USC Verdugo Hills Hospital
2013 Community Health Needs Assessment

July 2013
Final Draft

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Acknowledgements

The 2013 Glendale Hospitals Collaborative, composed of Glendale Adventist Medical Center, Glendale Memorial Hospital and Health Center and USC Verdugo Hills Hospital, worked in partnership to conduct this needs assessment.

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II. Summary of Key Findings (Executive Summary)

The Patient Protection and Affordable Care Act (ACA), enacted on March 23, 2010, added new requirements that nonprofit hospital organizations must satisfy to maintain tax-exempt status under section 501(c)(3) of the Internal Revenue Code. One such requirement added by ACA, to Section 501(r) of the Code, requires nonprofit hospitals to conduct a community health needs assessment (CHNA) at least once every three years. As part of the CHNA, each hospital is required to collect input from designated individuals in the community, including public health experts as well as members, representatives or leaders of low-income, minority, and medically underserved populations, and individuals with chronic conditions.

For the 2013 CHNA, three Glendale hospitals—Glendale Adventist Medical Center, Glendale Memorial Hospital and Health Center, and USC Verdugo Hills Hospital—collaborated, as they have in the past, to work with the Center for Nonprofit Management consulting team in conducting the CHNA. During the initial phase of the CHNA process, community input was collected during a focus group with key stakeholders, including health care professionals, government officials, social service providers, community residents, leaders, and other relevant individuals. Appendix A presents the data collection tools, and Appendix B lists the stakeholders involved. Concurrently, secondary data were collected and compared to relevant benchmarks including Healthy People 2020, Los Angeles County or California when possible. The data were also collected at smaller geographies, when possible, to allow for more in-depth analysis and identification of community health issues. In addition, previous CHNAs were reviewed to identify trends and ensure that previously identified needs were not overlooked. Primary and secondary data were compiled into a scorecard (Appendix C) presenting health needs and health drivers with highlighted comparisons to the available data benchmarks. The scorecard was designed to allow for a comprehensive analysis across all data sources (Appendix D) and for use during the second, prioritization phase of the CHNA process.

A modified Simplex Method was used to implement the prioritization process, consisting of a facilitated group session engaging participants in the first phase of community input and new participants in a discussion of the data (as presented in the scorecards and accompanying health need narratives) and the prioritization process. At the session, participants were provided with a brief overview of the CHNA process, a list of identified needs in the scorecard format, and the brief narrative summary descriptions of the identified health needs described above. Then, in smaller groups, participants considered the scorecards and health needs summaries in discussing the data and identifying key issues or considerations that were then shared with the larger group.

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

The following list of nine prioritized needs resulted from the above-described process. Further indicators and qualitative information about each need are included in Appendix C—Scorecard.

- Health needs (in prioritized order)
  - Obesity/overweight
  - Mental health
  - Diabetes
  - Alcohol and substance abuse
  - Cardiovascular disease
  - Hypertension
  - Cholesterol
  - Disability
  - Oral health
- Drivers (in prioritized order)
  - Alcohol and substance abuse
  - Healthy eating
  - Health care access
  - Physical activity
  - Health education and awareness
  - Cultural competency
  - Poverty
  - Homelessness
  - Dental care access

III. Introduction and Background

USC Verdugo Hills Hospital

USC Verdugo Hills Hospital (VHH) was established in 1947 as Behrens Memorial Hospital. A new hospital facility was built in 1972 and renamed Verdugo Hills Hospital, on land donated by the Greene family. In 2013, Verdugo Hills Hospital became USC Verdugo Hills Hospital by affiliating with the University of Southern California, one of the world's leading academic medical centers.

A 158-bed nonprofit medical facility that features the finest in primary care services, state-of-the-art diagnostic excellence, and health-enhancement services, USC Verdugo Hills Hospital has expanded its services to the foothill communities by joining forces with USC. Our collective commitment is to serve community's ever-changing and challenging health care needs with a focus on health and wellness.

Continuing to believe that the human touch is the most important part of the healing process, USC Verdugo Hills Hospital—as part of Keck Medicine—will continue to offer an exceptional staff of physicians and hospital professionals who provide excellence in clinical care. More importantly, our patients will benefit from the combination of our expertise and that of our new colleagues at USC.

Milestones include:

- 1985—Outpatient diagnostic and surgery services introduced
- 1988—Critical care units remodeled
- 1991—18-bed transitional care unit opened
- 1999—Wound care program initiated
- 2003—Emergency department expansion
- 2004—A Balanced Life program introduced
- 2005—Gastroenterology department updated
- 2005—ACCESS digital imaging and records system introduced
- 2008—Digital mammography introduced
- 2010—Telemedicine introduced
- 2011—Wireless EKG monitoring added in Cardiac Rehabilitation
- 2012—Primary Stroke Center designation
- 2013—Affiliated with University of Southern California

Glendale Hospital Collaborative

The Glendale Hospital Collaborative is comprised of three hospitals serving the Glendale community—Glendale Adventist Medical Center, Glendale Memorial Hospital and Health Center, and USC Verdugo Hills Hospital.

Glendale Adventist Medical Center (GAMC)

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

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

GMAC offers:

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

Glendale Memorial Hospital and Health Center (GMHHC)

GMHHC is a 334-bed acute care community hospital offering primary service lines in heart, cancer, orthopedics, women's health, colorectal disease, emergency medicine, and diagnostic imaging services.

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.

GMHHC is a part of Dignity Healthcare, a hospital system with 41 hospitals located in California, Nevada, and Arizona. The hospital employs over 1,300 individuals and its medical staff is comprised of over 500 physicians, 83% of which are board certified.

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

Key services include:

- Acute inpatient rehab
- Advanced minimally invasive surgery
- Cancer services—comprehensive medical, radiation, and surgical services
- Colorectal Surgery Institute
- Diagnostic imaging—CT, MRI, ultrasound and vascular ultrasound
- Emergency services
- Heart Institute
- Intensive care/cardiac care Units
- Interventional radiology
- Level II NICU
- Nuclear medicine
- Occupational medicine
- Orthopedic services—joint, spine, hand
- Perinatal high-risk pregnancy services
- Physical medicine and rehab
- Women's outpatient center for OB/GYN services
- Wound Care Center

Awards and recognition include:

- HealthGrades Excellence Awards for Cardiac Care, Stroke Care, Women's Health and overall Patient Safety
- Marcia Ray Breast Center designated Breast Imaging Center of Excellence by American College of Radiology
- Chest Pain Center accredited by the Society of Chest Pain Centers

USC Verdugo Hills Hospital

See page 9.

CHNA Consultants

The **Center for Nonprofit Management (CNM)** was hired as the consultant team to conduct the assess-ment for the Glendale Hospitals Collaborative. CNM is the leading management assistance organization

in Southern California, providing training, technical assistance, capacity-building resources and services, and customized counsel to the nonprofit sector since 1979.

The principal members of the CNM evaluation team—Dr. Maura Harrington and Ms. Jessica Vallejo—have extensive experience with SB 697 community health needs assessments and public health data. The team was involved in conducting the 2004, 2007, and 2010 CHNAs for the Metro Hospital Collaborative (California Hospital Medical Center, Children's Hospital Los Angeles, Good Samaritan Hospital, Kaiser Foundation Hospital Los Angeles, QueensCare, and St. Vincent Medical Center) and is conducting 2013 CHNAs and/or the Community Benefit Implementation Strategy for five Kaiser hospitals and four other Los Angeles area hospitals. Dr. Harrington has worked on projects with the Pasadena Public Health Department, the California Wellness Foundation, and many other health-related entities. The CNM team has extensive experience with a broad range of evaluation projects involving qualitative and quantitative data collection and analysis and the preparation of reports and documentation appropriate for diverse audiences and constituencies.

Purpose of the Community Health Needs Assessment Report

In 1994, California legislators passed Senate Bill 697 (SB 697), which requires all private nonprofit hospitals in the state to conduct a CHNA every three years. As part of SB 697, hospitals are also required to annually submit a summary of their community benefit contributions, particularly those activities undertaken to address the community needs arising during the CHNAs.

Federal requirements included in the ACA, which was enacted March 23, 2010, stipulate that hospital organizations with 501(c)(3) status must adhere to new regulations, one of which is a requirement to conduct a CHNA every three years. With regard to the CHNA, the ACA specifically requires nonprofit hospitals to collect and take into account input from public health experts as well as community leaders and representatives of high-need populations (including minority groups, low-income individuals, medically underserved populations, and those with chronic conditions); identify and prioritize community health needs; document a separate CHNA for each individual hospital; and make the CHNA report widely available to the public. In addition, each nonprofit hospital must adopt an implementation strategy to address the identified community health needs and submit a copy of the implementation strategy along with the organization's annual Form 990.

IV. Methodology and Process

Glendale Hospitals Collaborative CHNA Framework and Process

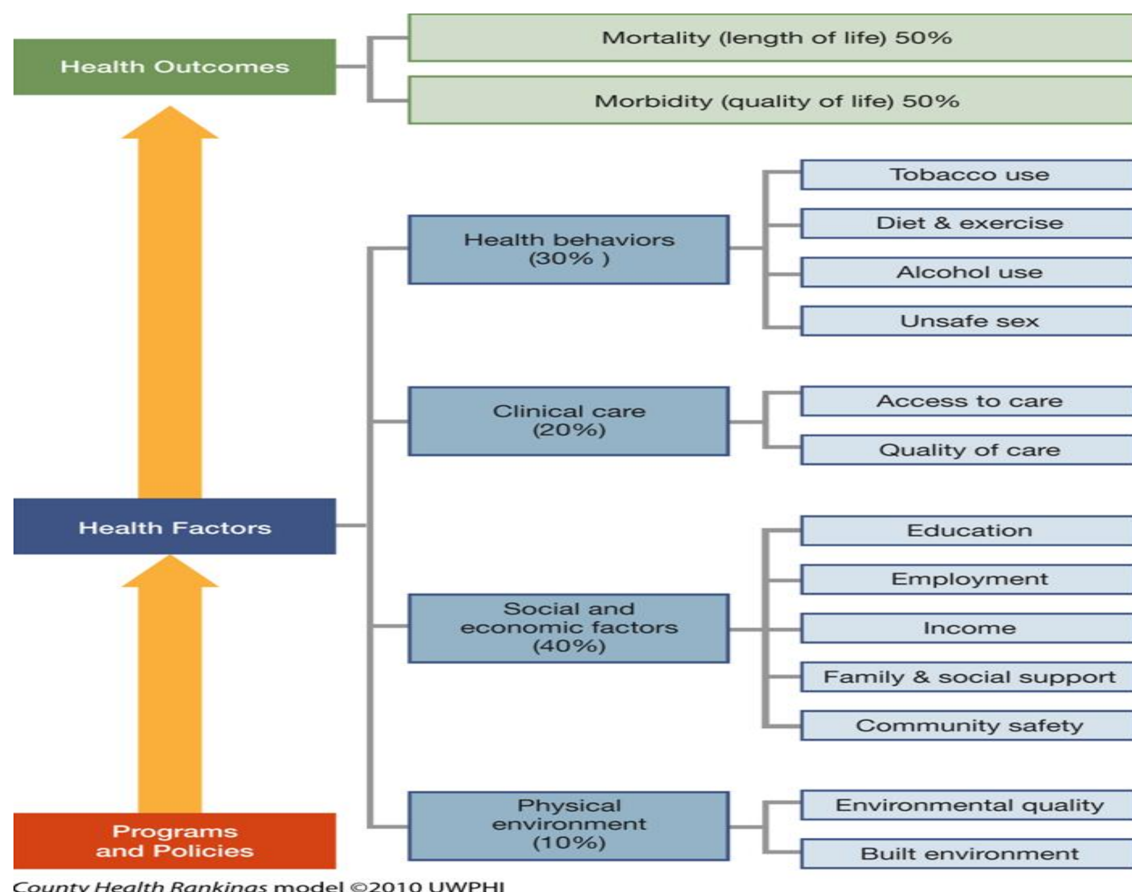
To ensure a level of consistency across the Glendale Hospitals Collaborative, the CNM team included a list of over 100 indicators of secondary data that, when looked at together, help illustrate the health of a community. California data sources were used whenever possible. When California data sources weren't available, national data sources were used.

In addition to reviewing the secondary data available, the CNM CHNA team collected primary data through a focus group to discuss and identify key issues that most impact the health of the communities served by the three Glendale hospitals. The identified health needs and drivers of health were then presented during a community forum to allow for a richer discussion of secondary data and additional considerations. Following the community forum, an online survey was distributed to a broader audience, including those who participated in the community forum and were asked to prioritize the health needs and drivers of health. The focus group, forum, and survey engaged a spectrum of local public health experts, community leaders, and residents. The CHNA process also included an inventory of existing community assets and resources (Appendix E—Local Community Assets).

Secondary Data

Secondary data were collected from a wide range of local, county, and state sources to present demographics, mortality, morbidity, health behaviors, clinical care, social and economic factors, and physical environment. These categories are based on the Mobilizing Action Toward Community Health (MATCH) framework (Figure 1), which illustrates the interrelationships among the elements of health and their relationship to each other: social and economic factors, health behaviors, clinical care, physical environmental, and health outcomes.

Figure 1. Mobilizing Action Toward Community Health (MATCH)



The CNM evaluation team identified a minimum set of required indicators for each of the data categories to be used for the Community Health Needs Assessments. Data sets were accessed electronically through local sources. When data were available by ZIP Code, the data from the ZIP Codes of the service area were compiled for a hospital's service area indicator. For geographic comparisons across SPAs within the hospital service area, if the source provided data by ZIP Code, then ZIP Codes were aggregated into respective SPAs; when the data were not available by ZIP Code, then the data for the entire SPA was utilized.

Secondary data were input into tables to be included in the analysis. The tables present the data indicator, the geographical area the data represented, the data measurement (e.g. rate, number, percent), and the data source and year. Data are presented based on the data source and geographic level of available data. When possible, these data are presented in the context of larger geographies such as county or state for comparison.

To allow for a comprehensive analysis across data sources, and to assist with the identification of a health need, a matrix (Appendix C—Scorecard) was created listing all identified secondary indicators and primary issues in one location. The matrix included hospital-level secondary data (averaged), primary data counts (number of times an issue was mentioned) for both interviews and focus groups, and sub-populations noted as most severely impacted. The matrix also included benchmark data in the form of Healthy People 2020 (HP2020) benchmarks, which are nationally recognized, when the indicator

matched the data on hand. If, however, an appropriate HP2020 indicator was not available, then the most recent county or state data source was used as a comparison.

Each data indicator for the hospital service area was first compared to the HP2020 benchmark, if available, and then to the geographic level for benchmark data to assess whether the hospital service area performance was better or worse than the benchmark. When more than one source (from the primary or secondary data) identified an issue, the issue was designated as a health need or driver.

Two additional steps of analysis were conducted. The first reviewed data in smaller relevant geographies, repeating the process described above to identify areas in which needs were more acute. In the second step, the previous Community Health Needs Assessment was reviewed to identify trends and ensure that a previously identified need had not been overlooked.

Primary Data—Community Input

The purpose of the primary data collection component of the CHNA was to identify broad health needs and key drivers, as well as assets and gaps in resources, through the perceptions and knowledge of varied and multiple stakeholders.

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. Attendees included representation from a range of health and social service providers and civic and community-based organizations and agencies, as well as community residents. The focus group discussion was designed to collect representative information about health care utilization, preventive and primary care, health insurance, access and barriers to care, emergency room use, chronic disease management, and other community issues.

The community focus group took place at the Glendale Senior Center on February 11, 2013, attended by 37 people representing a broad range of individuals from the community, including health care professionals, government officials, social service providers, local residents, leaders, and other relevant community representatives. The group engaged in a facilitated discussion about:

- Factors for a healthy community
- Health and quality of life assets in the Glendale community
- The most significant health needs in the community and factors related to those needs
- Barriers to resources and care and gaps in resources
- Impacted populations and/or geographies
- Possible solutions
- The role of hospitals in addressing health needs and related issues and factors

Ranking of Health Needs and Drivers

At the conclusion of the facilitated discussion, participants were given 10 sticker dots and asked to place five dots on the health needs and five dots on the health drivers—listed in alphabetical order on flip-chart paper—placed in a designated area in the meeting space. Each sticker dot counted as one vote;

participants were able to place the dots in any manner they wished. For example, a participant could place all five of their health-need dots on diabetes.

Through this exercise, the group ranked health needs and drivers for the Glendale community as shown in Table 1 and Table 2.

Table 1. Health Needs (by total number of votes)

Number of votes	Health Needs
29	Mental health
22	Obesity
17	Diabetes
14	Alcohol and substance abuse
5	Cardiovascular disease

Table 2. Health Drivers (by total number of votes)

Number of votes	Drivers of Health
19	Health education
15	Healthy behaviors
7	Income/poverty
6	Cultural competency
6	Care access
0	Homelessness
0	Domestic violence

For information about community input participants, please see Appendix B, which highlights the diversity of expertise, perspectives, and geographies represented.

Data Limitations and Gaps

The secondary data set includes a robust set of over 100 secondary data indicators that, when taken together, enable an examination of the broad health needs within a community. However, there are some limitations with regard to this data, as is true with any secondary data. Some data were available only at a county level, making an assessment of health needs at a neighborhood level challenging. Moreover, disaggregated data for age, ethnicity, race, and gender are not available for all data indicators, which limited the examination of disparities of health issues within the community. At times, a stakeholder-identified a health issue may not have been reflected by the secondary data indicators. In addition, data are not always collected on an annual basis, meaning that some data are several years old.

Asset Mapping

Asset mapping is a process by which local community assets are identified for potential community partners and as a way to identify gaps in health and other services. The approach taken in 2013 was to review local community assets identified in the 2010 Community Health Needs Assessment and check to see which still existed in the community, which do not exist any more, and note any name changes. In Appendix E—Local Community Assets, community assets are categorized as follows:

- **Food Basic Needs**
  - Emergency food
  - Emergency food clearinghouses
  - Food banks
  - Food rescue programs
  - Meals on Wheels
- **Housing**
  - Emergency shelter clearinghouses
  - Emergency housing
  - Housing expense assistance
  - Subsidized housing administrative organizations
  - Transitional housing and shelters
  - Supportive housing
  - Supportive housing placement and referral
- **Education—Traditional**
  - Alternative education
  - Early childhood education
  - Post-secondary institutions
  - Public schools
- **Community Services**
  - Public health
  - Public safety
  - Disaster services
- **Health Care**
  - Emergency medical
    - √ Emergency room
    - √ Trauma care
    - √ Trauma centers

- Health supportive resource centers
  - √ Aging and disability resource centers
  - √ Health education
  - √ Health insurance information and counseling
  - √ Health-related temporary housing
  - √ Medical expense assistance
  - √ Medical social work

- Inpatient healthcare facilities
  - √ Hospitals
  - √ Nursing facilities

- Outpatient healthcare facilities
  - √ Community clinics
  - √ Mobile health care
  - √ Public clinics
  - √ Federally Qualified Health Centers

➢ **Income Support and Employment**

- Employment services (training and employment programs)

- Public assistance programs

➢ **Mental Health Services**

➢ **Substance Abuse Services**

➢ **Nonprofit Headquarters**

- Mental health and crisis intervention

- Emergency food programs

- Housing

- Recreation, shelter, and athletics
  - √ Physical fitness and community recreation facilities
  - √ Community recreational centers
  - √ Parks and playgrounds
  - √ Sports associations and training facilities

- Youth development
  - √ Boys and Girls Clubs
  - √ Big Brothers and Big Sisters
  - √ Youth development programs
  - √ Youth services clubs

- Human services
  - √ Advocacy
  - √ American Red Cross

- √ Salvation Army
- √ Volunteers of America
- √ Neighborhood centers
- √ Family violence shelters
- √ Homeless centers

V. Prioritization of Health Needs and Drivers of Health

Identifying Community Health Needs

For the purposes of the CHNA, a health need is defined as a poor health outcome and associated health driver(s), or a health driver associated with a poor health outcome where the outcome itself has not yet arisen as a need. Health needs arise from the comprehensive identification, interpretation, and analysis of a robust set of primary and secondary data. Appendix F—Glossary presents additional definitions.

Primary data were analyzed by inputting primary data into Microsoft Excel. The data were then reviewed using content analysis to identify themes and determine a comprehensive list of codes. The data were coded and the number of times an issue was identified was tallied. In addition, subpopulations mentioned as being most affected by a specific issue were noted.

Secondary data were entered into tables to be included in the analysis. When possible, benchmark data were included (Healthy People 2020, Los Angeles County, or California). County levels were used as the benchmark when available. However, if the data source was not available at the county level, state-level data was used.

Health needs and drivers were identified from both primary and secondary data sources using the size of the problem relative to the portion of population affected by the problem, as well as the seriousness of the problem (impact at the individual, family, or community level). To examine the size and seriousness of the problem, the indicators from the secondary data were compared to the available benchmark (HP2020, county, or state). Those indicators that performed poorly against a benchmark were considered to have met the size and seriousness criteria and were added to the master list of health needs and drivers. Concurrently, health needs and drivers that were identified by stakeholders in the primary data collection were also added to the master list of health needs and drivers.

Process and Criteria Used for Prioritization of Health Needs

A modified Simplex Method (natural progression from prioritization to selection) was selected as the approach for the prioritization process, with the primary reasons for the approach being:

- Stakeholder inclusivity
- The method involves a moderate amount of rigor but not so much math/statistics as to be difficult to use and to communicate
- The rigor is balanced by a relatively easy-to-use methodology

Community Prioritization Forum

The community forum was designed to provide the opportunity for a range of stakeholders to engage in a discussion of the data and participate in the prioritization process. All individuals who were invited to take part in the primary data collection (February 2013 focus group), irrespective of whether or not they actually participated in that phase, were invited to attend a community forum.

The forum included a brief presentation that provided an overview of the CHNA data collection and prioritization processes, and a review of the documents to be used in the facilitated discussion.

Participants were provided with a list of identified health needs and drivers in the scorecard format, developed from the matrix described previously in this report, and a narrative document of brief summary descriptions of the identified health needs.

Participants engaged in a facilitated discussion about the findings as presented in the scorecard and the narrative document, and a prioritization of the identified health needs.

In smaller groups, participants completed a group prioritization grid exercise to share back with the larger group and to be used as supplemental information for the implementation strategy phase. The following questions were addressed in the grid exercise:

- Which health needs most severely impact the community (communities) you serve?
- For which health needs/issues are there the most community assets/gaps in resources?
- What are the drivers that can be addressed?

Each participant was then asked to complete a questionnaire (survey) and to rank each health need according to several criteria, as described below.

Administration of the Questionnaire (Survey)

Community forum participants were asked to complete a questionnaire after the forum, rating each health need and driver according to severity, change over time, resources available to address the needs and/or drivers, and the community's readiness to support initiatives to address the needs and/or drivers. The survey was translated into an online format and distributed to all community forum attendees. Please see Appendix G for a description of the scale used for each criterion to rank each health issue and driver.

Post Forum

To garner wider inclusion, prioritization materials were sent to those who were unable to attend the forum but who were interested in participating, along with the prioritization survey questionnaire described above. The 30 completed questionnaires were analyzed using Microsoft Excel. Each participant's scores for each health need and driver by each criterion (severity, change over time, resources, and community's readiness to support) were totaled. Scores were then averaged using the criterion severity, change over time, and shortage of resources, for a final overall score (or rating) for each health need and driver. (The "community readiness to support" criterion was not used in the calculation because this better serves as supplementary information for the implementation strategy phase.) Health needs and drivers were sorted by each criterion, including overall average (or rating), and placed in a grid to allow each hospital to weigh the information by criterion or overall. Table 3 and Table 4 below show ranking information.

Analysis of Survey Scores

As described above, averages were computed for each criterion. The overall average was calculated by adding the total across severity (total possible score equals 4), change over time (total possible equals 4), and resources (total possible equals 4) for each survey (with a total possible score of 12). The total scores were divided by the total number of surveys for which data was provided, resulting in an overall average per health need.

Prioritized Community Health Needs and Drivers

Table 3 and Table 4 include the prioritized health needs and drivers of health in prioritized over using the overall rating. Further detailed are included in Appendix H—Health Need Profiles.

Table 3. Prioritized Health Needs

	Severe Impact on the Community	Gotten Worse Over Time	Shortage of Resources in the Community	Community Readiness to Address/Support		Overall Rating
Obesity/overweight	3.8	3.5	3.0	3.0		11.5
Mental health	3.4	3.0	2.9	2.8		10.6
Diabetes	3.3	3.0	2.5	2.6		9.9
Alcohol and substance abuse	3.0	1.7	2.5	2.6		8.9
Cardiovascular disease	2.9	1.9	2.2	2.5		8.3
Hypertension	2.8	2.3	1.8	2.2		7.9
Cholesterol	2.6	1.7	2.0	2.1		7.2
Disability	2.3	1.6	2.1	2.0		7.0
Oral health	1.8	1.7	2.2	2.0		6.7

Note: Health needs are in prioritized ranking order.

Table 4. Prioritized Drivers of Health

	Severe Impact on the Community	Gotten Worse Over Time	Shortage of Resources in the Community	Community Readiness to Address/Support		Overall Rating
Alcohol and substance abuse	3.4	2.7	2.9	2.7		10.1
Healthy eating	3.4	3.1	2.5	2.4		9.9
Health care access	3.0	2.6	2.7	2.9		9.7
Physical activity	3.1	2.6	2.6	2.4		9.2
Health education and awareness	2.8	2.2	2.3	2.5		8.5
Cultural competency	2.6	2.3	2.2	2.3		8.1
Poverty	2.6	2.4	2.2	2.1		8.1
Homelessness	2.5	2.2	2.2	2.2		7.9
Dental care access	1.9	2.0	2.1	2.1		7.0

Note: Health needs are in prioritized ranking order.

VI. Community Health Profile

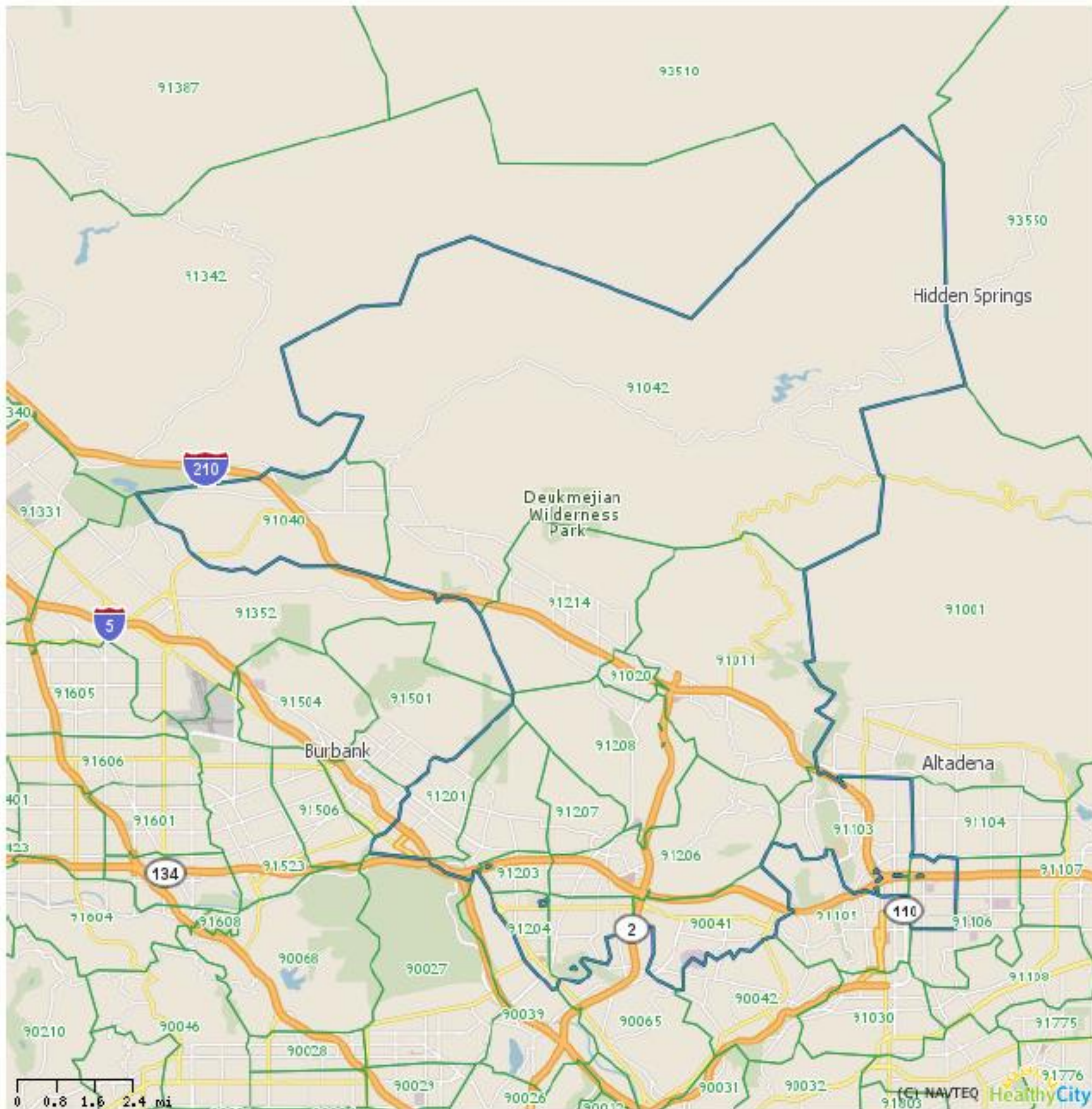
Service Area Definition

The USC Verdugo Hills Hospital (VHH) provides health services in eighteen ZIP Codes, nine cities or communities, and three Service Planning Areas (SPAs) within Los Angeles County. Table 5 shows a break-down of the VHH service area by city or community, ZIP Code, and SPA, and Figure 2 on page 24 shows a map by of the service area by ZIP Code.

Table 5. USC Verdugo Hills Hospital (VHH) Service Area

City/Community	ZIP Code	Service Planning Area
Eagle Rock	90041	4
La Canada/Flintridge	91011	3
Montrose	91020	2
Sunland	91040	2
Tujunga	91042	2
Verdugo City	91046	2
Pasadena	91101, 91102, 91103	3
Glendale	91201, 91202, 91203, 91204, 91205, 91206, 91207, 91208	2
La Crescenta	91214	2

Figure 2. USC Verdugo Hills Hospital (VHH) Service Area by ZIP Code



Demographic Overview

A description of the community serviced by VHH is provided in the following data tables and narrative. Depending upon the availability of data for each indicator, VHH information is presented by ZIP Code, by SPA (portions of SPAs 2, 3, and 4 are serviced by VHH), or at the city level.

Estimated Current Year Population

In 2013, the total population in the VHH service area is 361,345—3.6% of Los Angeles County's total population—representing an increase of 1.4% since 2010. Population increases were the largest in ZIP Codes 91101 (3.5%) and 91040 (3.0%).

Table 6. Estimated Current-Year Population

ZIP Code	2010 Population	2013 Estimated Population	Percent Increase
90041	27,542	27,873	1.2%
91011	20,427	20,671	1.2%
91020	8,507	8,744	2.7%
91040	21,035	21,678	3.0%
91042	27,494	27,977	1.7%
91046	*No data*	*No data*	*No data*
91101	19,594	20,298	3.5%
91102	*No data*	*No data*	*No data*
91103	28,270	28,630	1.3%
91201	22,992	23,184	0.8%
91202	23,094	23,357	1.1%
91203	13,661	13,798	1.0%
91204	15,936	16,302	2.2%
91205	38,175	38,295	0.3%
91206	32,852	33,103	0.8%
91207	9,927	10,191	2.6%
91208	16,179	16,428	1.5%
91214	30,427	30,816	1.3%
VHH Service Area	356,112	361,345	1.4%
Los Angeles County	9,818,605	9,969,384	1.5%

Data source: Nielsen Claritas
Data year: 2013
Source geography: ZIP Code

Projected Five-Year Population

By 2018, the VHH service area population is expected to rise at the same rate (2.9%) as that of Los Angeles County, with an overall service-area population projection of 371,992. ZIP Codes expected to experience larger population increases include 91101 (5.6%), 91040 (4.8%), 91020 (4.6%), 91207 (4.3%), 91204 (Glendale, 3.7%), 91042 (3.3%), and 91208 (3.0%), continuing the growth trends observed over the past few years.

Table 7. Projected Five-Year Population

ZIP Code	2013 Estimated Population	2018 Projected Population	Percent Increase
90041	27,873	28,592	2.5%
91011	20,671	21,188	2.4%
91020	8,744	9,170	4.6%
91040	21,678	22,779	4.8%
91042	27,977	28,929	3.3%
91046	*No data*	*No data*	*No data*
91101	20,298	21,494	5.6%
91102	*No data*	*No data*	*No data*
91103	28,630	29,403	2.6%
91201	23,184	23,662	2.0%
91202	23,357	23,936	2.4%
91203	13,798	14,121	2.3%
91204	16,302	16,927	3.7%
91205	38,295	38,791	1.3%
91206	33,103	33,755	1.9%
91207	10,191	10,654	4.3%
91208	16,428	16,934	3.0%
91214	30,816	31,657	2.7%
VHH Service Area	361,345	371,992	2.9%
Los Angeles County	9,969,384	10,271,386	2.9%

Data source: Nielsen Claritas
Data year: 2013
Source geography: ZIP Code

Race/Ethnicity

In 2013, most of the population in the VHH service area is White (55.0%, n=199,278), which is an increase from 2010 (47.4%). The Hispanic/Latino (22.0%, n=79,582) population is the second-largest ethnic group, although it has decreased from 2010 (24.3%). There was also a slight decrease in the Asian/Pacific Islander population between 2010 (17.3%) and 2013 (17.0%), and a decrease in the Black or African-American population between 2010 (3.1%) and 2013 (2.9%).

Figure 3. Race/Ethnicity

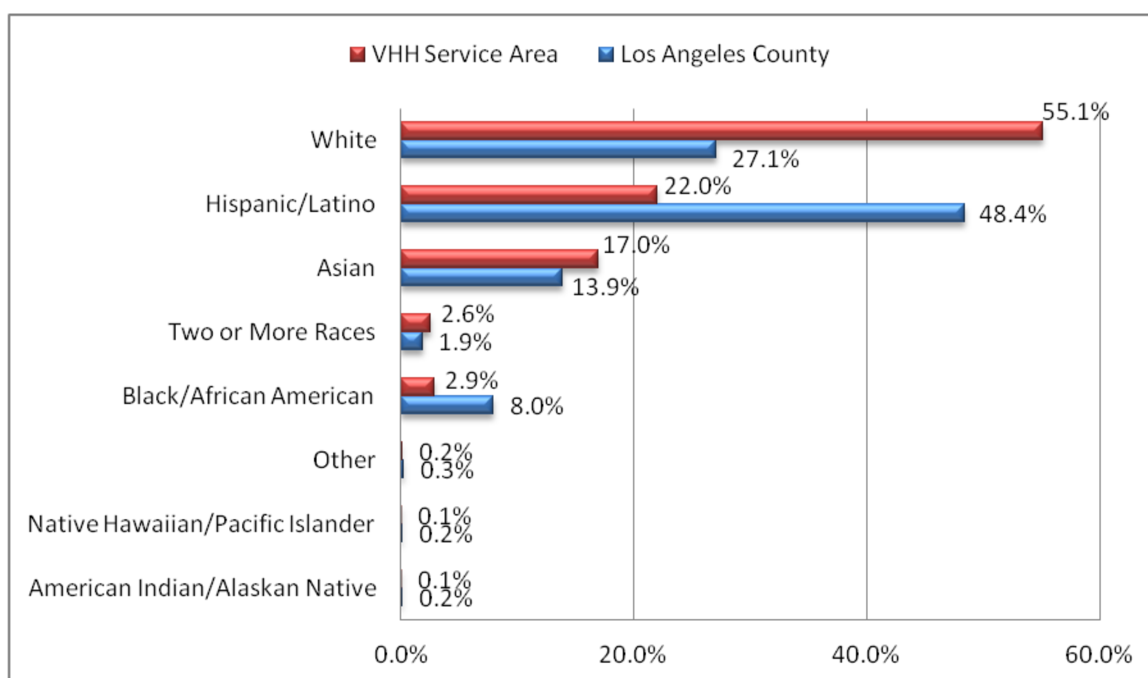


Table 8. Race/Ethnicity

	VHH Service Area		Los Angeles County	
	#	%	#	%
Hispanic/Latino	79,582	22.0%	4,830,835	48.5%
White	199,278	55.1%	2,703,183	27.1%
Black/African-American	10,427	2.9%	797,783	8.0%
American Indian/Alaskan Native	455	0.1%	17,276	0.2%
Asian	61,343	17.0%	1,382,777	13.9%
Native Hawaiian/Pacific Islander	210	0.1%	22,389	0.2%
Other	810	0.2%	26,994	0.3%
Two or more races	9,240	2.6%	189,147	1.9%
Total population	31,345	100.0%	9,969,384	100.0%

Data source: Nielsen Claritas
Data year: 2013
Source geography: ZIP Code

Foreign-Born Residents and U.S Citizen Status

In 2011, 42.8% of the population in the cities of Glendale, La Canada/Flintridge, La Crescenta, Montrose, and Pasadena were born outside of the United States, a higher percentage than in Los Angeles County (35.6%).

Table 9. Citizenship Status

	VHH Service Area		Los Angeles County	
	#	%	#	%
U.S.–born	222,263	57.2%	63,060,116	64.4%
Foreign-born	166,531	42.8%	3,481,731	35.6%

Data source: American Community Survey

Data year: 2011
Source geography: City
Note: Data was not available for the cities/communities of Eagle Rock, Highland Park, and Glassell Park.

Language Spoken in the Home

In 2013, 41.1% of VHH service area residents speak English only, slightly fewer than the 42.9% of English-only speakers in Los Angeles County. Over one quarter (26.6%) speak an Indo-European language, which includes Armenian, compared to 5.3% in Los Angeles County, and Spanish-speakers make up 17.1% of the population—much lower than the county's 39.7%. The percentage of people who speak an Asian language is slightly higher in the VHH service area (14.1%) than in Los Angeles County (10.9%).

Table 10. Language Spoken at Home

ZIP Code	English Only	Asian/Pacific Islander	Indo-European	Spanish	Other
90041	44.0%	19.8%	3.4%	32.5%	0.4%
91011	68.8%	18.3%	9.2%	3.3%	0.4%
91020	44.3%	28.3%	16.0%	10.3%	1.2%
91040	57.3%	8.1%	15.0%	18.6%	1.0%
91042	46.8%	7.0%	27.4%	18.2%	0.7%
91046	*No data*	*No data*	*No data*	*No data*	*No data*
91101	56.8%	16.3%	5.3%	20.3%	1.3%
91102	*No data*	*No data*	*No data*	*No data*	*No data*
91103	44.5%	4.6%	1.3%	49.3%	0.3%
91201	29.1%	7.1%	48.1%	14.2%	1.6%
91202	31.8%	15.0%	42.2%	9.5%	1.6%
91203	21.0%	14.6%	47.5%	15.1%	1.9%
91204	16.6%	13.5%	37.9%	31.2%	0.7%
91205	18.2%	12.5%	46.7%	20.4%	2.2%
91206	31.8%	12.9%	40.6%	12.2%	2.5%
91207	39.6%	10.1%	44.0%	5.3%	0.9%
91208	50.7%	13.7%	26.3%	8.1%	1.2%
91214	55.5%	23.5%	14.6%	5.8%	0.5%
VHH Service Area	41.1%	14.1%	26.6%	17.1%	1.2%
Los Angeles County	42.9%	10.9%	5.3%	39.7%	1.1%

Data source: Nielsen Claritas
Data year: 2013
Source geography: ZIP Code

Age Distribution

In both the VHH service area and Los Angeles County, 64% of the residents are between the ages of 18 and 64. However, the VHH service area has a larger percentage of older adults (15.2%) than Los Angeles County (11.2%), while children 18 years old or younger make up 19.1% of the service area population, compared with 23.8% in the county.

Table 11. Age Distribution

ZIP Code	0–4	5–9	10–17	18–24	25–44	45–64	65–84	85 and over
90041	5.0%	5.0%	8.2%	11.9%	27.5%	27.2%	8.8%	2.3%

ZIP Code	0–4	5–9	10–17	18–24	25–44	45–64	65–84	85 and over
91011	3.9%	5.0%	15.0%	8.8%	14.8%	35.5%	14.8%	2.2%
91020	4.7%	5.1%	11.0%	8.7%	27.0%	30.9%	10.6%	2.1%
91040	5.1%	5.0%	8.7%	8.6%	24.7%	32.9%	13.0%	2.0%
91042	5.3%	5.3%	8.7%	8.6%	27.1%	31.8%	11.9%	1.5%
91046	*No data*	*No data*	*No data*	*No data*	*No data*	*No data*	*No data*	*No data*
91101	5.5%	4.5%	4.4%	7.1%	46.4%	19.8%	14.2%	2.7%
91102	*No data*	*No data*	*No data*	*No data*	*No data*	*No data*	*No data*	*No data*
91103	7.1%	6.8%	11.0%	8.6%	28.1%	24.4%	10.7%	1.8%
91201	4.5%	4.7%	8.2%	8.5%	29.3%	29.2%	13.7%	1.9%
91202	5.0%	4.8%	7.4%	7.7%	28.7%	29.1%	15.0%	2.4%
91203	4.7%	4.6%	7.6%	8.2%	32.2%	27.4%	13.3%	2.0%
91204	5.2%	5.2%	8.7%	8.8%	32.13%	26.3%	7.6%	1.9%
91205	4.8%	4.7%	8.3%	9.5%	29.9%	16.4%	13.4%	2.1%
91206	4.7%	4.6%	7.3%	7.4%	28.4%	29.3%	15.7%	2.7%
91207	5.2%	5.3%	7.4%	6.1%	23.9%	31.4%	17.6%	3.1%
91208	4.9%	5.3%	9.5%	7.6%	22.6%	31.8%	15.5%	2.9%
91214	4.3%	5.0%	12.4%	9.7%	21.0%	33.8%	12.0%	1.9%
VHH Service Area	5.0%	5.1%	9.0%	8.5%	27.7%	28.6%	13.0%	2.2%
Los Angeles County	6.6%	6.4%	10.8%	10.5%	29.2%	25.0%	10.0%	1.2%

Data source: Nielsen Claritas
Data year: 2013
Source geography: ZIP Code

The average age of males in the VHH service area is 39.6 years old and 35.8 years old in Los Angeles County. Likewise, the average age of females is higher in the VHH area (42.2) when compared to Los Angeles County (37.9).

Table 12. Average Age (in years)

ZIP Code	Average Age	Average Age, Male	Average Age, Female
90041	40.3	38.6	41.9
91011	42.0	41.1	42.9
91020	39.9	38.3	41.4
91040	41.5	40.8	42.1
91042	40.4	39.5	41.2
91046	*No data*	*No data*	*No data*
91101	38.4	36.8	39.9
91102	*No data*	*No data*	*No data*
91103	36.9	35.8	38.0
91201	41.3	40.1	42.5
91202	42.3	40.8	43.7
91203	41.1	39.4	42.6
91204	39.6	38.1	40.9
91205	40.7	38.8	42.5
91206	42.9	41.5	44.2

ZIP Code	Average Age	Average Age, Male	Average Age, Female
91207	44.3	43.3	45.1
91208	42.9	41.6	44.0
91214	40.6	39.6	41.6
VHH Service Area	40.9	39.6	42.2
Los Angeles County	36.8	35.8	37.9

Data source: Nielsen Claritas
Data year: 2013
Source geography: ZIP Code

Marital Status

Close to half the people in the VHH service area population (45.4%) are married—more than in Los Angeles County (39.2%). The percent of married residents in the service area ranges from a low of 29.8% in the 91101 ZIP Code (Pasadena) to a high of 63.6% in ZIP Code 91011.

Los Angeles County has a higher percent of people who have never been married (40.6%) than the VHH service area (34.5%), though similar numbers of divorced people reside there (8.6%) and in Los Angeles County (8.5%).

Table 13. Marital Status

ZIP Code	Never Married	Married, Spouse Present	Married, Spouse Absent	Widowed	Divorced
90041	42.7%	36.3%	6.0%	6.4%	8.6%
91011	22.8%	63.6%	2.1%	5.4%	6.1%
91020	31.6%	49.4%	3.0%	7.0%	9.0%
91040	33.9%	42.1%	4.2%	5.8%	14.1%
91042	33.4%	47.5%	5.4%	4.1%	9.6%
91046	*No data*	*No data*	*No data*	*No data*	*No data*
91101	47.1%	29.8%	7.8%	6.3%	9.0%
91102	*No data*	*No data*	*No data*	*No data*	*No data*
91103	43.6%	33.5%	7.1%	5.3%	10.5%
91201	36.0%	48.3%	5.4%	4.4%	6.1%
91202	32.5%	46.2%	5.9%	6.9%	8.5%
91203	37.3%	40.8%	6.6%	7.5%	7.7%
91204	38.0%	39.0%	7.5%	6.7%	8.8%
91205	34.5%	44.4%	6.6%	7.5%	7.0%
91206	34.2%	45.6%	5.5%	6.8%	7.9%
91207	29.1%	53.1%	6.7%	6.1%	8.1%
91208	27.4%	51.8%	4.9%	7.0%	9.0%
91214	28.4%	55.6%	3.5%	5.2%	7.3%
VHH Service Area	34.5%	45.4%	5.5%	6.2%	8.6%
Los Angeles County	40.6%	39.2%	6.8%	4.0%	8.5%

Data source: Nielsen Claritas
Data year: 2013
Source geography: ZIP Code

Education Levels

Of the population in the VHH service area, 8.6% have less than a ninth-grade education, which is much lower than in Los Angeles County (14.2%). The VHH service area has a higher percentage of residents who have achieved an associate degree (8.2%), a bachelor's degree (26%), or a master's degree or higher (14.4%) compared to Los Angeles County (6.7%, 19%, and 10.2%, respectively). ZIP Codes with the largest percentages of residents having a master's degree or higher include 91011 (32.9%), 91101 (26.1%), and 91208 (20.8%).

Table 14. Educational Attainment

ZIP Code	Less than Ninth Grade	Some High School, No Diploma	High School Graduate or GED	Some College, No Degree	Associate Degree	Bachelor's Degree	Master's Degree or Higher
90041	8.9%	8.5%	18.1%	21.6%	8.5%	23.6%	10.8%
91011	1.1%	1.7%	7.7%	16.7%	5.5%	34.4%	32.9%
91020	3.6%	3.5%	15.1%	22.1%	9.6%	31.8%	14.2%
91040	8.6%	7.6%	22.5%	24.8%	8.4%	19.2%	8.9%
91042	11.1%	8.2%	24.8%	23.4%	7.8%	16.8%	7.9%
91046	*No data*	*No data*	*No data*	*No data*	*No data*	*No data*	*No data*
91101	8.3%	5.0%	10.1%	14.1%	6.4%	30.1%	26.1%
91102	*No data*	*No data*	*No data*	*No data*	*No data*	*No data*	*No data*
91103	20.9%	11.9%	18.0%	16.1%	6.5%	13.7%	13.1%
91201	9.9%	8.0%	24.7%	18.5%	9.1%	23.0%	6.9%
91202	7.4%	5.1%	16.9%	17.4%	8.9%	29.2%	15.1%
91203	12.0%	8.0%	23.4%	16.1%	8.1%	24.4%	8.1%
91204	15.2%	7.7%	21.0%	18.1%	8.5%	23.8%	5.8%
91205	13.4%	7.6%	22.1%	16.0%	8.3%	23.5%	9.2%
91206	8.7%	5.8%	19.4%	16.3%	7.8%	27.0%	15.0%
91207	3.7%	4.3%	14.3%	15.8%	9.9%	32.5%	19.5%
91208	2.3%	2.9%	15.4%	17.6%	9.5%	31.7%	20.8%
91214	3.0%	3.2%	17.8%	20.6%	7.9%	30.8%	16.6%
VHH Service Area	8.6%	6.2%	18.2%	18.5%	8.2%	26.0%	14.4%
Los Angeles County	14.2%	10.0%	20.4%	19.5%	6.7%	19.0%	10.2%

Data source: Nielsen Claritas
Data year: 2013
Source geography: ZIP Code

Household Description

The VHH service area has experienced steady growth in its number of households, with an increase from 132,662 in 2010 to 134,651 in 2013, and an expected climb in 2018 to 138,750. The median income is $58,417 for households in the VHH service area, which is about $4,500 higher than in Los Angeles County ($53,880). Median household incomes in the VHH area range from $35,291 (in ZIP Code 91204) to $123,138 (in ZIP Code 91011). Los Angeles County (3.0) has a larger average household size than the VHH service area (2.7).

Table 15. Household Descriptions

ZIP Code	2010 Household Count	2013 Estimate Count	2018 Projected Count	Median Household Income	Average Household Size
90041	9,606	9,753	10,044	$60,958	2.7
91011	6,929	7,004	7,171	$123,138	3.0
91020	3,436	3,513	3,665	$68,906	2.5
91040	7,553	7,695	8,024	$61,173	2.8
91042	9,936	10,083	10,400	$53,116	2.8
91046	*No data*	*No data*	*No data*	*No data*	*No data*
91101	10,386	10,651	11,193	$55,876	1.9
91102	*No data*	*No data*	*No data*	*No data*	*No data*
91103	8,765	8,921	9,202	$52,125	3.1
91201	8,223	8,357	8,584	$49,148	2.8
91202	8,935	9,003	9,192	$63,387	2.6
91203	5,249	5,338	5,491	$41,862	2.6
91204	5,612	5,812	6,101	$35,291	2.7
91205	14,219	14,383	14,691	$35,336	2.7
91206	13,162	13,235	13,471	$53,659	2.5
91207	3,939	3,984	4,128	$78,172	2.6
91208	6,151	6,226	6,408	$86,433	2.6
91214	10,561	10,693	10,985	$82,840	2.9
VHH Service Area	132,662	134,651	138,750	$58,417	2.7
Los Angeles County	3,241,204	3,293,054	3,398,794	$53,880	3.0

Data source: Nielsen Claritas
Data year: 2013
Source geography: ZIP Code

Rates of owner-occupied housing are slightly lower in the VHH service area (46.8%) than in Los Angeles County (47.5%). ZIP code 91204 has the lowest owner-occupied rate (14.8%), whereas ZIP Code 91011 has the highest (88.4%). Renter-occupied housing rates are similar in the VHH service area (53.2%) and in Los Angeles County (52.5%).

Table 16. Housing

ZIP Code	Owner-Occupied	Renter-Occupied
90041	51.9%	48.1%
91011	88.4%	11.6%
91020	38.2%	61.8%
91040	70.2%	29.8%
91042	56.5%	43.6%
91046	*No data*	*No data*
91101	17.8%	82.2%
91102	*No data*	*No data*
91103	47.9%	52.1%
91201	34.7%	65.3%
91202	44.0%	56.0%

ZIP Code	Owner-Occupied	Renter-Occupied
91203	24.4%	75.6%
91204	14.8%	85.2%
91205	17.3%	82.7%
91206	39.2%	60.8%
91207	62.5%	37.6%
91208	68.3%	31.7%
91214	73.2%	26.8%
VHH Service Area	46.8%	53.2%
Los Angeles County	47.5%	52.5%

Data source: Nielsen Claritas
Data year: 2013
Source geography: ZIP Code

Household Income

In the VHH service area, the median household income is $62,589, higher than that in Los Angeles County ($53,880). ZIP Codes 91011 ($123,138) and 91207 ($78,172) have a much higher median household income when compared to both the service area as a whole ($54,063) and to Los Angeles County ($53,880), although ZIP Codes 91205 ($35,336) and 91204 ($35,291) have much lower median household incomes.

The average and median household incomes of residents of the VHH service area ($86,212 and $58,024, respectively) is substantially higher than the incomes of those living in Los Angeles County ($78,598 and $53,880, respectively).

Table 17. Average and Median Household Income

ZIP Code	Median Household Income	Average Household Income
90041	$60,958	
91011	$123,138	
91020	$68,906	
91040	$61,173	
91042	$53,116	
91046	*No data*	
91101	$55,876	
91102	*No data*	
91103	$52,125	
91201	$49,148	
91202	$63,387	
91203	$41,862	
91204	$35,291	
91205	$35,336	
91206	$53,659	
91207	$78,172	
91208	$86,433	
91214	$82,840	

ZIP Code	Median Household Income	Average Household Income
VHH Service Area	$62,589	$86,212
Los Angeles County	$53,880	$78,598

Data source: Nielsen Claritas
Data year: 2013
Source geography: ZIP Code

Households By Income Group

In 2013, annual household incomes in the VHH service area mostly fall between $50,000 and $74,999 (17.4%), below $15,000(12.9%), and between $35,000 to $49,999 (12.2%). This is similar to household incomes in Los Angeles County, although more households (13.4%) have incomes between $35,000 to $49,999.

Table 18. Household Income

Income level	VHH Service Area		Los Angeles County	
	Number	Percentage	Number	Percentage
Below $15,000	17,327	12.9%	425,849	12.9%
$15,000–$24,999	14,292	10.6%	364,739	11.1%
$25,000–$34,999	11,636	8.6%	324,347	9.9%
$35,000–$49,999	16,488	12.2%	442,540	13.4%
$50,000–$74,999	23,623	17.5%	573,773	17.4%
$75,000–$99,999	15,372	11.4%	386,894	11.8%
$100,000–$124,999	11,417	8.5%	265,460	8.1%
$125,000–$149,999	6,794	5.0%	153,985	4.7%
$150,000–$199,999	8,094	6.0%	175,808	5.3%
$200,000–$249,999	2,914	2.2%	57,043	1.7%
$250,000–$499,999	4,627	3.4%	84,938	2.6%
Above $500,000	2,067	1.5%	37,678	1.1%
Total	134,651	100.0%	3,293,054	100.0%

Data source: Nielsen Claritas
Data year: 2013
Source geography: ZIP Code

Employment Status

In 2013, more than half of those living in the VHH service area (55.4%) are employed, a slightly lower rate than in Los Angeles County (57.8%). Similar rates of unemployment and non-participation in the labor force are also reported for the VHH service area (6.2% and 36.5%, respectively) and Los Angeles County (7.4% and 34.8%, respectively). Unemployment is highest in ZIP Code 91204 in Glendale (10.1%).

Table 19. Employment Status

ZIP Code	In Armed Forces	Employed	Unemployed	Not in Labor Force
90041	0.1%	27.2%	6.4%	36.3%
91011	0.0%	57.4%	3.9%	38.6%
91020	0.0%	62.3%	4.7%	33.0%
91040	0.1%	54.4%	7.4%	38.2%

ZIP Code	In Armed Forces	Employed	Unemployed	Not in Labor Force
91042	0.0%	59.2%	6.3%	34.5%
91046	*No data*	*No data*	*No data*	*No data*
91101	0.0%	60.4%	5.9%	33.6%
91102	*No data*	*No data*	*No data*	*No data*
91103	0.0%	54.5%	6.9%	38.6%
91201	0.0%	55.6%	6.4%	38.1%
91202	0.0%	56.9%	5.9%	37.2%
91203	0.0%	50.4%	7.0%	42.7%
91204	0.0%	54.2%	10.1%	35.8%
91205	0.1%	53.4%	8.0%	38.5%
91206	0.1%	58.5%	6.8%	34.6%
91207	0.0%	60.7%	3.0%	36.2%
91208	0.0%	61.4%	5.1%	33.5%
91214	0.0%	59.4%	5.1%	35.1%
VHH Service Area	0.0%	55.4%	6.2%	36.5%
Los Angeles County	0.1%	57.8%	7.4%	34.8%

Data source: Nielsen Claritas
Data year: 2013
Source geography: ZIP Code

Federal Poverty Level

In 2013, a lower percentage of families in the VHH service area live below the poverty level (10.9%) when compared to Los Angeles County (13.5%), as do a smaller percentage of families with children (7.6%, compared to Los Angeles County's 10.7%). More families live below the poverty level in ZIP Codes 91204 (20.0%), 91205 (20.0%), and 91101 (14.7%), and more families with children live below the poverty level in ZIP Codes 91204 (15.9%), 91205 (12.3%), and 91203 (12.0%).

In the VHH service area, slightly more families (89.1%) live at or above the poverty level when compared to Los Angeles County (86.5%), but slightly fewer families with children (38.5%) live at or above the poverty level. More families in ZIP Codes 91011 (96.6%), 91214 (95.0%), 91207 (94.5%), and 91208 (94.2%) live at or above the poverty level, as do more families with children in ZIP Codes 91020 (50.7%) 91214 (48.5%), 91011 (48.0%), and 90041 (44.3%).

Table 20. Poverty

ZIP Code	Families Below Poverty	Families Below Poverty with Children	Families at or Above Poverty	Families at or Above Poverty with Children
90041	8.2%	6.1%	91.8%	44.3%
91011	3.4%	2.5%	96.6%	48.0%
91020	9.1%	4.5%	90.9%	50.7%
91040	8.6%	6.5%	91.4%	35.2%
91042	13.9%	9.5%	86.1%	37.6%
91046	*No data*	*No data*	*No data*	*No data*
91101	14.7%	11.3%	85.3%	34.3%
91102	*No data*	*No data*	*No data*	*No data*

ZIP Code	Families Below Poverty	Families Below Poverty with Children	Families at or Above Poverty	Families at or Above Poverty with Children
91103	14.4%	10.6%	85.6%	42.7%
91201	11.5%	8.9%	88.5%	36.1%
91202	10.5%	6.8%	89.5%	30.2%
91203	14.1%	12.0%	85.9%	32.4%
91204	20.0%	15.9%	80.0%	32.8%
91205	20.0%	12.3%	80.0%	31.1%
91206	10.0%	5.9%	90.0%	34.6%
91207	5.5%	3.8%	94.5%	37.5%
91208	5.8%	2.9%	94.2%	40.5%
91214	5.0%	2.5%	95.0%	48.5%
VHH Service Area	10.9%	7.6%	89.1%	38.5%
Los Angeles County	13.5%	10.7%	86.5%	44.4%

Data source: Nielsen Claritas
Data year: 2013
Source geography: ZIP Code

Students Receiving Free or Reduced-Price Meals

In 2011, the percentage of children eligible for a free or reduced-price lunch in school was larger (61.8%) in Los Angeles County when compared to California (54.6%).

Table 21. Children Eligible for Free or Reduced-Price Lunch

	Percentage
Los Angeles County	61.8%
California	54.6%

Data source: California Department of Education (CDE)
Data year: 2011
Source geography: County

Medi-Cal Beneficiaries

Medi-Cal, California's Medicaid program, is a public health insurance program that provides health care services at no or low cost to low-income individuals, including families and children, seniors, persons with disabilities, foster care children, and pregnant women. The federal government dictates a mandatory set of basic services, which include but are not limited to physician, family nurse practitioner, nursing facility, hospital inpatient and outpatient, laboratory and radiology, family planning, and early and periodic screening, diagnosis, and treatment for children. In addition to these mandatory services, California provides optional benefits such as outpatient drugs, home- and community-based waiver services, and medical equipment, etc.[1]

In the VHH service area, there are 74,655 Medi-Cal beneficiaries, making up 3.1% of the total Medi-Cal beneficiaries in Los Angeles County. A large percentage of Medi-Cal beneficiaries in the service area live in ZIP Codes 91205 (19.0%) and 91103 (11.8%). On average, 6.3% of the population in the VHH service area is covered by Medi-Cal.

[1] State of California Department of Health Care Services (2012). Medi-Cal's Coordinated Care Initiative Population Combined Medicare & Medi-Cal Cost, Utilization, and Disease Burden, Sacramento, CA. Available at http://www.dhcs.ca.gov/dataandstats/statistics/Documents/Dual%20Data%20Sets%20Medicare.pdf. Accessed [July 16, 2013].

Table 22. Medi-Cal Beneficiaries

ZIP Code	Number	Percentage
91201	6,915	9.3%
91202	4,510	6.0%
91203	4,098	5.5%
91204	6,451	8.6%
91205	14,163	19.0%
91206	7,205	9.7%
91207	1,335	1.8%
91208	1,190	1.6%
90041	4,164	5.6%
91020	1,087	1.5%
91040	2,988	4.0%
91042	6,070	8.1%
91101	3,117	4.2%
91103	8,838	11.8%
91011	438	0.6%
91046	*No data*	*No data*
91102	*No data*	*No data*
91214	2,086	2.8%
VHH Service Area	74,655	3.1%
Los Angeles County	2,444,850	

Data source: California Department of Health Care Services (DHCS)
Data year: 2011
Source geography: ZIP Code

Healthy Families Beneficiaries

The Healthy Families Program offers low-cost insurance that provides health, dental, and vision coverage to children who do not have insurance or who do not qualify for no-cost Medi-Cal.[2] However, starting January 1, 2013, no new enrollments of children into the Healthy Families Program were allowed and existing enrollees are being transitioned into the Medi-Cal program because of a change in state law.[3]

In 2012, there were 699 new enrollments into the Healthy Families program in the VHH service area. On average, 6.3% of children there were enrolled in the program that year, with ZIP Code 91020 having the highest percentage of enrolled children(13.6%).

Table 23. Healthy Families Enrollment

ZIP Code	Number	Percentage
91201	48	6.9%
91202	51	7.3%
91203	49	7.0%
91204	46	6.6%

[2] State of California Healthy Families Program (2008). About the Healthy Families Program. Sacramento, CA. Available at http://www.healthyfamilies.ca.gov/About/. Accessed [July 10, 2013].

[3] State of California Healthy Families Program (2008). About the Healthy Families Program. Sacramento, CA. Available at http://www.healthyfamilies.ca.gov/About/. Accessed [July 10, 2013].

ZIP Code	Number	Percentage
91205	39	5.6%
91206	56	8.0%
91207	36	5.2%
91208	32	4.6%
90041	30	4.3%
91020	95	13.6%
91040	42	6.0%
91042	46	6.6%
91101	23	3.3%
91103	37	5.3%
91011	15	2.1%
91046	*No data*	*No data*
91102	*No data*	*No data*
91214	54	7.7%
VHH Service Area	699	0.3%
Los Angeles County	215,543	

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

Medicare Beneficiaries

Medicare is a Federal program administered by the Centers for Medicare & Medicaid Services (CMS). Medicare provides health insurance for people age 65 or older, those under age 65 with certain disabilities or ALS (amyotrophic lateral sclerosis, or Lou Gehrig's disease), and people of any age with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant)[4].

The Medicare program provides insurance through various parts, such as Parts A, B, C, and D. Medicare Part A provides insurance for inpatient hospital, skilled nursing facility, and home health services. Medicare Part B, which is an optional insurance program, provides coverage for physician services, outpatient hospital services, durable medical equipment, and certain home health services. Medicare Part C, which is commonly referred to as Medicare Advantage, offers health plan options that are provided by Medicare-approved private insurance companies (e.g., HMOs, PPOs). Medicare Part D represents optional insurance coverage for prescription drugs. Medicare Advantage Plans provide the benefits and services covered under Parts A and B and often provide Medicare Part D prescription drug coverage.[5]

In 2011, over a third (37.2%) of the population in the VHH service area was enrolled in Medicare, slightly higher than in Los Angeles County (36.9%); SPAs 2 (40.4%) and 3 (37.6%) had larger percentages of enrollees.

[4] State of California Department of Health Care Services (2012). Medi-Cal's Coordinated Care Initiative Population Combined Medicare & Medi-Cal Cost, Utilization, and Disease Burden, Sacramento, CA. Available at http://www.dhcs.ca.gov/dataandstats/statistics/Documents/Dual%20Data%20Sets%20Medicare.pdf. Accessed [July 16, 2013].

[5] State of California Department of Health Care Services (2012). Medi-Cal's Coordinated Care Initiative Population Combined Medicare & Medi-Cal Cost, Utilization, and Disease Burden, Sacramento, CA. Available at http://www.dhcs.ca.gov/dataandstats/statistics/Documents/Dual%20Data%20Sets%20Medicare.pdf. Accessed [July 16, 2013].

Table 24. Medicare Beneficiaries

	Percentage
Service Planning Area 2	40.4%
Service Planning Area 3	37.6%
Service Planning Area 4	33.6%
VHH Service Area	37.2%
Los Angeles	36.9%

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

Federally Qualified Health Centers

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

In 2012, there are 123 FQHCs in the VHH service area, making up 67.2% of FQHCs in Los Angeles County (n=183).

Table 25. Federally Qualified Health Centers

	Number
Service Planning Area 2	31
Service Planning Area 3	22
Service Planning Area 4	70
VHH Service Area	123
Los Angeles County	183

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

Access to Healthcare

Access to health care services is important for everyone's quality of life, which requires the ability to navigate the health care system, access a health care location where needed services are provided, and find a health care provider with whom the patient can communicate and trust.[6] Access to health care impacts overall physical, social, and mental health status, the prevention of disease and disability, the detection and treatment of health conditions, quality of life, preventable death, and life expectancy for individuals.[7]

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[6] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=1. Accessed [July, 18, 2013].

[7] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=1. Accessed [July, 18, 2013].

Uninsured Population

In 2009, the percentage of VHH service area residents (13.7%) without medical insurance was lower than in Los Angeles County (18.8%). The only ZIP Code with a higher percentage of uninsured was 90041 (22.6%).

Table 26. Uninsured Population

ZIP Code	Percentage
90041	22.6%
91011	8.2%
91020	11.2%
91040	10.5%
91042	11.4%
91046	*No data*
91101	14.8%
91102	*No data*
91103	17.5%
91201	14.5%
91202	14.0%
91203	15.1%
91204	16.6%
91205	15.6%
91206	14.8%
91207	12.9%
91208	8.9%
91214	10.6%
VHH Service Area	13.7%
Los Angeles County	18.8%

Data source: California Health Interview Survey
Data year: 2009
Source geography: ZIP Code

Uninsured Children

In 2011, the same (5.0%) percentage of children in the VHH service area lacked health insurance (or were uninsured) as in Los Angeles County (5.0%), not meeting the goal of Healthy People 2020 (0.0%). SPA 4 had a higher percentage (6.6%) of children without health insurance (or uninsured) than the county.

Table 27. Uninsured Children

	Percentage
Service Planning Area 2	4.2%
Service Planning Area 3	4.3%
Service Planning Area 4	6.6%
VHH Service Area	5.0%
Los Angeles County	5.0%
Healthy People 2020	0.0%

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

Uninsured Adults

In 2011, nearly a third (29.8%) of adults in the VHH service area did not have health insurance (or were uninsured), nearly three times more than in Los Angeles County (12.3%). The service area did not meet the Healthy People 2020 goal (0.0%).

Table 28. Uninsured Adults

	Percentage
Service Planning Area 2	27.0%
Service Planning Area 3	26.9%
Service Planning Area 4	35.5%
VHH Service Area	29.8%
Los Angeles County	12.3%
Healthy People 2020	0.0%

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

Uninsured by Age

In 2011, Los Angeles County had higher rates of uninsured persons in all age groups when compared to California. Among young people below age 18, 9.1% of Los Angeles County residents and 8% of California residents were uninsured. The gap was also pronounced among people between the ages of 18 and 64: close to one-third (30.8%) of county residents and one-quarter of state residents were uninsured. Uninsured county elders—those 65 years and older—compose 2.5% of the population, compared to 1.7% uninsured elders living in California.

Table 29. Uninsured, by Age

Age Group	Los Angeles County	California
Under 18	9.1%	8.0%
18–64	30.8%	25.0%
65 and above	2.5%	1.7%

Data source: American Community Survey
Data year: 2011
Source geography: County

Difficulty Accessing Care

In the VHH service area, the percentage of adults who lacked a consistent source of primary care was slightly larger (21.8%) when compared to Los Angeles County (20.9%); specifically, SPAs 2 (22.6%) and 4 (22.8%) had larger percentages.

Table 30. Lack of a Consistent Source of Primary Care for Adults

	Percentage
Service Planning Area 2	22.6%
Service Planning Area 3	20.0%
Service Planning Area 4	22.8%
VHH Service Area	21.8%
Los Angeles County	20.9%

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

In addition, a larger percentage (32.9%) of adults in the VHH service area had difficulty accessing medical care when compared to Los Angeles County (31.7%), with SPA 4's rate at 38.0%.

Table 31. Difficulty Accessing Medical Care for Adults

	Percentage
Service Planning Area 2	28.9%
Service Planning Area 3	31.9%
Service Planning Area 4	38.0%
VHH Service Area	32.9%
Los Angeles County	31.7%

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

A smaller percentage (11.2%) of children between the ages of 0 and 17 in the VHH service area had difficulty accessing medical care when compared to Los Angeles County (12.3%).

Table 32, Difficulty Accessing Medical Care for Children Between the Ages of 0 and 17

	Percentage
Service Planning Area 2	9.6%
Service Planning Area 3	11.8%
Service Planning Area 4	12.1%
VHH Service Area	11.2%
Los Angeles County	12.3%

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

In 2011, a slightly larger percentage (53.7%) of adults in the VHH service areas lacked dental coverage when compared to Los Angeles County (51.8%), with SPA 4's rate at 61.1%.

Table 33. Absence of Dental Insurance Coverage for Adults

	Percentage
Service Planning Area 2	49.0%
Service Planning Area 3	51.0%
Service Planning Area 4	61.1%
VHH Service Area	53.7%
Los Angeles County	51.8%

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

Dentist to Population Ratio

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

In order for an area to be determined a Dental Health Professional Shortage Area, the area must have a population-to-dentist ratio of at least 5,000:1.[8] Los Angeles County does not meet the criteria, with its ratio being 1,184:1.

Table 34. Dentist Availability

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

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

Natality

Births

In 2011, there were a total of 129,087 births in Los Angeles County, of which 2.8% (n=3,623) occurred in the VHH service area, mostly in ZIP Codes 91205 (11.0%) and 91103 (10.6%).

Table 35. Births

ZIP Code	Number	Percentage
90041	256	7.1%
91011	88	2.4%
91020	91	2.5%
91040	201	5.5%
91042	275	7.6%
91046	*No data*	*No data*
91101	333	9.2%
91102	*No data*	*No data*
91103	385	10.6%

[8] United States Department of Health and Human Services (n.d.). Dental HPSA Designation Overview. Rockville, MD. Available at http://bhpr.hrsa.gov/shortage/hpsas/designationcriteria/dentalhpsaoverview.html. Accessed [July 10, 2013].

ZIP Code	Number	Percentage
91201	220	6.1%
91202	259	7.1%
91203	165	4.6%
91204	173	4.8%
91205	398	11.0%
91206	316	8.7%
91207	99	2.7%
91208	156	4.3%
VHH Service Area	3,623	2.8%
Los Angeles County	129,087	

Data source: California Department of Public Health
Data year: 2011
Source geography: ZIP Code

Births by Mother's Age

In 2010, most births in the VHH service area were to women between the ages of 20 and 29 (37.9%) followed by those between the ages of 30 and 34 (33.6%), and 35 years and older (25.1%). Los Angeles County experienced similar trends.

Table 36. Births by Mother's Age

Age Group	VHH Service Area		Los Angeles County	
	Number	Percentage	Number	Percentage
Under 20 years old	121	3.4%	11,766	8.9%
20–29 years old	1,341	37.9%	60,520	45.8%
30–34 years old	1,190	33.6%	33,624	25.4%
35 years old and older	890	25.1%	26,263	19.9%
Total	3,542	100.0%	132,173	100.0%

Data source: California Department of Public Health
Data year: 2010
Source geography: ZIP Code

Births by Mother's Ethnicity

By ethnicity, most births in the VHH service area in 2010 were to White mothers (44.6%), followed by Hispanic mothers (31.1%), Asian/Pacific Islander mothers (18.4%), and African-American mothers (3.0%). In Los Angeles County, more births were to Hispanic mothers (61.4%), followed by White mothers (16.9%).

Table 37. Births by Mother's Ethnicity

Ethnicity	VHH Service Area		Los Angeles County	
	Number	Percentage	Number	Percentage
Native American or Alaskan Native	4	0.1%	168	0.1%
Asian/Pacific Islander	652	18.4%	15,153	11.5%
African-American	106	3.0%	10,201	7.7%
Hispanic	1,103	31.1%	81,102	61.4%
White	1,581	44.6%	22,398	16.9%

Ethnicity	VHH Service Area		Los Angeles County	
	Number	Percentage	Number	Percentage
Two or more races	58	1.6%	2,016	1.5%
Other race	38	1.1%	1,137	0.9%
Total	3,542	100.0%	132,175	100.0%

Data source: California Department of Public Health
Data year: 2010
Source geography: ZIP Code

Birth Weight

In the VHH service area, 279 babies were born with low birth weight in 2011 and another 64 with very low birth weight. In ZIP Code 91011, nearly a quarter (22.6%) of babies were born with low birth weight that year and another third (26.6%) with very low birth weight.

Table 38. Birth Weight

ZIP Code	Low Birth Weight		Very Low Birth Weight	
	Number	Percentage	Number	Percentage
90041	13	4.7%	4	6.3%
91011	63	22.6%	17	26.6%
91020	25	9.0%	5	7.8%
91040	2	0.7%	No data	No data
91042	3	1.1%	No data	No data
91046	12	4.3%	5	7.8%
91101	17	6.1%	3	4.7%
91102	*No data*	*No data*	*No data*	*No data*
91103	16	5.7%	2	3.1%
91201	*No data*	*No data*	*No data*	*No data*
91202	21	7.5%	9	14.1%
91203	17	6.1%	2	3.1%
91204	12	4.3%	3	4.7%
91205	14	5.0%	*No data*	*No data*
91206	8	2.9%	*No data*	*No data*
91207	27	9.7%	6	9.4%
91208	26	9.3%	7	10.9%
91214	3	1.1%	1	1.6%
VHH Service Area	279	100.0%	64	100.0%

Data source: California Department of Public Health
Data year: 2011
Source geography: ZIP Code

Breastfeeding

Breastfeeding is an important element in the development of newborns. In the VHH service area, nearly half (46.2%) of mothers breastfed their babies for at least six months, a slightly larger percentage than in Los Angeles County (44.9%). More women in SPAs 4 (52.5%) and 2 (45.4%) breastfed their babies for at least six months when compared to Los Angeles County (44.9%).

Table 39. Breastfeeding at Least Six Months

	Percentage
Service Planning Area 2	45.4%
Service Planning Area 3	40.7%
Service Planning Area 4	52.5%
VHH Service Area	46.2%
Los Angeles County	44.9%

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

Similarly, nearly a quarter (23.0%) of mothers breastfed their babies for at least twelve months in the VHH service area, a larger percentage than in Los Angeles County (19.9%). Again, more mothers in SPA 4 (41.0%) breastfed their babies at least twelve months.

Table 40. Breastfeeding at Least Twelve Months

	Percentage
Service Planning Area 2	15.9%
Service Planning Area 3	12.0%
Service Planning Area 4	41.0%
VHH Service Area	23.0%
Los Angeles County	19.9%

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

Mortality

Deaths

In 2010, the 2,486 deaths in the VHH service area comprised 4.5% of the total deaths in Los Angeles County. Most occurred in ZIP Codes 91205 (10.9%), 91206 (9.7%), and 91130 (8.6%).

Table 41. Total Deaths

ZIP Code	Total	Percentage
90041	171	6.9%
91011	148	6.0%
91020	67	2.7%
91040	166	6.7%
91042	162	6.5%
91046	*No data*	*No data*
91101	136	5.5%
91102	*No data*	*No data*
91103	214	8.6%
91201	156	6.3%
91202	171	6.9%
91203	80	3.2%

ZIP Code	Total	Percentage
91204	114	4.6%
91205	271	10.9%
91206	241	9.7%
91207	82	3.3%
91208	128	5.1%
91214	179	7.2%
VHH Service Area	2,486	3.6%
Los Angeles County	55,331	

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

Deaths by Age Group

In 2010, deaths were most common among those 85 years old and over in the VHH service area (36.1%), similar to Los Angeles County (32.2%). The second-highest group of reported deaths was for individuals between the ages of 75 and 84—27.3% in the VHH service area, which is slightly higher when compared to Los Angeles County (24.4%).

Figure 4. Total Deaths, by Age Group

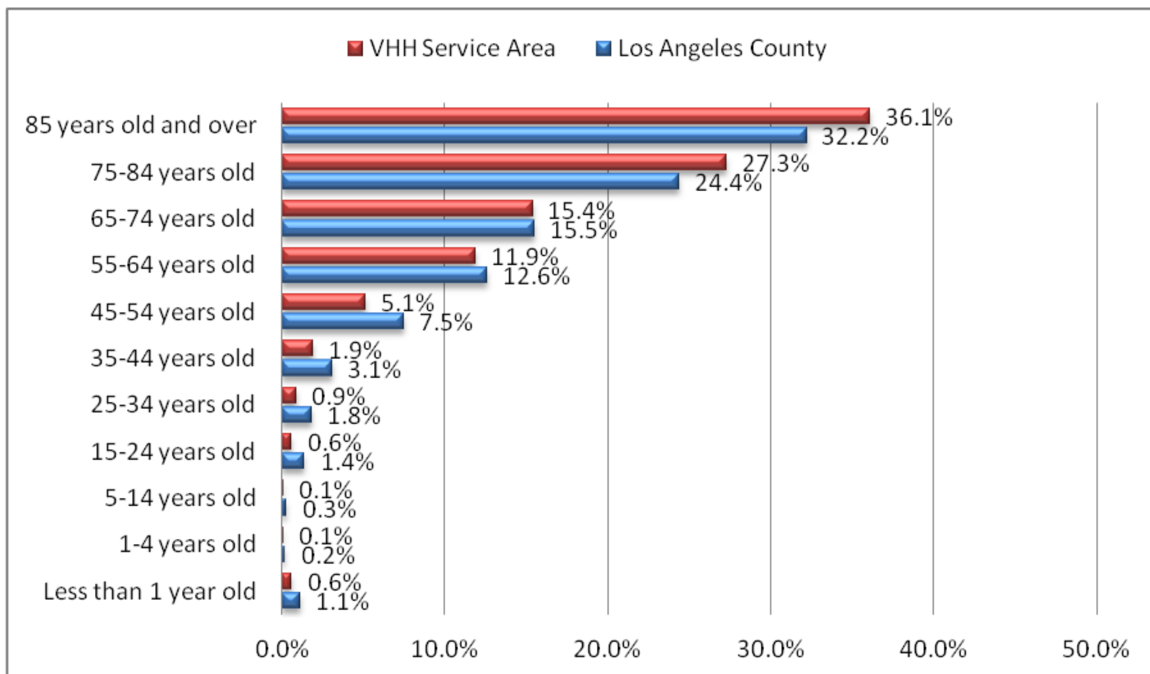

Table 42. Total Deaths, by Age Group

Age Group	VHH Service Area		Los Angeles County	
	Number	Percentage	Number	Percentage
Less than 1 year old	14	0.6%	613	1.1%
1–4 years old	3	0.1%	105	0.2%
5–14 years old	3	0.1%	159	0.3%
15–24 years old	14	0.6%	771	1.4%
25–34 years old	22	0.9%	1,018	1.8%
35–44 years old	46	1.9%	1,716	3.1%
45–54 years old	128	5.1%	4,123	7.5%
55–64 years old	296	11.9%	6,955	12.6%
65–74 years old	383	15.4%	8,572	15.5%
75–84 years old	679	27.3%	13,481	24.4%
85 years old and over	898	36.1%	17,818	32.2%
Total	2,486	100.0%	55,331	100.0%

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

Cause of Death

In 2010, the most common cause of death in the VHH service area was heart disease (33.6%)—higher than in Los Angeles County (27.9%)—followed by cancer (28.5%), also higher than in the county (24.6%), and stroke (7.1%), similarly higher than the Los Angeles County rate (5.8%).

Figure 5. Total Deaths, by Cause

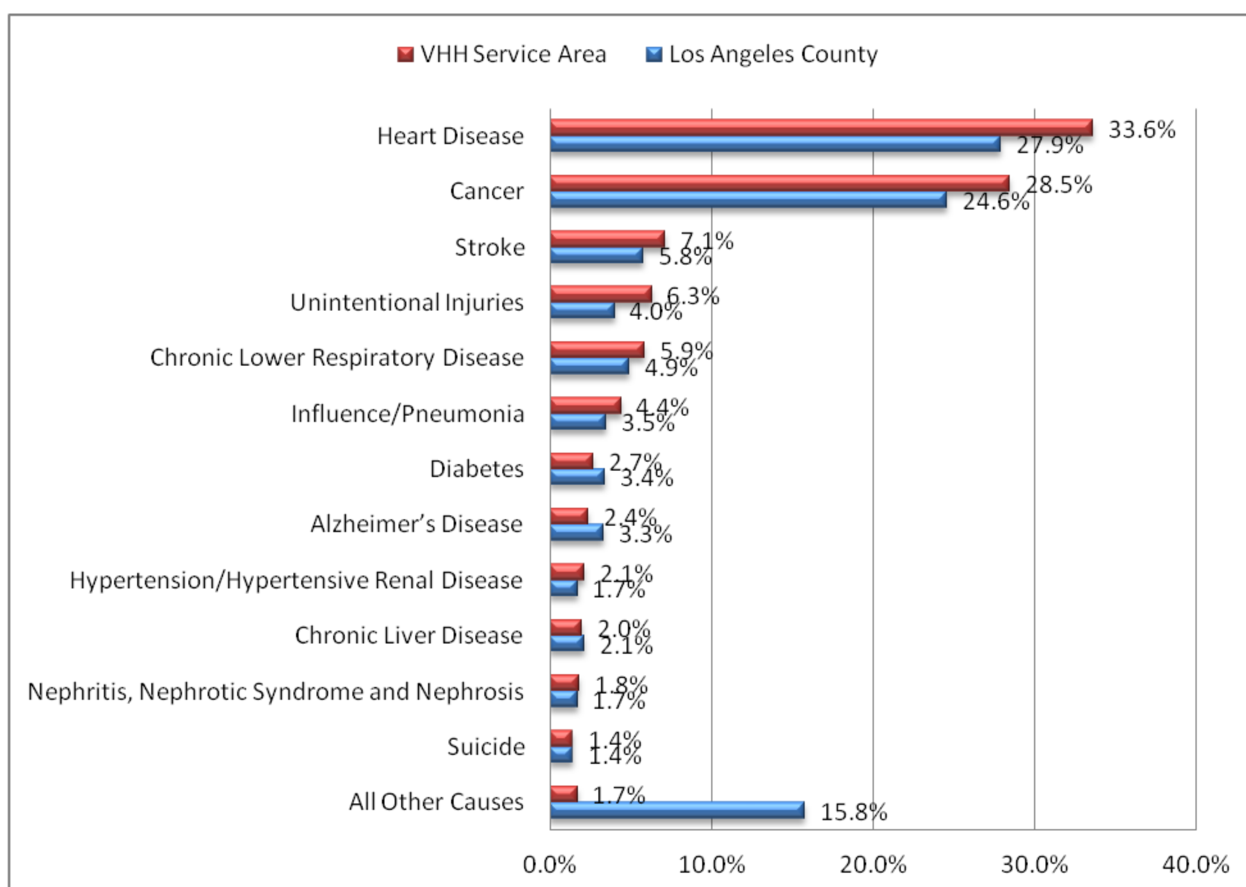

Table 43. Total Deaths, by Cause

Cause	VHH Service Area		Los Angeles County	
	Number	Percentage	Number	Percentage
Heart disease	733	33.6%	15,451	27.9%
Cancer	620	28.5%	13,624	24.6%
Stroke	155	7.1%	3,231	5.8%
Chronic lower respiratory disease	129	5.9%	2,710	4.9%
Unintentional injuries	138	6.3%	2,213	4.0%
Alzheimer's disease	53	2.4%	1,827	3.3%
Diabetes	58	2.7%	1,866	3.4%
Influenza/pneumonia	96	4.4%	1,922	3.5%
Chronic liver disease	44	2.0%	1,144	2.1%
Suicide	30	1.4%	760	1.4%
Hypertension/hypertensive renal disease	46	2.1%	919	1.7%
Nephritis, nephrotic syndrome, and nephrosis	40	1.8%	946	1.7%
All other causes	37	1.7%	8,718	15.8%
Total	2,179	100.0%	55,331	100.0%

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

VII. Key Findings—Health Outcomes and Drivers

Alcohol and Substance Abuse

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse contribute significantly to costly social, physical, mental, and public health problems, including teenage pregnancy, HIV/AIDS, STDs, domestic violence, child abuse, motor vehicle accidents (unintentional injuries), physical fights, crime, homicide, and suicide. Heavy alcohol consumption is an important determinant of future health needs, including cirrhosis, cancers, and untreated mental and behavioral health needs. In addition to considerable health implications, substance abuse has been a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.[9]

Alcohol Outlets

The density of alcohol outlets is associated with heavy drinking, drinking and driving, higher rates of motor vehicle-related pedestrian injuries, child abuse and neglect, and other violence.[10] In 2012, the average alcohol outlet rate per 1,000 persons in the VHH service area was 1.7. More than double that rate was reported in ZIP Code 91205 (4.0), and ZIP Codes 91103 (3.6) and 91042 (2.9) also reported higher rates.

Table 44. Alcohol Outlet Rate per 1,000 Persons

ZIP Code	Rate
90041	1.6
91011	0.9
91020	1.0
91040	1.6
91042	2.9
91046	1.1
91101	1.0
91102	*No data*
91103	3.6
91201	*No data*
91202	2.0
91203	1.5
91204	0.9
91205	4.0
91206	1.7
91207	1.7

[9] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=32. Accessed [February 26, 2013].

[10] Stewart, K. (n.d.). How Alcohol Outlets Affect Neighborhood Violence. Calverton, MD. Available at http://urbanaillinois.us/sites/default/files/attachments/how-alcohol-outlets-affect-nbhd-violence.pdf. Accessed [July 11, 2013].

ZIP Code	Rate
91208	1.2
91214	0.2
VHH Service Area	1.7

Data source: California Department of Alcoholic Beverage Control (ABC)
Data year: 2012
Source geography: ZIP Code

Alcohol Use

In 2011, more than half (51.3%) of the population in the VHH service area consumed alcohol, slightly fewer than in Los Angeles County (51.9%), although the percentage in SPA 2 (54.7%) was larger.

Table 45. Alcohol Use in the Past Month

	Percentage
Service Planning Area 2	54.7%
Service Planning Area 3	48.7%
Service Planning Area 4	50.6%
VHH Service Area	51.3%
Los Angeles County	51.9%

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

Similarly, a larger percentage (3.6%) of the population in the VHH service area reported drinking heavily than in Los Angeles County (3.5%), with SPA 4 and SPA 1 reporting even higher rates (4.6% and 3.8%, respectively). A slightly lower percentage (15.3%) of those in the VHH service area reported binge drinking, however, when compared to the county (15.4%), although the percentage was notably higher in SPA 4 (19.2%).

Table 46. Level of Alcohol Consumption in the Past Month

	Heavy Drinking	Binge Drinking
Service Planning Area 2	3.8%	14.9%
Service Planning Area 3	2.5%	11.7%
Service Planning Area 4	4.6%	19.2%
VHH Service Area	3.6%	15.3%
Los Angeles County	3.5%	15.4%

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

Alcohol and Drug Treatment

In 2011, a slightly larger percentage (2.8%) of the population in the VHH service area had needed or sought treatment for an alcohol or substance abuse problem in the past five years when compared to Los Angeles County (2.5%); the percentage was highest in SPA 4 (3.3%).

Table 47. Needed or Wanted Treatment for Alcohol or Drug Issues in the Past Five Years

	Percentage
Service Planning Area 2	3.1%
Service Planning Area 3	2.1%
Service Planning Area 4	3.3%
VHH Service Area	2.8%
Los Angeles County	2.5%

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

Also, a larger percentage (15.4%) of the population in the VHH service area had needed help for a mental, emotional, or alcohol/drug issue in the past year when compared to Los Angeles County (14.1%), with the percentage again being particularly higher in SPA 4 (19.4%).

Table 48. Needed Help for Mental, Emotional, or Alcohol/Drug Issues

	Percentage
Service Planning Area 2	14.7%
Service Planning Area 3	12.1%
Service Planning Area 4	19.4%
VHH Service Area	15.4%
Los Angeles County	14.1%

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

Disparities

Stakeholders identified low-income populations, preteens and teens, homeless adults, and the underserved as the most severely impacted by alcohol and substance abuse problems. Stakeholders also identified La Crescenta as the most severely impacted by substance abuse.

Associated Drivers of Health

Several biological, social, environmental, psychological, and genetic factors are associated with alcohol and substance abuse. These factors may include gender, race and ethnicity, age, income level, educational attainment, and sexual orientation. Substance abuse is also strongly influenced by interpersonal, household, and community factors. Among adolescents, family, social networks, and peer pressure are key influencers of substance abuse.[11] Alcohol and substance abuse may also contribute to teenage pregnancy, HIV/AIDS, STDs, domestic violence, child abuse, motor vehicle accidents (unintentional injuries),

[11] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at http://www.healthypeople.gov/2020/lhi/substanceabuse.aspx?tab=determinants. Accessed [February 27, 2013].

physical fights, crime, homicide (intentional injuries), and suicide.[12] For data concerning health drivers, please refer to Appendix C—Scorecard.

Primary Data

Stakeholders stated that alcoholism and the use of marijuana has been on the rise in the last few years. They also added that the increase in marijuana use is related to greater access to marijuana dispensaries. Particularly among youth, the use of marijuana and other substances has increased the number of arrests resulting from reckless driving and speeding while under the influence. In addition, one stakeholder added that there has been an increase of drug-related deaths, and cited drug overdoses as the number-three cause of premature death in 2009.

Tobacco Use

Tobacco use is the most preventable cause of death and disease in the United States. Each year, approximately 443,000 Americans die from tobacco-related illnesses. For every person who dies from tobacco use, 20 more suffer with at least one serious tobacco-related illness. In addition, tobacco use costs the U.S. $193 billion annually in direct medical expenses and lost productivity.[13] Tobacco use is known to cause cancer, heart disease, lung disease (such as emphysema, bronchitis, and chronic airway obstruction), premature birth, low birth weight, stillbirth, and infant death.[14]

Additionally, secondhand smoke has been known to cause heart disease and lung cancer in adults and severe asthma attacks, respiratory infections, ear infections, and sudden infant death syndrome (SIDS) in infants and children.[15] Smokeless tobacco use such as chewing tobacco can also cause a variety of oral health problems, like cancer of the mouth and gums, tooth loss, and periodontitis. In addition, cigar smoking may cause cancer of the larynx, mouth, esophagus, and lung.[16]

Smokers

In 2011, a slightly larger percentage (13.2%) of the population in the VHH service area reporting smoking when compared to Los Angeles County (13.1%), with a higher percentage of smokers in SPA 4 (14.9%).

[12] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=32. Accessed [February 26, 2013].

[13] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=41. Accessed [July 11, 2013].

[14] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=41. Accessed [July 11, 2013].

[15] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=41. Accessed [July 11, 2013].

[16] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=41. Accessed [July 11, 2013].

Table 49. Currently Smoking

	Percentage
Service Planning Area 2	13.8%
Service Planning Area 3	10.9%
Service Planning Area 4	14.9%
VHH Service Area	13.2%
Los Angeles County	13.1%

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

Disparities

In 2011, most tobacco users in Los Angeles County were between the ages of 25 and 29 (20.3%). Another 16.0% were between the ages of 30 and 39 and another 14.5% were between the ages of 50 and 59 . Smaller percentages of the population in Los Angeles County who use tobacco are between the ages of 18 and 24 (9.7%), 60 and 64 (8.4%), and 65 years old or older (7.6%).

Table 50. Tobacco Use by Age

Age Group	Percentage
18–24 years old	9.7%
25–29 years old	20.3%
30–39 years old	16.0%
40–49 years old	13.1%
50–59 years old	14.5%
60–64 years old	8.4%
65 years old and older	7.6%

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

In addition, larger percentages of the population in Los Angeles County who are tobacco users are American Indian/Alaskan Native (29.5%), African-American (17.2%), or White (15.2%). Smaller percentages of the population in Los Angeles County who use tobacco are Latino (11.9%) or Asian/Pacific Islanders (9.2%).

Table 51. Tobacco Use by Ethnicity

Age Group	Percentage
Latino	11.9%
White	15.2%
African-American	17.2%
Asian/Pacific Islander	9.2%
American Indian/Alaskan Native	29.5%

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

Stakeholders identified areas of heavy smoking throughout the central and southern parts of Glendale and among members of the Armenian population.

Associated Drivers of Health

Factors that influence the use of tobacco include race/ethnicity, age, education, and socioeconomic status. Significant disparities in tobacco use exist geographically and typically result from differences in smoke-free protections, tobacco prices, and program funding for tobacco prevention.[17]

As previously mentioned, tobacco use is linked to and associated with cancer, heart disease, lung disease (such as emphysema, bronchitis, and chronic airway obstruction), premature birth, low birth weight, stillbirth, and infant death.[18] In addition, secondhand smoke has been known to cause heart disease and lung cancer in adults and severe asthma attacks, respiratory infections, ear infections, and sudden infant death syndrome (SIDS) in infants and children.[19]

Primary Data

Stakeholders stated that smoking was a prevalent issue throughout Glendale, particularly among the Armenian population, but also noted that it is on the decline. Stakeholders suggested utilizing and engaging children as a way to help with smoking cessation by influencing their family members.

Cardiovascular Disease

Cardiovascular disease—also called heart disease and coronary heart disease—includes several health conditions related to plaque buildup in the walls of the arteries, or atherosclerosis. As plaque builds up, the arteries narrow, restricting blood flow and creating the risk of heart attack. Currently, more than one in three adults (81.1 million) in the United States lives with one or more types of cardiovascular disease. In addition to being one of the leading causes of death in the United States, heart disease results in serious illness and disability, decreased quality of life, and hundreds of billions of dollars in economic loss every year.[20]

Cardiovascular disease encompasses and/or is closely linked to a number of health conditions that include arrhythmia, atrial fibrillation, cardiac arrest, cardiac rehab, cardiomyopathy, cardiovascular conditions in childhood, high cholesterol, congenital heart defects, diabetes, heart attack, heart failure, high blood pressure, HIV, heavy alcohol consumption, metabolic syndrome, obesity, pericarditis, peripheral artery disease (PAD), and stroke.[21]

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[17] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=41. Accessed [July 11, 2013].

[18] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=41. Accessed [July 11, 2013].

[19] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=41. Accessed [July 11, 2013].

[20] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=21. Accessed [February 28, 2013].

[21] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=21. Accessed [February 28, 2013].

Prevalence

In 2009, the percentage of the population in the VHH service area diagnosed with heart disease was slightly lower (5.4%) when compared to Los Angeles County (5.7%), although a larger percentage was reported in SPA 4 (6.2%).

Table 52. Heart Disease Prevalence

	Percentage
Service Planning Area 2	5.1%
Service Planning Area 3	5.0%
Service Planning Area 4	6.2%
VHH Service Area	5.4%
Los Angeles County	5.7%

Data source: California Health Interview Survey (CHIS)
Data year: 2009
Source geography: SPA

Disease Management

Of those in the VHH service area with heart disease, more than half (61.8%) receive assistance from a care provider with managing their disease—still a smaller percentage than in Los Angeles County (65.5%).

Table 53. Heart Disease Management

	Percentage
Service Planning Area 2	65.7%
Service Planning Area 3	75.1%
Service Planning Area 4	44.7%
VHH Service Area	61.8%
Los Angeles County	65.5%

Data source: California Health Interview Survey (CHIS)
Data year: 2009
Source geography: SPA

Hospitalizations

In 2010, the hospitalization rate resulting from heart failure was much higher (489.8) per 100,000 persons) in the VHH service area when compared to California (367.1), with the highest rates reported in ZIP Codes 91206 (722.8), 91205 (650.6), and 91020 (629.8).

Table 54. Hospitalizations Resulting from Heart Failure per 100,000 Persons

ZIP Code	Rate
90041	378.8
91011	349.2
91020	629.8
91040	564.5
91042	416.9
91046	*No data*
91101	288.4

ZIP Code	Rate
91102	*No data*
91103	516.7
91201	403.8
91202	477.4
91203	544.6
91204	511.5
91205	650.6
91206	722.8
91207	533.0
91208	486.3
91214	362.4
VHH Service Area	489.8
California	367.1

Data source: Office of Statewide Health Planning and Development (OSHPD)
Data year: 2010
Source geography: ZIP Code

Mortality

In 2010, a higher heart disease mortality rate per 10,000 was reported in the VHH service area (21.5) when compared to California (15.6), particularly in ZIP Codes 91020 (30.9), 91207 (25.7), and 91101 (24.9).

Table 55. Heart Disease Mortality Rate per 10,000 Persons

ZIP Code	Rate
90041	20.1
91011	22.7
91020	30.9
91040	24.5
91042	16.0
91046	*No data*
91101	24.9
91102	*No data*
91103	24.0
91201	15.4
91202	21.9
91203	21.2
91204	24.3
91205	19.8
91206	19.4
91207	25.7
91208	16.6
91214	16.1
VHH Service Area	21.5
California	15.6

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

Disparities

The burden of cardiovascular disease is disproportionately distributed across the population. Significant disparities are evident based on gender, age, race/ethnicity, geographic area, and socioeconomic status with regard to prevalence of risk factors, access to treatment, appropriate and timely treatment, treatment outcomes, and mortality.[22] Stakeholders identified homeless adults as the most impacted by heart disease.

Associated Drivers of Health

The leading risk factors for heart disease are high blood pressure, high cholesterol, smoking, diabetes, poor diet, physical inactivity, and overweight and obesity. Cardiovascular disease is closely linked with and can often lead to stroke.[23] For data concerning health drivers, please refer to Appendix C—Scorecard.

Primary Data

Stakeholders identified cardiovascular disease as a critical issue in the community and cited it as the leading cause of premature death.

Cholesterol

Cholesterol is a waxy, fat-like substance necessary in the body. However, too much cholesterol in the blood can build up on artery walls, leading to heart disease—one of the leading causes of death in the United States—and stroke. About one of every six adults in the United States has high blood cholesterol. In addition, 2,200 Americans die of heart disease each day, an average of one death every 39 seconds.[24]

Some health conditions, as well as lifestyle and genetic factors, can put people at a higher risk for developing high cholesterol. Age is a contributing factor; as people get older, cholesterol levels rise. Diabetes can also lead to the development of high cholesterol. Some behaviors can also lead to high cholesterol, including a diet high in saturated fats, trans fatty acids (trans fats), dietary cholesterol, or triglycerides. Being overweight and physically inactive also contribute to high cholesterol. Finally, high cholesterol can be hereditary.[25]

Prevalence

In 2011, over a quarter (25.5%) of the population in the VHH service area had been diagnosed with high cholesterol, slightly fewer than in Los Angeles County (25.6%); SPA 2 had the largest percentage (28.4%).

[22] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=21. Accessed [February 28, 2013].

[23] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=21. Accessed [February 28, 2013].

[24] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. High Cholesterol. Atlanta, GA. Available at http://www.cdc.gov/cholesterol/index.htm. Accessed [March 4, 2013].

[25] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. High Cholesterol. Atlanta, GA. Available at http://www.cdc.gov/cholesterol/index.htm. Accessed [March 4, 2013].

Table 56, Cholesterol Prevalence

	Percentage
Service Planning Area 2	28.4%
Service Planning Area 3	23.9%
Service Planning Area 4	24.1%
VHH Service Area	25.5%
Los Angeles County	25.6%

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

Disease Management

Of those in the VHH service area with high cholesterol, a slightly larger percentage (71.5%) receives disease management services than in Los Angeles County (68.7%).

Table 57. Cholesterol Management

	Percentage
Service Planning Area 2	68.0%
Service Planning Area 3	81.4%
Service Planning Area 4	65.1%
VHH Service Area	71.5%
Los Angeles County	68.7%

Data source: California Health Interview Survey (CHIS)
Data year: 2009
Source geography: SPA

Disparities

In 2011, more than half (50.2%) of the population in Los Angeles County who were 65 or older had high cholesterol, as did nearly half (43.9%) of those between the ages of 60 and 64. Over a third (37.2%) of those between the ages of 50 and 59 had high cholesterol, and over a quarter (27.2%) of those between the ages of 40 and 49. Another 15.9% of those between the ages of 30 and 39 had high cholesterol, as well as 6.8% of the population between the ages of 25 and 29 plus another 4.3% between the ages of 18 and 24.

Table 58. Cholesterol Prevalence by Age

Age Group	Percentage
18–24 years old	4.3%
25–29 years old	6.8%
30–39 years old	15.9%
40–49 years old	27.2%
50–59 years old	37.2%
60–64 years old	43.9%
65 years old and older	50.2%

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

By ethnicity, over a third (38.6%) of the American Indian/Alaskan Native population had high cholesterol and another third (29.7%) of the White population did as well. Over a quarter of (26.9%) of the African-American population had high cholesterol, and a quarter (25.8%) of the Asian/Pacific Islander population. Less than a quarter (22.2%) of the Latino population in Los Angeles County are diagnosed with high cholesterol.

Table 59. Cholesterol Prevalence by Ethnicity

Age Group	Percentage
Latino	22.2%
White	29.7%
African-American	26.9%
Asian/Pacific Islander	25.8%
American Indian/Alaskan Native	38.6%

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

Stakeholders did not identify disparities among subpopulations or geographic disparities.

Associated Drivers of Health

Some health conditions, as well as lifestyle and genetic factors, can put people at a higher risk for developing high cholesterol. Age is a contributing factor; as people get older, cholesterol level tends to rise. Diabetes can also lead to the development of high cholesterol. Some behaviors can also lead to high cholesterol, including a diet high in saturated fats, trans fatty acids (trans fats), dietary cholesterol, or triglycerides. Being overweight and physical inactivity can also contribute to high cholesterol. Finally, high cholesterol can be hereditary.[26] For data concerning health drivers, please refer to Appendix C—Scorecard.

Primary Data

Stakeholders did not identify high cholesterol as a health issue.

Diabetes

Diabetes affects an estimated 23.6 million people and is the seventh leading cause of death in the United States. Diabetes lowers life expectancy by up to 15 years, increases the risk of heart disease by two to four times, and is the leading cause of kidney failure, lower-limb amputations, and adult-onset blindness.[27] A diabetes diagnosis can also indicate an unhealthy lifestyle—a risk factor for further health issues—and is also linked to obesity.

Given the steady rise in the number of people with diabetes, and the earlier onset of Type 2 diabetes, there is growing concern about substantial increases in diabetes-related complications and their potential to impact and overwhelm the health care system. There is a clear need to take advantage of recent

[26] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. High Cholesterol. Atlanta, GA. Available at http://www.cdc.gov/cholesterol/index.htm. Accessed [March 4, 2013].

[27] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=32. Accessed [February 26, 2013].

discoveries about the individual and societal benefits of improved diabetes management and prevention by bringing life-saving findings into wider practice, and complementing those strategies with efforts in primary prevention among those at risk for developing diabetes.[28]

In addition, evidence is emerging that diabetes is associated with other co-morbidities, including cognitive impairment, incontinence, fracture risk, and cancer risk and prognosis.[29]

Prevalence

In 2011, 8.1% of the population 18 years old and older in the VHH service area had been diagnosed with diabetes, fewer than in Los Angeles County (9.5%). SPA 2 reported the largest diagnosed population (9.3%).

Table 60. Diabetes Prevalence

	Percentage
Service Planning Area 2	9.3%
Service Planning Area 3	7.7%
Service Planning Area 4	7.3%
VHH Service Area	8.1%
Los Angeles County	9.5%

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

Disease Management

In 2009, more than half (58.7%) the diabetic population in the VHH service area had met with their medical provider to develop a diabetes care plan—fewer than in Los Angeles County (68.7%). A slightly larger percentage of the population in SPA 4 (69.8%) had a diabetes management plan.

Table 61. Diabetes Management

	Percentage
Service Planning Area 2	55.2%
Service Planning Area 3	57.0%
Service Planning Area 4	69.8%
VHH Service Area	58.7%
Los Angeles County	68.7%

Data source: California Health Interview Survey (CHIS)
Data year: 2009
Source geography: SPA

[28]U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=32. Accessed [February 26, 2013].

[29]U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=32. Accessed [February 26, 2013].

Hospitalizations

In 2010, the diabetes hospitalization rate per 100,000 persons under 18 years of age in the VHH service area was half (12.5) that of California (34.9), with ZIP Code 91203 reporting a higher rate (43.2). ZIP Code 91204 (32.2), on the other hand, reported a rate similar to that of California (34.9).

The diabetes hospitalization rate per 100,000 adults in the VHH service area (124.1) was lower when compared to California (145.6), but rates were particularly high in ZIP Codes 91103 (367.5), 91204 (237.0), and 91205 (148.1).

In 2009, the hospitalization rate per 100,000 persons resulting from uncontrolled diabetes was slightly higher (11.6) in the VHH service area when compared to California (9.5), particularly in ZIP Codes 91130 (36.9), 91040 (29.6), 91207 (20.6), 91204 (17.2), 91042 (14.5), 91205 (14.0), and 91203 (13.1).

Table 62. Diabetes Hospitalizations per 100,000 Persons

ZIP Code	Diabetes Hospitalizations (Youth)	Diabetes Hospitalizations (Adults)	Hospitalizations Resulting from Uncontrolled Diabetes[1]
90041	19.8	127.6	10.0
91011	18.8	54.2	0.0
91020	0.0	118.8	0.0
91040	0.0	103.1	29.6
91042	0.0	119.6	14.5
91046	*No data*	*No data*	*No data*
91101	0.0	83.1	5.2
91102	*No data*	*No data*	*No data*
91103	14.3	367.5	36.9
91201	0.0	127.3	4.0
91202	25.2	78.8	4.4
91203	43.2	90.8	13.1
91204	32.2	237.0	17.2
91205	14.2	148.1	14.0
91206	18.1	136.1	6.0
91207	0.0	85.7	20.6
91208	0.0	55.4	6.3
91214	13.8	52.7	3.2
VHH Service Area	12.5	124.1	11.6
California	34.9	145.6	9.5

Data source: Office of Statewide Health Planning and Development (OSHPD)
Data year: 2010, 2009[1]
Source geography: ZIP Code

Mortality

In 2010, 67 diabetes-related deaths occurred in the VHH service area, making up 3.6% of diabetes-related deaths in Los Angeles County. Most occurred in ZIP Codes 91020 (n=12 or 17.9%), 90041 (n=9 or 13.4%), and 91011 (n=7, 10.4%).

Table 63. Diabetes Mortality

ZIP Code	Number	Percentage
90041	9	13.4%
91011	7	10.4%
91020	12	17.9%
91040	1	1.5%
91042	1	1.5%
91046	*No data*	*No data*
91101	1	1.5%
91102	*No data*	*No data*
91103	4	6.0%
91201	3	4.5%
91202	2	3.0%
91203	3	4.5%
91204	5	7.5%
91205	6	9.0%
91206	2	3.0%
91207	5	7.5%
91208	4	6.0%
91214	2	3.0%
VHH Service Area	67	3.6%
Los Angeles County	1,866	

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

In 2009, the diabetes mortality rate per 100,000 persons in the VHH service area was lower (17.9) when compared to Los Angeles County (20.2).

Table 64. Diabetes Mortality Per 100,000 Persons

	Rate
Service Planning Area 2	15.7
Service Planning Area 3	19.8
Service Planning Area 4	18.1
VHH Service Area	17.9
Los Angeles County	20.2

Data source: California Department of Public Health (CDPH)
Data year: 2009
Source geography: SPA

Disparities

In 2011, nearly a quarter (24.1%) of the population age 65 older in Los Angeles County was identified as diabetic. Another 18.9% of the population age 60 to 64 were diabetic, as was another 13.4% of the population age 50 to 59. A smaller percentage of the population age 40 to 49 (7.9%) was diabetic, along with even smaller percentages of those age 30 to 39 (3.7%), 25 to 29 (2.4%), and 18 to 24 (1.1%).

Table 65. Diabetes Prevalence by Age

Age Group	Percentage
18–24 years old	1.1%
25–29 years old	2.4%
30–39 years old	3.7%
40–49 years old	7.9%
50–59 years old	13.4%
60–64 years old	18.9%
65 years old and older	24.1%

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

In addition, larger percentages of the population in Los Angeles County who were diabetic are African-American (12.6%), followed by 9.5% of Latinos, 9.3% of Asian/Pacific Islanders, and 8.5% of Whites.

Table 66. Diabetes Prevalence by Ethnicity

Age Group	Percentage
Latino	9.5%
White	8.5%
African-American	12.6%
Asian/Pacific Islander	9.3%
American Indian/Alaskan Native	n/a

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

Stakeholders identified homeless adults and ethnic populations as the most severely impacted. Stake-holders did not identify specific geographic disparities in the GAMC service area, but instead indicated that the entire Glendale community is impacted by diabetes. Stakeholders also indicated that diabetes is an issue, linking it to unhealthy behaviors, including poor diet.

Associated Drivers of Health

Factors associated with diabetes include being overweight; having high blood pressure, high cholesterol, high blood sugar (or glucose); physical inactivity, smoking, unhealthy eating, age, race, gender, and having a family history of diabetes.[30] For data concerning health drivers, please refer to Appendix C—Scorecard.

Primary Data

Stakeholders identified diabetes as an important health problem in the Glendale community. They also added that diabetes needed to be addressed and that the community needs to be made aware of the available community resources and family-based interventions at their disposal.

Disability

An umbrella term for impairments, activity limitations, and participation restrictions, disability is the interaction between individuals with a health condition (e.g., cerebral palsy, Down syndrome, depression) and personal and environmental factors (e.g., negative attitudes, inaccessible transportation and public buildings, and limited social supports).[31] Examples of disabilities include hearing, vision, movement, thinking, remembering, learning, communication, and/or mental health and social relationships. Disabilities can affect a person at any point in the life cycle.[32]

Over a billion people—corresponding to about 15% of the world population—are estimated to live with some form of disability. Between 110 million (2.2%) and 190 million (3.8%) people 15 years and older have significant difficulties functioning. In addition, rates of disability are increasing, in part as a result of aging populations and increases in chronic health conditions. People with disabilities typically have less access to health care services and consequently often do not have their health care needs met.[33]

In California alone, 5.7 million adults, or 23% of the adult population, have a disability. The proportion of the population with disabilities increases with age and among females and African-American, White, or American Indian/Alaskan native populations. People with disabilities are also more likely than others to be poorly educated, unemployed, and living below the poverty level. [34]

Prevalence

In 2010, a slightly smaller percentage (15.6%) of children between 1 and 17 years of age had special health care needs in the VHH service area when compared to Los Angeles County (15.8%), although SPA 4 had a higher rate (16.6%).

Table 67. Children 1–17 Years old with Special Health Care Needs

	Percentage
Service Planning Area 2	15.5%
Service Planning Area 3	14.7%
Service Planning Area 4	16.6%
VHH Service Area	15.6%
Los Angeles County	15.8%

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

[31] World Health Organization. Disability and Health Fact Sheet. Geneva, Switzerland. Available at http://www.who.int/mediacentre/factsheets/fs352/en/index.html. Accessed [March 5, 2013].

[32] Center for Disease Control and Prevention. Atlanta, GA. Available at http://www.cdc.gov/ncbddd/disabilityandhealth/types.html. Accessed [March 5, 2013].

[33] World Health Organization. Disability and Health Fact Sheet. Geneva, Switzerland. Available at http://www.who.int/mediacentre/factsheets/fs352/en/index.html. Accessed [March 5, 2013].

[34] California Department of Public Health's Living Healthy with a Disability Program and Living Healthy Advisory Committee. Planning for Today, Thinking of Tomorrow—California's 2011-2016 Strategic Directions for Promoting the Health of People with Disabilities Sacramento, CA. Available at http://www.cdph.ca.gov/HealthInfo/injviosaf/Documents/Planning_for_Today.pdf] Accessed [April 30, 2013].

In 2011, a smaller percentage of adults (17.6%) cared for or assisted other adults with a long-term illness or disability in the VHH service area than in Los Angeles County (20.0%), although a larger percentage did so in SPA 3 (24.1%).

Table 68. Adults Who Have Provided Care or Assistance to Another Adult In The Past Month

	Percentage
Service Planning Area 2	17.4%
Service Planning Area 3	24.1%
Service Planning Area 4	11.3%
VHH Service Area	17.6%
Los Angeles County	20.0%

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

Disparities

In 2011, nearly a fourth (19.5%) of children between 12 and 17 years old had a special health care need in Los Angeles County. Another 16.7% of children between 6 and 11 years old and 10.7% of children between 1 and 5 years old had a special health care need.

Table 69, Children 1 to17 Years old with Special Health Care Needs by Age

Age Group	Percentage
1–5 years old	10.7%
6–11 years old	16.7%
12–17 years old	19.5%

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

By ethnicity, nearly a third (29.9%) of African-American children had a special health care need. In addition, 17.4% of White children and 14.2% of Latino children have a special health care need. Only 10.0% of Asian/Pacific Islander children have a special health care need.

Table 70. Children 1 to 17 Years old with Special Health Care Needs by Ethnicity

Age Group	Percentage
Latino	14.2%
White	17.4%
African-American	29.9%
Asian/Pacific Islander	10.0%
American Indian/Alaskan Native	n/a

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

Stakeholders identified children as the most severely impacted populations but did not identify geographic disparities.

Associated Drivers of Health

Disabilities may strike anyone at any point in time; however, disability rates are increasing in part as a result of aging populations and increases in chronic health conditions. People with disabilities typically have less access to health care services and often do not have their health care needs met.[35] People with disabilities are more likely to experience difficulties or delays in getting necessary health care in a timely manner, including visiting a dentist and getting mammograms and Pap smear tests, among other important diagnostic and preventive resources. In addition, they are likely to smoke, to not engage in physical activity, to be overweight or obese, to have high blood pressure, to experience psychological distress, to receive less social/emotional support, and to have high unemployment rates.[36] For data concerning health drivers, please refer to Appendix C—Scorecard.

Primary Data

Stakeholders added that parents had a difficult time obtaining Individualized Education Plans (IEPs) for their children.

Hypertension

Hypertension, defined as a blood pressure reading of 140/90 or higher, affects one in three adults in the United States.[37] With no symptoms or warning signs and the ability to cause serious damage to the body, the condition has been called a silent killer. If untreated, high blood pressure can lead to heart failure, blood vessel aneurysms, kidney failure, heart attack, stroke, and vision changes or blindness.[38] High blood pressure can be controlled through medicines and lifestyle change; however, patient adherence to treatment regimens is a significant barrier to controlling high blood pressure.[39]

High blood pressure is associated with smoking, obesity, the regular consumption of salt and fat, excessive drinking, and physical inactivity. Those at higher risk of developing hypertension include people who have previously had a stroke and those who have high cholesterol or heart or kidney disease. African-Americans and people with a family history of hypertension are also at an increased risk of having hypertension.[40]

Prevalence

In 2011, just under a quarter (23.2%) of the population in the VHH service area was diagnosed with hypertension (or high blood pressure), slightly less than in Los Angeles County (24.0%). Over a quarter (25.4%) of the population in SPA 3 were so diagnosed.

[35] World Health Organization. Disability and Health Fact Sheet. Geneva, Switzerland. Available at http://www.who.int/mediacentre/factsheets/fs352/en/index.html. Accessed [March 5, 2013].

[36] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=9. Accessed [March 5, 2013].

[37] National Institutes of Health. *Hypertension (High Blood Pressure).* Available at http://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=97. Accessed [March 12, 2013].

[38] National Heart, Lung, and Blood Institute. *Blood Pressure: Signs & Symptoms.* Available at http://www.nhlbi.nih.gov/health/health-topics/topics/hbp/signs.html. Accessed [March 12, 2013].

[39] National Institutes of Health. *Hypertension (High Blood Pressure).* Available at http://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=97. Accessed [March 12, 2013].

[40] The Patient Education Institute. *Essential Hypertension*. Available at http://www.nlm.nih.gov/medlineplus/tutorials/hypertension/hp039105.pdf. Accessed [March 12, 2013].

Table 71. Hypertension Prevalence

	Percentage
Service Planning Area 2	23.9%
Service Planning Area 3	25.4%
Service Planning Area 4	20.4%
VHH Service Area	23.2%
Los Angeles County	24.0%

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

Disease Management

In 2009, more than half (69.6%) the population in the VHH service took medication to control their high blood pressure—slightly fewer than in Los Angeles County (70.2%)—although more did in SPA 3 (79.6%).

Table 72. High Blood Pressure Management

	Percentage
Service Planning Area 2	67.6%
Service Planning Area 3	79.6%
Service Planning Area 4	61.5%
VHH Service Area	69.6%
Los Angeles County	70.2%

Data source: California Health Interview Survey (CHIS)
Data year: 2009
Source geography: SPA

Mortality

In 2010, 47 people in the VHH service area died as a result of hypertension, making up 5.1% of hypertension-related deaths in Los Angeles County (n=919). Over a fifth (21.3%) of service area deaths occurred in ZIP Code 91206.

Table 73. Hypertension Mortality

ZIP Code	Number	Percentage
90041	0	0.0%
91011	2	4.3%
91020	0	0.0%
91040	1	2.2%
91042	5	10.9%
91046	*No data*	*No data*
91101	0	0.0%
91102	*No data*	*No data*
91103	3	6.5%
91201	3	6.5%
91202	4	8.7%
91203	2	4.3%
91204	3	6.5%

ZIP Code	Number	Percentage
91205	6	13.0%
91206	10	21.7%
91207	1	2.2%
91208	2	4.3%
91214	4	8.7%
VHH Service Area	47	100.0%
Los Angeles County	919	

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

Disparities

In 2011, more than half (57.7%) of the population age 65 and older in Los Angeles County were diagnosed with hypertension. Similarly, nearly half (42.9%) of the population between age 60 and 64 had hypertension, over a third (34.5%) of the population between age 50 and 59, and nearly a quarter (22.9%) of those between age 40 and 49. The prevalence of hypertension diminishes among the younger population—only 10.0% of those between age 30 and 39, 5.0% of those between age 25 and 29 , and 4.1% of those between age 18 and 24.

Table 74. Hypertension Prevalence by Age

Age Group	Percentage
18–24 years old	4.1%
25–29 years old	5.0%
30–39 years old	10.0%
40–49 years old	22.9%
50–59 years old	34.5%
60–64 years old	42.9%
65 years old and older	57.7%

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

By ethnicity, nearly half (43.3%) of the American Indian/Alaskan Native population in Los Angeles County had hypertension, along with over a third (39.2%) of the African-American population, over a quarter (27.4%) of the White population, and a quarter (25.0%) of the Asian/Pacific Islander population. Nearly a fourth (18.0%) of the Latino population had hypertension in Los Angeles County.

Table 75. Hypertension Prevalence by Ethnicity

Age Group	Percentage
Latino	18.0%
White	27.4%
African American	39.2%
Asian/Pacific Islander	25.0%
American Indian/Alaskan Native	43.3%

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

Associated Drivers of Health

Smoking, obesity, the regular consumption of salt and fat, excessive drinking, and physical inactivity are risk factors for hypertension. People who have previously had a stroke, have high cholesterol, or have heart or kidney disease are also at higher risk of developing hypertension. For data concerning related health drivers, please refer to Appendix C—Scorecard.

Primary Data

Stakeholders indicated that hypertension is one of the top health problems in the community, closely related and linked to diabetes and cardiovascular disease.

Mental Health

Mental illness is a common cause of disability. Untreated disorders may leave individuals at risk for substance abuse, self-destructive behavior, and suicide. Additionally, mental health disorders can have a serious impact on physical health and are associated with the prevalence, progression, and outcome of chronic diseases.[41] Suicide is considered a major preventable public health problem. In 2010, suicide was the tenth leading cause of death among Americans of all ages, and the second leading cause of death among people between the ages of 25 and 34.[42] An estimated 11 attempted suicides occur per every suicide death.

Research shows that more than 90% of those who die by suicide suffer from depression or other mental disorders, or a substance-abuse disorder (often in combination with other mental disorders).[43] Among adults, mental disorders are common, with approximately one-quarter of adults being diagnosable for one or more disorders.[44] Mental disorders are not only associated with suicide, but also with chronic diseases, a family history of mental illness, age, substance abuse, and life-event stresses.[45]

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[41] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at http://healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=28. Accessed [April 30, 2013].

[42] Centers for Disease Control and Prevention. *10 Leading Causes of Death by Age Group, United States – 2010*. Available at http://www.cdc.gov/injury/wisqars/pdf/10LCID_All_Deaths_By_Age_Group_2010-a.pdf. Accessed [March 12, 2013].

[43] National Institute of Mental Health. *Suicide in the U.S.: Statistics and Prevention*. Available at http://www.nimh.nih.gov/health/publications/suicide-in-the-us-statistics-and-prevention/index.shtml. Accessed [March 12, 2013].

[44] National Institute of Mental Health. *Any Disorder Among Adults.* Available at http://www.nimh.nih.gov/statistics/1ANYDIS_ADULT.shtml. Accessed [March 12, 2013].

[45] Public Health Agency of Canada. *Mental Illness*. Available at http://www.phac-aspc.gc.ca/cd-mc/mi-mm/index-eng.php. Accessed [March 12, 2013].

Interventions to prevent suicide include therapy, medication, and programs that focus on both suicide risk and mental or substance-abuse disorders. Another intervention is improving primary care providers' ability to recognize and treat suicide risk factors, given the research indicating that older adults and women who die by suicide are likely to have seen a primary care provider in the year before their death.[46]

Prevalence

In 2011, adults experienced an average of 3.3 days of poor mental health–related unhealthy days in the VHH service area, the same as in Los Angeles County. The numbers of days reported in SPA 2 (3.6) and SPA 4 (3.4) were slightly higher.

Table 76. Unhealthy Days Resulting from Poor Mental Health Reported by Adults

	Days
Service Planning Area 2	3.6
Service Planning Area 3	3.0
Service Planning Area 4	3.4
VHH Service Area	3.3
Los Angeles County	3.3

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

In 2009, a slightly larger percentage (7.4%) of adults in the VHH service area reported having serious psychological distress when compared to Los Angeles County (7.3%), with an even larger percentage (10.7%) so reporting in SPA 4.

Table 77. Adults with Serious Psychological Distress in the Last Year

	Percentage
Service Planning Area 2	5.3%
Service Planning Area 3	6.1%
Service Planning Area 4	10.7%
VHH Service Area	7.4%
Los Angeles County	7.3%

Data source: California Health Interview Survey (CHIS)
Data year: 2009
Source geography: SPA

In 2011, a slightly larger percentage (66.4%) of the population in the VHH service area reported having the necessary social and emotional support when compared to Los Angeles County (64.0%), with smaller percentages of the population so reporting in SPA 3 (60.8%) and SPA 4 (63.5%).

[46] National Institute of Mental Health. *Suicide in the U.S.: Statistics and Prevention*. Available at http://www.nimh.nih.gov/health/publications/suicide-in-the-us-statistics-and-prevention/index.shtml. Accessed [March 12, 2013].

Table 78. Adequate Social and Emotional Support

	Percentage
Service Planning Area 2	63.5%
Service Planning Area 3	60.8%
Service Planning Area 4	74.8%
VHH Service Area	66.4%
Los Angeles County	64.0%

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

Anxiety

In addition, the percentage of the population in the VHH service area diagnosed with anxiety was slightly higher (6.6%) when compared to Los Angeles County (6.4%), especially in SPA 4 (7.4%) and SPA 2 (7.2%).

Table 79. Anxiety Prevalence

	Percentage
Service Planning Area 2	7.2%
Service Planning Area 3	5.3%
Service Planning Area 4	7.4%
VHH Service Area	6.6%
Los Angeles County	6.4%

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

Depression

The percentage of the population in the VHH service area diagnosed with depression was slightly higher (12.6%) when compared to Los Angeles County (12.2%), particularly in SPA 2 (13.9%) and SPA 4 (13.4%).

Table 80. Depression Prevalence

	Percentage
Service Planning Area 2	13.9%
Service Planning Area 3	10.6%
Service Planning Area 4	13.4%
VHH Service Area	12.6%
Los Angeles County	12.2%

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

Alcohol- and Drug-Related Mental Illness

Alcohol and drug use is often associated with and linked to mental disease. In 2010, the rate per 100,000 adults of alcohol- and drug-induced mental illness in the VHH service area was higher (137.6) when compared to California (109.1), especially in ZIP Codes 91040 (191.4), 91205 (177.2), 91103 (171.0), and 91202 (170.8).

Table 81. Alcohol- and Drug-Induced Mental Illness Rate per 100,000 Adults

ZIP Code	Rate
90041	153.1
91011	152.9
91020	166.4
91040	191.4
91042	166.8
91046	*No data*
91101	132.0
91102	*No data*
91103	171.0
91201	87.8
91202	170.8
91203	60.5
91204	87.3
91205	177.2
91206	148.2
91207	95.2
91208	129.3
91214	112.0
VHH Service Area	137.6
California	109.1

Data source: Office of Statewide Health Planning and Development (OSHPD)
Data year: 2010
Source geography: ZIP Code

Hospitalizations

In 2010, the mental health hospitalization rate per 100,000 adults in the VHH service area was higher (766.5) than in when compared to California (551.7) in 2010, and rates were two to three times higher in ZIP Codes 91020 (1,556.7), 91205 (1,139.9), and 91040 (1,050.5).

Table 82. Mental Health Hospitalization Rate per 100,000 Adults

ZIP Code	Rate
90041	794.9
91011	335.3
91020	1,556.7
91040	1,050.5
91042	783.0
91046	*No data*
91101	796.7
91102	*No data*
91103	1,714.0
91201	531.1
91202	411.7
91203	363.1
91204	704.8
91205	1,139.9

ZIP Code	Rate
91206	722.8
91207	371.2
91208	523.2
91214	464.5
VHH Service Area	766.5
California	551.7

Data source: Office of Statewide Health Planning and Development (OSHPD)
Data year: 2010
Source geography: ZIP Code

By contrast, the mental health hospitalization rate per 100,000 youth under 18 years of age was lower (198.0) in the VHH service area when compared California (256.4), although nearly double in ZIP Codes 91103 (630.8), 91101 (543.1), and 90041 (456.0).

Table 83. Mental Health Hospitalization per 100,000 Youth (Under 18 Years)

ZIP Code	Rate
90041	456.0
91011	206.7
91020	165.3
91040	51.3
91042	55.3
91046	*No data*
91101	543.1
91102	*No data*
91103	630.8
91201	145.2
91202	227.2
91203	43.2
91204	64.4
91205	198.5
91206	126.7
91207	0.0
91208	88.8
91214	166.0
VHH Service Area	198.0
California	256.4

Data source: Office of Statewide Health Planning and Development (OSHPD)
Data year: 2010
Source geography: ZIP Code

Suicide

In 2010, the suicide rate per 10,000 persons in the VHH service area was lower (0.9) when compared to California (1.0), and below the Healthy People 2020 goal (<=1.0). However, higher rates were reported in ZIP Codes 91101 (2.4), 91020 (1.2), 91208 (1.2), 90041 (1.1), 91103 (1.1), and 91042 (1.1).

Table 84. Suicide Rate per 10,000 Persons

ZIP Code	Rate
90041	1.1
91011	1.0
91020	1.2
91040	0.5
91042	1.1
91046	*No data*
91101	2.4
91102	*No data*
91103	1.1
91201	0.9
91202	0.9
91203	0.8
91204	0.6
91205	0.3
91206	0.6
91207	0.0
91208	1.2
91214	0.3
VHH Service Area	0.9
California	1.0
Healthy People 2020	<=1.0

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

Disparities

Mental health, particularly depression, affects everyone. However, in Los Angeles County, those most affected are between the ages of 50 and 64. Around 18.8% of those age 50 to 59 have been diagnosed with depression, as have 18.0% of those age 60 to 64. Another 14.1% of those between age 40 and 49, and smaller percentages of those age 65 and older (10.6%), 25 to 29 (10.1%), 30 to 39 (9.4%), and 18 to 24 (6.0%), have been diagnosed with depression.

Table 85. Depression Prevalence by Age

Age Group	Percentage
18–24 years old	6.0%
25–29 years old	10.1%
30–39 years old	9.4%
40–49 years old	14.1%
50–59 years old	18.8%
60–64 years old	18.0%
65 years old and older	10.6%

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

By ethnicity, larger percentages of Whites (17.1%), African-Americans (15.9%), and American Indian/Alaskan Natives (15.0%) in Los Angeles County were diagnosed with depression, as were smaller percentages of Latinos (9.7%) and Asian/Pacific Islanders (6.7%).

Table 86. Depression Prevalence by Ethnicity

Age Group	Percentage
Latino	9.7%
White	17.1%
African-American	15.9%
Asian/Pacific Islander	6.7%
American Indian/Alaskan Native	15.0%

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

In addition, stakeholders added that mental health particularly affects youth and often leads to suicide. Stakeholders also added that immigrant populations were impacted by post-traumatic stress disorder (PTSD) resulting from prior life experiences in their country of origin. Stakeholders did not identify geographic disparities.

Associated Drivers of Health

Mental health is associated with many other health factors, including poverty, heavy alcohol consumption, and unemployment. Chronic diseases such as cardiovascular disease, diabetes, and obesity are also associated with mental health disorders such as depression and suicide.[47] For data concerning health drivers, please refer to Appendix C—Scorecard.

Primary Data

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

Obesity/Overweight

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

[47] Centers for Disease Control and Prevention. *Mental Health and Chronic Diseases*. Available at http://www.cdc.gov/nationalhealthyworksite/docs/Issue-Brief-No-2-Mental-Health-and-Chronic-Disease.pdf. Accessed [May 1, 2013].

or obese.[48] Excess weight is a significant national problem and indicates an unhealthy lifestyle that influences further health issues.

Obesity reduces life expectancy and causes devastating and costly health problems, increasing the risk of coronary heart disease, stroke, high blood pressure, diabetes, and a number of other chronic diseases. Findings suggest that obesity also increases the risks for cancers of the esophagus, breast (postmenopausal), endometrium, colon and rectum, kidney, pancreas, thyroid, gallbladder, and possibly other cancer types.[49] Obesity is associated with factors including poverty, inadequate fruit/vegetable consumption, breastfeeding, and lack of access to grocery stores, parks, and open space.

Prevalence

In 2011, a third (34.9%) of adults in the VHH service area were overweight, slightly fewer than in Los Angeles County (37.1%). A similarly smaller percentage of adults (21.7%) were obese in the VHH service area when compared to Los Angeles County (23.6%), although that percentage was higher in SPA 3 (23.9%).

Table 87. Overweight and Obese Populations (Adults)

	Percent Overweight	Percent Obese
Service Planning Area 2	36.4%	21.1%
Service Planning Area 3	35.0%	23.9%
Service Planning Area 4	33.2%	20.1%
VHH Service Area	34.9%	21.7%
Los Angeles County	37.1%	23.6%

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

In 2009, the highest percentages of overweight residents in the VHH service area lived in ZIP Codes 91042 (35.7%), 91040 (35.4%), and 91208 (34.1%), when compared to Los Angeles County (29.7%). Although some of the population in the VHH service area is obese, that issue was not considered a critical one when compared to Los Angeles County; it met the Healthy People 2020 goal of being below or equal to 30.5%. ZIP Codes with the highest percentage of those who are obese are 91103 (24.4%) and 91101 (20.5%).

Table 88. Overweight and Obese Populations

ZIP Code	Percent Overweight	Percent Obese
90041	26.7%	18.4%
91011	32.5%	11.4%
91020	33.5%	13.3%
91040	35.4%	15.0%

[48] National Cancer Institute. *Obesity and Cancer Risk*. Available at http://www.cancer.gov/cancertopics/factsheet/Risk/obesity. Accessed [March 10, 2013].

[49] National Cancer Institute. *Obesity and Cancer Risk*. Available at http://www.cancer.gov/cancertopics/factsheet/Risk/obesity. Accessed [March 10, 2013].

ZIP Code	Percent Overweight	Percent Obese
91042	35.7%	15.3%
91046	*No data*	*No data*
91101	31.6%	20.5%
91102	*No data*	*No data*
91103	32.8%	24.4%
91201	31.7%	16.4%
91202	31.4%	14.9%
91203	31.6%	15.8%
91204	31.7%	15.8%
91205	31.9%	16.6%
91206	31.7%	15.4%
91207	32.2%	15.9%
91208	34.1%	12.7%
91214	33.0%	12.7%
VHH Service Area	32.3%	15.9%
Los Angeles County	29.7%	21.2%
Healthy People 2020		<=30.5%

Data source: California Health Interview Survey (CHIS)
Data year: 2009
Source geography: ZIP Code

A slightly smaller percentage (31.3%) of teens in the VHH service area are overweight or obese when compared to Los Angeles County (33.6%), with SPA 4 having a much larger percentage (42.9%).

Table 89. Overweight and Obese Populations (Teens)

	Percentage
Service Planning Area 2	26.3%
Service Planning Area 3	24.8%
Service Planning Area 4	42.9%
VHH Service Area	31.3%
Los Angeles County	33.6%

Data source: California Health Interview Survey (CHIS)
Data year: 2009
Source geography: SPA

Disparities

Overall, over a third or more of the population in Los Angeles County, regardless of age, is overweight, particularly larger percentages of those between age 50 and 59 (39.8%), those 65 and older (39.2%), and those between age 40 and 49 (38.7%). Similarly, over a third of those between the ages of 30 and 39 (37.6%), 60 and 64 (35.8%), 25 and 29 (34.4%), and 18 and 24 (31.4%) are also overweight.

Over a third of those who are middle-aged and older are obese—more specifically, larger percentages of those between age 60 and 64 (29.8%), 30 and 39 (27.8%), and 40 and 49 (27.3%). Another quarter of those between age 50 and 59 are obese in Los Angeles County.

Table 90. Overweight/Obesity Prevalence by Age

Age Group	Percent Overweight	Percent Obese
18–24 years old	31.4%	15.4%
25–29 years old	34.4%	19.9%
30–39 years old	37.6%	27.8%
40–49 years old	38.7%	27.3%
50–59 years old	39.8%	25.5%
60–64 years old	35.8%	29.8%
65 years old and older	39.2%	19.0%

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

By ethnicity, larger percentages of American Indians/Alaskan Natives (45.2%) and Latinos (40.6%) in Los Angeles County are overweight, along with over a third of African-Americans (38.9%), Whites (34.0%), and Asian/Pacific Islanders (32.9%). Also, over a third of Latinos (31.6%) and African-Americans (31.0%) in Los Angeles County are obese, along with over a quarter (25.8%) of American Indians/Alaskan Natives.

Table 91. Overweight/Obesity Prevalence by Ethnicity

Age Group	Percent Overweight	Percent Obese
Latino	40.6%	31.6%
White	34.0%	18.0%
African-American	38.9%	31.0%
Asian/Pacific Islander	32.9%	8.9%
American Indian/Alaskan Native	45.2%	25.8%

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

As mentioned previously, a slightly larger percentage (34.6%) of teens in the GAMC service area were overweight or obese when compared to Los Angeles County (33.6%).

Stakeholders also identified children, low-income and underserved populations, and young adults as those most likely to be overweight and obese. In addition, stakeholders identified children in the Greater Foothill communities and cities, plus north Glendale, as the most severely impacted.

Associated Drivers of Health

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

endometrium, colon and rectum, kidney, pancreas, thyroid, gallbladder, and possibly other cancer types.[50] For data concerning health drivers, please refer to Appendix C—Scorecard.

Primary Data

Stakeholders identified obesity as a top health concern in the Glendale community that is on the rise. They also stated the need for a larger emphasis on obesity, with a focus on prevention and education around healthy eating habits, exercising, and leading healthier lives.

Oral Health

Oral health is essential to overall health, and is relevant as a health need because engaging in preventive behaviors decreases the likelihood of developing future oral health and related health problems. In addition, oral diseases such as cavities and oral cancer cause pain and disability for many Americans.[51]

Behaviors that may lead to poor oral health include tobacco use, excessive alcohol consumption, and poor dietary choices. Barriers that prevent or limit a person's use of preventive intervention and treatments for oral health include limited access to and availability of dental services, a lack of awareness of the need, cost, and fear of dental procedures. Social factors associated with poor dental health include lower levels or lack of education, having a disability, and other health conditions such as diabetes.[52]

Access

In the VHH service area, over half (53.7%) the population did not have dental insurance coverage in 2011—higher than in Los Angeles County (51.8%)—with SPA 4 (61.1%) in the lead.

Table 92. Absence of Dental Insurance Coverage

	Percentage
Service Planning Area 2	49.0%
Service Planning Area 3	51.0%
Service Planning Area 4	61.1%
VHH Service Area	53.7%
Los Angeles County	51.8%

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

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

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[50] National Cancer Institute. *Obesity and Cancer Risk*. Available at http://www.cancer.gov/cancertopics/factsheet/Risk/obesity. Accessed [March 10, 2013].

[51] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=32. Accessed [February 26, 2013].

[52] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=32. Accessed [February 26, 2013].

For an area to be determined a Dental Health Professional Shortage Area, it must have a population-to-dentist ratio of at least 5,000:1.[53] Los Angeles County does not meet this criterion, as its ratio is 1,184:1.

Table 93. Dentist Availability

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

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

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

Affordability

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

In the VHH service area, over a third (31.7%) of adults could not afford dental care—including regular check-ups—which is slightly higher than in Los Angeles County (30.3%). In SPA 4, 37.6% of percent of adults were not able to afford dental care.

Table 94. Unable to Afford Dental Care (Adult)

	Percentage
Service Planning Area 2	29.8%
Service Planning Area 3	27.7%
Service Planning Area 4	37.6%
VHH Service Area	31.7%
Los Angeles County	30.3%

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

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

In the VHH service area, a smaller percentage (11.6%) of children were unable to afford dental care when compared to Los Angeles County (12.6%), although those percentages increased in SPA 3 (13.9%) and SPA 4 (11.3%).

[53] United States Department of Health and Human Services (n.d.). Dental HPSA Designation Overview. Rockville, MD. Available at http://bhpr.hrsa.gov/shortage/hpsas/designationcriteria/dentalhpsaoverview.html. Accessed [July 10, 2013].

Table 95. Unable to Afford Dental Care (Child)

	Percentage
Service Planning Area 2	9.6%
Service Planning Area 2	13.9%
Service Planning Area 4	11.3%
VHH Service Area	11.6%
Los Angeles County	12.6%

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

Disparities

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

Table 96. Unable to Afford Dental Care by Age (Adult)

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

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

Table 97. Unable to Afford Dental Care by Age (Child)

Age Group	Percentage
3–5 years old	10.9%
6–11 years old	10.6%
12–17 years old	15.3%

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

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

Table 98. Unable to Afford Dental Care by Ethnicity (Adult)

Age Group	Percentage
Latino	36.6%
White	21.0%
African-American	38.0%
Asian/Pacific Islander	27.3%
American Indian/Alaskan Native	25.6%

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

By ethnicity, larger percentages of Latinos (14.4%) and African-American (14.4%) children had a difficult time obtaining dental care because they could not afford it, along with smaller percentages of Asian/Pacific Islander (9.1%) and White (8.7%) children. Data for American Indian/Alaskan Native children were not available, or the numbers were too small to report.

Table 99. Unable to Afford Dental Care by Ethnicity (Child)

Age Group	Percentage
Latino	14.4%
White	8.7%
African-American	14.4%
Asian/Pacific Islander	9.1%
American Indian/Alaskan Native	0.0%

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

Stakeholders identified oral health as an issue, but did not identify disparities among subpopulations or geographic disparities.

Associated Drivers of Health

Poor oral health can be prevented by decreasing sugar intake and increasing healthy eating habits to prevent tooth decay and premature tooth loss; consuming more fruits and vegetables to protect against oral cancer; smoking cessation; decreased alcohol consumption to reduce the risk of oral cancers, periodontal disease, and tooth loss; using protective gear when playing sports; and living in a safe physical environment.[54] In addition, oral health conditions such as periodontal (gum) disease have been linked to diabetes, heart disease, stroke, and premature, low-weight births.[55] For data concerning health drivers, please refer to Appendix C—Scorecard.

[54] World Health Organization, Oral health Fact Sheet. Geneva, Switzerland. Available at http://www.who.int/mediacentre/factsheets/fs318/en/index.html. Accessed [February 26, 2013].

[55] Centers for Disease Control and Prevention. *Mental Health and Chronic Diseases*. Available at http://www.cdc.gov/chronicdisease/resources/publications/aag/pdf/2011/Oral-Health-AAG-PDF-508.pdf. Accessed [May 1, 2013].

Primary Data

Stakeholders identified oral health as one of the biggest unmet health needs in the Glendale community.

Appendix A—Data Collection Tools and Instruments

GLENDALE HOSPITALS
2010 COMMUNITY HEALTH NEEDS ASSESSMENT
FOCUS GROUP QUESTIONS

1. Please introduce yourself and your organization—please include mission, size (employees, number served), length of service in the community, population served, and services offered.

2. What do you consider to be three important factors for a healthy community?

3. What do you think are the strengths of Glendale and the surrounding communities that contribute to community health and quality of life?

4. What do you think are the three most important "health problems" in our community? (This is defined as those problems that have the greatest impact on overall community health).

5. What are the three most important unmet health needs and/or quality of life issues facing the population served by your organization?

6. Are there populations or particular neighborhoods within the community where these needs are most acute or prevalent? Describe.

7. What are the major barriers to improving the health/quality of life of the population your organization serves?

8. From your experience, are community resources adequate to meet these needs? If no, what is missing? Where are the gaps?

9. What are the top three improvements that would enhance the health/ quality of life of the population you serve?

10. What can your community hospitals do to assist in improving the health/ quality of life of the population you serve?

11. Is there anything else that you feel is important for us to know about your organization or the community you serve?

Organization: ___________________________________

Glendale CHNA 2013
Focus Group Participant Info

1. Primary service area: ____

2. Primary area of expertise: ____

3. Primary service population: ____

This survey is confidential, thank you!

Glendale Hospitals - CHNA Prioritization Survey

The Center for Nonprofit Management (CNM) is conducting the 2013 Community Health Needs Assessment (CHNA) for the Glendale Adventist Medical Center, Glendale Memorial Hospital and Verdugo Hills Hospital and we need your help.

In early spring of 2013, CNM and the Glendale hospitals convened more than 30 individuals from the community to obtain their input on important local and regional health issues, gaining valuable insights about the Glendale community served by the three hospitals. After reviewing this input, in conjunction with a range of health indicators from public and private data sources, the CNM evaluation team developed the following list of prominent health needs. Please note the health needs are listed in alphabetical order, and NOT by order of importance.

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

Please refer to the Community Health Needs Assessment Prioritization Criteria Scale when completing this survey. (In the interest of space, this scale is not included on each page of the survey.)

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

Thank you very much for your time and assistance!

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

Glendale Hospitals - CHNA Prioritization Survey

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

Name

Organization

Email

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

- [ ] Glendale Adventist Medical Center
- [ ] Glendale Memorial Hospital
- [ ] Verdugo Hills Hospital
- [ ] Eagle Rock
- [ ] Glassell Park
- [ ] Glendale
- [ ] Griffith Park
- [ ] Highland Park
- [ ] Hollywood
- [ ] La Canada/Flintridge
- [ ] La Crescenta
- [ ] Los Feliz
- [ ] Montrose
- [ ] Pasadena
- [ ] Sunland
- [ ] Tujunga
- [ ] Verdugo City

Glendale Hospitals - CHNA Prioritization Survey

Identified Health Needs

Please refer to the Prioritization Criteria Scale when selecting your responses.

3. Alcohol and Substance Abuse

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

4. Cardiovascular Disease

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

5. Cholesterol

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

6. Diabetes

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

Glendale Hospitals - CHNA Prioritization Survey

7. Disability

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

8. Hypertension

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

9. Mental Health

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

10. Obesity/Overweight

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

Glendale Hospitals - CHNA Prioritization Survey

11. Oral Health

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

Glendale Hospitals - CHNA Prioritization Survey

Drivers of Health

Please refer to the Prioritization Criteria Scale when selecting your responses.

12. Alcohol and Substance Use

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

13. Cultural Competency

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

14. Dental Care Access

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

15. Health Care Access

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

Glendale Hospitals - CHNA Prioritization Survey

16. Health Education and Awareness

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

17. Healthy Eating

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

18. Homelessness

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

19. Poverty

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

Appendix B—Stakeholders

Focus Group Participants (Identification)

Individuals with special knowledge of or expertise in public health						
	Name (Last First)	**Title**	**Affiliation**	**Public Health Knowledge/ Expertise**	**Date of Consult**	**Type of Consult**
1	Kassabian, Armen	MD	Armenian American Medical Society	Family medicine	2/11/2013	Focus Group
2	Momijian, Manuel	MD	Armenian American Medical Society	Family medicine	2/11/2013	Focus Group
3	McDaniel, Sharon	RN, M.S.N., P.M.H.N.P	Didi Hirsch Mental Health Services	Mental health, substance abuse	2/11/2013	Focus Group
4	Virola, Iris	Director of Marketing	Drier's Nursing Care Center	Long-term care and rehabilitation services	2/11/2013	Focus Group
5	Reyes, Toni	Program Manager Health Services	Glendale Community College	Student health services	2/11/2013	Focus Group
6	Roth, Sharon	CEO	Glendale Healthy Kids	Low-cost/no-cost health insurance for children	2/11/2013	Focus Group
7	Sinclair, Kim	Teacher	Glendale High School	Public health, health and psychology	2/11/2013	Focus Group
8	Sergile, Kara	Consultant	KWS Consulting	Public health	2/11/2013	Focus Group
9	Stanley, Terri	VP, Strategy and Business Development	Partners in Care Foundation	Public health, community care	2/11/2013	Focus Group

Individuals with special knowledge of or expertise in public health

	Name (Last First)	Title	Affiliation	Public Health Knowledge/ Expertise	Date of Consult	Type of Consult
10	Gonzalez, Jessica		Comprehensive Community Health Centers	FQHC, public health, reproductive health, teens	2/11/2013	Focus Group
11	Nelson, Bruce	Director of Community Services	Glendale Adventist Medical Center	Community services and health	2/11/2013	Focus Group
12	Shaw, Sally	DrPH, Project Director	Glendale Adventist Medical Center	Community services and health	2/11/2013	Focus Group
13	Roberts, Kevin	CEO	Glendale Adventist Medical Center	Hospital administration	2/11/2013	Focus Group
14	MacDougall, Teryl	Guest Relations Manager	Glendale Adventist Medical Center	Community services and health	2/11/2013	Focus Group
15	McCarty, Rev. Cassie, M.Div., BCC	Director, Mission Integration & Spiritual Care Services	Glendale Memorial Hospital and Health Center	Community services and health	2/11/2013	Focus Group
16	Davis-Quarrie, Yulanda	Foundation President	USC Verdugo Hills Hospital	Hospital administration	2/11/2013	Focus Group
17	Petrossian, Celine	Marketing/PR Specialist	USC Verdugo Hills Hospital		2/11/2013	Focus Group
18	Rivera, Mantha		Glendale Memorial Hospital and Health Center	Hospital administration	2/11/2013	Focus Group

Leaders, representatives, or members of medically underserved populations, low-income persons, minority populations, and populations with chronic disease needs

	Leader / Rep. Name (Last, First)	Leadership, Representative, or Member Role	Affiliation	Group(s) Represented? (medically underserved, low income, minority population, population with chronic disease)	Date of Consult	Type of Consult
1	Komuro, Natalie	Executive Director	Ascencia	Homeless populations (adults and children)	2/11/2013	Focus Group
2	McDaniel, Sharon	RN, M.S.N., P.M.H.N.P	Didi Hirsch Mental Health Services	Mental health, substance abuse, uninsured, low income	2/11/2013	Focus Group
3	Doughty, Sandy	Executive Director	GAR	Adults with developmental disabilities	2/11/2013	Focus Group
4	Roth, Sharon	CEO	Glendale Healthy Kids	Uninsured children	2/11/2013	Focus Group
5	Gunnell, Marilyn	Safe Place, LACMA	YMCA	Youth in crisis and recovery	2/11/2013	Focus Group
6	Bearchell, Ryan		Salvation Army	Seniors, families and youth who are low-income, homeless, accessing Salvation Army programs	2/11/2013	Focus Group
7	Raggio, Lisa		Glendale YMCA	Domestic violence victims and families	2/11/2013	Focus Group

Leaders, representatives, or members of medically underserved populations, low-income persons, minority populations, and populations with chronic disease needs						
	Leader / Rep. Name (Last, First)	**Leadership, Representative, or Member Role**	**Affiliation**	**Group(s) Represented? (medically underserved, low income, minority population, population with chronic disease)**	**Date of Consult**	**Type of Consult**
8	Dzhanhyan, Eliza		Glendale Youth Alliance	Low-income youth	2/11/2013	Focus Group
9	Gonzalez, Jessica		Comprehensive Community Health Centers	Teens	2/11/2013	Focus Group
10	Fecske, Fran	Emeritus at Casa Glendale	Casa Glendale	Seniors	2/11/2013	Focus Group

Other sources of community input (such as consumer advocates, nonprofit organizations, academic experts, local government officials, community-based organizations, health care providers, private businesses, and/or health insurance and managed care organizations)						
Does not include sources of community input in preceding tables						
	Name (Last, First)	**Title**	**Affiliation**		**Date of Consult**	**Type of Consult**
1	Karinski, Edna	Executive Director	Community Foundation of the Verdugos		2/11/2013	Focus Group
2	Yesayan, Catherine	N/A	Community resident		2/11/2013	Focus Group
3	Garcilazo, Al	Senior Chaplin	Glendale Religious Leaders Association (GRLA)		2/11/2013	Focus Group
4	Saikali, George	CEO	YMCA of Glendale		2/11/2013	Focus Group
5	Siegel, Daniel	Reporter, Business and Politics	Glendale News Press		2/11/2013	Focus Group

Community Forum Participants (Prioritization)

Individuals with special knowledge of or expertise in public health						
	Name (Last, First)	Title	Affiliation	Public Health Knowledge/ Expertise	Date of Consult	Type of Consult
1	Gonzalez, Jessica		Comprehensive Community Health Centers	FQHC, public health, reproductive health, teens	5/30/2013	Prioritization Session
2	Nelson, Bruce	Director of Community Services	Glendale Adventist Medical Center	Community services and health	5/30/2013	Prioritization Session
3	Shaw, Sally	D.Ph., Project Director	Glendale Adventist Medical Center	Community services and health	5/30/2013	Prioritization Session
4	Petrossian, Celine	Marketing/PR Specialist	USC Verdugo Hills Hospital	Hospital	5/30/2013	Prioritization Session
5	Eckart, Marina		Didi Hirsch Mental Health	Community services and health	5/30/2013	Prioritization Session
6	Seck, Nancy	Director of Quality Management	Glendale Memorial Hospital and Health Center	Hospital	5/30/2013	Prioritization Session
7	Lancaster, Katy		Glendale Adventist Medical Center	Hospital	5/30/2013	Prioritization Session
8	Graf, Angela		Glendale Adventist Medical Center	Hospital	5/30/2013	Prioritization Session
9	Aleksani, A.		Glendale Adventist Medical Center	Hospital	5/30/2013	Prioritization Session
10	Sadler, S.		Glendale Adventist Medical Center	Hospital	5/30/2013	Prioritization Session
11	Correa, Sharon		Glendale Adventist Medical Center	Hospital	5/30/2013	Prioritization Session

Individuals with special knowledge of or expertise in public health						
	Name (Last, First)	**Title**	**Affiliation**	**Public Health Knowledge/ Expertise**	**Date of Consult**	**Type of Consult**
12	Khanoyan, Sirvard, MD		Family Practice of Glendale	Medical service provider	5/30/2013	Prioritization Session
13	Townsend, Sharon		Glendale Healthy Kids	Medical service provider	5/30/2013	Prioritization Session
14	De Pacina, Nona		Oakpark Healthcare	Skilled Nursing Facility	5/30/2013	Prioritization Session
15	Sefilyan, Esther		Partners in Care Foundation	Community services and health	5/30/2013	Prioritization Session

Individuals consulted from Federal, tribal, regional, state, or local health departments, or other departments or agencies with current data or other relevant information						
	Name (Last, First, Academic Distinction)	**Title**	**Affiliation**	**Type of Department**	**Date of Consult**	**Type of Consult**
1	Powers, Christine		City of Glendale	City administration	5/30/2013	Prioritization Session
2	Mozian, Rita	Health Educator	LA County Dept. of Public Health, SPAs 1 and 2	Public health	5/30/2013	Prioritization Session
3	Ochoa, Scott	City Manager	City of Glendale	City administration	5/30/2013	Prioritization Session

	Leaders, representatives, or members of medically underserved populations, low-income persons, minority populations, and populations with chronic disease needs					
	Leader / Rep. Name (Last, First)	**Leadership, Representative, or Member Role**	**Affiliation**	**Group(s) Represented (medically underserved, low-income, minority population, populations with chronic disease)**	**Date of Consult**	**Type of Consult**
1	Komuro, Natalie	Executive Director	Ascencia	Homeless populations (adults and children)	5/30/2013	Prioritization Session
2	Gunnell, Marilyn	Safe Place, LACMA	YMCA	Youth in crisis and recovery	5/30/2013	Prioritization Session

	Other sources of community input (such as consumer advocates, nonprofit organizations, academic experts, local government officials, community-based organizations, health care providers, private businesses, and/or health insurance and managed care organizations) *Does not include sources of community input in preceding tables*					
	Name (Last, First)	**Title**	**Affiliation**		**Date of Consult**	**Type of Consult**
1	Saikali, George	CEO	YMCA of Glendale	Community services and health	5/30/2013	Prioritization Session
2	Cordon, Jeanett		YMCA of Glendale	Community services and health	5/30/2013	Prioritization Session
3	Snively, C.		Deloitte		5/30/2013	Prioritization Session
4	Murray, John		SAP		5/30/2013	Prioritization Session
5	Sahakian, Shant		Sedna Solutions	Marketing and design	5/30/2013	Prioritization Session

Other sources of community input (such as consumer advocates, nonprofit organizations, academic experts, local government officials, community-based organizations, health care providers, private businesses, and/or health insurance and managed care organizations)						
Does not include sources of community input in preceding tables						
	Name (Last, First)	**Title**	**Affiliation**		**Date of Consult**	**Type of Consult**
6	Babayan, Ida		Glendale Youth Alliance	Community services and health	5/30/2013	Prioritization Session
7	Burlison, Lydia		Glendale Unified School District	Education	5/30/2013	Prioritization Session
8	Vargas, Chad		Health Services Advisory Group	Health care management services	5/30/2013	Prioritization Session

Prioritization Survey Participants

	Name (Last, First)	Affiliation	Public Health Knowledge/Expertise	Date of Consult	Type of Consult	Prioritization Session
1	Momjian, Manuel	Armenian American Medical Society	Community services and health	June 2013	Online Survey	
2	Gonzalez, Jessica	Comprehensive Community Health Centers	Community services and health	June 2013	Online Survey	
3	Khanoyan, Sirvard	Family Practice of Glendale/Family Medicine Residency Program	Medical services	June 2013	Online Survey	Y
4	Townsend (Roth), Sharon	Glendale Healthy Kids	Community services and health	June 2013	Online Survey	Y
5	Sergile, Kara	KWS Consulting	Mental health services	June 2013	Online Survey	
6	Shaw, Sally	Glendale Adventist Medical Center	Community services and health	June 2013	Online Survey	Y

	Name (Last, First)	Affiliation	Public Health Knowledge/Expertise	Date of Consult	Type of Consult	Prioritization Session
7	Sadler, Karen	Glendale Adventist Medical Center	Community services and health	June 2013	Online Survey	
8	Macdougall, Teryl	Glendale Adventist Medical Center	Community services and health	June 2013	Online Survey	
9	Rivera, Martha	Glendale Adventist Medical Center	Community services and health	June 2013	Online Survey	Y
10	Garcilazo, Al	Glendale Adventist Medical Center	Community services and health	June 2013	Online Survey	
11	Miller, Denise	Glendale Adventist Medical Center	Community services and health	June 2013	Online Survey	
12	Seck, Nancy	Glendale Memorial Hospital and Health Center	Community services and health	June 2013	Online Survey	Y
13	Petrossian, Celine	USC Verdugo Hills Hospital	Community services and health	June 2013	Online Survey	Y
14	McCurry, Judith	USC Verdugo Hills Hospital	Community services and health	June 2013	Online Survey	

Individuals consulted from Federal, tribal, regional, state, or local health departments, or other departments or agencies with current data or other relevant information						
	Name (Last, First, Academic Distinction)	**Affiliation**	**Knowledge, Expertise**	**Date of Consult**	**Type of Consult**	**Prioritization Session**
1	Mozian, Rita	LA County Department of Public Health	Community services and health	June 2013	Online Survey	Y
2	Sinclair, Kimberley	Glendale High School	Education	June 2013	Online Survey	
3	Burlison, Lynda	Glendale Unified School District	Education	June 2013	Online Survey	Y
4	Reynolds, Carol	Glendale Unified School District	Education	June 2013	Online Survey	

Leaders, representatives, or members of medically underserved populations, low-income persons, minority populations, and populations with chronic disease needs						
	Name (Last, First)	**Affiliation**	**Knowledge, Expertise**	**Date of Consult**	**Type of Consult**	**Prioritization Session**
1	Sardar, Melina	Ark Family Center, Inc.	Mental health services	June 2013	Online Survey	
2	Zinzalian, Sona	Armenian Relief Society, Social Services	Community services	June 2013	Online Survey	
3	Molano, Herbert	Apartment Association of Greater Los Angeles	Housing	June 2013	Online Survey	
4	Komuro, Natalie	Ascencia	Homeless services	June 2013	Online Survey	
5	Bearchell, Ryan	The Salvation Army	Community services and health	June 2013	Online Survey	
6	Babayan, Ida	Glendale Youth Alliance	Youth development	June 2013	Online Survey	Y
7	Peters, Tim	Door of Hope	Homeless services	June 2013	Online Survey	

Other sources of community input (such as consumer advocates, nonprofit organizations, academic experts, local government officials, community-based organizations, health care providers, private businesses, and/or health insurance and managed care organizations)						
Does not include sources of community input in preceding tables						
	Name (Last, First)	**Affiliation**	**Knowledge, Expertise**	**Date of Consult**	**Type of Consult**	**Prioritization Session**
1	Gonzalez, Juan	City of Glendale	City administration	June 2013	Online Survey	
2	Fish, Greg	Glendale Fire Department	Public services	June 2013	Online Survey	
3	Cordon, Jeanett	YMCA of Glendale	Community services and health	June 2013	Online Survey	Y
4	Raggio, Lisa	YWCA Glendale	Community services and health	June 2013	Online Survey	Y
5	Karinski, Edna	Community Foundation of the Verdugos		June 2013	Online Survey	

Appendix C—Scorecard

Glendale Hospitals Community Health Needs Assessment
Health Needs and Health Drivers Data Summary Scorecard

Identification of Health Needs and Health Drivers

In partnership with the Center for Nonprofit Management (CNM) Glendale Adventist Medical Center, Glendale Memorial Hospital and Verdugo Hills Hospital conducted Phase I of the 2013 Community Health Needs Assessment (CHNA) earlier this year. This included review of data from various public and private secondary data sources. Additional information was gathered through a community focus group representing providers and stakeholders from across the Glendale hospitals service area including public health experts, community leaders, and public agency officials.

This process highlighted numerous health needs and health drivers in the Glendale hospital service area. The document that follows represents a subset of those needs based on set criteria, which included poor performance against California or Los Angeles County benchmarks or the Healthy People 2020 (HP2020) Target or selection at the February 2013 community focus group. The identified health needs and drivers are summarized in the attached Health Needs and Drivers Summary Scorecard.

Reading the Health Needs & Drivers Data Summary Scorecard

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

DATA INDICATOR	Year of Data	Healthy People 2020 Target	Comparison Level	Comparison Average	GAMC Service Area Average	GMHHC Service Area Average	VHH Service Area Average	Focus Group**
Legend †Data from secondary sources aggregated using ZIP codes in the hospital service area ^Data from secondary sources reflecting the entire Service Planning Area (SPA) An *italicized indicator* denotes qualitative data collected in the community focus group Comparison levels: CA - California LAC - LA County								

Data Indicators

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

Data Indicators Legend

†Data from secondary sources aggregated using ZIP codes in the hospital service area
^Data from secondary sources reflecting the entire Service Planning Area (SPA)

Comparison Level

- The hospital service area is compared against benchmarks at the State or County-level depending on data available
    - CA: State of California
    - LAC: Los Angeles County
- GAMC: Glendale Adventist Medical Center
- GMHHC: Glendale Memorial Hospital and Health Center (i.e., Glendale Memorial Hospital)
- VHH: Verdugo Hills Hospital

2013 Glendale Collaborative CHNA - Health Needs and Drivers Summary Scorecard

DATA INDICATOR

Legend
†Data from secondary sources aggregated using ZIP codes in the hospital service area
^Data from secondary sources reflecting the entire Service Planning Area (SPA)
An *italicized indicator* denotes qualitative data collected in the community focus group
Comparison levels: CA - California LAC - LA County

DATA INDICATOR	Year of Data	Healthy People 2020 Target	Comparison Level	Comparison Average	GAMC Service Area Average	GMHHC Service Area Average	VHH Service Area Average	Focus Group**
HEALTH NEEDS								
Alcohol and Substance Abuse								
Percent of adults 18 and older who are currently smoking^	2011		LAC	13.1%	14.4%	14.4%	12.4%	
Percent of adults 18 and older who reported binge drinking in the past month^	2011		LAC	15.4%	17.1%	17.1%	13.3%	
Percent of adults 18 and older who reported drinking alcohol in the past month^	2011		LAC	51.9%	52.7%	52.7%	51.7%	
Percent of adults 18 and older who reported heavy drinking in the past month^	2011		LAC	3.5%	4.2%	4.2%	3.2%	
Percent of adults 18 and older who reported they needed or wanted treatment for alcohol or drug program (excluding tobacco) in the past 5 years^	2011		LAC	2.5%	3.2%	3.2%	2.6%	
Rate of alcohol/drug induced mental disease hospitalization per 100,000 pop.†	2010		CA	109.1	128.7	127.0	167.2	
Alcohol and substance abuse								14
Cardiovascular Disease								
Percent of heart disease prevalence^	2009		LAC	5.7%	5.7%	5.5%	5.2%	
Rate of cardiovascular disease mortality per 10,000 pop.†	2010		CA	15.6	20.0	18.9	21.5	
Rate of heart disease hospitalization per 100,000 pop.†	2010		CA	367.1	502.0	473.2	489.8	
Rate of heart disease mortality per 100,000 pop.^	2009	<=100.8	LAC	128.6	124.2	124.2	124.0	
Cholesterol								
Percent of adults 18 and older ever diagnosed with high cholesterol^	2011		LAC	25.6%	26.3%	26.3%	26.2%	
Percent of adults who take medicine to lower cholesterol^	2009		LAC	71.2%	66.7%	66.7%	76.9%	
Diabetes								
Percent of adults 18 and over ever diagnosed with diabetes^	2011		LAC	9.5%	8.3%	8.3%	8.5%	
Rate of adult diabetes hospitalizations per 100,000 pop.†	2010		CA	145.6	134.3	135.6	124.1	
Rate of diabetes mortality per 100,000 pop.^	2009	<=65.8	LAC	20.2	16.9	16.9	17.8	
Rate of hospitalizations for uncontrolled diabetes per 100,000 pop.†	2009		CA	9.5	10.2	12.9	10.3	
Rate of youth diabetes hospitalizations per 100,000 pop.†	2010		CA	34.9	17.7	15.0	11.1	
Diabetes								17
Disability								
Percent of adults who provided care or assistance during the past month to another adult living with a long-term illness or disability^	2011		LAC	20.0%	14.4%	14.4%	20.8%	
Percent of children (0-17 years old) who meet the criteria for having special health care needs^	2011		LAC	15.8%	16.1%	16.1%	15.1%	
Hypertension								
Percent of adults taking any medications to control high blood pressure^	2009	<=69.5%	LAC	70.2%	65.1%	65.1%	74.1%	
Percent of adults ever diagnosed with high blood pressure^	2011	<=26.9%	LAC	24.0%	22.2%	22.2%	24.7%	

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2013 Glendale Collaborative CHNA - Health Needs and Drivers Summary Scorecard

DATA INDICATOR

Legend
†Data from secondary sources aggregated using ZIP codes in the hospital service area
^Data from secondary sources reflecting the entire Service Planning Area (SPA)
An *italicized indicator* denotes qualitative data collected in the community focus group
Comparison levels: CA - California LAC - LA County

Data Indicator	Year of Data	Healthy People 2020 Target	Comparison Level	Comparison Average	GAMC Service Area Average	GMHHC Service Area Average	VHH Service Area Average	Focus Group**
Mental Health								
Average number of poor mental health days in the past month reported by adults^	2011		LAC	3.3	**5.3**	**3.5**	3.3	
Percent of adults 18 and older ever diagnosed with anxiety^	2011		LAC	11.3%	**12.3%**	**12.3%**	10.8%	
Percent of adults 18 and older ever diagnosed with depression^	2011		LAC	12.2%	**13.7%**	**13.7%**	**12.3%**	
Percent of adults who had serious psychological distress in the last year^	2009		LAC	7.3%	**8.0%**	**7.4%**	5.7%	
Rate of adult hospitalizations per 100,000 pop.†	2010		CA	551.7	**697.0**	**600.8**	**766.5**	
Rate of suicides per 10,000 pop.†	2010	<=1.0	CA	1.0	0.7	0.7	0.9	
Rate of youth (under 18) hospitalizations per 100,000 pop.†	2010		CA	256.4	180.4	164.4	198.0	
Mental health (general)								29
Obesity/Overweight								
Percent of adults who are obese^	2011	<=30.5%	LAC	23.6%	20.6%	20.6%	22.5%	
Percent of adults who are overweight^	2011		LAC	37.1%	34.8%	34.8%	35.7%	
Percent of adults who are overweight†	2009		LAC	29.7%	**31.2%**	**30.8%**	**32.3%**	
Percent of adults who are obese†	2009		LAC	21.2%	16.6%	17.4%	15.9%	
Percent of teens who are overweight or obese^	2009		LAC	33.6%	**34.6%**	**34.6%**	25.6%	
Obesity								22
Oral Health *(see Dental Care Access)*								
DRIVERS OF HEALTH								
Alcohol and Substance Use								
Percent of adults 18 and older who currently smoke cigarettes^	2011		LAC	13.1%	**14.4%**	**14.4%**	12.4%	
Percent of alcohol retailers†	2012		LAC	22.3%	3.0%	5.5%	4.0%	
Rate of alcohol retailers per 1,000 pop.†	2012			N/A	1.6	1.5	1.7	
Cultural Competency								
Percent who have a hard time understanding doctor^	2009		LAC	4.7%	3.3%	3.3%	**5.4%**	
Cultural competency								6
Dental Care Access								
Percent of adults 18 and older unable to obtain dental care including check-ups In the past year because they could not afford it^	2011		LAC	30.3%	**33.7%**	**33.7%**	28.8%	
Percent of adults 18 and older who do not have dental insurance^	2011		LAC	51.8%	**55.1%**	**55.1%**	50.0%	
Percent of children (3-17 years old) who were unable to afford dental care and check-ups in the past year^	2011		LAC	12.6%	10.5%	10.5%	11.8%	

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2013 Glendale Collaborative CHNA - Health Needs and Drivers Summary Scorecard

DATA INDICATOR

Legend
†Data from secondary sources aggregated using ZIP codes in the hospital service area
^Data from secondary sources reflecting the entire Service Planning Area (SPA)
An *italicized indicator* denotes qualitative data collected in the community focus group
Comparison levels: CA - California LAC - LA County

DATA INDICATOR	Year of Data	Healthy People 2020 Target	Comparison Level	Comparison Average	GAMC Service Area Average	GMHHC Service Area Average	VHH Service Area Average	Focus Group**
Health Care Access								
Percent of adults 18 and older who could not afford needed prescription drugs in the past year^	2011		LAC	15.4%	**15.6%**	**15.6%**	**15.7%**	
Percent of population without health insurance†	2009		LAC	18.8%	16.4%	17.7%	13.7%	
Percent who delayed or didn't get medical care^	2009		LAC	11.6%	**12.6%**	**12.6%**	**12.3%**	
Percent who delayed or didn't get prescriptions^	2009		LAC	7.5%	6.3%	6.3%	7.4%	
Percent who do not have a usual source of care^	2009		LAC	16.2%	**17.2%**	**17.2%**	15.5%	
Access to health services								6
Healthy Eating								
Percent of adults 18 and older who reported drinking at least one soda or sweetened drink per day^	2011		LAC	35.5%	34.8%	34.8%	34.6%	
Percent of adults 18 and older who reported eating fast food at least once a week^	2011		LAC	40.0%	35.1%	35.1%	40.0%	
Percent of adults 18 and older who reported eating five or more servings of fruit and vegetables per day^	2011		LAC	16.2%	17.0%	17.0%	17.4%	
Percent of children (0-17 years old) who consumed at least one soda or sweetened drink a day^	2011		LAC	38.3%	33.1%	33.1%	34.6%	
Percent of children (0-17 years old) who consumed fast food in the last week^	2011		LAC	50.5%	43.0%	43.0%	47.1%	
Percent of youth eating less than five servings of fruits/vegetables per day^	2009		LAC	50.8%	50.4%	50.4%	46.0%	
Healthy behaviors (including healthy eating and physical activity)								15
Health Education and Awareness								
Percent of population who doesn't speak English well or at all^	2009		LAC	38.3%	37.0%	37.0%	32.6%	
Percent of population who received a high school diploma†	2010		LAC	16.9%	16.8%	16.6%	15.6%	
Health education								19
Homelessness								
Number of homeless persons^	2011		LAC	45,422	16,298	16,298	8,645	
Percent of adults 18 and older below the 300% Federal Poverty Line who reported being homeless in the past two years^	2011		LAC	4.2%	**4.4%**	**4.4%**	**4.5%**	
Poverty								
Percent currently receiving food stamps^	2009		LAC	13.4%	12.0%	12.0%	9.3%	
Percent of families living below poverty†	2013		LAC	13.5%	12.5%	**13.9%**	11.1%	
Percent of families with children living below poverty†	2013		LAC	10.7%	8.9%	10.0%	7.6%	
Percent of households below 300% Federal Poverty Level with hunger^	2011		LAC	12.8%	12.8%	12.8%	12.3%	
Percent of people 16 and older who are not employed^	2013		LAC	34.8%	**35.5%**	33.5%	**36.6%**	
Poverty and income								7

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2013 Glendale Collaborative CHNA - Health Needs and Drivers Summary Scorecard

DATA INDICATOR

Legend
†Data from secondary sources aggregated using ZIP codes in the hospital service area
^Data from secondary sources reflecting the entire Service Planning Area (SPA)
An *italicized indicator* denotes qualitative data collected in the community focus group
Comparison levels: CA - California LAC - LA County

DATA INDICATOR	Year of Data	Healthy People 2020 Target	Comparison Level	Comparison Average	GAMC Service Area Average	GMHHC Service Area Average	VHH Service Area Average	Focus Group**
Physical Activity								
Percent of children who do not live within walking distance from a park, playground, or open space^	2009		LAC	17.8%	24.8%	24.8%	22.7%	
Percent of children who do not participate in weekly physical activity^	2011		LAC	10.9%	11.0%	11.0%	13.0%	
Percent who did not visit a park in the last month^	2009		LAC	14.9%	15.3%	15.3%	11.5%	
Rate of available open space in square miles per 1,000 persons	2011		LAC	0.13	0.13	0.01	0.13	

Footnotes
N/A=no data available
** = Count reflects the number of times a participant voted for the health need during the February 11, 2013 community focus group.

Glendale Adventist Medical Center Service Area:
90041 (Eagle Rock, SPA 4)
91201 (Glendale, SPA 2)
91202 (Glendale, SPA 2)
91203 (Glendale, SPA 2)
91204 (Glendale, SPA 2)
91205 (Glendale, SPA 2)
91206 (Glendale, SPA 2)
91207 (Glendale, SPA 2)
91208 (Glendale, SPA 2)
91020 (Montrose, SPA 2)
90065 (Glassell Park, SPA 4)

Glendale Memorial Hospital and Health Center Service Area:
90041 (Eagle Rock, SPA 4)
91201 (Glendale, SPA 2)
91202 (Glendale, SPA 2)
91203 (Glendale, SPA 2)
91204 (Glendale, SPA 2)
91205 (Glendale, SPA 2)
91206 (Glendale, SPA 2)
91207 (Glendale, SPA 2)
91208 (Glendale, SPA 2)
90065 (Glassell Park, SPA 4)
90042 (Highland Park, SPA 4)
91214 (La Crescenta, SPA 2)
91042 (Tujunga, SPA 2)
90039 (Griffith Park, SPA 4)
90026 (Hollywood, SPA 4)
90029 (Hollywood, SPA 4)

Verdugo Hills Hospital Service Area:
90041 (Eagle Rock, SPA 4)
91201 (Glendale, SPA 2)
91202 (Glendale, SPA 2)
91203 (Glendale, SPA 2)
91204 (Glendale, SPA 2)
91205 (Glendale, SPA 2)
91206 (Glendale, SPA 2)
91207 (Glendale, SPA 2)
91208 (Glendale, SPA 2)
91214 (La Crescenta, SPA 2)
91042 (Tujunga, SPA 2)
91020 (Montrose, SPA 2)
91011 (La Canada/Flintridge ,SPA 3)
91101 (Pasadena, SPA 3)
91102 (Pasadena, SPA 3)
91103 (Pasadena, SPA 3)
91040 (Sunland, SPA 2)

Appendix D—Data Sources

Category	Indicator	Data Area	Data Source	Geography	Benchmark	Data Breakout by Groupings (including ethnicity, gender, additional geographies)
Access to Care	Absence of Dental Insurance Coverage	CA Only	Los Angeles County Health Survey, 2011	SPA	County Average	Yes
Access to Care	Access to Primary Care	U.S.	U.S. Health Resources and Services Administration Area Resource File, 2011	County	State Average	No
Access to Care	Dentist Count	CA Only	Office of Statewide Health and Planning and Development (OSHPD), 2013	County	State Average	No
Access to Care	Difficulty Accessing Medical Care	CA Only	Los Angeles County Health Survey, 2011	SPA	County Average	Yes
Access to Care	Do Not Have a Usual Source of Care	CA Only	California Health Interview Survey (CHIS), 2009	ZIP Code	County Average	Yes
Access to Care	Federally Qualified Health Centers	CA Only	U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA), 2011	SPA	County Average	No

Category	Indicator	Data Area	Data Source	Geography	Benchmark	Data Breakout by Groupings (including ethnicity, gender, additional geographies)
Access to Care	Healthy Families Enrollment	CA Only	Managed Risk Medical Insurance Board, 2012	ZIP Code	County Average	No
Access to Care	Lack of a Consistent Source of Primary Care	CA Only	Los Angeles County Health Survey, 2011	SPA	County Average	Yes
Access to Care	Medi-Cal Beneficiaries	CA Only	California Department of Health Care Services (DHCS), 2011	ZIP Code	County Average	No
Access to Care	Needed Help for Mental/Emotional/Alcohol-Drug Issues But Did Not Receive Treatment	CA Only	California Health Interview Survey (CHIS), 2009	SPA	County Average	Yes
Access to Care	Unable to Afford Dental Care (Adults)	CA Only	Los Angeles County Health Survey, 2011	SPA	County Average	Yes
Access to Care	Unable to Afford Dental Care (Youth)	CA Only	Los Angeles County Health Survey, 2011	SPA	County Average	Yes
Access to Care	Unable to Afford Mental Health Care	CA Only	Los Angeles County Health Survey, 2011	SPA	County Average	Yes
Access to Care	Uninsured (Adults)	CA Only	Los Angeles County Health Survey, 2011	SPA	County Average	Yes
Access to Care	Uninsured (Children)	CA Only	Los Angeles County Health Survey, 2011	SPA	County Average	Yes
Access to Care	Uninsured Population (Health insurance status by age)	U.S.	American Community Survey 1-Year Estimates, 2011	County	State Average	Yes

Category	Indicator	Data Area	Data Source	Geography	Benchmark	Data Breakout by Groupings (including ethnicity, gender, additional geographies)
Clinical Care	Diabetes Management(Hemoglobin A1c Test-combine 1 time through 5 or more times)	CA Only	California Health Interview Survey (CHIS), 2009	SPA	State Average	No
Clinical Care	Federally Qualified Health Centers	U.S.	U.S. Health Resources and Services Administration, Centers for Medicare & Medicaid Services, Provider of Service File, 2011	Address	County	No
Clinical Care	Hard Time Understanding Doctor	CA Only	California Health Interview Survey (CHIS), 2009	SPA	State Average	No
Clinical Care	Heart Disease Management	CA Only	California Health Interview Survey (CHIS), 2009	SPA	State Average	No
Clinical Care	High Blood Pressure Management (takes medicine)	CA Only	California Health Interview Survey (CHIS), 2009	SPA	State Average	No
Clinical Care	Medicare Enrollment	CA Only	Los Angeles County Health Survey, 2011	SPA	County Average	Yes
Demographics	Household Count	U.S.	Nielsen Claritas SiteReports, 2013	ZIP Code	County Average	No
Demographics	Language Spoken at Home	U.S.	Nielsen Claritas SiteReports, 2013	ZIP Code	County Average	No

Category	Indicator	Data Area	Data Source	Geography	Benchmark	Data Breakout by Groupings (including ethnicity, gender, additional geographies)
Demographics	Linguistically Isolated Population	U.S.	U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates	City	State Average	No
Demographics	Marital Status	U.S.	Nielsen Claritas SiteReports, 2013	ZIP Code	County Average	No
Demographics	Median Age	U.S.	Nielsen Claritas SiteReports, 2013	ZIP Code	County Average	No
Demographics	Place of Birth	U.S.	American Community Survey 1-Year Estimates, 2011	City	County Average	No
Demographics	Total Female Population	U.S.	Nielsen Claritas SiteReports, 2013	ZIP Code	County Average	No
Demographics	Total Male Population	U.S.	Nielsen Claritas SiteReports, 2013	ZIP Code	County Average	No
Demographics	Total Population	U.S.	Nielsen Claritas SiteReports, 2013	ZIP Code	County Average	No
Demographics	Total Population Age 0-4	U.S.	Nielsen Claritas SiteReports, 2013	ZIP Code	County Average	No
Demographics	Total Population Age 18-24	U.S.	Nielsen Claritas SiteReports, 2013	ZIP Code	County Average	No
Demographics	Total Population Age 25-34	U.S.	Nielsen Claritas SiteReports, 2013	ZIP Code	County Average	No
Demographics	Total Population Age 35-44	U.S.	Nielsen Claritas SiteReports, 2013	ZIP Code	County Average	No

Category	Indicator	Data Area	Data Source	Geography	Benchmark	Data Breakout by Groupings (including ethnicity, gender, additional geographies)
Demographics	Total Population Age 45-54	U.S.	Nielsen Claritas SiteReports, 2013	ZIP Code	County Average	No
Demographics	Total Population Age 5-17	U.S.	Nielsen Claritas SiteReports, 2013	ZIP Code	County Average	No
Demographics	Total Population Age 55-64	U.S.	Nielsen Claritas SiteReports, 2013	ZIP Code	County Average	No
Demographics	Total Population Age 65 or Older	U.S.	Nielsen Claritas SiteReports, 2013	ZIP Code	County Average	No
Health Behaviors	Alcohol Use in past month	CA Only	Los Angeles County Health Survey, 2011	SPA	County Average	Yes
Health Behaviors	Alcohol Outlets	U.S.	California Department of Alcoholic Beverage Control (ABC), 2012	ZIP Code	State Average	No
Health Behaviors	Binge Drinking in Past Month	CA Only	Los Angeles County Health Survey, 2011	SPA	County Average	Yes
Health Behaviors	Breastfeeding at Least 12 Months	CA Only	Los Angeles County Health Survey, 2011	SPA	County Average	Yes
Health Behaviors	Breastfeeding at Least 6 Months	CA Only	Los Angeles County Health Survey, 2011	SPA	County Average	Yes
Health Behaviors	Children Drinking Two or More Glasses of Soda	CA Only	California Health Interview Survey (CHIS), 2009	SPA	County Average	Yes
Health Behaviors	Children Eating Less Than 5 Servings of Fruit/Vegetable a Day	CA Only	California Health Interview Survey (CHIS), 2009	SPA	County Average	Yes

Category	Indicator	Data Area	Data Source	Geography	Benchmark	Data Breakout by Groupings (including ethnicity, gender, additional geographies)
Health Behaviors	Heavy Drinking In Past Month	CA Only	Los Angeles County Health Survey, 2011	SPA	County Average	Yes
Health Behaviors	Needed or Wanted Treatment for Alcohol or Drug Program (Excluding Tobacco) in The Past 5 Years	CA Only	Los Angeles County Health Survey, 2011	SPA	County Average	Yes
Health Behaviors	Physical Inactivity (Youth)	CA Only	Los Angeles County Health Survey, 2011	SPA	County Average	Yes
Health Behaviors	Serious Psychological Distress in Last Year	CA Only	California Health Interview Survey (CHIS), 2009	SPA	County Average	Yes
Health Behaviors	Smokers (Current)	CA Only	Los Angeles County Health Survey, 2011	SPA	County Average	Yes
Health Behaviors	Smokers (Current) by Age	CA Only	Los Angeles County Health Survey, 2011	County	N/A	No
Health Behaviors	Smokers (Current) by Ethnicity	CA Only	Los Angeles County Health Survey, 2011	County	N/A	Yes
Health Outcome	Adults Providing Other Adults With a Long-Term Illness or Disability With Care or Assistance	CA Only	Los Angeles County Health Survey, 2011	SPA	County Average	Yes
Health Outcome	Adults Taking Medicine to Lower Cholesterol (diabetics)	CA Only	California Health Interview Survey (CHIS), 2009	SPA	County Average	Yes
Health Outcome	Allergies (Teens)	CA Only	California Health Interview Survey (CHIS), 2009	SPA	County Average	Yes

Category	Indicator	Data Area	Data Source	Geography	Benchmark	Data Breakout by Groupings (including ethnicity, gender, additional geographies)
Health Outcome	Anxiety Prevalence	U.S.	Los Angeles County Department of Public Health, Annual HIV Surveillance Report, 2011	SPA	County Average	Yes
Health Outcome	Arthritis Prevalence	CA Only	Los Angeles County Department of Public Health, Los Angeles County Health Survey, 2011	ZIP Code	County Average	Yes
Health Outcome	Births	CA Only	California Department of Public Health (CDPH), 2011	ZIP Code	County Average	No
Health Outcome	Births by Mother's Age	CA Only	California Department of Public Health (CDPH), 2010	ZIP Code	County Average	No
Health Outcome	Births by Mother's Ethnicity	CA Only	California Department of Public Health (CDPH), 2010	ZIP Code	County Average	No
Health Outcome	Depression Prevalence	CA Only	Los Angeles County Health Survey, 2011	SPA	County Average	Yes
Health Outcome	Diabetes Hospitalizations (Adult)	CA Only	Office of Statewide Health and Planning and Development (OSHPD), 2010	ZIP Code	State Average	Yes

Category	Indicator	Data Area	Data Source	Geography	Benchmark	Data Breakout by Groupings (including ethnicity, gender, additional geographies)
Health Outcome	Diabetes Hospitalizations (uncontrolled)	CA Only	California Office of Statewide Health, Planning and Development (OSHPD), Patient Discharge Data, 2010	ZIP Code	State Average	Yes
Health Outcome	Diabetes Hospitalizations (under 18)	CA Only	Office of Statewide Health and Planning and Development (OSHPD), 2010	ZIP Code	State Average	Yes
Health Outcome	Diabetes Prevalence	CA Only	Los Angeles County Health Survey, 2011	SPA	County Average	Yes
Health Outcome	Have Special Health Care Needs (0-17 years)	CA Only	Los Angeles County Health Survey, 2011	SPA	County Average	Yes
Health Outcome	Heart Disease Hospitalization	CA Only	Office of Statewide Health and Planning and Development (OSHPD), 2010	ZIP Code	State Average	Yes
Health Outcome	Heart Disease Prevalence	CA Only	California Health Interview Survey (CHIS), 2009	County	State Average	Yes
Health Outcome	High Blood Pressure Prevalence	County	Los Angeles County Department of Public Health, Annual HIV Surveillance Report, 2011	SPA	County Average	Yes

Category	Indicator	Data Area	Data Source	Geography	Benchmark	Data Breakout by Groupings (including ethnicity, gender, additional geographies)
Health Outcome	High Cholesterol Prevalence	CA Only	Los Angeles County Health Survey, 2011	SPA	County Average	Yes
Health Outcome	Hypertension Prevalence	CA Only	Los Angeles County Health Survey, 2011	SPA	County Average	Yes
Health Outcome	Mental Health Hospitalizations (under 18)	CA Only	Office of Statewide Health and Planning and Development (OSHPD), 2010	ZIP Code	County Average	Yes
Health Outcome	Obese/Overweight (Adult)	CA Only	Los Angeles County Health Survey, 2011	SPA	County Average	Yes
Health Outcome	Obesity (Adult)	LAC Only	California Health Interview Survey (CHIS), 2009	ZIP Code	County Average	Yes
Health Outcome	Obesity/Overweight (Youth)	CA Only	Los Angeles County Health Survey, 2011	SPA	County Average	Yes
Health Outcome	Uncontrolled Diabetes Hospitalizations		Office of Statewide Health and Planning and Development (OSHPD), 2009	ZIP Code	State Average	Yes
Health Outcome	Unhealthy Days (average in past 30 days)	U.S.	Los Angeles County Department of Public Health, Los Angeles County Health Survey, 2011	SPA	State Average	yes
Health Outcome	Unhealthy Days Due to Mental Health (Adult)	CA Only	Los Angeles County Health Survey, 2011	SPA	County Average	Yes

Category	Indicator	Data Area	Data Source	Geography	Benchmark	Data Breakout by Groupings (including ethnicity, gender, additional geographies)
Health Outcome	Very Low Birth Weight	CA Only	California Department of Public Health, 2010	ZIP Code	County Average	No
Health Outcome—Mortality	Suicide	CA Only	California Department of Public Health, Death Statistical Master File, 2008-2010	ZIP Code	Healthy People 2020	Yes
Health Outcomes	Low Birth Weight	CA Only	California Department of Public Health, Birth Profiles by ZIP Code, 2010	ZIP Code	State Average	No
Health Outcomes	Mental Health Hospitalizations (Adult)	CA Only	Office of Statewide Health and Planning and Development (OSHPD), 2010	ZIP Code	County Average	Yes
Health Outcomes—Mortality	Cancer Mortality	CA Only	California Department of Public Health, Death Statistical Master File, 2008-2010	ZIP Code	Healthy People 2020	Yes
Health Outcomes—Mortality	Cardiovascular Disease Mortality	CA only	Office of Statewide Health and Planning and Development (OSHPD), 2010	ZIP Code	State Average	Yes

Category	Indicator	Data Area	Data Source	Geography	Benchmark	Data Breakout by Groupings (including ethnicity, gender, additional geographies)
Health Outcomes—Mortality	Cervical Cancer Mortality	CA only	California Department of Public Health, Death Statistical Master File, 2008	ZIP Code	Healthy People 2020	Yes
Health Outcomes—Mortality	Chronic Liver Disease Mortality	CA Only	California Department of Public Health (CDPH)	ZIP Code	County Average	No
Health Outcomes—Mortality	Chronic Lower Respiratory Disease Mortality	CA Only	California Department of Public Health (CDPH)	ZIP Code	County Average	No
Health Outcomes —Mortality	Colon Cancer Mortality	CA Only	California Department of Public Health, Death Statistical Master File, 2008	ZIP Code	County Average	Yes
Health Outcomes—Mortality	Deaths	CA Only	California Department of Public Health (CDPH), 2010	ZIP Code	County Average	No
Health Outcomes—Mortality	Deaths by Age	CA Only	California Department of Public Health (CDPH), 2010	ZIP Code	County Average	No

Category	Indicator	Data Area	Data Source	Geography	Benchmark	Data Breakout by Groupings (including ethnicity, gender, additional geographies)
Health Outcomes—Mortality	Diabetes Mortality	CA Only	California Department of Public Health (CDPH), 2009	ZIP Code	County Average	No
Health Outcomes—Mortality	Heart Disease Mortality	CA Only	California Department of Public Health, Death Statistical Master File, 2008-2010	ZIP Code	Healthy People 2020	Yes
Health Outcomes—Mortality	Hypertension and Hypertensive Renal Disease Mortality	CA Only	California Department of Public Health, Death Statistical Master File, 2008-2010	ZIP Code	Healthy People 2020	Yes
Health Outcomes—Mortality	Influenza and Pneumonia Mortality	CA Only	California Department of Public Health (CDPH), 2010	ZIP Code	County Average	No
Health Outcomes—Mortality	Mortality Rates by Age	CA Only	California Department of Public Health, Death Statistical Master File, 2008-2010	ZIP Code	County Average	Yes

Category	Indicator	Data Area	Data Source	Geography	Benchmark	Data Breakout by Groupings (including ethnicity, gender, additional geographies)
Health Outcomes—Mortality	Mortality Rates by Gender	CA Only	California Department of Public Health, Death Statistical Master File, 2008-2010	ZIP Code	County Average	Yes
Health Outcomes—Mortality	Motor Vehicle Crash Death	CA Only	California Department of Public Health, Death Statistical Master File, 2008-2010	ZIP Code	Healthy People 2020	Yes
Health Outcomes—Mortality	Other Causes Mortality Rate	CA Only	California Department of Public Health, Death Statistical Master File, 2008-2010	ZIP Code	Healthy People 2020	Yes
Health Outcomes—Mortality	Pedestrian Motor Vehicle Death	CA Only	California Department of Public Health, Death Statistical Master File, 2008-2010	County	Healthy People 2020	Yes

Category	Indicator	Data Area	Data Source	Geography	Benchmark	Data Breakout by Groupings (including ethnicity, gender, additional geographies)
Health Outcomes—Mortality	Percent of Pedestrians Killed	CA Only	California Highway Patrol Statewide Integrated Traffic Records System (CHP - SWITRS), 2008	County	County Average	Yes
Health Outcomes—Mortality	Suicide Rate per 10,000	CA Only	California Department of Public Health (CDPH), 2010	ZIP Code	County Average	No
Health Outcomes—Mortality	Unintentional Injury Mortality	CA Only	California Department of Public Health (CDPH)	ZIP Code	County Average	No
Physical Environment	Liquor Store Access (Alcohol Outlet Rate)	CA Only	California Department of Alcoholic Beverage Control, Active License File, April 2012	ZIP Code	State Average	No
Physical Environment	Open Space	CA Only	California Protected Areas Database, 2011	City	County Average	No
Physical Environment	Protected Open Space Areas in Acres per 1,000 People	CA Only	California Health Interview Survey (CHIS), 2009	ZIP Code	County Average	No
Physical Environment	Visited park, playground, or open space in last month	CA Only	California Health Interview Survey (CHIS), 2009	SPA	County Average	Yes

Category	Indicator	Data Area	Data Source	Geography	Benchmark	Data Breakout by Groupings (including ethnicity, gender, additional geographies)
Social & Economic Factors	Adequate Social or Emotional Support	CA Only	Los Angeles County Health Survey, 2011	SPA	County Average	Yes
Social & Economic Factors	Children Eligible for Free/Reduced Price Lunch	U.S.	California Department of Education (CDE), 2011	County	State Average	No
Social & Economic Factors	Education Attainment	U.S.	Nielsen Claritas SiteReports, 2013	ZIP Code	County Average	No
Social & Economic Factors	Employment Status	U.S.	Nielsen Claritas SiteReports, 2013	ZIP Code	County Average	No
Social & Economic Factors	Homeless by Age	County	Los Angeles Homeless Services Authority, Greater Los Angeles Homeless County Report, 2011	SPA	County Average	Yes
Social & Economic Factors	Homeless Count	County	Los Angeles Homeless Services Authority, Greater Los Angeles Homeless County Report, 2011	SPA	County Average	Yes
Social & Economic Factors	Housing (Owner versus Renter)	U.S.	Nielsen Claritas SiteReports, 2013	ZIP Code	County Average	No
Social & Economic Factors	Population Below 100% of Poverty Level	U.S.	Nielsen Claritas SiteReports, 2013	ZIP Code	County Average	No
Social & Economic Factors	Population Below 200% of Poverty Level	U.S.	Nielsen Claritas SiteReports, 2013	ZIP Code	County Average	No

Category	Indicator	Data Area	Data Source	Geography	Benchmark	Data Breakout by Groupings (including ethnicity, gender, additional geographies)
Social & Economic Factors	Population with No High School Diploma	U.S.	Nielsen Claritas SiteReports, 2013	ZIP Code	County Average	No
Social & Economic Factors	Unemployment Rate	U.S.	U.S. Bureau of Labor Statistics, December, 2012 Local Area Unemployment Statistics	County	State Average	No

Appendix E—Local Community Assets

Emergency Food, Food Rescue Programs

1) **TUJUNGA UNITED METHODIST CHURCH**

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

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

2) **SUNLAND-TUJUNGA TEMPORARY AID CENTER**

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

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

3) **FIRST LUTHERAN CHURCH GLENDALE**

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

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

4) **CITY OF PASADENA PUBLIC HEALTH DEPARTMENT**

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

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

5) **CITY OF PASADENA - BLACK INFANT HEALTH PROGRAM**

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

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

6) SALVATION ARMY CORPS COMMUNITY CENTER—GLENDALE

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

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

7) SUNLAND SENIOR CENTER

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

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

8) LOAVES AND FISHES—GLENDALE

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

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

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

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

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

10) VILLA - PARKE COMMUNITY CENTER

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

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

11) VILLA 500 COMMUNITY OUTREACH

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

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

12) PASADENA COVENANT CHURCH / MADISON HEALTHY START FAMILY CENTER
750 N. Los Robles Ave.
Pasadena, CA 91104
Phone: (626) 396-5782

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

13) HOPE-NET/MT. HOLLYWOOD CONGREGATIONAL CHURCH
4607 Prospect Ave.
Los Angeles, CA 90027
Phone: 323-663-6577

EMERGENCY FOOD: *This program provides emergency food which includes groceries and sack lunches, at eight sites in the Mid-Wilshire area of Los Angeles, including ZIP Codes 90004, 90005, 90006, 90010, 90020, and 90057. The program can assist people who are undocumented or who are homeless. There are no geographic restrictions.*

14) BETHANY EMERGENCY CENTER
4975 Sunset Blvd.
Hollywood, CA 90027
Phone: 213-304-2503

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

15) ST. MARY'S CENTER
4665 Willow Brook Ave.
Los Angeles, CA 90029
Phone: 323-662-4391

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

16) HOPE-NET/IMMACULATE HEART OF MARY CHURCH
4954 Santa Monica Blvd.
Los Angeles, CA 90029
Phone: 323-660-0034

EMERGENCY FOOD: *This program provides emergency food which includes groceries and sack lunches, at eight sites in the Mid-Wilshire area of Los Angeles, including ZIP Codes 90004, 90005, 90006, 90010, 90020, and 90057. The program can assist people who are undocumented or who are homeless. There are no geographic restrictions.*

17) ST. ANTHANASIUS AND ST. PAUL
840 Echo Park Ave.
Los Angeles, CA 90029
Phone: 213-482-2040, ext. 205

EMERGENCY FOOD: *The program provides emergency food for people who live in ZIP Codes 90012, 90026, 90027, 90029, 90031, 90039 and 90057, including people who are homeless or undocumented. Services include ongoing emergency food assistance for low-income people and seniors in Los Angeles County. The church provides a bag or box of groceries which contains enough canned and frozen foods, dried goods and USDA food product to last 2 weeks. The pro-*

gram also provides a food program for seniors 60 years and older once per month. A bag of groceries containing juice, cereal, canned milk, bread and other items is provided.

18) DREAM CENTER

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

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

Housing and Shelter Programs

1) DAVID GOGIAN HOUSE

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

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

2) ALMA HOUSE

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

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

3) HAMILTON HOUSE

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

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

4) YWCA BATTERED WOMEN'S SHELTER - SUNRISE VILLAGE

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

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

5) GLENDALE CITY HOUSING ASSISTANCE OFFICE

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

The program is a local public housing authority that provides rental subsidies in the form of Section 8 vouchers for low-income adults 62 years and older; families; and people who have disabilities. Clients pay approximately 30% of their adjusted monthly income toward their rent, and the program pays the remaining balance directly to the landlord. There are income and geographic restrictions.

6) ABILITY FIRST HOUSING - IVY GLEN APARTMENTS

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

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

7) ABILITY FIRST HOUSING - MAPLE PARK APARTMENTS

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

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

8) SALVATION ARMY CORPS COMMUNITY CENTER - GLENDALE

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

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

9) ASCENCIA (FORMERLY PATH ACHIEVE GLENDALE)

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

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

10) GREATER LOS ANGELES AGENCY ON DEAFNESS, INC

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

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

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

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

SHELTER: The agency provides a battered women's shelter that primarily serves women age 18 and older who have been battered, and their children, including women from other states who are fleeing a batterer. The shelter also accom-

modates women with disabilities, including hearing impairments. Women younger than 18 who are legally emancipated and women who have not yet been physically battered, but who are at high risk, are considered for assistance. To be eligible for shelter, women must be currently sober or drug-free and, preferably, involved in a recovery program if they have a history of substance abuse. Women and their children are eligible to stay 45 days. The location of the agency is confidential. There are no geographic restrictions.

12) CITY OF PASADENA HOUSING DEPARTMENT

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

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

13) DOOR OF HOPE

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

SHELTER: *The program provides a Christian-oriented shelter services for two-parent families with children and single men and women with children. This program does not provide emergency housing. Services include domestic violence shelters and transitional housing/shelter. Children of all ages are accepted; pregnant women cannot be accepted. Adults must be legally married and highly-motivated to improve their situation to become self-sufficient through finding a job one to two months of entering the program. The maximum length of stay is one year. There are no geographic restrictions.*

14) CONNECTIONS REFERRAL SERVICE

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

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

15) PASADENA WINTER SHELTER PROGRAM - PASADENA COVENANT CHURCH

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

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

16) HOPE AGAIN

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

SHELTER: *The program provides shelter for single men and women and women and children who are in Los Angeles County. Services include three transitional shelters at confidential sites. Boys 10 years and younger and girls of all ages are accepted. The program can accommodate people who are undocumented,*

pregnant women up to their ninth month and people with disabilities on a case-by-case basis. The length of stay is usually one year or less. There are no geographic restrictions.

17) COVENANT HOUSE CALIFORNIA

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

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

18) HOUSE OF MERCY

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

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

19) FILIPINO AMERICAN SERVICE GROUP, INC.

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

SHELTER: *The agency provides shelter for homeless adults with health or mental health issues who live in the Los Angeles County area. Services are targeted but not restricted to the Filipino community. Services include transitional shelter. There are no geographic restrictions.*

20) GOOD SHEPHERD CENTER FOR HOMELESS WOMEN - LANGUILLE RESIDENCE

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

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

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

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

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

Education—Alternative Education and Public Schools

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

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

Education—Early Childhood Education

1) LINDA VISTA CHILDREN'S CENTER
2) CCAFS* - SCOTT CENTER
3) CCAFS* - DELIVERANCE
4) CCAFS* - GLENDALE AVE. SITE
5) CCAFS* - ORANGE GROVE SITE
6) CCAFS* - HODGES CHILDREN'S CENTER
7) CCAFS* - LEXINGTON SITE
8) CCAFS* - VILLA PARKE SITE
9) EAGLE ROCK OPTIONS - HEAD START
10) CCAFS* - PASADENA COVENANT CHURCH
11) GLENDALE BRIGHT START PRESCHOOL
12) PLAINVIEW ACADEMIC CHARTER
13) CENTER FOR COMMUNITY AND FAMILY SERVICES - RIVERDALE SITE
14) ALDAMA HEAD START
15) HATHAWAY-SYCAMORES - FAMILY RESOURCE CENTER LOS ANGELES
16) POOL BUILDING OPTIONS - HEAD START
17) HIGHLAND PARK HEAD START
18) ECHO PARK SILVERLAKE PEOPLES' CHILD CARE CENTER
19) BLIND CHILDREN'S CENTER, INC.
20) BLIND CHILDREN'S CENTER, INC
21) ECHO PARK RECREATION CENTER
22) BURLINGTON DAY CARE INC.
23) ANGELINA HEAD START PRESCHOOL
24) ST. ANNE'S RESIDENTIAL FACILITY
25) CENTER FOR COMMUNITY AND FAMILY SERVICES

Education—Post-Secondary Institutions

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

Health and Safety—Public Health and Safety

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

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

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

2) FIRE STATION 38

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

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

3) CITY OF GLENDALE NEIGHBORHOOD SERVICES

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

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

4) GLENDALE ADVENTIST OCCUPATIONAL MEDICINE CENTER

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

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

5) CITY OF PASADENA PUBLIC HEALTH DEPARTMENT

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

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

6) FIRE STATION 36

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

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

7) FIRE STATION 33

515 N. Lake Ave.
Pasadena, CA 91101

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

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

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

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

services. The department provides disaster services to help homeowners prepare against brush fires and floods.

9) CYPRESS PARK FAMILYSOURCE CENTER

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

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

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

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

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

11) CHILDREN'S HOSPITAL LOS ANGELES

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

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

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

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

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

Health and Safety—Fire

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

Health and Safety—Safety Education Programs

1) STATION NO. 29 - HONOLULU AVE.
2) VERDUGO HILLS HOSPITAL
3) YMCA CRESCENTA - CANADA FAMILY
4) STATION NO. 24 - CANADA BLVD.
5) STATION NO. 23 - E. CHEVY CHASE DR.
6) STATION NO. 28 - NEW YORK AVE.
7) STATION NO. 26 - N. BRAND BLVD.
8) STATION NO. 25 - N. CHEVY CHASE DR.
9) ARMENIAN RELIEF SOCIETY OF WESTERN USA, INC.
10) FIRE STATION 38
11) CA STATE HIGHWAY PATROL - LOS ANGELES COMMUNICATIONS CENTER
12) YMCA OF GLENDALE
13) STATION NO. 27 - WESTERN AVE.
14) FIRE PREVENTION BUREAU
15) L A CITY FIRE DEPARTMENT - STATION NO. 42 - COLORADO BLVD.
16) GLENDALE FIRE DEPARTMENT
17) STATION NO. 21 - OAK ST.
18) STATION NO. 22 - S. GLENDALE AVE.
19) FIRE STATION 36
20) AMERICAN RED CROSS - GLENDALE-CRESCENTA VALLEY
21) L A CITY FIRE DEPARTMENT - STATION NO. 55 - E. YORK BLVD.
22) L A CITY FIRE DEPARTMENT - STATION NO. 50 - FLETCHER DR.
23) PASADENA POLICE DEPARTMENT
24) L A CITY FIRE DEPARTMENT - STATION NO. 74 - FOOTHILL BLVD.
25) FIRE STATION 33
26) PASADENA FIRE DEPARTMENT
27) L A CITY FIRE DEPARTMENT - STATION NO. 12 - N. FIGUEROA ST.
28) L A CITY FIRE DEPARTMENT - STATION NO. 56 - ROWENA AVE.
29) L A CITY FIRE DEPARTMENT - STATION NO. 44 - CYPRESS AVE.
30) L A CITY FIRE DEPARTMENT - STATION NO. 35 - N. HILLHURST AVE.
31) L A CITY FIRE DEPARTMENT - STATION NO. 24 - WENTWORTH ST.
32) ARMENIAN RELIEF SOCIETY - HOLLYWOOD OFFICE
33) L A CITY FIRE DEPARTMENT - STATION NO. 20 - SUNSET BLVD.
34) L A CITY FIRE DEPARTMENT - STATION NO. 52 - MELROSE

Health Care

1) **VERDUGO HILLS HOSPITAL**

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

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

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

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

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

3) **GLENDALE ADVENTIST MEDICAL CENTER**

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

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

4) **GLENDALE COMMUNITY FREE HEALTH CLINIC**

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

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

5) **ALL FOR HEALTH, HEALTH FOR ALL**

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

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

6) **GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER**

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

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

7) QUEENSCARE FAMILY CLINICS - EAGLE ROCK

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

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

8) COMMUNITY HEALTH ALLIANCE OF PASADENA

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

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

9) CITY OF PASADENA PUBLIC HEALTH DEPARTMENT

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

HEALTH SERVICES: *The agency provides health services for people of all ages who live in the Pasadena area. Services include adult immunizations, childbirth education, childhood immunizations, communicable disease control, expectant/new parent assistance, flu vaccines, health education, hepatitis screening, lead poisoning screening, medical information lines, prenatal care, public awareness/education, public clinics, public health information/inspection/remediation, smoking cessation, travel immunizations, and tuberculosis screening. Services are targeted, but not restricted, to low-income individuals. Age restrictions apply for some services.*

10) ARROYO VISTA FAMILY HEALTH CENTER

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

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

11) NORTHEAST COMMUNITY CLINIC WOMEN'S HEALTH CENTER

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

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

12) NORTHEAST COMMUNITY CLINIC

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

HEALTH SERVICES: *The clinic provides health services for people of all ages. Services are targeted, but not restricted, to Spanish,-speaking residents of the*

Northeast Health District. The clinics are not equipped to provide emergency care for acute, life-threatening conditions. There are no geographic restrictions.

13) MISSION CITY COMMUNITY NETWORK - HOLLYWOOD

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

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

14) ASIAN PACIFIC HEALTH CARE VENTURE, INC.

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

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

15) CHILDREN'S HOSPITAL LOS ANGELES

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

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

16) KAISER PERMANENTE - LOS ANGELES MEDICAL CENTER

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

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

17) QUEENSCARE FAMILY CLINICS - HOLLYWOOD

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

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

18) HOLLYWOOD PRESBYTERIAN MEDICAL CENTER

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

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

19) HOLLYWOOD SUNSET FREE CLINIC

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

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

20) DREAM CENTER

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

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

21) QUEENSCARE FAMILY CLINICS - ECHO PARK

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

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

Health Education

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

Income—Public Assistance Programs

1) **HPRP - GLENDALE**

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

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

2) **NEVHC - GLENDALE WIC SITE**

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

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

3) **GLENDALE OFFICE - SOCIAL SECURITY ADMINISTRATION**

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

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

4) **BWS DISTRICT #2 - GLENDALE**

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

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

5) **CALWORKS PROGRAM DIVISION - GLENDALE DISTRICT OFFICE**

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

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

6) **HPRP - PASADENA**

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

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

7) VILLA - PARKE COMMUNITY CENTER

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

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

8) PHFE - HIGHLAND PARK WIC CENTER #55

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

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

9) PHFE - AVENUE 43 WIC CENTER #214

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

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

10) ASIAN PACIFIC HEALTH CARE VENTURE, INC.

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

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

Employment Services

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

Mental Health Facilities and Services

1) MOVE A CHILD HIGHER

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

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

2) YWCA GLENDALE

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

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

3) YWCA BATTERED WOMEN'S SHELTER - SUNRISE VILLAGE

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

SHELTER -- DOMESTIC VIOLENCE SERVICES: *The program provides a battered women's shelter and a transitional shelter for women and their children. Female and male children up to 14 years old may enter the shelter with their mothers. The maximum length of stay is 45 days. The shelter can accommodate women who use wheelchairs; cannot accommodate women who abuse alcohol or drugs or who have a severe mental or emotional disturbance. There are no geographic restrictions.*

4) GLENDALE ADVENTIST MEDICAL CENTER

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

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

5) ARMENIAN RELIEF SOCIETY OF WESTERN USA, INC.

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

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

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

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

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

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

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

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

8) PACIFIC CLINICS - HYE-WRAP PROGRAM

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

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

9) VERDUGO MENTAL HEALTH - ADULT SERVICES

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

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

10) POSITIVE DIRECTIONS COMMUNITY COUNSELING CENTER

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

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

11) GLEN ROBERTS CHILD STUDY CENTER

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

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

12) ARK FAMILY CENTER, INC.

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

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

13) GLENDALE COUNSELING CENTER

1521 W. Glenoaks Blvd., Ste. 2B
Glendale, CA 91201
Administration: 818-547-2865

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

14) FIVE ACRES - COMMUNITY BASED SERVICES

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

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

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

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

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

16) GRACE CENTER

P.O. Box 40250
Pasadena, CA 91114
Administration: 626-355-4545
http://www.grace-center.org

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

17) LASCANO PROFESSIONAL SERVICES

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

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

18) WEST SAN GABRIEL VALLEY CENTER

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

SEXUAL ASSAULT SERVICES *The organization provides sexual assault services for people in Los Angeles County. There are no geographic restrictions. Services include accompaniment, peer counseling, speakers and printed materials, self-defense courses for women and girls, ongoing professional training for caregivers; and training programs for self-defense instructors.*

19) OPTIMIST YOUTH HOMES AND FAMILY SERVICES

6957 N. Figueroa St.
Los Angeles, CA 90042
Administration: 323-443-3175
http://www.oyhfs.org

OUT-OF-HOME CARE: *The agency provides out-of-home-care for youth age birth to 17 who have emotional and/or behavioral problems. Services include children's residential treatment facilities, psychiatric day treatment, outpatient individual counseling, outpatient family counseling, outpatient group counseling, parenting skills education, and a non-public special school. Most young people are referred by the Los Angeles County Probation Department or Los Angeles County Department of Children and Family Services; however, referrals from agencies in other counties and private inquiries are considered. Services are provided at three locations; see site list for details. Age restrictions apply; there are no geographic restrictions.*

20) L A CITY ATTORNEY VICTIM/WITNESS ASSISTANCE PROGRAM - NORTHEAST LAPD STN

3353 San Fernando Rd.
Los Angeles, CA 90065
Service/Intake: 213-485-3240

VICTIMS OF CRIME SUPPORT: *The program provides victims of crime support services to individuals who live in Los Angeles County. Services include general crime victim assistance, certificates/forms assistance, crime victim accompaniment services, crime victim support, crime victim/witness counseling, and crime witness support services. There are no geographic restrictions.*

21) INTERFAITH REFUGEE AND IMMIGRATION SERVICE

3621 Brunswick Ave.
Los Angeles, CA 90039
Administration: 323-667-0489
http://www.iris-la.org

IMMIGRATION SERVICES: *The agency provides services for people who have recently arrived in this country as refugees or immigrants. The agency provides a variety of resettlement and immigration-related services including information and referral to social service providers, case management and social adjustment counseling, advocacy, interpretation and translation assistance. There are no geographic restrictions.*

22) PASADENA SENIOR CENTER

85 E. Holly St.
Pasadena, CA 91103
Service/Intake: 626-795-4331
http://www.pasadenaseniorcenter.org

SERVICES FOR OLDER ADULTS: *This is a senior center for adults age 50 and older that provides educational, health, recreational activities, social services, specialized information and referral, and volunteer opportunities. Age restrictions apply, but vary according to service. Geographic restrictions apply for some services.*

23) PASADENA POLICE DEPARTMENT

207 N. Garfield Ave.
Pasadena, CA 91101
Service/Intake: 626-744-4501
http://www.ci.pasadena.ca.us/Police/

Services: *The agency provides mental health services for individuals who live in Los Angeles County. Services include psychiatric mobile response teams. Services are restricted to residents of Pasadena. Psychiatric mobile response team services provide on-site professional assessment and assistance to people and their families experiencing a mental health crisis. Services are restricted to residents of Pasadena.*

24) PASADENA - L A COUNTY DISTRICT ATTORNEY VICTIM-WITNESS ASSISTANCE PROGRAM

300 E. Walnut St., Rm. 107
Pasadena, CA 91101
Service/Intake: 626-356-5715

VICTIMS OF CRIME SUPPORT: *The program provides victim of crime support for people of all ages in Los Angeles County who have been victimized by crime and for people who have witnessed crimes. Services include crime prevention, crime victim support, certificates/forms assistance, crime victim counseling, public awareness and education, and volunteer opportunities. Services are provided at 27 locations; see site list for details. There are no geographic restrictions.*

25) STATE PAROLE & COMMUNITY SERVICES DIVISION - PASADENA 1, 2, 3

333 E. Walnut St.
Pasadena, CA 91101
Service/Intake: 626-450-6250

EX-OFFENDER SERVICES: *The agency provides ex-offender services through its Police and Corrections Team (PACT) program such as field supervision and supportive services for adults who have been placed on parole by the State Department of Corrections. Ex-Offender services include adult parole, computer classes, drug/alcohol testing, ex-offender counseling, job search/placement, remedial education, specialized information and referral for ex-offenders and their families, and substance abuse education/prevention.*

26) I AM FOUNDATION, INC.

464 E. Walnut Ave., Ste. 327
Pasadena, CA 91101
Administration: 626-799-0999

COUNSELING SERVICES: *The agency provides counseling services for individuals ages 14 and older who live in Los Angeles County. Services include anger management, a drug diversion program, and spousal/partner abuse counseling for batterers. Services are targeted but not restricted to residents of the city of Pasadena. There are no geographic restrictions.*

27) FULLER PSYCHOLOGICAL AND FAMILY SERVICES

180 N. Oakland Ave.
Pasadena, CA 91101
Service/Intake: 626-584-5555
http://www.fuller.edu/fpfs/

COUNSELING SERVICES: *The clinic provides Christian-oriented counseling services for people of all ages. It serves children and youth age 4 to 18 who have mild to severe behavioral, learning or emotional problems and their families; and adults age 18 and older who for a wide range of life problems. Services include abuse counseling, adolescent/youth counseling, alcoholism counseling, child guidance, divorce counseling, eating disorders treatment, family counseling, general counseling services, group counseling, individual counseling, marriage counseling, mental health evaluation, parent counseling, pastoral counseling, perinatal/postpartum depression counseling, personal enrichment, premarital counseling, psychiatric disorder counseling, and stress management. There are no geographic restrictions.*

28) WELLNESS COMMUNITY - FOOTHILLS, THE

200 E. Del Mar, Ste. 118
Pasadena, CA 91105
Service/Intake: 626-796-1083
http://www.cscpasadena.org/

SELF-HELP GROUPS: *The agency provides supportive services for adults 21 years and older, who have cancer and their families, friends and significant others. Services are provided from four locations in the greater Los Angeles area. Services include bereavement support groups, health related support groups and wellness-related activities. There are no geographic restrictions.*

29) CA STATE DEPARTMENT OF REHABILITATION - PASADENA BRANCH

150 S. Los Robles Ave., #300
Pasadena, CA 91101
Service/Intake: 626-304-8300

SERVICES FOR PEOPLE WITH DISABILITIES: *The department provides vocational rehabilitation services for people who have disabilities. Service is provided at seven locations in the Van Nuys/Foothill District. The service area includes the cities of Burbank, Canoga Park, Glendale, Granada Hills, Pasadena, Santa Clarita and Van Nuys.*

30) ROSE CITY CENTER

595 E. Colorado Blvd., Ste. 303
Pasadena, CA 91101
Administration: 626-793-8609

COUNSELING SERVICES: *The program provides counseling for individuals who live in the San Gabriel Valley. Counseling services include general, individual, conjoint, family and group counseling about a variety of problems which may include marital difficulties, adjustments of adolescence, generalized anxiety, trauma, post-traumatic stress disorder, and depression, including postpartum depression. The agency specializes in longer term, in-depth psychoanalytic psychotherapy. There is no restriction on length of stay or number of sessions per week. Geographic restrictions apply.*

31) AARP - L A COUNTY OFFICE

200 S. Los Robles Ave., Ste. 400
Pasadena, CA 91101
Administration: 866-448-3615

SERVICES FOR OLDER ADULTS: *The association provides services for people, age 50 or older, who are retired or still employed who live in Los Angeles County. Membership in the AARP is required to receive most services. Services include driving programs, pharmacy services, tax assistance, and a Grief and Loss program. Services are provided from three locations.*

32) STAR VIEW COMMUNITY SERVICES - HIGHLAND PARK OFFICE

5420 N. Figueroa St.
Highland Park, CA 90042
Service/Intake: 323-999-2404
http://www.starsinc.com/viewcom.php

MENTAL HEALTH SERVICES: *The agency provides community-based mental health services for children and youth age birth through 21 who have serious behavioral problems at home and/or school, and their families in Los Angeles County. Services include developmental screening, individual and family counseling including dual diagnosis, infant and early childhood mental health, crisis intervention, family preservation, psychiatric evaluations, medication monitoring, independent living skills instruction, therapeutic behavioral learning, and psychiatric case management. Age restrictions apply for some services; there are no geographic restrictions.*

33) FOOTHILL FAMILY SERVICE - PASADENA OAK KNOLL OFFICE

118 S. Oak Knoll Ave.
Pasadena, CA 91101
Service/Intake: 626-795-6907

CHILD ABUSE SERVICES: *The program provides child abuse services for people who live in the San Gabriel Valley and surrounding areas. Services include child abuse prevention, child abuse counseling and child sexual assault counseling.*

34) FOOTHILL FAMILY SERVICE - PASADENA HUDSON OFFICE

111 S. Hudson Ave.
Pasadena, CA 91101
Service/Intake: 626-795-6907

COUNSELING SERVICES: *The program provides counseling services for people of all ages in Los Angeles County. Services include adolescent/youth counseling, behavior modification, bereavement counseling, employee assistance programs, developmental assessment, family counseling, general counseling services, marriage counseling, perinatal/postpartum depression counseling, premarital counseling, and wrap around facilitation/community support. There are no geographic restrictions.*

35) L A COUNTY DMH NORTHEAST LOS ANGELES

5321 Via Marisol
Los Angeles, CA 90042
Service/Intake: 323-478-8200
Hotline: 800-854-7771

MENTAL HEALTH SERVICES: *The agency provides outpatient mental health evaluation, diagnosis, treatment, and crisis intervention services for adults age 18 and older who are chronically mentally ill and/or experiencing an acute psychiatric crisis who live in the Northeast Health District which includes Lincoln Heights, Highland Park, El Sereno, and parts of Glassell Park. Staff can evaluate clients for treatment, medication, or for voluntary or involuntary hospitalization; intervene if a person is in crisis; and supervise medication. The agency's*

target population is adults who are acutely and/or seriously mentally ill; other people who apply are referred to other resources if appropriate.

36) L A COUNTY DMH NORTHEAST LOS ANGELES - ACCESS LINE

5321 Via Marisol
Los Angeles, CA 90042
Hotline: 800-854-7771

MENTAL HEALTH SERVICES: *The agency provides outpatient mental health evaluation, diagnosis, treatment, and crisis intervention services for adults age 18 and older who are chronically mentally ill and/or experiencing an acute psychiatric crisis who live in the Northeast Health District which includes Lincoln Heights, Highland Park, El Sereno, and parts of Glassell Park. Staff can evaluate clients for treatment, medication, or for voluntary or involuntary hospitalization; intervene if a person is in crisis; and supervise medication. The agency's target population is adults who are acutely and/or seriously mentally ill; other people who apply are referred to other resources if appropriate.*

37) ASIAN PACIFIC HEALTH CARE VENTURE, INC.

1530 Hillhurst Avenue
Los Angeles, CA 90027
Administration: 323-644-3880, ext. 254
http://www.aphcv.org

FAMILY LIFE EDUCATION: *The program provides family life education for Asian/Pacific Islander families in Los Angeles. Parenting skills development classes, and child development classes are conducted in Cambodian (Khmer), Japanese, Thai and Tagalog. The program targets new parents and caretakers of children 0 to 5 years.*

38) CHILDREN'S HOSPITAL LOS ANGELES

4650 Sunset Blvd., Mail Stop #59
Public Relations Department
Los Angeles, CA 90027
Service/Intake: 323-660-2450
http://www.chla.org

MENTAL HEALTH SERVICES: *The hospital's division of psychiatry provides mental health services for children and youth to age 18. Services include clinical psychiatric evaluation for hospitalized children with a variety of mental, emotional and psychosomatic or physical brain disorders.*

39) PADRES CONTRA EL CANCER - PROGRAM OFFICE

4650 Sunset Blvd., Mailstop #99
Children's Hospital of Los Angeles
Los Angeles, CA 90027
Service/Intake: 800-828-3168

HEALTH SERVICES: *The organization provides a variety of services for Latino families throughout the greater Los Angeles area who have children younger than age 21 who are being treated for cancer or who have completed treatment. This is a support program which recognizes that many Latino families feel alienation, loneliness, depression, and self-blame because of discrimination, geographical separation from family, language barriers, and acculturation stress, and that these variables affect their ability to understand the illness and to cope with treatment and its side effects. There are no geographic restrictions.*

40) BIENESTAR HUMAN SERVICES—HOLLYWOOD CENTER

4955 Sunset Blvd.
Los Angeles, CA 90027
Administration: 323-660-9680
http://www.bienestar.org

HIV/AIDS SERVICES: *Mental health services include professional counseling and peer support. The program offers short term, individual and group counseling. It also offers rap groups for gay and lesbian youth ages 15 to 23 and support groups for family members and loved ones of people who are HIV or who have AIDS. In addition, the program provides pre- and post-HIV test counseling.*

41) ARMENIAN RELIEF SOCIETY - HOLLYWOOD OFFICE

1203 N. Vermont
Hollywood, CA 90029
Service/Intake: 323-669-0471

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

42) COVENANT HOUSE CALIFORNIA

1325 N. Western Ave.
Hollywood, CA 90027
Administrative: 323-461-3131
http://www.covenanthouseca.org

SHELTER: *The program provides shelter for runaway youth age 18 through 21 years in Los Angeles County, as well as youth 18 to 24 years of age who are HIV positive. Services include a youth hotline, case management, contract clinic services, crisis intervention counseling, employment skills program, intake for shelter, specialized information and referral, services for the deaf and hard of hearing and some substance abuse counseling. People who are pregnant, younger than 18 or older than 21 years will be referred to other organizations for assistance. There are no geographic restrictions.*

43) LOS ANGELES COUNSELING CENTER

4855 Santa Monica Blvd., #108
Los Angeles, CA 90029
Administration: 323-913-3371

DOMESTIC VIOLENCE SERVICES: *The agency provides domestic violence services for adults age 18 and older who live in Los Angeles County. Services include 26-week, 32-week, and 52-week court-approved adult diversion classes for male and female batterers. Progress reports can be provided to the courts. There are no geographic restrictions.*

44) BLIND CHILDREN'S CENTER

4120 Marathon Street
Los Angeles, CA 90029
http://www.blindchildrenscenter.org

Services: *Provides support and resources for visually handicapped children and their families, parent counseling, reverse mainstreaming and publications for parents, teachers and others in regard to visual impairment.*

Substance Abuse Services

1) L A COUNTY SHERIFF - CRESCENTA VALLEY STATION

4554 N. Briggs
La Crescenta, CA 91214
Service/Intake: 818-248-3464

MEDICATION DISPOSAL SERVICES: *The Los Angeles County Sheriff's Department, in conjunction with the Los Angeles County Department of Public Health and Public Works provides this service so residents can safely and anonymously surrender any unused or expired prescriptions, over the counter medications, used needles or "sharps" or any other controlled substance. More information proper medication disposal is available at the program website at www.nodrugsdownthedrain.org.*

2) GLENDALE ADVENTIST MEDICAL CENTER

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

SUBSTANCE ABUSE SERVICES: *The center provides substance abuse services for adults age 18 and older. There are no geographic restrictions. Services include alcohol education, drug education, specialized information and referral, for families of substance abusers, and twelve-step groups.*

Information and referral is available to families of substance abusers who are not appropriate for the residential program. Staff meet with the family for an assessment and then make referrals.

Alcohol and drug education includes lectures, seminars and speaking engagements for schools and community organizations; training for professional interns and volunteers; and consultation with people in business and industry. Twelve-step groups, including AA, NA, CA and Alanon, are available to the public.

3) NARCONON SOUTHERN CALIFORNIA, INC.

225 W. Broadway, Ste. 400
Glendale, CA 91204
Service/Intake: 800-876-6378
http://www.usnodrugs.com

RESIDENTIAL TREATMENT FOR SUBSTANCE ABUSE: *The program provides residential treatment for substance abuse for adults throughout Southern California. Services include residential substance abuse treatment and telephone crisis intervention. There are no geographic restrictions. Treatment is provided for adults age 18 to 64. There are 32 beds.*

4) VERDUGO MENTAL HEALTH - ADULT SERVICES

1540 E. Colorado St.
Glendale, CA 91205
Administration: 818-244-7257
http://vmhc.org/

SUBSTANCE ABUSE SERVICES: *The agency provides substance abuse services for adults in Los Angeles County. Services include alcohol abuse counseling, drop-in services, drug abuse counseling, a drug diversion program, Telephone twelve-step, and other support groups. There are no geographic restrictions.*

5) POSITIVE DIRECTIONS COMMUNITY COUNSELING CENTER

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

SUBSTANCE ABUSE SERVICES: *The agency provides substance abuse services for adults in Los Angeles County. Services include alcohol abuse counseling, drop-in services, drug abuse counseling, a drug diversion program, Telephone twelve-step, and other support groups. There are no geographic restrictions.*

6) WINDSOR CLUB

123 W. Windsor Rd.
Glendale, CA 91204
Administration: 818-242-1350
http://www.glendalewindsorclub.org

SUBSTANCE ABUSE SERVICES: *The club provides alcohol abuse services for people of all ages. Services include an alcohol drop-in center and twelve-step meetings such as AA, Alanon and Alateen. Drop-in services include family and recreational activities. There are no geographic restrictions.*

7) PACIFIC CLINICS - CHAP

1855 N. Fair Oaks Ave., Ste. 110 & 130
Pasadena, CA 91103
Administration: 626-296-7710

MENTAL HEALTH SERVICES: *This is the administrative site of a comprehensive mental health agency that serves people of all ages and ethnic groups in the San Gabriel Valley. Services are provided from several locations; see the site list. There are no direct services provided at the administrative location. The agency's programs include adult outpatient services which provide psychiatric day treatment for people age 18 or older who have a chronic mental illness which seriously interferes with daily functioning. These services are provided at the agency's El Camino Mental Health Center, Santa Fe Springs.*

8) CITY OF PASADENA PUBLIC HEALTH DEPARTMENT

1845 N. Fair Oaks Ave.
Pasadena, CA 91103
Service/Intake: 626-744-6001
http://www.cityofpasadena.net/PublicHealth/

SUBSTANCE ABUSE SERVICES: *The program provides substance abuse services for people of all ages who live in Pasadena. Services include alcohol and drug counseling, including programs for adolescents and women; alcohol and drug education and prevention; central intake/assessment for alcohol and drug abuse for adolescents; first offender drinking driver programs; and specialized information and referral for substance abuse issues. The center is unable to serve people who are under the influence at the time of service, or who have severe medical or emotional problems which would pose barriers to treatment. There are no geographic restrictions.*

9) IMPACT DRUG AND ALCOHOL TREATMENT CENTER

1680 N. Fair Oaks Ave.
Pasadena, CA 91103
Service/Intake: 626-798-0884
http://www.impacthouse.com

RESIDENTIAL TREATMENT FOR SUBSTANCE ABUSE: *The center provides residential treatment for substance abuse for adults 18 and older, including people who have physical disabilities. There are no geographic restrictions.*

10) HAVEN HOUSE, INC

P.O. Box 50007
Pasadena, CA 91115
Administrative: 626-564-8880

DOMESTIC VIOLENCE SERVICES: *The agency provides domestic violence services for people in Los Angeles County. Its programs are oriented around the connection between domestic violence and alcohol abuse. Services include counseling, a domestic violence hotline, prevention and education programs, and technical assistance for other organizations. Services are provided at two locations; see site list for details. There are no geographic restrictions.*

11) GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER

1420 S. Central Ave.
Glendale, CA 91204
Service/Intake: 818-502-1900
http://www.glendalememorial.com

Services: *The hospital provides self-help groups that support community members who have health-related concerns and issues. There are support groups for breast cancer patients and for prostate cancer patients. Services also include a breast cancer support group for women from the Armenian community, and a special Armenian bone marrow registry to meet the needs of the Armenian community who are afflicted with leukemia or other blood diseases.*

12) GLENDALE ADVENTIST ALCOHOL AND DRUG SERVICES

335 Mission Rd.
Glendale, CA 91205
Service/Intake and Hotline: 818-242-3116

SUBSTANCE ABUSE SERVICES: *The center provides residential treatment for substance abuse for adults age 18 to 64. Services include inpatient medical alcohol detoxification and inpatient drug detoxification. There are no geographic restrictions.*

The 21-day residential treatment program provides individual, group and family counseling; lectures and films; recreational therapy and exercise; twelve-step mutual support groups; and spiritual guidance. A one-year aftercare program is provided which includes relapse groups, couples groups and continuing care groups.

13) GRANDVIEW FOUNDATION, INC.

225 Grandview St.
Pasadena, CA 91104
Service/Intake: 626-797-1124
http://www.grandviewfoundation.com

RESIDENTIAL TREATMENT FOR SUBSTANCE ABUSE: *The agency provides residential treatment for substance abuse for men. Services include alcoholism counseling, drug testing, residential treatment homes and sober living homes. Applicants must have at least 24 hours of sobriety, and be fully ambulatory. Services are primarily for residents of the San Gabriel Valley; however there are no geographic restrictions.*

Residential treatment programs range from 30 days to nine months in length. Services include individual and group counseling, alcohol and drug education, art and relaxation therapy, physical conditioning and twelve-step groups.

14) MARENGO HOUSE

1230 N. Marengo St.
Pasadena, CA 91103
Service/Intake: 626-797-1124

SUBSTANCE ABUSE SERVICES: *The agency provides substance abuse services for people in Los Angeles. Services include alcoholism counseling, comprehensive outpatient treatment for alcohol and drug abuse; drug/alcohol testing; and drug abuse counseling. There are no geographic restrictions.*

15) PASADENA POLICE DEPARTMENT

207 N. Garfield Ave.
Pasadena, CA 91101
Service/Intake: 626-744-6501
http://www.ci.pasadena.ca.us/Police/

LAW ENFORCEMENT: *The agency provides law enforcement services for individuals in Los Angeles County. Services include abandoned vehicle reporting, citizen police academies, conflict resolution training, crime prevention, drug abuse prevention/education, emergency protective orders, identity theft prevention, law enforcement complaints, municipal police, neighborhood watch programs, officer bill programs, personal safety education, sexual assault prevention, temporary restraining orders, and truancy counseling. Services are restricted to Pasadena.*

16) ESTHER HOUSE

6052 Fayette St.
Highland Park, CA 90042
Service/Intake: 714-231-0070

SOBER LIVING: *The center provides sober living for recovering alcoholics and drug abusers, age 25 and older. Services include a sober living home for men, including those with dual diagnosis of treatable mental illness and substance abuse. The facility, located in Highland Park, can accommodate up to 12 men. Individuals may stay as long as necessary. The service area is the greater Los Angeles area, however, there are no geographic restrictions.*

17) STATE PAROLE - PASADENA 1, 2, 3

333 E. Walnut St.
Pasadena, CA 91101
Service/Intake: 626-450-6250

EX-OFFENDER SERVICES: *The Substance Abuse Treatment and Recovery program provides substance abuse education and prevention services to ex-offenders. The program uses an educational and interactive process method to provide parolees the motivation to change values and behaviors. The program is provided at the agency's work furlough sites in Hollywood and Van Nuys.*

18) FRIENDS OUTSIDE IN LOS ANGELES COUNTY, INC.

464 E. Walnut St.
Pasadena, CA 91101
Service/Intake: 626-795-7607, ext. 103
http://friendsoutsidela.org

SERVICES: *The program assist ex-offenders with release planning assistance as well as post-release crisis intervention and referral; follow-up services, including case management and employment services. The staff assists inmates get into drug and alcohol treatment programs as needed. There are no geographic restrictions.*

19) CHCADA - MUJERES RECOVERY HOME

530 N. Avenue 54
Los Angeles, CA 90042
Service/Intake: 323-254-2423

RESIDENTIAL TREATMENT FOR SUBSTANCE ABUSE: *The agency provides residential treatment programs for substance abuse for women age 18 to 62; for pregnant and parenting women; for men, age 18 to 62; for adolescent females, age 12 to 17; and for adolescent males, age 12 to 17. It also provides a sober living home for pregnant and parenting women. Services are targeted, but not restricted, to Hispanics/Latinos. Applicants must have at least 24 hours of sobriety prior to admittance. There are no geographic restrictions.*

20) FULLER PSYCHOLOGICAL AND FAMILY SERVICES

180 N. Oakland Ave.
Pasadena, CA 91101
Service/Intake: 626-584-5555
http://www.fuller.edu/fpfs/

SERVICES: *The clinic provides Christian-oriented counseling services for people of all ages. It serves children and youth ages 4 to 18 who have mild to severe behavioral, learning or emotional problems and their families; and adults age 18 and older who have a wide range of life problems. Services include abuse counseling, adolescent/youth counseling, alcoholism counseling, child guidance, divorce counseling, eating disorders treatment, family counseling, general counseling services, group counseling, individual counseling, marriage counseling, mental health evaluation, parent counseling, pastoral counseling, perinatal/postpartum depression counseling, personal enrichment, premarital counseling, psychiatric disorder counseling, and stress management. There are no geographic restrictions.*

21) CHCADA - PALOMA YOUNG WOMEN'S ALCOHOL RECOVERY HOME

328 N. Avenue 59
Los Angeles, CA 90042
Service/Intake: 323-257-9227

RESIDENTIAL TREATMENT FOR SUBSTANCE ABUSE: *The agency provides residential treatment programs for substance abuse for women age 18 to 62; for pregnant and parenting women; for men, age 18 to 62; for adolescent females, age 12 to 17; and for adolescent males, age 12 to 17. It also provides a sober living home for pregnant and parenting women. Services are targeted, but not restricted, to Hispanics/Latinos. Applicants must have at least 24 hours of sobriety prior to admittance. There are no geographic restrictions.*

22) CHCADA - AGUILA YOUNG MEN'S RECOVERY HOME

524 N. Avenue 54
Los Angeles, CA 90042
Service/Intake: 323-258-2921

RESIDENTIAL TREATMENT FOR SUBSTANCE ABUSE: *The agency provides residential treatment programs for substance abuse for women age 18 to 62; for pregnant and parenting women; for men, age 18 to 62; for adolescent females, age 12 to 17; and for adolescent males, age 12 to 17. It also provides a sober living home for pregnant and parenting women. Services are targeted, but not restricted, to Hispanics/Latinos. Applicants must have at least 24 hours of sobriety prior to admittance. There are no geographic restrictions.*

23) CALIFORNIA DRUG COUNSELING

659 E. Walnut Street
Pasadena, CA 91101
Administration: 626-844-0410
http://www.caldrug.org

SUBSTANCE ABUSE SERVICES: *The program provides substance abuse services for individuals 18 and older, who live in Los Angeles County. Services include comprehensive outpatient alcoholism and drug abuse treatment for adolescents and court-referred adults, perinatal substance abuse treatment and relapse prevention programs for youth, addictions/dependencies support groups, drug testing, HIV/AIDS prevention counseling, and a drug diversion program. There are no geographic restrictions.*

24) BISHOP GOODEN HOME, INC.

191 N. El Molino Ave.
Pasadena, CA 91101
Administration: 800-931-9884
http://www.goodencenter.org

RESIDENTIAL TREATMENT FOR SUBSTANCE ABUSE: *The agency provides residential treatment for substance abuse for adult men in Los Angeles County. Services include residential alcoholism treatment facilities and residential drug abuse treatment facilities. Applicants must be sober and drug-free prior to admittance into the program. The program can accommodate up to 47 men. Services include individual and group counseling; family support; and AA, CA, and NA meetings. There are no geographic restrictions.*

25) CASA DE LAS AMIGAS

160 N. El Molino Ave.
Pasadena, CA 91101
Service/Intake: 626-792-2770

SUBSTANCE ABUSE SERVICES: *The agency provides substance abuse services for women age 18 and older who live in Los Angeles County. Services include alcohol and drug abuse education and prevention, and comprehensive outpatient alcoholism treatment . There are no geographic restrictions.*

26) WALTER HOVING HOME, INC.

127 S. El Molino Ave.
Pasadena, CA 91101
Service/Intake: 626-405-0950
http://www.walterhovinghome.com

RESIDENTIAL TREATMENT FOR SUBSTANCE ABUSE: *The program provides Christian-oriented residential rehabilitation center for women 18 years of age and older who have been involved with alcohol or drug abuse. There is no requirement that a woman be sober or drug free at the time of application to the program, though women who need medical detoxification services must seek this help before entering the program. The program is not able to accommodate pregnant women, women who have physical disabilities or who are severely emotionally or mentally disturbed. There are no geographic restrictions.*

27) 12 STEP SOBER LIVING

8742 Mulberry Dr.
Sunland, CA 91040
Administration: 818-293-2222

SOBER LIVING: *The agency provides sober living services for recovering alcoholics and drug abusers, age 18 and older. Services include a sober living center for men. The facility can accommodate up to 12 men. Individuals may stay as long as necessary. There are no geographic restrictions.*

28) MISSION CITY COMMUNITY NETWORK - HOLLYWOOD

4842 Hollywood Blvd.
Hollywood, CA 90027
Service/Intake: 323-644-1110
http://www.mccn.org

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

29) CHILDREN'S HOSPITAL LOS ANGELES

4650 Sunset Blvd., Mail Stop #59
Public Relations Department
Los Angeles, CA 90027
Service/Intake: 323-660-2450
http://www.chla.org/

SUBSTANCE ABUSE SERVICES: *The hospital provides substance abuse services for youth and young adults ages 12 through 21. Services include drug and alcohol abuse counseling for individuals and family members. Counseling services include self-management and relapse prevention skills training, and self-help and social support groups. There are no geographic restrictions.*

30) JAN CLAYTON CENTER

4969 Sunset Blvd.
Los Angeles, CA 90027
Service/Intake: 323-660-8042

SUBSTANCE ABUSE SERVICES: *The program provides substance abuse services for low-income adults age 18 and older in Los Angeles. Services include 12-step meetings, crisis intervention, alcohol and drug detoxification, a drop-in center, and specialized information and referral. Applicants must have a primary problem of alcoholism or drug abuse. The program cannot assist people who need extensive medical attention or nursing care, who are combative or unwilling to follow program rules, or people who are severely mentally ill. There are no geographic restrictions.*

31) THAI HEALTH AND INFORMATION SERVICES, INC.

1654 N. Harvard Blvd.
Los Angeles, CA 90027
Administration: 323-661-2008
http://www.thaihealth.org

SERVICES: *The agency provides health services to individuals who live in Los Angeles County. Services include mammograms, smoking cessation, and nutrition education. There are no geographic restrictions.*

32) RENA B. RECOVERY CENTER

4445 Burns Ave.
Los Angeles, CA 90029
Service/Intake: 323-664-8940

RESIDENTIAL TREATMENT FOR SUBSTANCE ABUSE: *The agency provides residential substance abuse treatment programs for males and females, age 18 and older. Applicants must have 72 hours of sobriety to qualify. The programs cannot accommodate people who have mental or physical disabilities that interfere with their participation in the program. There are no geographic restrictions.*

Disaster Services

1) STATION NO. 29 - HONOLULU AVE.
2) L A COUNTY SHERIFF - CRESCENTA VALLEY STATION
3) STATION NO. 24 - CANADA BLVD.
4) STATION NO. 28 - NEW YORK AVE.
5) STATION NO. 23 - E. CHEVY CHASE DR.
6) STATION NO. 26 - N. BRAND BLVD.
7) SOUTHERN CALIFORNIA CONFERENCE - 7TH DAY ADVENTIST
8) STATION NO. 25 - N. CHEVY CHASE DR.
9) GLENDALE ADVENTIST MEDICAL CENTER
10) STATION NO. 27 - WESTERN AVE.
11) CA STATE WATER RESOURCES DEPARTMENT - SOUTHERN DISTRICT
12) CA STATE HIGHWAY PATROL - LOS ANGELES COMMUNICATIONS CENTER
13) FIRE STATION 38
14) CITY OF GLENDALE ADULT RECREATION CENTER
15) GLENDALE FIRE DEPARTMENT
16) STATION NO. 21 - OAK ST.
17) L A CITY FIRE DEPARTMENT - STATION NO. 42 - COLORADO BLVD.
18) GREATER LOS ANGELES AGENCY ON DEAFNESS, INC
19) STATION NO. 22 - S. GLENDALE AVE.
20) AMERICAN RED CROSS - GLENDALE-CRESCENTA VALLEY
21) FIRE STATION 36
22) L A CITY FIRE DEPARTMENT - STATION NO. 55 - E. YORK BLVD.
23) L A CITY FIRE DEPARTMENT - STATION NO. 74 - FOOTHILL BLVD.
24) L A CITY FIRE DEPARTMENT - STATION NO. 50 - FLETCHER DR.
25) PASADENA SENIOR CENTER
26) FIRE STATION 33
27) L A CITY FIRE DEPARTMENT - STATION NO. 56 - ROWENA AVE.
28) L A CITY FIRE DEPARTMENT - STATION NO. 12 - N. FIGUEROA ST.
29) L A CITY FIRE DEPARTMENT - STATION NO. 44 - CYPRESS AVE.
30) L A CITY FIRE DEPARTMENT - STATION NO. 24 - WENTWORTH ST.
31) CYPRESS PARK FAMILYSOURCE CENTER
32) L A CITY FIRE DEPARTMENT - STATION NO. 35 - N. HILLHURST AVE.
33) L A CITY FIRE DEPARTMENT - STATION NO. 52 - MELROSE AVE.

Nonprofit Headquarters—Mental Health, Crisis Intervention

1) THE CENTER FOR GRIEF AND LOSS FOR CHILDREN
2) VERDUGO MENTAL HEALTH CENTER
3) NEW HORIZONS FAMILY CENTER
4) ALANON OF GLENDALE INC
5) NARCONON INTERNATIONAL
6) PRINCIPLES INC
7) OPTIMIST BOYS HOME & RANCH
8) DAY ONE
9) NARCONON INTERNATIONAL
10) PASADENA 202 CLUB INC
11) CASA DE LAS AMIGAS
12) BISHOP GOODEN HOME
13) ROSE CITY COUNSELING CENTER
14) ALCOHOLICS TOGETHER INC

Nonprofit Headquarters—Agriculture, Food, Nutrition

1) WESTERN ASSOCIATION OF FOOD CHAINS INC
2) MEALS ON WHEELS

Nonprofit Headquarters—Housing, Shelter

1) LC HOTCHKISS TERRACE
2) VENICE SENIOR HOUSING CORPORATION
3) SENIOR AFFORDABLE HOUSING CORP NO 3
4) BANDERA SENIOR HOUSING CORP
5) MOUNTAIN PARK TERRACE INC
6) SYCAMORE TERRACE
7) SENIOR AFFORDABLE HOUSING CORP NO 1
8) REDWOOD SENIOR HOMES AND SERVICES
9) CANTERBURY VILLAGE RETIREMENT CORPORATION
10) SENIOR AFFORDABLE HOUSING CORP NO 2
11) SOUTHERN CALIFORNIA PRESBYTERIAN HOMES FOUNDATION
12) SENIOR AFFORDABLE HOUSING CORP NO 6
13) CASA DE LA PALOMA
14) GUADALUPE MANOR
15) PARK PASEO
16) WESTMINSTER COURT
17) SENIOR AFFORDABLE HOUSING CORP NO 4
18) HAMPTON SUPPORTIVE HOUSING INC
19) CALIFORNIA COMMUNITY REINVESTMENT CORPORATION
20) AFFORDABLE HOUSING SERVICES
21) BEACON SENIOR HOUSING CORP
22) BEACON HOUSING INC
23) HABITAT FOR HUMANITY INTERNATIONAL INC
24) NORTHWEST PASADENA DEVELOPMENT CORPORATION
25) HOPE PLACE HOUSING CORPORATION
26) COPTIC SOCIAL CORPORATION
27) HERITAGE CLINIC AND THE COMMUNITY ASSISTANCE PROGRAM FOR SENIORS
28) ASIAN PACIFIC HEALTH CARE VENTURE INC

Nonprofit Headquarters—Recreation, Sports, Leisure, Athletics

1) ARMENIAN AMERICAN MIDDLE EAST CLUB
2) FOOTHILL HOOPS
3) LA CANADA SPORTS ASSOCIATION
4) THE CRESCENTA VALLEY COMMUNITY COMMITTED TO ATHLETIC NEEDS
5) CRESCENTA VALLEY SOCCER CLUB
6) SWIM PASADENA BOOSTER CLUB
7) CRESCENTA VALLEY LITTLE LEAGUE
8) ARMENIAN FAIRYTALES INC
9) LIFE SKILLS FORE PASADENA YOUTH INC
10) ARMENIAN YOUTH FEDERATION CAMP OF CALIFORNIA
11) HOMENETMEN
12) CRESCENTA VALLEY GYMNASTICS CLUB
13) YOUTH OPPORTUNITIES
14) OLIMPIAKAN RESERVNER
15) AAF ROSE BOWL AQUATICS CENTER
16) ROSE BOWL AQUATICS BOOSTER CLUB
17) WILL ROGERS POLO CLUB INC
18) SAN GABRIEL VOLLEYBALL CLUB
19) VERNON LEE AMATEUR GYMNASTICS ACADEMY
20) ATWATER PARK CENTER
21) SOUTHERN CALIFORNIA RUGBY FOOTBALL
22) DEVIL PUPS INC
23) LITTLE LEAGUE BASEBALL INC
24) ANAHUAK YOUTH SOCCER ASSOCIATION
25) LOS ANGELES PRESS CLUB
26) AAA CHESS CLUB

Nonprofit Headquarters—Youth Development

1) CRESCENTA SPORTS ASSOCIATION
2) LA CANADA YOUTH COUNCIL
3) GLENDALE YOUTH ALLIANCE INC
4) BOY SCOUTS OF AMERICA
5) ROSE BOWL FOUNDATION
6) HARAMBEE CHRISTIAN FAMILY CENTER
7) CLUB JAM
8) DIOSE INC
9) PASADENA YOUTH CHRISTIAN CENTER
10) REACH OUR COMMUNITY KIDS
11) LIVING WATERS CHARISMATIC OUTREACH INC
12) PASADENA POLICE ACTIVITIES LEAGUE
13) FRIENDS OF FRANKLIN AVENUE SCHOOL INC

Nonprofit Headquarters—Human Services

1) MOUNTAIN AVENUE COMMITTED TO KIDS
2) YOUNG MENS CHRISTIAN ASSOCIATION OF CRESCENTA-CANADA
3) APUME INC
4) MOUSA LER ASSOCIATION OF CALIFORNIA
5) COMMITTEE FOR ARMENIAN STUDENTS IN PUBLIC SCHOOLS
6) ASSISTANCE LEAGUE OF FLINTRIDGE
7) ARMENIAN ACADEMY OF LOS ANGELES
8) WOODLANDERS ARE VOLUNTEERS FOR EDUCATION
9) CHILD EDUCATIONAL CENTER CALTECH JPL COMMUNITY
10) SWISS RELIEF SOCIETY OF LOS ANGELES
11) ORGANIZATION FOR STRATEGIC STUDIES
12) FAMILY BUILDING MINISTRY
13) LIFE SERVICES INCORPORATED
14) AMERICAN - ARMENIAN CONGREGATION CENTER
15) NESTLE ADOPT-A-SCHOOL FOUNDATION
16) CHILD S H A R E PROGRAM INC
17) PRESBYTERIAN HOMES AND SERVICES OF THE WEST
18) REDDING ASSISTED LIVING CORP
19) SOUTHERN CALIFORNIA PRESBYTERIAN HOMES
20) NOR SEROUNT CULTURAL ASSOC INC
21) AVENUES PREGNANCY CLINIC
22) YOUNG WOMENS CHRISTIAN ASSN OF GLENDALE
23) GLENDALE FOUNDATION FOR THE RETARDED
24) GLENDALE HEALTHY KIDS
25) YOUNG MENS CHRISTIAN ASSOCIATION OF GLENDALE
26) LITTLE LAMBS CHRISTIAN CHILD CARE CENTER
27) ARMENIAN EVANGELICAL SOCIAL SERVICE CENTER
28) ARMENIAN-AMERICAN COUNCIL ON AGING INC
29) GLENDALE GRACE CHILD CARE CENTER
30) TRI-COUNTY GLAD
31) CENTER ON DEAFNESS-INLAND EMPIRE INC
32) LIFESIGNS NOW
33) ORANGE COUNTY DEAF EQUAL ACCESS FOUNDATION INC
34) PASADENA-FOOTHILL VALLEY YWCA
35) MEDITATION CENTER FOR ZEN COMMUNITY
36) LIVING WAY
37) INTERNATIONAL FAMILIES ASSOCIATION
38) PASADENA SENIOR CENTER
39) CHAUTEAUX DEVELOPMENTS INC
40) HOUSE OF REST OF THE PRESBYTERIAN CHURCH
41) ASOCIACION NACIONALES PRO PERSONAS MAYORES
42) ALL SAINTS DAY CARE CENTER
43) INSTITUTE FOR ASIAN MISSION
44) EAST WEST BANCORP FOUNDATION
45) FLORES CENTER FOR FAMILY COUNSELING INC
46) SHERMAN GROUP HOME INC
47) TEN THOUSAND VILLAGES OF PASADENA INCORPORATED
48) RAINBOW BRIDGE COMMUNITY SERVICES INC
49) MOUNT WASHINGTON PRESCHOOL AND CHILD CARE CENTER
50) ECHO PARK SILVERLAKE PEOPLES CHILD CARE CENTER
51) HOPE AGAIN
52) COVENANT HOUSE CALIFORNIA
53) BLIND CHILDREN’S CENTER INC
54) CALIFORNIA TRANSCRIBERS & EDUCATORS OF THE VISUALLY HANDICAPPED
55) BRAILLE INSTITUTE OF AMERICA INC
56) BRAILLE INSTITUTE AUXILIARY INC
57) SISTERS OF BETHANY

Appendix F—Glossary

This glossary has been developed to provide definitions for key terms and terminology used throughout the Glendale Hospital Collaborative 2013 Community Health Needs Assessments (CHNA). The terms with endnotes have been developed to standardize terminology and create a shared understanding of the terms.

Age-adjusted rate

The incidence or mortality rate of a disease can depend on age distribution within a community. Because chronic diseases and some cancers affect older adults disproportionately, a community with a higher number of older adults might have a higher mortality or incidence rate for some diseases than another community with a higher percentage of population of younger people. An age-adjusted incidence or mortality rate allows for taking the proportion of persons in corresponding age groups into consideration when reviewing statistics, which allows for more meaningful comparisons between communities with different age distributions.

Benchmark[1]

A benchmark is a measurement that serves as a standard by which other measurements and/or statistics may be measured or judged. A "benchmark" indicates a standard by which a community can determine how well or not well the community is performing in comparison to the standard for specific health outcomes. For the purpose of the CHNA reports, one of three benchmarks has been used to make comparisons with the medical center area. These include statistics published by Healthy People 2020, Los Angeles County, and California.

Community assets

Those people, places, and relationships that provide resources, individually or in the aggregate, to bring about the maximal functioning of a community. *(Example: Federally Qualified Health Care Centers, primary care physicians, hospitals and medical clinics, community-based organizations, social service and other public agencies, parks, community gardens, etc.)*

Community Health Needs Assessment[2]

Abbreviated as CHNA, a systematic process involving the review of public data and input from a broad cross-section of community resources and participants to identify and analyze community health needs and assets.

Community served

Based on Affordable Care Act (ACA) regulations, the "community served" is to be determined by each individual hospital. The community served is generally defined by a geographical location such as a city, county, or metropolitan region. A community served may also take into consideration certain hospital focus areas (i.e., cancer, pediatrics), though is not defined so narrowly as to intentionally exclude high-need groups such as the elderly or low-income individuals.

Consultants

Individuals or firms with specific expertise in designing, conducting, and managing a process on behalf of the client.

Data set

A data set refers to a set or grouping of secondary, usually quantitative, data.

Data source

Data source refers to the original source (i.e., database, interview, focus group, etc.) from which quantitative or qualitative data were collected.

Disease burden

Disease burden refers to the impact of a health issue not only on the health of the individuals affected by the disease, but also on the financial cost of addressing the health issue, such as public expenditures. The burden of disease can also refer to the disproportionate impact of a disease on certain populations, which may negatively affect quality of life, socioeconomic status, and other factors.

Drivers of health

Drivers of health are risk factors that may positively or negatively impact a health outcome.

FQHC[3]

Federally qualified health centers (FQHCs) include all organizations receiving grants under Section 330 of the federal Public Health Service Act (PHS). FQHCs qualify for enhanced reimbursement from Medicare and Medicaid, as well as other benefits. FQHCs must serve an underserved area or population, offer a sliding fee scale, provide comprehensive services, have an ongoing quality assurance program, and have a governing board of directors. Certain tribal organizations and FQHC look-alikes (organizations that meet PHS Section 330 eligibility requirements but do not receive grant funding) also may receive special Medicare and Medicaid reimbursements.

Focus group

A gathering of people (also referred to as stakeholders) for the purpose of sharing and discussing a specific topic—in this case, community health.

Health disparity

Diseases and health problems do not affect all populations in the same way. Health disparity refers to the disproportionate impact of a disease or a health problem on specific populations. Much health disparity research literature focuses on racial and ethnic differences—as to how these communities experience specific diseases—however, health disparity can also be correlated with gender, age, and other factors, such as veteran, disability, and housing status.

Health driver

Health drivers are behavioral, environmental, social, economic, and clinical-care factors that positively or negatively impact health. For example, smoking (behavioral) is a health driver for lung cancer, and

access to safe parks (environmental) is a health driver for obesity/overweight. Some health drivers, such as poverty or lack of insurance, impact multiple health issues.

Health indicator[4]

A characteristic of an individual, population, or environment that is subject to measurement (directly or indirectly) and can be used to describe one or more aspects of the health of an individual or population. *(Example: Percent of children overweight in Los Angeles County, incidence of breast cancer in Los Angeles County)*

Health need

The Mobilizing Action Toward Community Health (MATCH) framework to understand population health defines a health need as any of the following that arise from a comprehensive review and interpretation of a robust data set: a) a poor *health outcome* and its associated health driver and/or b) a *health drive/factor* associated with poor health outcome(s), where the outcome itself has not yet arisen as a need. *(Example: obesity and overweight, diabetes, physical inactivity, access to healthcare)*

Health outcomes[5]

Snapshots of diseases in a community that can be described in terms of both morbidity and mortality. *(Example: diabetes prevalence, hypertension mortality, suicide rate)*

Healthy People 2020[6]

Healthy People 2020 provides science-based, 10-year national objectives for improving the health of all Americans. For three decades, Healthy People has established benchmarks and monitored progress over time in order to encourage collaborations across communities and sectors, empower individuals toward making informed health decisions, and measure the impact of prevention activities.

Incidence[7] rate

Incidence is a measure of the occurrence of new disease or health problem in a population of people at risk for the disease within a given time period. *(Example: 1,000 new cases of diabetes in 2011)* Incidence rate is expressed either as a fraction (e.g., percentage) or a density rate (e.g., *x* number of cases per 10,000 people) to allow for comparison between different communities. Incidence rate should not be confused with *prevalence rate*, which measures the proportion of people found to have a specific disease or health problem (see *prevalence rate*).

Morbidity rate

Morbidity rate refers to the prevalence of a disease. Morbidity rate is usually expressed as a density rate (e.g. *x* number of cases per 10,000 people). Prevalence is often used to measure the level of morbidity in a population.[8]

Mortality rate

Mortality rate refers to the number of deaths in a population resulting from a disease. Mortality rate is usually expressed as a density rate (e.g., *x* number of cases per 10,000 people).

Percent

A percent is the portion of the total population that currently has a given disease or health problem. Percent is used to communicate prevalence, for example, and to give an idea of the severity (or lack thereof) of a disease or health problem.

Prevalence[9]

Prevalence is the proportion of total population that currently has a given disease. *(Example: 1,000 total cases of diabetes in 2011)*

Prevalence rate

Prevalence rate is the proportion of total population that currently has a given disease or health problem. Prevalence rate is expressed either as a fraction (e.g., percentage) or a density rate (e.g., *x* number of cases per 10,000 people) to allow for comparison between different communities. Prevalence rate is distinct from incidence rate, which focuses on *new* cases. For instance, a community may experience a decrease in new cases of a certain disease (incidence) but an increase in the total number of people suffering that disease (prevalence) because people are living longer as a result of better screening or treatment for that disease.

Primary data

Primary data are new data collected or observed directly from first-hand experience. They are typically qualitative (not numerical) in nature. For this CHNA, primary data were collected through focus groups and interviews with key stakeholders. Primary data describes what is important to the people who provide the information and is useful in interpreting secondary data (see *qualitative data, quantitative data, secondary data*). *(Example: Focus groups, community forum)*

Qualitative data[10]

These are typically descriptive in nature and not numerical; however, qualitative data can be coded into numeric categories for analysis. Qualitative data is considered to be more subjective than quantitative data, but they provide information about what is important to the people (see *stakeholder*) who provide the information. *(Example: focus group data)*

Quantitative data[11]

Data that has a numeric value. Quantitative data is considered to be more objective than qualitative data *(Example: state or national survey data)*

Risk factor[12]

Characteristics (genetic, behavioral, and environmental exposures and sociocultural living conditions) that increase the probability that an individual will experience a disease (morbidity) or specific cause of death (mortality). Some risk factors can be changed through behavioral or external changes or influences (e.g., smoking) while others cannot (e.g., family history).

Secondary data

Data that has already been collected and published by another party. Typically, secondary data collected for CHNAs is quantitative (numerical) in nature *(Example: California Health Interview Survey [CHIS],*

Behavioral Risk Factor Surveillance System [BRFSS]) Secondary data are useful in highlighting in an objective manner health outcomes that significantly impact a community.

Stakeholders

Stakeholders are people who represent and provide informed, interested perspectives regarding an issue or topic. In the case of CHNAs, stakeholders include health care professionals, government officials, social service providers, community residents, and community leaders, among others.

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[1] Merriam-Webster Dictionary. Retrieved from http://www.merriam-webster.com/dictionary/benchmark.

[2] World Health Organization (WHO). Retrieved from http://www.who.int/hia/evidence/doh/en/.

[3] U.S. Department of Health and Human Services. Rural Health IT Toolbox. Retrieved from http://www.hrsa.gov/healthit/toolbox/RuralHealthITtoolbox/Introduction/qualified.html. Accessed [April 30, 2013].

[4] "Health Promotion Glossary," World Health Organization, Division of Health Promotion, Education and Communications (HPR), Health Education and Health Promotion Unit (HEP), Geneva, Switzerland, 1998.

[5] "Health Promotion Glossary," World Health Organization, Division of Health Promotion, Education and Communications (HPR), Health Education and Health Promotion Unit (HEP), Geneva, Switzerland, 1998.

[6] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at http://healthypeople.gov/2020/default.aspx. Accessed [April 30, 2013]

[7] Aschengrau, A. & Seage, G.R. (2008). *Essentials of Epidemiology in Public Health*. Sudbury, Massachusetts: Jones and Barlett Publishers.

[8] New York State Department of Health. Basic Statistics: About Incidence, Prevalence, Morbidity, and Mortality—Statistical Teaching Tools. Retrieved from http://www.health.ny.gov/diseases/chronic/basicstat.htm. Accessed on [May 1, 2013].

[9] Aschengrau, A. & Seage, G.R. (2008). *Essentials of Epidemiology in Public Health*. Sudbury, Massachusetts: Jones and Barlett Publishers.

[10] Catholic Health Association of the United States (March, 2011). Assessing & addressing community health needs: Discussion Draft. Retrieved from http://www.chausa.org/Assessing_and_Addressing_Community_Health_Needs.aspx.

[11] Catholic Health Association of the United States (March, 2011). Assessing & addressing community health needs: Discussion Draft. Retrieved from http://www.chausa.org/Assessing_and_Addressing_Community_Health_Needs.aspx.

[12] Adapted from: Green L. & Kreuter M. (2005). *Health program planning: An educational and ecological approach*. 4th edition. New York, NY: McGraw Hill.

Appendix G—Prioritization Survey Criteria Scale

Community Health Needs Assessment
Prioritization Criteria Scale

SEVERITY

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

CHANGE OVER TIME

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

RESOURCES

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

COMMUNITY'S READINESS TO SUPPORT

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

Appendix H—Health Need Profiles

Alcohol and Substance Abuse

About alcohol and substance abuse—*Why is it important?*

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse contribute significantly to costly social, physical, mental, and public health problems, including teenage pregnancy, HIV/AIDS, STDs, domestic violence, child abuse, motor vehicle accidents (unintentional injuries), physical fights, crime, homicide, and suicide. Heavy alcohol consumption is an important determinant of future health needs, including cirrhosis, cancers, and untreated mental and behavioral health needs.

In addition to considerable health implications, substance abuse has been a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations, or a matter of personal choice.[1]

Statistical data—*How is alcohol and substance abuse measured? What is the prevalence/incidence rate of alcohol and substance abuse in the community?*

Alcohol and Substance Abuse Indicators

Indicators	Year	Comparison		GAMC[2] Service Area	GMHHC[3] Service Area	VHH[4] Service Area
		Level	Avg.			
Percent of adults 18 and older who reported drinking alcohol in the past month	2011	LAC	51.9%	52.7%	52.7%	51.7%
Percent of adults 18 and older who reported heavy drinking in the past month	2011	LAC	3.5%	4.2%	4.2%	3.2%
Percent of adults 18 and older who reported binge drinking in the past month	2011	LAC	15.4%	17.1%	17.1%	13.3%
Percent of adults 18 and older who reported they needed or wanted treatment for an alcohol or drug problem (excluding tobacco) in the past five years	2011	LAC	2.5%	3.2%	3.2%	2.6%
Rate of alcohol/drug-induced mental disease hospitalization per 100,000 persons	2010	CA	109.1	128.7	127.0	167.2

LAC=Los Angeles County
CA=California

The following disparities were found:

- In 2011, a slightly larger portion of adults 18 and over reported drinking alcohol in the GAMC (52.7%) and GMHHC (52.7%) service areas when compared to Los Angeles County (51.9%).
- In 2011, a slightly larger portion of adults 18 and over reported heavy drinking in the GAMC (4.2%) and GMHHC (4.2%) service areas when compared to Los Angeles County (3.5%).
- In 2011, a slightly larger portion of adults 18 and over report binge drinking in the GAMC (17.1%) and GMHHC (17.1%) service areas when compared to Los Angeles County (15.4%).

- In 2011, a slightly larger portion of adults 18 and older reported needing or wanting treatment for alcohol or drug use (excluding tobacco) in the past five years in the GAMC (3.2%) and GMHHC (3.2%) service areas when compared to Los Angeles County (2.5%).
- In 2010, the rates of alcohol/drug-induced mental disease hospitalizations per 100,000 persons were highest in the VHH service area (167.2) when compared to California (109.1). Rates were also higher in the GAMC (128.7) and GMHHC (127.0) service areas when compared to the state.

Subpopulations experiencing greatest impact (disparities)

Stakeholders identified low-income populations, preteens and teens, homeless adults, and the under-served as the most severely impacted.

Geographic areas of greatest impact (disparities)

- Rates of alcohol/drug-induced mental disease hospitalizations per 100,000 persons that were higher than California's rate of 109.1 were found in the ZIP Codes shown below.

GAMC Service Area	GMHHC Service Area	VHH Service Area
91205—Glendale (177.2)	90027—Los Feliz (179.4)	91040—Sunland (191.4)
91202—Glendale (170.8)	91205—Glendale (177.2)	91205—Glendale (177.2)
91020—Montrose (166.4)	91202—Glendale (170.8)	91103—Pasadena (171.0)
90041—Eagle Rock (153.1)	91042—Tujunga (166.8)	91202—Glendale (170.8)
91206—Glendale (148.2)	90041—Eagle Rock (153.1)	91042—Tujunga (166.8)
90065—Glassell Park (147.2)	91206—Glendale (148.2)	91020—Montrose (166.4)
91208—Glendale (129.3)	90065—Glassell Park (147.2)	90041—Eagle Rock (153.1)
90042—Highland Park (121.7)	91208—Glendale (129.3)	91011—La Canada/Flintridge (152.9)
	90042—Highland Park (121.7)	91206—Glendale (148.2)
	90039—Griffith Park (119.2)	91208—Glendale (129.3)
	91214—La Crescenta (112.0)	91214—La Crescenta (112.0)
	90026—Hollywood (110.5)	

- Stakeholders identified central and south Glendale as the most severely impacted by smoking.
- Stakeholders identified La Crescenta as the most severely impacted by substance abuse.

Associated drivers and risk factors—*What is driving the high rates of alcohol and substance abuse in the community?*

Several biological, social, environmental, psychological, and genetic factors are associated with alcohol and substance abuse. These factors may include gender, race and ethnicity, age, income level, educational attainment, and sexual orientation. Substance abuse is also strongly influenced by interpersonal, household, and community factors. Family, social networks, and peer pressure are key influencers of substance abuse among adolescents.[5] As mentioned above, teenage pregnancy, HIV/AIDS, STDs, domestic violence, child abuse, motor vehicle accidents (unintentional injuries), physical fights, crime, homicide (intentional injuries), and suicide can be attributed to alcohol and substance abuse.[6] For data concerning health drivers, please refer to Appendix C—Scorecard.

Community input—*What do community stakeholders think about the issue of alcohol and substance abuse?*

Stakeholders stated that the use of marijuana and alcohol and drug overdoses are all related issues.

[1] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=32. Accessed [February 26, 2013].

[2] Glendale Adventist Medical Center

[3] Glendale Memorial Hospital and Health Center

[4] Verdugo Hills Hospital

[5] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at http://www.healthypeople.gov/2020/lhi/substanceabuse.aspx?tab=determinants. Accessed [February 27, 2013].

[6] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=32. Accessed [February 26, 2013].

Cardiovascular Disease

About cardiovascular disease–*Why is it important?*

Cardiovascular disease—also called heart disease and coronary heart disease—includes several health conditions related to plaque buildup in the walls of the arteries, or atherosclerosis. As plaque builds up, the arteries narrow, restricting blood flow and creating the risk of heart attack. Currently, more than one in three adults (81.1 million) in the United States lives with one or more types of cardiovascular disease. In addition to being one of the leading causes of death in the United States, heart disease results in serious illness and disability, decreased quality of life, and hundreds of billions of dollars in economic loss every year.[1]

Cardiovascular disease encompasses and/or is closely linked to a number of health conditions that include arrhythmia, atrial fibrillation, cardiac arrest, cardiac rehab, cardiomyopathy, cardiovascular conditions in childhood, high cholesterol, congenital heart defects, diabetes, heart attack, heart failure, high blood pressure, HIV, heavy alcohol consumption, metabolic syndrome, obesity, pericarditis, peripheral artery disease (PAD), and stroke.[2]

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

Cardiovascular Disease Indicators

Indicators	Year	Comparison		GAMC[3] Service Area	GMHHC[4] Service Area	VHH[5] Service Area
		Level	Avg.			
Percent of heart disease prevalence	2009	LAC	5.7%	5.7%	5.5%	5.2%
Rate of cardiovascular disease mortality per 10,000 persons	2010	CA	15.6	20.0	18.9	21.5
Rate of heart disease hospitalizations per 100,000 persons	2010	CA	367.1	502.0	473.2	489.8
Rate of heart disease mortality per 100,000 persons[1]	2009	LAC	128.6	124.2	124.2	124.0

LAC=Los Angeles County
CA=California
[1]Healthy People 2020 <=100.8

The following disparities were found:

- In 2010, the rate of cardiovascular disease mortality per 10,000 persons was highest in the VHH service area (21.5) when compared to California (15.6). The same was true for the GAMC (20.0) and GMHHC (18.9) service areas.
- In 2010, the heart disease hospitalizations rate per 100,000 persons was highest in the GAMC service area (502.0) when compared to California (367.1). GMHHC (473.2) and VHH (494.0) service area rates also higher when compared to the state.

Subpopulations experiencing greatest impact (disparities)

The burden of cardiovascular disease is disproportionately distributed across the population. Significant disparities are evident based on gender, age, race/ethnicity, geographic area, and socioeconomic status with regard to prevalence of risk factors, access to treatment, appropriate and timely treatment, treatment outcomes, and mortality.[6] Stakeholders identified homeless adults as the most impacted.

Geographic areas of greatest impact (disparities)

- Heart disease hospitalization rates per 100,000 adults are highest when compared to California (367.1) in the ZIP Codes shown below.

GAMC Service Area	GMHHC Service Area	VHH Service Area
91206—Glendale (722.8) 91205—Glendale (650.6) 91020—Montrose (629.8) 91203—Glendale (544.6) 91207—Glendale (533.0) 91204—Glendale (511.5)	91206—Glendale (722.8) 90027—Los Feliz (688.8) 91205—Glendale (650.6) 91203—Glendale (544.6) 91207—Glendale (533.0) 91204—Glendale (511.5)	91206—Glendale (722.8) 91205—Glendale (650.6) 91020—Montrose (629.8) 91040—Sunland (564.5) 91203—Glendale (544.6) 91207—Glendale (533.0) 91103—Pasadena (516.7) 91204—Glendale (511.5)

- Stakeholders also identified the Greater Foothill communities and cities, as well as north Glendale, as the most severely impacted areas.

Associated drivers and risk factors—*What is driving the high rates of cardiovascular disease in the community?*

The leading risk factors for heart disease are high blood pressure, high cholesterol, smoking, diabetes, poor diet, physical inactivity, and overweight and obesity. Cardiovascular disease is closely linked with and can often lead to stroke.[7]

Community input—*What do community stakeholders think about the issue of cardiovascular disease?*

Stakeholders identified heart disease as the leading cause of premature death.

[1] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at [http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=21]. Accessed [February 28, 2013].
[2] Ibid.
[3] Glendale Adventist Medical Center
[4] Glendale Memorial Hospital and Health Center
[5] Verdugo Hills Hospital
[6] Ibid.
[6] Ibid.

Cholesterol

About cholesterol–*Why is it important?*

Cholesterol is a waxy, fat-like substance necessary in the body. However, too much cholesterol in the blood can build up on artery walls, leading to heart disease—one of the leading causes of death in the United States—and stroke. About one of every six adults in the United States has high blood cholesterol. In addition, 2,200 Americans die of heart disease each day, an average of one death every 39 seconds.[1]

Some health conditions, as well as lifestyle and genetic factors, can put people at a higher risk for developing high cholesterol. Age is a contributing factor; as people get older, cholesterol levels rise. Diabetes can also lead to the development of high cholesterol. Some behaviors can also lead to high cholesterol, including a diet high in saturated fats, trans fatty acids (trans fats), dietary cholesterol, or triglycerides. Being overweight and physical inactivity can also contribute to high cholesterol. Finally, high cholesterol can be hereditary.[2]

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

Cholesterol Indicators

Indicators	Year	Comparison		GAMC[3] Service Area	GMHHC[4] Service Area	VHH[5] Service Area
		Level	Avg.			
Percent of adults 18 and older ever diagnosed with high cholesterol	2011	LAC	25.6%	26.3%	26.3%	26.2%
Percent of adults who take medication to lower cholesterol levels	2009	LAC	71.2%	66.7%	66.7%	76.9%

LAC=Los Angeles County
CA=California

The following disparities were found:

- In 2011, the portion of adults diagnosed with high cholesterol was slightly higher in the GAMC (26.3%), GMHHC (26.3%), and VHH (26.2%) service areas when compared to Los Angeles County (25.6%).
- In 2009, the portion of adults taking medication to lower cholesterol was higher in the VHH service area (76.9%) when compared to Los Angeles County (71.2%).

Subpopulations experiencing greatest impact (disparities)

Stakeholders did not identify disparities among subpopulations.

Geographic areas of greatest impact (disparities)

Stakeholders did not identify geographic disparities.

Associated drivers and risk factors—*What is driving the high rates of cholesterol in the community?*

Some health conditions, as well as lifestyle and genetic factors, can put people at a higher risk for developing high cholesterol. Age is a contributing factor; as people get older, cholesterol levels tend to rise. Diabetes can also lead to the development of high cholesterol. Some behaviors can also lead to high cholesterol, including a diet high in saturated fats, trans fatty acids (trans fats), dietary cholesterol, or triglycerides. Being overweight and physical inactivity can also contribute to high cholesterol. Finally, high cholesterol can be hereditary.[6] For data concerning health drivers, please refer to Appendix C—Scorecard.

Community input—*What do community stakeholders think about the issue of cholesterol?*

Stakeholders did not identify high cholesterol as a health issue.

[1] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. High Cholesterol. Atlanta, GA. Available at http://www.cdc.gov/cholesterol/index.htm. Accessed [March 4, 2013].

[2] Ibid.

[3] Glendale Adventist Medical Center

[4] Glendale Memorial Hospital and Health Center

[5] Verdugo Hills Hospital

[6] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. High Cholesterol. Atlanta, GA. Available at http://www.cdc.gov/cholesterol/index.htm. Accessed [March 4, 2013].

Diabetes

About diabetes—*Why is it important?*

Diabetes affects an estimated 23.6 million people and is the seventh leading cause of death in the United States. Diabetes lowers life expectancy by up to 15 years, increases the risk of heart disease by two to four times, and is the leading cause of kidney failure, lower-limb amputations, and adult-onset blindness.[1] A diabetes diagnosis can indicate an unhealthy lifestyle—a risk factor for further health issues—and is also linked to obesity.

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

In addition, evidence is emerging that diabetes is associated with other co-morbidities, including cognitive impairment, incontinence, fracture risk, and cancer risk and prognosis.[3]

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

Diabetes Indicators

Indicators	Year	Comparison		GAMC[4] Service Area	GMHHC[5] Service Area	VHH[6] Service Area
		Level	Avg.			
Percent of adults 18 and over ever diagnosed with diabetes	2011	LAC	9.5%	8.3%	8.3%	8.5%
Rate of adult diabetes hospitalizations per 100,000 persons	2010	CA	145.6	134.3	135.6	124.1
Rate of hospitalizations for uncontrolled diabetes per 100,000 persons	2009	CA	9.5	10.2	12.9	10.3
Rate of youth diabetes hospitalizations per 100,000 persons	2010	CA	34.9	17.7	15.0	11.1
Rate of diabetes mortality per 100,000 persons[1]	2009	LAC	20.2	16.9	16.9	17.8

LAC=Los Angeles County
CA=California
[1]Healthy People 2020 <=65.8

The following disparities were found:

- In 2009, the rates of uncontrolled diabetes hospitalizations per 100,000 persons were higher in the GMHHC (12.9), VHH (10.3), and GAMC (10.2) service areas when compared to California (9.5).

Subpopulations experiencing greatest impact (disparities)

Stakeholders also identified homeless adults and ethnic populations as the most severely impacted.

Geographic areas of greatest impact (disparities)

- Diabetes hospitalization rates per 100,000 persons were higher when compared to California (145.6) in the ZIP Codes shown below.

GAMC Service Area	GMHHC Service Area	VHH Service Area
91204—Glendale (237.0) 90065—Glassell Park (204.3) 90042—Highland Park (201.8) 91205—Glendale (148.1)	91204—Glendale (237.0) 90065—Glassell Park (204.3) 90042—Highland Park (201.8) 90029—Hollywood (196.8) 90027—Los Feliz (152.8) 91205—Glendale (148.1) 90026—Hollywood (145.9)	91103—Pasadena (367.5) 91204—Glendale (237.0) 91205—Glendale (148.1)

- Stakeholders indicated that the entire Glendale community is impacted by diabetes.

Associated drivers—*What is driving the high rates of diabetes in the community?*

Factors associated with diabetes include being overweight, having high blood pressure, high cholesterol, high blood sugar (or glucose), physical inactivity, smoking, unhealthy eating, age, race, gender, and having a family history of diabetes.[7] For data concerning health drivers, please refer to Appendix C—Scorecard.

Community input—*What do community stakeholders think about the issue of diabetes?*

Stakeholders indicated that diabetes was an issue and linked the condition to having a poor diet.

[1] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=32. Accessed [February 26, 2013].

[2] Ibid.

[3] Ibid.

[4] Glendale Adventist Medical Center

[5] Glendale Memorial Hospital and Health Center

[6] Verdugo Hills Hospital

Disability

About Disability—*Why is it important?*

An umbrella term for impairments, activity limitations, and participation restrictions, disability is the interaction between individuals with a health condition (e.g., cerebral palsy, Down syndrome, depression) and personal and environmental factors (e.g., negative attitudes, inaccessible transportation and public buildings, and limited social supports).[1] Examples of disabilities include hearing, vision, movement, thinking, remembering, learning, communication, and/or mental health and social relationships. Disabilities can affect a person at any point in the life cycle.[2]

Over a billion people—corresponding to about 15% of the world population—are estimated to live with some form of disability. Between 110 million (2.2%) and 190 million (3.8%) people 15 years and older have significant difficulties functioning. In addition, rates of disability are increasing, in part as a result of aging populations and increases in chronic health conditions. People with disabilities typically have less access to health care services and consequently often do not have their health care needs met.[3]

In California alone, 5.7 million adults, or 23 percent of the adult population, have a disability. The proportion of the population with disabilities increases with age and among females and African-American, White, or American Indian/Alaskan native populations. People with disabilities are also more likely than others to be poorly educated, unemployed, and living below the poverty level. [4]

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

Disability Indicators

Indicators	Year	Comparison		GAMC[5] Service Area	GMHHC[6] Service Area	VHH[7] Service Area
		Level	Avg.			
Percent of adults who provided care or assistance during the past month to another adult living with a long-term illness or disability^	2011	LAC	20.0%	14.4%	14.4%	20.8%
Percent of children (0-16 years old) who meet the criteria for having special health care needs^	2011	LAC	15.8%	16.1%	16.1%	15.1%

LAC=Los Angeles County
CA=California

The following disparities were found:

- In 2011, the portion of adults who cared for another adult living with a long-term illness or disability was higher in the VHH service area (20.8%) when compared to Los Angeles County (20.0%).
- In 2011, the percentage of children who had special health care needs was higher in the GAMC (16.1%) and GMHHC (16.1%) service areas when compared to Los Angeles County (15.8%).

Subpopulations experiencing greatest impact (disparities)

Stakeholders identified children as the most severely impacted population.

Geographic areas of greatest impact (disparities)

Neither secondary data nor stakeholders identified geographic disparities.

Associated drivers and risk factors—*What is driving the high rates of disability in the community?*

Disabilities may occur to anyone at any point in time; however, disability rates are increasing in part as a result of aging populations and increases in chronic health conditions. People with disabilities typically have less access to health care services and often do not have their health care needs met.[8] People with disabilities are more likely to experience difficulties or delays in getting necessary health care in a timely manner, including visiting a dentist and getting mammograms and Pap smear tests, among other important diagnostic and preventive resources. In addition, they are likely to smoke, to not engage in physical activity, to be overweight or obese, to have high blood pressure, to experience psychological distress, to receive less social/emotional support, and to have high unemployment rates.[9] For data concerning health drivers, please refer to Appendix C—Scorecard.

Community input—*What do community stakeholders think about the issue of disability?*

Stakeholders identified obtaining an Individualized Education Plan (IEP) as an issue.

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[1] World Health Organization. Disability and Health Fact Sheet. Geneva, Switzerland. Available at http://www.who.int/mediacentre/factsheets/fs352/en/index.html. Accessed [March 5, 2013].

[2] Center for Disease Control and Prevention. Atlanta, GA. Available at http://www.cdc.gov/ncbddd/disabilityandhealth/types.html. Accessed [March 5, 2013].

[3] World Health Organization. Disability and Health Fact Sheet. Geneva, Switzerland. Available at http://www.who.int/mediacentre/factsheets/fs352/en/index.html. Accessed [March 5, 2013].

[4] California Department of Public Health's Living Healthy with a Disability Program and Living Healthy Advisory Committee. Planning for Today, Thinking of Tomorrow—California's 2011-2016 Strategic Directions for Promoting the Health of People with Disabilities Sacramento, CA. Available at http://www.cdph.ca.gov/HealthInfo/injviosaf/Documents/Planning_for_Today.pdf] Accessed [April 30, 2013].

[5] Glendale Adventist Medical Center

[6] Glendale Memorial Hospital and Health Center

[7] Verdugo Hills Hospital

[8] World Health Organization. Disability and Health Fact Sheet. Geneva, Switzerland. Available at http://www.who.int/mediacentre/factsheets/fs352/en/index.html. Accessed [March 5, 2013].

[9] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=9. Accessed [March 5, 2013].

Oral Health

About oral health—*Why is it important?*

Oral health is essential to overall health and is relevant as a health need because engaging in preventive behaviors decreases the likelihood of developing future oral health and related health problems. In addition, oral diseases such as cavities and oral cancer cause pain and disability for many Americans.[1]

Behaviors that may lead to poor oral health include tobacco use, excessive alcohol consumption, and poor dietary choices. Barriers that prevent or limit a person's use of preventive intervention and treatments for oral health include limited access to and availability of dental services, a lack of awareness of the need, cost, and fear of dental procedures. Social factors associated with poor dental health include lower levels or lack of education, having a disability, and other health conditions such as diabetes.[2]

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

Oral Health Indicators

Indicators	Year	Comparison		GAMC[3] Service Area	GMHHC[4] Service Area	VHH[5] Service Area
		Level	Avg.			
Percent of adults 18 and older who do not have dental insurance	2011	LAC	51.8%	55.1%	55.1%	50.0%
Percent of adults 18 and older unable to obtain dental care, including check-ups, in the past year because of affordability	2011	LAC	30.3%	33.7%	33.7%	28.8%
Percent of children (3–17 years old) who were unable to afford dental care and check-ups in the past year	2011	LAC	12.6%	10.5%	10.5%	11.8%

LAC=Los Angeles County
CA=California

The following disparities were found:

- In 2011, more adults did not have dental insurance in the GAMC (55.1%) and GMHHC (55.1%) service areas when compared to Los Angeles County (51.8%).
- In 2011, more adults were unable to afford dental care in the GAMC (33.7%) and GMHHC (33.8%) service areas when compared to Los Angeles County (30.3%).

Subpopulations experiencing greatest impact (disparities)

Stakeholders did not identify disparities among subpopulations.

Geographic areas of greatest impact (disparities)

Stakeholders did not identify geographic disparities.

Associated drivers and risk factors—*What is driving the high rates of poor oral health in the community?*

Poor oral health can be prevented by decreasing sugar intake and increasing healthy eating habits to prevent tooth decay and premature tooth loss; consuming more fruits and vegetables to protect against oral cancer; smoking cessation; decreased alcohol consumption to reduce the risk of oral cancers, periodontal disease, and tooth loss; using protective gear when playing sports; and living in a safe physical environment.[6] In addition, oral health conditions such as periodontal (gum) disease have been linked to diabetes, heart disease, stroke, and premature, low-weight births.[7] For data concerning health drivers, please refer to Appendix C—Scorecard.

Community input—*What do community stakeholders think about the issue of oral health?*

Stakeholders identified oral health as an issue.

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[1] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=32. Accessed [February 26, 2013].

[2] Ibid.

[3] Glendale Adventist Medical Center

[4] Glendale Memorial Hospital and Health Center

[5] Verdugo Hills Hospital

[6] World Health Organization, Oral health Fact Sheet. Geneva, Switzerland. Available at http://www.who.int/mediacentre/factsheets/fs318/en/index.html. Accessed [February 26, 2013].

[7] Centers for Disease Control and Prevention. *Mental Health and Chronic Diseases*. Available at http://www.cdc.gov/chronicdisease/resources/publications/aag/pdf/2011/Oral-Health-AAG-PDF-508.pdf. Accessed [May 1, 2013].

Obesity/Overweight

About obesity/overweight—*Why is it important?*

Obesity, a condition in which a person has an abnormally high and unhealthy proportion of body fat, has risen to epidemic levels in the United States; 68% of adults age 20 years and older are overweight or obese.[1]

Excess weight is a significant national problem and indicates an unhealthy lifestyle that influences further health issues. Obesity reduces life expectancy and causes devastating and costly health problems, increasing the risk of coronary heart disease, stroke, high blood pressure, diabetes, and a number of other chronic diseases.

Findings suggest that obesity also increases the risks for cancers of the esophagus, breast (postmenopausal), endometrium, colon and rectum, kidney, pancreas, thyroid, gallbladder, and possibly other cancer types.[2]

Obesity is associated with factors including poverty, inadequate fruit/vegetable consumption, breast-feeding, and lack of access to grocery stores, parks, and open space.

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

Obesity/Overweight Indicators

Indicators	Year	Comparison		GAMC[3] Service Area	GMHHC[4] Service Area	VHH[5] Service Area
		Level	Avg.			
Percent of adults who are obese[1]	2011	LAC	23.6%	20.6%	20.6%	22.5%
Percent of adults who are overweight	2011	LAC	37.1%	34.8%	34.8%	35.7%
Percent of adults who are overweight	2009	LAC	29.7%	31.2%	30.8%	32.3%
Percent of adults who are obese	2009	LAC	21.2%	16.6%	17.4%	15.9%
Percent of teens who are overweight or obese	2009	LAC	33.6%	34.6%	34.6%	25.6%

LAC=Los Angeles County
CA=California
[1]Healthy People 2020 <=30.5%

The following disparities were found:

- In 2009, slightly more teens were overweight or obese in the GAMC (34.6%) and GMHHC (34.6%) service areas when compared to Los Angeles County (33.6%).

Subpopulations experiencing greatest impact (disparities)

Stakeholders identified children, low-income and underserved populations, and young adults as the most severely impacted.

Geographic areas of greatest impact (disparities)

- More people are overweight in the ZIP Codes shown below.

GAMC Service Area	GMHHC Service Area	VHH Service Area
91208—Glendale (34.1%) 91020—Montrose (33.5%)	91042—Tujunga (35.7%) 91208—Glendale (34.1%)	91042—Tujunga (35.7%) 91040—Sunland (35.4%) 91208—Glendale (34.1%) 91020—Montrose (33.5%)

- More people are obese in the ZIP Codes shown below.

GAMC Service Area	GMHHC Service Area	VHH Service Area
90065—Glassell Park (21.4%) 90042—Highland Park (22.3%)	90029—Hollywood (21.5%) 90065—Glassell Park (21.4%) 90042—Highland Park (22.3%) 90026—Hollywood (21.2%)	91103—Pasadena (24.4%)

- Stakeholders identified the Greater Foothill communities and cities, along with north Glendale, as the most severely impacted.

Associated drivers and risk factors—*What is driving the high rates of obesity/overweight in the community?*

Obesity is associated with factors such as poverty, inadequate consumption of fruits and vegetables, physical inactivity, and lack of access to grocery stores, parks, and open space. Obesity increases the risk of coronary heart disease, stroke, high blood pressure, diabetes, and a number of other chronic diseases. The condition also increases the risks of cancers of the esophagus, breast (postmenopausal), endometrium, colon and rectum, kidney, pancreas, thyroid, gallbladder, and possibly other cancer types.[6] For data concerning health drivers, please refer to Appendix C—Scorecard.

Community input—*What do community stakeholders think about the issue of obesity/overweight?*

Stakeholders identified obesity and heart disease as co-morbidities. Stakeholders attributed obesity and overweight to poor diet and lack of physical activity.

[1] National Cancer Institute. *Obesity and Cancer Risk*. Available at http://www.cancer.gov/cancertopics/factsheet/Risk/obesity. Accessed [March 10, 2013].

[2] Ibid.

[3] Glendale Adventist Medical Center

[4] Glendale Memorial Hospital and Health Center

[5] Verdugo Hills Hospital

[6] National Cancer Institute. *Obesity and Cancer Risk*. Available at http://www.cancer.gov/cancertopics/factsheet/Risk/obesity. Accessed [March 10, 2013].

Mental Health

About mental health—*Why is it important?*

Mental illness is a common cause of disability. Untreated disorders may leave individuals at risk for substance abuse, self-destructive behavior, and suicide. Additionally, mental health disorders can have a serious impact on physical health and are associated with the prevalence, progression, and outcome of chronic diseases.[1] Suicide is considered a major preventable public health problem. In 2010, suicide was the tenth leading cause of death among Americans of all ages, and the second leading cause of death among people between the ages of 25 and 34.[2] An estimated 11 attempted suicides occur per every suicide death.

Research shows that more than 90 percent of those who die by suicide suffer from depression or other mental disorders, or a substance-abuse disorder (often in combination with other mental disorders).[3] Among adults, mental disorders are common, with approximately one-quarter of adults being diagnosable for one or more disorders.[4] Mental disorders are associated not only with suicide, but also with chronic diseases, a family history of mental illness, age, substance abuse, and life-event stresses.[5]

Interventions to prevent suicide include therapy, medication, and programs that focus on both suicide risk and mental or substance-abuse disorders. Another intervention is improving primary care providers' ability to recognize and treat suicide risk factors, given the research indicating that older adults and women who die by suicide are likely to have seen a primary care provider in the year before their death.[6]

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

Mental Health Indicators

Indicators	Year	Comparison		GAMC[7] Service Area	GMHHC[8] Service Area	VHH[9] Service Area
		Level	Avg.			
Percent of adults who had serious psychological distress in the last year	2009	LAC	7.3%	8.0%	7.4%	5.7%
Percent of adults 18 and older ever diagnosed with depression	2011	LAC	12.2%	13.7%	13.7%	12.3%
Percent of adults 18 and older ever diagnosed with anxiety	2011	LAC	11.3%	12.3%	12.3%	10.8%
Average number of poor mental health days in the past month reported by adults	2011	LAC	3.3	5.3	3.5	3.3
Rate of adult hospitalizations per 100,000 persons	2010	CA	551.7	697.0	600.8	766.5
Rate of suicides per 10,000 persons[1]	2010	CA	1.0	0.7	0.7	0.9
Rate of youth (under 18) hospitalizations per 100,000 persons	2010	CA	256.4	180.4	164.4	198.0

LAC=Los Angeles County
CA=California
[1]Healthy People 2020 <=1.0

The following disparities were found:

- In 2009, slightly more adults experienced serious psychological distress in the past year in the GAMC (7.4%) and GMHHC (7.4%) service areas when compared to Los Angeles County (7.3%).
- In 2011, more adults (18 and older) were diagnosed with depression in the GAMC (12.3%) and GMHHC (13.7%) service areas when compared to Los Angeles County (12.2%). A slightly higher portion was diagnosed in the GMHHC service area (12.3%) than in the county.
- In 2011, more adults (18 and over) were diagnosed with anxiety in the GAMC (12.3%) and GMHHC (12.3%) service areas when compared to Los Angeles County (11.3%).
- In 2011, the average number of poor mental health days reported by adults was slightly higher in the GAMC (3.5) and GMHHC (3.5) service areas when compared to Los Angeles County (3.3).
- In 2010, the mental health hospitalization rate per 100,000 adults is nearly double in the VHH service area (766.5) when compared to of California (551.7). Rates in the GAMC (697.0) and GMHHC (600.8) were also higher than for the state as a whole.

Subpopulations experiencing greatest impact (disparities)

The following subpopulations are the most severely impacted:

- Caucasians (58.7%) experienced the highest mental illness hospitalizations across the GAMC, GMHHC, and VHH service areas.
- Stakeholders stated that mental health was an issue affecting everyone, and particularly youth.
- Stakeholders also identified post-traumatic stress disorder (PTSD) as being prominent among immigrant populations.

Geographic areas of greatest impact (disparities)

- Mental health hospitalization rates per 100,000 adults are higher when compared to California (551.7) in the ZIP Codes shown below.

GAMC Service Area	GMHHC Service Area	VHH Service Area
91020—Montrose (1,556.7) 91205—Glendale (1,139.9) 91201—Glendale (794.9) 90041—Eagle Rock (794.9) 91206—Glendale (722.8) 91204—Glendale (704.8) 90065—Glassell Park (639.2) 90042—Highland Park (605.5)	91205—Glendale (1,139.9) 91201—Glendale (794.9) 90041—Eagle Rock (794.9) 91042—Tujunga (783.0) 90027—Los Feliz (739.7) 91206—Glendale (722.8) 91204—Glendale (704.8) 90065—Glassell Park (639.2) 90042—Highland Park (605.5)	91103—Pasadena (1,714.0) 91020—Montrose (1,556.7) 91205—Glendale (1,139.9) 91040—Sunland (1.,050.5) 91101—Pasadena (796.7) 91201—Glendale (794.9) 90041—Eagle Rock (794.9) 91042—Tujunga (783.0) 91206—Glendale (722.8) 91204—Glendale (704.8)

- Stakeholders did not identify geographic disparities.

Associated drivers and risk factors—*What is driving the high rates of mental health issues in the community?*

Mental health is associated with many other health factors, including poverty, heavy alcohol consumption, and unemployment. Chronic diseases such as cardiovascular disease, diabetes, and obesity are also associated with mental health disorders such as depression and suicide.[10] For data concerning health drivers, please refer to Appendix C—Scorecard.

Community input—*What do community stakeholders think about the issue of mental health?*

Stakeholders linked mental health to physical health and substance abuse. Stakeholders also identified the ability to access mental health resources as a factor for a healthy community. They also mentioned a need to integrate primary care with psychiatric care.

[1] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at http://healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=28. Accessed [April 30, 2013].

[2] Centers for Disease Control and Prevention. *10 Leading Causes of Death by Age Group, United States – 2010*. Available at http://www.cdc.gov/injury/wisqars/pdf/10LCID_All_Deaths_By_Age_Group_2010-a.pdf. Accessed [March 12, 2013].

[3] National Institute of Mental Health. *Suicide in the U.S.: Statistics and Prevention*. Available at http://www.nimh.nih.gov/health/publications/suicide-in-the-us-statistics-and-prevention/index.shtml. Accessed [March 12, 2013].

[4] National Institute of Mental Health. *Any Disorder Among Adults.* Available at http://www.nimh.nih.gov/statistics/1ANYDIS_ADULT.shtml. Accessed [March 12, 2013].

[5] Public Health Agency of Canada. *Mental Illness*. Available at http://www.phac-aspc.gc.ca/cd-mc/mi-mm/index-eng.php. Accessed [March 12, 2013].

[6] National Institute of Mental Health. *Suicide in the U.S.: Statistics and Prevention*. Available at http://www.nimh.nih.gov/health/publications/suicide-in-the-us-statistics-and-prevention/index.shtml. Accessed [March 12, 2013].

[7] Glendale Adventist Medical Center

[8] Glendale Memorial Hospital and Health Center

[9] Verdugo Hills Hospital

[10] Centers for Disease Control and Prevention. *Mental Health and Chronic Diseases*. Available at http://www.cdc.gov/nationalhealthyworksite/docs/Issue-Brief-No-2-Mental-Health-and-Chronic-Disease.pdf. Accessed [May 1, 2013].

Hypertension

About hypertension—*Why is it important?*

Hypertension, defined as a blood pressure reading of 140/90 or higher, affects one in three adults in the United States.[1] With no symptoms or warning signs and the ability to cause serious damage to the body, the condition has been called a silent killer. High blood pressure, if untreated, can lead to heart failure, blood vessel aneurysms, kidney failure, heart attack, stroke, and vision changes or blindness.[2] High blood pressure can be controlled through medicines and lifestyle change; however, patient adherence to treatment regimens is a significant barrier to controlling high blood pressure.[3]

High blood pressure is associated with smoking, obesity, the regular consumption of salt and fat, excessive drinking, and physical inactivity. Those at higher risk of developing hypertension include people who have previously had a stroke and those who have high cholesterol or heart or kidney disease. African-Americans and people with a family history of hypertension are also at an increased risk of having hypertension.[4]

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

Hypertension Indicators

Indicators	Year	Comparison		GAMC[5] Service Area	GMHHC[6] Service Area	VHH[7] Service Area
		Level	Avg.			
Percent of adults taking any medications to control high blood pressure[1]	2009	LAC	70.2%	65.1%	65.1%	74.1%
Percent of adults ever diagnosed with high blood pressure[2]	2011	LAC	24.0%	22.2%	22.2%	24.7%

LAC=Los Angeles County
CA=California
[1]Healthy People 2020 <=69.5%
[2]Healthy People 2020 <=26.9%

The following disparities were found:

- In 2011, more adults were diagnosed with high blood pressure in the VHH service area (74.1%) when compared to Los Angeles County (70.2%).
- In 2009, more adults were taking medication to control high blood pressure in the VHH service area (74.1%) when compared to Los Angeles County (70.2%).

Subpopulations experiencing greatest impact (disparities)

Stakeholders did not identify disparities among subpopulations.

Geographic areas of greatest impact (disparities)

Stakeholders did not identify geographic disparities.

Associated drivers and risk factors—*What is driving the high rates of hypertension in the community?*

Smoking, obesity, the regular consumption of salt and fat, excessive drinking, and physical inactivity are risk factors for hypertension. People who have previously had a stroke, have high cholesterol, or have heart or kidney disease are also at higher risk of developing hypertension. For data on drivers please refer to Appendix C—Scorecard.

Community input—*What do community stakeholders think about the issue of hypertension?*

Stakeholders indicated that hypertension is closely related and linked to diabetes and cardiovascular disease.

[1] National Institutes of Health. *Hypertension (High Blood Pressure).* Available at http://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=97. Accessed [March 12, 2013].

[2] National Heart, Lung, and Blood Institute. *Blood Pressure: Signs & Symptoms.* Available at http://www.nhlbi.nih.gov/health/health-topics/topics/hbp/signs.html. Accessed [March 12, 2013].

[3] National Institutes of Health. *Hypertension (High Blood Pressure).* Available at http://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=97. Accessed [March 12, 2013].

[4] The Patient Education Institute. *Essential Hypertension*. Available at http://www.nlm.nih.gov/medlineplus/tutorials/hypertension/hp039105.pdf. Accessed [March 12, 2013].

[5] Glendale Adventist Medical Center

[6] Glendale Memorial Hospital and Health Center

[7] Verdugo Hills Hospital