



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

## A message from

Jill Welton, president and CEO of Dignity Health Glendale Memorial Hospital and Health Center, and Jake Lee, Chair of the Dignity Health Glendale Memorial Hospital and Health Center Community Board.

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

Dignity Health Glendale Memorial Hospital and Health Center shares a commitment with others to improve the health of our community, and delivers programs and services to help achieve that goal. The Community Benefit 2018 Report and 2019 Plan describes much of this work. This report meets requirements in California state law (Senate Bill 697) that not-for-profit hospitals produce an annual community benefit report and plan. Dignity Health produces these reports and plans for all of its hospitals, including those in Arizona and Nevada. We are proud of the outstanding programs, services and other community benefits our hospital delivers, and are pleased to report to our community.

In fiscal year 2018 (FY18), Dignity Health Glendale Memorial Hospital and Health Center provided \$10,531,490 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services, and other community benefits. The hospital also incurred \$12,387,291 in unreimbursed costs of caring for patients covered by Medicare.

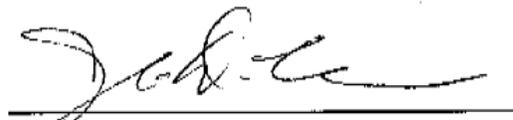
Dignity Health Glendale Memorial Hospital and Health Center's Community Board reviewed, approved and adopted the Community Benefit 2018 Report and 2019 Plan at its November 13, 2018 meeting.

Thank you for taking the time to review our report and plan. If you have any questions, please contact us at 818-502-4578.



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Jill Welton  
President/CEO



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Jacob Lee  
Chairperson, Board of Directors

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## AT-A-GLANCE SUMMARY

<p><b>Community Served</b></p>	<p>Glendale Memorial Hospital and Health Center (GMHHC) is located in Glendale, California within the county of Los Angeles and serves the greater Glendale community. The total population within GMHHC’s primary service area is 563,757.</p> <p>GMHHC’s primary service is the following 17 ZIP Codes:</p> <ul style="list-style-type: none"> <li>• Glendale (91201, 91202, 91203, 91204, 91205, 91206, 91207, 91208)</li> <li>• La Crescenta (91214)</li> <li>• Los Angeles             <ul style="list-style-type: none"> <li>○ Hollywood: 90026, 90029</li> <li>○ Los Feliz: 90027</li> <li>○ Griffith Park: 90039</li> <li>○ Eagle Rock: 90041</li> <li>○ Highland Park: 90042</li> <li>○ Glassell Park: 90065</li> </ul> </li> <li>• Tujunga (91042)</li> </ul> <p>GMHHC’s secondary service area includes the following additional 12 ZIP Codes:</p> <ul style="list-style-type: none"> <li>• Burbank (91501, 91502, 91504)</li> <li>• Los Angeles (90004, 90028, 90031, 90032, 90038)</li> <li>• North Hollywood (91605, 91606)</li> <li>• Sunland (91040)</li> <li>• Sun Valley (91352)</li> </ul>										
<p><b>Economic Value of Community Benefit</b></p>	<p>\$10,531,490 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services, community grants and other community benefits</p> <p>\$12,387,291 in unreimbursed costs of caring for patients covered by Medicare.</p>										
<p><b>Significant Community Health Needs Being Addressed</b></p>	<p>The significant community health needs the hospital is helping to address and that form the basis of this document were identified in the hospital’s most recent Community Health Needs Assessment (CHNA). Those needs are:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1. Mental Health</td> <td style="width: 50%;">6. Cancer</td> </tr> <tr> <td>2. Obesity/Overweight</td> <td>7. Communicable/Infectious Diseases</td> </tr> <tr> <td>3. Substance Abuse</td> <td></td> </tr> <tr> <td>4. Diabetes</td> <td></td> </tr> <tr> <td>5. Cardiovascular Disease</td> <td></td> </tr> </table>	1. Mental Health	6. Cancer	2. Obesity/Overweight	7. Communicable/Infectious Diseases	3. Substance Abuse		4. Diabetes		5. Cardiovascular Disease	
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5. Cardiovascular Disease											
<p><b>FY18 Actions to Address Needs</b></p>	<ul style="list-style-type: none"> <li>• Community Grants Program: Grant awardees responded to mental health, obesity, substance abuse, and/or cardiovascular disease through their respective programs and education.</li> <li>• 50+ Senior Services (included health lectures and exercise classes)</li> <li>• Breastfeeding Resource Center (included support groups and education)</li> </ul>										

	<ul style="list-style-type: none"> <li>• Health Fairs (included screenings and education)</li> <li>• Diabetes and Nutrition Program</li> <li>• Collaboration with Glendale Healthier Community Coalition</li> <li>• Health Professions Education (provided internships to ultrasound, X-ray, phlebotomy, and lab students)</li> </ul>
<b>Planned Actions for FY19</b>	For FY19, the hospital plans to continue the same programs and activities.

This document is publicly available at GMHHC’s website: “Who We Are—Serving the Community” section of <http://www.dignityhealth.org/glendalememorial> and is available upon request. The hospital also shares a summary of this report with the Glendale Healthier Community Coalition.

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

## MISSION, VISION AND VALUES

Glendale Memorial Hospital and Health Center is a part of Dignity Health, a non-profit health care system made up of more than 60,000 caregivers and staff who deliver excellent care to diverse communities in 21 states. Headquartered in San Francisco, Dignity Health is the fifth largest health system in the nation.

At Dignity Health, we unleash the healing power of humanity through the work we do every day, in hospitals, in other care sites and the community.

### Our Mission

We are committed to furthering the healing ministry of Jesus. We dedicate our resources to:

- Delivering compassionate, high-quality, affordable health services;
- Serving and advocating for our sisters and brothers who are poor and disenfranchised; and
- Partnering with others in the community to improve the quality of life.

### Our Vision

A vibrant, national health care system known for service, chosen for clinical excellence, standing in partnership with patients, employees, and physicians to improve the health of all communities served.

### Our Values

Dignity Health is committed to providing high-quality, affordable healthcare to the communities we serve. Above all else we value:

***Dignity*** - Respecting the inherent value and worth of each person.

***Collaboration*** - Working together with people who support common values and vision to achieve shared goals.

***Justice*** - Advocating for social change and acting in ways that promote respect for all persons.

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

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

## **OUR HOSPITAL AND THE COMMUNITY SERVED**

### **About Dignity Health Glendale Memorial Hospital and Health Center**

GMHHC was founded in 1926 as Physicians and Surgeons Hospital by six Glendale community members who had a vision to expand health care services to the residents of south Glendale. The hospital started with 47 beds and is now an acute care hospital with 334 licensed beds. It became a member of Dignity Health in 1998. The hospital is located at 1420 S. Central Ave., Glendale, CA, 91204. The hospital resides within the county of Los Angeles and serves the city of Glendale and the surrounding communities of La Crescenta, La Canada/Flintridge, portions of Burbank and northern sections of the greater Los Angeles metropolitan area. During FY18, GMHHC celebrated its ninety-second year of providing quality healthcare. GMHHC has a staff of 1050 employees and we have 525 physicians on our Medical Staff. In addition, we have a large team of active volunteers. On any given month, 150 volunteers provide services and support for our hospital, patients, and families. Glendale Memorial Hospital and Health Center service lines include:

- Heart Center
- Colorectal Surgery Institute
- Orthopedic and Spine Services
- Cancer Center Services
- Women's Health Services
- Behavioral Health Unit
- Acute Rehabilitation Unit
- Minimally Invasive Surgical Services
- Emergency Services
- Joint Commission Certified Primary Stroke Program
- Center for Wound Healing and Hyperbaric Medicine

Rooted in Dignity Health's mission, vision and values, Glendale Memorial Hospital and Health Center is dedicated to improving community health and delivering community benefit with the engagement of its management team, Community Board, and Mission Council. The Mission Council, hospital executive leadership, Community Board, and Dignity Health review community benefit plans and program updates. The board and council are composed of community members who provide stewardship and direction for the hospital as a community resource.

Our hospital leadership is comprised of our Hospital President/CEO, Senior Leadership Team, and our Community Board. The Community Board is made of up of individuals who represent the communities in which we serve. Board representation includes Medical Staff members, community-based organization leaders, and hospital staff. This Board reviews and approves the annual Community Benefit Report and Plan as well as our triennial Community Health Needs Assessment. By assessing community health needs, identified needs of the GMHHC Medical Staff and national trends in healthcare delivery, the Community Board assists the Hospital President and Senior Leadership Team in developing the strategic direction of GMHHC consistent with the needs of the community. In addition, they monitor the implementation of its goals and strategic initiatives. See Appendix A for a roster of FY 2018 Community Board members.

The Director of Mission Integration is the key staff member dedicated to planning and carrying out the community benefit program and tracking. The Director serves on the Executive Board of the Glendale

Healthier Community Coalition and engages local not-for-profits through the coalition projects, Community Grants program, and other key projects and events.

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

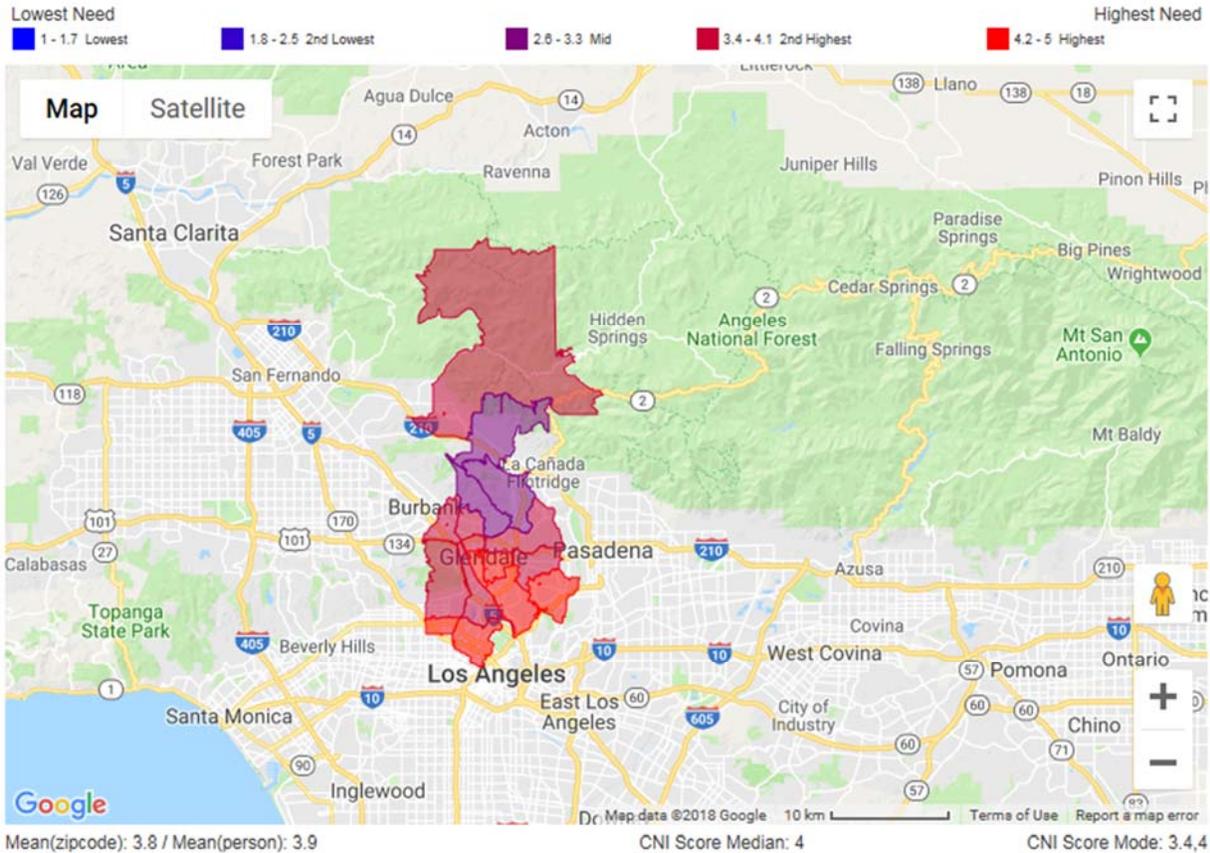
## **Description of the Community Served**

Glendale Memorial Hospital and Health Center serves the city of Glendale and the surrounding communities of La Crescenta, La Canada/Flintridge, portions of Burbank and northern sections of the greater Los Angeles metropolitan area. Dignity Health hospitals define the community they serve as the geographic area served by the hospital. GMHHC has a primary and secondary service area. Our primary service area is the basis for our Community Health Needs Assessment. A summary description of the community is below, and additional details can be found in the CHNA report online.

Demographics of the primary service area are from © 2018 IBM Watson Health:

- Population for primary service area: 563,757
- Race
  - White - Non-Hispanic: 42.9%
  - Black/African American - Non-Hispanic: 1.9%
  - Hispanic or Latino: 35.9%
  - Asian/Pacific Islander: 16.4%
  - All others: 2.9%
- Total Hispanic and Race: 100%
- Median Income: \$63,688
- Unemployment: 5.1%
- No High School Diploma: 19%
- Medicaid\*: 32.6%
- Uninsured: 8.2%
- CNI Score: 4.0
- Other hospitals serving the area: 2
- Medically Underserved Area: Yes

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



Zip Code	CNI Score	Population	City	County	State
90026	4.6	69683	Los Angeles	Los Angeles	California
90027	4	46399	Los Angeles	Los Angeles	California
90029	4.6	38703	Los Angeles	Los Angeles	California
90039	3.6	28961	Los Angeles	Los Angeles	California
90041	3.4	28302	Los Angeles	Los Angeles	California
90042	4.2	64850	Los Angeles	Los Angeles	California
90065	4.2	47925	Los Angeles	Los Angeles	California
91042	4	28937	Tujunga	Los Angeles	California
91201	4	23177	Glendale	Los Angeles	California
91202	3.4	23969	Glendale	Los Angeles	California
91203	3.8	15181	Glendale	Los Angeles	California
91204	4.4	16975	Glendale	Los Angeles	California
91205	4.4	38917	Glendale	Los Angeles	California
91206	3.4	33338	Glendale	Los Angeles	California
91207	2.8	10621	Glendale	Los Angeles	California
91208	2.6	16793	Glendale	Los Angeles	California
91214	2.6	31026	La Crescenta	Los Angeles	California

One tool used to assess health need is the Community Need Index (CNI) created and made publicly available by Dignity Health and Truven Health Analytics. The CNI analyzes data at the zip code level on five factors known to contribute or be barriers to health care access: income, culture/language, education, housing status, and insurance coverage. Scores from 1.0 (lowest barriers) to 5.0 (highest barriers) for each factor are averaged to calculate a CNI score for each zip code in the community. Research has shown that communities with the highest CNI scores experience twice the rate of hospital admissions for ambulatory care sensitive conditions as those with the lowest scores.

## **COMMUNITY ASSESSMENT AND PLANNING PROCESS**

The hospital engages in multiple activities to conduct its community benefit and community health improvement planning process. These include, but are not limited to: conducting a Community Health Needs Assessment with community input at least every three years; using five core principles to guide planning and program decisions; measuring and tracking program indicators and impact; and engaging the Mission Council and other stakeholders in the development of an annual community benefit plan and triennial Implementation Strategy.

### **Community Health Needs Assessment Process**

The significant needs that form the basis of the hospital's community health programs were identified in the most recent Community Health Needs Assessment (CHNA), which was adopted in November 2016.

The hospital conducts a CHNA at least every three years to inform its community health strategy and program planning. The CHNA report contains several key elements, including:

- Description of the assessed community served by the hospital;
- Description of assessment processes and methods, including: the data used; how the hospital solicited and took into account input from a public health department, members or representatives of medically underserved, low-income and minority populations; and the process and criteria used in identifying significant health needs and prioritizing them;
- Presentation of data, information and assessment findings, including a prioritized list of identified significant community health needs;
- Community resources (e.g., organizations, facilities and programs) potentially available to help address identified needs; and
- Discussion of impacts of actions taken by the hospital since the preceding CHNA.

For our CHNA, the three Glendale hospitals—Glendale Memorial Hospital and Health Center, Glendale Adventist Medical Center, and USC-Keck Verdugo Hills Hospital—collaborated with the Glendale Healthier Community Coalition, as they have in the past, to work with the Center for Nonprofit Management consulting team in conducting the CHNA.

The CHNA included the collection of over 300 data indicators (secondary data) 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. 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.

Primary data was also collected. Two community focus groups were held on Tuesday April 5 and Thursday April 7, 2016 and were attended by a total of 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. These stakeholders represented a broad range of geographic, public health, and

population interest, in compliance with the ACA. Details on community input and participants can be found in the CHNA report online.

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, participants were asked to rate health outcomes and health drivers in terms of level of severity.

Finally, 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.

The CHNA is shared with the City of Glendale, Glendale Healthier Community Coalition, and other local government agencies. The CHNA is located on the hospital's website: "Who We Are—Serving the Community" section, <http://www.dignityhealth.org/glendalememorial> and on the Dignity Health website at [www.DignityHealth.org](http://www.DignityHealth.org).

## **CHNA Significant Health Needs**

Once a list of health needs was developed, a process was completed to prioritize those 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 met in small groups and also participated in a large group discussion for the purposes of reviewing secondary data and data from the focus groups. To capture all groups' observations, each group was given a 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 on their observations, participants were given the opportunity to provide input via voting and completing a survey. They were asked 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

Those who were not able to attend the forum had the opportunity to complete the survey online if they were not able to attend the Prioritization Forum. A total of 33 participants completed the survey in person and 13 online, for a total of 46. The results of the dot-voting process and scores from the surveys were combined to develop a Prioritized Health Needs list.

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

### **1. Mental Health**

In 2015, adults experienced an average 2.6 unhealthy days resulting from poor mental health – this is similar to that reported for the county (2.3). Psychological distress, anxiety and depression are prevalent within 7.3% to 9.9% of the population in the service area – these percentages are within the range of the

County. Two thirds of the population reported receiving adequate social and emotional support (64.0%) in the service area.

## **2. Obesity/Overweight**

In 2011, approximately one in three adults (35.5%) was overweight and one in five adults (20.8%) was obese in the service area – these are both similar to the percentages observed in the County (35.9%, and 23.5%, respectively). A slightly lower percentage of children (ages 0 to 11) were overweight in the service area (12.7%) relative to the County (13.3%); however, more than half (52.0%) of teens (ages 12 to 18) were overweight or obese: this trend is similar to the county (54.8%).

## **3. Substance Abuse**

In 2015, half (55.0%) of adults (18+ years old) in the GMHHC service area reported drinking alcohol at least once in the past month, while 16.2% of adults reported engaging in binge drinking in the past month. In 2015, the percentage of adults who reported misusing prescription drugs in the GMHHC service area (5.7%) was slightly higher than in Los Angeles County (5.5%), as was the percentage of adults who reported using marijuana in the past year (13.4% in the service area, relative to the County). In the service area, 14.5% of teens reported ever trying marijuana, cocaine, sniffing glue or using other drugs.

## **4. Diabetes**

In 2011, 10.2% of adults (over the age of 18) in the GMHHC service area had been diagnosed with diabetes, a similar percentage to Los Angeles County (9.8%). Over two-thirds (69.2%) of the diabetic population had met with their medical provider to develop a diabetes care plan, almost 10% less than in Los Angeles County (77.8%). Diabetes diagnoses in the service area have increased the service area from 9.0% in 2011 to 10.2% in 2015. The hospitalization rate resulting from uncontrolled diabetes in the service area (13.7 per 100,000) was five points higher than that for California (8.6). In Glendale ZIP codes 91201 and 91204, the rate was more than twice the California rate (at 22.6 and 19.4, respectively). This was also the case in 90027—Los Feliz (19.3).

## **5. Cardiovascular Disease**

In 2014, the percentage of the population in the GMHHC service area diagnosed with heart disease (3.3%) was smaller than in Los Angeles County (5.7%). Of those in the GMHHC service area with heart disease, more than half (58.7%) received assistance from a care provider to manage their disease, while an even larger percentage of the population in SPA 4—Metro (61.5%) received assistance from a care provider. In 2012, the hospitalization rate resulting from heart failure was much higher (430.4 per 100,000) persons in the GMHHC 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).

## **6. Cancer**

Of all cancer-related surgeries performed, the top performed at GMMHC are breast (30.5%), colon (29.7%) and rectum (both at 20.3%). Breast cancer and colon cancer are also the top two surgeries performed in Los Angeles County and the state. In 2012, a total of 859 people died from cancer in the GMHHC service area, which represented a quarter (25.3%) of all deaths. This percentage is slightly higher than that reported for and California (23.7%).

## **7. Stroke**

In 2012, the prevalence of strokes experienced by the GMHHC population over the age of 65 (6.4%) was slightly lower than in Los Angeles County (7.1%). In 2012, the stroke mortality rate per 10,000 adults in the GMHHC service area (4.2) was moderately higher than in Los Angeles County (3.5).

Several ZIP codes contained much higher rates, including La Crescenta 91214 (6.9), Glendale 91204 (6.5), and Los Feliz (4.9).

### **8. Communicable/Infectious Diseases**

In 2013, the prevalence of Hepatitis B per 100,000 adults in the GMHHC service area (0.5) was slightly similar to that in Los Angeles County (0.6). In total, 16.4% of Hepatitis B cases in Los Angeles County were estimated to have occurred within the GMHHC service area. A total of 662 new Tuberculosis cases were registered in 2013 in the County. Of those cases, 18.0% are estimated to have emerged in the service area.

### **9. Sexual Health / STDs**

In 2012, the percentage of the population who had more than one sexual partner in the past 12 months was slightly lower in the GMHHC service area (12.8%) than in Los Angeles County (13.2%), but higher than the rest of California (11.3%). A slightly lower percentage of the GMHHC service area population (70.8%) has ever been tested for HIV relative to Los Angeles County (72.9%), and a nearly equal percentage to that of California (70.6%). The rate of chlamydia incidence in the GMHHC service area (474.9) was significantly lower than Los Angeles County (512.9), with SPA 4-Metro (587.7) having rates higher than that of the county. The prevalence of gonorrhea per 100,000 in the GMHHC service area (142.8) was higher than in Los Angeles County (103.4). The rate of HIV hospitalizations per 100,000 people in the GMHHC service area (15.6) was higher than the rate for the state of California (11.0). Within the service area however, ZIP codes such as Los Feliz 90027, East Hollywood 90029 and Atwater Village 90039 had much higher rates (55.4, 44.0 and 35.1) than the rest of the GMHHC service area.

Drivers of health, such as those listed below, are linked with and impact the health of community members. For this reason, drivers were also considered during the health need identification and prioritization process. The following list includes drivers identified in prioritized order:

1. 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

Additional detail about the needs assessment process and findings can be found in the CHNA report, which is publicly available at the GMHHC website: “Who We Are—Serving the Community” section of <http://www.dignityhealth.org/glendalememorial> or upon request at the hospital’s Community Health office.

### **Creating the Community Benefit Plan**

Rooted in Dignity Health’s mission, vision and values, Glendale Memorial Hospital and Health Center is dedicated to improving community health and delivering community benefit with the engagement of its leadership team, Mission Council, and Community Board. The Community Board is composed of community members who provide stewardship and direction for the hospital as a community resource

(see Appendix A). These parties review annual community benefit plans and program updates prepared by the hospital's director of Mission Integration.

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

- Focus on Disproportionate Unmet Health-Related Needs
- Emphasize Prevention
- Contribute to a Seamless Continuum of Care
- Build Community Capacity
- Demonstrate Collaboration

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

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

There are several criteria used to identify community partners and programs that share a spirit of collaboration with GMHHC. The criteria include but are not limited to: resources (i.e. staffing, supplies, and financial assistance), desired outcome, measurable outcome, community needs, and community benefit. Other non-quantifiable factors are considered when selecting a program, such as the benefits of social interaction, support groups, and the overall improvement of community residents.

Several of the health issues identified in the CHNA are addressed in various hospital programs. Note that not all community needs are directly addressed by GMHHC, primarily due to limited resources or an adequate number of community resources currently existing to address those needs. Specifically, this includes the prioritized health need "Stroke" and "Sexual Health / STDs."

## 2018 REPORT AND 2019 PLAN

This section presents strategies and program activities the hospital is delivering, funding or on which it is collaborating with others to address significant community health needs. It summarizes actions taken in FY18 and planned activities for FY19, with statements on anticipated impacts, planned collaboration, and patient financial assistance for medically necessary care. Program Digests provide detail on select programs' goals, measurable objectives, expenses and other information.

This report specifies planned activities consistent with the hospital's mission and capabilities. The hospital may amend the plan as circumstances warrant. For instance, changes in significant community health needs or in community assets and resources directed to those needs may merit refocusing the hospital's limited resources to best serve the community.

### Strategy and Program Plan Summary

<b>Health Need: Mental Health</b>			
<b>Strategy or Activity</b>	<b>Summary Description</b>	<b>Active FY18</b>	<b>Planned FY19</b>
Support for seniors	GMMHC provided a senior lecture on learning about the signs and symptoms of dementia, dementia categories and treatment modalities.	☒	☐
Support for seniors	Our hospital will provide a senior lecture on mental health. Topic TBD.	☐	☒
Support for veterans and their families	Community grant to Wellness Works. This project provides mental health care to veterans with PTSD, TBI (Traumatic Brain Injury), and/or MST (Military Sexual Trauma), and provides Community Resilience Model (CRM) Training, which enhances a peer-support, self-care model as well as training community members to help provide resiliency techniques to the larger community.	☒	☒
Support for chronically homeless individuals	Community grant to Ascencia. This project provides permanent supportive housing for homeless individuals, which includes providing support for their physical and mental health.	☒	☒
Support for youth	Community grant to Glendale Parks and Open Space Foundation. This project provides physical and mental well-being activities for elementary school children in an underserved population of Glendale.	☒	☒
Support for situationally homeless families	Community grant to Family Promise of the Verdugos. This project will provide support for parents and children as they obtain housing, jobs, and maintain schooling. This will include support for the families for overall mental well-being.	☒	☒
Breastfeeding Resource Center	Our hospital's Breastfeeding Resource Center provides free support to new moms and their infants in the community through group and 1:1 support in English and Spanish. Breastfeeding is linked to a lower risk of post-partum depression.	☒	☒
<b>Anticipated Impact:</b> The hospital's initiatives to address Mental Health are anticipated to result in increased support for the mental well-being of a variety of populations in our community.			

<b>Health Need: Obesity/Overweight</b>			
<b>Strategy or Activity</b>	<b>Summary Description</b>	<b>Active FY18</b>	<b>Planned FY19</b>
Support for seniors	Our hospital hosts weekly Strength Training and Shoa Chi/Yoga Classes to promote exercise and healthy lifestyles.	☒	☒
Education and screenings for the community	GMHHC participates in community and business sponsored health fairs in the greater Glendale area. We provide information, education and screenings at these events, including BMI screenings.	☒	☒
Support for youth	Community grant to Glendale Parks and Open Space Foundation. This project provides physical and mental well-being activities for elementary school children in an underserved population of Glendale. This includes BMI screenings before and after to measure progress of weight loss.	☒	☒
<b>Anticipated Impact:</b> The hospital's initiatives to address Obesity/Overweight are anticipated to result in increased education and improved fitness for youth and seniors in our community.			

<b>Health Need: Substance Abuse</b>			
<b>Strategy or Activity</b>	<b>Summary Description</b>	<b>Active FY18</b>	<b>Planned FY19</b>
Support for chronically homeless individuals	Community grant to Ascencia. This project provides permanent supportive housing for homeless individuals, which includes providing support and education for clients who abuse substances.	☒	☒
<b>Anticipated Impact:</b> The hospital's initiatives to address Substance Abuse are anticipated to result in increased education and healing for those who struggle with substance abuse in our community.			

<b>Health Need: Diabetes</b>			
<b>Strategy or Activity</b>	<b>Summary Description</b>	<b>Active FY18</b>	<b>Planned FY19</b>
Disease management education for patients	Our hospital offers an outpatient Diabetes and Nutrition Program (diabetes self-management course) that entails 4 sessions of 2 hour classes over 4 weeks. We offer this course in English and Spanish.	☒	☒
Education for the community	GMHHC participates in community and business sponsored health fairs in the greater Glendale area. We provide information and education regarding diabetes at these events.	☒	☒
Breastfeeding Resource Center	Our hospital's Breastfeeding Resource Center provides free group and 1:1 support to new moms and their infants in the community in English and Spanish. The short-term and long-term benefits of breastfeeding for mother and child are well documented (e.g., for mother—breastfeeding linked to a lower risk of these types of health problems: Type 2	☒	☒

	diabetes, breast cancer, cervical cancer, and post-partum depression; for baby—breastfeeding linked to lower risk of Type 1 & 2 Diabetes, childhood leukemia, lower respiratory infections, asthma, and obesity).		
Support for chronically homeless	Community grant to Ascencia. This project provides permanent supportive housing for homeless individuals, which includes providing support and education for clients with diabetes.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Anticipated Impact:</b> The hospital’s initiatives to address Diabetes are anticipated to result in increased education, disease management, and lower risk of diabetes in various populations in our community.			

<b>Health Need: Cardiovascular Disease</b>			
<b>Strategy or Activity</b>	<b>Summary Description</b>	<b>Active FY18</b>	<b>Planned FY19</b>
Support for seniors	Our hospital will host weekly Strength Training and Shoa Chi/Yoga Classes to promote exercise and healthy lifestyles.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Education for the community	GMHHC participates in community and business sponsored health fairs in the greater Glendale area. We provide information, education, and screenings at these events, in particular carotid screenings.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Support for chronically homeless	Community grant to Ascencia. This project provides permanent supportive housing for homeless individuals, which includes providing support and education for clients with cardiovascular disease.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Anticipated Impact:</b> The hospital’s initiatives to address Cardiovascular Disease are anticipated to result in increased education and disease management for various populations in our community.			

<b>Health Need: Cancer</b>			
<b>Strategy or Activity</b>	<b>Summary Description</b>	<b>Active FY18</b>	<b>Planned FY19</b>
Support for seniors	Our hospital provided a lecture regarding screenings, diagnosis, and treatment options for breast cancer.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Support for seniors	Our hospital provided a lecture regarding diet and colon cancer.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Support for seniors	Our hospital will provide a lecture on cancer (topic TBD).	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Anticipated Impact:</b> Anticipated Impact: The hospital’s initiative to address Cancer is anticipated to result in increased education and awareness for seniors in our community.			

<b>Health Need: Communicable/Infectious Diseases</b>			
<b>Strategy or Activity</b>	<b>Summary Description</b>	<b>Active FY18</b>	<b>Planned FY19</b>
Support for seniors	Our hospital provided a lecture to seniors about possible sources of infection in healthcare and ways to prevent them.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Anticipated Impact:</b> The hospital’s initiative to address Communicable/Infectious Diseases are anticipated to result in increased education and awareness for seniors in our community.			

## Community Grants Program

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

In FY18, the hospital awarded give grants totaling \$130,000. Below is a complete listing of FY18 grant projects; some projects may be described elsewhere in this report.

<b>Grant Recipient</b>	<b>Project Name</b>	<b>Amount</b>
Ascencia	Integrated Health Homes	\$30,000
Family Promise of the Verdugos	Helping Homeless Families Succeed	\$20,000
Glendale Parks & Open Space Foundation	One Glendale – After School Youth Sports Program	\$30,000
Kids’ Community Clinic of Burbank	Dental Education and Treatments for Low Income Children	\$15,000
Wellness Works	Mission Wellness	\$35,000

## Anticipated Impact

The anticipated impacts of the hospital’s activities on significant health needs are summarized above, and for select program initiatives are stated in the Program Digests on the following pages. Overall, the hospital anticipates that actions taken to address significant health needs will: improve health knowledge, behaviors, and status; increase access to needed and beneficial care; and help create conditions that support good health. The hospital is committed to measuring and evaluating key initiatives. The hospital creates and makes public an annual Community Benefit Report and Plan, and evaluates impact and sets priorities for its community health program in triennial Community Health Needs Assessments.

## Planned Collaboration

GMHHC will partner with the Glendale Healthier Community Coalition (GHCC), as well as the lead organizations that have been awarded community grants and their partnering organizations. Most of the organizations participating in our community grant program are also members of the Glendale Healthier Community Coalition. In addition, we will continue to partner with local city leaders.

## Financial Assistance for Medically Necessary Care

Glendale Memorial Hospital and Health Center delivers compassionate, high quality, affordable health care and advocates for members of our community who are poor and disenfranchised. In furtherance of this mission, the hospital provides financial assistance to eligible patients who do not have the capacity to pay for medically necessary health care services, and who otherwise may not be able to receive these services. A plain language summary of the hospital’s Financial Assistance Policy is in Appendix C. The amount of financial assistance provided in FY18 is listed in the Economic Value of Community Benefit section of this report.

The hospital notifies and informs patients and members of the community about the Financial Assistance Policy in ways reasonably calculated to reach people who are most likely to require patient financial assistance. These include:

- providing a paper copy of the plain language summary of the Policy to patients as part of the intake or discharge process;
- providing patients a conspicuous written notice about the Policy at the time of billing;
- posting notices and providing brochures about the financial assistance program in hospital locations visible to the public, including the emergency department and urgent care areas, admissions office and patient financial services office;
- making the Financial Assistance Policy, Financial Assistance Application, and plain language summary of the Policy widely available on the hospital's web site;
- making paper copies of these documents available upon request and without charge, both by mail and in public locations of the hospital; and
- providing these written and online materials in appropriate languages.

In addition, the hospital informs the organizations participating in our community grants committee regarding our Financial Assistance Policy, as well as other not-for-profit organizations in the greater Glendale area.

## Program Digests

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

50+ Senior Services	
<b>Significant Health Needs Addressed</b>	<ul style="list-style-type: none"> <li>✓ Mental Health</li> <li>✓ Obesity/Overweight</li> <li>☐ Substance Abuse</li> <li>☐ Diabetes</li> <li>✓ Cardiovascular Disease</li> <li>✓ Cancer</li> <li>☐ Stroke</li> <li>✓ Communicable/Infectious Diseases</li> <li>☐ Sexual Health / STDs</li> </ul>
<b>Core Principles Addressed</b>	<ul style="list-style-type: none"> <li>☐ Focus on Disproportionate Unmet Health-Related Needs</li> <li>✓ Emphasize Prevention</li> <li>☐ Contribute to a Seamless Continuum of Care</li> <li>☐ Build Community Capacity</li> <li>☐ Demonstrate Collaboration</li> </ul>
<b>Program Description</b>	<p>The major components of our hospital's senior services are comprised of the 50+ membership program which offers:</p> <ul style="list-style-type: none"> <li>• Education               <ul style="list-style-type: none"> <li>○ Free monthly health related education lectures specifically targeted for seniors</li> <li>○ AARP Mature Driving Classes</li> </ul> </li> <li>• Promotion of physical, mental, and social well-being through weekly exercise classes.</li> </ul>
<b>Community Benefit Category</b>	A1—Community Health Education
FY 2018 Report	
<b>Program Goal / Anticipated Impact</b>	<ul style="list-style-type: none"> <li>• Increase health awareness and screenings for seniors in our community.</li> </ul>
<b>Measurable Objective(s) with Indicator(s)</b>	<ul style="list-style-type: none"> <li>• Grow membership by 5%</li> </ul>
<b>Intervention Actions for Achieving Goal</b>	<ul style="list-style-type: none"> <li>• 10 lectures for members.</li> <li>• Offered weekly Strength Balance &amp; Shao Chi/Yoga Class promoting healthy physical activity and social interactions once a week.</li> <li>• Attended 4 health fairs to provide education and screenings.</li> </ul>
<b>Planned Collaboration</b>	Community Health Manager collaborated with local senior centers.
<b>Program Performance / Outcome</b>	Provided information on 50+ Program at local senior centers, hosted monthly senior lectures, weekly Strength Balance & Shao Chi/Yoga Class and hosted AARP mature driving classes. Served 1278 individuals over the year.
<b>Hospital's Contribution / Program Expense</b>	\$16,799. Community Health staff, space for classes, and refreshments for seniors.
FY 2019 Plan	
<b>Program Goal / Anticipated Impact</b>	Increase health awareness and screenings for seniors in our community.

<b>Measurable Objective(s) with Indicator(s)</b>	Increase membership.
<b>Intervention Actions for Achieving Goal</b>	Schedule monthly senior lectures, schedule weekly exercise class, attend 4 health fairs to provide education and screenings
<b>Planned Collaboration</b>	Community Health Manager to continue collaborating with local senior centers.

**Health Fairs**

<b>Significant Health Needs Addressed</b>	<ul style="list-style-type: none"> <li>✓ Mental Health</li> <li>✓ Obesity/Overweight</li> <li>☐ Substance Abuse</li> <li>✓ Diabetes</li> <li>✓ Cardiovascular Disease</li> <li>☐ Cancer</li> <li>☐ Stroke</li> <li>☐ Communicable/Infectious Diseases</li> <li>☐ Sexual Health / STDs</li> </ul>
<b>Core Principles Addressed</b>	<ul style="list-style-type: none"> <li>☐ Focus on Disproportionate Unmet Health-Related Needs</li> <li>✓ Emphasize Prevention</li> <li>☐ Contribute to a Seamless Continuum of Care</li> <li>☐ Build Community Capacity</li> <li>✓ Demonstrate Collaboration</li> </ul>
<b>Program Description</b>	GMHHC participates in community and business sponsored health fairs in the greater Glendale area. We provide information, education and screenings at these events.
<b>Community Benefit Category</b>	A1—Community Health Education

**FY 2018 Report**

<b>Program Goal / Anticipated Impact</b>	Continue providing access to screenings and health-related education for community members in the greater Glendale area.
<b>Measurable Objective(s) with Indicator(s)</b>	Attend 4 health fairs.
<b>Intervention Actions for Achieving Goal</b>	Provide information, education and screenings
<b>Planned Collaboration</b>	Our Manager of Community Health collaborated with community organizations and businesses.
<b>Program Performance / Outcome</b>	Provided information, education, and screenings to 1350 persons in the community.
<b>Hospital's Contribution / Program Expense</b>	\$18,195 Community Health staff, Cardiac Fitness staff, Respiratory staff, Radiology staff, Lab staff and Outpatient Therapy staff.

**FY 2019 Plan**

<b>Program Goal / Anticipated Impact</b>	Continue providing access to screenings and health-related education for community members in the greater Glendale area.
<b>Measurable Objective(s) with Indicator(s)</b>	Attend 4 health fairs.
<b>Intervention Actions for Achieving Goal</b>	Provide information, education and screenings
<b>Planned Collaboration</b>	Our Manager of Community Health will collaborate with community organizations and businesses.

**Community Grants**

<b>Significant Health Needs Addressed</b>	<ul style="list-style-type: none"> <li>✓ Mental Health</li> <li>✓ Obesity/Overweight</li> <li>✓ Substance Abuse</li> <li>✓ Diabetes</li> <li>✓ Cardiovascular Disease</li> <li>☐ Cancer</li> <li>☐ Stroke</li> <li>☐ Communicable/Infectious Diseases</li> <li>☐ Sexual Health / STDs</li> </ul>
<b>Core Principles Addressed</b>	<ul style="list-style-type: none"> <li>✓ Focus on Disproportionate Unmet Health-Related Needs</li> <li>✓ Emphasize Prevention</li> <li>✓ Contribute to a Seamless Continuum of Care</li> <li>✓ Build Community Capacity</li> <li>✓ Demonstrate Collaboration</li> </ul>
<b>Program Description</b>	The objective of Dignity Health Community Grants Program is to award grants to nonprofit (501c (3) organizations (excluding hospitals) whose Accountable Care Community proposal responds to the Dignity Health Glendale Memorial Hospital's strategic priorities identified in the most recent Community Health Needs Assessment and the community benefit plan. In addition, programs will be evaluated for the five Dignity Health Community Benefit Principles of serving disenfranchised populations with unmet health needs, primary prevention, seamless continuum of care, community capacity building, and collaborative governance. Dignity Health grants funds are to be used to provide services to underserved populations.
<b>Community Benefit Category</b>	E2—Grants
<b>FY 2018 Report</b>	
<b>Program Goal / Anticipated Impact</b>	Increase education, disease management, prevention, and well-being of community members.
<b>Measurable Objective(s) with Indicator(s)</b>	<ul style="list-style-type: none"> <li>• 60% reduction in ED visits by housed patients (chronically homeless) connected to a Health Home/Primary Care.</li> <li>• 90% or more situationally homeless families move back into sustainable housing.</li> <li>• 75% of students in afterschool program will lose weight.</li> <li>• Oral Health Literacy raised for Teachers, case managers, caregivers, parents, and students/children (2080 individuals impacted)</li> <li>• Increase in financial literacy /economic empowerment among veterans.</li> </ul>
<b>Intervention Actions for Achieving Goal</b>	<ul style="list-style-type: none"> <li>• Provide permanent supportive housing for 10 chronically homeless individuals.</li> <li>• Provide case management to situationally homeless families.</li> <li>• Provide fitness activities and nutrition education to youth.</li> <li>• Provide oral health screenings and interventions to youth.</li> <li>• Provide financial literacy classes to veterans.</li> </ul>
<b>Planned Collaboration</b>	GMHHC provided grant funding to 5 lead applicants and their Accountable Care Communities.
<b>Program Performance / Outcome</b>	Each of the grant awardees met or exceeded their objectives.
<b>Hospital's Contribution / Program Expense</b>	\$130,000. Grant awards
<b>FY 2019 Plan</b>	

<b>Program Goal / Anticipated Impact</b>	Increase education, disease management, prevention, and well-being of community members.
<b>Measurable Objective(s) with Indicator(s)</b>	<ul style="list-style-type: none"> <li>• 60% reduction in ED visits by housed patients (chronically homeless) connected to a Health Home/Primary Care.</li> <li>• 90% or more situationally homeless families move back into sustainable housing.</li> <li>• 75% of students in afterschool program will lose weight.</li> <li>• Increased improvement in fitness and eating habits in intellectually disabled persons.</li> </ul>
<b>Intervention Actions for Achieving Goal</b>	<ul style="list-style-type: none"> <li>• Provide permanent supportive housing for 10 chronically homeless individuals.</li> <li>• Provide case management to situationally homeless families.</li> <li>• Provide fitness activities and nutrition education to youth.</li> </ul>
<b>Planned Collaboration</b>	Glendale Memorial will provide grant funding and collaborate with the following lead applicants: Ascencia, Family Promise of the Verdugos, Glendale Parks & Open Space Foundation, and Special Olympics.

<b>Breastfeeding Resource Center</b>	
<b>Significant Health Needs Addressed</b>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Mental Health</li> <li><input type="checkbox"/> Obesity/Overweight</li> <li><input type="checkbox"/> Substance Abuse</li> <li><input checked="" type="checkbox"/> Diabetes</li> <li><input type="checkbox"/> Cardiovascular Disease</li> <li><input type="checkbox"/> Cancer</li> <li><input type="checkbox"/> Stroke</li> <li><input type="checkbox"/> Communicable/Infectious Diseases</li> <li><input type="checkbox"/> Sexual Health / STDs</li> </ul>
<b>Core Principles Addressed</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Focus on Disproportionate Unmet Health-Related Needs</li> <li><input checked="" type="checkbox"/> Emphasize Prevention</li> <li><input type="checkbox"/> Contribute to a Seamless Continuum of Care</li> <li><input type="checkbox"/> Build Community Capacity</li> <li><input type="checkbox"/> Demonstrate Collaboration</li> </ul>
<b>Program Description</b>	<p>GMHHC's Breastfeeding Resource Center has trained certified lactation educators to assist new mothers with breastfeeding needs and assess the mother/baby dyad to ensure that the baby is breastfeeding effectively. All women in the community are invited to participate, whether or not their baby was delivered at GMHHC. In particular, many low-income women have limited or no access to breastfeeding support and education, and we want to make our resources available to them. The short-term and long-term benefits of breastfeeding for mother and child are well documented (e.g., for mother—breastfeeding linked to a lower risk of these types of health problems: Type 2 diabetes, breast cancer, cervical cancer, and post-partum depression; for baby—breastfeeding linked to lower risk of Type 1 &amp; 2 Diabetes, childhood leukemia, lower respiratory infections, asthma, and obesity). We encourage the mother to follow up with the Breastfeeding Resource Center after 48-72 hours after hospital discharge to decrease NICU admission for hyperbilirubinemia /jaundice or dehydration. The Breastfeeding Resource Center and follow-up provides: three breastfeeding consultations up to the baby's 6 weeks of discharge. The visit includes outpatient one on one lactation consultation and follow up if</p>

	necessary to support breastfeeding and nursing mothers in the community, including weekly breastfeeding support group meetings (“Nursing Mothers Circle”) and telephone support.
<b>Community Benefit Category</b>	A1—Community Health Education
<b>FY 2018 Report</b>	
<b>Program Goal / Anticipated Impact</b>	<ul style="list-style-type: none"> <li>• Continue to market our free Breastfeeding support group and classes.</li> <li>• Increase numbers of pregnant women attending the BF classes.</li> <li>• Nurture a free Spanish-speaking weekly support group.</li> <li>• Community awareness that Breastfeeding Consultations and Breast pump purchase assistance is now available through most Health Insurance Plans.</li> <li>• Market our free hot line, classes and support group to surrounding clinics in the community.</li> <li>• Open up a low cost/no cost Lactation Service for the community</li> </ul>
<b>Measurable Objective(s) with Indicator(s)</b>	<ul style="list-style-type: none"> <li>• Track patients satisfaction with overall breastfeeding support and education provided.</li> <li>• Track number of mothers attending the Breastfeeding Support Group and monitor their overall satisfaction with the services provided.</li> </ul>
<b>Intervention Actions for Achieving Goal</b>	<ul style="list-style-type: none"> <li>• Free weekly support group.</li> <li>• Free Breastfeeding Hot line.</li> <li>• Free Breastfeeding Classes in English and Spanish.</li> <li>• Free Lactation Support in the hospital.</li> <li>• Making sure mother/baby dyads receive BF resources</li> </ul>
<b>Planned Collaboration</b>	Working with Director of Breastfeeding Promotion at WIC, she has generously donated time to visit physician offices to give free Breastfeeding Education to their staff.
<b>Program Performance / Outcome</b>	<ul style="list-style-type: none"> <li>• Support group attendance on rise since returning back to 2 hours.</li> <li>• Receiving calls on our hot line for mothers seeking resources and more breastfeeding information.</li> <li>• Served 657 persons.</li> </ul>
<b>Hospital’s Contribution / Program Expense</b>	\$37,108. Breastfeeding Resource staff, space for support groups, dedicated phone line, and refreshments.
<b>FY 2019 Plan</b>	
<b>Program Goal / Anticipated Impact</b>	<ul style="list-style-type: none"> <li>• Continue to market our free Breastfeeding support group and classes.</li> <li>• Breastfeeding Follow up clinic low cost/no cost</li> <li>• Increase numbers of pregnant women attending the BF classes.</li> <li>• Nurture a free Spanish-speaking weekly support group.</li> <li>• Community awareness that Breastfeeding Consultations and Breast pump purchase assistance is now available through most Health Insurance Plans.</li> <li>• Market our free hot line, classes and support group to surrounding clinics in the community.</li> </ul>
<b>Measurable Objective(s) with Indicator(s)</b>	<ul style="list-style-type: none"> <li>• Track patients satisfaction with overall breastfeeding support and education provided.</li> <li>• Track number of mothers attending the Breastfeeding Support Group and monitor their overall satisfaction with the services provided.</li> </ul>
<b>Intervention Actions for Achieving Goal</b>	<p>Continuing</p> <ul style="list-style-type: none"> <li>• Free weekly support group.</li> <li>• Free Breastfeeding Hot line.</li> </ul>

	<ul style="list-style-type: none"> <li>• Free Breastfeeding Classes in English and Spanish.</li> <li>• Free Lactation Support in the hospital.</li> </ul>
<b>Planned Collaboration</b>	Working with Director of Breastfeeding Promotion at WIC, she has generously donated time to visit physician offices to give free Breastfeeding Education to their staff. In addition, work with City of Glendale to promote Breastfeeding Resource Center through resource pamphlets.

## ECONOMIC VALUE OF COMMUNITY BENEFIT

The economic value of community benefit for patient financial assistance is calculated using a cost-to-charge ratio, and for Medicaid and other categories of community benefit using a cost accounting methodology.

**Glendale Memorial Hospital and Health Center**  
**Complete Summary - Classified Including Non Community Benefit (Medicare)**  
**For period from 7/1/2017 through 6/30/2018**

	Persons	Net Benefit	% of Org. Expenses
<b><u>Benefits for Living in Poverty</u></b>			
<b>Financial Assistance</b>	<b>1,415</b>	<b>986,378</b>	<b>0.4</b>
<b>Medicaid *</b>	<b>31,344</b>	<b>5,827,489</b>	<b>2.4</b>
<b>Community Services</b>			
A - Community Health Improvement Services	543	44,189	0.0
E - Cash and In-Kind Contributions	5	1,067,454	0.4
<b>Totals for Community Services</b>	<b>548</b>	<b>1,111,643</b>	<b>0.5</b>
<b>Totals for Living in Poverty</b>	<b>33,307</b>	<b>7,925,510</b>	<b>3.2</b>
<b><u>Benefits for Broader Community</u></b>			
<b>Community Services</b>			
A - Community Health Improvement Services	4,627	124,517	0.1
B - Health Professions Education	153	2,193,810	0.9
E - Cash and In-Kind Contributions	1,120	38,502	0.0
G - Community Benefit Operations	0	249,151	0.1
<b>Totals for Community Services</b>	<b>5,900</b>	<b>2,605,980</b>	<b>1.1</b>
<b>Totals for Broader Community</b>	<b>5,900</b>	<b>2,605,980</b>	<b>1.1</b>
<b>Totals - Community Benefit</b>	<b>39,207</b>	<b>10,531,490</b>	<b>4.3</b>
<b>Medicare</b>	<b>20,054</b>	<b>12,387,291</b>	<b>5.0</b>
<b>Totals with Medicare</b>	<b>59,261</b>	<b>22,918,781</b>	<b>9.3</b>

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Net Benefit equals costs minus any revenue from patient services, grants or other sources.

\* The hospital was required to record some Medicaid Provider Fee revenue in FY18 that was attributable to FY17 services. If all FY17 Medicaid Provider Fee revenue had been recorded in FY17, the hospital's FY18 net benefit for Medicaid would have been \$14,454,903.

## **APPENDIX A: FY 2018 COMMUNITY BOARD ROSTER**

Greg Fish  
Chief, Glendale Fire Department

Robert Gall, MD (*FY18 Board Chair*)  
Hospital physician

Silva A. Gasparian, PharmD  
Pharmacist, Memorial Medical Pharmacy

Vince Hambright  
President/COO, Rockport Healthcare Services

Jacob Lee (*FY19 Board Chair*)  
COO/General Counsel, HYI

Patrick Liddell, Esq  
Attorney at Law, Melby & Anderson LLP

Rob Mikitarian  
President, Burbank Home Health Care

Carl Povilaitis  
Deputy Chief, Glendale Police Department

Frank Quintero  
Former City of Glendale Mayor

Randy Roberts, MD  
Hospital Chief of Staff

Teresa Swida, DO  
Hospital physician

Petar Vukasin, MD  
Hospital physician

Jill Welton  
CEO/President

Roberto Zarate  
Owner, Tinto Restaurant

## **APPENDIX B: OTHER PROGRAMS AND NON-QUANTIFIABLE BENEFITS**

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

GMHHC is proud to support Health Professions Education through our clinical rotations for ultrasound, X-ray, phlebotomy, and pharmacy students which provided training for over 127 students in our community in FY18. We will continue to provide these clinical rotations in our on-going efforts to build community capacity.

GMHHC also provides leadership and support to a key organization which supports a healthier Glendale community. The Glendale Healthier Community Coalition (GHCC), comprised of key community leaders representing local community agencies and Glendale's hospitals, was created by Glendale's three hospitals and has now successfully worked on many high-profile community-wide projects for nearly 25 years (since 1994). These include the birth of Glendale Healthy Kids; the city's Quality of Life Indicators; and healthcare projects serving the homeless, as well as collaborating every three years on the comprehensive Community Health Needs Assessment. As an indication of GMHHC's commitment to the GHCC, the Director of Mission Integration serves on the Executive Board of the GHCC. In FY18, GMHHC continued to support the efforts of the coalition, in particular its collective impact initiative, "We Own the Health of Our Community" which began the fall of 2015. This collective impact initiative focused on our fourth greatest health need identified in our 2016 CHNA—diabetes—by bringing together the coalition members, as well as the Chamber of Commerce and city officials, and inviting 100 employers in Glendale to improve the health of those who live and work in Glendale. In addition, we held our first annual Glendale Health Summit, which was a direct request for the collective impact initiative.

The collective impact initiative includes the following goals:

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

## APPENDIX C: FINANCIAL ASSISTANCE POLICY SUMMARY

Dignity Health's Financial Assistance Policy describes the financial assistance programs available to uninsured or under-insured patients who meet certain income requirements to help pay for medically necessary hospital services provided by Dignity Health. An uninsured patient is someone who does not have health coverage, whether through private insurance or a government program, and who does not have the right to be reimbursed by anyone else for their hospital bills. An underinsured patient is someone who has health coverage, but who has large hospital bills that are not fully covered by their insurance.

### Free Care

- If you are uninsured or underinsured with a family income of up to 200% of the Federal Poverty Level you may be eligible to receive hospital services at no cost to you.

### Discounted Care

- If you are uninsured or underinsured with an annual family income between 200-350% of the Federal Poverty level, you may be eligible to have your bills for hospital services reduced to the highest amount reasonably expected to be paid by a government payer, which is usually the amount that Medicare would pay for the same services.
- If you are uninsured or underinsured with an annual family income between 350-500% of the Federal Poverty level you may be eligible to have your bills for hospital services reduced to the Amount Generally Billed, which is an amount set under federal law that reflects the amount that would have been paid to the hospital by private health insurers and Medicare (including co-pays and deductibles) for the medically necessary services.

If you are eligible for financial assistance under our Financial Assistance Policy you will not be required to pay more than the Amount Generally Billed described above. If you qualify, you may also request an interest-free extended payment plan. You will never be required to make advance payment or other payment arrangements in order to receive emergency services.

Free copies of the hospital's Financial Assistance Policy and financial assistance application forms are available online at your hospital's website listed below or at the hospital Admitting areas located near the main entrance. (Follow the signs to "Admitting" or "Registration"). Copies of these documents can also be mailed to you upon request if you call Patient Financial Services at the telephone number listed below for your hospital.

**Traducción disponible:** You may also obtain Spanish and other language translations of these documents at your hospital's website, in your hospital's Admitting area, or by calling your hospital's telephone number.

Dignity Health Financial Counselors are available to answer questions, provide information about our Financial Assistance Policy and help guide you through the financial assistance application process. Our staff is located in the hospital's Admitting area and can be reached at the telephone number listed below:

Financial Counseling: 818-502-2305

Patient Financial Services: 888-488-7667

[www.dignityhealth.org/glendalememorial/paymenthelp](http://www.dignityhealth.org/glendalememorial/paymenthelp)