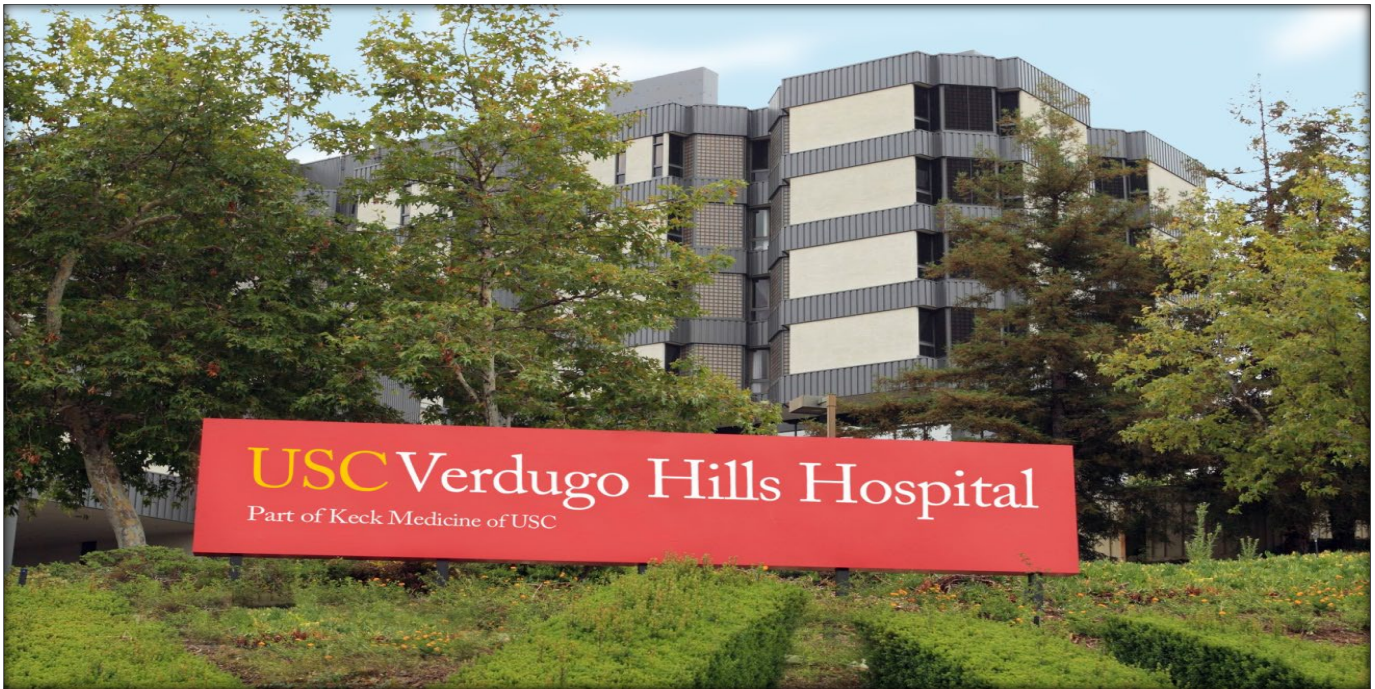


# USC Verdugo Hills Hospital

Keck Medicine of USC



**Annual Report and Plan for Community Benefit  
USC Verdugo Hills Hospital  
Fiscal Year 2022 (July 1, 2021 - June 30, 2022)**

Submitted to:  
Department of Health Care Access and Information  
Accounting and Reporting Systems Section  
Sacramento, California

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## About USC Verdugo Hills Hospital

### Keck Medicine of USC

Keck Medicine of USC is the University of Southern California's medical enterprise, a university-based medical system in the Los Angeles area. Keck Medicine combines best-in-class physicians, access to cutting edge research, and state-of-the-art facilities to provide highly specialized care for our patients. Our renowned physicians provide world-class patient care at Keck Hospital of USC, USC Norris Cancer Hospital, USC Verdugo Hills Hospital and more than 80 outpatient locations in Los Angeles, Orange, Kern, Tulare, and Ventura counties.

### USC Verdugo Hills Hospital

USC Verdugo Hills Hospital began in 1947 as Behrens Memorial Hospital. Rather than expand the Behrens facility, a new hospital was built on the hilltop land donated by the Greene family. In 1972, Verdugo Hills Hospital was created to serve residents in the cities of Glendale and La Cañada Flintridge, as well as the surrounding Foothill communities of Southern California. In 2013, Verdugo Hills Hospital partnered with Keck Medicine of USC, creating USC Verdugo Hills Hospital.

USC Verdugo Hills Hospital (USC-VHH) is a 158-bed nonprofit community hospital. Services include a 24-hour emergency room staffed by USC faculty physicians, a primary stroke center, bariatric and minimally invasive surgery, labor and delivery and other women's services, orthopedic surgery, occupational, physical and speech therapy, cardiac rehabilitation, and imaging and diagnostic services, including an IR/Cardiac Cath Lab. USC-VHH has a six-bed, state-of-the-art neonatal intensive care unit (NICU) to provide care for infants born prematurely or with critical medical conditions.

### Awards

USC-VHH is the recipient of the following awards and accolades:

- Healthcare Equality Index Leader Designation, the highest award granted by the Human Rights Campaign to hospitals that have demonstrated a commitment to LGBTQ+ patient centered care, inclusive employee policies and benefits, engagement and public commitment to the LGBTQ+ patient community.
- Lantern Award by the Emergency Nurses Association, the only community hospital in Southern California to receive the award
- The first hospital in California to receive Board of Certification in Emergency Nursing (BCEN) Honorary Certification Recognition

## **Mission and Values**

### **Mission**

Our mission is to provide personalized, high-quality healthcare relevant to our patient community.

### **Vision**

Our vision is to differentiate our hospital by delivering excellent clinical outcomes and superb customer service.

## **Governance**

The USC Health System Board provides strategic, financial, and operational oversight to the USC Health System and clinical care activities across the University and its health professional schools, enables the USC Health System to be nimble and thrive in a competitive Los Angeles health care market, and continues to ensure patient access and experience meet the highest levels of safe and quality care.

### **USC Health System Board**

Wanda M. Austin, PhD

Tia Bush

Carol L. Folt, PhD

Rod Hanners

Gerald Hickson, MD

John Kusmiersky, JD

Leonard D. Schaeffer

Steven D. Shapiro, MD

William E.B. Siart

Jim Staten

Charles F. Zukoski, PhD

The Board of Directors provides organizational leadership for community benefit. The Board functions as an oversight and policy-making body for the hospital's community benefit commitments, efforts and strategic alignment with community needs. The Board has accountability for community benefit performance.

### **USC Verdugo Hills Hospital Governing Board**

Armand Dorian, MD, MMM, President

Jeannine Taylor, JD, Secretary

Todd Andrews  
Tammy Capretta, RN, MPH  
Carl R. Chudnofsky, MD  
Alexandria Darras, MD  
Steven Giannotta, MD  
Rod Hanners  
Tina Ito

Happy Khanna, MD  
Joseph Ouzounian, MD  
Sunder Ramani  
David Sagal  
Shawn T. Sheffield, MBA, MHA  
Eric Strucko  
Steve Wilder

### **Community Advisory Board**

The Community Advisory Board is an advisory committee for the hospital's community benefit programs and reports to the Board of Directors. The Advisory Board reviews and validates legal and regulatory compliance specific to community benefit mandates, assures community benefit programs and services are effectively meeting identified community health needs, and increases transparency and awareness of community benefit activities. The members of the Advisory Board include:

Sue Wilder, Chair  
Kandi Wopschall, II, Vice Chair  
Emily Liang, Secretary

Lola Abrahamian  
Chandnish Ahluwalia, MD  
Todd E. Andrews  
Patricia Beauchamp  
Soo Kim Choi  
Robert E. Develle, Jr.

Armand Dorian, MD  
Sheila Dunbar  
Steven Hartford, MD  
Andrew Jenks  
Ayudo K. Siegel  
Todd Tucker

## Caring for our Community

USC-VHH recognizes its obligation to provide community service beyond its role as a healing facility. This report demonstrates tangible ways in which USC-VHH fulfills its mission to improve the health and wellbeing of our community and provide personalized, high quality health care. USC-VHH provides financial assistance to those in the community who cannot afford services, or whose health insurance does not cover all services rendered. In addition, USC-VHH invests in the community to increase access to health care services and improve health.

### Service Area

USC-VHH is located at 1812 Verdugo Boulevard, Glendale, California, 91208. The service area is in Los Angeles County and includes 20 ZIP Codes, representing 14 cities or communities comprising portions of Service Planning Areas (SPAs) 2, 3 and 4. The hospital service area was determined from the ZIP Codes that reflect a majority of patient admissions.

**USC Verdugo Hills Hospital Service Area**

<b>Geographic Areas</b>	<b>ZIP Codes</b>
Altadena	91001
Glendale	91201, 91202, 91205, 91206, 91207, 91208
Highland Park	90042
LA Canada Flintridge	91011
La Crescenta Montrose	91214
LA/Eagle Rock	90041
LA/Glassell Park	90065
Los Angeles	90039
Montrose	91020
Pasadena	91103, 91104
Sun Valley	91352
Sunland	91040
Sylmar	91342
Tujunga	91042

### Community Snapshot

The population of the USC-VHH service area is 665,906. Children and youth make up 20.1% of the service area population, 64.5% are adults, and 15.4% are seniors, ages 65 years and older. The service area has a higher percentage of seniors than found in the county (13.2%). Among adults, 6.6% in SPA 2, 5.8% in SPA 3, and 15.4% in SPA 4 identify as part of the Lesbian Gay Bisexual (LGB) community.

In the service area, 41.7% of residents are Hispanic or Latino, 38.2% of residents are White, 13% of residents are Asian, and 4.1% of area residents are Black or African American. Persons who are

Native American, Native Hawaiian/from other Pacific Islands, or of other or multiple races make up 3% of the area population.

Among area residents, 12.5% are at or below 100% of the federal poverty level (FPL) and 30.4% are at 200% of FPL or below (low-income). Among seniors in the service area, 13.4% live in poverty. In the service area, 17.7% of adults lack a high school diploma, 20% are high school graduates, and 44.9% of the population has graduated college. Linguistic isolation is defined as the population, ages 5 years and older, who speaks English “less than very well.” In the service area, 24.1% of the population is linguistically isolated.

Within the service area, 91.9% of the total population has health insurance coverage. Of children and adolescents, ages 0 to 18, 96.6% are insured, and 88.6% of area adults, ages 19-64, have health insurance. 18.2% of the population in SPA 2, 23.6% in SPA 3, and 26.1% in SPA 4 had Medi-Cal coverage. In SPA 2, 49.6% had employment-based insurance, 49.5% in SPA 3, had employment-based insurance and in SPA 4, 41.6% of the population had employment-based insurance.

During the 2020 Glendale homeless count, 169 unduplicated persons experiencing homelessness were counted; 59% were adults. In the Pasadena homeless count, 527 individuals were experiencing homelessness; 86.1% were individual adults and 13.9% were family members.

People with a disability have difficulty performing activities due to a physical, mental, or emotional condition. Among adults, 24.5% in SPA 2, 22.8% in SPA 3 and 29.8% in SPA 4 reported a physical, mental or emotional disability. In SPA 2, 15.2% of children were reported to have special health care needs as compared to 13.4% in SPA 3 and 13.5% in SPA 4.

Los Angeles air quality averages a US AQI or air quality index rating of “moderate.” Monthly averages in 2019 varied from AQI 32 (“good”) in February to AQI 64 (“moderate”) in November. Despite seemingly optimistic ratings, Los Angeles’s air pollution is among the worst in the United States, both for PM2.5 and ozone. The American Lung Association State of Air report rated Los Angeles County has unhealthy under Ozone, Particle Pollution (24 hours), and receiving a FAIL grade for annual particle pollution. Water quality reports (2019) from the Glendale Water and Power District, Los Angeles County Water and Power District, and Pasadena Water and Power District identified that city drinkable water supplies met Primary Drinking Water Standards (PDWS) and Secondary Drinking Water Standards (SDWS).



## Community Health Needs Assessment

USC-VHH completed a Community Health Needs Assessment (CHNA) in 2022 as required by state and federal law. The CHNA is a primary tool used by USC-VHH to determine its community benefit plan, which outlines how it will give back to the community in the form of health care and other community services to address unmet community health needs. The assessment incorporated components of primary data collection and secondary data analysis that focused on the health and social needs of the service area.

The CHNA examined up-to-date data sources for the service area to present community demographics, social determinants of health, access to health care, birth characteristics, leading causes of death, acute and chronic disease, health behaviors, mental health, substance use, and preventive practices. When applicable, these data sets were presented in the context of Los Angeles County, California and were compared to Healthy People 2030 objectives.

Targeted interviews were used to gather information and opinions from persons who represent the broad interests of the community served by the hospital. Twelve (12) key stakeholder interviews were conducted in June 2021. Interviewees included individuals who are leaders and/or representatives of medically underserved, low-income, and minority populations, local health or other departments or agencies that have current data or other information relevant to the health needs of the community. Input was obtained from the Los Angeles County Department of Public Health.

### Significant Health Needs

Health needs were identified from secondary data using the size of the problem (relative portion of population afflicted by the problem) and the seriousness of the problem (impact at individual, family, and community levels). The analysis of secondary data yielded a preliminary list of significant health needs, which then informed primary data collection. The primary data collection process was designed to validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, ascertain community assets to address needs and discover gaps in resources. The identified significant needs included (in alpha order):

- Access to Care
- Chronic Diseases
- COVID-19
- Dental Health
- Economic Insecurity
- Mental Health
- Overweight/Obesity



- Preventive Practices (screenings, vaccines)
- Senior Health
- Sexually Transmitted Infections
- Substance Use

The identified significant health needs were prioritized with input from the community. The community stakeholders were asked to rank order the health needs according to the highest level of importance in the community. Among key stakeholder interviewees, mental health, access to care, chronic diseases, senior health and substance use were ranked as the top five priority needs in the service area.

The complete CHNA report and the prioritized health needs can be accessed at <http://uscvh.org/giving/community-benefit>. We welcome feedback on the Community Health Needs Assessment and Implementation Strategy. Please send your feedback to Marie Filipian, MPH at [Marie.Filipian@med.usc.edu](mailto:Marie.Filipian@med.usc.edu) or by calling 818-952-2228.

## **Addressing Priority Health Needs**

In FY22, USC-VHH engaged in activities and programs that addressed the priority health needs identified in the FY20-FY22 Implementation Strategy. USC-VHH has committed to community benefit efforts that address access to care, preventive care, chronic diseases, mental health and senior health. Selected activities and programs that highlight the USC-VHH commitment to the community are detailed below.

### **Access to Care/Preventive Care**

Access to care is a key determinant of health that provides preventive measures and disease management, reducing the likelihood of hospitalizations and emergency room admissions. Routine health care includes screenings, check-ups, and counseling to prevent illness, disease, or other health problems. Individuals, who receive services in a timely manner, have a greater opportunity to prevent or detect disease during earlier, treatable stages.

### **Response to Need**

#### Financial Assistance

USC-VHH provided financial assistance through free and discounted care for health care services, consistent with the hospital's financial assistance policy.

#### Transportation

Lack of transportation is a documented barrier to accessing health care services. The hospital provided taxi vouchers, ambulance services and van transportation for 219 low-income patients and families who could not afford transportation to obtain needed health care services.

#### Clinical Services

USC-VHH provided medications, medical supplies, infusions and recuperative care for persons who had been discharged and could not afford these medically necessary resources.

#### Health Education Workshops

The hospital offered community health education sessions that addressed a variety of health and wellness topics.

#### BEGINNINGS Early Pregnancy Class

As part of the hospital's Family Education Program, classes addressed pregnancy-related health topics, including nutrition, common discomforts of pregnancy, relaxation techniques and baby's development in the womb. Classes were offered monthly and open to the public; 116 persons participated. A decision to deliver at the hospital was not required to participate.

### Breastfeeding Support Group and Workshops

Support groups and workshops offered breast feeding advice and support to new mothers as well as fathers. A lactation specialist facilitated the support groups. Open and free to the public, babies in arms were welcomed. A total of 415 encounters were provided.

### Infant Care Workshops

This class taught new and expectant parents the practical skills for newborn care, including diapering, bathing, taking an infant's temperature, safety related information and basic first aid. 200 individuals attended these classes.

### Lamaze Series

Lamaze classes prepared expectant parents for a safe, healthy birth by providing current and evidence-based information. The classes build confidence and teach childbirth coping mechanisms. 250 expectant parents participated.

### COVID Outreach, Education and Vaccines

Keck Medicine of USC developed many educational materials on COVID-19 and provided community outreach to distribute the education materials. The hospital hosted vaccine clinics for the community and USC-VHH vaccinated community members.

### Community Support

The hospital provided cash and in-kind support to community organizations that addressed access to health care and preventive care. Some of the community partners included:

- ChapCare
- American Red Cross
- Family Promise of the Verdugos

### **Chronic Diseases**

Chronic diseases are long-term medical conditions that tend to progressively worsen. Chronic diseases, such as cancer, heart disease, diabetes and lung disease, are major causes of disability and death. Chronic diseases are also the major causes of premature adult deaths.

### **Response to Need**

#### Health Education and Outreach

The hospital made health education sessions available to the public. Doc Talk sessions addressed disease prevention and health and wellness topics. Classes were available in-person and online. Outreach information was provided on the importance of blood pressure screening.

### Mammograms

USC-VHH provided low-cost mammogram screenings for women from surrounding communities.

### Community CPR

Classes available to the community included infant CPR and Basic Life Support (BLS) training. 499 community members participated.

### Community Support

The hospital provided cash and in-kind support to community organizations that addressed chronic disease prevention and treatment services. Some of the community partners included:

- YMCA of the Foothills
- Glendale Parks and Open Spaces Foundation

### **Mental Health**

Positive mental health is associated with improved health outcomes. Indicators and contributors to poor mental health include poverty and low levels of education. The need to access mental health services was noted as a high a priority among community members.

### **Response to Need**

#### Stepping Stones

A geropsychiatric program, Stepping Stones is designed to help relieve emotional and personal distress for individuals ages 50 and older. Through inpatient and outpatient programs, Stepping Stones employed therapeutic options, including medical management, cognitive behavioral therapy, psychoanalysis, art, music and movement therapy to help patients. Stepping Stones also worked to help patients with dementia through creative therapy methods and allowed them to maintain as much independence as possible.

#### 6<sup>th</sup> Annual Suicide Awareness and Prevention Conference

Hosted a virtual Suicide Awareness and Prevention Conference. The event reached 400 participants and brought together a multidisciplinary team of psychiatrists, neurologists, mental health advocates, policymakers and community leaders to discuss the underlying causes and risk factors for depression and suicide, as well as identify ways to safely discuss such issues with loved ones.

#### 7<sup>th</sup> Annual Brain Health Forum

USC-VHH, California Alzheimer's Disease Centers at USC and Rancho Los Amigos, and USC Alzheimer's Disease Research Center hosted the 7<sup>th</sup> Annual Brain Health Forum. This virtual webinar reached 177 persons. The focus of this year's forum was on Alzheimer's disease and

memory loss, including causes, treatment, research and the experiences of persons with Alzheimer's.

### Psychiatric Care

Provided psychiatric facility care for 58 vulnerable patients who could not afford needed psychiatric care.

### Community Support

Financial support was provided to community organizations that offered mental health education and prevention activities. Some of the community partners included:

- NAMI Greater Los Angeles
- American Foundation for Suicide Prevention

### **Senior Health**

Aging increases the risk of chronic diseases and injury. Senior health refers to the conditions that affect the health of an aging population and the factors and behaviors that influence the quality of health.

### **Response to Need**

#### Community Resource Center for Aging (CRCA)

The USC Community Resource Center for Aging helped older adults improve their quality of life by providing access to a robust network of resources, community-based services and support systems that specialize in navigating the unique challenges of aging. Services were available to all members of the community, free of charge, including family members and caregivers. People received guidance navigating daily needs, like medicine delivery or transportation, to major life decisions, like long-term care or assisted living. Access to the CRCA is free to anyone in the community.

#### Health Education and Outreach

The hospital made health education sessions available to the public. Doc Talk sessions addressed healthy aging topics of interest to seniors.

## **Other Community Benefit Services**

USC-VHH provided community benefit services in addition to those programs focused on addressing priority health needs.

### **Health Professions Education**

*Definition: education programs for physicians, nurses, nursing students, and other health professionals.*

#### Nursing Education

654 nursing students and nurse practitioner students participated in clinical rotations at USC-VHH. Students participated from Azusa Pacific University, California State University, Los Angeles, California State University, Northridge, Glendale Community College, Pasadena City College, Western University of Health Sciences, West Coast University, University of Southern California, and Mount Saint Mary's University.

#### Other Health Professions Education

56 health professions students from Glendale Career College, Pasadena City College and the University of Southern California were educated and performed their clinical hours and/or internship rotations in health administration, occupational therapy, physical therapy, speech language therapy, dietary, radiology, central processing and pharmacy.

### **Cash and In-Kind Donations**

*Definition: funds and in-kind services donated to community groups and nonprofit organizations.*

#### Cash Donations

Funds were donated to nonprofit community groups and local organizations. The support of these organizations furthered the hospital's mission and addressed the community health needs identified through the CHNA. Some of the community partners that received donations included:

- Glendale Rotary Foundation
- Glendale Educational Foundation
- Glendale City Church
- Glendale Fire Foundation
- La Cañada Flintridge Educational Foundation
- Our Lady of Lourdes School

#### In-Kind Donations

The hospital provided free room use for seven American Red Cross Blood Drives.

## **Community Benefit Operations**

*Definition: direct and indirect costs associated with assigned staff, community health needs assessments, community benefit planning, tracking, reporting, evaluating and operations.*

Reported costs included:

- Community benefit staff salary, benefits and expenses
- Administrative support for community benefit
- Community benefit consultants

## **Community Building Activities**

*Definition: activities that support community assets by offering the expertise and resources of the hospital organization. These activities may address the root causes of health problems or the determinants of health, such as education, homelessness, poverty and the environment.*

### Economic Development

USC-VHH representatives participated in several area economic councils and chambers of commerce, addressing issues that impacted community health improvement and safety.

### Workforce Development

USC-VHH encouraged careers in the health professions. 44 students from local high schools participated in a Healthcare Day of Discovery, a program to introduce health care careers to students. Students heard from nurses, physical therapists, occupational therapists, speech therapists, physicians, physician assistants, hospital administrators and other hospital departments. Students commented:

- “I genuinely enjoyed listening to different health care professionals’ personal experiences throughout the program, and it inspired me to dream big toward my future goal.”
- “I liked hearing all the stories from the doctors and how they mentioned they were once like us and now they have succeeded at being doctors.”
- “It was very helpful to hear about the jobs and what the departments do on a regular day.”



## Financial Summary of Community Benefit

The USC-VHH financial summary of community benefit for FY22 (July 1, 2021 to June 30, 2022) is summarized in the table below. The Hospital's community benefit costs comply with Internal Revenue Service instructions for Form 990 Schedule H. Costs are determined as part of the VHA Community Benefit package and are based on the Hospital's overall cost to charge ratio.

Community Benefit Categories	Net Benefit
Charity Care/Financial Assistance <sup>1</sup>	\$3,418,274
Unpaid Costs of Medi-Cal <sup>2</sup>	\$7,546,434
Others for the Economically Disadvantaged <sup>3</sup>	\$110,377
Education and Research <sup>3</sup>	\$3,686,021
Other for the Broader Community <sup>4</sup>	\$478,046
<b>Total Community Benefit Provided Excluding Unpaid Costs of Medicare</b>	<b>\$15,239,151</b>
Unpaid Costs of Medicare <sup>2</sup>	\$18,533,794
<b>Total Quantifiable Community Benefit</b>	<b>\$33,772,944</b>

<sup>1</sup> Financial Assistance includes traditional charity care write-offs to eligible patients at reduced or no cost based on the individual patient's financial situation. Financial Assistance or Charity Care does not include costs for patients who had commercial insurance but could not afford their out-of-pocket costs.

<sup>2</sup> Unpaid costs of public programs include the difference between costs to provide a service and the rate at which the hospital is reimbursed.

<sup>3</sup> Includes other payors for which the hospital receives little or no reimbursement (e.g., County indigent program).

<sup>4</sup> Costs related to the health professions education programs and medical research that the hospital sponsors.

<sup>5</sup> Includes non-billed programs such as community health education, screenings, support groups, clinical support services, cash and in-kind donations, and community benefit operations.

## Community Benefit Plan FY23

USC-VHH continues to implement activities and programs to address the priority needs in our service area.

### Significant Needs the Hospital Intends to Address

USC-VHH intends to take actions to address the following health needs that were identified in the FY22 CHNA and detailed in the FY23-FY25 Implementation Strategy:

- Access to Care
- Chronic Diseases
- Mental Health
- Preventive Practices
- Senior Health

### Access to Care

**Goal:** Increase access to health care for the medically underserved.

#### Strategies

1. Provide financial assistance through both free and discounted care for health care services, consistent with the hospital's financial assistance policy.
2. Provide transportation support to increase access to health care services.
3. Support primary care providers by offering USC specialty care expertise from the physicians at Keck Medicine of USC.
4. Provide medications, medical supplies and at-home infusions for indigent persons.
5. Offer free and low-cost health care services (e.g., TB tests, flu shots, COVID-19 testing, mammograms) to reduce disease and disability.

### Chronic Diseases

**Goal:** Reduce the impact of chronic diseases and increase the focus on chronic disease prevention and treatment education.

#### Strategies

1. Provide chronic disease education, screening and treatment.
2. Offer health information and referrals to needed services at community health events.
3. Provide public health education in the media and community health awareness events to encourage healthy behaviors and prevent chronic diseases.
4. Increase knowledge of and access to resources that address symptoms of chronic diseases.
5. Complete construction and open an interventional radiology catheterization laboratory to treat heart disease.

## **Mental Health**

**Goal:** Increase access to mental health care resources, services and education. Decrease the stigma associated with seeking mental health care.

### **Strategies**

1. Provide health education and support groups that offer information, resources and assistance on mental health issues.
2. Offer Stepping Stones, an inpatient and outpatient geropsychiatric program at USC-VHH, which is designed to help relieve emotional and personal distress for individuals age 50 and older.
3. Develop partnerships among USC mental health specialists, primary care providers, addiction counselors and community-based mental health service providers to increase screening and treatment of mental health problems.
4. Collaborate with local mental health advocacy groups to provide education to identify and respond to signs of mental illness.

## **Preventive Practices**

**Goal:** Improve community health through preventive practices.

### **Strategies**

1. Develop free and low-cost educational health-care programs that focus on health prevention, prenatal care, parenting and infant care.
2. Provide support groups available to the public at no charge.
3. Educate primary care physicians about preventive practice offerings.
4. Provide low cost and no cost vaccines (including flu and COVID-19).

## **Senior Health**

**Goal:** Enhance senior health and wellbeing.

### **Strategies**

1. Offer community education focused on issues pertinent to seniors.
2. Provide free health screenings for seniors.
3. Offer classes for seniors that promote health.
4. Support the Community Resource Center for Aging, which helps older adults improve their quality of life by providing access to resources, community-based services and support systems that specialize in navigating the unique challenges of aging.

### **Evaluation of Impact**

USC-VHH is committed to monitoring and evaluating key initiatives to assess the programs and activities outlined in this Implementation Strategy. We have implemented a system for the collection and documentation of tracking measures, such as the number of people reached/served, and collaborative efforts to address health needs. An evaluation of the impact of USC-VHH's actions to address these significant health needs will be reported in the next scheduled CHNA.

### **Needs the Hospital Will Not Address**

Since USC-VHH cannot directly address all the health needs present in the community, we will concentrate on those health needs that can most effectively be addressed given our areas of focus and expertise. Taking existing hospital and community resources into consideration, USC-VHH will not directly address the remaining health needs identified in the CHNA, including dental health, economic insecurity, overweight and obesity, sexually transmitted infections, and substance use.

## **Contact Information**

USC-Verdugo Hills Hospital  
1812 Verdugo Boulevard  
Glendale, CA 91208  
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## **Community Benefit Contacts**

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