

Northridge Hospital Medical Center

Community Benefit 2024 Report and 2025 Plan



Adopted November 2024



A message from

Jeremy Zoch, President and CEO, and Daren Schlecter, Chair of the Dignity Health Northridge Hospital Medical Center Community Board.

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

Northridge Hospital shares a commitment with others to improve the health of our community and promote health equity, delivering programs and services to help achieve that goal. The Community Benefit 2024 Report and 2025 Plan describes much of this work. This report meets requirements in California (Senate Bill 697) that not-for-profit hospitals produce an annual community benefit report and plan. We are proud of the outstanding programs, services and other community benefits our hospital delivers, and are pleased to report to our community.

In fiscal year 2024 (FY24), Northridge Hospital provided **\$63,902,832** in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services and other community benefits. The hospital also incurred **\$11,982,026** in unreimbursed costs of caring for patients covered by Medicare fee-for-service.

The hospital's Community Board reviewed, approved and adopted the Community Benefit 2024 Report and 2025 Plan at its November 12, 2024 meeting.

Thank you for taking the time to review our report and plan. We welcome any questions or ideas for collaborating that you may have, by reaching out to Miriam Melgar-Atanaya, Sr. Director of Mission Integration| Community Health| Patient Experience |Spiritual Care Services| Ethics Co-Chair at miriam.melgar-atanaya@commonspirit.org.

Jeremy Zoch, PhD, MHA, FACHE
President

Daren Schlecter
Chairperson, Board of Directors

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At-a-Glance Summary





Hospital HCAI ID:106190568

Report Period Start Date: July 1, 2023

Report Period End Date: June 30, 2024

This document is publicly available online at:

<http://www.dignityhealth.org/northridgehospital/who-we-are/community-benefit-reports>

<p>Community Served</p> 	<p>Northridge Hospital’s service area is located in Service Planning Area 2 of Los Angeles County, which consists of the San Fernando and Santa Clarita Valleys. Our service area is home to over 1.5 million residents of multiple cultures and ethnic backgrounds. The total land area is 369 miles with a population density of 4,271 people per square mile.</p>			
<p>Economic Value of Community Benefit</p> 	<p>\$63,902,832 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services, community grants and other community benefits</p> <p>\$11,982,026 in unreimbursed costs of caring for patients covered by Medicare fee-for-service.</p> <p>The hospital’s net community benefit expenses for services to vulnerable populations and to the broader community are listed by category in the Economic Value of Community Benefit section of this report.</p>			
<p>Significant Community Health Needs Being Addressed</p> 	<p>The significant community health needs the hospital is helping to address and that form the basis of this document were identified in the hospital’s most recent Community Health Needs Assessment (CHNA). Needs being addressed by strategies and programs are:</p> <table border="1" data-bbox="410 1213 1404 1507"> <tr> <td data-bbox="410 1213 844 1507"> <ol style="list-style-type: none"> 1. Mental Health 2. Substance Use 3. Diabetes 4. Oral Health 5. Access to Healthcare Services 6. Nutrition, Physical Activity & Weight </td> <td data-bbox="852 1213 1404 1507"> <ol style="list-style-type: none"> 7. Respiratory Diseases (Including COVID-19) 8. Heart Disease & Stroke 9. Potentially Disabling Conditions (Including Dementia/Alzheimer’s Disease) 10. Sexual Health 11. Cancer </td> </tr> </table>		<ol style="list-style-type: none"> 1. Mental Health 2. Substance Use 3. Diabetes 4. Oral Health 5. Access to Healthcare Services 6. Nutrition, Physical Activity & Weight 	<ol style="list-style-type: none"> 7. Respiratory Diseases (Including COVID-19) 8. Heart Disease & Stroke 9. Potentially Disabling Conditions (Including Dementia/Alzheimer’s Disease) 10. Sexual Health 11. Cancer
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<p>FY24 Programs and Services</p> 	<p>The hospital delivered several programs and services to help address identified significant community health needs. These included:</p> <ul style="list-style-type: none"> ● Mental Health: Cultural Trauma Mental Health Resiliency Project (CTMHR); San Fernando Valley Healing Project (MHAT); Schools Against Violence-Los Angeles Program (SAVE-LA); Adverse Childhood Experiences Promise Program (ACEs Promise); Community School Wellness Initiative (CSWI); Local Elder Abuse Prevention Enhanced Multidisciplinary Team-Los Angeles Program (LEAP EMDT-LA), Jade Lee Marasigan Charitable Fund ● Substance Use: Medication Assisted Treatment (MAT) Program 			

- **Diabetes:** Offered health, wellness and nutrition educational workshops to support effective chronic disease management education (National DPP); CSWI
- **Oral Health:** Community School Wellness Initiative
- **Access to Healthcare Services:** Financial Assistance Services; Recuperative Care Support; LEAP-EMDT LA Program, Family Practice Residency Program
- **Nutrition, Physical Activity & Weight:** Community School Wellness Initiative
- **Respiratory Diseases (Including COVID-19):** COVID-19 Pop-Up Clinics and Outreach/Education
- **Heart Disease & Stroke:** Heart health and stress management educational workshops; Blood pressure screenings offered at local health fairs; CSWI
- **Potentially Disabling Conditions (Including Dementia/Alzheimer's):** LEAP-EMDT LA Program; Caring4Cal Program
- **Sexual Health:** Center for Assault Treatment Services (CATS); SAVE-LA Program; CSWI; Reducing Disparities in Mpox Vaccination Project; LEAP-EMDT LA Program, Medical Safe Haven
- **Cancer:** Navigator Program

FY25 Planned Programs and Services



- 1. Mental Health:**
 - **Continue:** CTMHR Project, MHAT Program, SAVE-LA Program, CSWI, LEAP-EMDT LA Program, Jade Lee Marasigan Charitable Fund **New:** Enhancing Youth Mental Health & Wellbeing Program, San Fernando Valley Resource Adolescent Program
- 2. Substance Use:**
 - **Continue:** MAT Program
- 3. Diabetes:**
 - **Continue:** CSWI **New:** Offer ADCES Diabetes Care and Education (ADCES7) classes
- 4. Oral Health:**
 - **Continue:** CSWI
- 5. Access to Healthcare Services:**
 - **Continue:** Financial Assistance Services, Recuperative Care Support, LEAP-EMDT LA Program, Family Practice Residency Program
- 6. Nutrition, Physical Activity & Weight:**
 - **Continue:** CSWI
- 7. Respiratory Diseases (Including COVID-19):**
 - **New:** Enhancing Community Health Work for Sustainable Outreach and Navigation (CHW SON)
- 8. Heart Disease & Stroke:**
 - **Continue:** CSWI **New:** HeartBeat California Program (HeartBeat CA)
- 9. Potentially Disabling Conditions (Including Dementia/Alzheimer's):**
 - **Continue:** LEAP-EMDT LA Program
- 10. Sexual Health:**
 - **Continue:** CATS services, SAVE-LA Program, LEAP-EMDT LA Program, CSWI, Medical Safe Haven
- 11. Cancer:**
 - **Continue:** Navigator Program

Written comments on this report can be submitted to the **Center for Healthier Communities- 8210 Etiwanda Avenue Reseda, CA 91335** or by e-mail to miriam.melgar-atanaya@commonspirit.org

Our Hospital and the Community Served

About Northridge Hospital

Northridge Hospital is a member of Dignity Health, which is a part of CommonSpirit Health.

- Hospital location- 18300 Roscoe Blvd., Northridge, CA.91328
- Description - Founded in 1955, Northridge Hospital is a non-profit facility and a member of Dignity Health. It has a total of 394 beds, including 354 licensed beds for general acute care and 40 acute psychiatric beds. The hospital employs over 1,800 staff members and has 750 active physicians.

Major program and service lines

- Cancer Center
- Center for Healthier Communities
- Pediatric Trauma Center
- Adult and Pediatric Trauma Centers
- STEMI Receiving Center
- Center for Assault Treatment Services
- Cardiovascular Center
- Family Birth Center
- Stroke Center
- Neonatal ICU

Our Mission

As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

Our Vision

A healthier future for all – inspired by faith, driven by innovation, and powered by our humanity.

Financial Assistance for Medically Necessary Care

It is the policy of CommonSpirit Health to provide, without discrimination, emergency medical care and medically necessary care in CommonSpirit hospital facilities to all patients, without regard to a patient’s financial ability to pay. This hospital has a financial assistance policy that describes the assistance provided to patients for whom it would be a financial hardship to fully pay the expected out-of-pocket expenses for such care, and who meet the eligibility criteria for such assistance. The financial assistance policy, a plain language summary and related materials are available in multiple languages on the hospital’s website.

Description of the Community Served

The study area for the survey effort (referred to as the “NHMC Service Region” in this report) reflects communities throughout the



The hospital’s service region is located in northern Los Angeles in Service Planning Area 2 (SPA 2) over 1.5 million residents), and urbanized valley that is surrounded by the Santa Susana Mountains on the northwest, Simi Valley to the west, the Santa Monica Mountains to the south, the Verdugo Mountains to the east, and the San Gabriel Mountains to the northeast. The most densely populated region of Los Angeles County spans cities, communities, and incorporated areas in the San Fernando and Santa Clarita Valleys. A summary description of the community is below, and additional details can be found in the CHNA report online.

The San Fernando and Santa Clarita Valleys are predominantly suburban regions characterized by a diverse population and a mix of urban and residential communities. The San Fernando Valley, known for its rich cultural tapestry, is home to various ethnic groups, including significant Latino and immigrant populations. The Santa Clarita Valley, while more suburban and newer in development, also attracts diverse residents. Key economic drivers in both areas include entertainment, retail, and healthcare sectors, with a growing emphasis on technology and education. Despite their economic advantages, these valleys face notable health disparities, particularly among disadvantaged and minority communities relying on public health services and community clinics. Both valleys offer essential health resources, including hospitals, specialized care centers, and public health initiatives aimed at addressing the specific needs of vulnerable populations. Programs targeting chronic diseases, mental health, and preventive care are crucial in promoting community well-being. Community demographics are listed below:

2022 CHNA zip codes	FY23
Total Population	1,528,095
Race	
Asian/Pacific Islander	11.1%
Black/African American - Non-Hispanic	3.8%
Hispanic or Latino	48.8%
White Non-Hispanic	32.2%
All Others	4.1%
% Below Poverty (families)	9.0%
Unemployment	5.0%
No High School Diploma	19.3%
Medicaid	30.5%
Uninsured	7.2%
Source: Claritas Pop-Facts® 2023; SG2 Market Demographic Module	
SG2 Analytics Platform Reports: Demographic Market Snapshot, Population Age 16+ by Employment Status, Families by Poverty Status, Marital Status and Children Age, Insurance Forecast	

Community Assessment and Significant Needs

The hospital engages in multiple activities to conduct its community health improvement planning process. These include, but are not limited to, conducting a Community Health Needs Assessment with community input at least every three years, identifying collaborating community stakeholder organizations, describing anticipated impacts of program activities and measuring program indicators.

Community Health Needs Assessment

The health issues that form the basis of the hospital's community benefit plan and programs were identified in the most recent CHNA report, which was adopted in May 2022. The hospital makes the CHNA report widely available upon request from the hospital's Community Health office or to the public online at

<https://www.dignityhealth.org/socal/locations/northridgehospital/about-us/community-benefit-reports>

The CHNA contains several key elements, including:

- Description of the assessed community served by the hospital;
- Description of assessment processes and methods;
- Presentation of data, information and findings, including significant community health needs;
- Community resources potentially available to help address identified needs; and
- Discussion of impacts of actions taken by the hospital since the preceding CHNA.

Community Groups that Attended or Engaged in the CHNA

- Ascencia
- Bet Tzedek Legal Services
- Canary Health
- California State University, Northridge
- Care Harbor
- Child Care Resource Center
- Children Now
- Child Development Institute
- Covered California
- Eisner Health
- Health Net of California
- Imperial County Public Health Dept.
- Kaiser Permanente
- Los Angeles City
- LA County Dept. Public Health
- Los Angeles Network Enhanced Services
- Meet Each Need with Dignity MEND
- North Los Angeles County Regional Center
- ONEgeneration
- Partners in Care Foundation
- Providence Medical Group
- Samuel Dixon Family Health Center
- San Fernando Community Health
- Tarzana Treatment Center
- Valley Care Community Consortium

Vulnerable Populations Represented by These Groups:

- Hispanic/Latino
- Black/African American
- Asian/Pacific Islander
- Other self-identified nonwhite
- Unhoused
- People with cognitive and physical disability
- LGBTQ+
- Individuals with limited English proficiency

Significant Health Needs

The CHNA identified the significant needs in the table below, which also indicates which needs the hospital intends to address. Identified needs may include specific health conditions, behaviors and health care services, and also health-related social needs that have an impact on health and well-being.

Significant Health Need	Description	Intend to Address?
Mental Health	Mental health is a crucial factor in overall health and was identified as the top priority by the community. We aim to deliver evidence-based mental health awareness training and social-emotional learning workshops in schools and youth settings.	Yes
Substance Abuse	Substance abuse is defined as a harmful pattern of substance use causing significant impairment or distress, often involving repeated use. A major concern is the prevalence of fentanyl and high rate of preventable overdose deaths. We have the California Bridge Program in place to address this issue.	Yes
Diabetes	Focus group and survey participants identified diabetes as a major health issue for themselves or family members. Concerns include the high cost of insulin and insufficient education on self-management. We will provide diabetes self-management workshops to the community.	Yes
Oral Health	The community expressed concern about access to affordable dental care and limited knowledge of oral hygiene. We aim to provide ongoing education about the importance of oral health in preventing disease and maintaining overall well-being. This will include articles in a quarterly school wellness newsletter to raise awareness and support healthy practices.	Yes
Access to Healthcare Services	Community feedback indicates that access to healthcare is now a priority. Barriers include challenges in securing appointments and the need to stretch unaffordable medications, even with insurance, which also affects mental health access.	Yes

Nutrition, Physical Activity, & Weight	The 2022 CHNA report highlighted that inactivity and weight gain during the COVID-19 pandemic, along with decreased food security due to rising costs, have exacerbated this issue. We continue the produce distribution program to support healthy eating.	Yes
Respiratory Diseases (including COVID-19)	Our community saw an abundance of COVID-19 cases leading to long-term and higher death rates than most of the nation. We are still partnering with LA County DPH to provide outreach and education, pop-up vaccine clinics, and navigation to resources for those most impacted.	Yes
Heart Disease and Stroke	Respondents remain concerned about heart disease, recognizing it as the leading cause of death in our community. We will maintain our partnership with the California Department of Public Health to tackle heart disease and stroke through prevention education and blood pressure self-management training.	Yes
Potentially Disabling Conditions (Dementia/Alzheimer's)	Focusing on dementia and Alzheimer's is essential due to their growing prevalence and significant impact on individuals and families. Early intervention and education can improve the quality of life and provide essential support for caregivers. Raising awareness helps reduce stigma and promotes better community resources for those affected.	Yes
Sexual Health including violence prevention	Addressing sexual health and violence prevention is vital for fostering safe and healthy communities. Providing education and resources empowers individuals to make informed choices and seek help when needed.	Yes
Cancer	Residents have many cancer concerns because everyone has a family member or friend who is impacted by it and understands its significant impact on health and well-being. Early detection and education can lead to better outcomes and reduce mortality rates and empowers individuals to take proactive steps in cancer prevention and care.	Yes

All of the needs identified as high priority will be addressed through charity care, no-cost community-based health promotion, and prevention education along with strong collaboration and partnership with other community-based organizations that have a strong focus on the social determinants of health

2024 Report and 2025 Plan

This section presents strategies and program activities the hospital is delivering, funding or on which it is collaborating with others to address significant community health needs. It summarizes actions taken in FY24 and planned activities for FY25, with statements on impacts and community collaboration. Program Highlights provide additional detail on select programs.

Planned activities are consistent with current significant needs and the hospital's mission and capabilities. The hospital may amend the plan as circumstances warrant, such as changes in community needs or resources to address them.

Creating the Community Benefit Plan

The hospital is dedicated to improving community health and delivering community benefit with the engagement of its management team, board, clinicians and staff, and in collaboration with community partners.



Hospital and health system participants included our hospital foundation staff, mission department, and wellness committee, provided input, and the Center for Healthier Communities Director and Manager worked collaboratively to create this implementation strategy. The leadership and Center for Healthier Communities staff, along with the Center for Assault Treatment Services Director and team will deliver the programs shared in this report.

Community input or contributions to this community benefit plan and Northridge's community health programs have long involved departments beyond Community Health and Mission in our planning and operations. A major part of that has been our team members' involvement in the Wellness Committee and Diversity, Equity, Inclusion and Belonging Committee and partnering with behavioral health, transitional care, and care coordination. Additionally, we continue to leverage our membership in the Valley Care Community Consortium (VCCC). VCCC is the health and mental health collaborative of Service Planning Area 2 of Los Angeles County. Vital feedback from our community residents on how to improve and expand our existing programs strengthens their impact. Once the needs were established leadership from the Center for Healthier Communities and Mission discussed strategies for improving health equity.

The programs and initiatives described here were selected on the basis of the continuation of successful existing models and strong community partnerships, informed by our 2022 Community Health Needs Assessment. In response to the top concern of mental health, we will continue evidence-based education and training, including Adult and Youth Mental Health First Aid and Question, Persuade, Refer (QPR) programs, while maintaining resiliency initiatives like Positive Action and introducing a Resourceful Adolescent Program for at-risk youth and their parents. To address heart disease, the leading cause of death, we will sustain our collaboration with the California Department of Public Health to provide

prevention and treatment services, including hypertension self-management, targeting priority populations to enhance knowledge and skills for reducing cardiovascular mortality. Additionally, we will continue our COVID-19 programs in partnership with the LA County Department of Public Health to support communities most affected by the pandemic, focusing on resources that address social determinants of health and improve health equity. The Center for Healthier Communities remains committed to health promotion, primary prevention, health equity and addressing social determinants of health.



Community Health Core Strategies

Driven by a commitment to equity and social justice, we envision a future where health and well-being are attainable by all regardless of background or circumstance.

The hospital believes that program activities to help address significant community health needs should reflect a strategic use of resources and engagement of participants both inside and outside of the health care delivery system.

CommonSpirit Health has established three core strategies for community health improvement activities. These strategies help to ensure that program activities overall address strategic aims while meeting locally-identified needs.

- Extend the care continuum by aligning and integrating clinical and community-based interventions.
- Strengthen community capacity to achieve equitable health and well-being.
- Implement and sustain evidence-based health improvement program initiatives.

Report and Plan by Health Need

The tables below present strategies and program activities the hospital has delivered or intends to deliver to help address significant health needs identified in the community health needs assessment.

They are organized by health need and include statements of strategy and program impact, and any collaboration with other organizations in our community.



Health Need: Mental Health - Significant Community Health Need 1

Strategy or Program	Summary Description	Active FY24	Planned FY25
ACES Promise Program (Adverse Childhood Experiences Screening)	<ul style="list-style-type: none"> • ACES Promise, Family Medicine Residents conduct ACE screenings and provide referral services to families who scored a 4 or higher out of 10. 	<input type="checkbox"/>	<input type="checkbox"/>
San Fernando Valley Healing Project-Mental Health Awareness Training (MHAT)	<ul style="list-style-type: none"> • MHAT provides evidence-based mental health educational training (Adult & Youth-Mental Health First Aid and Question, Persuade, Refer) to the general community and to professionals working with the unhoused community. 	<input type="checkbox"/>	<input type="checkbox"/>
UniHealth Cultural Trauma & Mental Health Resiliency Project (CTMHR)	<ul style="list-style-type: none"> • CTMHR offers evidence-based mental health educational training (Adult & Youth-Mental Health First Aid and Question, Persuade, Refer) to the general community. 	<input type="checkbox"/>	<input type="checkbox"/>
San Fernando Valley Resourceful Adolescent Program (RAP)	<ul style="list-style-type: none"> • San Fernando Valley RAP will offer resilience and well-being classes using the evidence-based curriculum RAP to youth, at-risk youth and their parents. We will also provide community navigation services to families as needed. 	<input type="checkbox"/>	<input type="checkbox"/>
Local Elder Abuse Prevention Enhanced Multidisciplinary Team-Los Angeles Program (LEAP-EMDT LA)	<ul style="list-style-type: none"> • LEAP-EMDT LA promotes awareness and education about elder abuse and financial exploitation while enhancing membership to improve case outcomes through prompt identification and coordinated support. 	<input type="checkbox"/>	<input type="checkbox"/>
Schools Against Violence-Los Angeles Program (SAVe-LA)	<ul style="list-style-type: none"> • The SAVe-LA Program aims to provide schools with the tools they need to recognize, respond quickly to, and help prevent acts of school violence. This will be accomplished through community partnerships, evidence-based classes (teen dating violence, mental/emotional health), educational school community workshops (ex. cyber-bullying), assemblies, student clubs, anti-bullying campaigns, school professional training and engagement and training of school law enforcement. Currently, this program oversees the CSWI newsletter. 	<input type="checkbox"/>	<input type="checkbox"/>

Goal and Impact: The goal of these programs is to enhance emotional well-being, mental health awareness and resilience among professionals, youth, and families through targeted training and supportive services. This helps improve identification of mental health challenges and leads to a community network for promoting resources.

Collaborators: Partnership with 5 Dignity Health Hospitals, Dignity Health-Family Medicine, El Nido Family Centers, Boys & Girls Club of the West Valley, Northeast Valley Health Corporation, California State University Northridge, Los Angeles Unified School District schools, LEAP-EMDT LA member organizations and others.



Health Need: Substance Use - Significant Community Health Need 2

Strategy or Program	Summary Description	Active FY24	Planned FY25
Medication-Assisted Treatment (MAT) Program	<ul style="list-style-type: none"> MAT, which is a part of CA Bridge, continues to offer support to patients in the Emergency Department (ED) living with substance use disorders. A Social Worker/Substance Use Navigator (SUN) performs a psychosocial assessment, provides counseling, medicated assisted treatment for withdrawal symptoms, and connects patients to treatment facilities. 	<input type="checkbox"/>	<input type="checkbox"/>

Goal and Impact: The goal is to reduce the death rate among individuals living with substance use disorders by ensuring that all patients admitted to the emergency department receive a warm handoff to staff, encouraging at least 85% to engage with a Medication-Assisted Treatment (MAT) licensed provider.

Collaborators: Partnerships continue with ED physicians, drug treatment centers including Tarzana Treatment Center, Discovery House, Cri-Help, ProWellness Academy, etc. for behavioral health services.



Health Need: Diabetes, Nutrition, Physical Activity & Weight, Heart Disease & Stroke - Significant Community Health Need 3, 6, 8

Strategy or Program	Summary Description	Active FY24	Planned FY25
Educational Workshops or Classes to Support Diabetes Self-Management Education	<ul style="list-style-type: none"> Continue offering health, wellness and nutritional educational workshops or classes (National Diabetes Prevention Program or ADCE57) to promote chronic disease or diabetes self-management education and support. 	<input type="checkbox"/>	<input type="checkbox"/>
Community School Wellness Initiative (CSWI)	<ul style="list-style-type: none"> The CSWI offers free workshops for students, parents, and families, participates in community awareness events and health fairs, and distributes a quarterly newsletter. 	<input type="checkbox"/>	<input type="checkbox"/>
HeartBeat CA Program and educational workshops and screenings to support cardiovascular health.	<ul style="list-style-type: none"> Through HeartBeat CA, we will enroll participants in a 6-month program to participate in the blood pressure self-monitoring program (BPSM) and continue to conduct free heart health and stress management educational workshops and offer blood pressure screenings at community sites. We will also collaborate with a local partner to pilot a hypertension project with a target community. 	<input type="checkbox"/>	<input type="checkbox"/>
Monthly Produce Distribution	<ul style="list-style-type: none"> This program, in collaboration with the American Heart Association, offers free produce on the last Thursday of each month through a drive-up pickup model. Participants can remain in their vehicles while volunteers safely and efficiently load the 	<input type="checkbox"/>	<input type="checkbox"/>

produce. The initiative also aims to raise awareness of local food pantries and monthly produce distribution locations.

Goal and Impact: The goal of these programs are to reduce the prevalence of chronic disease in our community by empowering individuals with the knowledge and skills needed to adopt healthier lifestyles through evidence-based programs, initiatives, access to nutritious food and awareness of local food resources.

Collaborators: African American Leadership Organizations, Dignity Health-Transitional Care Department, Los Angeles School Police Department, Los Angeles Trust for Children’s Health, LAUSD schools, American Heart Association and other local community-based organizations.

 **Health Need: Oral Health - Significant Community Health Need 4**

Strategy or Program	Summary Description	Active FY24	Planned FY25
Community School Wellness Initiative (CSWI)	<ul style="list-style-type: none"> This initiative offers free workshops for students, parents, and families; participates in community awareness events and health fairs; and distributes a quarterly newsletter that includes articles on oral health promotion and prevention education. Currently, the SAVE-LA Program is overseeing the newsletter for CSWI. 	<input type="checkbox"/>	<input type="checkbox"/>

Goal and Impact: The goal is to promote oral health awareness and education about the importance of brushing, flossing and general oral care to protect dental and oral health among students.

Collaborators: LAUSD schools, Los Angeles Trust for Children’s Health and other local community-based organizations.


 **Health Need: Access to Healthcare Services - Significant Community Health Need 5**

Strategy or Program	Summary Description	Active FY24	Planned FY25
Financial Assistance for the uninsured and underinsured	<ul style="list-style-type: none"> Financial assistance to the uninsured or underinsured patients who meet certain income requirements to help pay for medically necessary hospital services provided by the hospital. 	<input type="checkbox"/>	<input type="checkbox"/>
Recuperative Care Support	<ul style="list-style-type: none"> Recuperative care expenses for patients discharged from the hospital who would benefit from a non-acute setting in which to continue recovering, and who are homeless or do not have insurance coverage or other means to pay. Financial assistance to reduce health inequity. 	<input type="checkbox"/>	<input type="checkbox"/>
Local Elder Abuse Prevention Enhanced	<ul style="list-style-type: none"> LEAP-EMDT LA promotes awareness and education about elder abuse and financial 	<input type="checkbox"/>	<input type="checkbox"/>

Multidisciplinary Team-Los Angeles Program (LEAP-EMDT LA)	exploitation while enhancing membership to improve case outcomes through prompt identification and coordinated support.		
ACES Promise Program (Adverse Childhood Experiences Screening)	<ul style="list-style-type: none"> Through the ACEs Promise, we worked alongside Family Medicine to conduct ACE screenings and offered education and referral services to families who scored a 1 or higher out of 10. 	<input type="checkbox"/>	<input type="checkbox"/>

Goal and Impact: The goals of these efforts are to enhance access to essential health services for community members and patients (uninsured and underinsured) while addressing health inequities among vulnerable populations. We aim to reduce healthcare barriers and improve recovery and wellness outcomes, fostering healthier communities.

Collaborators: Northeast Valley Health Corporation, local FQHCs like Comprehensive Community Health Services, and the San Fernando Valley Community Health Center, LEAP EMDT-LA member organizations, Harbor Care and other recuperative care sites and community-based organizations

 Health Need: Respiratory Disease (including COVID-19)- Significant Community Health Need 7			
Strategy or Program	Summary Description	Active FY24	Planned FY25
COVID-19 Pop-Up Clinics & Outreach/Education	<ul style="list-style-type: none"> To continue to address COVID-19, we conducted COVID-19 and Flu vaccine pop-up clinics within the community. Essential personal protective equipment (PPE) such as hand sanitizers and COVID-19 testing kits along with educational handouts were also disseminated during pop-up clinic events and boots on the ground outreach. 	<input type="checkbox"/>	<input type="checkbox"/>
Enhancing Community Health Work for Sustainable Outreach and Navigation (CHW SON)	<ul style="list-style-type: none"> Through CHW SON Program, we will continue to offer (PPE), promote educational awareness through boots on the ground outreach and conduct COVID-19 vaccine pop-up clinics with the addition of offering health navigation services to those affected by COVID-19. 	<input type="checkbox"/>	<input type="checkbox"/>

Goal and Impact: Increase COVID-19 vaccination rates and enhance community awareness of COVID-19 prevention measures and supportive services through education, vaccine pop-up clinics, provision of essential personal protective equipment (PPE) and health navigation services for those affected.

Collaborators: Clinicare Pharmacy, local community grocery stores/plazas and other community organizations.



Health Need: Potentially Disabling Conditions (Including Dementia/Alzheimer's): - Significant Community Health Need 9

Strategy or Program	Summary Description	Active FY24	Planned FY25
Local Elder Abuse Prevention Enhanced Multidisciplinary Team-Los Angeles Program (LEAP-EMDT LA)	<ul style="list-style-type: none"> LEAP-EMDT LA promotes awareness and education about elder abuse and financial exploitation while enhancing membership to improve case outcomes through prompt identification and coordinated support. We also partner with the Alzheimer's Association California Southland Chapter to offer caregiver/professional workshops to educate and support-group programs for those caring for older adults with cognitive impairment such as Alzheimer's, a type of dementia. Additionally, an EMDT member organization provides cognitive assessment for elder abuse victims. 	<input type="checkbox"/>	<input type="checkbox"/>
Caring4Cal Program	<ul style="list-style-type: none"> Through Caring4Cal, we promoted enrollment in workforce development opportunities for home-based caregivers of older adults and we conducted training to professionals/caregivers on creating dementia capable health systems. 	<input type="checkbox"/>	<input type="checkbox"/>

Goal and Impact: These efforts aim to improve outcomes for the older adult population and ensure they receive appropriate support and protection by enhancing skills of caregivers for persons with dementia, and responsive and coordinated support for victims of elder abuse or exploitation who may be living with dementia.

Collaborators: EMDT member organizations: Alzheimer's Association California Southland Chapter, ONEgeneration, Southern California Neuropsychology Group, Bet Tzedek Legal Services, WISE & Healthy Aging Long Term Care Ombudsman Program, LA County Adult Protective Services, the Office of the Public Guardian, 211LA, a Forensic and an Isolation specialist, Saahas for Cause, Menorah Housing Foundation, Los Angeles Police Department Domestic Violence Detective, and other local older adult and caregiver community-based organizations or educational institutions.




Health Need: Sexual Health - Significant Community Health Need 10

Strategy or Program	Summary Description	Active FY24	Planned FY25
Center for Assault Treatment Services (CATS)	<ul style="list-style-type: none"> CATS provides compassionate and culturally competent, forensic medical evidentiary examinations and interviews for children and adults affected by interpersonal violence (sexual assault, domestic/partner violence, child maltreatment, and human trafficking). CATS is also a member of the Sexual Assault Response Team (SART) and Domestic Assault Response Team (DART) in Los 	<input type="checkbox"/>	<input type="checkbox"/>

	<p>Angeles County. They conduct community outreach and education to mandated reporters on how to report abuse, the signs and symptoms of abuse, and the short and long-term consequences of abuse.</p> <ul style="list-style-type: none"> Provides expert witness testimony in court. 		
Medical Safe Haven	<ul style="list-style-type: none"> A program of Family Practice Medicine where Medical Residents identify and treat victims of Human Trafficking in the clinic in partnership with a Journey Out Survivor Advocate to help remove victims from the lifestyle. 	<input type="checkbox"/>	<input type="checkbox"/>
Schools Against Violence-Los Angeles Program (SAVe-LA)	<ul style="list-style-type: none"> SAVe-LA offers evidence-based classes (ex. teen dating violence), educational school community workshops, assemblies, student clubs, anti-bullying campaigns, school professional training and engagement and training of school law enforcement. 	<input type="checkbox"/>	<input type="checkbox"/>
Reducing Disparities in Mpox Vaccination Project	<ul style="list-style-type: none"> Through the Reducing Disparities in Mpox Vaccination Project, we partnered with vaccine providers like LAC DPH to host Mpox pop-up clinics in the community and promote vaccine uptake through outreach and education. 	<input type="checkbox"/>	<input type="checkbox"/>
Community School Wellness Initiative (CSWI)	<ul style="list-style-type: none"> This initiative offers free workshops for students, parents, and families, participates in community awareness events and health fairs, and distributes a quarterly newsletter. 	<input type="checkbox"/>	<input type="checkbox"/>

Goal and Impact: These efforts help contribute to a safer environment and empower individuals with the coordinated care, education, and resources needed to protect sexual health and safety, as well as to address and prevent sexual violence in our community.

Collaborators: Dignity Health-Family Medicine, Family Justice Center, Los Angeles Police Department, Strength United, Los Angeles City Attorney-Victim Assistance Program, Neighborhood Legal Services, LAC DPH, LAUSD Schools, LEAP-EMDT LA member organizations, local hospital EDs & other organizations.

 Health Need: Cancer - Significant Community Health Need 11			
Strategy or Program	Summary Description	Active FY24	Planned FY25
Navigator Program	<ul style="list-style-type: none"> Navigator Program provides education, free mammogram screenings and navigation services to women ages 40 and over who do not have insurance. 	<input type="checkbox"/>	<input type="checkbox"/>
<p>Goal and Impact: The goal of the Navigator Program is to increase access to breast cancer screening, ensuring women receive the necessary support and resources for early detection and prevention.</p>			
<p>Collaborators: Local cancer treatment centers and other local community-based organizations.</p>			

Community Health Improvement Grants Program


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

In FY24, the hospital awarded the grants below totaling \$226,188 (see table below). Some projects noted below may also be described elsewhere in the report.

Grant Recipient	Project Name	Health Needs Addressed	Amount
Journey Out	Human Trafficking Survivor Advocate Program	Access to Healthcare	\$50,000
Rescue Mission Alliance	San Fernando Valley Rescue Mission Project	Access to Care Substance Abuse	\$50,000
YMCA of Metropolitan Los Angeles	YMCA Feed LA Initiative/Let's Eat Together & Play Together	Nutrition, Physical Activity, Weight	\$50,000
Hands for Hope	After School Enrichment for Underserved Communities	Nutrition, Physical Activity, Weight	\$40,000
Hope the Mission	San Fernando Valley Projects	Access to Care Mental Health	\$36,188

Program Highlights

The following pages describe a sampling of programs and initiatives listed above in additional detail, illustrating the work undertaken to help address significant community health needs.

 San Fernando Valley Healing Project-Mental Health Awareness Training (MHAT)	
Significant Health Needs Addressed	<ul style="list-style-type: none"> Mental Health
Program Description	Grant-funded by the Substance Abuse and Mental Health Service Administration, MHAT focuses on offering evidence-based mental health training to enhance mental health outcomes for those experiencing mental illness that are unhoused or facing housing instability in California with a focus on Los Angeles County-Service Planning Area 2.
Population Served	Participants: Local homeless service providers, first responders, law enforcement, health and mental health professionals/support staff, parents, families and caregivers. Beneficiaries: Individuals experiencing homelessness or housing instability, community-based organizations providing services to at-risk populations.
Program Goal / Anticipated Impact	Program Lifetime Goal: <ul style="list-style-type: none"> Conduct 66 Question, Persuade and Refer (QPR) trainings (including resource orientation using One Degree and or 211) to reach 648 persons. Conduct 75 Adult/Youth Mental Health First Aid (MHFA) trainings (including resource orientation using One Degree and or 211) to reach 790 persons.
FY 2024 Report	
Activities Summary	<ul style="list-style-type: none"> Build and maintain partnerships for training host sites. Conducted QPR trainings (including resource orientation). Conducted Adult/Youth MHFA trainings (including resource orientation). Provide educational awareness at community events.
Performance / Impact	<ul style="list-style-type: none"> Conducted 10 QPR trainings (including resource orientation) to reach 125 persons. Conducted 16 Adult/Youth MHFA trainings (including resource orientation) to reach 124 persons. Participated in 28 community events to reach 955 persons.
Hospital's Contribution / Program Expense	Director and Program Manager time, effort and support.
FY 2025 Plan	

Program Goal / Anticipated Impact	<ul style="list-style-type: none"> ● Conduct 66 Question, Persuade and Refer (QPR) trainings (including resource orientation using One Degree and or 211) to reach 648 persons. ● Conduct 75 Adult/Youth Mental Health First Aid (MHFA) trainings (including resource orientation using One Degree and or 211) to reach 790 persons. ● Provide educational awareness at community events.
Planned Activities	No planned changes.



Community School Wellness Initiative

Significant Health Needs Addressed	<ul style="list-style-type: none"> ● Mental Health ● Diabetes ● Oral Health ● Nutrition, Physical Activity & Weight ● Heart Disease & Stroke ● Sexual Health
Program Description	The Community and School Wellness Initiative initially focused on nutrition and physical activity to address obesity and chronic diseases but has expanded to include a wide range of health topics and health education activities that promote overall health, safety, and well-being that are not tied to grant-funded programs. It provides free workshops for students, parents, and families on various health topics and participates in community awareness events and health fairs. The initiative also distributes a quarterly newsletter with an oral health section. The aim is to help families foster a supportive environment for healthy living.
Population Served	Participants: Parents, families and school community. Beneficiaries: Parents, families, school community and their students.
Program Goal / Anticipated Impact	<p>Initiative Focus:</p> <ul style="list-style-type: none"> ● Offer and facilitate health, wellness & nutrition educational workshops to the general and school community. ● Attend and participate in community awareness events or health/resource fairs to disseminate educational information. ● Develop a quarterly health & wellness newsletter and disseminate electronically to school personnel. ● Subscribe new school staff to newsletter listserv.

FY 2024 Report

Activities Summary	<ul style="list-style-type: none"> ● Offer health, wellness & nutrition educational workshops. ● Attend community awareness events or health/resource fairs. ● Develop and disseminate electronic newsletter. ● Subscribe school staff to newsletter listserv.
Performance / Impact	<ul style="list-style-type: none"> ● Hosted 18 workshops and reached 216 persons.

	<ul style="list-style-type: none"> ● Attending 4 community events and reached 385 persons. ● Disseminated 3 electronic newsletters. ● Subscribed 35 new school staff to newsletter listserv, adding the listserv total to 139 school staff emails.
Hospital's Contribution / Program Expense	Program Manager time, effort and support. Other support is provided by fully grant-funded staff.
FY 2025 Plan	
Program Goal / Anticipated Impact	<ul style="list-style-type: none"> ● Offer and facilitate health, wellness & nutrition educational workshops to the general and school community. ● Attend and participate in community awareness events or health/resource fairs to disseminate educational information. ● Develop a quarterly health & wellness newsletter and disseminate electronically to school personnel. ● Subscribe new school staff to newsletter listserv.
Planned Activities	No planned changes.



Local Elder Abuse Prevention Enhanced Multidisciplinary Team- Los Angeles Program

Significant Health Needs Addressed	<ul style="list-style-type: none"> ● Mental Health ● Access to Healthcare Services ● Potentially Disabling Conditions ● Sexual Health
Program Description	Grant-funded by the Department of Justice-Office of Victims of Crime, the Local Elder Abuse Prevention Enhanced Multidisciplinary Team-Los Angeles Program (LEAP EMDT-LA), we promote awareness & education of elder abuse & financial exploitation, enhances membership of E-MDT to continue to improve elder abuse & financial exploitation case outcomes through prompt identification, appropriate responsiveness & comprehensive coordinated support for victims of elder abuse.
Population Served	Participants: Older adults, caregivers, geriatric professionals, law enforcement. Beneficiaries: Victims of elder abuse, Older adults and the caregivers, professionals and community-based organizations providing services to the population.
Program Goal / Anticipated Impact	<p>Program Lifetime Goal:</p> <ul style="list-style-type: none"> ● Host 106 workshops to reach 1,450 persons. ● Training to reach 3,000 law enforcement. ● Participate in 3 elder abuse community awareness events to reach 450 persons. ● Conduct 30 EMDT meetings to review 60 elder abuse cases. ● Recruit 5 new EMDT members. ● Host 1 virtual learning forum to reach 100 persons.

FY 2024 Report

Activities Summary	<ul style="list-style-type: none"> ● Host workshops. ● Offer law enforcement trainings. ● Participate in community awareness events. ● Conduct EMDT meetings to review elder abuse cases. ● Recruit new EMDT members.
Performance / Impact	<ul style="list-style-type: none"> ● Hosted 117 workshops to reach 2,379 persons. ● Offered 10 law enforcement trainings to reach 234 persons. ● Participated in 2 community awareness events to reach 308 persons. ● Conducted 10 EMDT meetings to review 19 elder abuse cases. ● Recruited 3 new EMDT members.
Hospital's Contribution / Program Expense	Director and Program Manager time, effort, support and \$10,072.28 in Program staff fringe benefit cost share that is not covered by grant funds.
FY 2025 Plan	
Program Goal / Anticipated Impact	<p>Program Lifetime Goals:</p> <ul style="list-style-type: none"> ● Host 106 workshops to reach 1,450 persons. ● Trainings to reach 3,000 law enforcement. ● Participate in 3 elder abuse community awareness events to reach 450 persons. ● Conduct 30 EMDT meetings to review 60 elder abuse cases. ● Recruit 5 new EMDT members. ● Host 1 virtual learning forum to reach 100 persons.
Planned Activities	No planned changes.



Schools Against Violence-Los Angeles Program

Significant Health Needs Addressed	<ul style="list-style-type: none"> ● Mental Health ● Oral Health ● Sexual Health
Program Description	The Schools Against Violence Los Angeles Program (SAVe LA), funded through the Department of Justice-Bureau of Justice Assistance aims to provide schools with the tools they need to recognize, respond quickly to, and help prevent acts of violence. This will be accomplished through community partnerships, evidence-based classes (teen dating violence, mental/emotional health), educational school community workshops, assemblies, student clubs, anti-bullying campaigns, school professional training and engagement and training of school law enforcement.
Population Served	Participants: Students, school professionals, parents/families, mental health professionals/school resource officers. Beneficiaries: Students and

	<p>their families, school community, community-based organizations and professionals providing services to the population.</p>
<p>Program Goal / Anticipated Impact</p>	<p>Program Lifetime Goals:</p> <ul style="list-style-type: none"> ● Conduct 12 Safe Dates trainings to reach 80 persons. ● Implement 20 Safe Dates cohorts to reach 280 persons. ● Conduct 12 Positive Action trainings to reach 160 persons. ● Implement 10 Positive Action cohorts to reach 100 students. ● Conduct 3 Positive Action Workshops to reach 200 persons. ● Host 5 Positive Action Assemblies to reach 1,000 persons. ● Create and disseminate 9 Community School Wellness Initiative newsletters and subscribe 50 new school staff to listserv. ● Host 1 culminating conference to reach 75 persons. ● Conduct 20 school community workshops to reach 200 persons. ● Conduct 21 Question, Persuade, Refer (QPR) trainings to reach 345 persons. ● Provide funding to certify/train 7 school resource officers in QPR. ● Host 3 Great Kindness Challenge (GKC) campaigns to reach 30,000 persons. ● Create 10 student-led safety (SLS) clubs to engage 80 persons to conduct 20 SLS events.
<p>FY 2024 Report</p>	
<p>Activities Summary</p>	<ul style="list-style-type: none"> ● Conduct Safe Dates trainings. ● Implement Safe Dates cohorts. ● Conduct Positive Action trainings. ● Host Positive Action Assemblies. ● Create and disseminate the Community School Wellness Initiative newsletters and subscribe new school staff to listserv. ● Conduct school community workshops. ● Conduct Question, Persuade, Refer (QPR) trainings. ● Provide funding to certify/train 7 school resource officers in QPR. ● Host a Great Kindness Challenge (GKC) campaign. ● Create student-led safety (SLS) clubs to engage students to conduct SLS events.
<p>Performance / Impact</p>	<p>Program Lifetime Goals:</p> <ul style="list-style-type: none"> ● Conducted 1 Safe Dates training to reach 2 persons. ● Implemented 1 Safe Dates cohort to reach 10 persons. ● Conducted 7 Positive Action trainings to reach 26 persons. ● Hosted 1 Positive Action Assemblies to reach 225 persons. ● Created and disseminated 3 Community School Wellness Initiative newsletters and subscribed 35 new school staff to listserv. (Reported also under CSWI Profile.) ● Conducted 6 school community workshops to reach 18 persons. ● Conducted 10 Question, Persuade, Refer (QPR) trainings to reach 106 persons.

	<ul style="list-style-type: none"> ● Provided funding to certify/train 7 school resource officers in QPR. ● Host 1 Great Kindness Challenge (GKC) campaign with 21 schools to reach 12,455 persons. ● Created 1 student-led safety (SLS) club and engaged 6 persons to conduct 2 SLS events.
Hospital's Contribution / Program Expense	Director and Program Manager time, effort and support.
FY 2025 Plan	
Program Goal / Anticipated Impact	<p>Program Lifetime Goal:</p> <ul style="list-style-type: none"> ● Conduct 12 Safe Dates trainings to reach 80 persons. ● Implement 20 Safe Dates cohorts to reach 280 persons. ● Conduct 12 Positive Action trainings to reach 160 persons. ● Implement 10 Positive Action cohorts to reach 100 students. ● Conduct 3 Positive Action Workshops to reach 200 persons. ● Host 5 Positive Action Assemblies to reach 1,000 persons. ● Create and disseminate 9 Community School Wellness Initiative newsletters and subscribe 50 new school staff to listserv. ● Host 1 culminating conference to reach 75 persons. ● Conduct 20 school community workshops to reach 200 persons. ● Conduct 21 Question, Persuade, Refer (QPR) trainings to reach 345 persons. ● Provide funding to certify/train 7 school resource officers in QPR. ● Host 3 Great Kindness Challenge (GKC) campaigns to reach 30,000 persons. ● Create 10 student-led safety (SLS) clubs to engage 80 persons to conduct 20 SLS events.
Planned Activities	No planned changes.



Navigator Program

Significant Health Needs Addressed	<ul style="list-style-type: none"> ● Access to Healthcare Services ● Cancer
Program Description	<p>The Navigator Program is a breast cancer screening program within the Northridge Hospital Medical Center- Leavey Cancer Center serving women who are uninsured in the San Fernando community and beyond. The program provides free mammogram screenings and navigation services. Navigation facilitates the follow-up process for patients who must complete diagnostic imaging and procedures. The Patient Navigator eliminates barriers to care by providing education, guidance, and support as patients navigate the healthcare system. The program collaborates with local organizations to provide breast cancer education in a variety of community settings.</p>

Population Served	Participants: Women (regardless of age of insurance status) for breast cancer & breast health education, women with no health insurance who are 40 years of age and older for free breast cancer screenings. Beneficiaries: Women, women with no health insurance who are 40 years of age and older who can benefit from free health education, mammograms/early detection screening and navigation services for those with abnormal findings.
Program Goal / Anticipated Impact	<ul style="list-style-type: none"> • Community Outreach and Education: Educate 3,500 individuals in the community regarding breast cancer and breast health • Mammogram Screenings: Provide 350 free screening mammograms. • Engage existing collaborating organizations and conduct additional staff and clinician education. • Collaborate in a minimum of 4 brand new community events and in doing so establish new community partnerships.
FY 2024 Report	
Activities Summary	<ul style="list-style-type: none"> • Improve access to breast cancer screenings for women in the community who are uninsured. • Support patients by providing education, guidance, and support to all women with abnormal imaging findings. • Ensure that patients diagnosed with breast cancer are connected to a treatment center. • Provide free screenings • Increase breast cancer and breast health education • Establish new partnerships with community organizations and agencies • Connect newly diagnosed breast cancer patients to a cancer treatment center.
Performance / Impact	<ul style="list-style-type: none"> • Community Education: Participated in 39 community events and reached 4,130 persons to receive education on breast cancer and breast health. • Mammogram Screenings: 209 Uninsured women were provided with free education and breast cancer screenings (12 Reaching Out health fairs held on the second Friday of the Month: free mammogram screenings are provided by appointment). • Breast Screening Services and Navigation: 372 free services, including physician evaluation, diagnostic imaging, and procedures, were provided free of cost.
Hospital's Contribution / Program Expense	<ul style="list-style-type: none"> • Outreach and Education Supplies – Approximately \$1,500 • Breast Cancer Screening Costs for FY 24 - \$95,093.04
FY 2025 Plan	
Program Goal / Anticipated Impact	<ul style="list-style-type: none"> • Community Education: Educate 3,700 individuals in the community regarding breast cancer and breast health. • Mammogram Screenings: The program's goal is to provide 300 free screening mammograms.

	<ul style="list-style-type: none"> ● Community Partnerships: The Outreach Coordinator will engage existing collaborating organizations and conduct additional staff and clinician education. ● Community Partnerships: The Outreach Coordinator will collaborate in a minimum of four brand new community events and in doing so establish new community partnerships.
Planned Activities	No planned changes.

Other Programs and Non-Quantifiable Benefits

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

Helping Hands Holiday Jam –Northridge Hospital Foundation has provided a Christmas wonderland for disadvantaged children from eight Title 1 LAUSD schools providing a day of celebration with food, fun, and a bag of toys for the holidays.

Listos California – This program provides culturally competent education to prepare those dealing with cognitive and physical disabilities, immigrants, and English as a second language individuals for wildfire, flood, earthquake, heatwave, and other disasters.

Welcome Baby – A free maternal-child home visitation program that provides support to mothers during their pregnancy and throughout the baby's first nine months.

Abode Communities (Abode) - In 2019 CommonSpirit approved a 3-year \$2,000,000 line of credit to fund acquisition and predevelopment costs related to new development projects. A partner of Dignity Health since 2010, Abode is considered a thought leader in the affordable housing industry and since 2012, has placed in service 500 affordable housing units within the County of Los Angeles, with another 900 affordable units currently under construction and expected to be placed in service over the next several years. With Dignity Health's support, Abode has built affordable housing in Long Beach, Hollywood, South and Central Los Angeles. The line of credit was renewed in 2022 and will provide 431 units of housing in Coachella Valley / Indian Wells, Berkeley (Workforce Housing), and Los Angeles.

Genesis LA Economic Growth Corporation - Founded in 1998, Genesis LA Economic Growth Corporation (Genesis) is a Community Development Financial Institution (CDFI) with over \$42 million in total assets, making it the fourth largest CDFI headquartered in Los Angeles (LA) County. In September, 2018, Dignity Health approved a 7-year \$1,000,000 loan to Genesis for lending capital in Genesis' GCIF that focuses on investments in community development projects, affordable housing, and microloans to residents living in the underserved, economically distressed communities of LA County

United Way of Greater Los Angeles - .United Way of Greater Los Angeles is a Los Angeles, California, nonprofit organization whose mission is to permanently break the cycle of poverty for the most vulnerable individuals, supporting low-income families, students, veterans, and people experiencing homelessness. The organization administers an annual fundraising campaign in Los Angeles County, California, and uses those funds to support a variety of human services. UWGLA is focused on providing long-term solutions in three interconnected areas that the organization believes are the root causes of poverty, which include low-income individuals having a home, quality education and career, and access to economic resources and opportunities to thrive. Loan proceeds approved in 2023 will be used to support UWGLA's new Affordable Housing Initiative Fund that was started in 2020 to finance the creation and preservation of up to 2000 affordable homes through 60 developments (Predominantly minor owned or BIPOC developers), with a focus in the Greater Los Angeles area.

Economic Value of Community Benefit

The economic value of all community benefit is reported at cost. Patient financial assistance (charity care) reported here is as reported to the Department of Health Care Access and Information in Hospital Annual Financial Disclosure Reports, as required by Assembly Bill 204. The community benefit of financial assistance, Medicaid, other means-tested programs and Medicare is calculated using a cost-to-charge ratio to determine costs, minus revenue received for providing that care. Other net community benefit expenses are calculated using a cost accounting methodology. Restricted offsetting revenue for a given activity, where applicable, is subtracted from total expenses to determine net benefit in dollars.

Northridge Hospital Medical Center					
Complete Summary - Classified (Programs) Including Non Community Benefit (Medicare)					
For period from 07/01/2023 through 06/30/2024					
	<u>Persons</u>	<u>Expense</u>	<u>Offsetting Revenue</u>	<u>Net Benefit</u>	<u>% of Expenses</u>
Benefits for Poor					
Financial Assistance	3,092	\$9,890,734	\$0	\$9,890,734	1.9%
Medicaid	37,919	\$190,849,356	\$149,940,004	\$40,909,352	7.7%
Community Services					
A - Community Health Improvement Services	25,546	\$1,216,818	\$599,662	\$617,156	0.1%
E - Cash and In-Kind Contributions	6	\$468,235	\$0	\$468,235	0.1%
G - Community Benefit Operations	49	\$841,835	\$0	\$841,835	0.2%
Totals for Community Services	25,601	\$2,526,888	\$599,662	\$1,927,226	0.4%
Totals for Benefits for Poor	66,612	\$203,266,978	\$150,539,666	\$52,727,312	9.9%
Benefits for Broader Community					
Community Services					
A - Community Health Improvement Services	30,477	\$2,080,946	\$1,232,843	\$848,103	0.2%
B - Health Professions Education	2,549	\$11,361,960	\$1,897,082	\$9,464,878	1.8%
C - Subsidized Health Services	Unknown	\$11,040,284	\$10,310,904	\$729,380	0.1%
E - Cash and In-Kind Contributions	407	\$167,709	\$34,550	\$133,159	0.0%
Totals for Community Services	33,433	\$24,650,899	\$13,475,379	\$11,175,520	2.1%
Totals for Broader Community	33,433	\$24,650,899	\$13,475,379	\$11,175,520	2.1%
Totals - Community Benefit	100,045	\$227,917,877	\$164,015,045	\$63,902,832	12.0%
Medicare	14,444	\$115,400,868	\$103,418,842	\$11,982,026	2.3%
Totals Including Medicare	114,489	\$343,318,745	\$267,433,887	\$75,884,858	14.3%

*For the Medicaid provider fee program effective for the two-year period of January 1, 2023 - December 31, 2024, the State of California received Centers for Medicare & Medicaid Services approval in December 2023. As such, during the fiscal year July 1, 2023 - June 30, 2024, the hospital recognized provider fee net income of \$23,588,404 covering 18 months dating back to January 2023. Subtracting the six months of net provider fee attributable to the prior fiscal year, FY24 Medicaid net benefit would be \$49,316,222 and total community benefit including Medicare would

be \$84,291,728.

Hospital Board and Committee Rosters

Mark Amico, M.D.
Retired Community Resident

Maritza Artan
Retired Community Resident

Christina Galstian
CEO, CCHCS, Los Angeles County

Jeremy Grosser, M.D.
Internal Medicine, Northridge Hospital Medical Center
Foundation Chairperson

Phillip Hill - Board Vice Chair
CEO
The Leading Edge

Felice L. Klein - Board Secretary
Retired Community Resident

Uthaiiah Kokkalera, M.D.
Physician

Kirsten Mewaldt, M.D.
Regional Vice President
US Acute Care Solutions

Daren Schlecter - Board Chair
Attorney
Law Offices of Daren Schlecter

Anil Wadhwani, M.D.
Radiologist

Jeremy Zoch
President, Northridge Hospital Medical Center