (204.7).

Sexual Activity, 2012, 2013, 2014

Report Area	More than one sexual partner in the past 12 months[1]	Have ever been tested for HIV – Adults[2]	Chlamydia Incidence per 100,000[3]	Gonorrhea Incidence per 100,000[3]
	Percent	Percent	Rate	Rate
SPA 2–San Fernando Valley	13.6%	54.0%	320.5	57.9
SPA 4–Metro	12.3%	83.0%	587.7	204.7
GAMC Service Area	13.0%	66.5%	435.4	121.0
Los Angeles County	13.2%	72.9%	512.9	103.4
California	11.3%	70.6%	-	-

[1,2]Source: California Health Interview Survey
[1]Data Year: 2012
[2]Data Year: 2014
Source Geography: SPA
[3]Source: Los Angeles County Department of Public Health
Data Year: 2013
Source Geography: SPA

[53] Centers for Disease Control and Prevention. (2015). Sexually Transmitted Diseases. Washington, DC. Available at http://www.healthypeople.gov/2020/topics-objectives/topic/sexually-transmitted-diseases. Accessed [August 2, 2016].

The rate of HIV hospitalizations per 100,000 people in the GAMC service area (8.8) was lower than that of the rate for the state of California (11.0). Within the service area however, ZIP codes such as 90041 (18.2), 91201 (17.6), and 91203 (15.1) had much higher rates than the rest of the GAMC service area.

HIV Hospitalizations per 100,000 Persons, 2010

City	ZIP Code	Rate
Eagle Rock	90041	**18.2**
Highland Park	90042	11.2
Glassell Park	90065	11.0
Montrose	91020	11.9
Glendale	91201	17.6
Glendale	91202	0.0
Glendale	91203	15.1
Glendale	91204	6.2
Glendale	91205	5.3
Glendale	91206	9.1
Glendale	91207	0.0
Glendale	91208	0.0
GAMC Service Area		8.8
California		11.0

Source: Office of Statewide Health Planning and Development
Data Year: 2010
Source Geography: ZIP

Stroke

A stroke occurs when the flow of blood to the brain suddenly stops, causing brain cells to die[54]. There are two types of stroke that occur, one caused by a blood clot which blocks the flow of blood to the brain (ischemic stroke) and the other where a blood vessel breaks and bleeds into the brain (hemorrhagic stroke)[55]. Stroke is the leading cause of death in the United States[56]. Strokes can be prevented by making healthier life choices including not smoking, eating a healthy diet, maintaining a healthy weight, staying physically active, and knowing your family history of stroke[57].

Prevalence

In 2012, the prevalence of strokes experienced by the GAMC population over the age of 65 (6.5%) was slightly lower than in Los Angeles County (7.1%). Both SPA 2 (6.6%) and SPA 4 (6.3%) reflected very similar stroke prevalence.

[54] National Institute of Health. (2014). *Stroke*. Bethesda, MD. Available at http://www.nlm.nih.gov/medlineplus/stroke.html#cat5. Accessed [August 2, 2016].

[55] National Institute of Health. (2014). *Stroke*. Bethesda, MD. Available at http://www.nlm.nih.gov/medlineplus/stroke.html#cat5. Accessed [August 2, 2016].

[56] U.S. Department of Health and Human Services. (2014). *What is a stroke?*. Bethesda, MD. Available at http://www.nhlbi.nih.gov/health/health-topics/topics/stroke. Accessed [August 2, 2016].

[57] U.S. Department of Health and Human Services. (2014). *How can a stroke be prevented?*. Bethesda, MD. Available at http://www.nhlbi.nih.gov/health/health-topics/topics/stroke/prevention. Accessed [August 2, 2016].

Stroke Prevalence (Age 65+), 2012

Report Area	Percent
SPA 2–San Fernando Valley	6.6%
SPA 4–Metro	6.3%
GAMC Service Area	6.5%
Los Angeles County	7.1%
California	8.1%

Source: California Health Interview Survey
Data Year: 2012
Source Geography: SPA

Mortality

In 2012, the stroke mortality rate per 10,000 adults in the GAMC service area (3.7) was slightly higher than in Los Angeles County (3.5). Several ZIP codes had much higher rates, including 91204 (6.5), 91208 (5.6), and 91201 (5.0).

Stroke Mortality Rate per 10,000 Adults, 2012

City	ZIP Code	Rate
Eagle Rock	90041	2.5
Highland Park	90042	3.4
Glassell Park	90065	4.4
Montrose	91020	0.0
Glendale	91201	5.0
Glendale	91202	2.5
Glendale	91203	4.3
Glendale	91204	6.5
Glendale	91205	3.2
Glendale	91206	4.1
Glendale	91207	3.2
Glendale	91208	5.6
GAMC Service Area		3.7
California		3.5

Data source: California Department of Public Health, Death Statistical Master File
Data year: 2012
Source geography: ZIP Code

Associated Drivers of Stroke

Risk factors associated with stroke include chronic health issues and conditions such as high blood pressure, diabetes, high cholesterol, obesity, and heart disease. Additional risk factors include smoking, brain aneurysms, age, gender, race and ethnicity, alcohol and substance abuse, unhealthy diet, lack of physical activity, stress and depression, and genetics.[58]

[58] U.S. Department of Health and Human Services. (2014). *Who is at risk for a stroke?*. Bethesda, MD. Available at http://www.nhlbi.nih.gov/health/health-topics/topics/stroke/atrisk. Accessed [August 2, 2016].

Stakeholder Feedback

Stakeholders called attention to the aging population in the service area, recognizing that many aging individuals are socially isolated. Stroke patients are at higher risk for slips or falls that lead to injury than individuals who never experienced stroke. Because many members of the aging population in the service area live alone, they may experience difficulty accessing care in the case of a slip or fall, and may rely more heavily on emergency services which are overtaxed in the service area,.

HEALTH DRIVERS

Access to Healthcare

Access to health care services is important for everyone's quality of life, which requires the ability to navigate the health care system, access a health care location where needed services are provided, and find a health care provider with whom the patient can communicate and trust.[59] Access to health care impacts 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.[60]

Medicare Beneficiaries

Medicare is a federal program administered by the Centers for Medicare & Medicaid Services (CMS) and 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 (permanent kidney failure requiring dialysis or a kidney transplant).[61] The Medicare program 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 (e.g., HMOs, PPOs); and insurance coverage for prescription drugs.[62]

In 2012, only 2.2% of the population in the GAMC service area was enrolled in Medicare, which is higher than Los Angeles County (1.4%). SPA 4 (2.8%) had a larger percentage of its population enrolled in Medicare when compared to the GAMC service area and Los Angeles County (1.4%).

[59] 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 [August 1, 2016].

[60] 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 [August 1, 2016].

[61] 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. Available at http://www.dhcs.ca.gov/dataandstats/statistics/Documents/Dual%20Data%20Sets%20Medicare.pdf. Accessed [August 1, 2016].

[62] 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. Available at http://www.dhcs.ca.gov/dataandstats/statistics/Documents/Dual%20Data%20Sets%20Medicare.pdf. Accessed [August 1, 2016].

Medicare Beneficiaries, 2012

Report Area	Percentage
SPA 2–San Fernando Valley	1.7%
SPA 4–Metro	2.8%
GAMC Service Area	2.2%
Los Angeles	1.4%

Data source: Managed Risk Medical Insurance Board
Data year: 2012
Source geography: ZIP Code

Medi-Cal and Healthy Families Programs

Medi-Cal, California's Medicaid program is 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.[63]

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.[64] However, starting January 1, 2013, no new enrollments of children into the Healthy Families Program were allowed and existing enrollees are being transitioned into the Medi-Cal program because of a change in state law.[65]

In 2012, there were 6, 203 new enrollments into the Healthy Families program in the GAMC service area. On average, 2.9% of children in the GAMC service area were enrolled in Healthy Families that year. ZIP Codes 90042 (18.8%) and 91205 (13.0%) experienced the highest percentages of children enrolled in the Healthy Families program.

Medi-Cal and Healthy Families Beneficiaries and Enrollment, 2012

City	ZIP Code	Medi-Cal Beneficiaries[1]		Healthy Families Enrollment[2]	
		Number	Percentage	Number	Percentage
Eagle Rock	90041	4,164	5.2%	450	7.3%
Highland Park	90042	17,003	21.1%	1,169	18.8%
Glassell Park	90065	12,417	15.4%	783	12.6%
Montrose	91020	1,087	1.3%	306	4.9%
Glendale	91201	6,915	8.6%	518	8.4%
Glendale	91202	4,510	5.6%	434	7.0%
Glendale	91203	4,098	5.1%	327	5.3%

[63] 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. Available at http://www.dhcs.ca.gov/dataandstats/statistics/Documents/Dual%20Data%20Sets%20Medicare.pdf. Accessed [August, 1, 2016].

[64] 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 [August 2, 2016].

[65] 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 [August 2, 2016].

City	ZIP Code	Medi-Cal Beneficiaries[1]		Healthy Families Enrollment[2]	
		Number	Percentage	Number	Percentage
Glendale	91204	6,451	8.0%	380	6.1%
Glendale	91205	14,163	17.6%	806	13.0%
Glendale	91206	7,205	8.9%	631	10.2%
Glendale	91207	1,335	1.7%	139	2.2%
Glendale	91208	1,190	1.5%	260	4.2%
GAMC Service Area		80,538	3.3%	6,203	2.9%
Los Angeles County		2,444,850		215,543	

1 Data source: California Department of Health Care Services (DHCS)
Data year: 2011
Source geography: ZIP Code
2 Data source: Managed Risk Medical Insurance Board
Data year: 2012
Source geography: ZIP Code

Federally Qualified Health Centers

Federally Qualified Health Centers (FQHCs) are community-based and patient-directed organizations that serve populations with limited access to health care. They consist of public and private nonprofit health care organizations that meet certain criteria under the Medicare and Medicaid programs and receive funds under the Health Center Program (Section 330 of the Public Health Service Act).

In 2012, there were an estimated 43 FQHCs in the GAMC service area, making up 23.5% of FQHCs in Los Angeles County (n=183).

Federally Qualified Health Centers, 2012

Report Area	Number
SPA 2–San Fernando Valley	31
SPA 4–Metro	70
GAMC Service Area	48
Los Angeles County	183

Data source: U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA)
Data year: 2012
Source geography: SPA

Uninsured

In the GAMC service area 16.2% of adults did not have health insurance (or were uninsured) — which is just above the percentage of uninsured adults in the County (16.1%).

In 2015, 5.8% of children in the GAMC service area did not have health insurance (or were uninsured), just below the rate of Los Angeles County (6.4%). More specifically, SPA 4 had a higher percentage (6.3%) of children without health insurance (or who were uninsured) overall than SPA 2 (5.4%).

Uninsured Adults and Children, 2011, 2014

Report Area	Adults[1]	Children[2]
SPA 2–San Fernando Valley	11.9%	5.4%
SPA 4–Metro	**22.0%**	6.3%
GAMC Service Area	16.2%	5.8%

Report Area	Adults[1]	Children[2]
Los Angeles County	16.1%	6.4%
Healthy People 2020	0.0%	0.0%

Data source: Los Angeles County Health Survey
Data year: [1]2014, [2]2011
Source geography: SPA

In 2012, a smaller percentage (17.9%) of the GAMC service area population was uninsured when compared to Los Angeles County (19.5%). Higher percentages in ZIP Codes 90042 (25.6%), 90065 (24.6%) and 90041 (21.3%) were uninsured when compared to the GAMC service area and Los Angeles County.

Uninsured Population, 2012

City	ZIP Code	Percentage
Eagle Rock	90041	21.3%
Highland Park	90042	25.6%
Glassell Park	90065	24.6%
Montrose	91020	14.5%
Glendale	91201	16.9%
Glendale	91202	15.6%
Glendale	91203	18.0%
Glendale	91204	20.7%
Glendale	91205	19.0%
Glendale	91206	15.5%
Glendale	91207	12.4%
Glendale	91208	10.6%
GAMC Service Area		17.9%
Los Angeles County		19.5%

Data source: California Health Interview Survey
Data year: 2012
Source geography: ZIP Code

Lack of Consistent Source of Care

The percentage of adults who lacked a consistent source of primary care in the GAMC service area (20.5%) was slightly higher than that of Los Angeles County (19.7%). Specifically, SPA 4 (23.0%) had the largest percentage of those who lacked a consistent source of primary care.

Lack of a Consistent Source of Primary Care for Adults, 2012

Report Area	Percentage
SPA 2–San Fernando Valley	18.6%
SPA 4–Metro	23.0%
GAMC Service Area	20.5%
Los Angeles County	19.7%

Data source: Los Angeles County Health Survey
Data year: 2015
Source geography: SPA

Difficulty Accessing Care

Almost a quarter of adults (24.6%, up from 12.6% in 2009) in the GAMC service area had difficulty accessing medical care; slightly higher than Los Angeles County (23.6%). Specifically, a larger percentage

of adults in SPA 4 (28.6%) had difficulty accessing medical care overall. A similar percentage of children between the ages of 0 and 17 in the service area (11.6%) had difficulty accessing medical care when compared to Los Angeles County (11.0%).

Difficulty Accessing Medical Care, 2015

Report Area	Adults (18+)	Children (Age 0-17)
SPA 2–San Fernando Valley	21.6%	9.4%
SPA 4–Metro	28.6%	14.5%
GAMC Service Area	24.6%	11.6%
Los Angeles County	23.6%	11.0%

Data source: Los Angeles County Health Survey
Data year: 2015
Source geography: SPA

Health Care Providers

Data of primary care providers, dentist and psychiatrists available to serve communities designated by Medical Service Study Areas (MSSA)-- geographic analysis units defined by the California Office of Statewide Health Planning and Development.[66]

In the GAMC service area, the ratios of health care providers to the existing population are lower relative to the County.

Health Care Providers, 2013

Medical Service Study Area (MSSA) / Communities	Primary Care: population to physician ratio	Dentist: population to dental provider ratio	Psychiatrist: population to mental health provider ratio
Burbank South/Eagle Rock/Glendale Northwest	1,508	1,446	35,196
Atwater Village/Glendale Central/Glendale Southwest/Griffith Park	581	529	4,332
Glendale Northeast/La Canada-Flintridge/La Crescenta/Montrose/Sunland/Tujunga/Verdugo City	2,469	1,862	14,197
El Sereno North/Highland Park/Montecito Heights/Monterey Hills	2,125	4,067	11,092
MSSA Average	1,671	1,976	16,204
Los Angeles County	2,640	2,484	18,104

Data source: Office of Statewide Planning and Development
Data year: 2013
Source geography: MSSA

[66] Medical Service Study Areas (aka 'MSSA') are a geographic analysis unit defined by the California Office of Statewide Health Planning and Development. Based on US Census tract geography, the MSSA are a good foundation for needs assessment analysis, healthcare planning, and healthcare policy development. MSSA boundary geography is reproduced each decade following each new federal census survey. The boundaries are formally approved by the Health Manpower Policy Commission. Moreover, the US Department of Health and Human Services, Health Resources Serviced Administration (HRSA) formally recognizes California's MSSA unit of geography as the Rational Service Area (RSA) for medical service in California.

Disparities

In 2014, among all uninsured individuals in Los Angeles County, 9.5% were under the age of 18: 89.2% of the uninsured population were between the ages of 18 and 64 years of age, and 1.3% of the uninsured population was age 65 or older. In comparison to the state (11.0%), Los Angeles County had a lower percent of their population under age 18 uninsured (9.5%).

Uninsured, by Age, 2014

Age Group	Los Angeles County	California
Under 18	9.5%	11.0%
18–64	89.2%	87.8%
65 and above	1.3%	1.2%

Data source: American Community Survey
Data year: 2014
Source geography: County

Review of all indicators of access to healthcare reveal disparities between SPA 4 (ZIP codes 90041, 90042 and 90065) and SPA 2 (ZIP codes 91020, 91201, 91202, 91203, 91204, 91205, 91206, 91207 and 91208). More specifically, 22.0% of adults in SPA 4 are uninsured, compared to 11.9% in SPA 2 and 16.1% in Los Angeles County. Approximately one in seven (14.5%) of children in SPA 4 have difficulty accessing care, compared to one in ten (9.4%) children in SPA 2 Additionally, SPA 4 is home to 70 Federally Qualified Health Centers, compared to 31 in SPA 2. These data suggest that the communities included in SPA 4 experience a higher need for health care services for low-income residents than the communities in SPA 2.

Additional disparities emerge when looking at access to health care in the GAMC service area by ZIP code. Highland Park (90042) has a disproportionately large population enrolled in Medical (21.1%) and Healthy Families (18.8%) and a very large uninsured population (25.6%). It is possible that the high number of Medical members reflects a coordinated effort to improve health care access in this community.

Stakeholder Feedback

Through focus group interviews, key stakeholders including care providers shed additional insight into the root causes and consequences of barriers to care for the service area population. Specific cultural and language groups, low-income communities, the aging population and those lacking transportation face the greatest barriers to accessing care. For specific cultural and language groups, the barriers may arise during medical visits if providers are not familiar with the language or cultural norms of the patient, but may arise earlier in the health delivery pipeline if resources and information about health care resources are not made available in a culturally responsive way. Many stakeholders observed that in addition to the high rates of uninsured in the service area, Medi-Cal coverage is very basic: “a big issue—it covers barely anything. It is a very low level of coverage.” Furthermore, providers noted that the service area “there are a lack of physicians that accept Medi-Cal.”

One of the most frequently mentioned consequences of low healthcare coverage in the service area is the heavy reliance on emergency (911) care for acute conditions. Stakeholders explained that “the emergency room, Fire Department and EMS staff take everything.” It may be that the population relies more on emergency care because emergency services are more often covered (by emergency insurance) than scheduled office visits.

Stakeholders observed that the combined challenges of finding culturally responsive and affordable health care result in a disconnect between health care providers and potential patients. It may seem to health care providers that the community is reluctant to access health care or to respond to illness in appropriate ways, while certain communities may experience real obstacles in accessing affordable, responsive care. Stakeholders observed that overall, the service area population would benefit from additional outreach and education around the symptoms and underlying causes of cardiovascular disease. In clinical settings, providers observe that cardiovascular disease is linked to falls and shortness of breath, stroke and heart failure among the aging population in the service area.

Alcohol and Substance Abuse and Tobacco Use

Alcohol and substance abuse and tobacco use are listed in this report as both health outcomes and health drivers. The above section on Alcohol and Substance Abuse and Tobacco Use under Health Outcomes reports key indicators for alcohol, substance abuse and tobacco use in the service area.

Substance use and abuse are key determinants of a number of downstream additional poor health outcomes. The effects of substance abuse contribute significantly to costly social, physical, mental, and public health problems, including teenage pregnancy, HIV/AIDS, STDs, domestic violence, child abuse, motor vehicle accidents (unintentional injuries), physical fights, crime, homicide, and suicide. [67] Heavy alcohol consumption is an important determinant of future health needs, including cirrhosis, cancers, and untreated mental and behavioral health needs.

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.[68] Additionally, secondhand smoke has been known to cause heart disease and lung cancer in adults and severe asthma attacks, respiratory infections, ear infections, and sudden infant death syndrome (SIDS) in infants and children.[69] 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.[70]

Dental Care

Dental care is essential to overall health, and is relevant as a health need because engaging in preventive behaviors decreases the likelihood of developing future oral health and related health

[67] 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 [August 2, 2016].

[68] 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 [August 1, 2016].

[69] 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 [August 1, 2016].

[70] 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 [August 1, 2016].

problems. In addition, oral diseases such as cavities and oral cancer cause pain and disability for many Americans.[71]

Behaviors that may lead to poor oral health include tobacco use, excessive alcohol consumption, and poor dietary choices. Barriers that prevent or limit a person's use of preventive intervention and treatments for oral health include limited access to and availability of dental services, a lack of awareness of the need, cost, and fear of dental procedures. Social factors associated with poor dental health include lower levels or lack of education, having a disability, and other health conditions such as diabetes.[72]

Access

In the GMAC service area, over half the population (54.2%) does not have dental insurance coverage, a very similar rate as seen in Los Angeles County (51.8%). SPA 4 showed a larger percentage (61.1%).

Absence of Dental Insurance Coverage, 2011

Report Area	Percentage
SPA 2–San Fernando Valley	49.0%
SPA 4–Metro	61.1%
GAMC Service Area	54.2%
Los Angeles County	51.8%

Data source: Los Angeles County Health Survey
Data year: 2011
Source geography: SPA

As of May 2013, there are a total of 8,417 dentists in Los Angeles County, making up over a quarter (26.7%) of dentists in California.

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.[73] Los Angeles County does not meet this criterion, as its ratio is 1,184:1.

Dentist Availability, 2013

Report Area	Number	Population to Dentist Ratio
Los Angeles County	8,417	1,184:1
California	31,559	

Data source: Office of Statewide Health and Planning and Development (OSHPD)
Data year: 2013
Source geography: County

Although the population-to-dentist ratio is not high enough in Los Angeles County to be considered critical, there is still an issue with access to dental care and its associated cost.

[71] 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=32. Accessed [August 2, 2016].

[72] 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=32. Accessed [August 2, 2016].

[73] 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 [August 2, 2016].

Affordability

Often, dental insurance is limited and coverage is minimal, so people have to pay high out-of-pocket costs. In addition, most don't have dental insurance coverage and the cost of dental services is too high and therefore unattainable for the average person.

In the GAMC service area, nearly a third (33.2%) of adults could not afford dental care—including regular check-ups—which is slightly higher when compared to Los Angeles County (30.3%). SPA 4 reported an even higher percentage (37.6%).

In Los Angeles County, there are several options for free or low-cost dental services that are available for children through community clinics and state and county programs. However, many of those entities have fallen victim to budget cuts, which have significantly limited the availability of those services.

In 2015, the percentage of children in the GAMC service area (12.5%) who were unable to afford dental care was slightly higher than Los Angeles County (11.5%). SPA 4's percentage (15.5%) was significantly higher than both the service area and Los Angeles County. The percentage of children (3-17 years old) in the GAMC service area who were unable to afford dental care has increased from 11.8% in 2011 to 12.5% in 2015.

Unable to Afford Dental Care (Adult), 2011, 2015

	Adult	Child[1]
Report Area	**Percentage**	**Percentage**
SPA 2–San Fernando Valley	29.8%	10.3%
SPA 4–Metro	37.6%	15.5%
GAMC Service Area	33.2%	12.5%
Los Angeles County	30.3%	11.5%

Data source: Los Angeles County Health Survey
Data year: 2011, 2015[1]
Source geography: SPA

Disparities

In 2011, most adults in Los Angeles County were unable to afford dental care, regardless of age. However, a larger percentage of adults between the ages of 25 and 29 (38.7%), 30 and 39 (35.0%), and 50 and 59 (33.0%) were unable to afford dental care.

Unable to Afford Dental Care by Age (Adult), 2011, 2015

Age Group	Percentage
3–5 years old[1]	7.4%
6–11 years old[1]	10.5%
12–17 years old[1]	15.1%

Age Group	Percentage
18–24 years old	27.0%
25–29 years old	38.7%
30–39 years old	35.0%
40–49 years old	30.4%
50–59 years old	33.0%
60–64 years old	27.0%
65 years old and older	19.1%

Data source: Los Angeles County Health Survey
Data year: 2011, 2015[1]
Source geography: County

Over a third of African-American (38.0%) and Latino (36.6%) adults were unable to afford dental care, as were over a quarter of Asian/Pacific Islanders (27.3%) and American Indian/Alaskan Native (25.6%) adults and close to a quarter of White (21.0%) adults.

Upon examining differences in ethnicity among children, larger percentages of Latino (12.6%), White (10.6%), and African-American (10.1%) children had a difficult time obtaining dental care because they could not afford it, along with smaller percentages of Asian/Pacific Islander (7.3%) children. Furthermore, data for American Indian/Alaskan Native children were either unavailable or reflected numbers that were too small to report.

Unable to Afford Dental Care by Ethnicity, 2011, 2015

	Adult	Child[1]
Age Group	Percentage	Percentage
Latino	36.6%	12.6%
White	21.0%	10.6%
African-American	38.0%	10.1%
Asian/Pacific Islander	27.3%	7.3%
American Indian/Alaskan Native	25.6%	-

Data source: Los Angeles County Health Survey
Data year: 2011, 2015[1]
Source geography: County

Associated Drivers of Dental Care

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; smoking cessation; decreased alcohol consumption to reduce the risk of oral cancers, perio-dontal disease, and tooth loss; using protective gear when playing sports; and living in a safe physical

environment.[74] In addition, oral health conditions such as periodontal (gum) disease have been linked to diabetes, heart disease, stroke, and premature, low-weight births.[75]

Stakeholder Feedback

Stakeholders identified dental care as one of the biggest unmet health needs in the Glendale community, particularly for children. It may be that dental care is a particular challenge for low-income, uninsured and underinsured residents, as major dental work is often costly and not covered by basic insurance.

Geriatric Support

Older adults have special healthcare needs that can make their medical care more complicated. More than half of adults age 65 and older have 3 or more medical problems, such as heart disease, diabetes, arthritis, Alzheimer's disease, or high blood pressure.[76] Geriatric care requires a team approach to caring for older people and supporting their families and other caregivers, and often deals with medical, social, emotional, and other needs. Some of the health concerns common in older people include incontinence, falls, memory problems, and managing multiple chronic conditions and medications.

To maintain good health and reduce risk of disease and disability, it is important to engage in exercise, maintain good nutrition, receive regular health screenings, maintain vaccines, get enough sleep, and participate in activities of interest.[77]

Overview

Several areas within the GAMC service area have high percentages of adults over 65 compared to the Los Angeles County average (12.3%) and the service area average (16.3%). In these areas, including ZIP codes 91206 (19.2% 65 years of age or older), 91207 (21.9% 65 years of age or older) and 91208 (19.2% 65 years of age or older), nearly one in five residents is 65+ years old.

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 reports very reduced rates of binge drinking (4.2% vs. 15.9%). The 65+ population reports an easier time obtaining medical care when needed (only 9.3% reported this is somewhat or very difficult, compared to 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 to 59.3% of the Los Angeles County resident population.

However, when compared to the Los Angeles County resident population, specific needs among the 65+ population emerge. For example, a larger percentage of the 65+ population has 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 reports participating in low or no physical activity, compared to 34.8% of the general population.

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[74] World Health Organization, Oral health Fact Sheet. Geneva, Switzerland. Available at http://www.who.int/mediacentre/factsheets/fs318/en/index.html. Accessed [August 2, 2016].

[75] Centers for Disease Control and Prevention. *Mental Health and Chronic Diseases*. Available at http://www.cdc.gov/chronicdisease/resources/publications/aag/pdf/2011/Oral-Health-AAG-PDF-508.pdf. Accessed [August 2, 2016].

[76] http://www.healthinaging.org/aging-and-health-a-to-z/topic:geriatrics/ Updated: September 2012. Accessed [August 2, 2016].

[77] https://www.nia.nih.gov/health/featured/healthy-aging-longevity. Accessed [August 2, 2016].

Overview of Health Indicators for Adults over the age of 65, 2015

Health Indicator	Percent Adults (65+ years old)	Percent of LAC 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 Receiving the Social and Emotional Support They Need (i.e., Always or Usually	70.2%	64%
Reported Seeing a Dentist or Visited a Dental Clinic for Any Reason in the Past Year	66.6%	59.3%
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%

Data source: Los Angeles County Health Survey
Data year: 2015
Source geography: County

* Binge drinking for females is drinking 4 or more drinks and males 5 or more drinks on one occasion at least one time in the past month. Heavy drinking is males consuming more than 60 drinks and females more than 30 drinks 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.

Preventive Care

For pneumonia vaccinations, the percentage of residents over the age of 65 in the GAMC service area (65.3%) was slightly higher than the rest of Los Angeles County (62.0%). Both SPA 2 (65.0%) and SPA 4 (65.8%) were slightly higher than average when compared to other service areas and the county.

Similarly, the population residing within GAMC's service area (67.8%) reflected a slightly higher percentage of those receiving influenza vaccines than Los Angeles County (69.0%).

Vaccinations, 2015

Report Area	Pneumonia Vaccination (Age 65+)	Influenza Vaccination (Age 65+)
SPA 2–San Fernando Valley	65.0%	70.6%
SPA 4–Metro	65.8%	64.1%

Report Area	Pneumonia Vaccination (Age 65+)	Influenza Vaccination (Age 65+)
GAMC Service Area	65.3%	67.8%
Los Angeles County	62.0%	69.0%

Data source: Los Angeles County Health Survey
Data year: 2015
Source geography: County

In Los Angeles County, the percentage of the population receiving a mammogram in the past two years indicates a slight increase with each age bracket. Individuals between the ages of 65-74 received the highest percentage of mammograms (82.6%).

Mammogram in the Past Two Years, 2015

Report Area	Ages 50-59	Ages 60-64	Ages 65-74	Overall
Los Angeles County	74.7%	75.4%	82.6%	77.3%

Data source: Los Angeles County Health Survey
Data year: 2015
Source geography: County

Falls

In 2015, the GAMC service area showed a lower percentage of elderly hospitalized from falls (17.8%) than both Los Angeles County (28.0%) and California (28.5%). Regarding changes in routines because of a fall in the past year, GAMC's service area had a lower percentage (31.3%) than either Los Angeles County (33.5%) or California (33.3%). Differences among SPAs were marginal (less than 3%).

In the GAMC service area, fewer physicians/professionals recommended physical therapy or exercise due to falls (79.4%) in comparison to Los Angeles County (83.9%) and California (80.4%). SPA 4 had the lowest percentage (69.8%) out of all service areas described.

A similar pattern emerges when examining the percentage of professionals who reviewed medication after a fall. The GAMC service area (35.9%) was lower than both Los Angeles County (40.2%) and California (33.7%). SPA 4 (29.5%) was significantly lower than the rest of the service areas.

Elderly (65+) Falls in Past Year, 2015

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%
GAMC Service Area	17.8%	31.3%	79.4%	35.9%
Los Angeles County	28.0%	33.5%	83.9%	40.2%

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
California	28.5%	33.3%	80.4%	33.7%

Data source: Los Angeles County Health Survey
Data year: 2015
Source geography: County

Osteoporosis

In the GAMC service area, a higher percentage of adults (58.0%) were diagnosed with osteoporosis than in Los Angeles County (56.7%). SPA 2 showed the highest percentage overall (61.4%) while SPA 4 had the lowest (53.5%).

Percent of Adults (Age 65+) Who Have Been Diagnosed with Osteoporosis, 2011

Report Area	Percent
SPA 2–San Fernando Valley	61.4%
SPA 4–Metro	53.5%
GAMC Service Area	58.0%
Los Angeles County	56.7%

Data source: Los Angeles County Health Survey
Data year: 2011
Source geography: County

Stakeholder Feedback

The proportion of the service area 45-64 and above 65 years is higher than the average for Los Angeles County. Stakeholders in the GAMC service area observed that the aging population is often treated for acute incidents related to Alzheimer's and dementia, but lacks consistent ongoing care for these conditions. Similarly, providers observed that the aging population is susceptible to slips and falls at home resulting in injuries that bring them in to the healthcare system for acute treatment, but they are not always connected with ongoing care after such events. Stroke patients are particularly susceptible to slips and falls resulting in injury.[78] Aging individuals are often isolated and lack access to transportation to health care. Providers recommended targeted outreach and services to this population.

Homelessness and Housing

More than 20 percent of the nation's homeless population is now living in California, an estimated 115,738 people. More than 43,000 of them live in Los Angeles County—the largest concentration in the

[78] Nyberg, Lars and Gustafson, Yngve (1995). "Patient Falls in Stroke Rehabilitation: A challenge to rehabilitation strategies." Stroke, 26:838-842.

United States[79]. Ongoing, dedicated revenue and aggressive State action are critical to effectively addressing this crisis[80].

A homeless individual is defined as "an individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility (e.g., shelters) that provides temporary living accommodations, and an individual who is a resident in transitional housing."[81]

Prevalence

The homeless counts used in this section are for the entire service planning areas (SPAs) that span the service area, and likely provide an overrepresentation of homelessness. In order to best approximate the GMAC service area, the estimated total number of homeless people was calculated by multiplying the number of homeless residents in each service planning area by the percentage of each planning area's population represented in the service area.

An estimated 43,854 homeless reside in Los Angeles County, most of whom were in SPA 4–Metro (26.6%).

Total Homeless, 2016

Report Area	Number	Percent
SPA 2–San Fernando Valley	7,094	16.2%
SPA 4–Metro	11,681	26.6%
GAMC Service Area		20.7%
Los Angeles County	43,854	100.0%

Source: Los Angeles Homeless Services Authority,
Greater Los Angeles Homeless County Report, 2016, SPA

According to the Los Angeles Homeless Services Authority, "homeless individuals" include single adults, adult couples with no children, and groups of adults over the age of 18. Most of the homeless individuals in the GAMC service area were 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, 2016

Report Area	Homeless Individuals		Homeless Families		Homeless Unaccompanied Minors	
	Number	Percent	Number	Percent	Number	Percent
SPA 2–San Fernando Valley	6,045	16.1%	1,030	16.8%	19	15.2%
SPA 4–Metro	10,431	27.7%	1,390	22.7%	39	31.2%
GAMC Service Area	7,931	21.1%	1,185	19.3%	28	22.4%

[79] County of Los Angeles. Office of Countywide Communications. Los Angeles, CA. Available at http://priorities.lacounty.gov/homeless/. Accessed [September 2, 2016].

[80] County of Los Angeles. Office of Countywide Communications. Los Angeles, CA. Available at http://priorities.lacounty.gov/homeless/. Accessed [September 2, 2016].

[81] National Health Care for the Homeless Council. Nashville, TN. Available at: https://www.nhchc.org/faq/official-definition-homelessness/. Accessed: [August 29, 2016].

Report Area	Homeless Individuals		Homeless Families		Homeless Unaccompanied Minors	
	Number	Percent	Number	Percent	Number	Percent
Los Angeles County	37,601	85.7%	6,128	14.0%	125	0.0%

Source: Los Angeles Homeless Services Authority,
Greater Los Angeles Homeless County Report, 2016, SPA

SPA 4–Metro has the 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 rates are equal to or higher than those of the total homeless population in Los Angeles County (29.7%, 22.7%, 1.4% and 16.9%, respectively).

Homeless by Special Population, 2016

Report Area	Mentally Ill		With Substance Abuse Issues		With HIV		Physically Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
SPA 2–San Fernando Valley	2,464	18.9%	2,109	21.2%	151	24.0%	1,478	20.0%
SPA 4–Metro	3,815	29.3%	2,787	28.0%	284	45.2%	2,075	28.0%
GAMC Service Area	3,045	23.4%	2,401	24.2%	208	33.1%	1,735	23.4%
Los Angeles County	13,006	29.7%	9,941	22.7%	629	1.4%	7,401	16.9%

Source: Los Angeles Homeless Services Authority,
Greater Los Angeles Homeless County Report, 2016, 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.[82] 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 those facing housing instability.[83]

Housing

In 2015, the average household income of residents in the GAMC service area ($78,776) was slightly higher than Los Angeles County ($78,309). 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 GAMC service area, more than half of residents spend more than 30% of their monthly income on housing. The ZIP codes most impacted by

[82] 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].

[83] 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.

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 become unstably housed if 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; selected monthly owner costs as a percentage of household income greater than 30%; or gross rent as a percentage of household income greater than 30%.

Housing Conditions, 2010-2014

ZIP Code	Percentage of residents living in substandard housing situation	Percentage of residents whose monthly housing cost exceeds 30% of income
90041	1.7%	49.3%
90042	2.7%	56.2%
90065	2.0%	54.6%
91020	4.5%	50.9%
91201	1.7%	62.5%
91202	1.5%	61.0%
91203	2.3%	66.9%
91204	3.1%	60.9%
91205	3.9%	65.3%
91206	1.9%	58.7%
91207	2.2%	47.9%
91208	1.1%	53.1%
GAMC Service Area	2.4%	57.2%
Los Angeles County	2.1%	56.0%

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

Stakeholder Feedback

Stakeholders associated homelessness in the service area with poverty and a lack of affordable housing. They observed that the only consistent source of care for the homeless population is emergency (911) service, which puts a burden on those services. Because the homeless population suffers 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 incomes on rent (vs. greater investment in healthy food or lifestyle). 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 there are insufficient social service providers in place to connect these families with homeless services. In focus groups, stakeholders also noted that veterans comprise an ever-increasing proportion of the homeless population.

Poverty

In particular, the average household income was significantly lower in ZIP codes 91203 ($61,605), 91204 ($53,876), and 91205 ($50,806). The ZIP codes with the lowest median household income in the service

area were again 91203 ($43,461), 91204 ($38,308), and 91205 ($37,720). The GAMC service area had slightly lower household size (2.7 vs 3.0) and only a marginal difference (1.9 to 1.8 respectively) between populations in the GAMC service area and Los Angeles County.

Household Descriptions, 2015

City	ZIP Code	Est. Average Household Income	Est. Average Household Size	Est. Average Number of Vehicles
Eagle Rock	90041	$83,193	2.7	1.9
Highland Park	90042	$68,120	3.0	1.7
Glassell Park	90065	$69,684	3.1	1.7
Montrose	91020	$87,261	2.5	1.8
Glendale	91201	$65,734	2.8	1.7
Glendale	91202	$87,410	2.6	1.7
Glendale	91203	$61,605	2.6	1.4
Glendale	91204	$53,876	2.7	1.4
Glendale	91205	$50,806	2.6	1.3
Glendale	91206	$82,785	2.5	1.6
Glendale	91207	$111,119	2.6	1.9
Glendale	91208	$123,718	2.6	2.0
GAMC Service Area		$78,776	2.7	1.7
Los Angeles County		$78,309	3.0	1.8

Data source: Nielsen Claritas
Data year: 2015
Source geography: ZIP Code

The following five ZIP codes had the lowest average household incomes in the service area: 90042 ($68,120), 90065 ($69, 684), 91203 ($61,605), 91204 ($53,876) and 91205 ($50,806). The percent of families below poverty in these zip codes were 14.4%, 18.0%, 13.4%, 19.0% and 19.0%. While Highland Park and Glassell Park appear slightly more higher income than some of the lowest-income Glendale communities, the high percentages of families below the poverty line—particularly in Glassell Park—points toward a high degree of socioeconomic disparity within these communities.

The U.S. Census Bureau issues poverty thresholds[84] with the purpose of calculating the number of people living in poverty. [85]

In 2015, a slightly lower percentage of families in the GAMC service area lived below poverty (12.0%) relative to families in Los Angeles County (14.9%). Similarly, the percentage of families living below poverty with children (8.4%) was lower than Los Angeles County (11.7%).

Several areas with a higher concentration of families living below poverty include: two ZIP codes in Glendale 91204 (19.0%), 91205 (19.0%), and 90065—Glassell Park (18.0%). Families with children who were living below poverty were more prevalent in three ZIP codes in Glendale: 91204 (13.8%), 91205 (11.7%), 91203 (11.5%), as well as 90065—Glassell Park (13.0%) and 90042—Highland Park (11.9%).

Poverty, 2015

City	ZIP Code	Families at or Above Poverty	Families at or Above Poverty with Children	Families Below Poverty	Families Below Poverty with Children
Eagle Rock	90041	90.9%	38.8%	9.1%	6.9%
Highland Park	90042	85.6%	42.5%	14.4%	11.9%
Glassell Park	90065	82.0%	39.4%	18.0%	13.0%
Montrose	91020	91.8%	42.7%	8.2%	3.4%
Glendale	91201	87.2%	31.4%	12.8%	9.7%
Glendale	91202	91.3%	30.0%	8.7%	6.0%
Glendale	91203	86.6%	32.8%	13.4%	11.5%
Glendale	91204	81.0%	34.0%	19.0%	13.8%
Glendale	91205	81.0%	34.4%	19.0%	11.7%
Glendale	91206	90.5%	33.9%	9.5%	5.3%
Glendale	91207	94.7%	33.7%	5.3%	3.9%
Glendale	91208	93.5%	43.5%	6.5%	3.2%
GAMC Service Area		88.0%	36.4%	12.0%	8.4%
Los Angeles County		85.2%	41.9%	14.9%	11.7%

Data source: Nielsen Claritas
Data year: 2015
Source geography: ZIP Code

Disparities

Students Receiving Free or Reduced-Price Meals (FRPM)

Student eligibility for Free or Reduced Price School Meal (FRPM) serves as a proxy measure of family poverty, as the federal poverty threshold tends to underestimate the extent of poverty, particularly in high cost areas. Research indicates that families in California can earn two or more times the federal poverty level and still struggle to meet their needs.[86]

[84] Detailed (48-cell) matrix of thresholds varies by family size, number of children, and, for 1- & 2-person units, whether or not elderly. Weighted average thresholds vary by family size and, for 1- & 2-person units, whether or not elderly. There is no geographic variation; the same figures are used for all 50 states and D.C.

[85] United States 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]

[86] As cited on kidsdata.org, *Self-Sufficiency Standard*. (2015). Insight Center for Community Economic Development and Dr. Diana Pearce, *California Family Economic Self-Sufficiency Standard*. Center for Women's Welfare, School of Social Work, University of Washington. Accessed [August 1, 2016].

A child's family income must fall below 130% of the federal poverty guidelines ($31,005 for a family of four in 2014-2015) to qualify for free meals, or below 185% of the federal poverty guidelines ($44,123 for a family of four in 2014-2015) to qualify for reduced price meals.

In 2015, the percentage of children eligible for the Free or Reduced Price School Meal (FRPM) program was 66.6%, which is an increase from 2011 (61.8%). Overall, these percentages are above that for California (58.6%).

Children Eligible for Free or Reduced-Price Lunch, 2015

Report Area	Percentage
Los Angeles County	66.6%
California	58.6%

Data source: California Department of Education (CDE)
Data year: 2015
Source geography: County

Preventive Wellness

Along with access to health care, following preventive practices such as having a regular source of care and timely physical and medical tests is important. Adequate, regular primary care can prevent the development of health problems and maintain positive health conditions.

Health Check-Ups

In 2015, the percentage of residents in the GAMC service area who visited a doctor, nurse, or other health care professional was slightly higher (70.1%) than in Los Angeles County (70.7%). Similarly, there were a higher percentage of individuals residing in the GAMC service area who visited a dentist or a dental clinic (62.8%) than in Los Angeles County (59.3%). In SPA 2, 74.3% of the population visited a doctor, nurse or other health professional and 65.1% saw a dentist or visited a dental clinic in the past year, with both percentages reflecting the highest for the report area.

Visited Health Care Professional in Past Year, 2015

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%
GAMC Service Area	70.1%	62.8%
Los Angeles County	70.7%	59.3%

Data Source: Los Angeles County Health Survey
Data Year: 2015
Source Geography: SPA

Health Activities

Regarding healthy activities directly influencing diet and physical activity, the GAMC service area population indicated a lower percentage of children engaging in physical activity at least one hour a day

(23.3%) than Los Angeles County (26.4%), but was lower than the percentage for the state of California (32.8%).

In addition, teens in the GAMC service area showed a significantly lower percentage (8.2%) who engaged in at least one hour of physical activity when compared to Los Angeles County (12.3%) and California (12.2%). This disparity stems from the low percentage of teens engaging in physical activity in SPA 2 (1.3%).

The percentage of children and teens who ate five or more servings of fruits and vegetables in the past day in the GAMC service area (55.4%) was equal to that in Los Angeles County (55.4%) and higher than that of California (50.7%). In regard to unhealthy food consumption, those residing in the GAMC service area who ate fast food more than once a week showed a slightly lower percentage (38.0%) than the rest of Los Angeles County (42.3%) and California (38.6%).

Soda consumption was significantly lower in the service area (14.5%) than in Los Angeles County (18.2%) and California (20.6%). SPA 4 reflected the lowest percentage of children and teens who consumed soda in the past day (12.4%).

Health Activities Related to Diet and Physical Activity, 2012, 2014

Report Area	Physically Active at Least One Hour Each Day in Last Week[1]		Ate Five or More Servings of Fruits and Vegetables in Past Day[2]	Ate Fast Food More Than Once in the Past Week[1]	Soda Consumption in Past Day[1]
	Children (0-11)	Teens (12-17)	Children and Teens (0-17)	Adults, Teens and Children	Children and Teens (0-17)
SPA 2–San Fernando Valley	22.8%	1.3%	55.9%	36.1%	16.1%
SPA 4–Metro	24.0%	17.3%	54.7%	40.4%	12.4%
GAMC Service Area	23.3%	8.2%	55.4%	38.0%	14.5%
Los Angeles County	26.4%	12.3%	55.4%	42.3%	18.2%
California	32.8%	12.2%	50.7%	38.6%	20.6%

Data Source: California Health Interview Survey 2014[1], 2012[2]
Data Year: 2012, 2014
Source Geography: SPA

Preventable Hospitalizations

Potentially preventable hospitalizations are admissions to a hospital for certain acute illnesses (e.g., dehydration) or worsening chronic conditions (e.g., diabetes) that might not have required hospitalization had these conditions been managed successfully by primary care providers in outpatient settings. 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 help identify potential cost savings associated with reducing these hospitalizations overall and for specific populations.[87]

In 2012, the rate at which preventable hospital events occurred (per 1,000) for individuals over the age of 18 in the GAMC service area (13.5) was higher than the rest of Los Angeles County (11.7). In particular, ZIP codes 91020 (19.0), 91204 (18.2) and 91205 (18.4) showed rates significantly higher than the rest of the GAMC service area.

Preventable Hospital Events Rate per 1,000 Population (18+), 2012

City	ZIP Code	Rate
Eagle Rock	90041	11.0
Highland Park	90042	9.4
Glassell Park	90065	10.9
Montrose	91020	19.0
Glendale	91201	14.5
Glendale	91202	12.7
Glendale	91203	10.0
Glendale	91204	18.2
Glendale	91205	18.4
Glendale	91206	15.2
Glendale	91207	13.5
Glendale	91208	9.5
GAMC Service Area		13.5
Los Angeles County		11.7

Source: California Office of Statewide Health Planning and Development
OSHPD Patient Discharge Data,
Data Year: 2012
Source Geography: ZIP Code

Disparities

Hospitalizations tend to be more costly than outpatient and primary care. Looking at the rates of access to regular sources of care and disparities in these rates of access lends insight into the populations that may be more likely to experience preventable hospitalization.

Have Regular Source of Care, 2015

Report Area	Percent
SPA 2–San Fernando Valley	81.4%
SPA 4–Metro	77.0%
GAMC Service Area	79.5%
Los Angeles County	80.3%

Data Source: Los Angeles County Health Survey
Data Year: 2015
Source Geography: SPA

[87] https://www.cdc.gov/mmwr/preview/mmwrhtml/su6203a23.htm

American Indian/Alaskan Native populations in Los Angeles County have the lowest percentage in terms of having a regular source of care (65.4%). Asians (75.6%) and Latinos (76.9%) also fall below the percent level reflected in Los Angeles County (80.3%).

Have Regular Source of Care, 2015

Ethnicity	Percent
African American	83.8%
American Indian/Alaskan Native	65.4%
Asian	75.6%
Latino	76.9%
White	86.4%
Los Angeles County	80.3%

Data Source: Los Angeles County Health Survey
Data Year: 2015
Source Geography: SPA

In terms of age, individuals between the ages of 25 and 29 reflect the smallest percentage who have a regular source of care (61.8%). Residents of Los Angeles County between the ages of 18 and 24 (71.7%) and 30-39 years old (75.6%) also represent the lower half of the population having a regular source of care.

Have Regular Source of Care, 2015

Age Group	Percent
18-24 years old	71.7%
25-29 years old	61.8%
30-39 years old	**75.6%**
40-49 years old	81.5%
50-59 years old	85.7%
60-64 years old	89.3%
65+ years old	94.2%

Data Source: Los Angeles County Health Survey
Data Year: 2015
Source Geography: SPA

Stakeholder Feedback

Stakeholders observed that the Latino, Asian and Armenian subpopulations in the service area do not have access to, or do not access, primary care providers and other preventive care services. This indicates a need to conduct greater outreach in the communities, and to provide culturally sensitive care that fits the needs and addresses the barriers faced by the service population.

Transportation

Transportation barriers are often cited as barriers to healthcare access. Transportation barriers can lead to rescheduled or missed appointments, delayed care, and missed or delayed medication use. These

consequences may cause poorer management of chronic illness and thus poorer health outcomes. However, the significance of these barriers is uncertain based on existing literature due to wide variability in both study populations and transportation barrier measures[88].

Personal Transportation

Communities including Glendale ZIP codes 91203, 91204 and 91205 have much higher than average rates of "zero cars" when compared to the service area average and Los Angeles County. The average household size for these communities is 2.7 people. In Highland Park and Glassell Park, where approximately 10% of households have zero cars, the average household size is 3 people. These communities are also the communities with the highest rates of poverty. These data point to the likelihood that these communities are highly dependent on public transportation to access grocery stores, work, school and health care.

Number of Vehicles Per Household, 2015

City	ZIP Code	Number of Vehicles Per Household			Average Vehicles Per Household
		Zero Cars	1 Car	2+ Cars	
Eagle Rock	90041	7.7%	32.7%	59.60%	1.9
Highland Park	90042	10.7%	37.2%	52.20%	1.7
Glassell Park	90065	9.2%	36.4%	54.3%	1.7
Montrose	91020	7.5%	35.2%	57.40%	1.8
Glendale	91201	10.2%	35.9%	54.00%	1.7
Glendale	91202	8.7%	36.2%	55.10%	1.7
Glendale	91203	16.4%	41.7%	41.90%	1.4
Glendale	91204	17.5%	42.7%	39.80%	1.4
Glendale	91205	18.3%	42.3%	39.40%	1.3
Glendale	91206	13.5%	37.3%	49.20%	1.6
Glendale	91207	5.8%	30.5%	63.70%	1.9
Glendale	91208	4.7%	33.6%	61.70%	2.0
GAMC Service Area		10.9%	36.8%	52.4%	1.7
Los Angeles County		9.7%	35.2%	35.2%	1.8

Data Source: Nielson Claritas Demographic Data
Data Year: 2015
Source Geography: ZIP

Stakeholder Feedback

Stakeholders acknowledged transportation-related barriers to accessing health care for families in the service area. The principal barriers relate to access to affordable and efficient public transportation. One stakeholder explained, "buses cost $2-3 and if you are a family of 4, that's $8-16 round trip – that's a lot of money." Furthermore, "the frequency and time is not efficient and the [bus] routing is not helpful."

[88] Institute for Health and Research Policy. Traveling towards disease: transportation barriers to health care access. Chicago, IL. Available at: http://www.ihrp.uic.edu/content/traveling-towards-disease-transportation-barriers-health-care-access. Accessed: [September 2, 2016].

Additionally, for families without cars, calling 911 is the most efficient way to access health care quickly, as public transportation is often slow or unpredictable. Finally, for those who are chronically ill and living alone, neither driving one's self to appointments, nor using public transportation, are feasible means of accessing health care.

Violence/Injury/Safety

Injuries can result from many unintentional or intentional events including motor vehicle accidents, falls, job-related accidents, gunshot and blast wounds and sports injuries. Common diagnoses include brain injury, spinal cord injury, amputation, anoxia, and muscular-skeletal injury.[89]. Injuries affect everyone, regardless of age, gender, ethnicity, or economic status[90]. Although injuries are often unavoidable, there are steps that can be taken to lessen the consequences of injuries, including wearing seat belts, violence prevention education, ignition interlock and in-car breathalyzers to prevent drunk driving, pro-active job site safety precautions and regular physical activity[91].

Unintentional Injury

In 2012, the GAMC service area experienced 58 unintentional injuries[92] leading to death. This total accounted for 2.9% of deaths within the service area, a percentage slightly lower than that experienced in Los Angeles County (3.5%) and California (4.4%). In particular, ZIP codes 91203 (8.1%) and90041 (4.4had the highest rates within the GAMC service area.

Unintentional Injuries Leading to Death, 2012

City	ZIP Code	Number	Percent	Rate
Eagle Rock	90041	8	4.4%	2.8
Highland Park	90042	9	3.4%	1.5
Glassell Park	90065	9	3.8%	2.0
Montrose	91020	1	1.4%	1.2
Glendale	91201	3	1.7%	1.4
Glendale	91202	0	0.0%	0.0
Glendale	91203	7	8.1%	5.0
Glendale	91204	3	2.1%	1.9
Glendale	91205	8	3.0%	2.1
Glendale	91206	5	2.0%	1.5
Glendale	91207	1	1.3%	1.1
Glendale	91208	4	3.7%	2.5
GAMC Service Area		58	2.9%	1.9
Los Angeles County		2,060	3.5%	-

[89] Centers for Disease Control and Prevention. (2014). *Injury Prevention and Control*. Atlanta, GA. Available at http://www.cdc.gov/injury/overview/index.html. Accessed [August 2, 2016].

[90] Centers for Disease Control and Prevention. (2014). *Injury Prevention and Control*. Atlanta, GA. Available at http://www.cdc.gov/injury/overview/index.html. Accessed [August 2, 2016].

[91] Centers for Disease Control and Prevention. (2014). *Injury Prevention and Control*. Atlanta, GA. Available at http://www.cdc.gov/injury/overview/index.html. Accessed [August 2, 2016].

[92] Includes unintentional burns, drowning, fall, firearm, and motor vehicle accidents. California Department of Public Health. Last accessed August 30, 2016: http://epicenter.cdph.ca.gov/ReportMenus/CustomTables.aspx

City	ZIP Code	Number	Percent	Rate
California		10,750	4.4%	2.8

Source: California Department of Public Health
Data Year: 2012
Source Geography: ZIP

Teens Perception of Injury

In 2012, the number of teens who received threats of violence or physical harm from their peers was lower in the GAMC service area (10.2%) than in Los Angeles County (14.7%) and California (16.2%). Conversely, the percentage of teens in the Metro service area (21.5%) who received threats was much higher.

In contrast, there were a much higher percentage of teens who feared being attacked at school than those who actually received threats. In particular, the GAMC service area had a higher percentage (20.3%) than Los Angeles County (17.1%) and California (14.3%). Positively, a very low percentage of teens in the GAMC service area (3.0%) felt unsafe in nearby parks or playgrounds during the day.

Teens' Perception of Neighborhood and School Safety, 2012, 2014

Report Area	Received threats of violence or physical harm from peers in past year[1]	Fear of being attacked at school in the past year[1]	Felt unsafe in nearby park or playground during the day[2]
SPA 2–San Fernando	8.7%	21.5%	*
SPA 4–Metro	21.5%	18.7%	7.0%
GAMC Service Area	14.2%	20.3%	3.0%
Los Angeles County	14.7%	17.1%	11.7%
California	16.2%	14.3%	9.5%

Source:
1 California Health interview Survey, 2012, SPA
2 California Health interview Survey, 2014, SPA

Stakeholder Feedback

In focus groups, stakeholders expressed concerns about safety largely linked to transportation and pedestrian access. Distracted drivers causing pedestrian accidents as well as dangerous conditions for bicyclists (tied to a shortage of bike lanes) are principal among the concerns for physical safety, particularly in the more congested areas of South Glendale. Stakeholders also discussed the need for additional services for victims of domestic violence and sexual assault, as budget cuts often impact these services.

VIII. Community-Specific Trends in Health Care Access

During focus group interviews and through survey feedback, Glendale Adventist Medical Center (GAMC) health care providers shared insights concerning sub-geographies and sub-populations facing barriers to access to health care and wellness.

Providers identified the geographic communities located in the central core and South Glendale as communities where economic factors most seriously impact health and access to health care given their overall lower incomes, greater housing density and lower employment rates. The communities defined by Glendale ZIP codes 91204, 91205 and 91203 have significantly below average household incomes, above average or significantly above average unemployment and poverty rates, and significantly below average access to private vehicles.

Two additional sub-geographies—Highland Park (90042) and Glassell Park (90065)—are impacted by low household income, low education (17.3% and 16.9% of the populations, respectively, have below a 9th grade education), and few economic resources to support growing families (based on proportion of families living below the Federal Poverty Line and average birth rate). During focus groups, providers explained that lower-income families and individuals –often concentrated in lower-income communities – experience restricted access to: (affordable) healthy food; recreational spaces and activities; stable and safe housing; sufficient free time (outside of work) to focus on the developmental health of children; available funds to maintain chronic conditions (like diabetes); transportation to health care facilities; more costly office visits (as compared to emergency services more often covered by insurance); and doctors that accept low-cost insurance including Medi-Cal.

Providers also identified specific sub-populations facing unique linguistic, cultural, economic and social barriers to health care. Whereas communities in South Glendale are characterized by largely Indo-European-only speaking households (ZIP codes 91201, 91202, 91203, 91204, 91205, 91206 and 91207), other communities are characterized by large Asian-only speaking households (90041, 91020, and 91203 and 91204) and Spanish-only speaking households (90042 and 90065). As language spoken at home is a key marker of acculturation level, it follows that communities with high concentrations of households speaking foreign languages are also communities whose cultural norms and practices may differ from mainstream American norms and values. During focus groups, health care providers called attention to the need for greater understanding of the cultural norms, values and practices of the ethnic communities in their service area. As one provider explained, “we have so many different cultures in this area. There is a need for education on different cultures: who is here, how do different cultures do things, and what is “normal” to another community.” The importance of recognizing and working across cultural barriers to care was highlighted in providers’ observations that stigma around seeking and receiving medical care or mental health care complicates their efforts to serve the Armenian, Latino and Asian populations in their service area.

It is important to note that a few sub-geographies, including 90042 and 90065 (Spanish-speaking) and 91201, 91203, 91204, and 91205 (Indo-European-speaking) are characterized by both low-income and high proportions of foreign-language speaking households. Providers highlighted that members of these communities may confront additional barriers to care including lack of access to interpreters that can help explain health conditions in culturally responsive ways and serve as guides through the complex process of accessing health care coverage. Providers also mentioned that overall, the service area consists of a large undocumented population that faces barriers accessing social services. One provider explained that serving the undocumented population “is a big problem here.” Another provider

explained that there is a notable population of children of incarcerated parents who face barriers to care because current policies do not allow grandparents or other guardians to authorize care when parents are not available.

IX. Implementation Strategy Evaluation

Following the 2103 CHNA process, Glendale Adventist Medical Center (GAMC) identified four Priority Areas to guide community benefits investments. The four priority areas, including initial goals and evaluation measures are briefly described below. **GAMC's full implementation strategy evaluation report can be found in Appendix F**.

Priority Area 1: Cardiovascular Health - Integrate Patient Education into Cardiovascular Services

Increasing access to and/or number of impactful community educational events providing heart health education and related health screenings was the initial goal for this priority area. Short-term evaluation indicators included the number of sites created for community-based management of heart disease, and community members' ability to monitor their health and disease. In 2015, the Hospital added the goal of improving cardiovascular patients' ED experience through the implementation of a system to more accurately record patients' ED arrival times. Progress related to short-term evaluation indicators is demonstrated by the opening of the Heart and Vascular Institute, monitoring and education for heart failure patients by the Care Transitions Team to reduce readmissions, and the implementation of a green arm band door time process to ensure accurate patient arrival time.

Priority Area 2: Improve Stroke Education and Support

Improvement in cardiovascular health and quality of life through prevention, detection and treatment of risk factors for heart attack and stroke, early identification and treatment of heart attacks and strokes, and prevention of repeat cardiovascular events were the initial goals for this priority area. Short-term evaluation indicators included increasing the proportion of adults who have had their blood pressure measured within the preceding 2 years and can state whether their blood pressure was normal or high, the reach of stroke support groups, the Stroke Medication Management and Education Clinic, impact of stroke awareness and stroke risk assessment activities. Progress related to short-term evaluation indicators is demonstrated by the successful implementation of 57 blood pressure screenings in 2015, ongoing Stroke Support Group activities, and community and patient education by the Neuroscience Institute.

Priority Area 3: Population Health for Chronic Disease

Reducing the illness, disability and number of deaths caused by chronic disease (principally diabetes) among low-income, at-risk and vulnerable populations in the GAMC service area was the initial goal for this priority area. An increase in the healthy behaviors of vulnerable populations, including a special focus on children 0-5 and their family members who may be at risk for chronic disease was selected as the short-term evaluation indicator for this priority area. Progress related to short-term evaluation indicators is demonstrated by program activities including the successful completion of various outreach efforts engaging over 5,000 community members by the GAMC chapter of Choose Health LA Kids.

Priority Area 4: Wellness and Support for Patients Diagnosed with Cancer

Increasing access to colorectal cancer screenings with GAMC's primary service area was the initial goal of this priority area. Short-term evaluation indicators included an increase in the proportion of adults in the service area who receive screenings for cancer, and an increase in the proportion of adults in the service area who receive appropriate care once diagnosed for cancer.

Appendix A—Scorecard

2016 Glendale Collaborative CHNA - Health Needs and Drivers Summary Scorecard

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 levels: CA - California LAC - LA County

	Year of Data	Healthy People 2020 Target	Comparison Level	Comparison	GAMC Service Area Average	GMHHC Service Area Average	USC- VHH Service Area Average	Focus Group**
HEALTH OUTCOMES								
Alcohol and Substance Abuse								*
Percent of adults and teens who are currently smoking^	2014		LAC	10.0%	**11.7%**	**12.0%**	**11.6%**	
Percent of adults 18 and older who reported alcohol use in the past month^	2015		LAC	51.9%	51.7%	50.0%	53.0%	
Percent of adults 18 and older who reported binge drinking in the past month^	2015		LAC	15.9%	15.7%	**16.0%**	15.1%	
Breast Cancer								
Breast cancer mortality per 100,000 females†	2008		LAC	21.2	**28.9**	**25.9**	**30.0**	
Cancer								*
Cancer deaths †	2012		CA	57,514	520	859	918	
Cardiovascular Disease								*
Percent of heart disease prevalence^	2014		LAC	5.7%	3.6%	3.0%	4.5%	
Heart disease deaths †	2012		CA	59,052	544	932	985	
Heart disease mortality rate per 10,000 persons†	2012		CA	15.5	**19.1**	**18.3**	**20.0**	
Cholesterol								
High cholesterol prevalence	2015		LAC	25.2%	25.2%	25.0%	25.1%	
Diabetes								*
Diagnosed with diabetes^	2015		LAC	9.8%	9.7%	**10.0%**	9.0%	
Mortality Rate per 10,000 persons^	2012		CA	2.1	2.1	2.1	**2.3**	
Diabetes deaths †	2012		CA	7,877	64	123	133	
HIV/AIDS								
Rate of HIV hospitalizations per 100,000 pop.†	2010		CA	11.0	8.8	**15.6**	7.0	
Infant Birth								
Number of infants with low birth weight (1500-2499 grams)†	2012		CA	28,034	203	330	336	
Number of infants with very low birth weight (<1500 grams)†	2012		CA	5,689	56	77	74	

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2016 Glendale Collaborative CHNA - Health Needs and Drivers Summary Scorecard

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 levels: CA - California LAC - LA County

	Year of Data	Healthy People 2020 Target	Comparison Level	Comparison	GAMC Service Area Average	GMHHC Service Area Average	USC- VHH Service Area Average	Focus Group**
Mental Health								*
Rate of adult hospitalizations per 100,000 pop.†	2012		LAC	677.0	**774.5**	629.6	**847.0**	
Rate of suicides per 10,000 pop.†	2012	<=1.0	CA	1.0	1.0	0.8	1.0	
Obesity/Overweight								*
Percent of adults who are obese^	2014	<=30.5%	LAC	23.5%	20.8%	21.0%	20.3%	
Overweight for age youth^	2014		LAC	13.1%	12.0%	**14.5%**	11.5%	
Sexually Transmitted Diseases								*
Chlamydia incidence per 100,000 pop.^	2013		LAC	512.9	434.7	474.9	376.5	
Stroke								*
Stroke mortality per 10,000 pop. ^	2012		CA	3.5	**3.7**	**4.6**	**4.3**	
HEALTH DRIVERS								
Alcohol and Substance Use								*
Alcohol outlets (active off-sale retail licenses) (e.g. liquor stores, grocery stores) †	2016		LAC	6,370	211	352	300	
Cultural Competency								
Percent who have a hard time understanding doctor^	2014		LAC	3.2%	2.7%	3.0%	2.6%	
Dental Care Access								*
Percent of adults 18 and older who do not have dental insurance^	2011		LAC	51.8%	**54.2%**	**56.0%**	51.6%	
Percent of children (3-17 years old) who were unable to afford dental care ^	2014		LAC	11.5%	**12.5%**	**13.0%**	11.2%	
Health Care Access								*
Percent of adults 18 and older who are uninsured^	2014		LAC	16.1%	**19.6%**	**21.0%**	**17.4%**	
Percent of children who are uninsured^	2014		LAC	4.4%	2.6%	3.0%	2.8%	
Mental Health Care Access								
Unable to afford mental health care	2011		LAC	6.1%	**6.7%**	**7.0%**	**6.5%**	
Homelessness								*
Number of homeless persons^	2016		LAC	43,854	9,066	9,745	7,302	
Physical Environment								*
Open space (square miles) per 10,000 pop.†	2013		CA	21.0	**0.3**	**2.5**	**2.9**	

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2016 Glendale Collaborative CHNA - Health Needs and Drivers Summary Scorecard

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 levels: CA - California LAC - LA County

	Year of Data	Healthy People 2020 Target	Comparison Level	Comparison	GAMC Service Area Average	GMHHC Service Area Average	USC- VHH Service Area Average	Focus Group**

FOOTNOTES
* = health need identified during focus groups

GLENDALE ADVENTIST MEDICAL CENTER SERVICE AREA:
90041 (Eagle Rock, SPA 4)
91201 (Glendale, SPA 2)
91202 (Glendale, SPA 2)
91203 (Glendale, SPA 2)
91204 (Glendale, SPA 2)
91205 (Glendale, SPA 2)
91206 (Glendale, SPA 2)
91207 (Glendale, SPA 2)
91208 (Glendale, SPA 2)
91020 (Montrose, SPA 2)
90065 (Glassell Park, SPA 4)
90042 (Highland Park, SPA 4)

GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER SERVICE AREA:
90041 (Eagle Rock, SPA 4)
90042 (Tujunga, SPA 2)
91201 (Glendale, SPA 2)
91202 (Glendale, SPA 2)
91203 (Glendale, SPA 2)
91204 (Glendale, SPA 2)
91205 (Glendale, SPA 2)
91206 (Glendale, SPA 2)
91207 (Glendale, SPA 2)
91208 (Glendale, SPA 2)
90065 (Glassell Park, SPA 4)
90042 (Highland Park, SPA 4)
91214 (La Crescenta, SPA 2)
91042 (Tujunga, SPA 2)
90039 (Griffith Park, SPA 4)
90026 (Hollywood, SPA 4)
90029 (Hollywood, SPA 4)

USC VERDUGO HILLS HOSPITAL SERVICE AREA:
90041 (Eagle Rock, SPA 4)
90042 (Tujunga, SPA 2) (NEW TO UVHH)
91001 (Altadena , SPA 3) (NEW TO UVHH)
91011 (La Canada/Flintridge ,SPA 3)
91020 (Montrose, SPA 2)
91040 (Sunland, SPA 2)
91042 (Tujunga), SPA 2)
91046 (Verdugo City, SPA 2)
91103 (Pasadena, SPA 3)
91105 (Pasadena , SPA 4) (NEW TO UVHH)
91201 (Glendale, SPA 2)
91202 (Glendale, SPA 2)
91203 (Glendale, SPA 2)
91204 (Glendale, SPA 2)
91205 (Glendale, SPA 2)
91206 (Glendale, SPA 2)
91207 (Glendale, SPA 2)
91208 (Glendale, SPA 2)
91214 (La Crescenta, SPA 2)
91342 (Sylmar , SPA 2) (NEW TO UVHH)

Appendix B— Primary Data Gathering Tools

GLENDALE HOSPITALS – 2016 COMMUNITY HEALTH NEEDS ASSESSMENT
FOCUS GROUP QUESTIONS

1. Please introduce yourself and your organization (15 to 20 secs max.)

2. *Small Group Discussion 1:* important factors for a healthy community

    a. What are the most important health problems or needs in our community?

    b. What are some of the drivers, conditions influencing health conditions in the community?

    c. Which populations or particular neighborhoods within the community are most affected by these needs, or where the needs are most acute or prevalent?

3. *Small Group Discussion 1:* report-out and consultants take notes on flip charts

4. *Small Group Discussion 2:* assets, gaps and barriers in the community

    a. What kinds of resources or assets exist to address these needs? What are particular strengths or assets in Glendale that contribute to community health?

    b. What kinds of gaps in service are you aware of?

    c. What are the major barriers to improving the health/quality of life in Glendale?

5. *Small Group Discussion 2:* report-out and consultants take notes on flip charts

6. What else is important for us to know about your organization or the community you serve?

Glendale Hospitals
2016 Community Health Needs Assessment
Prioritization Community Forum: Discussion Questions

Please complete the table below based on the data presented today, along with your experience in the community on which issues impact the community most and how.

Health Need / Issue	Specific Geography Impacted (Specify)	Specific Populations Impacted (Specify)	Which organizations or specific programs are focused on this need?	Gaps in Resources (Specify)

GLENDALE HOSPITALS – 2016 COMMUNITY HEALTH NEEDS ASSESSMENT PRIORITIZATION SURVEY

The Center for Nonprofit Management (CNM) is conducting the 2016 Community Health Needs Assessment (CHNA) for Glendale Adventist Medical Center, Dignity Health Glendale Memorial Hospital and USC Verdugo Hills Hospital and we need your help. In April 2016, CNM and the Glendale hospitals convened more than 80 people from the community to obtain input on important local and regional health issues, gaining valuable insights about the communities served by the three 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. 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 Glendale Memorial Hospital and USC Verdugo Hills Hospital in developing strategies for their Community Benefits Plans.

Please complete this survey by 5 pm, Wednesday, June 15, 2016. 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.

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/communitiesbelow. (Select all that apply.)

- ☐ Glendale Adventist Medical Center
- ☐ Dignity Health Glendale Memorial Hospital
- ☐ USC Verdugo Hills Hospital
- ☐ Altadena
- ☐ Eagle Rock
- ☐ Glassell Park
- ☐ Glendale
- ☐ Griffith Park
- ☐ Highland Park
- ☐ Hollywood
- ☐ La Canada/Flintridge
- ☐ La Crescenta
- ☐ Los Feliz
- ☐ Montrose
- ☐ Pasadena
- ☐ Sunland
- ☐ Sylmar
- ☐ Tujunga
- ☐ Verdugo City

2016 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?	○	○	○	○	○
CHANGE OVER TIME - Has the health need improved or is it getting worse over time?	○	○	○	○	○
RESOURCES - The availability of community resources and assets to address this health need.	○	○	○	○	○
COMMUNITY READINESS- Community readiness to effectively implement and support programs to address this health need.	○	○	○	○	○

4. Cardiovascular Disease

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

5. Communicable/Infectious Diseases

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

6. Diabetes

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

7. Mental Health

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

8. Obesity

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

9. Sexual Health/STDs

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

10. Stroke

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

2016 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?	○	○	○	○	○
CHANGE OVER TIME - Has the health need improved or is it getting worse over time?	○	○	○	○	○
RESOURCES - The availability of community resources and assets to address this health need.	○	○	○	○	○
COMMUNITY READINESS- Community readiness to effectively implement and support programs to address this health need.	○	○	○	○	○

12. Dental Care

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

13. Geriatric Support

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

14. Homelessness and Housing

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

15. Poverty

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

16. Preventative Wellness

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

17. Substance Abuse

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

18. Transportation

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

19. Violence/Injury/Safety

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

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:

21. Please indicate if you attended the CHNA Prioritization Session on May 24, 2016

☐ Yes, I attended the CHNA Prioritization Session on May 24, 2016

☐ No, I was not able to attend the session

Thank you for your participation in the 2016 Community Health Needs Assessment.
(If completing this survey online, please click "Done" to submit your responses.)

Community Health Needs Assessment
Prioritization Criteria Scale

SEVERITY

1 (Not Severe)	2 (Moderately Severe)	3 (Severe)	4 (Very Severe)
The community is slightly impacted and the health need does not generally impact the lives of those affected by it.	The community is slightly impacted and the health need slightly impacts the lives of those affected by it.	The community is greatly impacted but the health need does not generally impact the lives of those affected by it.	The community is greatly impacted and the health need greatly impacts the lives of those affected by it.

CHANGE OVER TIME

1 (Great Improvements)	2 (Moderate Improvements)	3 (No improvements)	4 (Getting Worse)
The health need has greatly improved and will likely continue to improve in the future.	The health need has remained the same will either stay the same or improve in the future.	The health need has remained the same but will likely get worse in the future.	The health need has gotten worse and will likely continue to do so.

RESOURCES

1 (Vast Resources)	2 (Moderate Resources)	3 (Gaps in Resources)	4 (Serious Shortage of Resources)
There are extensive resources in the community that address this health need and community members are aware of them.	There are moderate resources in the community that address this health need but not many community members are aware of them.	There are few resources in the community to address this health need but there is a potential to leverage existing resources to create interventions.	There are little to no resources available in the community to address this health need and no existing resources to create interventions.

COMMUNITY'S READINESS TO SUPPORT

1 (Not Supportive)	2 (Somewhat Supportive)	3 (Supportive)	4 (Extremely Supportive)
Community is not ready to address the issue.	Community is interested in the issue, but unlikely to be able to support efforts.	Community is supportive, but has limited ability to effectively implement programs.	Community is ready to effectively implement programs to address this need.

Appendix C—Stakeholders

Last Name	First Name	Organization	Area of Expertise	Focus Group Participation	Prioritization Forum Participation
Alvarez	Frank	Los Angeles County Department of Public Health, SPA 1 & 2	Public Health	4/7/2016	5/24/2016
Avedissian	Knar	Armenian Relief Society, Sepan Chapter	Armenian Community and Services	4/5/2016	
Bigay	Patricia	Blue Shield of California	Health Care Access		5/24/2016
Boghossian	Raffi	USC Verdugo Hills Hospital	Intensive Care	4/5/2016	5/24/2016
Brooks	Debra	Dignity Health Glendale Memorial Hospital	Cardiovascular/Neurology	4/7/2016	
Bulanikian	Onnig	Glendale Community Services and Parks	Community Services and Youth	4/5/2016	5/24/2016
Cambaliza	Jordan	Los Angeles County Department of Public Health	Health Education		5/24/2016
Carranza	Socorro	Dignity Health Glendale Memorial Hospital	Outpatient Registered Dietician & Diabetes Educator	4/7/2016	
Carrillo	Moises	City of Glendale	Senior Community Development	4/5/2016	
Contreras	Sandy	The Campbell Center	Adult Developmental Disabilities	4/5/2016	
Duncan	Laura	Ascencia	Homeless Services		5/24/2016
Duroff	Deb	Dignity Health Glendale Memorial Hospital	Business Development Strategies	4/7/2016	
Emmett	Andrew	American Cancer Society	Marketing and Community Engagement	4/5/2016	
Engel	Sam	Boy Scouts of America Verdugo Hills Council	Community Outreach		5/24/2016
Farina	Ron	American Red Cross--Glendale chapter	Human Services	4/7/2016	
Filipian	Marie	Dignity Health Glendale Memorial Hospital	Community Relations	4/5/2016	5/24/2016
Fish	Gregory	Glendale Fire Department	Chief, Fire Department and First	4/5/2016	

Last Name	First Name	Organization	Area of Expertise	Focus Group Participation	Prioritization Forum Participation
			Responder		
Gonzalez	Karyna	YWCA of Glendale	Domestic Violence	4/7/2016	
Hernandez	Albert	Family Promise of the Verdugos	Nonprofits / Homeless		5/24/2016
Herron	Wayne	Dignity Health Glendale Memorial Hospital	Philanthropy	4/5/2016	
Hill	Andaye	Glendale Adventist Medical Center	Community Services - Health	4/7/2016	
Hines	Julianne	Planned Parenthood, Pasadena & San Gabriel Valley	Public Policy and Health Education		5/24/2016
Judge	Emelyn	Glendale Community College	Nursing	4/5/2016	
Karinski	Edna	Community Foundation of the Verdugos	Philanthropy	4/7/2016	
Kendall	Judee	Glendale Chamber of Commerce	Business and Community Relations	4/5/2016	
Khnojayan	Seda	City of Glendale	Community Status of Women		5/24/2016
Komuro	Natalie	Ascencia	Homeless Services	4/7/2016	
Kossakian	Talar	California State University, Northridge	Public Health	4/7/2016	
Law	Sharon	Didi Hirsch Mental Health Services	Mental Health	4/5/2016	
Leuken	Mark	Dignity Health Glendale Memorial Hospital	Quality Management	4/7/2016	
Loftus	Sylvia	Glendale Community Free Health Clinic	Free Clinic Services	4/7/2016	
Lynch	Kathy	Wellness Works	Therapist/Wellness for Veterans	4/7/2016	
Macias	Mireya	American Diabetes Association	Diabetes and Community Outreach		5/24/2016
Mathewsian	Nairi	Didi Hirsch Mental Health Services	Mental Health		5/24/2016
Matinyan	Narine	Partners in Care Foundation (PICF)	Health Services		5/24/2016
McCarty	Cassie	Dignity Health Glendale Memorial Hospital	Mission/Spiritual Care	4/5 and 4/7/2016	5/24/2016
Mettler	Markus	Healthcare Management Services	Healthcare Management	4/5/2016	5/24/2016
Mikailian	Arin	Glendale News Press	Glendale Community, Press		
Miller	Denise	Glendale Adventist Medical Center	Seniors, Employees, Policy and Regulation		5/24/2016

Last Name	First Name	Organization	Area of Expertise	Focus Group Participation	Prioritization Forum Participation
Momjian	Manuel	Armenian American Medical Society	Family Medicine	4/7/2016	
Moradian	Claud	Los Angeles County Department of Public Health, SPA 1 & 2	Public Health	4/7/2016	5/24/2016
Moreno	Francisco	Partners in Care Foundation	Healthcare Transitions	4/5/2016	
Mozian	Rita	Los Angeles County Department of Public Health, SPA 1 & 2	Public Health		5/24/2016
Murphy	Theresa	USC Verdugo Hills Hospital	Acute Health Care	4/5/2016	5/24/2016
Nelson	Bruce	Glendale Adventist Medical Center	Health Promotion and Community Development	4/5/2016	
Paddock	Nina	Pacific Clinics	Child Health and Public Health	4/7/2016	5/24/2016
Pastrano	Michelle	Health Services Advisory Group	Care Coordination	4/7/2016	5/24/2016
Peters	Tim	Door of Hope	Homeless Services and Domestic Violence	4/5/2016	
Peters	Nicole	Door of Hope	Homeless Services and Domestic Violence		5/24/2016
Povilaitis	Carl	Glendale Police Department	Division Captain, Law Enforcement and First Responder	4/7/2016	
Powers	Christine	City of Glendale	Local Government	4/5/2016	5/24/2016
Pyzow	Cecilia	USC Verdugo Hills Hospital	Business Development		5/24/2016
Reyes	Toni	Glendale Community College	Student Perspective	4/7/2016	
Rice	Teri	USC Verdugo Hills Hospital	Family Education		5/24/2016
Rivera	Martha	Glendale Adventist Medical Center	Community Outreach	4/5/2016	
Round	George	USC Verdugo Hills Hospital	Clinical Data	4/7/2016	
Saikali	George	YMCA of Glendale	Community Health	4/7/2016	
Salmasian	Emma	Armenian Relief Society, Sepan Chapter	Armenian Community and Services	4/5/2016	
Schaefer	Ana-Marie	YMCA of the Foothills	Healthy Living	4/5/2016	
Schlatter	Jason	Glendale Communities Initiative	Poverty and Stakeholder Engagement	4/5/2016	5/24/2016
Townsend	Sharon	Glendale Healthy Kids	Children's Health	4/7/2016	5/24/2016

Last Name	First Name	Organization	Area of Expertise	Focus Group Participation	Prioritization Forum Participation
Tweedy	Craig	Glendale Police Department	Sergeant, Law Enforcement and First Responder	4/7/2016	
Williams	Andrea	YWCA	Development	4/5/2016	
Zakarian	Salpi	Dignity Health Glendale Memorial Hospital	Chronic Disease Management	4/7/2016	

Appendix D—Data Sources

Category	Indicator	Data Source	Geography	Benchmark
Demographic Overview	Estimated Population	Nielsen Claritas, 2015	ZIP Code	County Average
Demographic Overview	Gender	Nielsen Claritas, 2015	ZIP Code	County Average
Demographic Overview	Age Distribution	Nielsen Claritas, 2015	ZIP Code	County Average
Demographic Overview	Median and Average Age	Nielsen Claritas, 2015	ZIP Code	County Average
Demographic Overview	Race/Ethnicity	Nielsen Claritas, 2015	ZIP Code	County Average
Demographic Overview	Language Spoken at Home	Nielsen Claritas, 2015	ZIP Code	County Average
Demographic Overview	Educational Attainment	Nielsen Claritas, 2015	ZIP Code	County Average
Demographic Overview	Marital Status	Nielsen Claritas, 2015	ZIP Code	County Average
Demographic Overview	Household Income	Nielsen Claritas, 2015	ZIP Code	County Average
Demographic Overview	Employment Status	Nielsen Claritas, 2015	ZIP Code	County Average
Demographic Overview	Percentage of Households Earned Below 100% FPL	California Health Interview Survey, 2015	SPA Level	County Average
Demographic Overview	Percentage of Households Earned Below 200% FPL	California Health Interview Survey, 2015	SPA Level	County Average
Demographic Overview	Children Eligible for Free or Reduced-Price Lunch	California Department of Education (CDE), 2015	Los Angeles County	State Average

Category	Indicator	Data Source	Geography	Benchmark
Natality	Births	California Department of Public Health, 2012	ZIP Code	State Total
Natality	Births by Mother's Age	California Department of Public Health, 2012	ZIP Code	County Average
Natality	Births by Mother's Ethnicity	California Department of Public Health, 2012	ZIP Code	County Average
Natality	Birth Weight	California Department of Public Health, 2012	ZIP Code	County Average
Natality	Breastfeeding at Least 6 Months	Los Angeles County Health Survey, 2015	SPA Level	County Average
Natality	Breastfeeding at Least 12 Months	Los Angeles County Health Survey, 2015	SPA Level	County Average
Disability	Disability Status Due To Physical, Mental Or Emotional Condition, Adults	California Department of Public Health, 2014	SPA Level	County Average
Disability	Adults Who Have Provided Care or Assistance to Another Adult In The Past Month	Los Angeles County Health Survey, 2011	SPA Level	County Average
Disability	Children 0–17 Years old with Special Health Care Needs	Los Angeles County Health Survey, 2015	SPA Level	County Average
Disability	Children 0 to 17 Years old with Special Health Care Needs by Age	Los Angeles County Health Survey, 2015	County Average	County Average
Mortality	Total Deaths	California Department of Public Health (CDPH), 2012	ZIP Code	County Average
Mortality	Total Deaths, by Age Group	California Department of Public Health (CDPH), 2010, 2012	ZIP Code	County Average
Mortality	Total Deaths, by Cause,	California Department of Public Health (CDPH), 2010, 2012	ZIP Code	County Average
Alcohol and Substance Abuse and Tobacco Use	Adult Alcohol Use in the Past Month	Los Angeles County Health Survey, 2015	SPA Level	County Average

Category	Indicator	Data Source	Geography	Benchmark
Alcohol and Substance Abuse and Tobacco Use	Number of Alcohol Outlets per 1,000 Persons	California Department of Alcoholic Beverage Control (ABC), 2016	ZIP Code	County Average
Alcohol and Substance Abuse and Tobacco Use	Adults Who Reported Misusing Any Form of Prescription Drugs in the Past Year	Los Angeles County Health Survey, 2015	SPA Level	County Average
Alcohol and Substance Abuse and Tobacco Use	Adults Who Reported Using Any Form of Marijuana in the Past Year1	Los Angeles County Health Survey, 2015	SPA Level	County Average
Alcohol and Substance Abuse and Tobacco Use	Teens Who Have Ever Tried Marijuana, Cocaine, Sniffing Glue, Other Drugs	Los Angeles County Health Survey, 2012	SPA Level	County Average
Alcohol and Substance Abuse and Tobacco Use	Needed or Wanted Treatment for Alcohol or Drug Issues in the Past Five Years	Los Angeles County Health Survey, 2011	SPA Level	County Average
Alcohol and Substance Abuse and Tobacco Use	Needed Help for Mental, Emotional, or Alcohol/Drug Issues	Los Angeles County Health Survey, 2011	SPA Level	County Average
Alcohol and Substance Abuse and Tobacco Use	Currently Smoking	Los Angeles County Health Survey, 2015	SPA Level	County Average
Alcohol and Substance Abuse and Tobacco Use	Tobacco Use by Age	Los Angeles County Health Survey, 2015	County Average	County Average
Alcohol and Substance Abuse and Tobacco Use	Tobacco Use by Ethnicity	Los Angeles County Health Survey, 2015	County Average	County Average
Cancer	Top 10 Cancer Sites Rates	Centers for Disease Control, United States Cancer Statistics (USCS), 2013	County Average	County Average
Cancer	Volume of Cancer Surgeries Performed	Office of Statewide Health Planning and Development (OSHPD), 2014	Hospital Level	County Average

Category	Indicator	Data Source	Geography	Benchmark
Cancer	Cervical cancer screening (pap smear) in last 3 years	Los Angeles County Health Survey, 2015	SPA Level	County Average
Cancer	Breast cancer screening (mammogram) in the last 2 years	Los Angeles County Health Survey, 2015	SPA Level	County Average
Cancer	Total Cancer-Related Deaths	California Department of Public Health, 2012	ZIP Code	State Average
Cancer	Top 10 Cancer Sites Rates per 100,000 pop., by Race	Centers for Disease Control, United States Cancer Statistics (USCS), 2013	County Average	County Average
Cardiovascular Disease	Heart Disease Prevalence	Los Angeles County Health Survey, 2014	SPA Level	County Average
Cardiovascular Disease	Heart Disease Management	Los Angeles County Health Survey, 2014	SPA Level	County Average
Cardiovascular Disease	Hospitalizations Resulting from Heart Failure	Office of Statewide Health Planning and Development (OSHPD), 2012	ZIP Code	County Average
Cardiovascular Disease	Heart Disease Mortality	California Department of Public Health (CDPH), 2012	ZIP Code	State Average
Cardiovascular Disease	Cholesterol Prevalence	Los Angeles County Health Survey, 2015	SPA Level	County Average
Cardiovascular Disease	Cholesterol Management	California Health Interview Survey, 2014	SPA Level	County Average
Cardiovascular Disease	Hypertension Prevalence	Los Angeles County Health Survey, 2015	SPA Level	County Average
Cardiovascular Disease	Hypertension Management	Los Angeles County Health Survey, 2014	SPA Level	County Average
Cardiovascular Disease	Hypertension Mortality	California Department of Public Health (CDPH), 2012	ZIP Code	County Average

Category	Indicator	Data Source	Geography	Benchmark
Cardiovascular Disease	Hypertension Prevalence by Age	Los Angeles County Health Survey, 2015	County Average	County Average
Cardiovascular Disease	Hypertension Prevalence by Ethnicity	Los Angeles County Health Survey, 2015	County Average	County Average
Cardiovascular Disease	Cholesterol Prevalence by Age	Los Angeles County Health Survey, 2015	County Average	County Average
Communicable and Infectious Diseases	Hepatitis B Prevalence	Los Angeles County Department of Public Health, Acute Communicable Disease Control Program, Annual Morbidity Report and Special Studies Report, 2013	SPA Level	County Average
Communicable and Infectious Diseases	Proportion of Tuberculosis Cases by Service Planning Area	Los Angeles County Department of Public Health, Acute Communicable Disease Control Program, Annual Morbidity Report and Special Studies Report, 2013	SPA Level	County Average
Diabetes	Diabetes Prevalence	Los Angeles County Health Survey, 2015	SPA Level	County Average
Diabetes	Diabetes Management	California Health Interview Survey, 2014	SPA Level	County Average
Diabetes	Diabetes Hospitalizations (Youth)	Office of Statewide Health Planning and Development (OSHPD), 2012	ZIP Code	State Average
Diabetes	Diabetes Hospitalizations (Adults)	Office of Statewide Health Planning and Development (OSHPD), 2012	ZIP Code	State Average
Diabetes	Hospitalizations Resulting from Uncontrolled Diabetes	Office of Statewide Health Planning and Development (OSHPD), 2012	ZIP Code	State Average

Category	Indicator	Data Source	Geography	Benchmark
Diabetes	Diabetes Mortality	California Department of Public Health (CDPH), 2012	ZIP Code	State Average
Diabetes	Diabetes Prevalence by Age	Los Angeles County Health Survey, 2015	County Average	County Average
Diabetes	Diabetes Prevalence by Ethnicity	Los Angeles County Health Survey, 2015	County Average	County Average
Mental Health	Unhealthy Days Resulting from Poor Mental Health	Los Angeles County Health Survey, 2015	SPA Level	County Average
Mental Health	Adults with Serious Psychological Distress in the Last Year	California Health Interview Survey (CHIS), 2014	SPA Level	County Average
Mental Health	Adequate Social and Emotional Support	Los Angeles County Health Survey, 2015	SPA Level	County Average
Mental Health	Anxiety Prevalence	Los Angeles County Health Survey, 2011	SPA Level	County Average
Mental Health	Depression Prevalence	Los Angeles County Health Survey, 2015	SPA Level	County Average
Mental Health	Alcohol- and Drug-Induced Mental Illness Rate	Office of Statewide Health Planning and Development (OSHPD), 2012	ZIP Code	State Average
Mental Health	Needed Help for Mental, Emotional, or Alcohol/Drug Issues	Los Angeles County Health Survey, 2011	SPA Level	County Average
Mental Health	Mental Health Hospitalization Rate per 100,000 persons	Office of Statewide Health Planning and Development (OSHPD), 2012	ZIP Code	State Average
Mental Health	Suicide Rate	California Department of Public Health (CDPH), 2012	ZIP Code	State Average
Mental Health	Depression Prevalence by Age	Los Angeles County Health Survey, 2015	County Average	County Average
Mental Health	Depression Prevalence by Ethnicity	Los Angeles County Health Survey, 2015	County Average	County Average

Category	Indicator	Data Source	Geography	Benchmark
Obesity/Overweight	Overweight Adults (Age 18+)	Los Angeles County Health Survey, 2015	SPA Level	County Average
Obesity/Overweight	Obese Adults (Age 18+)	Los Angeles County Health Survey, 2015	SPA Level	County Average
Obesity/Overweight	Overweight or Obese Population (Age 12+)	California Health Interview Survey, 2012	SPA Level	County Average
Obesity/Overweight	Children Overweight for Age (Age 0-11)	California Health Interview Survey, 2012	SPA Level	County Average
Obesity/Overweight	Percent Overweight	California Health Interview Survey, 2009	ZIP Code	County Average
Obesity/Overweight	Percent Obese	California Health Interview Survey, 2009	ZIP Code	County Average
Obesity/Overweight	Overweight/Obesity Prevalence by Age	Los Angeles County Health Survey, 2015	County Level	County Average
Obesity/Overweight	Overweight/Obesity Prevalence by Ethnicity	Los Angeles County Health Survey, 2015	County Level	County Average
Sexual Health / Sexually Transmitted Diseases	More than one sexual partner in the past 12 months	California Health Interview Survey, 2012	ZIP Code	County Average
Sexual Health / Sexually Transmitted Diseases	Have ever been tested for HIV – Adults	California Health Interview Survey, 2014	ZIP Code	County Average
Sexual Health / Sexually Transmitted Diseases	Chlamydia Incidence per 100,000	California Health Interview Survey, 2013	ZIP Code	County Average
Sexual Health / Sexually Transmitted Diseases	Gonorrhea Incidence per 100,000	California Health Interview Survey, 2013	ZIP Code	County Average
Sexual Health / Sexually Transmitted Diseases	HIV Hospitalizations per 100,000 Population	Office of Statewide Health Planning and Development, 2010	ZIP Code	State Average

Category	Indicator	Data Source	Geography	Benchmark
Stroke	Stroke Prevalence (Age 65+)	California Health Interview Survey, 2012	SPA Level	County Average
Stroke	Stroke Mortality Rate per 10,000 Adults	California Department of Public Health, Death Statistical Master File, 2012	ZIP Code	State Average
Access to Healthcare	Medicare Beneficiaries	Managed Risk Medical Insurance Board, 2012	ZIP Code	County Average
Access to Healthcare	Medi-Cal Enrollment	California Department of Health Care Services (DHCS), 2011	ZIP Code	County Average
Access to Healthcare	Healthy Families Enrollment	California Department of Health Care Services (DHCS), 2012	ZIP Code	County Average
Access to Healthcare	Federally Qualified Health Centers	U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), 2012	SPA Level	County Average
Access to Healthcare	Uninsured Adults	Los Angeles County Health Survey, 2014	SPA Level	County Average
Access to Healthcare	Uninsured Children	Los Angeles County Health Survey, 2011	SPA Level	County Average
Access to Healthcare	Uninsured Population	California Health Interview Survey, 2012	ZIP Level	County Average
Access to Healthcare	Lack of a Consistent Source of Primary Care for Adults	Los Angeles County Health Survey, 2015	SPA Level	County Average
Access to Healthcare	Difficulty Accessing Medical Care	Los Angeles County Health Survey, 2015	SPA Level	County Average
Access to Healthcare	Primary Care: population to physician ratio	Office of Statewide Planning and Development, 2013	Medical Service Study Area	County Average
Access to Healthcare	Dentist: population to dental provider ratio	Office of Statewide Planning and Development, 2013	Medical Service Study Area	County Average

Category	Indicator	Data Source	Geography	Benchmark
Access to Healthcare	Psychiatrist: population to mental health provider ratio	Office of Statewide Planning and Development, 2013	Medical Service Study Area	County Average
Access to Healthcare	Uninsured, by Age	American Community Survey, 2014	County Level	County Average
Dental Care	Absence of Dental Insurance Coverage, Adults	Los Angeles County Health Survey, 2011	SPA Level	County Average
Dental Care	Dentist Availability	Office of Statewide Health and Planning and Development (OSHPD), 2013	County Level	County Total
Dental Care	Unable to Afford Dental Care, Adult	Los Angeles County Health Survey, 2011	SPA Level	County Average
Dental Care	Unable to Afford Dental Care, Child	Los Angeles County Health Survey, 2015	SPA Level	County Average
Dental Care	Unable to Afford Dental Care by Age	Los Angeles County Health Survey, 2011	County Level	County Average
Dental Care	Unable to Afford Dental Care by Ethnicity, Adult	Los Angeles County Health Survey, 2011	County Level	County Average
Dental Care	Unable to Afford Dental Care by Ethnicity, Child	Los Angeles County Health Survey, 2015	County Level	County Average
Geriatric Support	Ever Diagnosed with Depression AND Either Currently Being Treated for Depression or Currently Having Symptoms of Depression	Los Angeles County Health Survey, 2015	County Level	County Average
Geriatric Support	Ever Diagnosed with Diabetes	Los Angeles County Health Survey, 2015	County Level	County Average
Geriatric Support	Ever Diagnosed with Hypertension	Los Angeles County Health Survey, 2015	County Level	County Average
Geriatric Support	Ever Diagnosed with High Cholesterol	Los Angeles County Health Survey, 2015	County Level	County Average

Category	Indicator	Data Source	Geography	Benchmark
Geriatric Support	Obese	Los Angeles County Health Survey, 2015	County Level	County Average
Geriatric Support	Overweight	Los Angeles County Health Survey, 2015	County Level	County Average
Geriatric Support	Binge Drinking	Los Angeles County Health Survey, 2015	County Level	County Average
Geriatric Support	Physical Aerobic Activity: Activity Does not Meet Guidelines or Engage in No Activity	Los Angeles County Health Survey, 2015	County Level	County Average
Geriatric Support	Reported Receiving the Social and Emotional Support They Need (i.e., Always or Usually)	Los Angeles County Health Survey, 2015	County Level	County Average
Geriatric Support	Reported Seeing a Dentist or Visited a Dental Clinic for Any Reason in the Past Year	Los Angeles County Health Survey, 2015	County Level	County Average
Geriatric Support	Reported Having a Disability	Los Angeles County Health Survey, 2015	County Level	County Average
Geriatric Support	Reported that Obtaining Medical Care When Needed Is Somewhat or Very Difficult	Los Angeles County Health Survey, 2015	County Level	County Average
Geriatric Support	Reported Fair/Poor Health Status	Los Angeles County Health Survey, 2015	County Level	County Average
Geriatric Support	Have a Regular Source of Care	Los Angeles County Health Survey, 2015	County Level	County Average
Geriatric Support	Pneumonia Vaccination (Age 65+)	Los Angeles County Health Survey, 2015	County Level	County Average
Geriatric Support	Influenza Vaccination (Age 65+)	Los Angeles County Health Survey, 2015	County Level	County Average
Geriatric Support	Mammogram in the Past Two Years	Los Angeles County Health Survey, 2015	County Level	County Average

Category	Indicator	Data Source	Geography	Benchmark
Geriatric Support	Was Hospitalized Due to Falls	Los Angeles County Health Survey, 2015	County Level	County Average
Geriatric Support	Changed daily Routines because of fall in past year	Los Angeles County Health Survey, 2015	County Level	County Average
Geriatric Support	Professional Recommended Physical Therapy/Exercise due to falls	Los Angeles County Health Survey, 2015	County Level	County Average
Geriatric Support	Professional reviewed medication after fall	Los Angeles County Health Survey, 2015	County Level	County Average
Geriatric Support	Percent of Adults (Age 65+) Who Have Been Diagnosed with Osteoporosis	Los Angeles County Health Survey, 2015	County Level	County Average
Homelessness and Housing	Total Homeless	Los Angeles Homeless Services Authority, 2016	SPA Level	County Average
Homelessness and Housing	Homeless Individuals	Los Angeles Homeless Services Authority, 2016	SPA Level	County Average
Homelessness and Housing	Homeless Families	Los Angeles Homeless Services Authority, 2016	SPA Level	County Average
Homelessness and Housing	Homeless Unaccompanied Minors	Los Angeles Homeless Services Authority, 2016	SPA Level	County Average
Homelessness and Housing	Homeless Mentally Ill	Los Angeles Homeless Services Authority, 2016	SPA Level	County Average
Homelessness and Housing	Homeless With Substance Abuse Issues	Los Angeles Homeless Services Authority, 2016	SPA Level	County Average
Homelessness and Housing	Homeless With HIV	Los Angeles Homeless Services Authority, 2016	SPA Level	County Average
Housing	Household by Est. Average Household Income	Nielsen Claritas, 2015	Zip Code	County Average
Housing	Household by Est. Average Household Size	Nielsen Claritas, 2015	Zip Code	County Average

Category	Indicator	Data Source	Geography	Benchmark
Preventive Wellness	Saw Doctor, Nurse, or Other Health Care Professional in the Past Year	Los Angeles County Health Survey, 2015	SPA Level	County Average
Preventive Wellness	Saw Dentist or Visited Dental Clinic in the Past Year	Los Angeles County Health Survey, 2015	SPA Level	County Average
Preventive Wellness	Physically Active at Least One Hour Each Day in Last Week1	California Health Interview Survey, 2014 and 2012	SPA Level	County Average
Preventive Wellness	Ate Five or More Servings of Fruits and Vegetables in Past Day2	California Health Interview Survey, 2014 and 2012	SPA Level	County Average
Preventive Wellness	Ate Fast Food More Than Once in the Past Week1	California Health Interview Survey, 2014 and 2012	SPA Level	County Average
Preventive Wellness	Soda Consumption in Past Day1	California Health Interview Survey, 2014 and 2012	SPA Level	County Average
Preventive Wellness	Preventable Hospital Events Rate per 1,000 Population (18+)	California Office of Statewide Health Planning and Development, 2012	Zip Code	County Average
Preventive Wellness	Have Regular Source of Care Ethnicity	Los Angeles County Health Survey, 2015	SPA Level	County Average
Preventive Wellness	Have Regular Source of Care Age Group	Los Angeles County Health Survey, 2015	SPA Level	County Average
Transportation	Number of Vehicles Per Household	Nielson Claritas , 2015	Zip Code	County Average
Transportation	Average Vehicles Per Household	Nielson Claritas , 2015	Zip Code	County Average
Violence/Injury/Safety	Unintentional Injuries Leading to Death	California Department of Public Health, 2012	Zip Code	State Average
Violence/Injury/Safety	Received threats of violence or physical harm from peers in past year1	[1]California Health interview Survey, 2012, SPA	SPA Level	State Average
Violence/Injury/Safety	Feared of being attacked at school in the past year1	[1]California Health interview Survey, 2012, SPA	SPA Level	State Average

Category	Indicator	Data Source	Geography	Benchmark
Violence/Injury/Safety	Felt unsafe in nearby park or playground during the day[2]	[2]California Health interview Survey, 2014, SPA	SPA Level	State Average

Appendix E—Health Need Profiles

Access to Care (Health Care, Dental Care, and Preventive Health Care)

About Access to Health Care

Access to health care services is important for everyone's quality of life, which requires the ability to navigate the health care system, access a health care location where needed services are provided, and find a health care provider with whom the patient can communicate and trust.[93] Access to health care impacts 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.[94]

Access to dental care is essential to overall health. Oral diseases such as cavities and oral cancer cause pain and disability for many Americans.[1] Barriers that prevent or limit a person's use of preventive intervention and treatments for oral health include limited access to and availability of dental services, a lack of awareness of the need, cost, and fear of dental procedures. Social factors associated with poor dental health include lower levels or lack of education, having a disability, and other health conditions such as diabetes.[2]

Along with access to health care, following preventive practices such as having a regular source of care and timely physical and medical tests is important. Adequate, regular primary care can prevent the development of health problems and maintain positive health conditions.

Transportation barriers are often cited as barriers to both preventive care and treatment. Lack of efficient and affordable transportation can lead to rescheduled or missed appointments, delayed care, and missed or delayed medication use. These consequences may cause poorer management of chronic illness and thus poorer health outcomes.

Statistical data

Access to Healthcare, Dental Care and Preventive Wellness Indicators

Indicators	Year	Comparison		GAMC[3] Service Area	GMHHC[4] Service Area	VHH[5] Service Area
		Level	Avg.			
Medicare Beneficiaries[1]	2012	LAC	1.4%	2.2%	2.3%	1.8%
Uninsured Adults[2]	2014	LAC	16.1%	16.2%	17.7%	14.2%
Uninsured Children[3]	2011	LAC	6.4%	5.8%	5.9%	5.8%
Percent of adults 18 and older who do not have dental insurance[1]	2011	LAC	51.8%	54.2%	56.0%	51.6%

[93] 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 [August 1, 2016].

[94] 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 [August 1, 2016].

Percent of adults 18 and older unable to obtain dental care, including check-ups, in the past year because of affordability[3]	2011	LAC	30.3%	33.2%	34.3%	31.0%
Percent of children (3–17 years old) who were unable to afford dental care and check-ups in the past year[3]	2015	LAC	11.5%	12.5%	13.3%	11.2%
Saw Doctor, Nurse, or Other Health Care Professional in the Past Year[4]	2015	LAC	70.7%	70.1%	68.7%	71.9%
Saw Dentist or Visited Dental Clinic in the Past Year[4]	2015	LAC	59.3%	62.8%	62.0%	63%
Physically Active at Least One Hour Each Day in Last Week (Children 0-11)[5]	2014	LAC	26.4%	23.3%	23.5%	27.6%
Physically Active at Least One Hour Each Day in Last Week (Teens 12-17)[5]	2014	LAC	12.3%	8.2%	10.5%	6.0%
Ate Five or More Servings of Fruits and Vegetables in Past Day[6]	2012	LAC	55.4%	55.4%	55.2%	56.7%
Ate Fast Food More Than Once in the Past Week[5]	2014	LAC	42.3%	38.0%	38.6%	37.1%
Soda Consumption in Past Day[5]	2014	LAC	18.2%	14.5%	14.0%	15.9%
Percent of households with zero cars[6]	2015	LAC	9.7%	10.9%	11.8%	8.4%

[1]Data source: Managed Risk Medical Insurance Board
Data year: 2012
Source geography: ZIP Code
[2]Data source: Los Angeles County Health Survey
Data year: 2011
Source geography: SPA
[3]Data source: Los Angeles County Health Survey
Data year: 2014
Source geography: SPA
LAC=Los Angeles County
CA=California
[1]Data source: Los Angeles County Health Survey
Data year: 2011
Source geography: SPA
Data source: Los Angeles County Health Survey
Data year: 2011
Source geography: SPA
[3]Data source: Los Angeles County Health Survey
Data year: 2015
Source geography: SPA
[4] Data Source: Los Angeles County Health Survey
Data Year: 2015
Source Geography: SPA
LAC=Los Angeles County
[6]Data Source: Nielson Claritas Demographic Data
Data Year: 2015
Source Geography: ZIP

Geographic areas/subpopulations of greatest impact

- The ZIP codes where nearly a quarter or more of the population is uninsured are listed below:.

GAMC Service Area	GMHHC Service Area	VHH Service Area
90042—Highland Park (25.6%) 90065—Glassell Park (24.6%)	90026—Echo Park (26.0%) 90029—East Hollywood (27.7%) 90042—Highland Park (25.6%) 90065—Glassell Park (24.6%)	90042—Highland Park (25.6%)

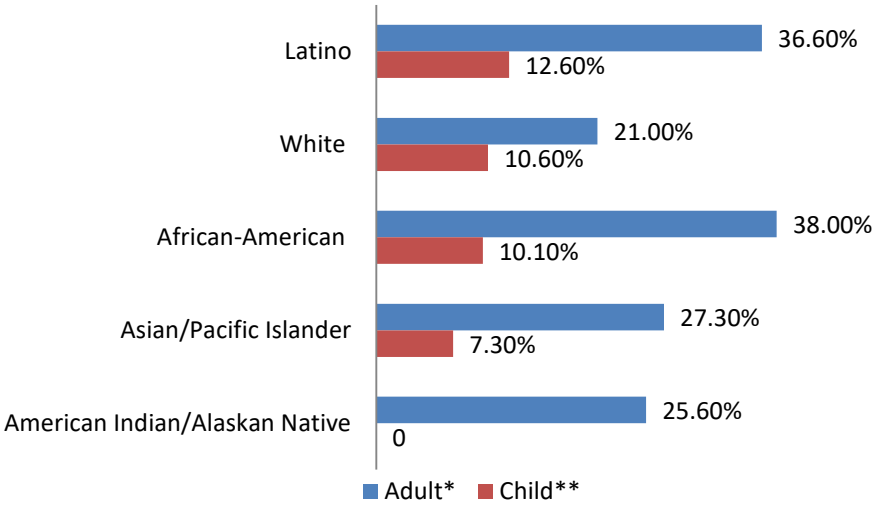
Data source: California Health Interview Survey
Data year: 2012
Source geography: ZIP Code

- The ZIP codes with the highest rates of preventable hospitalizations per 1,000 residents are listed below:.

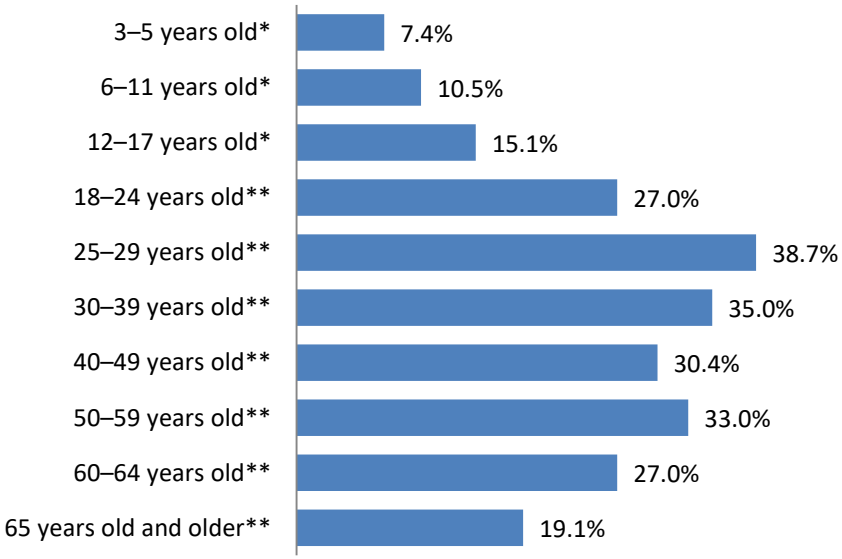
GAMC Service Area	GMHHC Service Area	VHH Service Area
91020—Montrose (19.0) 91204—Glendale (18.2) 91205—Glendale (18.4)	91204—Glendale (18.2) 91205—Glendale (18.4)	91020—Montrose (19.0) 91103—Pasadena (20.7) 91204—Glendale (18.2) 91205—Glendale (18.4)

Source: California Office of Statewide Health Planning and Development
OSHPD Patient Discharge Data,
Data Year: 2012
Source Geography: ZIP Code

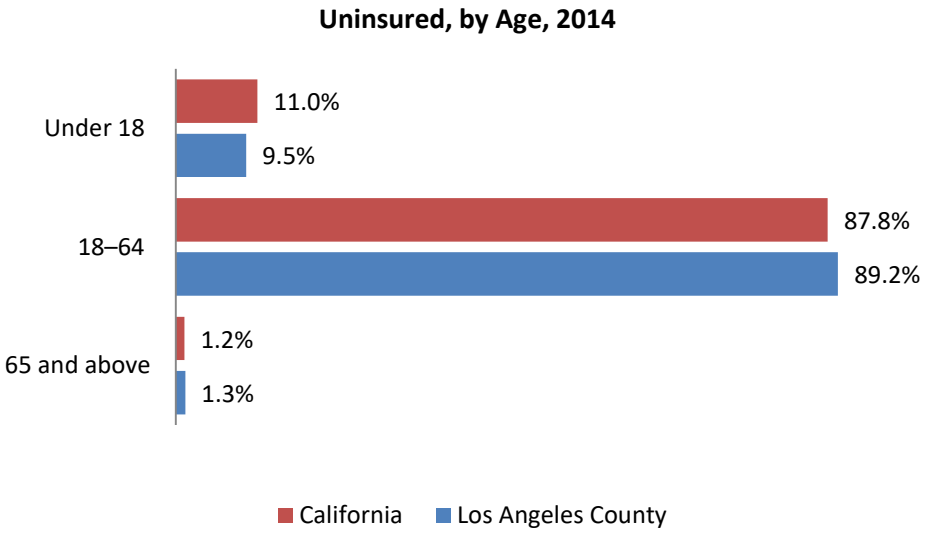
Unable to Afford Dental Care by Ethnicity, 2011, 2015



Unable to Afford Dental Care by Age, 2011, 2015



Data source: Los Angeles County Health Survey
*Data year: 2011
**Data year: 2015
Source geography: SPA



Data source: American Community Survey
Data year: 2014
Source geography: County

Community input

Through focus group interviews, key stakeholders including care providers shed additional insight into the root causes and consequences of barriers to care for the service area population. Specific cultural and language groups, low-income communities, the aging population and those lacking transportation face the greatest barriers to accessing care. For specific cultural and language groups, the barriers may arise during medical visits if providers are not familiar with the language or cultural norms of the patient, but may arise earlier in the health delivery pipeline if resources and information about health care resources are not made available in a culturally responsive way. Many stakeholders observed that in addition to the high rates of uninsured in the service area, Medi-Cal coverage is very basic: "a big issue—it covers barely anything. It is a very low level of coverage." Furthermore, providers noted that the service area "there are a lack of physicians that accept Medi-Cal."

One of the most frequently mentioned consequences of low healthcare coverage in the service area is the heavy reliance on emergency (911) care for acute conditions. Stakeholders explained that "the emergency room, Fire Department and EMS staff take everything." It may be that the population relies more on emergency care because emergency services are more often covered (by emergency insurance) than scheduled office visits.

[1] 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=32. Accessed [February 26, 2013].

[2] Ibid.

[3] Glendale Adventist Medical Center

[4] Glendale Memorial Hospital and Health Center

[5] Verdugo Hills Hospital

Cancer

About Cancer

Cancer is the second leading cause of death in the United States, claiming the lives of more than half a million Americans every year[95]. In 2009, cancer incidence rates per 100,000 persons indicate that the three most common cancers among men in the United States are prostate cancer (137.7), lung cancer (64.3), and colorectal cancer (42.5). Among women, the leading causes of cancer deaths are breast cancer (123.1), lung cancer (54.1), and colorectal cancer (37.1).[96] Research has shown that early detection through regular cancer screenings can help reduce the number of new cancer cases and, ultimately, deaths.[97] Research has also shown that cancer is associated with certain diseases and behaviors including obesity, tobacco, alcohol, certain chemicals, some viruses and bacteria, a family history of cancer, poor diet, and lack of physical activity.[98]

Statistical data

Volume of Cancer Surgeries Performed at GMHHC, 2014

Type of Cancer	Comparison		GAMC[1] Service Area	GMHHC[2] Service Area	VHH[3] Service Area
	Level	Avg.			
Breast	LAC	43.2%	45.7%	30.5%	60.0%
Prostate	LAC	14.8%	6.8%	0.0%	8.9%
Colon	LAC	13.8%	22.8%	29.7%	17.8%
Lung	LAC	6.4%	4.3%	14.1%	2.2%
Brain	LAC	5.4%	6.8%	1.6%	2.2%
Rectum	LAC	4.5%	4.9%	20.3%	8.9%
Liver	LAC	3.5%	0.6%	0.0%	0.0%
Stomach	LAC	3.1%	3.1%	3.9%	0.0%
Bladder	LAC	2.5%	1.9%	0.0%	0.0%
Pancreas	LAC	2.0%	2.5%	0.0%	0.0%
Total		99.2%	99.4%	100.0%	100.0%

Data source: Office of Statewide Health Planning and Development (OSHPD)
Data year: 2014
Source geography: Hospital

[95] Centers for Disease Control and Prevention. (2015). *Using Science to Reduce the Burden of Cancer.* Atlanta, GA. Available at http://www.cdc.gov/Features/CancerResearch/. Accessed [August 1, 2016].

[96] Centers for Disease Control and Prevention. (2013). *Invasive Cancer Incidence.* Atlanta, GA. Available at http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6207a1.htm. Accessed [August 1, 2016].

[97] Centers for Disease Control and Prevention. (2015). *Cancer Prevention*. Atlanta, GA. Available at http://www.cdc.gov/cancer/dcpc/prevention/index.htm. Accessed [August 1, 2016].

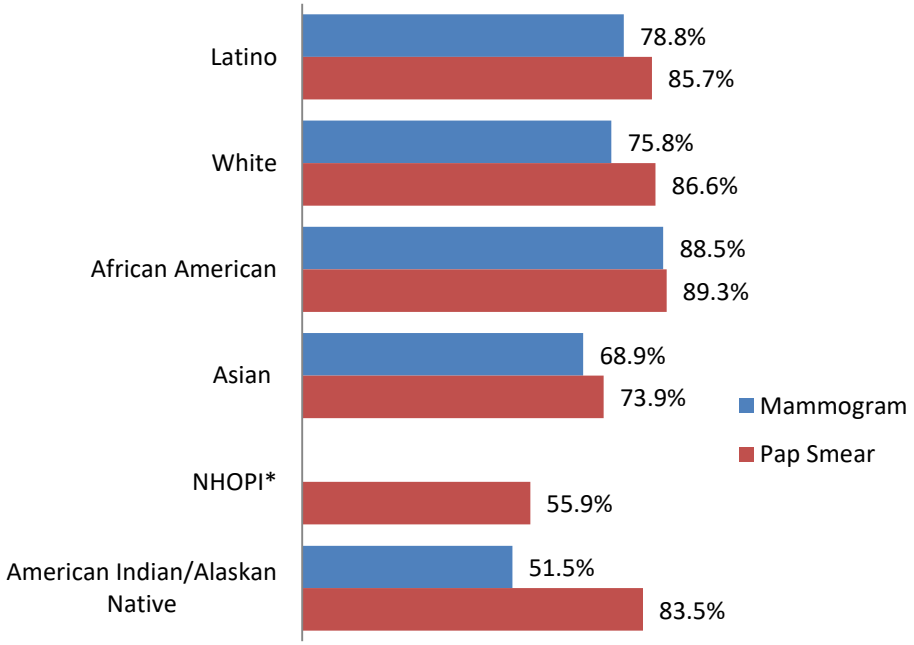
[98] National Cancer Institute. (2015). *Cancer Prevention Overview*. Available at http://www.cancer.gov/cancertopics/pdq/prevention/overview/patient/page3. Bethesda, MD. Accessed [August 1, 2016].

Geographic areas/subpopulations of greatest impact

- Cancer mortality rates (by percent of deaths cancer-related) are highest in the ZIP codes listed below. In the state of California, 23.7% of deaths in 2012 were cancer-related.

GAMC Service Area	GMHHC Service Area	VHH Service Area
90041—Eagle Rock (27.2%)	90029—East Hollywood (27.8%)	90041—Eagle Rock (27.2%)
90065—Glassell Park (27.6%)	90041—Eagle Rock (27.2%)	91001—Altadena (28.2%)
91203—Glendale (30.2%)	90065—Glassell Park (27.6%)	91011—La Canada-Flintridge (29.9%)
91205—Glendale (28.4%)	91203—Glendale (30.2%)	91203—Glendale (30.2%)
	91205—Glendale (28.4%)	91205—Glendale (28.4%)

Percent of Women Who Reported Having a Pap Smear or Mammogram in the Past 3 or 2 Years, Respectively, 2015



*Data unavailable
Data Source: Los Angeles County Health Survey
Data Year: 2015
Source Geography: SPA

Associated drivers and risk factors

A primary method of preventing cancer is screening for cervical, colorectal, and breast cancers[99]. The most common risk factors for cancer include growing older, obesity, tobacco, alcohol, sunlight exposure, certain chemicals, some viruses and bacteria, family history of cancer, poor diet, and lack of physical activity[100].

[99] Centers for Disease Control and Prevention. Cancer Prevention. Atlanta, GA. Available at http://www.cdc.gov/cancer/dcpc/prevention/index.htm. Accessed [August 7, 2016].

[100] National Cancer Institute. Risk Factors for Cancer. Bethesda, MD. Available at http://www.cancer.gov/about-cancer/causes-prevention/risk. Accessed [August 7, 2016].

Community input

Stakeholders recognize a disconnect between preventive cancer services and the communities served. Specifically, stakeholders observed that the Armenian community, African American communities and Hispanic/Latino communities do not actively participate in preventive cancer care, signaling a need for additional engagement in and outreach to these communities.

Cardiovascular Disease and Stroke

About cardiovascular disease–*Why is it important?*

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. Currently, more than one in three adults (81.1 million) in the United States lives with one or more types of cardiovascular disease. In addition to being one of the leading causes of death in the United States, heart disease results in serious illness and disability, decreased quality of life, and hundreds of billions of dollars in economic loss every year.[4]

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.[5]

A stroke occurs when the flow of blood to the brain suddenly stops, causing brain cells to die[101.] There are two types of stroke that occur, one caused by a blood clot which blocks the flow of blood to the brain (ischemic stroke) and another where a blood vessel breaks and bleeds into the brain (hemorrhagic stroke)[102]. Stroke is the leading cause of death in the United States[103]. Strokes can be prevented making healthier life choices including not smoking, eating a healthy diet, maintaining a healthy weight, staying physically active, and knowing your family history of stroke[104].

Statistical data—*How is cardiovascular disease measured? What is the prevalence/incidence rate of cardiovascular disease in the community?*

Cardiovascular Disease Indicators

Indicators	Year	Comparison		GAMC[6] Service Area	GMHHC[7] Service Area	VHH[8] Service Area
		Level	Avg.			
Heart disease prevalence[1]	20014	LAC	5.7%	3.6%	3.3%	4.5%
Heart disease management[1]	2014	LAC	55.5%	57.7%	58.7%	55.3%
Rate of heart disease mortality per 10,000 persons[2]	2012	CA	15.5	19.1	18.3	19.6
Rate of hospitalizations resulting from heart failure per 100,000 persons[3]	2012	LAC	366.6	447.9	430.4	422.7
Hypertension prevalence[4]	2015	LAC	23.5%	23.1%	22.9%	23.7%

[101] National Institute of Health. MedlinePlus. Stroke. Bethesda, MD. Available at http://www.nlm.nih.gov/medlineplus/stroke.html#cat5. Accessed [August 2, 2016].

[102] National Institute of Health. MedlinePlus. Stroke. Bethesda, MD. Available at http://www.nlm.nih.gov/medlineplus/stroke.html#cat5. Accessed [August 2, 2016].

[103] U.S. Department of Health and Human Services. National Heart, Lung, and Blood Institute. What is a stroke? Bethesda, MD. Available at http://www.nhlbi.nih.gov/health/health-topics/topics/stroke. Accessed [August 2, 2016].

[104] U.S. Department of Health and Human Services. National Heart, Lung, and Blood Institute. How can a stroke be prevented? Bethesda, MD. Available at http://www.nhlbi.nih.gov/health/health-topics/topics/stroke/prevention. Accessed [August 2, 2016].

[1] Data source: California Health Interview Survey (CHIS)
Data year: 2014
Source geography: SPA
[2]Data source: California Department of Public Health (CDPH)
Data year: 2012
Source geography: ZIP Code
[3]Data source: Office of Statewide Health Planning and Development (OSHPD)
Data year: 2012
Source geography: ZIP Code
[4]Data source: Los Angeles County Health Survey
Data year: 2015
Source geography: SPA
LAC=Los Angeles County
CA=California

Stroke Prevalence (Age 65+), 2012

Indicator	Year	Comparison		GAMC[9] Service Area	GMHHC[10] Service Area	VHH[11] Service Area
		Level	Avg.			
Stroke Prevalence	20012	LAC	7.1%	6.5%	19.1%	6.7%

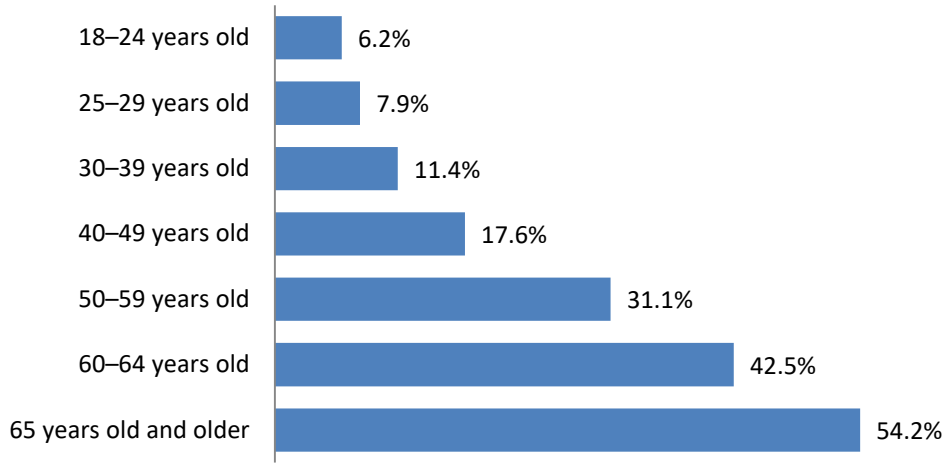
Source: California Health Interview Survey
Data Year: 2012
Source Geography: SPA

Geographic areas/subpopulations of greatest impact

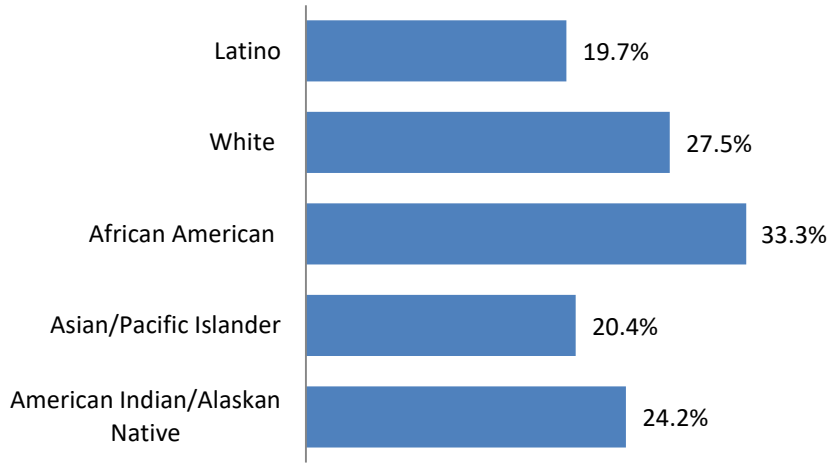
- Hospitalizations resulting from heart failure per 100,000 adults are highest when compared to California (339.0) in the ZIP codes shown below.

GAMC Service Area	GMHHC Service Area	VHH Service Area
91201—Glendale (510.3)	90027—Los Feliz (502.2)	91040—Sunland-Tujunga (540.8)
91204—Glendale (634.0)	91201—Glendale (510.3)	91201—Glendale (510.3)
91205—Glendale (678.1)	91204—Glendale (634.0)	91204—Glendale (634.0)
91206—Glendale (535.4)	91205—Glendale (678.1)	91205—Glendale (678.1)
91207—Glendale (567.8)	91206—Glendale (535.4)	91206—Glendale (535.4)
	91207—Glendale (567.8)	91207—Glendale (567.8)

Hypertension Prevalence by Age, 2015



Hypertension Prevalence by Ethnicity, 2015



Data source: Los Angeles County Health Survey
Data year: 2015
Source geography: County

Associated drivers and risk factors

The leading risk factors for heart disease are high blood pressure, high cholesterol, smoking, diabetes, poor diet, physical inactivity, and overweight and obesity. Cardiovascular disease is closely linked with and can often lead to stroke.[12]

Community input

Stakeholders observed that overall, the service area population would benefit from additional outreach and education around the symptoms and underlying causes of cardiovascular disease. In clinical settings, providers observe that cardiovascular disease is linked to falls and shortness of breath, stroke and heart failure among the aging population in the service area.

[1] Glendale Adventist Medical Center

[2] Glendale Memorial Hospital and Health Center

[3] Verdugo Hills Hospital

[4] 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 [February 28, 2013].

[5] Ibid.

[6] Glendale Adventist Medical Center

[7] Glendale Memorial Hospital and Health Center

[8] Verdugo Hills Hospital

[9] Glendale Adventist Medical Center

[10] Glendale Memorial Hospital and Health Center

[11] Verdugo Hills Hospital

Communicable Diseases

About communicable diseases including sexually transmitted diseases (STDs)

Communicable diseases include hepatitis B, tuberculosis (TB), malaria, and HIV/AIDS, among others. Transmission is from person to person and even from animal to person, and spread is airborne or through contact with bodily fluids[105]. In 2013, the state of California was ranked 3rd among the 50 states in TB rates (5.7 per 100,000 persons). 77.89% of TB cases occurred in foreign-born persons.[106] Nationally, Hep B and Hep C together account for more than 50% of new cases of chronic liver disease—a leading cause of death. In California between 2009 and 2013, reported rates of hepatitis B decreased by 43%.[107]

Sexually transmitted diseases (STDs) refer to more than 25 infectious organisms transmitted primarily through sexual activity. STD prevention is an essential primary care strategy for improving reproductive health. Despite the burdens, costs, and complications—and being preventable to a certain extent—STDs remain a significant public health problem in the United States, greatly under-recognized by the public, policymakers, and health care professionals. STDs have the potential to cause many harmful, often irreversible clinical complications, including having an impact on reproductive health, fetal and perinatal health problems and cancer, and the transmission of HIV.

Adolescents ages 15 to 24 account for nearly half of the 20 million new cases of STDs each year in the United States. Today, four in 10 sexually active teen girls in the United States have had an STD with the potential to cause infertility and even death. Regular screenings are critical, as STDs often have no obvious signs or physical symptoms. Also, certain racial and ethnic groups (mainly African-American, Hispanic/Latino, and American Indian/Alaska Native populations) have high rates of STDs compared with Whites. Race and ethnicity in the United States are correlated with other determinants of health status such as poverty, limited access to health care, fewer attempts to get medical treatment, and living in communities with high rates of STDs.[108]

Statistical data

Communicable Diseases

Indicators	Year	Comparison		GAMC[1] Service Area	GMHHC[2] Service Area	VHH[3] Service Area
		Level	Avg.			
More than one sexual partner in the past 12 months[1]	2012	LAC	13.2%	13.0%	12.8%	12.9%
Have ever been tested for HIV – Adults[2]	2014	LAC	72.9%	66.5%	70.8%	64.8%
Chlamydia Incidence per 100,000[3]	2013	LAC	512.9	435.4	474.9	376.5

[105] California Department of Public Health. Department of Communicable Disease Control. Research Highlights. Available at http://www.cdph.ca.gov/programs/dcdc/Pages/DCDCResearchHighlights.aspx. Accessed [September 1, 2016].

[106] Centers for Disease Control and Prevention (2015). California-2015 State Health Profile. Available at https://www.cdc.gov/nchhstp/stateprofiles/pdf/california_profile.pdf.

[107] Centers for Disease Control and Prevention (2015). California-2015 State Health Profile. Available at https://www.cdc.gov/nchhstp/stateprofiles/pdf/california_profile.pdf.

[108] Centers for Disease Control and Prevention. (2015). Sexually Transmitted Diseases. Washington, DC. Available at http://www.healthypeople.gov/2020/topics-objectives/topic/sexually-transmitted-diseases. Accessed [August 2, 2016].

Gonorrhea Incidence per 100,000[3]	2013	LAC	103.4	121.0	142.8	83.1
Hepatitis B Prevalence Rate per 100,000 Adults[4]	2013	LAC	0.6	0.3	0.5	0.5
Proportion of Tuberculosis Cases[5]	2013	LAC	30.5%	18.0%	18.0%	18.9%

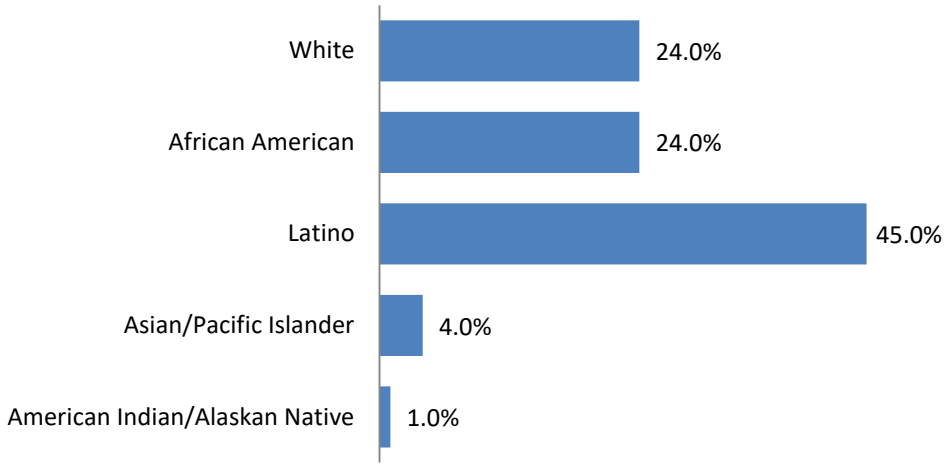
[1]Data source: Los Angeles County Health Survey
Data year: 2012
Source geography: SPA
[2]Data source: Office of Statewide Health Planning and Development (OSHPD)
Data year: 2014
Source geography: ZIP Code
[3]Data source: California Department of Public Health (CDPH)
Data year: 2013
Source geography: ZIP Code
[4]Data source: Los Angeles County Department of Public Health, Acute Communicable Disease Control Program, Annual Morbidity Report and Special Studies Report
Data year: 2013
Source geography: SPA
[5] Data source: Los Angeles County Department of Public Health, Acute Communicable Disease Control Program, Annual Morbidity Report and Special Studies Report
Data year: 2013

Geographic areas/subpopulations of greatest impact (disparities)

- The rate of HIV hospitalizations per 100,000 people were highest in each service area in the following ZIP codes.

GAMC Service Area	GMHHC Service Area	VHH Service Area
90041—Eagle Rock (18.2) 91201—Glendale (17.6) 91203—Glendale (15.1)	90026—Echo Park/Silverlake (33.9) 90027—Los Feliz (55.4) 90029—East Hollywood (44.0) 90039--Atwater Village (35.1)	90041—Eagle Rock (18.2) 91201—Glendale (17.6) 91203—Glendale (15.1)

HIV Diagnoses by Race/Ethnicity, 2013



Data source: 2014 Annual HIV/STD Surveillance Report
Data year: 2013
Source geography: County

Associated drivers and risk factors

Different ethnicities see different patterns of HIV infection. The largest proportion of HIV diagnoses reported in 2013 in Los Angeles County occurred among Latinos (45%), and almost half of Stage 3 diagnoses in 2013 occurred among Latinos. HIV diagnosis rates also increased among Asian males by nearly 20% from 2010-2012[109]. Other sexually transmitted diseases including chlamydia and gonorrhea can increase the spread of HIV through various biological mechanisms.[110]

The spread of STDs is directly affected by social, economic, and behavioral factors. Obstacles to STD prevention include access to and provision of care, willingness to seek care, and social norms regarding sex and sexuality. Among certain vulnerable populations, a historical experience with segregation and discrimination exacerbates the influence of these factors. Many studies document the association of substance abuse with STDs. The introduction of illicit substances into communities often can alter sexual behavior drastically in high-risk sexual networks, leading to the spread of STDs.[111]

Community input

Stakeholders stated that there are a growing number of community members with tuberculosis. Many tuberculosis patients do not seek treatment early on, accelerating the transmission of the disease to others.

[109] Los Angeles County Department of Public Health. (2014). 2014 Annual HIV/STD Surveillance Report. Available at: http://publichealth.lacounty.gov/dhsp/Reports/HIV-STDsurveillanceReport2014.pdf.

[110] Centers for Disease Control and Prevention (2015). California-2015 State Health Profile. Available at https://www.cdc.gov/nchhstp/stateprofiles/pdf/california_profile.pdf.

[111] Centers for Disease Control and Prevention. (2015). *Sexually Transmitted Diseases*. Washington, DC. Available at http://www.healthypeople.gov/2020/topics-objectives/topic/sexually-transmitted-diseases. Accessed [August 2, 2016].

Diabetes

About diabetes

Diabetes affects an estimated 23.6 million people and is the seventh leading cause of death in the United States. Diabetes lowers life expectancy by up to 15 years, increases the risk of heart disease by two to four times, and is the leading cause of kidney failure, lower-limb amputations, and adult-onset blindness.[4] A diabetes diagnosis can indicate an unhealthy lifestyle—a risk factor for further health issues—and is also linked to obesity.

Given the steady rise in the number of people with diabetes, and the earlier onset of Type 2 diabetes, there is growing concern about substantial increases in diabetes-related complications and their potential to impact and overwhelm the health care system. There is a clear need to take advantage of recent discoveries about the individual and societal benefits of improved diabetes management and prevention by bringing life-saving findings into wider practice, and complementing those strategies with efforts in primary prevention among those at risk for developing diabetes.[5]

In addition, evidence is emerging that diabetes is associated with other co-morbidities, including cognitive impairment, incontinence, fracture risk, and cancer risk and prognosis.[6]

Statistical data

Diabetes Indicators

Indicators	Year	Comparison		GAMC[7] Service Area	GMHHC[8] Service Area	VHH[9] Service Area
		Level	Avg.			
Percent of adults 18 and over ever diagnosed with diabetes (diabetes prevalence)[1]	2015	LAC	9.8%	9.7%	10.2%	9.0%
Rate of adult diabetes hospitalizations per 100,000 persons[2]	2012	CA	142.6	137.6	128.6	140.5
Rate of hospitalizations resulting from uncontrolled diabetes per 100,000 persons[2]	2012	CA	8.6	18.7	13.7	17.7
Rate of youth diabetes hospitalizations per 100,000 persons[2]	2012	CA	31.2	22.0	19.4	20.6
Rate of diabetes mortality per 10,000 persons[3]	2012	CA	2.1	2.1	2.1	2.3

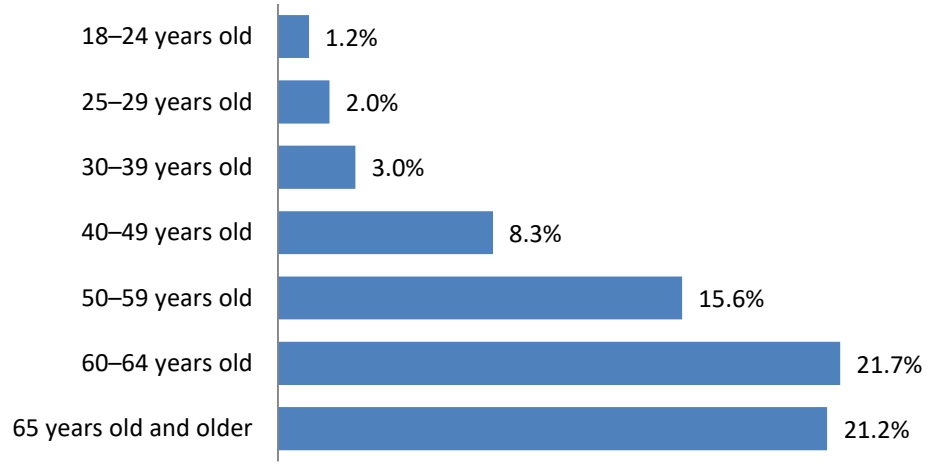
[1]Data source: Los Angeles County Health Survey
Data year: 2015
Source geography: SPA
[2]Data source: Office of Statewide Health Planning and Development (OSHPD)
Data year: 2012
Source geography: ZIP Code
[3]Data source: California Department of Public Health (CDPH)
Data year: 2012
Source geography: ZIP Code

Geographic areas/subpopulations of greatest impact

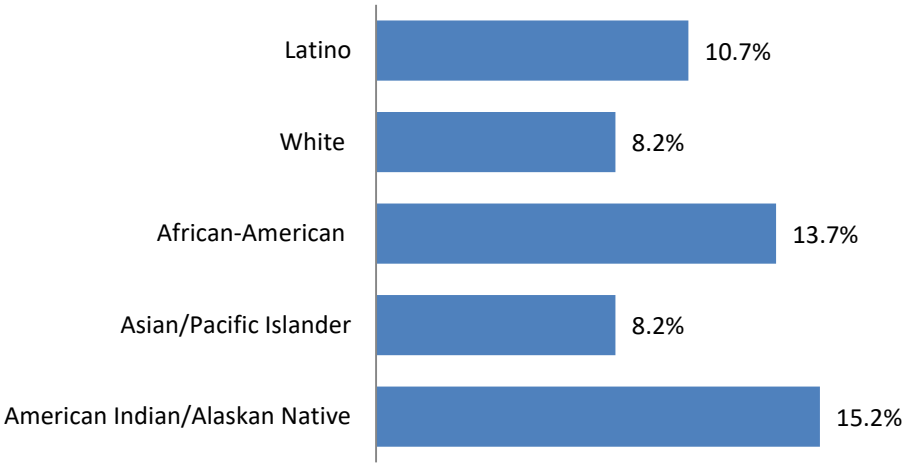
- Diabetes mortality rates per 10,000 persons were highest compared to the Calironia average (2.1) in the ZIP codes shown below.

GAMC Service Area		GMHHC Service Area	VHH Service Area
91020—Montrose (5.8) 91201—Glendale (3.6)	90029—East Hollywood (3.2) 91201—Glendale (3.6)	91001—Altadena (3.3) 91020—Montrose (5.8) 91201—Glendale (3.6) 91342—Sylmar (3.4)	

Diabetes Prevalence by Age, 2015



Diabetes Prevalence by Ethnicity, 2015



Data source: Los Angeles County Health Survey
Data year: 2015
Source geography: County

Associated drivers

Factors associated with diabetes include being overweight, having high blood pressure, high cholesterol, high blood sugar (or glucose), physical inactivity, smoking, unhealthy eating, age, race, gender, and having a family history of diabetes.[10]

Community input

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 impacted by diabetes.

[1] Glendale Adventist Medical Center

[2] Glendale Memorial Hospital and Health Center

[3] Verdugo Hills Hospital

[4] 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=32. Accessed [February 26, 2013].

[5] Ibid.

[6] Ibid.

[7] Glendale Adventist Medical Center

[8] Glendale Memorial Hospital and Health Center

[9] Verdugo Hills Hospital

Geriatric Support

About Geriatric Support

Older adults have special healthcare needs that can make their medical care more complicated. More than half of adults age 65 and older have 3 or more medical problems, such as heart disease, diabetes, arthritis, Alzheimer's disease, or high blood pressure.[112] Geriatric care requires a team approach to caring for older people and supporting their families and other caregivers, and often deals with medical, social, emotional, and other needs. Some of the health concerns common in older people include incontinence, falls, memory problems, and managing multiple chronic conditions and medications.

To maintain good health and reduce risk of disease and disability, it is important to engage in exercise, maintain good nutrition, receive regular health screenings, maintain vaccines, get enough sleep, and participate in activities of interest.[113]

Statistical data

Overview of Health Indicators for Adults over the age of 65

Indicators	Year	Comparison		GAMC Service Area	GMHHC Service Area	VHH Service Area
		Level	Avg.			
Pneumonia Vaccination[1]	2015	LAC	62.0%	65.3%	65.5%	64.3%
Influenza Vaccination[1]	2015	LAC	69.0%	67.8%	66.8%	70.0%
Hospitalized Due to Falls[2]	2015	LAC	28.0%	17.8%	16.5%	23.9%
Changed Daily Routines because of Fall in Past Year[2]	2015	LAC	33.5%	31.3%	31.7%	31.0%
Professional Recommended Physical Therapy/Exercise Due to Falls[2]	2015	LAC	83.9%	79.4%	76.9%	84.3%
Professional Reviewed Medication After Falls[2]	2015	LAC	40.2%	35.9%	34.3%	42.9%
Diagnosed with Osteoperosis[3]	2011	LAC	56.7%	58.0%	56.8%	56.7%

[1]Data source: Los Angeles County Health Survey
Data year: 2015
Source geography: County
[2]Data source: Los Angeles County Health Survey
Data year: 2015
Source geography: County
[3]Data source: Los Angeles County Health Survey
Data year: 2011
Source geography: County

Community input

The proportion of the service area 45-64 and above 65 years is higher than the average for Los Angeles County. Stakeholders in the UVHH observed that the aging population is often treated for acute

[112] http://www.healthinaging.org/aging-and-health-a-to-z/topic:geriatrics/ Updated: September 2012. Accessed [August 2, 2016].

[113] https://www.nia.nih.gov/health/featured/healthy-aging-longevity. Accessed [August 2, 2016].

incidents related to Alzheimer's and dementia, but lacks consistent ongoing care for these conditions. Similarly, providers observed that the aging population is susceptible to slips and falls at home resulting in injuries that bring them in to the healthcare system for acute treatment, but they are not always connected with ongoing care after such events. Aging individuals are often isolated and lack access to transportation to health care. Providers recommended targeted outreach and services to this population.

Homelessness and Poverty

About Homelessness and Poverty

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.[114] Families and individuals are much more likely to become unstably housed or homeless if they are shouldering a high housing cost burden, typically thought of housing costs that exceed 30% of monthly income. Within the service areas of GAMC, GMHHC and UVHH, more than half of residents spend more than 30% of their monthly income on housing.

A homeless individual is defined as "an individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility (e.g., shelters) that provides temporary living accommodations, and an individual who is a resident in transitional housing." More than 20 percent of the nation's homeless population is now living in California, an estimated 115,738 people. More than 43,000 of them live in Los Angeles County—the largest concentration in the United States [115][2].

Statistical data

Homelessness and Housing Indicators

Indicators	Year	Comparison		GAMC[1] Service Area	GMHHC[2] Service Area	VHH[3] Service Area
		Level	Avg.			
Percent of homeless who are classified as homeless individuals	2016	LAC	85.7%	21.1%	22.8%	16.7%
Percent of homeless who are classified as homeless families	2016	LAC	14.0%	19.3%	20.2%	16.5%
Percent of homeless who are classified as unaccompanied minors	2016	LAC	0.002%	22.4%	24.8%	16.0%
Percent of homeless who are mentally ill	2016	LAC	29.7%	23.4%	25.0%	18.9%
Percent of homeless who are diagnosed with substance abuse issues	2016	LAC	22.7%	24.2%	25.2%	15.5%
Percent of homeless with HIV	2016	LAC	1.4%	33.1%	36.2%	24.8%
Percent of homeless who are physically disabled	2016	LAC	16.9%	23.4%	24.6%	19.6%

Source: Los Angeles Homeless Services Authority,
Greater Los Angeles Homeless County Report, 2016, SPA

[114] 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].

[2] County of Los Angeles. Office of Countywide Communications. Los Angeles, CA. Available at: http://priorities.lacounty.gov/homeless/. Accessed: [September 2, 2016].

Poverty Indicators

Indicators	Year	Comparison		GAMC[4] Service Area	GMHHC[5] Service Area	VHH[6] Service Area
		Level	Avg.			
Families Below Poverty[1] [116]	2015	LAC	14.9%	12.0%	13.6%	11.0%
Families Below Poverty with Children[1]	2015	LAC	11.7%	8.4%	9.6%	8.1%
Children Eligible for Free or Reduced-Price Lunch[2]	2015	LAC	66.6%	N/A	N/A	N/A
Percentage of residents whose monthly housing cost exceeds 30% of income		LAC	56.0%	57.2%	57.0%	55.6%

[1] Data source: Nielsen Claritas
Data year: 2015
Source geography: ZIP Code
[2]Data source: California Department of Education (CDE)
Data year: 2015
Source geography: County
LAC=Los Angeles County
CA=California

Geographic areas/subpopulations of greatest impact

- Average estimated household income in Los Angeles County is $78,309. The following geographies in each service area have average estimated incomes well below the average for Los Angeles County.

GAMC Service Area	GMHHC Service Area	VHH Service Area
90042—Highland Park ($68,120)	90026—Echo Park ($63,307)	90042—Highland Park ($68,120)
90065—Glassell Park ($69,684)	90029—East Hollywood ($46,135)	91201—Glendale ($65,734)
91201—Glendale ($65,734)	90027—Los Feliz ($69,942)	91203—Glendale ($61,605)
91203—Glendale ($61,605)	90042—Highland Park ($68,120)	91204—Glendale ($53,876)
91204—Glendale ($53,876)	90065—Glassell Park ($69,684)	91205—Glendale ($50,806)
91205—Glendale ($50,806)	91201—Glendale ($65,734)	
	91203—Glendale ($61,605)	
	91204—Glendale ($53,876)	
	91205—Glendale ($50,806)	

Associated drivers and risk factors

In Los Angeles and Orange Counties, where 32.8% of renters spend more than half their income on housing[117], homelessness is linked to lack of affordable housing/eviction and loss of a job. Although Los Angeles is home to the largest health and social services system available to homeless people, given the size of the homeless population it faces significant challenges to provide cost effective integrated care.[118]

[116] United States Census Bureau. How the Census Bureau Measures Poverty. Available at http://www.census.gov/topics/income-poverty/poverty/guidance/poverty-measures.html. Accessed [August 31, 2016]

[117] Harvard University's Joint Center for Housing Studies, last accessed August 30, 2016: http://harvard-cga.maps.arcgis.com/apps/StorytellingTextLegend/index.html?appid=18d215ddb20946a4a16ae43586bf0b52

[118] 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.

Community input

Stakeholders associated homelessness in the service area with lack of affordable housing and poverty. They have observed that the only consistent source of care for the homeless population is emergency (911) service, which puts a burden on emergency services. Because the homeless population suffers 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 incomes on rent (vs. greater investment in healthy food or recreation). 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 there are insufficient social service providers in place to connect these families with homeless services. In focus groups, stakeholders noted as well that veterans are an ever increasing proportion of the homeless population.

Mental Health

About mental health

Mental illness is a common cause of disability. Untreated disorders may leave individuals at risk for substance abuse, self-destructive behavior, and suicide. Additionally, mental health disorders can have a serious impact on physical health and are associated with the prevalence, progression, and outcome of chronic diseases.[7] Suicide is considered a major preventable public health problem. In 2010, suicide was the tenth leading cause of death among Americans of all ages, and the second leading cause of death among people between the ages of 25 and 34.[8] An estimated 11 attempted suicides occur per every suicide death.

Research shows that more than 90% of those who die by suicide suffer from depression or other mental disorders, or a substance-abuse disorder (often in combination with other mental disorders).[9] Among adults, mental disorders are common, with approximately one-quarter of adults being diagnosable for one or more disorders.[10] Mental disorders are associated not only with suicide, but also with chronic diseases, a family history of mental illness, age, substance abuse, and life-event stresses.[11]

Interventions to prevent suicide include therapy, medication, and programs that focus on both suicide risk and mental or substance-abuse disorders. Another intervention is improving primary care providers' ability to recognize and treat suicide risk factors, given the research indicating that older adults and women who die by suicide are likely to have seen a primary care provider in the year before their death.[12]

Statistical data

Mental Health Indicators

Indicators	Year	Comparison		GAMC[13] Service Area	GMHHC[14] Service Area	VHH[15] Service Area
		Level	Avg.			
Unhealthy Days Resulting from Poor Mental Health Reported by Adults[1]	2015	LAC	2.3	2.6	2.6	2.5
Adults with Serious Psychological Distress in the Last Year[2]	2014	LAC	9.6%	10.1%	9.9%	9.9%
Adequate Social and Emotional Support[3]	2015	LAC	64.0%	65.3%	64.0%	65.3%
Anxiety Prevalence[4]	2011	LAC	6.4%	7.3%	7.3%	6.9%
Depression Prevalence[5]	2015	LAC	8.6%	9.2%	9.6%	8.3%
Alcohol- and Drug-Induced Mental Illness Rate per 100,000 Adults[6]	2012	CA	102.5	145.2	139.4	162.6
Needed Help for Mental, Emotional, or Alcohol/Drug Issues[7]	2011	LAC	18.0%	17.5%	18.6%	15.7%
Mental Health Hospitalization Rate per 100,000 persons, Adults[8]	2012	CA	540.9	774.5	629.6	846.5
Mental Health Hospitalization Rate per 100,000 persons, Youth[8]	2012	CA	294.8	267.9	257.1	396.2
Suicide Rate per 10,000 Persons[9]	2012	CA	1.0	1.0	0.8	0.9

[1]Data source: Los Angeles County Health Survey
Data year: 2015
Source geography: SPA
[2]Data source: California Health Interview Survey (CHIS)
Data year: 2014
[3]Data source: Los Angeles County Health Survey
Data year: 2015
Source geography: SPA
[4, 5]Data source: Los Angeles County Health Survey
Data year: 2011, 2015
Source geography: SPA
[6]Data source: Office of Statewide Health Planning and Development (OSHPD)
Data year: 2012
[7]Data source: Los Angeles County Health Survey
Data year: 2011
[8]Data source:Office of Statewide Health Planning and Development (OSHPD)
Data year: 2012

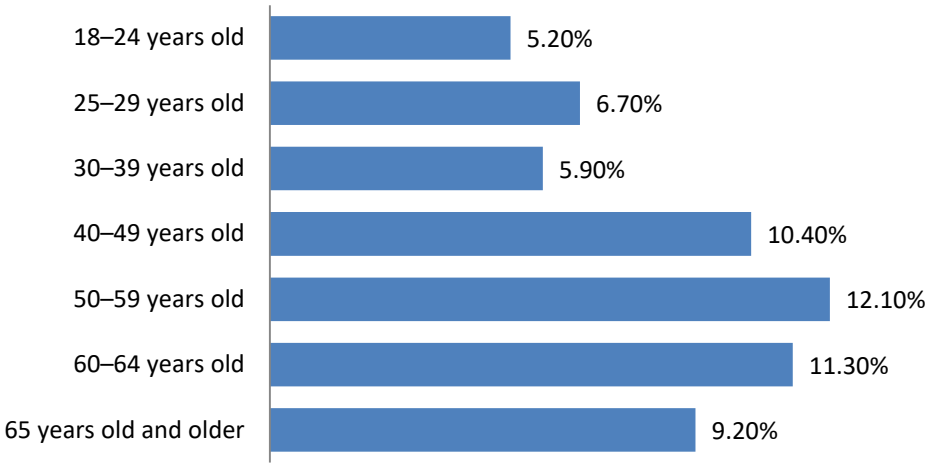
Geographic areas of greatest impact (disparities)

- The ZIP codes most impacted by mental health hospitalizations per 100,000 persons are listed below for each service area.

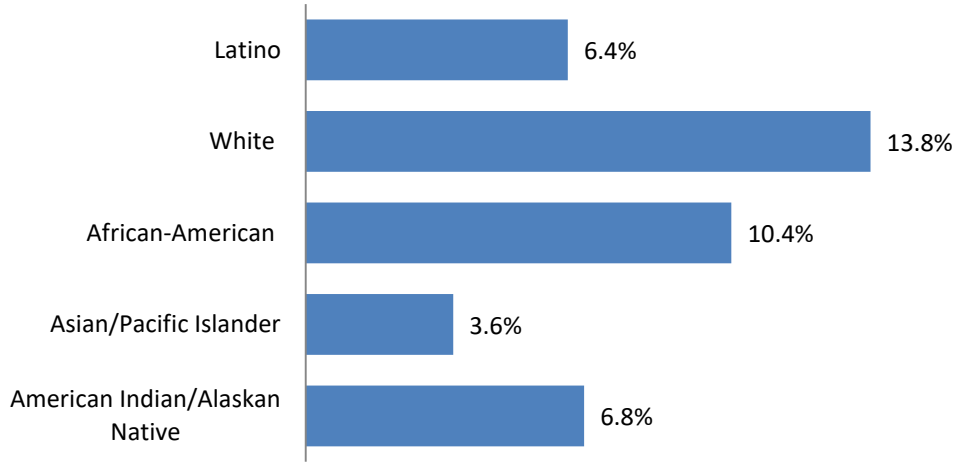
GAMC Service Area	GMHHC Service Area	VHH Service Area
91020—Montrose (2,209.0) 91205—Glendale (**1,138.1**) 90041—Eagle Rock (912.6)	90041—Eagle Rock (912.6) 91042—Tujunga (774.2) 91205—Glendale (1,138.1)	90041—Eagle Rock (912.6) 91001—Altadena (845.3) 91020—Montrose (2,209.0) 91040—Sunland (1,130.8) 91042—Tujunga (774.2) 91103—Pasadena (**1,742.7**) 91105—Pasadena (1,299.8) 91205—Glendale (1,138.1)

Data source[1]: Office of Statewide Health Planning and Development (OSHPD)

Depression Prevalence by Age, 2015



Depression Prevalence by Ethnicity



Data source: Los Angeles County Health Survey
Data year: 2015
Source geography: County

Associated drivers and risk factors

Mental health is associated with many other health factors, including poverty, heavy alcohol consumption, and unemployment. Chronic diseases such as cardiovascular disease, diabetes, and obesity are also associated with mental health disorders such as depression and suicide.[16]

Community input

Stakeholders identified poor mental health as one of the top health concerns in the Glendale community, adding that it affects everyone, regardless of age. There is a serious need for mental health to be integrated into primary care for a more cohesive service delivery model. Stakeholders emphasized a need for the prevention of mental health episodes like stress, PTSD, and other issues “to avoid

tragedies." More specifically, stress is on the rise in the Glendale community because of job-related demands and neighborhood safety. Also, people often avoid seeking treatment because of the stigma attached to mental health, therefore providers need to find a way to share information in a way that mitigates the stigma and is culturally sensitive.

Obesity/Overweight

About obesity/overweight

Obesity, a condition in which a person has an abnormally high and unhealthy proportion of body fat, has risen to epidemic levels in the United States; 68% of adults age 20 years and older are overweight or obese.[17]

Excess weight is a significant national problem and indicates an unhealthy lifestyle that influences further health issues. Obesity reduces life expectancy and causes devastating and costly health problems, increasing the risk of coronary heart disease, stroke, high blood pressure, diabetes, and a number of other chronic diseases.

Findings suggest that obesity also increases the risks for cancers of the esophagus, breast (postmenopausal), endometrium, colon and rectum, kidney, pancreas, thyroid, gallbladder, and possibly other cancer types.[18]

Obesity is associated with factors including poverty, inadequate fruit/vegetable consumption, breastfeeding, and lack of access to grocery stores, parks, and open space.

Statistical data

Obesity/Overweight Indicators

Indicators	Year	Comparison		GAMC[19] Service Area	GMHHC[20] Service Area	VHH[21] Service Area
		Level	Avg.			
Percent of adults who are overweight[1]	2015	LAC	35.9%	35.9%	35.5%	36.2%
Percent of adults who are obese[1]	2015	LAC	23.5%	20.8%	20.8%	20.9%
Percent of children who are overweight for age[2]	2012	LAC	13.3%	11.5%	12.7%	10.6%
Percent of teens who are overweight and obese[2]	2012	LAC	54.8%	51.8%	52.0%	15.9%

[1]Data source: Los Angeles County Health Survey
Data year: 2015
Source geography: SPA
[2]Data source: California Health Interview Survey (Accessed at www.healthycity.org)
Data year: 2012
Source geography: SPA

Geographic areas/subpopulations of greatest impact

- More people are overweight and significantly over the Los Angeles County average (29.7%)in the ZIP codes shown below.

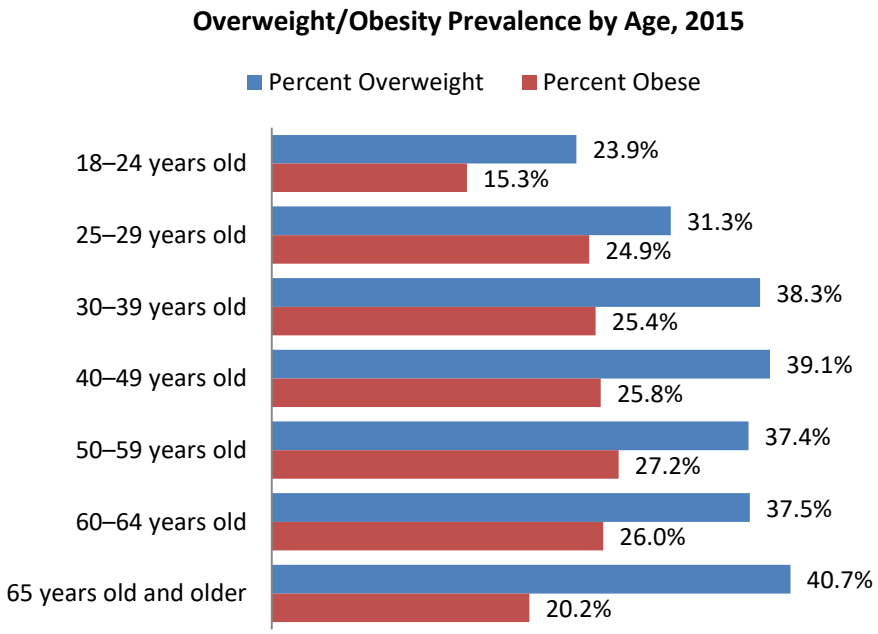
GAMC Service Area	GMHHC Service Area	VHH Service Area
91208—Glendale (34.1%) 91020—Montrose (33.5%)	91042—Tujunga (35.7%) 91208—Glendale (34.1%) 91214—La Crescenta (33.0%)	91020—Montrose (33.5%) 91040--Sunland-Tujunga (35.4%) 91042—Tujunga (35.7%) 91208—Glendale (34.1%) 91214—La Crescenta-Montrose (33.0%) 91342—Sylmar (36.8%)

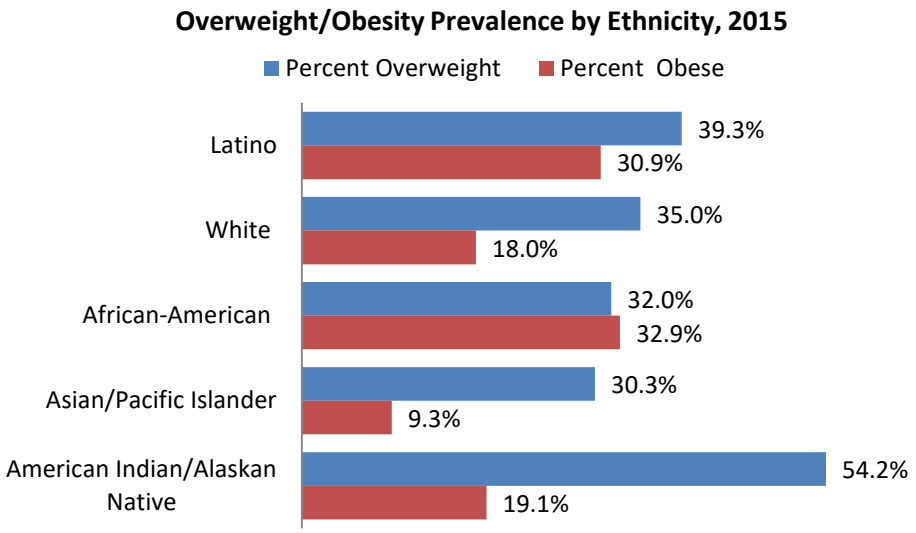
Data source: Healthy Cities
Data year: 2009
Source geography: ZIP Code

- More people are obese and over the Los Angeles County average (21.2%) in the ZIP codes shown below.

GAMC Service Area	GMHHC Service Area	VHH Service Area
90065—Glassell Park (22.3%)	90029—East Hollywood (21.5%)	90042—Highland Park (22.3%)
90042—Highland Park (22.3%)	90042—Highland Park (22.3%)	91001—Altadena (21.8%)
	90065—Glassell Park (22.3%)	91103—Pasadena (24.4%)

Data source: Healthy Cities
Data year: 2009
Source geography: ZIP Code





Data source: Los Angeles County Health Survey
Data year: 2015
Source geography: County

Associated drivers and risk factors

Obesity is associated with factors such as poverty, inadequate consumption of fruits and vegetables, physical inactivity, and lack of access to grocery stores, parks, and open space. Obesity increases the risk of coronary heart disease, stroke, high blood pressure, diabetes, and a number of other chronic diseases. The condition also increases the risks of cancers of the esophagus, breast (postmenopausal), endometrium, colon and rectum, kidney, pancreas, thyroid, gallbladder, and possibly other cancer types.[119]

Community input

Stakeholders highlighted the economic challenges associated with accessing healthy food. A focus group participant explained, “The rent is extremely high and there is not a lot of affordable housing, so you have a lot of families that spend more money on trying to pay rent and are not able to pay for food.” In the focus groups, stakeholders focused on the impact of obesity on youth in the community, pointing out that healthier food options should be served in schools.

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

Substance Abuse

About alcohol and substance abuse

Substance abuse (defined as use of alcohol, tobacco, prescription or illicit substances) has a major impact on individuals, families and communities. Substance abuse is considered both a driver of poor health outcomes and an outcome in and of itself. Key determinants—or drivers—of alcohol and substance abuse and tobacco use outcomes include biological, social, economic and environmental factors. Drivers of individual and population substance use and abuse outcomes include gender, race and ethnicity, age, income level, educational attainment and sexual orientation. Substance abuse 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.[120] Understanding the relationship between key substance abuse drivers in the GAMC service area and substance use and abuse patterns is important in improving substance abuse outcomes indicators.

Substance use and abuse are key determinants of a number of downstream additional poor health outcomes. The effects of substance abuse contribute significantly to costly social, physical, mental, and public health problems, including teenage pregnancy, HIV/AIDS, STDs, domestic violence, child abuse, motor vehicle accidents (unintentional injuries), physical fights, crime, homicide, and suicide.[121] Heavy alcohol consumption is an important determinant of future health needs, including cirrhosis, cancers, and untreated mental and behavioral health needs.

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.[122]

Statistical data

Alcohol and Substance Abuse Indicators

Indicators	Year	Comparison		GAMC[22] Service Area	GMHHC[23] Service Area	VHH[24] Service Area
		Level	Avg.			
Percent of adults 18 and older who reported drinking at least once in the past month[1]	2015	LAC	51.9%	51.7%	50.5%	53.0%
Percent of adults 18 and older who engaged in binge drinking in the past month[1]	2015	LAC	15.8%	15.7%	16.2%	15.1%
Number of alcohol outlets per 1,000 persons[2]	2016	LAC	0.6	1.4	1.5	0.5
Adults Who Reported Misusing Any Form of Prescription Drugs in the Past Year[3]	2015	LAC	5.5%	5.2%	5.7%	4.6%
Adults Who Reported Using Any Form of Marijuana in the Past Year[3]	2015	LAC	11.6%	12.8%	13.4%	11.3%

[120] 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 [August 1, 2016].

[121] 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 [August 2, 2016].

[122] 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 [August 1, 2016].

Teens Who Have Ever Tried Marijuana, Cocaine, Sniffing Glue, Other Drugs[4]	2012	LAC	14.7%	13.2%	14.5%	11.2%
Percent of adults 18 and older who reported they needed or wanted treatment for an alcohol or drug issue (excluding tobacco) in the past five years[5]	2011	LAC	2.5%	3.2%	3.2%	3.0%
Percentage of the service area population currently smoking[6]	2015	LAC	13.3%	13.4%	13.6%	11.6%

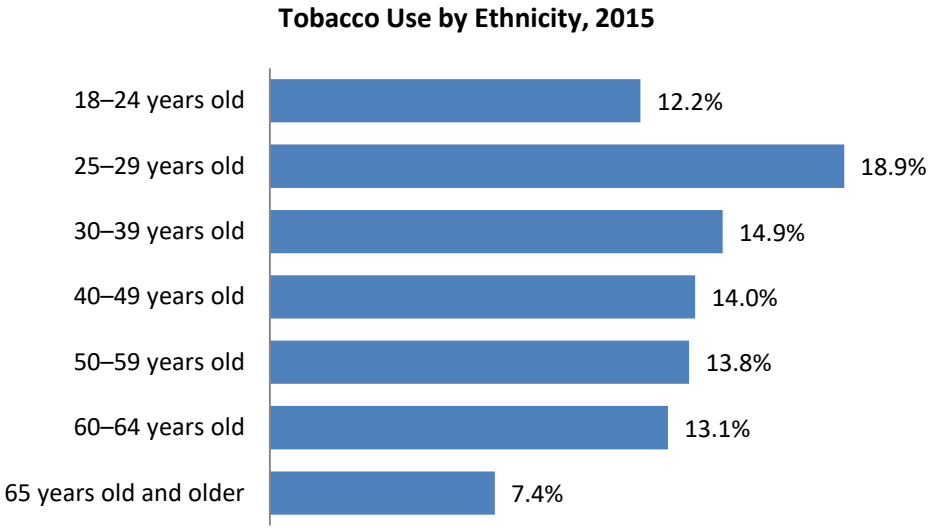
Data source[1]: Los Angeles County Health Survey
Data year: 2015
Source geography: SPA
Data source[2]: California Department of Alcoholic Beverage Control (ABC)
Data year: 2016
Source geography: ZIP Code
Data source[3]: Los Angeles County Health Survey
Data year: 2015
Source geography: SPA
Data source[4]: California Health Interview Survey
Data Year: 2012
Source geography: SPA
Data source[5]: Los Angeles County Health Survey
Data year: 2011
Source geography: SPA
Data source[6]: Los Angeles County Health Survey
Data year: 2015
Source geography: SPA

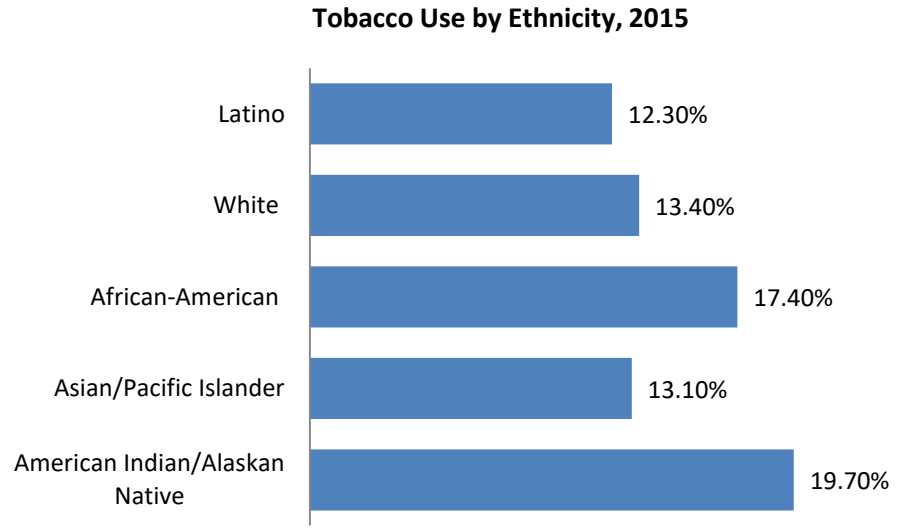
Geographic areas/subpopulations of greatest impact

- Rates of alcohol/drug-induced mental illness per 100,000 adults were highest in the ZIP codes shown below.

GAMC Service Area	GMHHC Service Area	VHH Service Area
91204—Glendale (181.1) 91206—Glendale (179.4)	91204—Glendale (181.1) 91206—Glendale (179.4) 91214—La Crescenta (183.5)	91011—La Canada/Flintridge (192.4) 91040—Sunland-Tujunga (191.4) 91103—Pasadena (227.2) 91105—Pasadena (314.3) 91206—Glendale (179.4) 91214—La Crescenta-Montrose (183.5)

Data source: Office of Statewide Health Planning and Development (OSHPD)
Data year: 2012
Source geography: ZIP Code





Data source: Los Angeles County Health Survey
Data year: 2015
Source geography: County

Associated drivers and risk factors

Several biological, social, environmental, psychological, and genetic factors are associated with alcohol and substance abuse. These factors may include gender, race and ethnicity, age, income level, educational attainment, and sexual orientation. Substance abuse is also strongly influenced by interpersonal, household, and community factors. Family, social networks, and peer pressure are key influencers of substance abuse among adolescents.[25] As mentioned above, teenage pregnancy, HIV/AIDS, STDs, domestic violence, child abuse, motor vehicle accidents (unintentional injuries), physical fights, crime, homicide (intentional injuries), and suicide can be attributed to alcohol and substance abuse.[26] For data concerning health drivers, please refer to **Error! Reference source not found.**.

Community input

Stakeholders identified areas of heavy smoking throughout the central and southern parts of Glendale and among members of the Armenian population. Stakeholders observed that the teen population was drawn to both vaping and hookah smoking in addition to smoking cigarettes. Additionally, stakeholders discussed concerns about the abuse of over-the-counter drugs and prescription drugs, as well as alcoholism.

[1] Glendale Adventist Medical Center

[2] Glendale Memorial Hospital and Health Center

[3] Verdugo Hills Hospital

[4] Glendale Adventist Medical Center

[5] Glendale Memorial Hospital and Health Center

[6] Verdugo Hills Hospital

[7] 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 [April 30, 2013].

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[9] National Institute of Mental Health. *Suicide in the U.S.: Statistics and Prevention*. Available at http://www.nimh.nih.gov/health/publications/suicide-in-the-us-statistics-and-prevention/index.shtml. Accessed [March 12, 2013].

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[11] Public Health Agency of Canada. *Mental Illness*. Available at http://www.phac-aspc.gc.ca/cd-mc/mi-mm/index-eng.php. Accessed [March 12, 2013].

[12] National Institute of Mental Health. *Suicide in the U.S.: Statistics and Prevention*. Available at http://www.nimh.nih.gov/health/publications/suicide-in-the-us-statistics-and-prevention/index.shtml. Accessed [March 12, 2013].

[13] Glendale Adventist Medical Center

[14] Glendale Memorial Hospital and Health Center

[15] Verdugo Hills Hospital

[16] Centers for Disease Control and Prevention. *Mental Health and Chronic Diseases*. Available at http://www.cdc.gov/nationalhealthyworksite/docs/Issue-Brief-No-2-Mental-Health-and-Chronic-Disease.pdf. Accessed [May 1, 2013].

[17] National Cancer Institute. *Obesity and Cancer Risk*. Available at http://www.cancer.gov/cancertopics/factsheet/Risk/obesity. Accessed [March 10, 2013].

[18] Ibid.

[19] Glendale Adventist Medical Center

[20] Glendale Memorial Hospital and Health Center

[21] Verdugo Hills Hospital

[22] Glendale Adventist Medical Center

[23] Glendale Memorial Hospital and Health Center

[24] Verdugo Hills Hospital

[25] 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 [February 27, 2013].

[26] 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=32. Accessed [February 26, 2013].

Violence/Injury/Safety

About Violence, Injury and Safety

Injuries can result from many unintentional or intentional events including motor vehicle accidents, falls, job-related accidents, gunshot and blast wounds and sports injuries. Common diagnoses include brain injury, spinal cord injury, amputation, anoxia, and muscular-skeletal injury. Injuries affect everyone, regardless of age, gender, ethnicity, or economic status. Although injuries are often unavoidable, there are steps that can be taken to lessen the consequences of injuries, including wearing seat belts, violence prevention education, ignition interlock and in-car breathalyzers to prevent drunk driving, pro-active job site safety precautions and regular physical activity.

Statistical data—*How are violence, injury and safety measured? What is the prevalence/incidence rate of violence, injury and safety in the community?*

Teens Perception of Neighborhood and School Safety, 2012, 2014

Indicators	Year	Comparison		GAMC[liv] Service Area	GMHHC[lv] Service Area	VHH[lvi] Service Area
		Level	Avg.			
Received threats of violence or physical harm from peers in past year[1]	2012	LAC	14.7%	14.2%	16.1%%	10.2%
Feared of being attacked at school in the past year[1]	2012	LAC	17.1%	20.3%	19.9%	20.0%
Felt unsafe in nearby park or playground during the day[2]	2014	LAC	11.7%	3.0%	4.0%*	N/A

[1]California Health interview Survey, 2012, SPA
[2]California Health interview Survey, 2014, SPA
*Data for SPA 2 unavailable—Not included in GMHHC estimated calculation

Geographic areas/subpopulations of greatest impact

The ZIP codes with the highest rates of unintentional injuries leading to death, as a percentage of all deaths, compared to the Los Angeles County average (3.5%), are listed below:

GAMC Service Area	GMHHC Service Area	VHH Service Area
90041—Eagle Rock (4.4%) 91203—Glendale (8.1%)	90041—Eagle Rock (4.4%) 91203—Glendale (8.1%)	90041—Eagle Rock (4.4%) 91203—Glendale (8.1%)

Community input

In focus groups, stakeholders expressed concerns about safety largely linked to transportation and pedestrian access. Distracted drivers causing pedestrian accidents as well as dangerous conditions for bicyclists (tied to a shortage of bike lanes) are principal among the concerns for physical safety, particularly in the more congested areas of South Glendale. Stakeholders also discussed the need for additional services for victims of domestic violence and sexual assault, as budget cuts often impact these services.

Appendix F: Glendale Adventist Medical Center Community Health Plan 2015 Annual Update

Table of Contents

Overview of Adventist Health

Glendale Adventist Medical Center is an affiliate of **Adventist Health**, a faith--based, not--for--profit, integrated health care delivery system headquartered in Roseville, California. We provide compassionate care in communities throughout California, Hawaii, Oregon and Washington.

Adventist Health entities include:

- 20 hospitals with more than 2,700 beds
- More than 235 clinics and outpatient centers
- 14 home care agencies and 7 hospice agencies
- Four joint--venture retirement centers
- Workforce of 28,600 includes more than 20,500 employees;; 4,500 medical staff physicians;; and 3,600 volunteers

We owe much of our heritage and organizational success to the **Seventh--day Adventist Church**, which has long been a promoter of prevention and whole person care. Inspired by our belief in the loving and healing power of Jesus Christ, we aim to bring physical, mental and spiritual health and healing to our neighbors of all faiths.

Every individual, regardless of his/her personal beliefs, is welcome in our facilities. We are also eager to partner with members of other faiths to enhance the health of the communities we serve.

Our commitment to quality health care stems from our heritage, which dates back to 1866 when the first Seventh--day Adventist health care facility opened in Battle Creek, Michigan. There, dedicated pioneers promoted the "radical" concepts of proper nutrition, exercise and sanitation. Early on, the facility was devoted to prevention as well as healing. They called it a sanitarium, a place where patients—and their families—could learn to be well.

More than a century later, the health care system sponsored by the Seventh--day Adventist Church circles the globe with more than 170 hospitals and more than 500 clinics, nursing homes and dispensaries worldwide. And the same vision to treat the whole person—mind, body and spirit—continues to provide the foundation for our progressive approach to health care.

Our Mission: To share God's love by providing physical, mental, and spiritual healing.

Our Vision: Adventist Health will be a recognized leader in mission focus, quality care and fiscal strength.

Identifying Information

Glendale Adventist Medical Center
Number of Hospital Beds: 515
Kevin Roberts, CEO
Scott Reiner, Chair, Governing Board
1509 Wilson Terrace
Glendale, CA 91206
(818)

Invitation to a Healthier Community

Where and **how** we live is vital to our health. As you read this document, think about health in our communities as the environment in which we live, work, and play.

Economic opportunities, access to nutritious foods, green space, and the availability of social networks, are key determinants in shaping our health. Our hope is to focus beyond the pressing health care challenges to see the resources and assets that exist in our community and how we can align them for better health outcomes as a population.

The Community Health Plan marks the second phase in a collaborative effort to identify our community's most pressing health needs. A Community Health Needs Assessment (CHNA) was conducted in 2013 to identify potential priority areas for community health. The CHNA was conducted not only in response to California's community benefit legislation (SB 697), Oregon's community benefit legislation (HB 3290) and The Affordable Care Act (H.R. 3590), but to truly fulfill the mission of the Adventist Health, "To share God's love by providing physical, mental and spiritual healing."

Community--based prevention, particularly interventions that look upstream to stop the root causes of disease, can reduce the burden of preventable illnesses. Economic opportunities, access to nutritious foods, green space, and the availability of social networks, are all key determinants in shaping our health. Our hope is to focus beyond the pressing health care challenges to see the resources and assets that exist in our community and how we can align them for better health outcomes as a population.

Adventist Health uses ***The Community Guide***, a free resource, to help communities choose programs and policies to improve health and prevent disease. This resource guides communities towards interventions that have proven to be effective, are appropriate for each unique community and evaluate the costs and return on investment for community health interventions.

Developing metrics for population--based interventions are imperative for continued success in elevating the health status of our community. To aid in comparability across regions, it is important to identify and be in alignment with statewide and national indicators.

When available, Healthy People 2020 was used as targets to align our local interventions. The Healthy People 2020 initiative provides science--based, 10--year national objectives for improving the health of all Americans.

The results of the CHNA guided the creation of a detailed plan to meet identified community needs, as well as community plans to address needs that our hospital may not be able to provide. In response to those identified needs Glendale Adventist Medical Center has adopted the following priority areas for our community health investments for 2013--2015:

Priorities

- Integrate Patient Education into Cardiovascular Services
- Improve Stroke Education and Support
- Population Health for Chronic Disease
- Wellness and Support for Patients Diagnosed with Cancer

Cross Cutting Objectives

- Web--Based Health Resource Education
- Training Healthcare Professionals on Importance of Clinical Research and Educating Patients on Research Opportunities

We recognize that issues such as physical activity, homelessness, and poverty are important drivers of health in our community. There were many needs identified through the CHNA and while we recognize their importance, we were not able to address due to a lack of resources and expertise. We will, however, continue to support the work of our community partners in tackling these issues.

In addition, Glendale Adventist Medical Center continues to provide leadership and expertise within our health system by asking the questions for each priority area:

1) Are we providing the appropriate resources in the appropriate locations?
2) Do we have the resources as a region to elevate the population's health status?
3) Are our interventions making a difference in improving health outcomes?
4) What changes or collaborations within our system need to be made?
5) How are we using technology to track our health improvements and providing relevant feedback at the local level?

Building a healthy environment requires multiple stakeholders working together with a common purpose. We invite you to explore our health challenges in our communities outlined in this assessment report. More importantly though, we hope you imagine a healthier region and collectively prioritize our health concerns and find solutions across a broad range of sectors to create communities we all want for ourselves and our children.

Community Health Needs Assessment Overview Update

The Community Health Needs Assessment (CHNA) includes both the activity and product of identifying and prioritizing a community's health needs, accomplished through the collection and analysis of data, including input from community stakeholders that is used to inform the development of a community health plan. The second component of the CHNA, the Community Health Plan, includes strategies and plans to address prioritized needs, with the goal of contributing to improvements in the community's health.

Glendale Hospitals Collaborative CHNA Framework and Process

The data collection process of the CHNA included the following methodology and process:

To ensure a level of consistency across the Glendale Hospitals Collaborative, the CNM team included a list of over 100 indicators of secondary data that, when looked at together, help illustrate the health of a community. California data sources were used whenever possible. When California data sources weren't available, national data sources were used.

In addition to reviewing the secondary data available, the CNM CHNA team collected primary data through a focus group to discuss and identify key issues that most impact the health of the communities served by the three Glendale hospitals. The identified health needs and drivers of health were then presented during a community forum to allow for a richer discussion of secondary data and additional considerations. Following the community forum, an online survey was distributed to a broader audience, including those who participated in the community forum and were asked to prioritize the health needs and drivers of health. The focus group, forum, and survey engaged a spectrum of local public health experts, community leaders, and residents. The CHNA process also included an inventory of existing community assets and resources (Appendix E—Local Community Assets).

<u>Secondary Data</u>

Secondary data were collected from a wide range of local, county, and state sources to present demographics, mortality, morbidity, health behaviors, clinical care, social and economic factors, and physical environment. These categories are based on the

Mobilizing Action Toward Community Health (MATCH) framework (Figure 1), which illustrates the interrelationships among the elements of health and their relationship to each other: social and economic factors, health behaviors, clinical care, physical environmental, and health outcomes.

Glendale Adventist Medical Center's leaders feel confident that we are working hard to listen to our community and collectively identify needs and assets in our region.

Traditional, publicly available data were included in the assessment, along with qualitative data collected from a broad representation of the community.

Although, the most recent assessment was conducted in 2013, we are continually assessing our communities for growing trends or environmental conditions that need to be addressed before our next assessment in 2016. In 2015, there were no changes or events that caused shifts in the community environment.

Identified Priority Need Update

After conducting the CHNA, we asked the following questions:

1) What is really hurting our communities?
2) How can we make a difference?
3) What are the high impact interventions?
4) Who are our partners?
5) Who needs our help the most?

From this analysis, three primary focus areas were identified as needing immediate attention, moving forward:

Priority Area 1

Cardiovascular Health -- Integrate Patient Education into Cardiovascular Services

Identified Need: GAMC has identified the need to more effectively integrate education into cardiovascular services. As a leading arena of chronic disease, morbidity and mortality, cardiovascular health has been targeted with increasing education, prevention and early identification activities. Integrating these activities more effectively with cardiovascular services provides increased health benefits for the community.

Goal: Increase the access and/or number of impactful community educational events that provide heart health education and related health screenings.

The HVI+I team is proud to continue to deliver high quality events to the community and continue to promote broad attendance. There will be four educational series on and off campus that will offer FREE screenings to those in attendance. One or more physicians presenting various heart disease conditions and health related topics will host each event. Screenings will include cholesterol, blood pressure, and body mass Index.

Recently introduced features include presentations in Spanish and Korean.

Off--site events are offered in collaboration with the local YMCA. The newly revised "LEGS FOR LIFE" event has been redesigned and is now called "C.A.R.E," Cardiac Arterial Risk Evaluation. Screenings offered include: Abdominal aortic aneurysm, carotid ultrasound, ankle brachial index, and also newly added cholesterol, CRP blood test, BP, and BMI. A cardiac consult will be available in Spanish and Armenian. (This became a two--day event in 2011 and continued as such in 2012, 2013, 2014, and 2015.)

Objective:

1. Reduce heart disease by promoting improved health and healthy living through community education, specialty care, and prevention services
2. Integrate cardiac services more effectively into healthcare delivered at the GAMC Heart and Vascular Institute
3. Increase the proportion of adults who meet the recommended guidelines

Interventions / Measures

- A two--day C.A.R.E. event will be held with approximately 180 attending
- GAMC will host four educational series, with approximately 1,000 attending
- Cholesterol screenings will be held with an estimated 500 participating
- The GAMC Stemi Center will serve 50 uninsured/un--reimbursed patients
- The Chest Pain Center will serve 50 patients
- At least three heart healthy MD seminar talks will be held with 170 attending
- Incorporate and track response to web--based health interventions, including social networking sites, online video viewing sites, and visits to online health encyclopedias (R.O.I. for direct mail engagements and campaigns)
- Use the metrics provided by the direct mail and email provider to determine actual incremental increase in patient contact

Evaluation Indicators:

Short--term – Increase the number of sites for community--based management for heart disease, and community members' ability to monitor their health and disease.

Long--term – Decrease hospital readmission rates for acute myocardial infarction.

Program Highlight 1:

GAMC is home to one of the region's few stemi centers. Providing specialized services for specific heart attack types, the GAMC Stemi Center keeps dedicated physicians on call 24/7. In the case of uninsured patients and/or non--reimbursed care, GAMC contracts with the panel physicians and assures that even patients without insurance receive care. GAMC Stemi Center services are made possible through the integration of specialized technologies and health programs, and continue to be monitored for quality assurance.

In 2015, GAMC collaborated with the LA STEMI center to obtain two standing screens displaying the signs and symptoms of acute coronary syndrome and how this manifests differently for men and women, and also a message emphasizing the importance of calling 911 when someone shows these symptoms. These screens are displayed at events in the community and on our hospital grounds for visitors to see.

In 2015, GAMC initiated a monthly class wherein the chest pain coordinator and the cardiovascular clinician share tips with patients in cardiac rehab about how to reach a better quality of life. Classes

educate patients about healthy living, healthy eating, medication management, warning signs for complications, family support, social support, risk of depression, and complications after surgery. Also, the classes create a place where patients can feel welcome to ask questions and network with people who have had a similar experience.

Update on Indicators for 2015:

Short--term: Improve the ED patient's arrival time accuracy to better be able to track turnaround times for important measures such as length of stay, troponin turnaround time, STEMI reperfusion times, and door to EKG times, which all improve patient care and patient satisfaction.

Long--term: Decrease hospital length of stay and quality measure turnaround times.

Progress on your indicators listed in the original plan:

- Opening of the Heart and Vascular Institute.
- Care transitions team in the monitoring and education of heart failure patients and AMI patients to help reduce readmissions.
- Heart failure patients follow up phone calls.
- Discharge appointments with PMDs prior to discharge initiative.
- Green arm band door time process and auditing to ensure accurate patient arrival time.

Program Highlight 2:

The opening of the Heart and Vascular Institute was an exciting highlight for 2014. In 2015, the Institute continued to provide a place for our patients to turn to for management of chronic heart conditions. The Institute helps to lower the risk of readmissions and ED admissions. Cardiologists, interventional radiologists, and cardiothoracic surgeons are available to see patients daily and perform testing such as echocardiograms and stress imaging. The Institute is a state of the art facility that provides treatment and care for arrhythmias, heart failure, valve disorders, coronary artery disease, chronic care management, cardiac and vascular primary screenings, population health screenings, nuclear camera, treatment, and echo rooms.

Partners

- American College of Cardiology
- American Red Cross
- Covidien
- Glendale YMCA
- Hospital and community physicians
- La Cañada YMCA
- Los Angeles County Department of Health
- Society for Interventional Radiology
- Society of Chest Pain Centers
- Toshiba
- Verdugo Hills Hospital for cardiac rehab

Priority Area 2

Improve Stroke Education and Support

Identified Need: Stroke ranks as the nation's fifth leading cause of death. At a rate of every 45 seconds in America, someone has a stroke;; every 4 minutes, someone dies of a stroke.

Goal: Improve cardiovascular health and quality of life through prevention, detection, and treatment of risk factors for heart attack and stroke;; early identification and treatment of heart attacks and strokes;; and, prevention of repeat cardiovascular events.

The Certified Advanced Primary Stroke Center at Glendale Adventist has been established to serve this need in the Glendale region. The Center was first certified in March of 2008 by the Joint Commission and is re--audited every 2 years. A Stroke Alert Team is available 24/7 and offers the latest modalities of treatment available. GAMC submits data for its stroke patients to the Joint Commission and the American Stroke Association (a division of the American Heart Association). Last year, the GAMC Stroke Center received a Gold Plus Award from the American Heart Association for meeting the criteria set by the Get with the Guidelines program, which recognizes hospitals that implement evidence--based best practices for stroke care. In addition to the Gold Plus award, GAMC has qualified to join the Target: Stroke Honor Roll Award, a national quality improvement initiative that focuses on improving the timeliness of administration of intravenous tissue plasminogen activator (IV--tPA) to eligible patients. The goal is to achieve a door--to--needle time of 60 minutes or less. In 2015, GAMC became a Certified Comprehensive Stroke Center (CSC), a higher level of certification by DNV Healthcare. The CSC designation means that hospital met or exceeded all required standards to care and treat complex neurological cases.

Objective: Expand community--based stroke prevention and education activities through additional community access points and network formulation.

The GAMC Neuroscience Institute will offer stroke education and support to community members and stroke survivors.

In addition, a key mission of the GAMC Neuroscience Institute is to reach out and educate the community regarding the risk factors, signs, and symptoms of stroke, as well as the preventative measures that can be taken in order to potentially reduce its occurrence. The community outreach initiatives completed thus far are detailed below. The goal of the Neuroscience Institute is to continue to expand these activities as additional community contacts and links are established.

Interventions

- The stroke support group will serve 15 to 20 participants permonth.

- Continued free Stroke Medication Management and Education Clinic;; in 2014, pharmacy consults were built into our process to ensure patients receive free consultation with the pharmacist prior to discharge.
- The Neuroscience Institute will provide at least 4 free stroke awareness community presentations.
- The Neuroscience Institute will evaluate the effectiveness of the stroke community education by performing a pre--test and a post--test survey.
- GAMC will provide stroke risk assessment including blood pressure screening in at least 4 community events.
- GAMC will work with local partners to incorporate at least two community health navigators to assist patients with aftercare and reduce utilization of specialists.
- The Neuroscience Institute will continue to utilize the state--of--the--art interactive mobile stroke education unit in at least 3 community events.
- The Community Mobility Program is anticipated to serve 10 to 15 participants per year.
- Incorporate and track response to web--based health interventions, including social networking sites, online video viewing sites, and visits to online health encyclopedias (R.O.I. for direct mail engagements and campaigns).
- Use the metrics provided by the direct mail and email provider to determine actual incremental increase in patient contact.
- Integrate education into Clinical Research services and educate physicians accordingly, especially primary physicians.

Evaluation Indicators

Short--term – Increase the proportion of adults who have had their blood pressure measured within the preceding 2 years and can state whether their blood pressure was normal or high.

Long--term – Increase the sites for community--based management for strokes to reduce stroke--related deaths.

Program Highlights: GAMC created a Community Mobility Program for people who have had a stroke and are experiencing neurological deficits that may impair driving ability. Because the loss of driving ability is one of the most difficult losses stroke patients face, GAMC offers this service in order to evaluate patients from a clinical and an on--the--road perspective to determine driving ability. Some are evaluated as being able to drive immediately;; some as needing special training and others as having lost the dexterity to drive again. GAMC's Community Mobility Program is operated in partnership with the Department of Motor Vehicles.

A free monthly stroke support group meets with a volunteer licensed clinical social worker from GAMC Rehabilitation Services. GAMC welcomes stroke survivors from all local hospitals and created an outreach initiative encouraging stroke survivors to avail

themselves of this resource. Approximately 15 to 20 stroke survivors attend this ongoing monthly meeting.

The GAMC Neuroscience Institute offers FREE Stroke Medication Management & Education Clinics – the first of its kind in the community. Stroke patients receive a consultation with a Glendale Adventist pharmacist including answers to their medication/prescription questions, discussing adjustments to medication dosage (if necessary) and receiving guidance regarding post--stroke rehabilitation. Armenian and Spanish--speaking pharmacists are also available for patients upon request. In addition to continued marketing initiatives through the GAMC website and Health Quarterly, pharmacy consults are built into our process to ensure patients receive a free consultation from the pharmacist prior to discharge.

Going forward, the GAMC Neuroscience Institute will continue to offer free ongoing stroke awareness community presentations. These community events are supported by GAMC website podcasts that address warning signs, methods of prevention, services offered, and treatment options for stroke.

Update on Indicators for 2015:

We provided stroke risk assessment and blood pressure screenings in 2015. A total of 57 blood pressure screenings were completed.

Stroke Support Group has continuously provided stroke survivors and their families an opportunity to connect with other survivors and deal with the physical and emotional difficulties after stroke. The support group convenes an average of 15 participants monthly.

The Community Mobility Program had 11 participants in 2015. Of the 11 participants, 8 had a history of stroke.

Program Highlight:

In May 2014, two of GAMC's board--certified neurologist joined the "Stroke Awareness Hotline" to answer questions on stroke prevention. The event was a special telecast AB7 Eyewitness News in celebration of the stroke awareness month. About 25 phone consults were served by our neurologists that day.

Measurable objectives that will be tracked for outcomes in 2016 include:

The GAMC Neuroscience Institute will offer stroke education and support to community members and stroke survivors.

Evaluation Indicators

Short--term

- The stroke support group will serve 15 to 20 participants permonth.
- Increase utilization of the Stroke Medication Management and Education Clinic.
- The Neuroscience Institute will provide at least 4 free stroke awareness community presentations.
- The Neuroscience Institute will evaluate the effectiveness of the stroke community awareness presentations by performing a pre--test and a post--test survey.
- We will provide stroke risk assessment including blood pressure screening in at least 4 community events.
- Increase utilization of the Neuroscience Institute will continue to utilize the state-- of--the--art interactive mobile stroke educationunit.
- The Community Mobility Program is anticipated to serve 10 to 15 participants.

Long--term

- Work with local partners to incorporate at least two community health navigators to assist patients with aftercare and reduce utilization of specialists.
- Incorporate and track response to web--based health interventions, including social networking sites, online video viewing sites, and visits to online health encyclopedias (R.O.I. for direct mail engagements and campaigns).
- Integrate education into Clinical Research services and educate physicians accordingly, especially primary physicians.

Partners

- American Heart/Stroke Association
- National Stroke Association
- Center for Neuro Skills
- Los Angeles Stroke Coordinator's Network(LASCN)
- American Association of Neuroscience Nurses(AANN)
- Department of Motor Vehicles
- Genentech
- Glendale Merchants Association
- Glendale News--Press
- Local membership organizations

Priority Area 3

Population Health for Chronic Disease

Identified Need: Over the course of 20 years, the collaborative efforts between Glendale Adventist Medical Center (GAMC), the non--profit, municipal, healthcare, education, and faith sectors continue to yield fruitful results in the community ownership of health. Understanding that preventative care is key to deterring life--long chronic disease, GAMC recognizes the importance of evidence--based, population health initiatives that improve diabetes management and diabetes outcomes. Diabetes is a serious condition that can lead to heart and kidney disease, stroke, amputation, blindness, and death. It lowers life expectancy by up to 15 years, and for those with the disease, it increases the risk of heart disease two to four times over those without diabetes. Obesity is one of the identified risk factors for Type 2 diabetes and thirty--four percent of adults and teens in the greater Glendale service area are diagnosed with being overweight, and an additional 20% are diagnosed with obesity. The Glendale community and GAMC are impacted by undiagnosed and poorly controlled, or uncontrolled diabetes and experience higher rates of diabetes hospitalizations than the statewide average. The state of California's hospitalization rate for uncontrolled diabetes per 100K is 145.6, as compared to Glendale zip codes 91204 (237) and91205 and in service area zip codes 90065 (204.3) and 90042 (201.8). Poorly controlled, or uncontrolled, and undiagnosed diabetes decreases quality of life and increases cost of care. An important next step in "owning" the health of our children, their families and our community, is increasing access to health education, disease management, and health promotion activities.

A key element in this strategy is creating access to services and resources delivered by the Choose Health LA Kids program. CHLAKids is a population health, early childhood diabesity prevention initiative. Funded by the LA County Department of Public Health and First 5 LA, it iss designed to reach children 0--5 years of age and their families. Its mission is to implement community based education, skill building, and environmental changes that promote physical activity and healthy eating. These preventative health measures are emphasized through community engagement and cross--sector collaboration. Focusing our health promotion and disease prevention efforts on the 0--5 population creates a unique opportunity for cooperation for all community members. It likewise presents the chance, for all those invested in community health, to create a deeply embedded network that functions to support, protect, and follow the health of our community members from birth into adulthood. At its heart this strategy means we will be working together to own the health of our community.

The Diabetes Community Engagement Project (DCEP) is a multi--pronged, evidence-- based, population health initiative that will improve diabetes management and outcomes among those who live, work, and play in both Glendale and its respective communities. Funded by the UniHealth Foundation, the Diabetes Community Engagement Project will screen 3,000 community members for diabetes, cardiovascular disease and

hypertension over the course of two years. The program has three basic strategies which serve at--risk multi--cultural populations in Glendale. Clinicians and practitioners, community health workers, and business and healthcare sectors will collaborate to achieve assessment and identification of undiagnosed diabetes and pre--diabetes, and will help individuals manage diabetes through an integration of community--based, worksite, and healthcare best practices. These include: free clinical follow--up for those identified as at risk with an HbA1c and total cholesterol test;; referral to one of eight partnering Federally Qualified Health Clinics (FQHC) should it be required, and to Diabetes Self--Management Programs which focus on educating and empowering community members to self--manage their chronic condition.

Focusing our energies towards full sector collaboration to improve diabetes outcomes creates a unique opportunity for everyone to collectively own the health of our community. DCEP continues to expand its efforts by supporting Glendale's Collective Impact Initiative by providing free outreach and health screenings that attracts and functions as an initial engagement with community partners who are specifically serving vulnerable populations. In so doing, we form a broad based collaborative that synergistically works to coordinate health promotion, and disease prevention efforts.

This allows us to collectively achieve a positive health trajectory for Glendale's community members.

Goal for serving Glendale's vulnerable populations – Reduce the illness, disability, and number of deaths caused by chronic disease among low--income, at--risk, and vulnerable populations in the GAMC service area.

Objectives

1. Reduce diabetes risk in community members who live, work, and play in Glendale and its respective communities;; including engaging parents and caregivers of children 0--5 to participate in a comprehensive early intervention initiative effort to manage population health.

2. Implement a targeted diabesity risk reduction program, including programs specifically supporting children 0--5, including linking diagnosed patients to primary care services and diabetes self--management programming, in areas identified by GIS health risk mapping, and by educating and screening patients we reach through Occ Med's job--specific medical surveillance.

3. Develop & implement a diabetes management education and training program for mid--level clinicians at six FQHC Safety Net clinics and other primary care providers, and facilitate the development of employee wellness programs among businesses in the community.

4. Implement the project's community engagement strategy with four bilingual Promotoras conducting the diabetes self--management program incooperation with community partners

5. Increase the knowledge of healthy eating and active living, as it relates to children 0--5 and their families, through community based participatory relationships that collaborate to improve the lives of young children.

Interventions / Measures

- Engage and enlist 100 organizations to participate in DCEP outreach efforts.
- Assess 3,000 individuals for diabetes, cardiovascular disease and hypertension via the 100 collaborative relationships.
- Provide free HbA1c and total cholesterol clinical follow--up to identified at--risk individuals.
- Collaborate with eight FQHCs/PCP as well as the Heart and Vascular Institute for referral process of community members identified as at--risk and/or without a medical home.
- Engage community partners such as CBOs, FBOs, businesses, and non--profits to become Diabetes Self--Management Program sites.
- Refer 27%--35% of DCEP participants to a CBO--based DSMP or GAMC Hospital-- based diabetes management program.
- Provide twelve DSMP Promotora led community based six--week workshops that are culturally and linguistically relevant.
- Support larger city--wide initiative developed to address chronic disease.
- Conduct a community health needs assessment capturing areas of need.
- Conduct health education / health promotion and community behavioral interventions (ex: food demonstrations and physical activity exercises).
- Deliver nutrition and physical activity education and resources to families with children ages 0--5.
- Engage and encourage local restaurants to join the Choose Health LA Restaurant program, and enhance their children's meal menu by offering healthier food options.
- Provide nutrition education and skills--building learning opportunities to parents and other care providers of children ages 0--5 in grocery stores/and or markets by conducting store tours with local participatory retailers.
- Convene a 30--member parent collaborative that works to build support for civic engagement goals, and promote healthy living among parents of children 0--5.
- Develop participatory collaborative relationships with other community based organizations that work on or behalf of eligible families with children 0--5;; i.e., WIC, CalFresh, and other community assistance programs.

Evaluation Indicators:

Short--term -- Increase healthy behaviors in vulnerable populations, including a special focus on children 0--5 and their family members who may be at risk for chronic disease.

Long--term -- Implement policy change that supports healthy eating and physical activity among children ages 0--5 and their families. Support "We Own the Health of Our Community," a city--wide collective impact initiative that will reverse current health trends as it relates to chronic disease across all demographics.

Update on indicators for 2015:

In 2015, the GAMC chapter of Choose Health LA Kids has:

- Conducted 15 store tours with 206 members of the community participating (93 adults, 62 children 0--5, 51 children 5+).
- Conducted 16 food demonstrations with 644 community members participating (247 adults, 214 children 0--5, 183 children 5+).
- Facilitated 12 parent collaborative meetings and participated in 1 Glendale Healthier Community Coalition meeting with 221 community members participating (126 adults, 58 children 0--5, 37 children 5+).
- Conducted 4 cycles of 6--week Healthy Parenting Workshops with 87 community members participating.
- Gave 22 presentations on Choose Health LA Kids and the Choose Health LA Restaurant program with 86 community members participating and distributed 168 CHLA Restaurants brochures and postcards.
- Enrolled 12 restaurants to the CHLA Restaurants program.
- Participated in 53 community events and meetings, with outreach to 2,464 participants.
- Promoted WIC and CalFresh by passing out 1,042 brochures and information packets to families who may need financial assistance and are unaware of the resources available to them.
- Compiled a comprehensive list, a Community Resource Guide, of local family resources, services, businesses, organizations, and family--friendly locations for the community in English, Spanish, and Armenian and distributed 264 physical copies to the community and posted electronic copies on 3 partner websites.
- Collaborated with 6 local media outlets to promote the CHLAKids program: television interview with Mundo Fox, news article in GAMC Source, television interview with Fern Leaf Media, news article in Epoch Times, television interview with New Tang Dynasty, and communications with Univision Communications.

Continued implementation of population health initiatives like Choose Health LA Kids is encouraging the community to make preventative care its primary concern. Focusing on early to middle childhood makes significant impacts on reducing the formation of pre-- disease pathways associated with chronic adult health and medical conditions.

Program Highlights:

1. Over 1,000 community members screened YTD
2. 50% have been identified as at--risk for diabetes and 18% for cardiovascular disease
3. DCEP has conducted 49 outreach events YTD since the initiative began in February 2015.
4. All program staff have been certified to conduct and facilitate either the Stanford Model or DEEP model Diabetes Self-- Management workshops.
5. Five DSMP workshops have been successfully completes thus far;; four in English, one in Spanish.
6. DCEP staff have referred over 170 community members to DSMP workshops, there has been a 35% enrollment rate and of that, a 59% participation and

completion rate.

7. An Armenian DSMP class will be available to community members in the coming months.
8. DCEP has engaged 49 community partners to date
9. DCEP has held 10 HbA1c free testing clinics in partnership with GAMC's lab since July 14th;; there have been 76 total participants;; of those 76, 27% fell in the diabetes range, and .05% were diagnosed as diabetic.
10. Those identified as at risk for CVD have been referred to GAMC's Heart and Vascular Institute for clinical follow--up for a total cholesterol point of care test. Patients also receive health education and counseling buy a registered RN.
11. Those patients who do not have a medical home or a PCP have been referred to All for Health, Health for All, a community based FQHC.
12. With the support of GAMC--CHLAKids, the Healthy Kids/Healthy Lives Parent Collaborative presented their PhotoVoice project at Glendale's Cesar Chavez event. They showcased photos they took of healthy and unhealthy items and venues they would like improved in their community. The event was attended by over 175 community members, City Council members, and other city officials. The attention and reception the presentation received encouraged the collaborative members to pursue a Healthy Vending Policy to enforce guidelines regarding vending machine options found in Glendale's parks and recreation facilities. In a few short months, 400 public opinion surveys were collected from the community. 94% of the residents surveyed would support and purchase healthier snack and beverage options in vending machines and over 83% would be in favor of removing the unhealthy snacks and beverages. As a result, the Healthy Kids/Healthy Lives Parent Collaborative proposed a draft of the Healthy Vending Policy to Glendale's City Manager, Scott Ochoa.
13. In November 2015, members of the Healthy Kids, Healthy Lives Parent Collaborative attended the "We Own the Health of Our Community" Impact Initiative event, a coalition of local organizations, businesses, and community members taking ownership of the community's health. The collaborative was presented to the coalition as a community--based collaborative of local parents and caregivers who share the common purpose of creating a healthy environment for their families. The collaborative voiced their interest and intent on working with other members of the coalition to create a healthier Glendale.]
14. In 2015, GAMC--CHLAKids completed 4 cycles of 6--session workshops with 87 participants. These workshops are meant to engage parents and caregivers of
    a. children under the age of five in a social learning environment to foster effective parenting skills and implement healthful parenting, sleep, nutrition, and physical activity routines. In workshop evaluations, participants praised the curriculum and requested a second workshop to continue their education. The popularity of the workshops has grown and participation continues to increase.
15. The GAMC--CHLAKids staff was trained as Facilitators in a Diabetes Self-- Management course, a workshop designed to educate the community on how to self--manage diabetes. This equipped the staff with the knowledge and tools to facilitate the Diabetes Self--Management curriculum with the intention of helping

those with diabetes or those who care for a person with diabetes better manage their lifestyle.

16. In collaboration with the Glendale Parks and Recreation department, the GAMC-- CHLAKids staff has facilitated eight afterschool nutrition classes with Glendale Unified School District students participating in afterschool sports. These classes introduced over 160 elementary school students to basic nutrition facts and emphasized the importance of a balanced diet in conjunction with their active lifestyle.
17. In 2015, GAMC initiated a school--based Asthma Education program, in collaboration with Glendale Unified School District, to decrease school nurse visits from 10 to 7 per school year, and to deliver 10 education sessions with 50 parent and students per year, thus impacting diabesity risk factors and other quality of life indicators.

Partners

- City of Glendale Community Services
- Glendale Parks and Recreation department
- Glendale City Manager Scott Ochoa
- Glendale Senior Community Services Supervisor MoisesCarrillo
- City of Glendale Fire Department
- Glendale Unified School District
- Cerritos Elementary School
- Edison Elementary School
- Horace Mann Elementary School
- Marshall Elementary School
- Pacific Avenue Education Center
- Healthy Kids, Healthy Lives ParentCollaborative
- Glendale WIC
- Trader Joe's, Ralphs, Vons, Smart & Final
- Department of Social Services
- Glendale Healthier Community Coalition
- Crescenta Valley Alliance
- Pacific Clinics Head Start, Early Start
- Bellies, Babies, and Bosoms
- Los Angeles County Department of Public Health – CHLAKids and CHLA Restaurants

- Da Juice Bar
- El Ruby Café
- Que Ricos
- Didi Hirsch
- Heart and Vascular Institute
- GAMC Laboratory -- Thomas Paw
- Partners in Care Foundation
- HSAG -- Health Services Advisory Group
- Lutheran Church of the Foothills
- Rapid Urgent Care Clinic-- LaCañada/Montrose
- Eagle Rock Seventh Day Adventist Church
- Vallejo Church
- GAMC chapter of CHLAKids
- GHCC
- Glendale Community College
- Incarnation Catholic Church
- Glendale Communitas Initiative
- Filipino Seventh Day Adventist Church
- Christian Books and Veggie Foods
- All for Health, Health for All
- GAMC Senior Live Well Center
- Spanish Seventh Day Adventist Church
- Josylnn Center -- Burbank
- Glendale YWCA
- Salem Church
- St. Matthews Church
- Glendale City Church
- Armenian American Nurses Association
- Living Stones Seventh Day Adventist Church
- Holy Family Catholic Church
- Solheim Lutheran Home
- La Cañada YMCA
- Bethel Latino Temple United
- St. Ignatius of Loyola
- Crescenta Valley Adventist School

Priority Area 4

Wellness and Support for Patients Diagnosed with Cancer

Identified Need: According to the American Cancer Society, colorectal cancer is the second leading cause of cancer death in the United States among men and women combined, yet it's one of the most preventable.

Goal: Increase access to colorectal cancer screenings within GAMC's primary service area.

Objective: By 2018, screen 80% of adults ages 50 and older for colorectal cancer by collaborating with the American Cancer Society and other area providers who have also committed to this objective.

Interventions:

1. Host a minimum of one colorectal screening program for the community
2. Host a physician--led educational session at GAMC to heighten the awareness amongst primary care physicians of the services offered at GAMC within radiation, medical oncology and surgical oncology and promote and to promote the 80% by 2018 initiative
3. Develop smoothly functioning system of care to facilitate screening tests to include both patient and physician reminders around screening
4. Monitor quality of screening and reports out of the National Cancer Data Base

Evaluation Indicators

Short–term: Increase the proportion of adults in our service area who receive screenings for cancer;; and, increase the proportion of adults in our service area who receive appropriate care once diagnosed with cancer

Long--term: Increase early detection of cancer in our service area

Partners

- American Cancer Society
- Ingeborg Zerne Foundation
- Los Angeles County Department of Health and HumanServices
- National Junior Charity League
- Cancer Care Guild through the GAMCFoundation

Cross Cutting Objective

Health Resource Education / Marketing

Identified Need: In 2013, Glendale Adventist Medical Center (GAMC) conducted a perception survey in the hospital's primary, secondary, and extended service areas to better understand the needs of the community. In the survey, participants were asked to indicate where they go for information about health care, a hospital, or other medical services. Participants were 22 or older;; an attempt was made to reach the decision-- maker in the household;; participants age 65 or older were capped at 18%;; Kaiser enrollees were limited to 100.

The following information was captured on the source of information for health needs:

Source	***Percent***
Internet/web search (Google or other search engine) My doctor or a doctor	34%
Family/friends Hospital web site	24%
Insurance company web site	18%
Another medical professional (nurse, etc.) Call or visit hospital directly	7%
Past experience	5%
Advertising, e.g., newsletters, advertising, media, yellow pages	4%
	3%
	2%
	1%

The Internet is the leading source of information for area consumers and about health care and hospitals (46%) followed by physicians and family/friends.

Usage of the Internet as a source of information decreases with the age of the respondent – 47% for 22 – 44;; 43% for 45--54;; 37% for 55--64 and only 21% for 65 plus.

Older consumers are more likely than younger consumers to turn to a physician for information about a hospital – 17% for 22 --44;; 26% for 45--64 and 36% for 65 plus.

Consumers who actively researched health concerns widely reported a positive impact. About three in five people said the information affected their overall approach to maintaining their health, and a similar proportion said the information helped them better understand how to treat an illness or condition. An important trend was found in people seeking health information for others beyond themselves. Two in five health information seekers are searching on behalf of another person. Caregiving thus drives people to health information seeking.

GAMC recommends that providers, the most trusted professionals in peoples' health value chains, engage with patients to provide useful, accessible and culturally relevant information to optimally engage people in health information seeking.

With all of this information, GAMC has developed a strategy to keep our communities informed and educated through advertising, publications, TV health education shows, online education, social media engagement, and community awareness events and lectures. Our goal is to provide the most relevant information for each community member through marketing channels that are effective in reaching the right audience.

Goal: Provide the public with health education to better the health of our communities using effective messaging to reach the right audience at the right time. The strategy includes using marketing channels including, but not limited to:

- Print and outdoor media advertising focused on service line promotions, hospital awards and achievements earned for positive patientoutcomes
- Publications which reach employees, patients and visitors, medical staff the community, and donors;; content includes health education, service line promotions, physician information, and hospital awards and recognitions.
- TV health education shows featuring GAMC physicians – Healthline and the Dr. Narine Arutyunian show – help educate the community on service lines, disease states, and conditions
- Online education through tools and interactive resources to help browsers learn about treatments and procedures for diseases andconditions
- Social media engagement
- Community awareness events andlectures

Objectives: The GAMC Marketing Department will provide print, TV, and web--based multimedia resources for health education;; and, directly engage the community, increasing direct access to hospital services.

Measures:

- Measure website visits based on marketing efforts;; on average, GAMC has 22,621 visits and 52,716 page views per month.
- Utilizing the search engine optimization service (MNI) to measure successful words searched for and clicked through to the GAMC website.
- Facebook followers – "likes" are currently at 5,172
- Twitter followers – currently at 1,039
- LinkedIn followers – currently at 2,043
- YouTube video views – currently views are at 29,784
- Health Quarterly (HQ) Newsletter reaches 260,000 annually
- Quarterly Physicians Forum reaches 800 medical staff

Partners

- StayWell for online health education
- ARTN for TV shows
- Participating physicians for HealthLine TV show
- Coffey Communications for HQ community newsletter
- eOrthopod for online education
- Influence Health for website management
- MNI for online Search Engine Marketing
- Facebook social media
- Twitter social media
- YouTube social media
- LinkedIn social media
- MedSeek
- MNI
- Participating physicians and guests on videos
- Twitter
- YouTube

Cross Cutting Objective

Training Healthcare Professionals on Importance of Clinical Research and Educating Patients on Research Opportunities

Identified Need: Clinical research is critical to understanding diseases and improving treatment therapies. Clinical research provides new and improved treatments for a number of multi--indication diseases.

Clinical research studies aspire to answer specific questions related to a particular disease process. Some research studies focus on the quality of life patients experience, while others measure the effectiveness of a particular drug. Through trials conducted at GAMC, our community has the unique opportunity to take part in cutting--edge medical research.

Clinical research is conducted in phases:

- Phase I determines safe dosages of a new drug in a small (human) population
- Phase II attempts to find out how well patients respond to certain treatments;; if enough patients respond positively, the study will go on to the next level
- Phase III enrolls a large number of patients (sometimes thousands worldwide) to test drug efficacy and safety
- Phase IV research requires that a control group receive standard therapy, while another group receives the new drug

Before entering a trial, patients are counseled on the risks and benefits of study participation. Patients give their informed consent and can withdraw from a study at any time. A person's clinical research participation status does not affect the level or quality of care they receive.

Community education will enhance the awareness of clinical research and break through the barrier of misconceptions revolving around participating in investigational trials. Patient/community education will be offered via Department of Research information booths at hospital events throughout the year.

Goal: The GAMC Office of Integrated Research, in collaboration with the Glendale Fire Department and the UCLA Pre--hospital admissions department, is working to reduce congestive heart failure (CHF) readmissions. The main causes for high readmission rates remain the stability of recently discharged CHF patients, their compliance with treatment recommendation, and follow up office visits with continuity physicians. The goals of this community effort include: 1) increase patient and family satisfaction, 2) provide a smooth transition across the continuum of care from inpatient to a post--hospitalization setting, and 3) increase community wrap--around services for patients with CHF.

Objective: Reduce the 30--day readmission rate of patients treated in the hospital for CHF by utilizing home assessments conducted by specially trained community paramedics.

Goal: GAMC has identified the need to more effectively integrate education into Clinical Research services. As a leading medical center treating chronic disease, the Clinical Research Department has been targeted as a conduit to satisfy educational needs.

Integrating educational activities more effectively with clinical research services provides increased health benefits for the community.

Objective: Expand physician education through guest speakers and integration by increasing research opportunities for primary care doctors.

Physician education will be offered through guest speakers addressing clinical research myths, and misconceptions. The Department will also work to integrate available research opportunities into the stream of awareness for primary care physicians.

GAMC is now home to one of the region's few multi--indication research centers providing specialized research services for cardiac, nephrology, gastric, mental health, metabolic, spine, endocrinology, obstetrics, and oncology trials. GAMC contracts with panel physicians and assures that even patients without insurance receive care.

The following measurable objectives will be tracked for outcomes in 2016:

Interventions

- Thirty day re--admission rates for patients diagnosed with congestive heart failure
- Educational seminars for potential investigators.
- Informational booths at GAMC events throughout the year.

Partners

- Glendale Fire Department
- UCLA pre--hospital admissions department
- PAREXEL International
- Pharmaceutical sponsor partners

Partner List

Glendale Adventist Medical Center supports and enhances regional efforts in place to promote healthier communities. Partnership is not used as a legal term, but a description of the relationships of connectivity that is necessary to collectively improve the health of our region. One of the objectives is to partner with other nonprofit and faith--based organizations that share our values and priorities to improve the health status and quality of life of the community we serve. This is an intentional effort to avoid duplication and leverage the successful work already in existence in the community.

Many important systemic efforts are underway in our region, and we have been in partnership with multiple not--for--profits to provide quality care to the underserved in our region.

We believe that partnerships are effective tools in improving the health of our community. Together, we are able to leverage our resources and strengths and have a greater impact. We can build a greater sense of community and a shared commitment towards health improvement.

We would like to thank our partners for their service to our community: Current partners

and new partners added in 2015.

- Glendale Adventist Medical Center Kevin Roberts, President/CEO
  Bruce Nelson, Director of Community Services Andaye Hill, Dr.PH., Project Director
- Glendale Memorial Hospital And Health Center Jack Ivie, President
  Rev. Cassie McCarty, MDiv, BCC, Director, Mission Integration & Spiritual Care Services
- Verdugo Hills Hospital Paul Craig, Interim CEO
  Yulanda Davis--Quarrie, Foundation President
- Health Services Advisory Group of California, Inc. (HSAG) Chad Vargas, Clinical Project Manager, CareTransitions
- Southern California Conference of Seventh--day Adventists
  Betty Cooney, Director of Adventist Layman's Services & Industries Intl'
- Glendale Healthier Community Coalition Edna Karinski, Executive Director

Community partners include the following:

- A.D.A.M. Tools
- All for Health, Health for All – FQHC
- American Association of Neuroscience Nurses (AANN)
- American Cancer Society
- American College of Cardiology
- American Heart/Stroke Association
- American Red Cross
- ARTN
- Armenian American Nurses Association
- Armenian American Medical Association
- Armenian Relief Society
- Armenian Senior Services
- Ascencia Homeless Services
- Association of Clinical Research Professional (ACRP)
- Bellies, Babies, and Bosoms
- Bethel Latino Temple United
- CINCO
- Cancer Care Guild Through the GAMC Foundation
- Center for Neuro Skills
- Cerritos Elementary School
- CHLAKids and CHLA Restaurants
- Christian Books and Veggie Foods
- Churches Without Walls
- City of Glendale Community Services
- City of Glendale Fire Department
- City of Glendale Parks and Recreation
- Coffey Communications
- Comprehensive Community Health Center – FQHC
- Consortium of Safety Net Providers
- Covered California Small Business Outreach (CCHC)
- Covidien
- Glendale Memorial Medical Center
- Glendale Merchants Association
- Glendale News--Press
- Glendale Religious Leader Association
- Glendale Senior Center
- Glendale Unified School District
- Glendale WIC
- Glendale YMCA
- Glendale YWCA
- Health Steering Response Committee of So. California
- Healthy Kids, Healthy Lives Parent Collaborative
- Heart and Vascular Institute
- Holy Family Catholic Church
- Horace Mann Elementary School
- Hospital and community physicians
- HSAG -- Health Services Advisory Group
- Incarnation Catholic Church
- Influence Healthy
- Ingeborg Zeme Foundation
- JosyInn Center -- Burbank
- La Cañada YMCA
- Latino Business Association
- LinkedIn
- Living Stones Seventh Day Adventist Church
- Local membership organizations
- Local employers, fraternal and other membership organizations, etc.
- Los Angeles County Department of Health
- Los Angeles Stroke Coordinator's Network (LASCN)
- Lutheran Church of the Foothills
- Marshall Elementary School
- MedSeek
- MNI

- Crescenta Valley Adventist School
- Crescenta Valley Alliance
- CPM Healthgrades
- Center for Neuro Skills
- Covidian
- Da Juice Bar
- Department of Motor Vehicles
- Department of Social Services – CalFresh
- Didi Hirsch
- Eagle Rock Seventh Day Adventist Church
- Edison Elementary School
- El Ruby Café
- eOrthopod
- Facebook.com
- Faith--Based Organizations
- Family Medicine Center/Family Practice Residency
- Filipino Seventh Day Adventist Church
- GAMC Laboratory -- Thomas Paw
- GAMC Senior Live Well Center
- Genentech
- Glendale Chamber of Commerce
- Glendale City Church
- Glendale City Manager Scott Ochoa
- Glendale Senior Community Services Supervisor Moises Carillo
- Glendale Communitas Initiative
- Glendale Community College
- Glendale Free Clinic
- Glendale Healthier Community Coalition
- Glendale Healthier Community Coalition
- Glendale Healthy Kids
- Glendale Homeless Coalition
- National Junior Charity League
- National Stroke Association
- Pacific Avenue Education Center
- Pacific Clinics Head Start, Early Start
- PAREXEL International
- Parish Nurse of Glendale
- Participating physicians and guests on videos
- Partners in Care Foundation
- Pharmaceutical sponsor partners
- Que Ricos
- Rapid Urgent Care Clinic -- La Cañada/Montrose
- Salem Church
- Salvation Army
- Society of Chest Pain Centers
- Society for Interventional Radiology
- Solheim Lutheran Home
- Spanish Seventh Day Adventist Church
- St. Ignatius of Loyola
- St. Matthews Church
- StayWell
- Supermarkets: Trader Joe's, Ralph's, Von's, Golden Farms, Smart & Final, and Jon's
- Toshiba
- Twitter.com
- UCLA pre--hospital admissions department
- Vallejo Church
- Valley Nonprofit Resources
- Verdugo Hills Hospital for Cardiac Rehab
- Women with Wings
- YouTube.com

Community Benefit Inventory

Health is a precious resource. People from every community want their families to be healthy, and not only have access to health services, but also to healthy food, safe parks and green spaces for recreation and play, and homes that are safe, well maintained, and affordable. Ensuring our communities are free of violence requires employment and opportunities for everyone to learn and succeed. Feather River Hospital knows working together is key to achieving the necessary health improvements to create the communities that allow each member to have places to live, learn, work, play, and pray. Below you will find an inventory of additional interventions that are apart of creating a healthy community.

Year 2015 – Inventory

Activities	Number of People Serve
Medical Care Services	
Glendale Adventist Medical Center and Adventist Health have an extensive charity care policy, which enables the Medical Center to provide discounted care and charity assistance for financially qualified patients. Financial counselors are available to help patients determine eligibility for charity assistance and manage medical bills. This assistance is available for both emergency and non--emergency health care. Charity care does not include: **1)** bad debt or uncollectible charges that the hospital recorded as revenue but wrote--off due to failure to pay by patients, or the cost of providing such care to such patients;; **2)** the difference between the cost of care provided under Medicaid or other means--tested government programs and the revenue derived there from;; or **3)** contractual adjustments with any third--party payers.	
Community Health Improvement	
Coalition building ---- Glendale Healthier Community Coalition, established in 1990 and the Health Information Exchange (HIE) Task Force meetings. The Glendale Healthier Community Coalition plans and implements projects that promote disease prevention, health education, clean and safe environments, adequate housing, affordable and quality education, and community revitalization. The GHCC mission statement embraces a broad definition of health which includes the wider spectrum of environmental influences impacting the community's well--being. GHCC has brought together 52 organizational and	A total of 104 participants. o GHCC coalition building meetings included: HIE Task Force meetings, Executive Committee meetings, General meetings, Care Transitions CEO Physician Dinner meeting, Population Health Simulation Event and Home Health/SNF's Collaborative meeting to reduce readmissions. Community Building – LAACHA

individual community members including 14 from health care, nine from city government, two from education, seven from business/media, 11 from non-- profit agencies, several clergy, and the balance made up of other community stakeholders.	(Los Angeles County Alliance for Community Health and Aging) – 30 participants.
Behavioral Health patient transportation to attend: Partial Hospitalization/intensive Outpatient Services (PHP/IOP) –	61,152 duplicated participants
Cancer Center Services:	5,617 participants
• Positive Image Center Classes • Health Screenings/Community Outreach/events	488 participants
Cardiology Services:	1,000 served
• Acute Coronary Syndrome Banners • Cardiac Education Rehab Group • Sidewalk CPR: Blood pressure screenings	10 served 500 participants
Chaplains' Dept./Beyond Loss Bereavement Ministry: • Beyond Loss Bereavement Newsletters • Beyond Loss Bereavement Support Groups • Beyond Loss Holiday Gathering of Remembrance	900 served 168 served
Chaplains' Dept.: CINAHL:	82 participants
• Diabetes Support Group	• Weekly spiritual care support groups at GAADS with 520 participants
CINCO: • Choose Health LA (CHLA) Kids • PACT to Quit Tobacco Cessation • Tobacco Control Program	• 58 participants
Clinical Research: Community Services:	• 3,434 participants • 254 participants • Unknown number of participants
• Diabetes Community Engagement Project Family	
Practice Residency Program: • Number of Residents • Resident Clinic Visits • Resident GAMC Maternity & Inpatient Visits Live	• 3,005 participants • 890 participants
Well Senior Program:	• 24 residents
Marketing Dept:	• 13,814 visits • 2,872 visits
• Blood Drives • Three blood drives with 220 participants	• 12,889 participants

• Health Quarterly Newsletters • Healthline & Dr. Arutyounian Show • Heart Check Kiosk Screenings • Website Educational Tools Neuroscience institute: • Stroke Screenings • Stroke Support Group Organizational Performance: • Avarat Nursing Home Pharmacy Dept., Heart Failure follow up: • Pharmaceuticals for Medically Indigent Physician referral and hospital information services: Respiratory: • Easy Breathers lung disease support group • School--based parent/child asthma education Women & Children's Services: • Infant Safety & CPR Classes (Monthly) • Play to Learn developmental delays screening	• 260,000 participants • 5,760,000 participants • 14,400 blood pressure screenings • 2,700 participants • 81 participants • 165 participants, held monthly groups • Unknown number of participants • 2,349 participants • 118 participants • 3,528 calls • 34 served • 20 served • 210 participants
Health Professions Education	
Educational programs and training for physicians, nurses and support staff Beyond Loss Bereavement Ministry: • Complexities of Suicide & Grief Training • Certified Bereavement Facilitator Training Chaplains' Dept. 10--week internship Program: CINAHL: • Monitor Tech Classes ---- Education/PT Student Clinical Rotation – Emergency Dept.: • Base Station Continuing Education Programs • EMS Update 2015 • Field Care Audits • MICN CE • MICN Ride--along/Clinical Time Healthy Heart Program: • Early Heart Attack Care Education Infection Prevention Facility Orientation: Occupational Medicine, Mobile Unit Student Health: Play to Learn/Pediatric Therapy: Pharmacy Dept., University Students on Rotation: Rehabilitative Medicine Services:	• 17 students • 173 students • 2 students • 13 students • 44 students • 17 students • 32 students • 5 students • 1 student • 10 students • 1,000 served • 375 students • 40 students • 21 students • 84 students • 20 students

• OT Student, USC Spine and Orthopedic Institute: • Student Education • P/T Internship Stroke Awareness: • Housewide Training • Neuro Unit Nurse Training Annual PA student internship: The Wellness Center PT Students: Radiology Dept. Student Externship: Volunteer Resources, interns/students registered:	• 8 students • 7,639 interns • 500 hospital staff • 72 nurses • 23 students • 30 students • 684 students • 4,194 students
Train and support quality improvement teams Quality and Patient Safety Measures describe the journey the Medical Center has been on providing world class care:	• Mortality Rate – Outperformed expected rates (decrease) in 2015 YTD Sept • Core Measures Composite Score 99.6% o Inpatient Psychiatric Measures, Stroke, Venous Thromboembolism, Elective Delivery prior to 39 weeks and Flu Immunization Infection Prevention – Evidence based best practice • Infection Prevention o Outperforming targets in CLABSI, CAUTI, Hip, Knee, Hysterectomies • Patient Falls – 15% reduction in falls • GAMCs 'Overall rating of the Hospital' HCAHPS percentile score has increased from the 75th percentile in 1Q 2015 to the 84th percentile in 4Q 2015 Hospital Acquired Conditions (HAC/PSI 90): • HAC cases reduced by 15%;; GAMC PSI 90 is better than value based purchasing achievement threshold and better than the benchmark

	Healthgrades Awards 2015: ○ Joint Replacement Excellence Award ○ Coronary Intervention Excellence Award ○ Cranial Neurosurgery Excellence Award ○ Leapfrog Hospital Safety Score/Grade: A • GAMC will continue on this quality journey and is dedicated to providing world class care to the community we serve
Subsidize Health Services	
ASSIST Care – Medications for discharged patients	• 154 indigent patients
Pharmacy Dept. • Med Mgmt for Heart Failure Pts Vaccines provided for Senior Living • Follow up calls – Heart Failure Pts 6--8 days post discharge • PassMeds Dispensed Upon discharge • Vaccine provided to Senior Live Well • Insulin provided to Glendale Free Clinic • Insulin provided to Korean Health Fair • Drugs provide to Camp Cedar Falls Adventist Youth Camp	• 427 served 228 90 230 469 200 100
SOS Thrift Shop • Food Bank Program • Project Ayuda • National Asian Pacific Center on Aging • Court Referral Hours • Title V	• 2,244 participants • 3 seniors with 1,260 hours of service • 1 person with 694 hours of service • 120 participants with 3,978 hours • 1 participant with 20 hours
Transportation/Bus Tokens, Cab Fare, etc. –	• 5 trips at a cost of $2,821 for seminars/education, business travel and recruiting • Performed 3,411 interventions

TelepharmacyWest provided telepharmacy service to rural hospitals ----	• Processed 359,417 pharmacy line items

Cash and In--Kind Contributions

Community donations for 2015 provided funding for 14 community partners at a value of $39,545. Foundation

Dept.

- Raised over $72,000 for the Cancer Center for life--saving equipment and services.

Grant and government grants awarded in 2015 from donors provided funding for:

- Georgiana--Fredrick Children's Foundation – Pediatric Therapy Program -- $10,000
- Bloomingdale's – Grant for Positive Image Center -- $2000
- Anonymous Grant – Neonatal Intensive Care Unit -- $10,000
- UniHealth Foundation -- to support a population health initiative that focuses on reducing diabetes health risk – received $295,403
- Choose Health LA Kids – LA County Department of Preventive Health Services to reduce the prevalence of early childhood diabetes and obesity amongst children 0--5 years of age (received $373,376)
- Tobacco Control Program – in its first (second) year of a LA County funded $300,000 grant for outreach and education activities in 4 target cities in the San Gabriel Valley. – Received over $60,000
- Care Transitions – 3rd year of a five--year $2.5 million CCTP grant from CMS to reduce unnecessary readmissions.

Senior Services Center – CDBG grant from the City of Glendale -- as part of over $600,000 in capital funding awarded and creating a Senior

Community Benefit & Economic Value

Glendale Adventist Medical Center mission is to "share God's love with our community by promoting healing and wellness for the whole person". We have been serving our communities health care needs since 1905. Our community benefit work is rooted deep within our mission and merely an extension of our mission and service. We have also incorporated our community benefit work to be an integral component of improving the "triple aim." The "Triple Aim" concept broadly known and accepted within health care includes:

1) Improve the experience of care for our residents.
2) Improve the health of populations.
3) Reduce the per capita costs of health care.

Our strategic investments in our community are focused on a more planned, proactive approach to community health. The basic issue of good stewardship is making optimal use of limited charitable funds. Defaulting to charity care in our emergency rooms for the most vulnerable is not consistent with our mission. An upstream and more proactive and strategic allocation of resources enables us to help low income populations avoid preventable pain and suffering;; in turn allowing the reallocation of funds to serve an increasing number of people experiencing health disparities.

Connecting Strategy & Community Health

Hospitals and health systems are facing continuous challenges during this historic shift in our health system. Given today's state of health, where cost and heartache is soaring, now more than ever, we believe we can do something to change this. These challenges include a paradigm shift in how hospitals and health systems are positioning themselves and their strategies for success in a new payment environment. This will impact everyone in a community and will require shared responsibility among all stakeholders.

As hospitals move toward population health management, community health interventions are a key element in achieving the overall goals of **reducing the overall cost of health care, improving the health of the population, and improving access to affordable health services for the community** both in outpatient and community settings. The key factor in improving quality and efficiency of the care hospitals provide is to include the larger community they serve as a part of their overall strategy.

Population health is not just the overall health of a population but also includes the distribution of health. Overall health could be quite high if the majority of the population is relatively healthy—even though a minority of the population is much less healthy.

Ideally such differences would be eliminated or at least substantially reduced.

Community health can serve as a strategic platform to improve the health outcomes of a defined group of people, concentrating on three correlated stages:

1) The distribution of specific health statuses and outcomes within a population;;
2) Factors that cause the present outcomes distribution;;and
3) Interventions that may modify the factors to improve health outcomes.

Improving population health requires effective initiatives to:

1) Increase the prevalence of evidence--based preventive health services and preventive health behaviors,
2) Improve care quality and patient safetyand
3) Advance care coordination across the health carecontinuum.

Our mission as a health system is to share God's love by providing physical, mental and spiritual healing. We believe the best way to re--imagine our future business model with a major emphasis of community health is by working together with our community.

Community Health Needs Assessment and Community Health Plan Coordination Policy

Entity:

☒☒ **System--wide Corporate Policy**	**Corporate Policy**	**No. AD--04--006--S**
☒☒ **Standard Policy**	**Department:**	**Administrative Services**
☐☐ **Model Policy**	**Category/Section:**	**Planning**
	Manual:	**Policy/Procedure Manual**

POLICY SUMMARY/INTENT:

This policy is to clarify the general requirements, processes and procedures to be followed by each Adventist Health hospital. Adventist Health promotes effective, sustainable community benefit programming in support of our mission and tax--exempt status.

DEFINITIONS

1. Community Health Needs Assessment (CHNA)**:** A CHNA is a dynamic and ongoing process that is undertaken to identify the health strengths and needs of the respective community of each Adventist Health hospital. The CHNA will include a two document process, the first being a detailed document highlighting the health related data within each hospital community and the second document (Community Health Plan or CHP) containing the identified health priorities and action plans aimed at improving the identified needs and health status of that community.

   A CHNA relies on the collection and analysis of health data relevant to each hospital's community, the identification of priorities and resultant objectives and the development of measurable action steps that will enable the objectives to be measured and tracked over time.

2. Community Health Plan: The CHP is the second component of the CHNA and represents the response to the data collection process and identified priority areas. For each health need, the CHP must either: a) describe how the hospital plans to meet the identified health need, or b) identify the health need as one the hospital does not intend to specifically address and provide an explanation as to why the hospital does not intend to address that health need.

3. Community Benefit: A community benefit is a program, activity or other intervention that provides treatment or promotes health and healing as a response to identified community needs and meets at least one of these objectives:

   - Improve access to health care services
   - Enhance the health of the community
   - Advance medical or health care knowledge
   - Relieve or reduce the burden of government or other community efforts

   Community benefits include charity care and the unreimbursed costs of Medicaid and other means--tested government programs for the indigent, as well as health professions' education, research, community health improvement, subsidized health services and cash and in--kind contributions for community benefit.

AFFECTED DEPARTMENTS/SERVICES:
Adventist Health hospitals

POLICY: COMPLIANCE – KEY ELEMENTS

PURPOSE:

The provision of community benefit is central to Adventist Health's mission of service and compassion. Restoring and promoting the health and quality of life of those in the communities served, is a function of our mission "To share God's love by providing physical, mental and spiritual healing." The purpose of this policy is: a) to establish a system to capture and report the costs of services provided to the underprivileged and broader community;; b) to clarify community benefit management roles;; c) to standardize planning and reporting procedures;; and d) to assure the effective coordination of community benefit planning and reporting in Adventist Health hospitals. As a charitable organization, Adventist Health will, at all times, meet the requirements to qualify for federal income tax exemption under Internal Revenue Code (IRC) §501(c)(3). The purpose of this document is to:

1. Set forth Adventist Health's policy on compliance with IRC §501(r) and the Patient Protection and Affordable Care Act with respect to CHNAs;;
2. Set forth Adventist Health's policy on compliance with California (SB 697), Oregon (HB 3290), Washington (HB 2431) and Hawaii State legislation on community benefit;;
3. Ensure the standardization and institutionalization of Adventist Health's community benefit practices with all Adventist Health hospitals;; and
4. Describe the core principles that Adventist Health uses to ensure a strategic approach to community benefit program planning, implementation and evaluation.

A. General Requirements

1. Each licensed Adventist Health hospital will conduct a CHNA and adopt an implementation strategy to meet the community health needs identified through such assessment.

2. The Adventist Health *Community Health Planning & Reporting Guidelines* will be the standard for CHNAs and CHPs in all Adventist Health hospitals.

3. Accordingly, the CHNA and associated implementation strategy (also called the Community Health Plan) will initially be performed and completed in the calendar year ending December 31, 2013, with implementation to begin in 2014.

4. Thereafter, a CHNA and implementation strategy will be conducted and adopted within every succeeding three--year time period. Each successive three--year period will be known as the Assessment Period.

5. Adventist Health will comply with federal and state mandates in the reporting of community benefit costs and will provide a yearly report on system wide community benefit performance to board of directors. Adventist Health will issue and disseminate to diverse community stakeholders an annual web--based system wide report on its community benefit initiatives and performance.

6. The financial summary of the community benefit report will be approved by the hospital's chief financial officer.
7. The Adventist Health budget & reimbursement department will monitor community benefit data gathering and reporting for Adventist Health hospitals.

B. Documentation of Public Community Health Needs Assessment (CHNA)

1. Adventist Health will implement the use of the Lyon Software CBISA™ product as a tool to uniformly track community benefit costs to be used for consistent state and federal reporting.

2. A written public record of the CHNA process and its outcomes will be created and made available to key stakeholders in the community and to the general public. The written public report must include:

    a. A description of the hospital's community and how it was determined.

    b. The process and methods used to conduct the assessment.

    c. How the hospital took into account input from persons who represent the broad interests of the community served.

    d. All of the community health needs identified through the CHNA and their priorities, as well as a description of the process and criteria used in the prioritization.

    e. Existing health care facilities and other resources within the community available to meet the community health needs identified through the CHNA.

3. The CHNA and CHP will be submitted to the Adventist Health corporate office for approval by the board of directors. Each hospital will also review their CHNA and CHP with the local governing board. The Adventist Health government relations department will monitor hospital progress on the CHNA and CHP development and reporting. Helpful information (such as schedule deadlines) will be communicated to the hospitals' community benefit managers, with copies of such materials sent to hospital CFOs to ensure effective communication. In addition, specific communications will occur with individual hospitals as required.

4. The CHNA and CHP will be made available to the public and must be posted on each hospital's website so that it is readily accessible to the public. The CHNA must remain posted on the hospital's website until two subsequent CHNA documents have been posted. Adventist Health hospitals may also provide copies of the CHNA to community groups who may be interested in the findings (e.g., county or state health departments, community organizations, etc.).

5. For California hospitals, the CHPs will be compiled and submitted to OSHPD by the Adventist Health government relations department. Hospitals in other states will submit their plans as required by their state.

6. Financial assistance policies for each hospital must be available on each hospital's website and readily available to the public.

Corporate Initiated Policies: (For corporate office use) **References:** **Replaces Policy:**
AD--04--002--S **Author:** **Administration**
Approved: **SMT 12--9--2013, AH Board 12--16--2013**
Review Date:
Revision Date:
Attachments:
Distribution: **AHEC, CFOs, PCEs, Hospital VPs, Corporate AVPs and Directors**

Appendix G: 2016 CHNA approval

This community health needs assessment was adopted on October 18, 2016 by the Adventist Health System/West Board of Directors. The final report was made widely available on December 31, 2016.

CHNA/CHP contact:

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Request a copy, provide comments or view electronic copies of current and previous community health needs assessments: https://www.adventisthealth.org/pages/about-us/community-health-needs-assessments.aspx