

**Adventist Health Glendale  
2020 Community Health Implementation Strategy**



## Executive Summary

### Introduction & Purpose

Adventist Health Glendale is pleased to share its Community Health Implementation Strategy. This follows the development of its 2019 Community Health Needs Assessment (CHNA) in accordance with requirements in the Affordable Care Act and IRS 990 Schedule H requirements and approved by the Adventist Health Board of Directors on October 17, 2019.

After a thorough review of the health status in our community through the community health needs assessment (CHNA), we identified areas that we could address using our resources, expertise and community partners. Through these actions and relationships, we aim to empower our community and fulfill our mission of “Living God’s love by inspiring health, wholeness and hope.”

The results of the CHNA guided this creation of this document and aided us in how we could best provide for our community and the vulnerable among us. This Implementation Strategy summarizes the plans for Adventist Health Glendale to develop and collaborate on community benefit programs that address prioritized health needs identified in its 2019 CHNA. Adventist Health {Name} has adopted the following priority areas for our community health investments.

#### Prioritized Health Needs – Planning to Address

- [Health Priority #1: Poverty & Homelessness Including Mental Health & Substance Abuse](#)
- [Health Priority #3: Access to Medical Care](#)
- [Health Priority #4: Cardiovascular Diseases Including Stroke](#)
- [Health Priority #5: Preventive Wellness Including Diabetes](#)
- [Health Priority #6: Geriatric Support](#)

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Building a healthy community requires multiple stakeholders working together with a common purpose. We invite you to explore how we intend to address health challenges in our community and partner to achieve change. More importantly, we hope you imagine a healthier region and work with us to find solutions across a broad range of sectors to create communities that define the well-being of people.

The purpose of the CHNA was to offer a comprehensive understanding of the health needs in Adventist Health Glendale service area and guide the hospital's planning efforts to address those needs.

The significant health needs were identified through an analysis of secondary data and community input. These health needs were prioritized according to a set of criteria that included severity, change over time, resources available to address the need and community readiness to support action on behalf of any health need. Secondary sources include publicly available state and nationally recognized data sources available at the zip code, county and state level. Health indicators for social and economic factors, health system, public health and prevention, and physical environment are incorporated. The top leading causes of death as well as conditions of morbidity that illustrate the communicable and chronic disease burden across Los Angeles County is included. Data for this assessment was collected through US Bureau of Census, Nielsen Claritas, California Disease Control and Prevention, California Department of Education, United States Department of Health and Human Services, California Office of Statewide Health Planning and Development, California Department of Public Health, County Health Rankings & Roadmaps, Los Angeles Homeless Service Authority, American Heart Association, National Cancer Institute, Centers for Disease Control, World Health Organization. When feasible, health metrics have been further compared to estimates for the state or national benchmarks, such as the Healthy People 2020 objectives.

Adventist Health Glendale worked to identify relevant key informants and topical focus groups to gather more insightful data and aid in describing the community. Key informants and focus groups were purposefully chosen to represent medically under-served, low-income, or minority populations in our community, to better direct our investments and form partnerships. The criteria listed recognize the need for a combination of information types (e.g., health indicators and primary data) as well as consideration of issues such as practicality, feasibility, and mission alignment.

For further information about the process to identify and prioritize significant health needs, please refer to the Adventist Health Glendale CHNA report at the following link:

<https://www.adventisthealth.org/about-us/community-benefit/>

## Adventist Health Glendale and Adventist Health

Adventist Health Glendale (AHGL) is an affiliate of Adventist Health, a faith-based, nonprofit integrated health system serving more than 80 communities on the West Coast and Hawaii.

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

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

AHGL employs 800 physicians, 2,600 associates and 1,100 volunteers. Currently, AHGL is also recognized as:

- A Community Hospital Comprehensive Cancer Program Joint Commission's Gold Seal of Approval for its joint replacement program (knee and hip) by the American College of Surgeons' Commission on Cancer.
- A hospital specially equipped and staffed for the rapid, quality care of heart attack patients by Los Angeles County's Emergency Medical Services

### Vision

Adventist Health will be a recognized leader in mission focus, quality care and fiscal strength.

### Mission Statement

Living God's love by inspiring health, wholeness and hope.

### Adventist Health facilities Include:

- 21 hospitals with more than 3,284 beds
- More than 273 clinics (hospital-based, rural health and physician clinics)
- 13 home care agencies and seven hospice agencies
- Four joint-venture retirement centers
- Compassionate and talented team of 35,000 associates, medical staff physicians, allied health professionals and 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 all faiths to enhance the health of the communities we serve.

Our commitment to quality health care stems from our heritage, which dates to 1866 when the first Seventh-day Adventist healthcare 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.

## Summary of Implementation Strategies

### Implementation Strategy Design Process

Stakeholders from the 19 hospital facilities in the Adventist Health System were invited to participate in a Mission Integration Summit on September 26 and 27, 2019. During these two day-long events, participants were introduced to the 2019 Adventist Health Implementation Strategy Template. After the summit, each hospital was invited to participate in a series of technical assistance calls and consultation sessions with representatives from Adventist Health Community Integration and Conduent Healthy Communities Institute to further develop and refine their implementation strategy.

## Adventist Health Glendale Implementation Strategy

The implementation strategy outlined below summarizes the strategies and activities by Adventist Health Glendale to directly address the prioritized health needs. They include:

- **Health Need 1: Poverty & Homelessness Including Mental Health & Substance Abuse**
  - AHGL Navigator
  - Continuum of Care Coalition
- **Health Need 3: Access to Medical Care**
  - Family Practice Residency Program
- **Health Need 4: Cardiovascular Diseases Including Stroke**
  - Community Education
  - Community Screening
- **Health Need 5: Preventive Wellness Including Diabetes and Obesity**
  - Exercise Classes
  - Nutrition Classes
  - Champions for Change
- **Health Need 6: Geriatric Support**
  - Exercise/Fitness Classes
  - Live Well Senior Center
  - Clinical Support

The Action Plan presented below outlines in detail the individual strategies and activities Adventist Health Glendale will implement to address the health needs identified through the CHNA process. The following components are outlined in detail in the tables below: 1) actions the hospital intends to take to address the health needs identified in the CHNA, 2) the anticipated impact of these actions as reflected in the Process and Outcomes measures for each activity, 3) the resources the hospital plans to commit to each strategy, and 4) any planned collaboration to support the work outlined.

No hospital can address all the health needs identified in its community. Adventist Health Glendale is committed to serving the community by adhering to its mission, and using its skills, expertise and resources to provide a range of community benefit programs. This Implementation Strategy does not include specific plan to address the following significant health needs identified in the 2019 CHNA.

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**Significant Health Needs – NOT Planning to Address**

- Dental Health- Adventist Health Glendale does not have the resources to address this priority at this time
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## Adventist Health Glendale Implementation Strategy Action Plan

**PRIORITY HEALTH NEED: POVERTY & HOMELESSNESS INCLUDING MENTAL HEALTH & SUBSTANCE ABUSE**

**GOAL STATEMENT: From 2020-022 Adventist Health Glendale will work to prevent and reduce homelessness for patients requiring complex care and follow up.**

**Mission Alignment: Well-being of People**

**Strategy 1: The AHGL Homeless Care Navigator will support Behavioral Medicine services for patients who are homeless and at-risk for homelessness.**

Programs/Activities	Process Measures	Results: Year 1	Short Term Measures	Results: Year 2	Medium Term Measures	Results: Year 3
Activity 1.A.1: Better integrate AHGL into Homeless Continuum of Care	Employ a navigator / case manager to manage housing stability and disease prevention in conjunction with the discharge process at AHGL		80% of patients sign up for Continuum of Care data sharing		50% of patients in the program have housing	
Activity 1.A.2: Assist newly homeless patients and patients at risk for homelessness who come into the ED seeking health care	The navigator / case manager will support placement services and Homeless Access Center referrals for newly / homeless patients annually		Hire and train staff to coordinate care with the Homeless Continuum of Care		Prevent homelessness among those immediately at risk for homelessness (50/year)	
Activity 1.A.3: Stabilize adult homeless seriously mentally ill	The navigator / case manager will support placement for homeless SMI		Number of homeless patients connected to mental health		Number of homeless patients receiving mental health services 1-year post discharge	



(SMI) patients with co-occurring diagnoses	patients with co-occurring diagnoses  Hire and train staff to coordinate care with the Homeless Continuum of Care		services 30 days post discharge			
<p>Source of Data:</p> <ul style="list-style-type: none"> <li>Adventist Health Glendale; Glendale Free Health Clinic; Loaves and Fishes; Adult Recreation Center</li> </ul>						
<p><b>Target Population(s):</b></p> <ul style="list-style-type: none"> <li>At-risk for homelessness, homeless general population, SMI homeless</li> </ul>						
<p><b>Adventist Health Resources:</b> (financial, staff, supplies, in-kind etc.)</p> <ul style="list-style-type: none"> <li>Full time homeless care navigator and social workers, case workers, and discharge planners from Behavioral Health and Emergency Department</li> </ul>						
<p><b>Collaboration Partners:</b> (place a "*" by the lead organization if other than Adventist Health)</p> <ul style="list-style-type: none"> <li>Glendale Homeless Continuum of Care partners include Ascencia, City of Glendale, YWCA, Family Promise of the Verdugos, Armenian Relief Society, All for Health, Glendale Free Health Clinic, Adventist Health Glendale Foundation, Glendale Youth Alliance, Loaves and Fishes (Catholic Charities), The Salvation Army, Adult Recreation Center, Glendale Police Department, Glendale Fire Department EMS, Cedar House (AFH)</li> </ul>						
<p><b>CBISA Category:</b> (A - Community Health Improvement; E - Cash and In-Kind; F - Community Building; G - Community Benefit Operations)</p> <ul style="list-style-type: none"> <li>A</li> </ul>						

**PRIORITY HEALTH NEED: Access to Medical Care**

**GOAL STATEMENT: From 2020 – 2022, Adventist Health Glendale will increase access to primary care for vulnerable populations.**

**Mission Alignment:** Well-being of People

**Strategy 1: Develop a team of physicians who become more knowledgeable of health care disparities and an increase in medical knowledge of problems that disproportionately affect the underserved**

Programs/Activities	Process Measures	Results: Year 1	Short Term Measures	Results: Year 2	Medium Term Measures	Results: Year 3
Activity 1.1: Family Residency Program	# students		% of students who complete 3 year program		% of students who become physicians and in community to practice family medicine	

**Source of Data:**

- AH Data

**Target Population(s):**

- Underserved adults

**Adventist Health Resources:** (financial, staff, supplies, in-kind etc.)

- Financial, staff, supplies

**Collaboration Partners:** (place a "\*" by the lead organization if other than Adventist Health)

- Loma Linda University

**CBISA Category:** (A - Community Health Improvement; E - Cash and In-Kind; F - Community Building; G - Community Benefit Operations)

- A

**PRIORITY HEALTH NEED: CARDIOVASCULAR DISEASE INCLUDING STROKE**

**GOAL STATEMENT:** Increase awareness of health risks, symptoms and disease management for cardiovascular disease including stroke.

**Mission Alignment:** Well-being of People

**Strategy 1:** Engage the community through educational seminars, workshops and screenings to reduce the risk factors of cardiac disease including stroke.

Programs /Activities	Process Measures	Results: Year 1	Short Term Measures	Results: Year 2	Medium Term Measures	Results: Year 3
Activity 1.A.1 Provide community education sessions and screenings	# of community education session presented  # of participants		Improved awareness of risk factors and symptoms		% of participants reporting healthier behaviors as result of classes	
Activity 1.2: Community medical fairs (Live Well Senior Center, etc.)	Participation in health fairs and Live Well Senior Center presentations		Number of people who participate in health fairs and Live Well Senior Center presentations		Increase in number of patients with improved outcomes	

**Target Population(s):**

- Seniors and other community members at risk for cardiovascular disease

**Adventist Health Resources:** (financial, staff, supplies, in-kind etc.)

- Educational materials
- Live Well Senior Center
- Screening equipment
- RN program manager, Registry data RN, Cardiac catheterization team, Telemetry unit nurses

**Collaboration Partners:** (place a "\*" by the lead organization if other than Adventist Health)

- Heart and Vascular Institute, Live Well Senior Center, American Heart Association, American Stroke Association, Boston Scientific

**CBISA Category:** (A - Community Health Improvement; E - Cash and In-Kind; F - Community Building; G - Community Benefit Operations)

- A

**PRIORITY HEALTH NEED:** PREVENTIVE WELLNESS INCLUDING DIABETES AND OBESITY

**GOAL STATEMENT:** From 2019 – 2022, Adventist Health Glendale will educate children and families about the risks of tobacco and the health benefits of exercise and good nutrition.

**Mission Alignment:** Well-being of People

**Strategy 1:** Engage our community through preventive wellness classes and grassroots organizing around public health policy.

Programs/ Activities	Process Measures	Results: Year 1	Short Term Measures	Results: Year 2	Medium Term Measures	Results: Year 3
Activity 1.A: Champions for Change	# students #classes # elementary schools		Increase in physical activity Increase in consumption of fruits and vegetables		Increase in healthy weight range for participating students	
Activity 1.2: Continue community Zumba classes at Pacific Park and Community Center	Classes conducted to improve fitness among community residents		Sustain 30 participants per class and reach 5- 7 new participants, and demonstrate / promote fitness activities at five community events		A sampling of participants will show Improved fitness outcomes	

**Source of Data:**

- Public Health, AH Glendale, Glendale Unified School District

**Target Population(s):**

- Elementary schoolchildren
- Families of elementary schoolchildren
- Youth and families

**Adventist Health Resources:** (financial, staff, supplies, in-kind etc.)

- Educational materials
- Staff, CINCO center
- Marketing Department

**Collaboration Partners:** (place a "\*" by the lead organization if other than Adventist Health)

- Pacific Clinics Head Start locations (Glendale, Lexington, and Verdugo), coalition members, L.A. County Department of public health, city councils, community-based organizations, grassroots community members, Glendale YMCA, La Canada YMCA

**CBISA Category:** (A - Community Health Improvement; E - Cash and In-Kind; F - Community Building; G - Community Benefit Operations)

- A

**PRIORITY HEALTH NEED: GERIATRIC (SENIOR) SUPPORT SERVICES**

**GOAL STATEMENT: PROVIDE HEALTH EDUCATION / PROMOTION RESOURCES THAT IMPROVE HEALTH AND WELL BEING FOR SENIORS**

**Mission Alignment: Well-being of People**

**Strategy 1: AHGL will provide geriatric support through educational, lifestyle, fitness and nutrition classes, and preventative clinical services.**

Programs/Activities	Process Measures	Results: Year 1	Short Term Measures	Results: Year 2	Medium Term Measures	Results: Year 3
Activity 1.A.1 Educational and Lifestyle Supports	# of finance education, Alzheimer’s caregiver support, and volunteer opportunities		Participation by seniors in educational and lifestyle supports		10% increase in seniors participating in the programs offered	
Activity 1.A.2 Clinical Supports:	# of Medication consultations # Flu Shot Clinics		10% increase in consultations provided  10% increase in of flu shot clinics and participants		10% increase from previous year of consultations provided  Expansion of flu shot clinic outreach into vulnerable neighborhoods as defined in the most recent CHNA	
Activity 1.A.3 Fitness and Nutrition Supports	# of physician led presentations # of fitness and nutrition classes held physician		Participation by seniors in presentation and classes		Increase in daily fitness activity as reported by participants	

**Source of Data:**

- Live Well Senior Center

<b>Target Population(s):</b> <ul style="list-style-type: none"> <li>Seniors</li> </ul>
<b>Adventist Health Resources:</b> (financial, staff, supplies, in-kind etc.) <ul style="list-style-type: none"> <li>Educational materials</li> <li>Staff, Live Well Senior Center</li> <li>Demonstration kitchen</li> </ul>
<b>Collaboration Partners:</b> (place a "*" by the lead organization if other than Adventist Health) <ul style="list-style-type: none"> <li>Local physicians and nutritionists</li> </ul>
<b>CBISA Category:</b> (A - Community Health Improvement; E - Cash and In-Kind; F - Community Building; G - Community Benefit Operations) <ul style="list-style-type: none"> <li>A</li> </ul>

In addition, Adventist Health Glendale will continue to provide health presentations, health education and health screenings as it pertains to diabetes, cardiovascular disease, obesity, stroke and substance abuse.

In particular Adventist Health will promote "Stroke Awareness" month and identify community members at risk through screening events and partner with the Department of Motor Vehicles for the Community Mobility Program that evaluates stroke survivors from a clinical and road perspective to determine driving ability. The AHGL Neuroscience Institute offers FREE Stroke Medication Management & Education Clinics. Stroke patients receive a consultation with AHGL 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 AHGL website and Health Quarterly, Pharmacy consults are built into our process to ensure patients receive a free consultation from the pharmacist prior to discharge.

Adventist Health Glendale will also work to improve health outcomes related to cardiovascular health through the CARE event which provides imaging service to screen patients for abdominal aorta aneurysm and carotid and peripheral vascular disease and the Early Heart Attack Education (EHAC) program that explains the signs and symptoms of a heart attack, importance of calling 911, usual signs and symptoms are given on flyers, magnets, and on the hospital website for the community to view and learn from.



## Connecting Strategy and Community Health

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.

Health systems must now step outside of the traditional roles of hospitals to begin to address the social, economic, and environmental conditions that contribute to poor health in the communities we serve. Bold leadership is required from our administrators, healthcare providers, and governing boards to meet the pressing health challenges we face as a nation. 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.

Community well-being is not just the overall health of a population but also includes the distribution of health equity. 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 community 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 safety and
- 3) Advance care coordination across the care continuum

Adventist Health is on a bold journey to establish sustainable significance with a vibrant mission of living God's love by inspiring health, wholeness and hope. We will advocate for and lead change in healthcare and social policy to benefit the under privileged and the disenfranchised in the diverse communities to which we have been called.

Together we will create lasting impact in people's whole lives and affect profound improvement in the well-being of the entire community.



## 2020 Community Health Implementation Strategy approval

This Community Health Implementation Strategy was adopted on April 29, 2020 by the Adventist Health System/West Board of Directors. The Adventist Health Board of Directors has approved this Community Health Improvement Strategy during COVID-19, a worldwide pandemic. The Board anticipates and supports necessary adjustments to this strategy document to allow Adventist Health hospitals to address emerging community needs and/or shifting priorities related to the pandemic and recovery. The final report was made widely available on

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To request a copy, provide comments or view electronic copies of current and previous community health needs assessments or community benefit implementation strategies, please visit the Community Benefits section on our website at <https://www.adventisthealth.org/about-us/community-benefit/>