

MORE

COMMUNITY VOICES





Adventist Health

Adventist Health is a faith-based, nonprofit, integrated health system serving more than 100 communities on the West Coast and Hawai'i, with over 440 sites of care, including 27 acute care facilities. Founded on Adventist heritage and values, Adventist Health provides care in hospitals, clinics, home care agencies, hospice agencies and joint-venture retirement centers in both rural and urban communities. Our compassionate and talented team of more than 38,000 includes employees, physicians, allied health professionals and volunteers driven in pursuit of one mission: living God's love by inspiring health, wholeness and hope. Guided by our mission, Adventist Health supports purposeful work to address the social drivers of health, with a special focus on underserved members of the communities in which we operate. Together, we are transforming the healthcare experience of our communities with a whole-person focus on physical, mental, spiritual and social healing to support well-being.

2026 Community Health Implementation Strategy

Building upon the communities' voices, stories, and priority areas shared in the 2025 Community Health Needs Assessment (CHNA), in the following pages you will find the 2026 Community Health Implementation Strategy (CHIS).

This CHIS is a long-term community health improvement plan that strategically implements programs to address the high priority health needs identified in the CHNA.

We welcome collaboration with all local partners and community members, empowering our community to own the potential of healthy living for all.

Scan QR code or visit

<https://www.adventisthealth.org/documents/community-benefit/2025-AHGL-CHNA.pdf> to read about the latest findings and high priority needs identified in the 2025 CHNA.



High Priority Health Needs That Will Be Addressed

After conducting our CHNA, we identified priority areas where our resources, expertise, and partnerships can make a meaningful impact.

In partnership with community stakeholders, our hospital has strategically prioritized efforts to address:

Access to Care

Community Infrastructure

Needs Hospital Plans Not To Address

Concentrating our resources on the above health needs will strengthen our ability to deliver effective interventions that are aligned with our operational capacity. The remaining lower identified health needs:

Climate & Natural Environment, Financial Stability, Housing, Mental Health, and Social & Economic Context – will not be addressed but are expected to benefit from the existing community partnerships and organizations who are currently addressing the need.

Scan QR code to learn more about our collaborative approach for selecting our high needs for the 2025 CHNA:

Section V. Process And Methods To Conduct The CHNA

H. Criteria & Process Used for Identification & Prioritization of Health Needs



Access to Care

Population(s)

Vulnerable, underinsured, and community members seeking timely access to primary care physicians.

Root Cause(s) of High Need:

Community members reported limited access to primary care physicians and other specialties. Some patients lack health insurance coverage or the ability to pay. 23% of primary service area expressed limited English proficiency.

OBJECTIVE: *Improve access to primary care physicians and provide additional support services to vulnerable populations.*

ACTIONS:

- *Recruit more primary care physicians from internal and external Family Medicine Residency Programs to address the shortage of primary care in our community.*
- *Execute succession planning for 3-4 aging primary care physicians each year.*
- *Involve social workers to assist patients needing health insurance coverage enrollment.*
- *Collaborate with AHPN primary care clinics and local FQHC's (All for Health Clinics, nine locations in primary service area) to increase access to care.*
- *Free annual flu shot to seniors.*
- *Engage our Family Medicine and Pharmacy residents to provide care in free community clinics, schools, and at health fairs.*
- *Provide transportation support.*

Aim Statement: *Increase the number of primary care physicians by 5-7 physicians per year and increase the number of patients enrolled in health insurance by 3% per year.*

Existing Initiatives/ Projects

Residency Program
Pharmacy Students
340B Program
Charity Drugs
Translation Services

Data Source(s)

of family medicine residents recruited
of primary care physicians eligible for succession planning
Transportation spend
Staff time to assist/enroll patients
assisted/enrolled in coverage
of patients referred to AHPN clinics and FQHC's

Partners

Internal

Medical staff and residents
Pharmacy staff and residents
Emergency Department
Finance
Patient Experience

External

Glendale Community College
Glendale Free Clinic
FQHC's
AHPN Primary and Urgent Care
Ambulance Services

Champion:

Family Medicine Residency Program

Available Resources

Hospital Resources
Medicare and Medicaid
Volunteers
Physicians and nurses
COPE scholars

PRIORITY NEED
Access to Care

Population(s)

Older adults, youth, patients, and community members seeking healthy lifestyle information.

Root Cause(s) of High Need:

Community members seeking healthcare resources and needing physical activity.

25% of service area is comprised of older adults. 23% of primary service area expressed limited English proficiency.

OBJECTIVE: *Provide a range of community support services to prevent illness and improve health outcomes.*

ACTIONS:

- *Organize community events that provide education on preventable illness and ways to improve health outcomes, including health screenings and vaccines.*
- *Increase Live Well Senior Program free membership and provide support services to seniors.*
- *Diabetes and nutrition classes for patients and families.*
- *Labor & Delivery educational programs.*
- *Free cancer support services for all cancer survivors in the community.*
- *CPR training event for community members.*
- *Annual health fairs in collaboration with City of Glendale and Armenian American Medical Society for the entire community.*
- *Inform patients on community outreach programs and support groups post-discharge.*
- *Staff screens patients for Social Determinates of Health (SDoH) and geriatric specific needs, and, if needed, connect them to a social worker for referral(s).*
- *Provide post-discharge follow-up phone calls for high-risk patients.*

Aim Statement: *Increase Live Well membership by 200 new members per year, increase cancer survivors support program participation by 30 per year. Increase community event participation by 5% every year.*

Existing Initiatives/Projects

Farmers Market
Cancer Support Groups
Healing Art Class
Sidewalk CPR
Breastfeeding & Parent class
Vaccine Clinic
Prostate screening event
Epic software implementation

Data Source(s)

of patients screened for SDoH
Program participation data and expenses by program
of awareness events and attendance
of follow-up phone calls
SDoH report totals from Epic
Screening materials and equipment costs

Partners

Internal

Emergency Department
Community Outreach Programs
Cancer Center
Glendale Foundation
Comprehensive Stroke Center
Heart and Vascular Institute
Nutrition Services
Labor and Delivery
Diabetes Education Program

External

City of Glendale
City of Los Angeles
Americana at Brand
Glendale Police Department
Glendale Fire Department
Armenian American Med Society

Champion:

Vallejo Drive Church
Physicians and Social Workers

Available Resources

Hospital Resources
Cancer Center Grants
Community donations
Volunteers
Physicians
Nurses
COPE Scholars

PRIORITY NEED

Community Infrastructure

Population(s)

Youth, older adults, hospital employees, and service area community.

Root Causes of High Need:

Transportation barriers, lack of childcare and after school programs, internet access, and social isolation among older adults.

OBJECTIVE: Bridge social gaps to improve community well-being and strengthen community engagement.

ACTIONS:

- Collaborate with local city governments on transportation challenges.
- Research and identify reputable childcare resources and create inventory for staff and community to reference.
- Continually expand network of community partners and collaborators, especially Eagle Rock, La Crescenta and La Canada neighborhoods.
- Explore feasibility of operating Community Services Center building as a space for youth programs, senior programs, and monthly community produce distribution.
- Partner with City of Glendale to address needs of older adult population.
- Provide grants, cash and in-kind donations to community-based organizations and nonprofits.
- Attend community health conferences, symposiums, and summits to remain current on new protocols and on social and health related topics.
- Provide physicians and staff at local community health fairs.
- Maintain senior services membership and event database to track utilization and frequency of community programs.

Aim Statement: Expand Community Health Steering Board in collaboration with city officials, local fire, police, and school districts to meet quarterly to address community infrastructural gaps and increase educational events by 10% each year.

Existing Initiatives/Projects

Disaster Prep Fair
Senior Street Fest
Health Summit
Community Services Center
Toy, Coat, and Food Drives
Farmers Markets
Senior Services Committee
Community Health Steering Committee

Data Source(s)

of community partners supported
of grants and donations to partners
of staff hours
of community events attended
of participants at community events
of community health educational events hosted
social and health related conferences attended

Partners

Internal

Glendale Foundation
Non-clinical staff

External

Glendale Healthier Community Coalition
City of Glendale
National Alliance on Mental Illness (NAMI)
Department of Mental Health

Available Resource

Hospital Resources
Donors
Grants
City Resources

APPROVAL PAGE

2026 CHIS Approval

In response to the 2025 Community Health Needs Assessment, this Community Health Implementation Strategy was reviewed and approved by our Hospital Board as well as the Adventist Health System Board on April 23, 2026.

The entire report is published online and available in print form by contacting community.benefit@ah.org.

Adventist Health Glendale
1509 Wilson Terrace
Glendale, CA 91206